

Approaches to Mental Health Issues



*School Client Conference
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Agenda

- Alarming Statistics;
- Child Find and Relevant Laws;
- Approaches to Mental Health:
 - Mental Health Education on in the Classroom;
 - Social/Emotional Learning;
 - School Counseling & Guidance Programs; and
 - School-Based Mental Health Clinics.
- Approaches to Mental Health, Real-World Examples:
 - Confidentiality Considerations;
 - Transgender Students; and
 - Potentially Violent Students.



Alarming Statistics

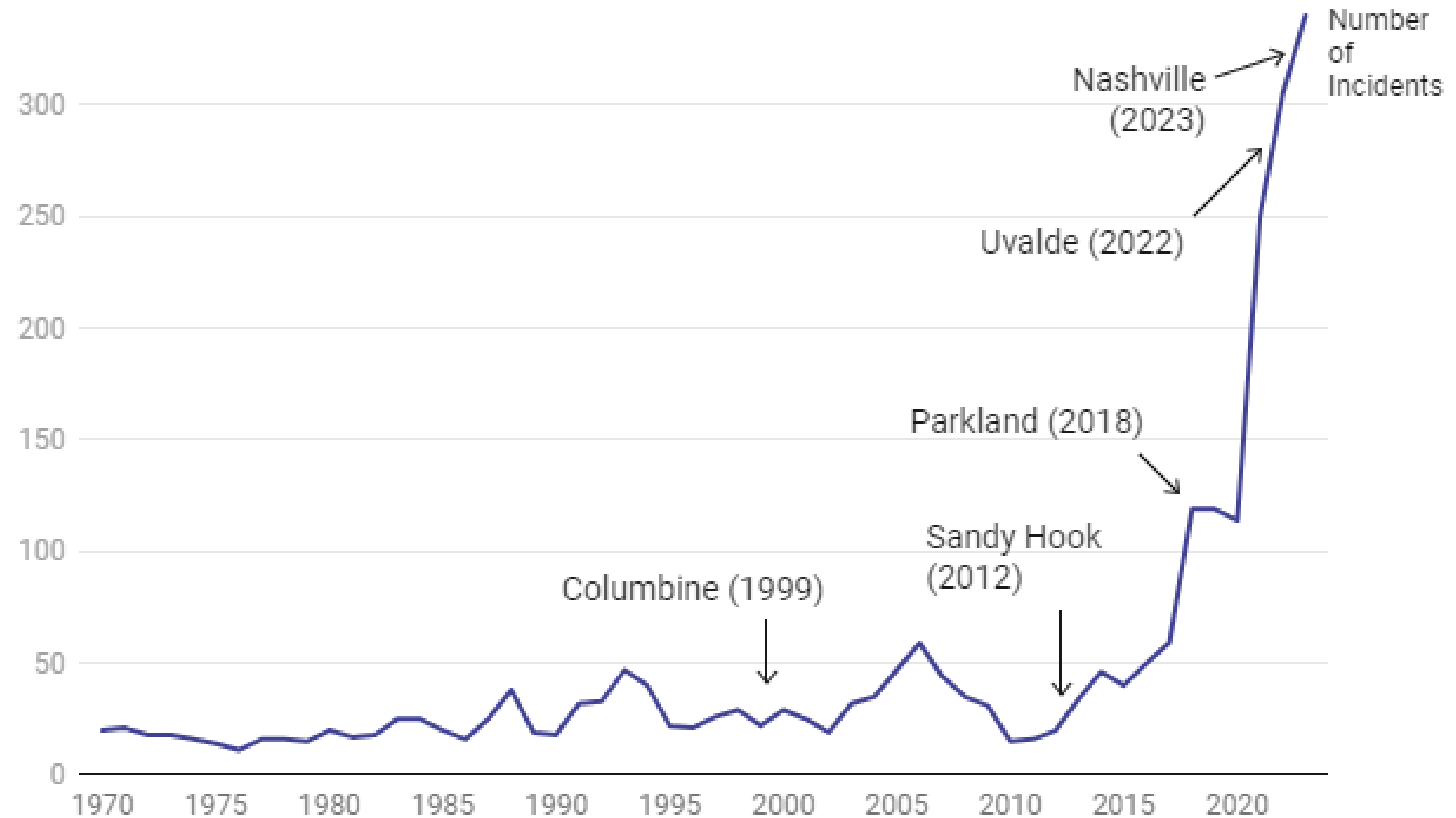
- 11.5% of youth (age 12-17) are experiencing severe major depression.
 - 16.39% of youth reported suffering from at least one major depressive episode (“MDE”) in the past year.
- 6.34% of youth reported a substance use disorder in the past year.
 - 2.85% had an alcohol use disorder in the past year, while 4.85% had an illicit drug use disorder.
- Only 28% of youth with severe depression receive some consistent treatment (7-25+ visits in a year).
 - 14.7% of youth with severe MDE received 1-6 visits in the previous year. Most (57.3%) youth with severe depression do not receive any care.



