Mental Health Assistance at Schools:
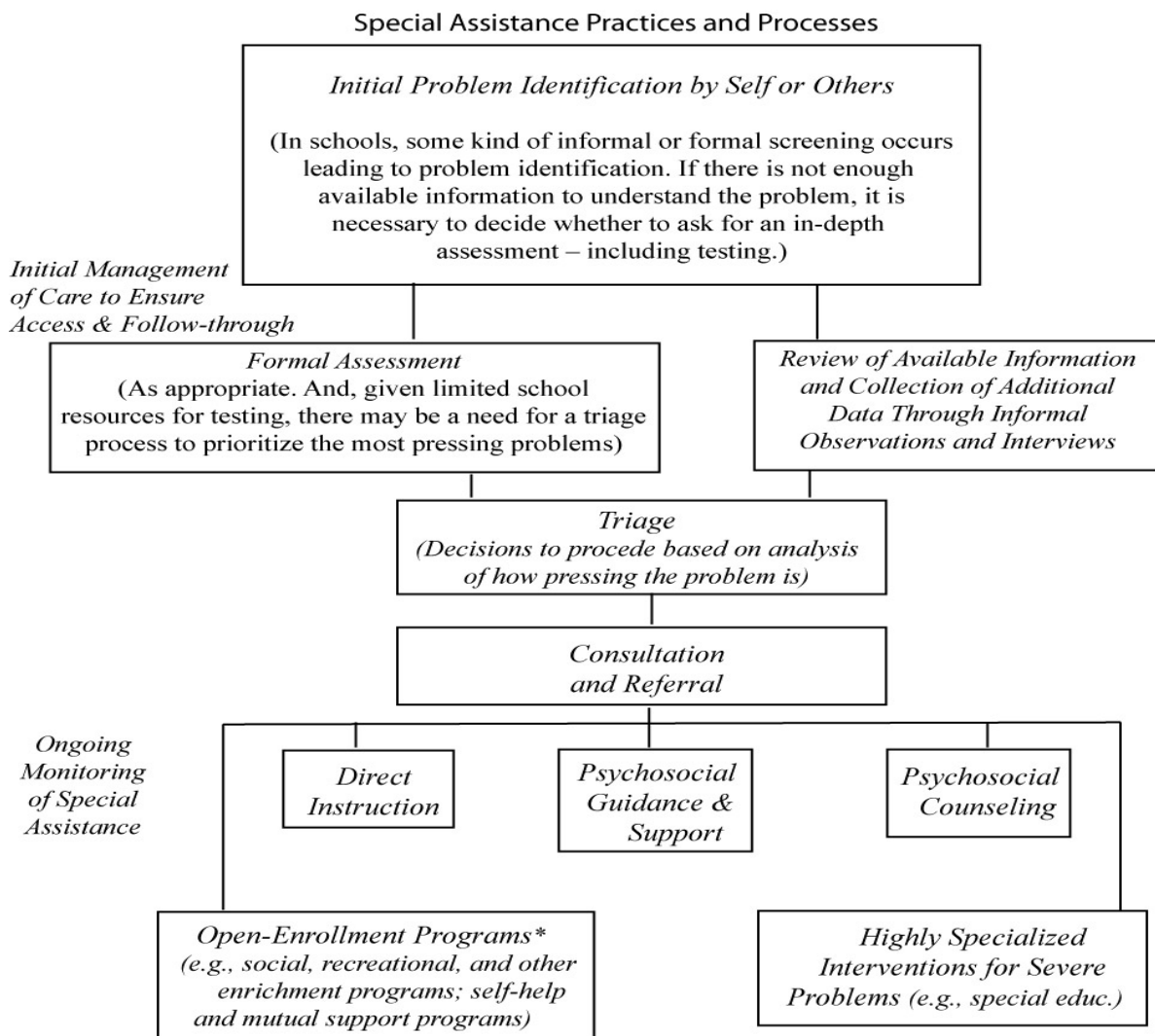### *Overview of Practices for Problem Identification, Triage, Referral, and Monitoring Care*

(http://smhp.psych.ucla.edu/pdfdocs/practicenotes/developingsystems.pdf)

The Exhibit below outlines a flow chart of the types of mental health assistance that schools could provide students who have significant mental health problems. This set of guidance notes discusses the practices and processes involved in appropriately connecting and monitoring students with respect to the forms of corrective interventions outlined toward the bottom of the Exhibit (described in another set of guidance notes).

Special Assistance Practices and Processes

Initial Problem Identification by Self or Others

(In schools, some kind of informal or formal screening occurs leading to problem identification. If there is not enough available information to understand the problem, it is necessary to decide whether to ask for an in-depth assessment – including testing.)

Initial Management of Care to Ensure Access & Follow-through

Formal Assessment
(As appropriate. And, given limited school resources for testing, there may be a need for a triage process to prioritize the most pressing problems)

Review of Available Information and Collection of Additional Data Through Informal Observations and Interviews

Triage
(Decisions to procede based on analysis of how pressing the problem is)

Consultation and Referral

Ongoing Monitoring of Special Assistance

Direct Instruction

Psychosocial Guidance & Support

Psychosocial Counseling

*Open-Enrollment Programs**
(e.g., social, recreational, and other enrichment programs; self-help and mutual support programs)

Highly Specialized Interventions for Severe Problems (e.g., special educ.)

