Comments to the School Safety and Mental Health Commission

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My Background

I am the President of the Alliance for the Mentally Ill of Oakland County, a non-profit, all volunteer, family support, education and advocacy organization. I have been an advocate for change in the Michigan public mental health system for about the past 40 years. I became an advocate not long after my daughter became seriously mentally ill, and was committed to Clinton Valley Center, the state psychiatric hospital in Pontiac, Michigan, after my employment-based insurance no longer covered her hospital care.

In the early 1990s, I was elected President of NAMI Michigan. I was President when Governor John Engler closed state hospitals, including Lafayette Clinic (the state mental health research hospital), which I opposed; when he pushed responsibility for mental health services to local community mental health boards and added another level of administration at the regional level (exploiting Medicaid funding); and when he adopted "managed care" limiting mental health services to a fixed budget, regardless of need (which I also opposed).

When I was term limited as the President of NAMI Michigan, I returned to my role as President of the Alliance for the Mentally Ill of Oakland County. By that time, the state had pushed primary responsibility for the mental health system to the local level and reduced staffing (and oversight) at the state level.

I have engaged in advocacy at many levels. I testified at legislative hearings. I participated in a work group of a Governor's mental health commission. I participated in the Lieutenant Governor's committee on Section 298 (Privatization). Prior to the 2016 election, along with several other long-term advocates and endorsements from unions and a number of other advocacy organizations, we organized and conducted "town hall meetings," in Oakland, Macomb, Wayne and Monroe counties. At these meetings we engaged local Michigan legislators to hear testimony of persons suffering from mental illness and their families regarding needs for change, and their opposition to privatization.

Most recently, I have prepared a document entitled, "Benefits of Public Mental Health System 2.0" (see www.amioakland.org under the Advocacy tab). It proposes specific changes to the public mental health system that would dramatically improve the scope, effectiveness and efficiency of the system with long-term, taxpayer savings. These improvements will reduce administrative overhead while achieving higher levels of recovery and improving the quality of life of hundreds of thousands of Michigan citizens. The System 2.0 proposal is a basis for the discussion, below, regarding reforms for "school safety and mental health."

Introduction

The sections that follow will discuss (1) proposed changes to the Michigan public education system, and (2) complementary changes to the Michigan public mental health system, beyond the System 2.0 proposal referenced, above.

As a foundation to this discussion, I refer to the following books that have strongly influenced my views.

- *Trigger Points*, by Mark Follman, Journalist. This book reports on years of investigation and analysis of mass shootings along with development of methods to intervene and resolve potential shootings before they happen.

- *I Am Not sick, I don't't Need Help!*, By Dr. Xavier Amador, a clinical Psychologist, researcher and author. This book is directed to families to help them relate-to and communicate with a mentally ill family member. The content is relevant, nevertheless, to anyone in direct contact with persons suffering from mental illness, particularly mental health professionals, direct care workers and members of the criminal justice system, and educators, in addition to families and friends.

- *Belonging,* by Geoffrey L. Cohen, professor of psychology at Stanford. This book is focused on the human need to interact with and belong to a group with similar interests and values. Too many people, adults and children, suffer from loneliness and possible alienation that may drive them to engage in anti-social behavior, or join others, similarly alienated.

- *Healing: Our Path from Mental Illness to Mental Health*, by Thomas Insel, MD, former Director of the National Institute of Mental Health. Dr. Insel joined NIMH with visions of developing important new medications, and soon realized that the priority need is for therapies to heal minds with support of complementary medications, when necessary. He is a strong advocate for therapy that could apply to a wide range of forms and severity of mental disturbance.

These references imply needs for complementary changes in both the public mental health system and the public education system.

Members of the Commission should also review the following article regarding an investigation of the Detroit Free Press, reported January 24, 2023.

- "Totally Broken": Investigation reveals big flaws in Michigan's mental health oversight, by Jennifer Dixon, Free Press reporter.

  (https://www.freep.com/in-depth/news/local/2022/09/09/built-conflict-hurts-michigans-most-vulnerable-advocates-say/9461250002/)

This is a report of state-wide, real-life examples of the failure of the Michigan public mental health system to respond to serious needs for help.

Changes to the Michigan Public Education System

My comments on the mental health system imply the need for complementary changes to the Michigan, public education system. I want to clarify the needs for change, below. I am not an educator, but I have been a parent of children in public education. In retrospect, I believe that my daughter had a subtle disturbance that foreshadowed her later onset of a serious mental illness, as a teenager. I have also collaborated with parents of mentally ill, adult children, who had experienced (typically undiagnosed) mental health problems while still in public schools.

