

## School Practitioner Community of Practice

(A network for sharing & exchange)

August 7, 2019

Topics for discussion – Colleagues are asking:

**>Are schools contributing to the overdiagnosis of mental illness?**

Links to a few other relevant resources & other topics of concern

Given the frequency of community crisis events, we urge a review of the recent (7/17/19) practitioner discussion of *plans for schools after a crisis event*.  
[http://smhp.psych.ucla.edu/pdfdocs/mhpractitioner/practitioner\(7-17-19\).pdf](http://smhp.psych.ucla.edu/pdfdocs/mhpractitioner/practitioner(7-17-19).pdf)

**Note:** Go to <http://smhp.psych.ucla> for links to other Center resources including

- >Upcoming initiatives, conferences & workshops
- >Calls for grant proposals, presentations, and papers
- >Training and job opportunities
- >Upcoming webcasts & other professional development opportunities

This resource is from the

*Center for MH in Schools & Student/Learning Supports, UCLA*

Given 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](mailto:Ltaylor@ucla.edu)

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

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Topic for Discussion –

**Are schools contributing to the overdiagnosis of mental illness?**

**From a state department of education colleague:**

*We are experiencing a dilemma that concerns us. The good news is the newfound focus on mental health in schools, but the disconcerting news is the tendency for schools to “label” many behaviors as mental illness when, in fact, there are other causes for the behavior. We worry that mental illness will be over identified (much like we experienced with special education), which will put more stress on our mental health workforce and lead to missed opportunities to identify solutions for the behavior. We’re trying a “behavioral health MTSS approach” with mental health being a component of it, but physical health and situational conflicts are also considered. In other words, we are encouraging a behavioral health review as a process for schools to discover either a skill the student is lacking that influences the behavior or another behavior determinant (tooth decay, vision problems, hearing problems, language deficits, untreated asthma, diabetes, trauma, mental illness, situational-beloved pet passed away, or an undiagnosed medical problem) to shift from a remedy-method of intervention to a solutions-based method of intervention. Wanted to share this with you and get your thoughts.*

**Center Comments:** We certainly share your concerns; such matters continue to be a major focus in our work. And we always want to help to turn the growing interest in mental health in schools into a broad focus on system transformation to prevent and address problems and promote healthy development.

As you know, our hope is that folks will understand that schools must embed efforts related to special education and mental illness into a unified, comprehensive, and equitable system that addresses the many barriers to learning and teaching. In this respect, MTSS needs to be expanded beyond a focus on behavioral health. The framework for such a system is the matter emphasized in the brief:

>*Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching*  
<http://smhp.psych.ucla.edu/pdfdocs/systemic/towardnextstep.pdf>

And that is what is explored in greater depth in:

>*Addressing Barriers to Learning: In the Classroom and Schoolwide*  
[http://smhp.psych.ucla.edu/improving\\_school\\_improvement.html](http://smhp.psych.ucla.edu/improving_school_improvement.html)

>*Improving School Improvement*  
[http://smhp.psych.ucla.edu/improving\\_school\\_improvement.html](http://smhp.psych.ucla.edu/improving_school_improvement.html)

Do you see your department moving in this direction in the future?

If so, let us know if we can be helpful.

With specific response to curbing the problems of overdiagnosis and overemphasis on one-on-one counseling, here are some brief resources you might find useful:

>*Countering the Over-pathologizing of Students' Feelings & Behavior: A Growing Concern Related to MH in Schools* <http://smhp.psych.ucla.edu/pdfdocs/practicenotes/pathology.pdf>

>*Time for straight talk about mental health services and mental health in schools*  
<http://smhp.psych.ucla.edu/pdfdocs/nhinschools.pdf>

Also, we are concerned that Medicaid funding for mental health in schools inappropriately encourages unnecessary diagnostic labeling and one-to-one therapy. To counter the trend to over pathologize , we encourage leaders to look at the range of funding resources for promotion of healthy development and the prevention of problems. See: <http://smhp.psych.ucla.edu/pdfdocs/fundinginteg.pdf>

### **Response from the colleague who raised the concern:**

We use the term behavioral health in the broadest sense — as a whole child concept — that includes all elements that can impact academic and social outcomes. We've referred to and utilized your resources during this transformation.

Regarding Medicaid, we've worked with our State Medicaid and CMS to expand school nursing services to focus on the non-academic factors that impact academic and social outcomes. Many of those non-academic factors (with the assistance of public health we identified seven non-academic factors) impact student behavior whether it's acting out, withdrawal, poor study habits, attention issues, language deficits, etc. We've observed that behavior is the manifestation of a child's struggles.

We are trying to take a different approach in practice and in training. We are focusing a lot on attribution and lateral thinking to get our school staff members to change the way they perceive and work with children. And, of course, we continue to imbue the importance of a positive school climate as foundational to student success and school safety.

