



**30 years
& counting**

**School Practitioner
Listserv**

**A Weekly Community of Practice Network
for Sharing and Interchange**



March 13, 2017

Request from a high school student
>How can students access free and confidential psychological help?

- Center Comments
- Comments from Colleagues in the Field

Invitation to Listserv Participants to Share Perspectives

Featured Set of Center Resources
>About student confidentiality

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Please forward this to a few colleagues you think might be interested. The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of the weekly exchange, send an email to Ltaylor@ucla.edu

For previous recent postings of this community of practice, 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 114,000 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.

R **request:** "I am a Senior in a high school in New York state. I am quite interested in psychology, and am always curious about how it can be applied to everyday life, especially in terms of helping younger people reach out and get help. Recently, when speaking to some friends about my experiences in therapy, many of them confided in me, telling me that they wanted to go see someone, but were too worried to talk to their parents about it. The main issue was that they felt that they needed someone to talk to about their parents, and were too afraid of a possible lack of confidentiality that often comes associated with school professionals, even if they legally are not allowed to share what is said during conversations in their office. Private therapists are quite expensive, and many young adults who want to see someone secretly cannot afford to do so. Additionally, I am trying to discover if there are any schools that provide free, discrete transportation to local therapists and psychologists, and if there are any programs that provide these services for free. If not, does this program sound like something that is feasible? How would someone my age bring about awareness to these types of issues?"

C **enter Comments:** Here are a few ideas and links to some of our Center resources related to this request and related concerns.

(1) This is major matter for students and student support staff to explore together. Focus first on developing an information data base on any resources and services available at (a) the school, (b) within the district, and (c) in the community. Included would be information on cost, access, transportation, confidentiality, etc.

Here is a brief example of what one school produced:

>*Tools to Enhance Client Access to Information about Referral* –
<http://smhp.psych.ucla.edu/pdfdocs/clientinfo.pdf>

See the following three aids:

- >>Examples of Resource Information Handouts for Students/Families
- >>Description of Referral Resource Files
- >>Example of One District's Referral Policy

(2) To raise awareness about what's available and what's needed, we suggest using a survey to interview the school support staff and administrators. For example, see:

>*Self-Study Survey of Student and Family Assistance Programs & Services* –
<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf>

(3) With respect to confidentiality, this is a concern related to initiating contact between a student and a therapist, as well as related to what is shared during therapy. For links to resources on these matters, see our online clearinghouse Quick Find topic page on

>*Confidentiality* – <http://smhp.psych.ucla.edu/qf/confid.htm>

C **omments from Colleagues in the Field:**

We shared this request with a few colleagues, and here is a sample of initial responses:

(1) "Well the good news in Michigan is that youth ages 14 and older can consent for their own mental health services for up to 12 sessions or 4 months without parental consent. (minor consent). The challenge is around insurance or payment.

In our school based health centers (we have 100 state funded sites statewide) all of them provide mental health services to the students in their buildings. If they are minor consented/confidential then no billing goes home and many times those services are written off (covered with the state funds).

I would encourage this youth to talk with their school counselor or school social worker to see if there are any similar resources available in their state (or community). I'm wondering if a

local community mental health agency would have a program available they could bring to the school to offer services...?

Hope that helps! This is a great question and a huge need!! (oh one more thing, most colleges will have a counseling center as well, since this student is a senior that is something he/she could share with their peers.)”

(2) From a colleague in Wisconsin – “A question- Does this student have a trusted adult (like a counselor, psychologist, sw) in school? If so, this person who inquired could advocate for the student(s) to check in with this person because, as you know, support staff in schools are often the conduit to other types of MH services outside of school and/or school-based programs. The student services office at the HS should also have a list of available supports in the area. If not, perhaps they could seek out the support staff on the behalf of others or go with that person to find out what is available either through school or outside of school. Also, given this senior's interest in psychology - maybe he/she could start a club at the school.”

(3) From a colleague in Indiana – “Thank you for reaching out to get my thoughts I just love the way this student thinks and their desire to reduce stigma and connect other youth to mental health services.