Alarming Statistics – Social Media

- Up to 95% of young people (aged 13-17) report using a social media platform.
 - Nearly 2/3 of teens report using social media every day and 1/3 report using social media “almost constantly.”
- Children and adolescents who spend more than 3 hours a day on social media face double the risk of mental health problems including experiencing symptoms of depression and anxiety.
 - A recent survey showed that teenagers spend an average of 3.5 hours a day on social media.
 - When asked about the impact of social media on their body image, 46% of young people (aged 13-17) said social media makes them feel worse.

Alarming Statistics – Violence in Schools



2023 data updated as of Dec. 20 at 9:55 a.m. ET

Chart: Kara Arundel/K-12 Dive • Source: [K-12 School Shooting Database](#) • [Get the data](#) • Created with [Datawrapper](#)

Individuals with Disabilities Education Act & Section 504 of the Rehabilitation Act of 1973



- Schools have an obligation pursuant to the IDEA and Section 504 to engage in “child find” meaning that schools must affirmatively locate and identify students who may be eligible for identification under those laws.
- Not all students with mental health challenges qualify as students with disabilities under these laws.
 - Schools must consider whether further evaluations are needed or should be considered.
- School staff (teachers, counselors, social workers, school psychologists) need to be aware of “child find” requirements and referral processes.

Individuals with Disabilities Education Act & Section 504 of the Rehabilitation Act of 1973



- Examples of Child Find Triggers:
 - Academic Concerns (e.g., noticeably declining grades; not progressing despite RTI).
 - Social/Emotional/Behavioral (e.g., increasing disciplinary referrals; signs of emotional issues; chronic absences; little response to interventions).
 - Information that the child has been hospitalized; received a DSM-5 diagnosis; is seeing an outside mental health provider.
 - Staff member, outside service or mental health provider/evaluator, parent suggests it.



Emotional Disability (ED)

- A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance:
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors;
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - Inappropriate types of behavior or feelings under normal circumstances;
 - A generally pervasive mood of unhappiness or depression; or
 - A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disability.
- The term includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance.
- 8 N.Y.C.R.R. Section 200.1(zz)(4)

Mental Health Education in the Classroom



- New York was the first state to pass legislation confronting “the mental health crisis among youth in New York State,” by requiring “mental health instruction” in the K-12 health curriculum.
 - See N.Y. Educ. Law § 804.
- Stops short of requiring that all students have access to in-school mental health services.
 - “Although school districts are not required to provide mental health services to students unless specified in an individualized education program (IEP), schools are often considered the natural and best setting for comprehensive prevention and early intervention services for all students...”

Mental Health Education in the Classroom



- Schools must ensure that health education programs recognize multiple dimensions of mental health. For example:
 - Enhancing students' understanding, attitudes and behaviors that promote health, well-being, and human dignity; and
 - Instruction designed according to the needs and abilities of students at successive grade levels with the purpose of developing desirable health behavior and attitudes.
- Health education must be taught by teachers with the proper health education certificate and in-service training for teachers must include mental health education training.



