

Scarsdale Schools' Restart Plan

(This information can also be found starting with page 77 in the original Plan.)

8.0 Mental Health

8.01 Overview

The District's Mental Health Plan prioritizes safety, social, and emotional learning, well-being and mental health needs, and is consistent with guidance of the National Association of School Psychologists. The Plan is based on a dual factor model of mental health which combines fostering student (and staff) well-being while also ameliorating psychological and adjustment problems stemming from the current situation. Our dual factor model is positioned to achieve complete mental health, defined by high levels of well-being and low levels of psychopathology. Complete mental health is advantageous for adjustment as well as a range of other variables (e.g., academic performance, social relationships, behavioral engagement, and positive attitudes toward learning).

The Mental Health Plan recognizes the benefit of utilizing our effective pre-pandemic assessment, prevention and intervention practices as well as the need to adapt existing processes, methods and delivery platforms to accommodate for bandwidth and logistical challenges posed by the pandemic. The plan addresses a variety of concerns, including an anticipated rise in mental health issues and greater demand for services; increased remote work/learning conditions; reduced classroom instructional time; diminished in-person interface; grouping limitations; and greater obstacles to well-being (e.g. emotional stability, home stressors, and lack of social connections, to name a few examples).

8.02 Guiding Principles

The following principles guide the Mental Health Plan:

- The goal is complete mental health, to be achieved via a dual factor model which focuses on fostering well-being skills and strengths as well as the amelioration of mental health problems.
- Implement multiple methods of assessment and intervention which are adaptive, flexible and fluid in order to meet anticipated logistical and bandwidth challenges.
- Implement a universal 3-tiered framework to meet the varied needs of students and staff.
- Timing of assessments and interventions will be ongoing and fluid.
- Mental health staff will continuously monitor and review utilization and efficacy of assessments and interventions.
- Staff mental health is essential for both staff and student well-being.

8.03 Assessment, Screening, and Referral

- Employ a *dual factor model* to assess well-being factors (*strengths/resources*) and problems (*deficits/needs*) which in combination comprise complete mental health.
- Implement a *tiered approach to assessment*:
 - Tier 1 - All students and/or parents may receive general screening, including:
 - A brief survey and/or
 - Written communication from each level inviting parents and/or students to contact mental health staff, including guidance about how to inform and discuss individual mental health needs
 - Tier 2 - Targeted and deeper assessments of students who come to the attention of building staff either from these general screening methods and/or other means (e.g., teacher observations, reports from others). Such deeper assessments may include:
 - More intensive questionnaires
 - Parent consultation
 - Clinical interviews/assessments by mental health staff
 - Tier 3 - Students with complex and/or acute safety concerns may receive one or more of the following:
 - Referral to an outside treatment provider
 - CSE referral
 - Crisis assessment (either by school personnel or an outside agent)
- The *timing of assessments, screening and referrals will be ongoing*:
 - Some assessments will take place prior to the beginning of school and other components should be done as the school year unfolds.
 - Some assessments have already begun via 5th to 6th grade and 8th to 9th grade transition meetings. Similarly, building level articulation will continue - wherein previous year staff and other point personnel share relevant information with the student's new teachers prior to the student's return to school (e.g., SMS house counselors and HS deans will share relevant mental health and well-being information with new teaching teams).
 - The established, fluid process of articulation in Scarsdale will continue but will also utilize digital platforms consistent with distancing guidelines, as necessary.
- Each building will utilize existing systems (or create new ones, e.g. Elementary Health Enhancement Team) that will designate specific *mental health staff to review assessment information*, and to make referrals as appropriate.

- *Staff well-being and mental health needs will be assessed* with screening and referral practices in place:
 - Coordinate with the Human Resources group to ensure that efforts are made to assess staff well-being and emotional needs, as such factors will impact the mental health of both staff and students.
 - Assessment approaches include voluntary surveys and ongoing self-assessments.
 - Make confidential referrals and EAP access easily available to employees.
 - Building level mental health staff will continue to voluntarily help colleagues, to the extent that they are comfortable and willing, by providing support strategies and outside referrals.