Thank you, again, for your excellent resources and work. I feel like we are in a network of people who care deeply about children and who want them to have the best conditions for success.

**We sent the original note of concern to other state department of education leaders involved with mental health in school initiatives in their states. Here is a sample of what we heard back:**

(1) I agree with the approach outlined. We try to make clear that a positive school climate must incorporate many aspects, including social emotional learning, restorative practices, trauma sensitive approaches as well as an emphasis on supports for students, such as connecting them to mental health supports when appropriate. As with any new “thing” being introduced in schools, there must be adequate training for teachers and non-teaching staff, as well as on-going support and oversight. We have rolled out our new law regarding mental health education with an emphasis on providing training for staff and students. Our Mental Health Education Literacy guidance released last year has a great chart that makes the integration clear. See pp.40-46.

<http://www.nysed.gov/common/nysed/files/programs/curriculum-instruction/educationliteracyinschoolsfinal.11.2018.pdf>

(2) This is an interesting question. I can speak from a state department perspective but I suspect it could be different in a school.

We’ve gone with a multi-level systems of support model for our mental health framework. We have been speaking to mental health as a continuum of wellness to treatment. Often times, people see mental health as only treatment. Our MH frameworks includes SEL and Trauma as universal strategies and we’ve encouraged districts to create referral pathways that clarify how students and families can access School-based mental health personnel as well as community based treatment. We speak to a whole child approach though we have had to refrain from presenting all of this in Whole Child “model” as we fear it would confuse people. We love our “models” in education. We just completed our second School-based Mental Health Services grant completion and in both the previous grant and the current, the majority of schools are focusing on universal supports.

Students with significant needs may be referred to community mental health providers (tier 3 services). We have such a shortage of providers. Even when they exist in a community there are often long wait lists and it could be months before they can be seen. I’m not as worried about over-identification of tier 3 as I am for labeling and identifying students for tier 2 services. These are generally provided by school social workers, counselors, psychologists and nurses. We have shortages in all of these areas as well so the focus on universal supports, implemented by all school staff, helps to free up the School-based providers to do tier 2 interventions.

What is challenging is how we identify students for additional school-level supports. We are focusing on a strengths-based focus rather than a deficit one. We have had concerns about students being identified as the “trauma kid” or identified because they have social skills deficits. Most of the tier 2 interventions identified in our mental health framework are not tied to a diagnosis and can be used with any child needing additional social and emotional support (Collaborative Problem Solving, for example).

For what it is worth, my concerns have been around the use of assessment tools to identify students for additional services. Many of the assessment tools for SEL and Trauma are not reliable enough measures. Much like the concern you shared, there could be any number of reasons a child acts out. We’ve been recommending that SEL or Trauma aren’t the reasons a student receives a tier 2 intervention, rather a good sound behavioral measure or school behavior data is a better tool to identify students for additional supports that might include social skills practice or resiliency building. Our PBIS model has trained people to use data for identification of students in need of additional supports but with mental health, SEL and Trauma, it isn’t as cut and dried. Our hope is that mental health concerns do not become one more thing that students have or they do not. We’ve been in proficiency model thinking for so long and that won’t work in mental health.

We have also seen a big push for universal screening for mental health which has the potential for problems, the least of which is not having the needed services after identifying all the students who need them. We created a guidance document for districts to use when considering universal screening. We’ve heard from some districts about the large number of students identifying as “at risk”. While many of these are likely false positives, it also suggests that students may be over identifying themselves. Then again, maybe depression and anxiety are this common.

An MLSS system should be about a solutions-based focus rather than a medical model focus. As a state department in a local control state, our focus has been on training, support and guidance. Our challenge, right now, is helping districts to see the integration of all their initiatives so that each one isn't a separate program but part of an integrated one.

Not sure if this speaks to your question. This is an exciting time and it feels like we are often trying to get ahead of trends so that we can better support schools and districts....

- (3) I too have shared some similar concerns regarding over identification and diagnosis of students with the increased awareness regarding mental health in schools. I agree, the good news is with the increase in conversation regarding mental health there comes a decrease regarding the stigma related to it and thus more opportunities for students to seek and get the help they need. When thinking about the over diagnosis of students who may be experiencing a behavioral or health concern I always approach schools with the notion that it is not the school's responsibility to diagnose students. Diagnosis should always come from a licensed mental health professional. That being said, schools should be able to identify the presenting problem and come up with a support plan that ultimately increases the student's overall functioning and academic performance.

School staff care deeply about their students. With that care comes the feeling of responsibility to figure out exactly what is going on with their students but that does not mean they need to label them or diagnose them. When speaking with schools I try to focus on identifying the issue at hand and coming up with a plan without using labeling language. As a licensed mental health professional, when I was a school counselor I left my DSM at home, I did not feel it was my role or responsibility to diagnose. Using diagnostic language in schools can be dangerous because it can turn supportive conversations into admiring the problem.