Social Emotional Learning (SEL)

- Essential to creating schools that effectively prepare all students to succeed in school and life.
- Five Core Competencies
 - Self-Awareness;
 - Self-Management;
 - Social-Awareness;
 - Relationship Skills; and
 - Responsible Decision-Making.
- Trauma-Informed SEL
 - Especially responsive to student's who have experienced adversity and trauma (e.g create predictable routines, build strong & supportive relationships, develop self-regulation skills, explore community identities).



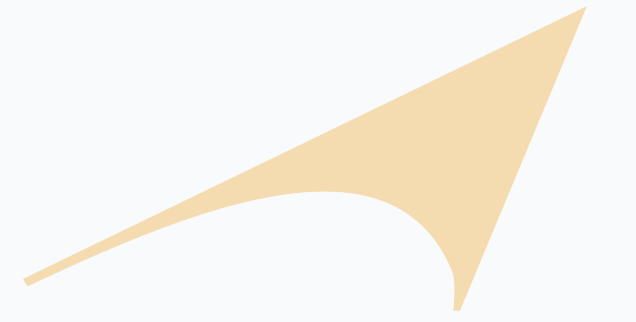
Social Emotional Learning, Con't

- Outcomes:
 - Greater likelihood of healthy development;
 - Improved academic performance;
 - Deeper commitment to school;
 - Better classroom behavior;
 - Decreased disruptive behaviors/disciplinary referrals;
 - Reduced emotional stress; and
 - Economically advantageous.
- Community resources:
 - Explore community partnerships.
 - Interdisciplinary teams to conduct needs assessments;
 - Prioritize areas of need;
 - Track progress.

School Counseling & Guidance Programs

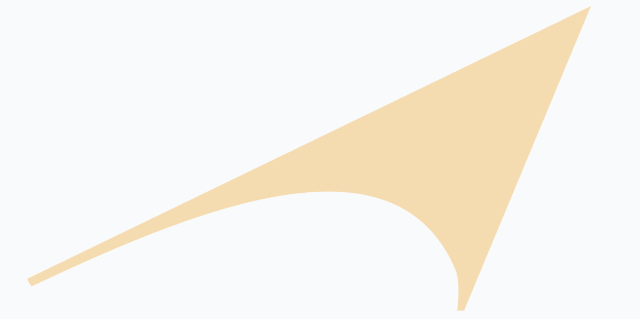
- All K-12 students must have access to a certified school counselor.
 - See 8 N.Y.C.R.R. § 100.2(j).
- Grades K-5: assistance to students who may exhibit challenges to academic success including, but not limited to, attendance or behavioral concerns.
- Grades 6-12: Individual Progress Review plan and counseling for addressing student's social/emotional development.

School-Based Mental Health Clinics



- New York State Education Law § 414.
- Authorizes school-based mental health clinics which are operated by an entity other than the school or BOCES.
- Provides mental health services during school hours and non-school hours to school-age and pre-school children.
- Must be approved by the Office of Mental Health (OMH).

Goals of School-Based Mental Health Clinics



- Supports the School:
 - Built upon mutual respect and collaboration between the school and the health provider to promote the health and educational success of school-aged children.
- Implements Effective Systems:
 - Administrative and clinical systems are designed to support effective delivery of services incorporating accountability mechanisms and performance improvement practices.

Goals of School-Based Mental Health Clinics



- Focuses on the Student:
 - Involves students as responsible participants in their health care, encourages the role of parents and other family members, and are accessible, confidential, culturally sensitive, and developmentally appropriate.
- Delivers Comprehensive Care:
 - An interdisciplinary team provides access to high quality comprehensive physical and mental health services emphasizing prevention and early intervention.

