We Are on the Same Team: Child Psychiatry and the School System

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As former public school teachers now in child psychiatry training and practice, we continue to be struck by the disconnect between the K-12 education system and psychiatric care. As teachers, we often felt unsupported by the medical community, and now as physicians we struggle to negotiate appropriate roles as collaborators with schools. Constraints on funding, time, and privacy often limit the expansion of mental health competency training for teachers and clinical services in schools. Under-resourced communities are particularly vulnerable to these barriers to mental health care. As local experts, psychiatrists can partner with schools to improve teacher competence and strengthen referral networks.

Roughly 13% of children and adolescents ages 8 to 15 are diagnosed with *DSM*-defined disorders, yet only about half of those youth receive formal care for those disorders.[1-3] This prevalence essentially guarantees teachers will be responsible for educating students with mental health needs regularly throughout their careers. Teachers are frontline observers to the impact of psychopathology in their students, such as the stigmata of autism spectrum disorder or attention-deficit/hyperactivity disorder (ADHD), that may make classroom integration and engagement difficult for some children.

Teachers in high demand communities interact with a particularly vulnerable student population. Across the United States, many school-age students cope with social, emotional, and behavioral needs, often related to traumatic life experiences or adverse childhood events (ACEs), that impact their function in the school setting.[4,5] As teachers, we saw students act out in class, talk out of turn, fend off school-day sleepiness, and struggle to focus on learning tasks in response to a variety of significant life stressors, including the incarceration of family members, the deportation of parents, or living in foster or kinship care. Family and neighborhood violence prompted hypervigilance in some students.

Classroom teachers generally recognize that students' emotional and behavioral challenges—whether related to trauma, undiagnosed mental illness or other etiologies—can lead to dysregulation or disengagement during classroom activities. Despite this awareness, teachers report feeling largely unprepared to handle these situations effectively and compassionately, as their formal education and professional development focuses primarily on academic instruction and achievement.[1] A 2018 study of more than 18,000 elementary teachers in the *Journal of School Health* notes that teachers recognize their lack of preparedness and self-efficacy in identifying mental health issues among students, citing the lack of training as a detriment to their teaching efficacy.[1] Furthermore, a 2019 study evaluating local and state-level teacher training standards found mostly general "mentions of mental health, specific mental health conditions … and teacher collaboration related to student mental health needs" within these standards rather than specific objectives for facilitating teachers' ability to engage in direct mental health recognition and intervention with students.[6] In response to this policy oversight, the call to implement mental health training for teachers on a broader level has started to gain momentum around the world, as evidenced by studies documenting improvements in teacher mental health literacy as a result of teacher training interventions in Canada, Pakistan, and Tanzania.[7,8]

Teachers as Gatekeepers

To target the gap in educator mental health training in the US, a group of clinical psychologists and social behavioral scientists propose training teachers via interactive educational modules as youth mental health

"gatekeepers," who can recognize signs of psychological distress in the classroom and communicate their observations with parents and administrators to better support students' needs.[1] In this study, "positive gatekeeping behaviors" stemmed from the initial recognition by teachers of behavior, negative academic performance changes, or physical appearance as signs of psychological distress among students. Following such recognition, teachers discussed these signs of psychological distress with students and their parents by applying motivational interviewing strategies into direct conversations. Teachers also engaged in motivating parents to seek help for their children when appropriate by informing them about mental health resources. The study also evaluated teachers' self-reported preparedness and efficacy in practicing these gatekeeping behaviors. Participating teachers completed an interactive educational module applying motivational interviewing techniques to simulated conversations with parents and school administrators with the goal of connecting a student with mental health care. Notably, teachers completed the online module independently to avoid potential peer stigmatization for using "critical, judgmental, or labeling" language in a given simulated situation. This intervention improved self-reported teacher preparedness, likelihood, and self-efficacy to perform gatekeeping behaviors and was the first study to evaluate the impact of training elementary teachers as mental health gatekeepers.[1] Practical applications of similar interventions could be facilitated on the school or district level by interdisciplinary teams of child psychiatrists, school psychologists and therapists to foster collaboration between educators and mental health professionals.

Although the concept of gatekeeper training offers one potential venue for improving collaboration between the education and mental health systems, barriers to its implementation include availability of mental health professionals to provide teacher training, lack of school financial resources to pay for educators and materials, and limited professional development time allotted to teachers for such training. Unfortunately, gatekeeper training does not adequately address the ongoing needs of teachers and their students once a mental health concern has been identified in the classroom. Many students, even if appropriately identified and referred outside the school system, will continue to experience challenging behaviors or psychological distress that may indicate the need for a higher level of support outside the walls of the school.

