#### **CONTINUUM OF SERVICES**

### **DESCRIPTION**

School mental health programs should offer a continuum of services that cover a range of activities, including school-wide mental health promotion, prevention, early intervention, and treatment for students.

#### **RATIONALE**

In general, the earlier that mental health services are provided, the greater the long-term outcome on mental health for children. Treating students early can prevent further disability and additional (co-occurring) mental illness. Prevention and early intervention need to occur in schools, the most universal natural setting, so that the benefits can translate to the community. Expanding school mental health services, including treatment in schools through community partnerships, will improve outreach to underserved youth. Investing in effective prevention and mental health promotion will assist the school and community in achieving desired outcomes and in reducing costs.

The following four types of services are important to include within a comprehensive mental health continuum. At the end of the page are general guidelines offered to assist in implementing the full continuum of services.

## **Types of Services**

### School Wide Mental Health Promotion:

Activities and strategies aimed at promoting a positive school environment that supports students' mental health and learning and develops students' social and emotional skills include:

- 1. School-wide initiatives such as: social and emotional learning (SEL), positive behavior intervention and supports (PBIS), character education, and Response to Intervention (RTI).
- 2. <u>Staff development</u> on topics such as positive behavior supports and intervention, school climate, and promoting social and emotional development of students.
- 3. Classroom interventions that reinforce healthy behavior and teach self-esteem and social skills.
- 4. Resources and information to school staff and/or parents on the social/emotional/behavioral needs of children and youth.
- 5. Individual or group activities designed to build on students' <u>strengths and resilience</u> to stressors.

# **School Based Prevention:**

Interventions address risk factors of vulnerable students with social and emotional needs that may interfere with their academic or school success. These include:

- Group interventions that address risk factors of students who might develop emotional or behavioral problems (e.g., coping skills for students and their families experiencing separation or divorce)
- 2. School-wide and/or interventions that address high risk behaviors such as substance abuse, violence, and bullying.

# **Early Intervention**

Strategies to detect a problem or illness at an earlier stage and increase access to effective treatment (e.g., earlier detection and treatment of depression). Activities may include:

1. Screening, evaluation, <u>identification</u>, <u>and referral</u> for children exhibiting emotional disturbances.

- 2. Consultation with school staff and/or parents regarding the concerns about students with social/emotional/behavioral needs.
- 3. Intervention strategies that build skills (e.g., coping strategies, conflict resolution), address social and emotional problems, address risk and protective factors, and ultimately reduce a student's risk for mental illness.

## Treatment:

Interventions that reduce the symptoms of an illness, diminish disability, and improve quality of life. Treatment modalities can include:

- 1. Individual counseling for students with chronic behavior and emotional needs.
- 2. Small groups for such issues as social skills, anger control, substance abuse.
- 3. Coordination and referral of children and families to specialized treatment.

<u>NOTE</u>: If treatment services cannot be offered in the school, schools can play an important role in referring and following up with services provided for students in the community.

# **Implementation Guidelines**

- 1. Involve diverse constituencies of <u>stakeholders</u> in educating the school and larger community about the importance and value of this full continuum. Often, schools typically require a grant, contract, or other stable revenue to fund certain aspects of the continuum.
- 2. Advocate for adequate resources to services not covered by insurance or Medicaid (e.g., prevention and school mental health promotion).
- 3. Clarify and delineate responsibilities of various school mental health providers to determine who will oversee or be responsible for the various aspects of the prevention/intervention continuum.
- 4. Assess whether the roles and functions of the school mental health providers reflect the continuum of services. If not, examine what is missing from the services.
- 5. Draft a memorandum of understanding, between the school and school mental health provider (and sponsoring agency if there is one) on the priority of these activities to ensure that time for the full continuum is protected.

### REFERENCES

National Association of School Psychologists (2006). Communication Planning and Message Development: Promoting School-Based Mental Health Services. *Communiqué*, Vol. 35 (1), 2006.

National Association of School Psychologists (n.d) *School-Based Mental Health Services Are a Critical Part of the Mental Health Continuum of Care for Children and Youth.* Retrieved from http://www.nasponline.org/press/continuum.pdf.

The University of Maryland's Center for School Mental Health (2008). *School Mental Health Quality Assessment Questionnaire (SMHQAQ) Quality Indicator Power points, Indicator 23.* Retrieved from http://www.schoolmentalhealth.org/Resources/Clin/QAIRsrc/QAQPP.

# **RESOURCES**

http://aappolicy.aappublications.org/sub-

journals/pediatrics/html/content/vol113/issue6/images/large/zpe0060406050001.jpeg

Strengths-based diagram depicting the bridging of school and community resources within a continuum of care

http://ww.nasponline.org/resources/handouts/sbmhservices.pdf

Article on the role of school mental health staff in Continuum of Services

http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/1/198

Policy statement from American Academy of Pediatrics, School Health Centers and Other Integrated School Health Services. This briefing attends to the need for a comprehensive continuum.