

## **Position Statement Regarding Mental Health Issues and Students with Disabilities**

Respectfully submitted by the  
Colorado Special Education Advisory Committee (CSEAC)  
First Revision July 2013, Second Revision May 2017

*According to the Child Mind Institute, “Children struggling with mental health and learning disorders are at risk for poor outcomes in school and in life, and outdated approaches to discipline are only making matters worse. Instead of putting kids further at risk, schools should be identifying and supporting at-risk children. A widely deployed, integrated system of evidence-supported, school-based mental health and preventive services is needed. If we want to help our children and our schools, we cannot wait.”<sup>1</sup>*

The goal of this position statement is to foster understanding and provide guidance regarding the influence of mental health challenges (as well as mental illness) on academic success, and to advocate for improving the supports provided to students with disabilities who are at increased risk of mental health issues. Individualized Education Program (IEP) teams, professionals and families should consider mental health as a significant component within the academic, social and emotional environment of all children. As such, preventative supports should be a regular consideration for any IEP and Section 504 plans.

According to the American Academy of Pediatrics: *Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.* The 2016 *Children’s Mental Health Report* (cited in footnote 1) notes the following facts, which relate directly to schools and mental health services:

### Prevalence<sup>2</sup>:

- Mental health disorders are the most common health issues faced by our nation’s school-aged children.
- One in five children suffer from a mental health or learning disorder.
- 80% of chronic mental disorders begin in childhood.
- One in ten youth have serious mental health problems that are severe enough to impair how they function at home, in school or in the community.

### Impact<sup>3</sup>:

- More than 77,000 children in special education receive suspensions or expulsions for more than ten cumulative days in a year – including children with autism, anxiety and learning disorders.
- Being at risk for mental health problems in first grade leads to a 5% drop in academic performance in just two years.
- Mental health and learning disorders are tied to higher dropout rates. The dropout rate for all students is 7%; for students served under the Individuals with Disabilities Education Act (IDEA) it is 21.1%; for the subset of students served under IDEA with emotional disturbance, the dropout rate climbs to 38.7%.
- 70.4% of youth involved in the juvenile justice system meet criteria for a psychiatric diagnosis.

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<sup>1</sup> <https://childmind.org/report/2016-childrens-mental-health-report>

<sup>2</sup> <https://childmind.org/report/2016-childrens-mental-health-report>

<sup>3</sup> National Center for Education Statistics. Digest of Education Statistics. January 2016.

- 68% of state prison inmates have not completed high school.
- 90% of those who died by suicide had an underlying mental illness (National Alliance on Mental Illness) (NAMI).
- 50% of all lifetime cases of mental illness begin by age 14 (NAMI).

Access:

- Rural families live at a farther distance from health care facilities, making access to needed services even more difficult.
- Only 23% of pre-K programs nationwide have on-site psychiatrists/psychologists or scheduled visits.<sup>4</sup>
- Average delay of onset of symptoms and therapeutic recommendations is 8-10 years (NAMI).
- Colorado, according to American School Counselors Association, ranks in the bottom half of states for its ratio of students per counselor.<sup>5</sup>
- Children with learning disabilities who fall prey to substance abuse and addiction must receive treatment tailored to deal with both their problems.<sup>6</sup>

**Proactively providing mental health and behavioral supports to children with special health care needs that are already mandated by the IDEA will improve educational outcomes for these children.** Together, the above information portrays the pervasive impact of mental health concerns in schools and similarly, in special education.

Background:

In July 2005, the CSEAC developed a Position Statement regarding Mental Health Issues and Students with Disabilities. At that time, the CSEAC identified that cutbacks in state funding had resulted in fewer students and families having access to necessary mental health services, including outpatient, day treatment and residential services.

The committee's 2005 recommendations included:

- An alignment with and between child and youth service agencies – including school districts – to better coordinate existing services.
- Advocacy for the restoration of funding to community mental health centers, county human services departments and school districts.
- Readily accessible community-based mental health services and support, including outpatient, day treatment and residential treatment services for at-risk students, and support and resources for families and caregivers.
- Consistency across all Colorado school districts in implementing state and federal regulations regarding mandated proactive/preventative educational strategies, including:
  - Developing behavioral support plans for students with disabilities also at risk for suspension and expulsion.
  - Providing advocacy training opportunities to parents and caregivers to maximize their ability to access available resources in order to protect their child's civil liberties.
  - Providing counseling and skills teaching to parents to improve function and success for their children in their school settings.
  - Providing a continuum of mental health services within schools for students with challenging emotional and behavioral needs.

<sup>4</sup> <https://childmind.org/report/2016-childrens-mental-health-report/mental-health-impacts-schools/>

<sup>5</sup> <https://www.schoolcounselor.org/asca/media/asca/home/Ratios13-14.pdf>

<sup>6</sup> "Substance Abuse and Learning Disabilities: Peas in a Pod or Apples and Oranges?," The National Center on Addiction and Substance Abuse at Columbia University, [www.centeronaddiction.org/download/file/fid/1165](http://www.centeronaddiction.org/download/file/fid/1165)

- Providing ongoing professional development for all educators to improve recognition of symptoms, management of behaviors, etc.