Child Psychiatrists Partnering With Teachers

Another means of connecting the worlds of education and psychiatry is the integration of psychiatric services into the school setting, whether via campus-based professionals, telepsychiatry, or direct teacher-physician communication systems. Currently, while 89% of US public school districts employ counseling, psychological, or social services staff at the district level, only 25% of schools directly employ them on campus.[9] This means that the majority of schools in each district lack employed mental health support. Given this shortage of campus-based psychiatrists and mental health clinicians, telepsychiatry holds promise for school mental health integration in both rural and urban settings. A 2019 study of an urban school-based telepsychiatry program versus in-person, school-based psychiatric services found that patient, caregiver, and provider satisfaction with telepsychiatry was similar to that of in-person psychiatric care. Additionally, telepsychiatry was perceived by patient and provider as more efficient than in-person treatment.[10] Psychiatrists surveyed in this study felt their reach to schools and children was broadened by engaging in telepsychiatry and they appreciated the flexibility of telepsychiatry to facilitate timely appointments, manage cancellations, and minimize travel time to schools.[10] Another potential venue for teacher-doctor collaboration is the development of tech-based systems that convey relevant health information between educators and electronic health records (EHR). Researchers at the Children's Hospital of Philadelphia (CHOP) developed an effective email-based software to collect ADHD information from parents and teachers that delivered data directly to clinicians within the EHR. This intervention improved open sharing of information

between involved parties regarding children's ADHD symptoms and overall functioning.[11]

Barriers to integrated school services are similar to those limiting access to child psychiatry services at large. The ongoing national shortage of child psychiatrists and therapists makes it difficult to find providers to staff integrated programs for both in-person and telepsychiatry services.[12] Additionally, privacy laws that govern school settings and educational information (Family Educational Rights and Privacy Act, [FERPA]) are different from those that govern medical settings and protected health information (Health Insurance Portability and Accountability Act, [HIPAA]), making integrated programs difficult to set up from a systems standpoint. Even if families provide dual consent for release of information between schools and mental health providers under HIPAA and FERPA (as was done in the CHOP EHR-school communication tool study), large-scale collaboration between the educational and mental health systems may only be possible if elements of HIPAA and FERPA are legally revised to facilitate easier sharing of health care records and educational records without compromising patient and student privacy.[11,13] The interface of these two legal frameworks has produced communication barriers at the K-12 and higher education levels and remains an ongoing challenge for educators, administrators and health care professionals.

The Future of School Mental Health

Child psychiatrists can leverage their expertise to create change in school mental health in a variety of collaborative, innovative ways: they can lead educator mental health literacy workshops at the local school or district level, consult with state officials to create policies and standards for schools and teachers that directly define mental health competencies in teacher training, create educational modules to build teachers' knowledge of common psychopathology, or work with schools to create, implement, and facilitate mental health protocols for recognition, referral, and treatment. One promising recent model for psychiatry-school collaboration integrated elementary school-based psychiatry consultation services with dedicated mental health professional development sessions for teachers facilitated by child psychiatry fellows. This partnership addressed teachers' need for both mental health training and space for facilitated emotional processing while providing child psychiatry fellows with valuable school consultation experience.[14] Though this collaboration was ambitious in its goals and scope, its reported positive impact on teachers, and psychiatrists suggests it could be replicated elsewhere with commitment from all involved parties. If working at a population level with schools and school systems is not feasible, acting on the individual patient level by obtaining a HIPAA release from a parent, writing a note or making a call to a patient's teacher could improve regular collaboration between educators and mental health professionals.

In terms of teacher-facing interventions, professional education standards and training for educators should be modified to include mental health competencies with the goal of empowering teachers to identify mental health needs among students from the first sign of psychological distress in the classroom. Education around developmentally appropriate expectations for student behavior may help teachers differentiate between appropriately functioning students and those whose school performance may be impaired by underlying mental illness, trauma, or adverse childhood experiences. In turn, teachers should feel comfortable navigating conversations with families and colleagues about student mental health and its relationship to academic success. In our own teaching experience, learning the basics of identifying, screening, and referring patients with mental health concerns would have made us more effective educators. We now feel responsible as child psychiatrists to do our part to equip our teacher colleagues with the knowledge and skills to act as effective mental health advocates for their students. We must recognize that failing to leverage the daily contact and longitudinal relationships teachers build with students means missed opportunities to identify children with emotional and behavioral needs and connect them with appropriate support and resources. Though progress

on the school mental health front warrants significant buy-in from all involved parties, child psychiatrists are well positioned to make the case for collaboration and innovation across systems to support the success of all children.

Take Home Summary

Teachers frequently encounter mental health concerns in schools. Barriers to student mental health include inadequate teacher training, limited access to services, and privacy legislation. Child psychiatrists can empower teachers as "gatekeepers," expand campus-based and telepsychiatry services, and communicate with school systems.

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