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Given shrinking education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).

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For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

For previous postings of community of practice discussions, see http://smhp.psych.ucla.edu/practitioner.htm

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*Note:* In keeping with the *National Initiative for Transforming Student & Learning Supports*, this is being sent to and forwarded by over 100,000 school and community stakeholders concerned about (1) daily matters confronting schools, (2) promoting whole child development and positive school climate, and (3) the transformation of student and learning supports.

# Helping students return after an absence related to mental health problems

Received this week: "I am the Superintendent of a rural high school district. We have approximately 2200 students. We are experiencing an increase in students being referred to mental health due to behaviors at school. Are you aware of a protocol schools use to assist students re-engaging in school after spending time being evaluated for mental health issues? We are trying to find ways to support our kids and unfortunately, we do not have access to a many services in the County. Any suggestions you have would be greatly appreciated."

**Center Response:** This matter highlights the importance of including supports for transitions as a major element of a unified, comprehensive, and equitable system of learning supports. It also underscores the need to expand school improvement efforts to plan ways to help everyone at a school increase their understanding of mental health concerns and develop ways for schools to play a significant role in addressing such concerns.

(1) Our Center has many school improvement and personnel development resource aids related to these matters. For example, with respect to a student returning from a MH absence, see *Transition from psychiatric hospitalization to schools* http://smhp.psych.ucla.edu/pdfdocs/hospital.pdf Here is an excerpt

"... Transitioning into a school is a hard transition for many students and often more so for a youngster returning from a hospital stay. Both the school staff and peers can be helpful or a problem. For example, when a student returns to a school where s/he was enrolled, s/he needs to feel welcome, and such feelings may be undermined when those at school make comments and ask unwanted questions about why the student has been away. In general, the stresses of re-entry may work against ongoing recovery; positive supports can enhance recovery. ...

Transition back to school requires considerable coordination, communication, and care. To accomplish all this, post-hospitalization transitions require a system of care that involves collaboration among the school, the family, and the hospital. Critical to such collaboration is that someone at the school (e.g., a student support staff member, a teacher) be identified as a special contact for the student. The youngster needs to feel that the individual is approachable enough to check in with periodically and seek assistance when problems arise. And the contact person needs to monitor how well the transition plan is being followed and act to ensure the student is not under too much stress.

Effective communication among all those involved, of course, is essential to ensuring that everyone is on the same page with respect to implementing the plan. It is both the hospital's and school's duty to be in regular communication. This frequently is not the case. Too often, hospitals and schools do not share critical information necessary to ensure a successful transition. When this happens, the professionals involved have insufficient information for playing their role. In particular, this adds to the problems schools already have with respect to facilitating transitions and helping students adjust....

Researchers at the University of Maryland School of Medicine suggest the following strategies for the school:

- Identify point-person to support student
- Conduct meetings with a strengths and mental health lens
- Emphasize that hospitalization goal is to stabilize, not fix
- Develop crisis plan
- Set clear plan for addressing long-term absence and missed work, and allow for adjustments in classwork/homework upon return
- Implement daily check-ins with youth
- Provide regular feedback to caregiver on child's adjustment back to school
- Provide family peer-to-peer support, if available." http://medschool.umaryland.edu/innovations/RTC\_study3.asp

For more resources related to supporting this type of transition (as well as other significant student transitions), see our online clearinghouse Quick Find on

>*Transition programs* – http://smhp.psych.ucla.edu/qf/p2101\_01.htm

Here is a sample of resources from the Center and others listed in the section of this Quick Find that focuses on transitions back to school from hospital/residential/day care facilities.

>Effecting Successful Community Re-Entry: Systems of Care Community Based Mental Health Services

>Elements of School Re-entry after hospitalization

>Home/Hospital transition supports for schools

>Hospital to school transitions for children

Here is an excerpt from an article listed there entitled: *Tough Transitions: Mental Health Care Professionals' Perception of the Psychiatric Hospital to School Transition* http://www.tandfonline.com/doi/full/10.1080/0886571X.2010.520631#.VDVvak3n\_QM by Elysia V. Clemens, Laura E. Welfare, & Amy M. Williams.

"...encouraging clients to consider the academic, social, and emotional aspects of reentry may help them determine which stressors are particularly salient to them. Once the potential problems or stressors have been identified, mental health professionals may be able to help move adolescents past the generalized 'overwhelmed' state that many participants indicated was common to their clients' reentry experience.

**Academic** – Although school counselors may be best posited to coordinate the academic aspect of school reentry (e.g., creating a plan for making up work, sharing appropriate information with teachers), there is also a mental health component to academic success. For example, if preexisting academic issues are present, mental health professionals might assess what factors related to those preexisting issues have been addressed during hospitalization, are being addressed at school, and need continued attention. Mental health concerns such as anxiety, inattention, and irrational beliefs are among the important areas of attention for mental health care professionals outside of the school setting.....