In 2013, the position was updated to include the following concerns:

- Continued cutbacks in state funding that negatively impact the ability of students and families to access necessary mental health services, including outpatient, day treatment and residential services.
- Attempts to collaborate among various agencies that service students with mental health needs – this endeavor continues to be challenging and cumbersome.
- Public schools are educating many students with very significant mental health issues whose needs may be beyond the capacity of local districts.
- There is an ever-increasing emphasis on academic achievement, which can result in less tolerance for behavioral differences.
- Although safe schools must remain the highest priority, there is major concern that many students, including those with mental illness and those with developmental disabilities who exhibit “challenging” behaviors, are not provided positive behavior supports or other preventative interventions.

As legislation, intervention, and policy continue to be introduced, tested and implemented, it seems crucial that schools and families work together, with agencies, to implement evidence-based practices that fully implement the intent of the laws, and that all stakeholders use existing resources regularly and with fidelity. We encourage all stakeholders to be familiar with laws, requirements and resources.

**We strongly recommend that individuals get involved to make a difference at the school, district and state level. Each and every person can be a vocal advocate for the mental health and well-being of students with disabilities. Among the list of goals are the following:**

### **Resources**

- Practical application in schools for teachers, administrators, nurses, therapists and psychologists rather than just theory including:
  - Resources for understanding of diagnosis, de-stigmatization awareness.
  - Train-the-Trainer programs where the professionals can then share concepts with general educators so that focus on social skills is brought to the classroom.
  - Incorporation of mental health in IEP eligibility questionnaires and interviews.
  - Encouragement and even reward and recognition for conversation and dialogue that is encouraged so there is collaboration rather than isolation.
  - Integration of teachers, administrators, nurses, therapists and psychologists.
- Consistent data from school to school and district to district during Multi-Tiered System of Supports (MTSS) process and other data collection, including number of schools that have/don't have counselors/psychologists.

### **Access**

- Readily accessible community-based mental health services and support, including outpatient, day treatment and residential treatment services for at-risk students, and support and resources for families and caregivers.
- Ability to include rural areas as high priority including the issues of workforce, training, retention, funding and representation.

### Process

- Consistency across all Colorado school districts in implementing state and federal regulations regarding mandated proactive/preventative educational strategies.
- Developing and implementing with fidelity behavioral support plans based on Functional Behavioral Assessments for students with disabilities also at risk for suspension and expulsion, and based on the principles of Positive Behaviors and Intervention Supports (PBIS) and function based support.
- Increased focus of IEP and 504 clarifications of qualification and benefits for families whose child has mental health needs.
- Promoting social and emotional learning as well as increasing literacy and awareness of behavioral health issues among school-aged youth.

### Outreach

- Providing advocacy training opportunities to parents and caregivers to maximize their ability to access available resources in order to protect their child's civil liberties.
- Advocacy for the increased funding to community mental health centers, county human services departments and school districts.

### Programs

- Providing counseling and skills teaching to parents to improve function and success for their children in their school settings.
- Providing a framework for continuum of mental health services within schools for students with challenging emotional and behavioral needs.
- Providing ongoing professional development for all educators to improve recognition of symptoms, management of behaviors, and review of Colorado Department of Education (CDE) guidelines about restraint and seclusion.
- Training of Special Educators to differentiate between social maladjustment and serious emotional disability, as well as formation of measurable social/emotional goals on IEPs.

### **Additionally, we recommend that each Colorado school will consistently and intentionally:**

- Implement the CDE's Comprehensive Health and Physical Education – Emotional and Social Wellness content standards, as these can educate about positive mental health and prevention strategies; in addition, provide information to families about these standards and how they can be supported at home.
- Apply a MTSS, which includes both Response to Intervention (RtI) and PBIS and uses evidence-based practices with data-based decision making, so as to ensure every student's success within a layered continuum of supports (refer to Resources).
- Provide specific education to school administrators, teachers and families about mental illness, its stigma, and how to positively intervene in a coordinated system of care for students by tapping existing resources and information. Families should have supports to learn how best to advocate for their children's mental health needs with school, just as they receive advocacy information regarding other special education services.
- Develop meaningful and measurable behavior plans and IEP goals to support social, emotional and academic achievement, and implement these plans with fidelity. The goal is to support mental health, rather than simply minimizing the damage once mental illness has been identified.
- Ensure implementation of State mandates that behavior plans must be in place after disruptive behavior, that students can make up schoolwork in the event of a suspension or expulsion, that

there is some flexibility in decision-making regarding discipline according to situation, and that parents must be notified of instances.

- Ensure implementation of mandates of explicit requirements for creating safe, bullying-free environments.
- Ensure implementation of the criteria for special education eligibility as a student with a Serious Emotional Disability, including that a variety of interventions have been implemented in a general education setting, before a decision is made.
- Partner with community agencies to maximize the use of community resources designed to improve mental health for all children, with a particular focus on children with special health care needs.

## Resources

### Colorado Department of Education

- [Click here to go to the Mental Health Services website.](#)
- [Click here to go to the Positive Behavioral Interventions and Supports website.](#)
- [Click here to go to the Response to Intervention website.](#)
- [Click here to go to the Serious Emotional Disability website.](#)
- [Click here to go to the Youth Mental Health First Aid website.](#)

### Other Resources

- [Click here to go to the National Alliance on Mental Illness website.](#)
- [Click here to go to the National Association of School Psychologists website.](#)
- [Click here to go to the National Association of Social Workers website.](#)
- [Click here to go to the Second Wind website.](#)