In Indiana we have two wonderful organizations that are really looking at both of these things in an innovative way. The first is a local foundation called The Lutheran Foundation and they have developed a website that right now is just in one county of our state (Allen County) but our state System of Care is looking to take this statewide. The website is Look Up Indiana and you will find the link here: <http://lookupindiana.org/>

You will see they have developed a text to chat as part of this website that they are very proud of. Further, if you click on ‘Find Help’ you will see you just plug in a zipcode and it will pull up all the resources in that county. This resource has also helped to develop their local System of Care and connect it to school efforts to develop a mental health framework connected to community part. They also are looking closely at reducing stigma and here is a video they produced and released recently: <https://www.youtube.com/watch?v=dFokp3iczKw>

Also, we have an organization that has developed a program called The Get Schooled Tour, which has gotten significant backing from Google. They hold assemblies in middle schools and high schools aimed at reducing stigma and opening dialogues about mental health and substance use. They use technology to have students participate in interactive polls during presentation that also includes live music. In advance, they work with the school and local community mental health center/community partners to make sure students know who they can contact. The data that has been collected so far has been eye opening and has opened dialogues and reduced stigma in ways no one imagined. Here is a link to their website and I cannot speak highly enough about what they do: <http://www.getschooledtour.com/?gclid=CKy4zOm2ndICFR5wAodhfQPeg>

Hope all of this helps!!!!”

(4) From a colleague in California – “This is such a great question! I have a number of thoughts.

The concern about schools breaching therapist/patient privileges (versus private therapists) is one I hear often. My experience is school based providers, many of whom are also private providers, take the confidences of treatment as seriously as anyone and will not release confidential information unless there is consent, or an exception under the law - which would be the same exceptions applicable to a private provider (for example, danger to self or others.)

Any child needing treatment I would encourage to seek it at school and maybe under minor consent provisions if such services are offered at their school, and they should talk to the therapist about their critical interest in confidentiality.

In addition, yes, there are some free offerings in communities - most often on a sliding scale- and students can research those through community websites and/or ask their school, County Department of Behavioral Health, and/or local hospital if they have any referral lists.

This question highlights what I so firmly believe - which is there are not enough

comprehensive treatment options available and accessible for children with an increasing need. As such, I would also encourage any child to become involved in their local mental health youth council or organization to raise awareness regarding the need. I know MHSOAC does outreach on this as well and just launched a Mental Health in Schools Workgroup we are interfacing with, so maybe this child can provide them input as well through their website.

Happy to help make any connections I can for them to share their voice.

On the issue of minor consent, I am sure you are aware there is a conflict between California law and FERPA in certain circumstances regarding disclosure of records to parents. As such, any minor consent provider governed under FERPA should be explaining their procedures regarding consent and disclosure clearly. I am certain you are aware of this, but did not know how much you would be advising others on their options and/or entitlements.”

(5) From another colleague in California – “This is a complex one. School personnel would be confidential except in suspected abuse situations. We are mandated reporters. School districts contract with community support services in differing ways. The student may access on site referrals through the counseling office. Student's under 18 may need parent permission and/or notification. <http://www.teenhealthandwellness.com/static/hotlines>

I suggest the student(s) call a confidential helpline and discuss options. I hope this helps.

Hotlines - Teen Health and Wellness – www.teenhealthandwellness.com

(6) From a colleague in New York – “New York City has over 285 schools that have an on-site school-based mental health clinic that can provide treatment services to anyone who attends the specific school. We have different models across the rest of the school system that offers mental health services using the 3-tiered model of Universal, Selective, and Targeted interventions. Direct referrals and/or linkages to mental health services.

Confidentiality is key to the success for any SMH Program, particularly in the middle and high schools. Unless the student is going to hurt themselves or someone else or their life is in danger, all sessions are confidential in nature. Students should check with their schools to make sure this edict pertains to their school district. There may also be a FERPA Law, certainly a HIPAA Law.

NY State Law allows youth to get their own reproductive or mental health services without parental consent. Otherwise, it is best practice that the parent does get involved in the treatment as a collateral session, family therapy, or check-ins on an ongoing basis.

I don't know of any program that transports students to private or agency therapists for treatment (possibly in some Transitional or Foster Care programs). Students in NYC either have to go to community providers on their own or partake of the programs we have on-site.”

(7) From a colleague in Iowa – “What an insightful and ambitious young lady!