Confidentiality Considerations – Real-World Example



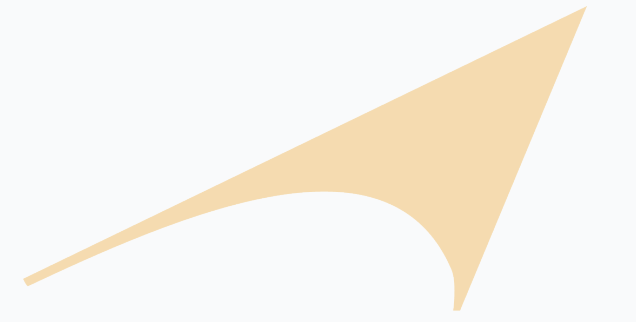
- Steven, a 9th grade student, previously confided in the School Counselor that he believes he was “born in the wrong body.” Over the course of the last few weeks, Steven has altered his clothing and has begun to wear traditionally feminine clothing (e.g., dresses and skirts) and periodically uses the girls’ restroom and locker rooms. On Monday, Stephen confided in the School Counselor that their parents, who have not supported these recent lifestyle changes, are planning to visit the School Counselor to discuss Steven’s behavior and his conversations with the School Counselor.



Confidentiality Considerations

- Federal and state law and regulations, along with a parent's "right" to know as well as potential school liability, can lead to serious questions about what information can or should be discussed and with whom.
 - Consider:
 - Transgender students;
 - Pregnant students;
 - Potentially violent students;
 - Students with mental health issues;
 - Students with substance abuse issues.

Confidentiality Considerations, Cont'd.



- Based on Commissioner's decisions and State case law, a privileged relationship does not seem to exist even if the employee receiving the information is a school psychologist or school social worker.
- **Social Workers:** The NYS Civil Practice Law and Rules (CPLR §§ 4507, 4508) recognizes a privileged relationship between social workers/psychologists and their **clients**.
 - The issue of whether a student is a "client," such that he or she would be entitled to confidentiality, has been litigated in New York State, and those decisions held that a privilege does not exist between social workers and students.
- **School Psychologists:** Unlikely that a court would uphold a privilege between a school psychologist and a student in the context of a school setting in light of Commissioner decisions and relevant case law, along with provisions of the State Education Law such as Section 3208-a which provides immunity to employees who report students they reasonably believe are alcohol abusers or substance dependent and Section 2801-a which requires schools to notify parents if they are aware of an implied or direct threat of self-harm.



Transgender Students

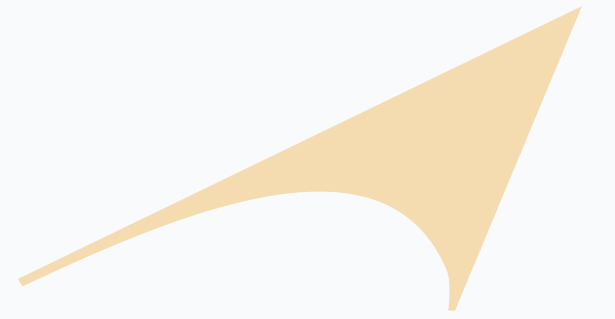
- Stresses put transgender youth at greater risk for mental health challenges.
- More than 70% of transgender and nonbinary students have experienced discrimination at school.
 - Transgender students avoid spaces like bathrooms, locker rooms, and gym class at far higher rates than their cisgender peers.
 - Fewer than a third of transgender and nonbinary youth find their homes to be gender-affirming. And only about half find their schools to be so.
- Recent studies have shown a two-to threefold increase in their risk of depression and suicidality. Nearly one in five transgender and nonbinary youth have attempted suicide. Transgender young people also face a higher risk of substance use.



Transgender Students, Cont'd.

- Don't wait for a student to ask for help;
 - Confer with teachers, providers, school counselors and/or school psychologists;
- Don't wait for teachers to ask for help;
 - Provide appropriate professional development and supports to staff to offer inclusive classrooms; and
- Ensure your school has the appropriate mental health assessments and tools to identify issues early and connect students with proper support.