Professionals can help adolescents and their families assess readiness to reenter school and advocate as appropriate for accommodations. For example, some adolescents may benefit from delayed or an alternate reentry plan as opposed to a traditional school setting such as an alternative school placement or modified schedule. Other adolescents may benefit from help figuring out how to manage their medication and related side effects during the school day or how to ask for "time out" or a break to regroup when needed. It is critical for mental health professionals to consider what aspects of school reentry an adolescent is ready for and work with the school and family to create an individualized reentry plan based on her/his needs.

**Social** – Some adolescents may experience more difficulties with the social aspect of the transition back to school than others. Mental health professionals can help adolescents navigate this aspect of the transition by role-playing anticipated social challenges (e.g., talking to a close friend; talking to a classmate who is not a close friend; responding to a rumor about the absence). Further, engaging adolescents in a conversation about their peer group may also be important at this juncture. Mental health professionals might encourage adolescents to reflect on what aspects of their peer group provide support and are helpful in continuing to make progress toward mental health stabilization and what aspects of the peer group may be detrimental or triggers for returning to the behaviors/beliefs/attitudes that precipitated the mental health crisis... Working with clients to identify social support and triggers is appropriate while the adolescent is in the hospital as well as once they have been discharged and are in the process of reintegrating into school....Professionals need to be aware of and help prepare adolescents for the stigma they may experience from their peers when reentering school post-psychiatric hospitalization.

**Emotional** – The overwhelming aspect of reentering school post-psychiatric hospitalization ...is evident in how clients present as they negotiate this transition. Problem identification and breaking down "overwhelmed" into specific stressors and more manageable components of reintegration is one piece of responding to the emotional aspect of reentry. Another strategy is to use a strength-based approach to focus on what the clients have already accomplished. Participants also indicated that their clients were proud of their progress during hospitalization and that sense of pride and accomplishment is important to highlight throughout the reentry process as well."

(2) For an understanding of how to embed a school's focus on mental health concerns into a unified, comprehensive, and equitable system of learning supports, download the new book from the Center – *Addressing Barriers to Learning: In the Classroom and Schoolwide* – available for a limited time as a free resource – http://smhp.psych.ucla.edu/pdfdocs/barriersbook.pdf

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# nvitation to Listserv Participants to Share Perspectives

What plans are in place in local schools/districts to help enhance how mental health concerns are addressed?

Send your responses to Ltaylor@ucla.edu

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# eatured Center Resources

# *>for enhancing staff understanding of student mental health concerns*

With respect to expanding school improvement plans to help increase understanding of mental health concerns and develop ways for schools to play a significant role in addressing such concerns, browse the menu of Center Quick Finds. Each provides links to a range of resources from our Center and from many others.

For example, see the following staff development guide listed on the Quick Find entitled: *Mental Health/Disorders* – http://smhp.psych.ucla.edu/qf/emotdist.htm.

>Enhancing School Staff Understanding of Mental Health and Psychosocial Concerns – http://smhp.psych.ucla.edu/pdfdocs/enhancingschoolstaff.pdf

# Here's an excerpt.

"...In designing inservice to enhance staff understanding of barriers to learning and MH and psychosocial concerns, the following guidelines are meant to ensure what is taught accounts for all students, not just those with the most severe problems. The emphasis is on helping staff acquire a broad perspective for understanding the problems they are experiencing and what needs to be done in both the short- and long-run to enable all students to have an equal opportunity to succeed at school.

# Guidelines for Inservice on the Causes of Problems

When discussing the causes of problems, it is essential to counter tendencies to view them too simplistically and in categorical terms. Thus, presentations that discuss causes should be designed with a view to ensuring that staff continue to learn more about

 the full range of causes for emotional, behavior, and learning problems – contrasting problems caused by external from those caused by internal factors from those resulting from both external and internal causes

- how to differentiate commonplace behavior, emotional, and learning problems from true disorders and disabilities
- how often problems are caused by multiple factors
- how often youngsters have multiple problems
- how the same problem behaviors ("symptoms") may arise from different underlying causes and motives
- how different problem behaviors may arise from the same underlying causes and motives.

### Guidelines for Inservice on Interventions to Address Problems

When discussing how to address problems, it is essential to counter tendencies toward simplistic and categorical solutions to complex problems. Thus, each inservice activity should ensure that discussions of student/learning support are presented (a) from a system's perspective and (b) with a commitment to personalizing interventions. In all this, there should be an emphasis on ensuring that a caring classroom and school-wide climate and culture emerge from the various intervention efforts. ..."

# **Did you miss the quarterly ejournal for fall 2017? It had articles on:** *EXPANDING SCHOOL IMPROVEMENT UNDER ESSA*

 Revitalizing Local Control: Transforming Student/Learning Supports and Enhancing Equity of Opportunity
Escaping Old Ideas to More Effectively Address Barriers to Learning and Teaching
Saving Starfish Is Not Enough!

**Did you miss the monthly ENEWS?** Includes discussion of >*Enhancing Student Engagement* as the special focus for addressing barriers to learning in October.



Information is online about the National Initiative for Transforming Student and Learning Supports http://smhp.psych.ucla.edu/newinitiative.html

# THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

For new sign-ups – email Ltaylor@ucla.edu Also send resources ideas, requests, comments, and experiences for sharing. We post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and on *Facebook* (access from the Center's home page http://smhp.psych.ucla.edu/)