It's sad that there is seemingly no level of trust between students and the school professionals. That said, my suggestion is to begin with the school regardless of that lack of trust. If there is one single teacher or staff person in the building with whom this student can talk, I would begin there. This student needs adult support to first go to the administration and then to the Board of Education to explain this concern among students. If there is a teacher or staff person that could help, it would be great to begin by explaining concerns and asking for the teacher to help walk her and other students through a process to make a positive change in the school. Once the teacher or staff person is on board, I would recommend a meeting of all the concerned students where they could document their issues and even brainstorm some possible solutions. This information should, with the help of the staff person, be shared with the principal. They should ask the principal to reflect on these concerns and request a meeting with the students (and their support staff person) to discuss ideas and options. From there, they could work with administration to make changes so that students feel they have options.

If nothing comes from this attempt, the students should find support within the community to present their concerns to the Board of Education. Support from the community could come from parents, clergy, social service and/or family groups and organizations, or whomever has a vested interest in the health and well-being of students. These people should meet (as the

students did) to prepare a list of concerns and possible solutions. The list should be presented to the Board asking for their action to address student concerns. My hope is that they will listen, especially if there are supportive patrons in the room. (If anyone knows a board member personally, they may wish to visit with that person in advance of the meeting to clarify their concerns and get feedback for their presentation.) These are public meetings and the local media could also be invited..... Sometimes reporters in the room can help to intensify the gravity of an issue.

The inherent problem here is that any action on the part of the students will first result in the administration talking to school counselors and/or psychologists. The lack of trust that exists among students and their counselors could make those people ‘look bad’ — since helping students is their job! Students will need to carefully draft their list of concerns so that no one is ‘blamed’ but still make the point that more or different services are needed. And, it is important for the students to know that school counselors, for the most part, are NOT trained therapists so asking for access to therapy shouldn’t reflect badly on individual counselors. They just need to be careful about how they word their concerns and try to remain positive — with the intent of helping other students as well.

I honestly don’t know of any school that has provided transportation or other types of services without knowledge of a student’s parents or guardian. As a counselor, I was able to get a therapist on site at the school, but again, it was with full knowledge of the student’s parents. I’m not sure of the options in this person’s community, but I’d guess that any legitimate therapist would have a similar concern about helping a student without parental consent — even if they volunteered their services.

The nagging thought in the back of my head is that if there are a few students that feel this way, they very well could be a lot more — and not just in the senior class. It would be great for the school administration to address an “organized and thoughtful” request from the student body. These students could not only better their school to meet their needs but also help others well into the future. I wish this person a lot of luck as she sounds very determined. I think her passion to help could take her far.”

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Invitation to listserv participants:

So now let’s hear from you!

What would you advise this student on making counseling more accessible and confidential in schools?

Share lessons learned. Comments. Recommendations.

Send your responses to Ltaylor@ucla.edu

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Featured Set of Center Resources **>About student confidentiality**

Clearly confidentiality encompasses a host of issues. For strategies for effectively involving others to achieve better outcomes, again we suggest a good starting point is with our Center’s Quick Find on

>Confidentiality – <http://smhp.psych.ucla.edu/qf/confid.htm>

Here are two of our resources that have direct links from the Quick Find:

>Reframing the Confidentiality Dilemma to Work in Children’s Best Interests
[http://smhp.psych.ucla.edu/publications/reframing the confidentiality dilemma to work.pdf](http://smhp.psych.ucla.edu/publications/reframing_the_confidentiality_dilemma_to_work.pdf)

Addresses the dilemmas that arise in working with minors due to limits on keeping information private and because confidentiality can limit helping. It is

necessary to go beyond minimally meeting reporting requirements or deciding when it is in the client's best interests to breach confidences. Specifically, the focus should be on how to empower clients to take the lead in sharing information when this is indicated and how to minimize negative consequences that may result from such sharing.

>*Confidentiality and Informed Consent* – <http://smhp.psych.ucla.edu/pdfdocs/confid/confid.pdf>

Focuses on issues related to confidentiality and consent of minors in human services and interagency collaborations. Also includes sample consent forms.

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THE INTERCHANGES BECOME!
Sign-up for the Listserv mailings – 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/>)



*For information about the

National Initiative for Transforming Student and Learning Supports

<http://smhp.psych.ucla.edu/newinitiative.html>

See report from the National Summit on the ***Every Student Succeeds Act and Learning Supports: Addressing Barriers to Learning and Teaching to Enhance Equity of Opportunity*** – <http://smhp.psych.ucla.edu/pdfdocs/summitreport.pdf> .

And note that our new book detailing the prototypes and related resources will be available in April from Cognella <https://titles.cognella.com/>.