Approaches to Mental Health, Real-World Example:



- Jimmy, a 5th grade student in Ms. Smith's class, is an academically average student who enjoys playing video games and sports with his classmates. Jimmy's parents have been engaged in a bitter divorce which has taken a toll on Jimmy. Jimmy has started to show signs of withdrawal, resentment, and hostility toward classmates, especially those who have teased Jimmy about the divorce. Recently, Jimmy has become completely disengaged in class and stopped speaking to his classmates. Ms. Smith has observed Jimmy on numerous occasions drawing violent pictures and doodles of mass shootings. On Monday, Ms. Smith overheard Jimmy threaten one of his classmates, Matt, who had been teasing Jimmy about Jimmy's parents' recent divorce, "wait until you see what happens on Friday, you'll be the first to go." Ms. Smith believes Jimmy may have access to firearms.



Potentially Violent Students

- N.Y. Education Law 3214(3)(a) - students may be suspended from school for being disorderly, violent, disruptive or engaging in conduct that otherwise endangers the safety, health, morals or welfare of others;
- Threat Assessments/Counseling;
 - Involve school-based team;
 - Working alongside parents to foster a collaborative approach to student safety;
- Law enforcement intervention (SRO);
- Incident Response Plan;
- Red Flag Law (2019);
- Multidisciplinary Threat Assessment Team.



What is the Red Flag Law?

- Established to allow schools to engage in red-flag reporting where it knows or has reason to believe that a student owns, possesses or has access to a firearm.
- The Red Flag Law provides procedural safeguards to ensure that no firearm is removed without due process while helping to prevent tragedies, like school shootings.
- The Red Flag Law also empowers school administrators or designees to seek an ERPO through the courts which would temporarily prevent a student from purchasing, accessing, or possessing firearms.



Who Can File for an ERPO?

- A “school administrator,” i.e., the principal or other chief school officer (the definition does not include vice or assistant principals);
- Others may submit an application for a temporary ERPO if he/she has been designated in writing by a school administrator, such as:
 - Teacher;
 - Guidance counselor;
 - School psychologist;
 - School social worker,
 - School nurse;
 - Other school personnel required to hold a teaching or administrative license or certificate; and
 - Full or part-time compensated school employees required to hold a temporary coaching license or professional coaching certificate.



How do I File for an ERPO?

- Step #1: Seeking a Temporary ERPO:
 - School officials may file a petition with supporting documentation in State Supreme Court of the county in which the student resides.
 - Applications for a temporary ERPO can be found at: <https://ww2.nycourts.gov/erpo>.
 - The court will issue a decision regarding whether to grant the application on the same day the application is filed.
 - If the judge finds probable cause to believe that the individual is “likely to engage in conduct that would result in serious harm to himself, herself, or others,” he/she can issue an ERPO.



How do I File for an ERPO?

- Step #2: Seeking a Final ERPO:
 - Three to six days after the student is served with a temporary ERPO, the court will hold a hearing to determine whether a final ERPO will be issued.
 - At this hearing, the school official will have the burden of proving that the student is likely to engage in conduct that would result in serious harm to himself, herself or others.
 - If granted, the final ERPO will be in effect for up to one year.



Red Flag Law FAQs

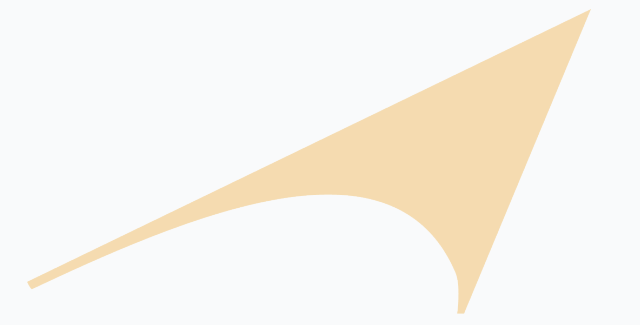
- Q1: If students have certain federal privacy rights pursuant to the Family Educational Rights and Privacy Act (FERPA), does a school official's reporting of student information pursuant to New York's Red Flag Law violate the student's FERPA rights?
- Q2: How does the law affect a student who doesn't "own" any firearms himself, but whose parent keeps one or more firearms in the home?
- Q3: Will this law apply equally to students with and without disabilities?

Questions?



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