8.04 Prevention and Intervention

- Employ a *dual-factor model for mental health* in order to provide students with approaches that foster well-being while also remediating psychological and adjustment problems.
- Implement an *adaptive and flexible approach* to the methods of prevention and intervention in order to meet the unique challenges posed by the pandemic. The mental health group has identified *bandwidth* (the capacity to manage the increased mental health needs) and *logistics* (e.g. limitations in space, safety guidelines, social distancing) as the main challenges to the provision of mental health services. The Mental Health Plan seeks to ameliorate these factors by *adopting and adapting flexible and creative solutions* including:
 - More front-ending of preventative care and social-emotional learning (e.g., psychoeducation and well-being lessons).
 - Create systems that improve efficiency in order to service more students in settings that comply with distancing guidance (e.g., shorter individual counseling sessions where appropriate, mental health staff push-in to classrooms).
 - Bolster and/or develop building level mental health teams (e.g., increase meeting frequency of MS Counseling Coordination Committee and SHS Pupil Study Team; establish elementary Health Enhancement Team).
 - Extend the roles of other staff (e.g. classroom teachers delivering some psychoeducation under guidance from mental health staff).
 - Utilize open and outdoor spaces for group counseling.
 - Utilize larger rooms in buildings, when available.
 - Reconfigure some counseling groups to individual interventions and/or change group composition to be in sync with the class cohort.
 - Tele-counseling where appropriate (100% for remote learning, but also used judiciously for full capacity and hybrid models).
 - Parent consults to be done via phone and Zoom (for all instructional models).
 - Prioritize mental health and emotional well-being as transparent school goals.

- Implement a *tiered approach* to prevention and intervention:
 - Tier 1 emphasizes general prevention and fostering of well-being skills and will be delivered to all students:
 - Psychoeducation programs for students at the various levels, e.g. MS - Core Advisory, 6th grade seminar, health education, psychologist push-ins; Elementary - boxed and enhanced lessons developed by psychologists and delivered and/or co-led by teachers; HS - freshman seminar and Civ-Ed, 10th grade health education and resources distributed via homeroom periods as well as increased push-in to regular education classes by mental health staff.
 - Psychoeducation for teachers and parents.
 - Teaching staff to further embed psychoeducation and character strength education in the curriculum.
 - Inform students, staff and families about the various mental health staff available and how to connect with them.
 - Tier 2 interventions include shorter duration individual counseling sessions (when appropriate) and providing parent and staff consultation.
 - Tier 3 interventions include more intensive and frequent counseling and consultations in conjunction with referrals to outside agencies/treatment professionals and/or CSE referral, as needed.
- *Facilitate access to crisis assessment and intervention resources:*
 - Accessible materials (e.g., contacts and emergency crisis hotlines) will be provided to families and staff with consideration given to posting resources via links on the District website.
 - Default voicemail messages will be utilized on MH staff after-hour phone lines in accordance with standard mental health professional protocol. The message will offer the caller guidance on what to do in the case of an emergency.
 - In-school crises will continue to be managed by building and District-level safety procedures.
- *The timing of prevention and intervention will be ongoing.* Some psychoeducation of staff and families will occur prior to the opening of school via a number of options (e.g., written communication, links to informative sites, workshops, webinars, training by mental health staff) and other components will be implemented as the school year unfolds.
- Each building will *designate specific mental health* staff to continuously monitor student well-being, needs and progress in intervention.

- Support staff well-being and mental health needs by providing psychoeducation and access to prevention and intervention resources:
 - Provide staff with psychoeducation in how to foster their well-being and how to access supports for mental health needs.
 - Provide staff with clear EAP links and community referral lists that are easy to access and understand.
 - Connect staff with continued District support for treating COVID-related stressors.
 - Continue efforts to destigmatize mental health support.
 - Building level mental health staff will continue to voluntarily help colleagues, to the extent that they are comfortable and willing, with support strategies and referrals.
 - Establish buffers and other preventative strategies specifically for mental health staff, recognizing that mental health workers are at higher risk for burnout and other negative sequelae, including:
 - Debriefing opportunities
 - Protecting time to connect and decompress
 - Employing support strategies, e.g. “Check You, Check Two”