Approaching student concerns from a solutions focused lens is always best practice. OSDE is working on a trauma informed interconnected systems framework that will guide schools not only in tiered academic and behavioral supports but in tiered mental health supports as well. When discussing the guidance to schools for the mental health tier we are also addressing lagging skills and emphasizing the importance of an evidence based needs assessment for all students. Approaching student concerns with solutions and lagging skills in mind while also having needs assessment data will hopefully help schools move away from the desire to diagnose and towards finding the best treatment planning options for students.

- (4) There does seem to be a trend that behavioral problems are seen as part of the duties and responsibilities of the school mental health staff, changing or adjusting the role of the mental health staff becoming more behaviorally focused. Behaviors have a tendency to cross many different disciplines and can have many root causes. As I am sure you are aware behaviors can be the result of communication difficulties, academic difficulties, mental health struggles, physical/health problems, missing skill sets both socially and academically, peer pressure, home pressure, traumatic events and other psychosocial stressors. I agree that more attention needs to be spent on getting to the root cause in place of just treating the symptoms. The FBA process could be used to conduct a more intensive assessment getting at the cause of the behavior, which would hopefully result in getting the correct individual involved in the intervention process beyond simply sending the student to the mental health worker. ...

I am excited about the work that is being done in the area of SEL ... As SEL learning takes place in the context of relationships where the training needs to be integrated throughout the school day, this adds to the student supports beyond the mental health staff.

I am also an advocate for being solution focused in place of being problem focused. During my time working in schools I promoted Solution Focused Teams in place of the more traditional MTSS focus on Problem Solving Teams.

For research on this concern, see

*Overdiagnosis of mental disorders in children and adolescents (in developed countries)*  
<https://capmh.biomedcentral.com/articles/10.1186/s13034-016-0140-5>

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**What's your general reaction to this concern?**

**And are you concerned about the downsides of funding through Medicare for schools?**

**Any other comments about this or other relevant matters?**

**Send to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

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### **Links to a few other relevant resources & other topics of concern**

*About Trauma-Informed Practices in Schools* <http://smhp.psych.ucla.edu/pdfdocs/traumainf.pdf>

*Crime, Violence, Discipline, and Safety in U.S. Public Schools: Findings From the School Survey on Crime and Safety: 2017-18* <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2019061>

*What School Segregation Looks Like in the US Today*  
<http://theconversation.com/what-school-segregation-looks-like-in-the-us-today-in-4-charts-120061>

*School Readiness* <https://pediatrics.aappublications.org/content/early/2019/07/19/peds.2019-1766>

*Mental Health Issues and Conditions in Children and Youth Exposed to Human-caused Disasters*  
<https://www.samhsa.gov/sites/default/files/mental-health-substance-use-issues-exposed-youth.pdf>

*Understanding Student Aggressive Behavior: Examples of Relevant Research*  
<http://smhp.psych.ucla.edu/pdfdocs/aggress.pdf>

*Adolescent Marijuana Use* <http://smhp.psych.ucla.edu/pdfdocs/marijuana.pdf>

*About Addressing Behavior Problems Broadly* <http://smhp.psych.ucla.edu/pdfdocs/behaviorprobs.pdf>

### **A Few Upcoming Webinars:**

8/8 – Open Doors: Create a Healthy School Climate

8/8 – Equity and Inclusion. What Is It and How do We Build It?

8/13 – Partnering with families and youth

8/14 – Empowering Kids to Rise above Technology Addiction

8/14 – Supporting the Education of Unaccompanied Students Experiencing Homelessness

8/20 – Creating a Family Wellness Plan

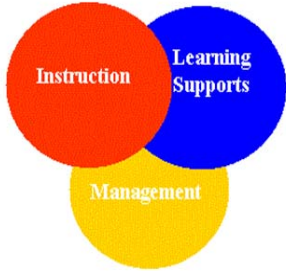
8/21 – Moving toward equity

8/22 – Understanding the Rights of Students Experiencing Homelessness

8/27 – Assistant Principals webinar

8/27 – McKinney-Vento School Selection Rights

**For links to register to the above and for other relevant webinars, see**  
<http://smhp.psych.ucla.edu/webcast.htm>



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For information about the  
**National Initiative for Transforming Student and Learning Supports**  
go to <http://smhp.psych.ucla.edu/newinitiative.html>

*Equity of opportunity is fundamental to enabling civil rights;  
transforming student and learning supports is fundamental to  
enabling equity of opportunity, promoting whole child development,  
and enhancing school climate.*

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**THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!**  
*For new sign-ups – email [Ltaylor@ucla.edu](mailto: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/> )*

School opened today. How did you do?



*I guess not so good;  
they said I have to go back tomorrow!*