*The various types of special assistance are not mutually exclusive. Problems that are mild often can be addressed through participation in open-enrollment programs that do not require special referral and triage for admission.

Connecting and Monitoring Mental Health Assistance

School personnel identify many mental health problems each day and requests for specialized assistance to address such problems are common. While many problems can be prevented and corrected through classroom redesign, schools also must have well-designed processes to connect students (and their families) with the right special assistance when necessary and to monitor what is happening.

By way of overview, the following Exhibit highlights specific practices for connecting a student and family with help and monitoring what happens. The tool kit provides separate resources covering: (1) identifying and clarifying need, (2) conducting triage, (3) providing client consultation and referral, and (4) monitoring/managing care; there is also a brief list of relevant online resources containing additional practical tools and materials developed by the UCLA Center.

Exhibit

Connecting a Student and Family with Help and Monitoring What Happens

Problem Identification

    a. Problems may be identified by anyone (staff, parent, student).
    b. Provide an Identification Form that everyone can access and fill out.
    c. Ensure an easily accessible place for people to turn in forms.
    d. Inform all stakeholders regarding the availability of forms, where to turn them in, and what will happen after they do so.

Triage Processing

    a. Review submitted forms each day, sort, and direct them to appropriate resources (Designate and train a triage processor; several individuals can share this task; for example, different persons can do it on a specific day or for specified weeks.)
    b. After the sorting is done, send a Status Information Form to the person who identified the problem (assuming it was not a self referral).

Clients Directed to Resources or for Further Problem Analysis and Recommendations

    a. For basic necessities of daily living (e.g., food, clothing, etc.), the triage process include providing information about resources either through the person who identified the problem or directly to the student/family in need.
    b. If the problem requires a few sessions of immediate counseling to help a student or family through a crisis, the triage process includes sending the form to the person making assignments to on-campus counselors.
    c. The forms for all others are directed to a small triage "team" (1 to3 trained professionals) for further analysis and recommendations. (Large case loads may require putting several teams into operation.) Members of such a team may not have to meet on all cases; some could be reviewed independently with recommendations made and passed on to the next reviewer for validation. In complex situations, however, not only might a team meeting be indicated, it may be necessary to gather more information from concerned parties (e.g., teacher, parent, student).

(cont.)

Interventions to Ensure Recommendations and Referrals Are Pursued Appropriately

   a. In many instances, additional prereferral interventions should be recommended. Some of these will reflect analyses that suggest the student's problem is really a system problem (e.g., the problem is more a function of the teacher or other environment factors). Other analyses will lead to specific strategies for the student's problem that don't require referral for outside the class assistance. Such analyses also lead to clarifying ways in which a site must be equipped to implement and monitor the impact of prereferral recommendations.
   b. When students and families require referral for health and social services, procedures should be in place to enhance motivation and ability for follow through. Care management should provide follow through, coordination, impact, and additional referrals as necessary.
   c. Referrals to assess the need for special or compensatory education often are delayed because of a waiting list. Back logs should be monitored and arrangements made to catch up (e.g., by organizing enough released time to do the assessments and reviews).

Management of Care

   a. Some situations require only a limited form of monitoring (e.g., to ensure follow through). A system must be developed for assigning care monitors as needed. Aides and paraprofessionals might be trained for this function.
   b. Other situations require intensive management by specially trained professionals to (1) ensure interventions are coordinated, integrated, and appropriate, (2) continue problem analysis and determine progress, (3) determine whether additional assistance is needed, and so forth. There are many models for intensive management of care. A common approach is to assign the responsibility to the professional who has the greatest involvement (or best relationship) with the student or family.
   c. One key and often neglected function of the care manager is to provide appropriate status updates to all parties who should be kept informed.

Note: Throughout, particular attention must be paid to a student's motivation. This includes consideration of the student's background and past experiences and current conditions likely to lead to negative motivation and avoidance reactions. Examples of contemporary conditions that can have a negative impact on a student's motivation are excessive rules, criticism, and confrontation, processes perceived by the student as unchallenging, uninteresting, over-demanding, or overwhelming, and structure that seriously limits their range of options or that is over-controlling and coercive.

With specific respect to intervention processes:

   • Motivation as a key antecedent condition – a prerequisite. Poor motivational readiness often is (a) a cause of inadequate and problem functioning, (b) a factor maintaining such problems, or (c) both. Thus, strategies are required that reduce avoidance motivation and enhance motivational readiness so that the student is mobilized to participate.
   • Motivation as a key ongoing process concern – Processes must elicit, enhance, and maintain motivation so that the student stays mobilized (e.g., strategies to counter boredom).
   • Enhancing intrinsic motivation as a basic outcome concern – A student may be motivated to work on a problem during an intervention session but not elsewhere. Responding to this concern requires strategies to enhance stable, positive attitudes that mobilize the student to act outside the intervention context and after the intervention is terminated.