Just as in the mental health system, there must be independent oversight and accountability at all levels. Children and their families are at the mercy of educators. Educators at all levels must expect to be accountable for quality development of all children, and teachers must be held accountable to report and follow up on needs for mental health intervention. Oversight must be objective, and corrective

actions must be timely, including resolution of systemic and leadership problems. This proposal is not a quick fix, and legislators and the administration must be held accountable for a long-term commitment to change.

Educators must accept responsibility for the socialization and development of children's growing and malleable minds. This includes all children, but with particular attention to troubled or disturbed children. Following are key elements of an education system reform. The recommendations are not just implementation of roles, responsibilities and budgets, but they require a commitment to change in the mission and culture of the public education system.

- **Teachers as the front-line for intervention.** Teachers must be committed to the development of good, responsible citizens, engaged members of society and intelligent voters, who have the opportunity to become the best they can be. Teachers cannot be expected to have all the education and aptitude necessary to address all disabilities and deficiencies of their students, but they must be the first line of contact with their students, to engage their students for education and socialization, and to identify and refer students in need of mental health services to address emerging mental disturbances.
- **Citizen Education**. Our democracy is threatened by the political unrest of many people that believe our government has failed them. Many of them do not understand why democracy is important, and that democracy is the only answer.

  Public education and an informed citizenry is a fundamental requirement of democracy and freedom envisioned by our founders. Children must be educated in the meaning and values of democracy (e.g., what does the pledge of allegiance mean?) starting in early grades. Education must go beyond that given to immigrants seeking citizenship. It must include the implications to their rights and responsibilities as citizens. Through the education system, students (and later, adults) must observe, and potentially inspire a commitment of others, to the Constitution, and their obligations as citizens, not just a pledge of allegiance to a flag.
- **Belonging.** Regardless of poverty, intellect, physical capabilities, and physical or mental disability, all children must be served as equals. Educators must promote a culture of equity in personal value, achievements and sense of belonging in the classroom and other activities. Extra-curricular activities must be appropriate for diverse interests, abilities, and achievements, not just recognition for excellence in academic achievement and sports competition. Participation and belonging can help develop lifetime successes and deter participation in street gangs and other antisocial endeavors. It is important for good mental health. The school, social environment must reconcile individual strengths and weaknesses with mutual respect and belonging.
- **Childhood trauma.** The school system, through teachers in collaboration with school therapists, must recognize child isolation, mental disturbance due to domestic conflict, neighborhood violence, and bullying or other trauma, including biological mental disorders. They must engage the disturbed child and family in therapy as well as other community mental health services, as necessary, both children in school, and through referral of children who are not yet enrolled in school but are victims of mental health disorders.
- **Other intellectual disabilities.** Educators should recognize that many children with early, intellectual disabilities would benefit from therapy and socialization, starting before they

become children with disabilities in the education system. Therapy for some will make a substantial improvement in their condition when they become the responsibility of the education system and their future lives.

- **Early intervention.** Early intervention is a responsibility of each teacher. Students who are withdrawn, expressing emotional or thought disorders or exhibiting repeated disruptive behavior or conflicts with others must be identified as in need of mental health services and immediately brought to a school therapist. Each associated family must be engaged to gain their support and consent to enroll the child in therapy or more intensive mental health services, if needed. The teacher(s) must be prepared to participate as appropriate in discussions with the child's family and, at the same time, take steps to engage the student as an accepted member of the class. Therapy or other treatment should not be viewed as punishment, rejection or exclusion from the class and continued education, but teachers must ensure that a student receiving therapy is accepted and supported by others in the class (belonging), with accommodations, if necessary.

- **School safety.** System-wide actions must be taken immediately to mitigate the risks of our current, dysfunctional society. The recommendations, above, will eventually improve the development of mentally and socially heathy students, and later, healthier adults. In the meantime, we must deal with the threat of random threats of violence. Our children deserve the same level of protection as air travel, our government leaders, our courts and our government buildings. Schools must be safe.

Complementary Changes to the Michigan Public Mental Health System

Fundamental to this proposal are some key complementary changes to the mental health system. Children in need of mental health services must become legitimate members of the population served by the mental health system.

- **Populations served**. The current, public mental health system falls far short of serving the needs for mental health services. The criteria for access to services generally remains the criteria for access to court-ordered treatment for those who represent an immediate threat to themselves or others—essentially a criminal justice concern. We continue to provide (custodial) services to these recipients, apparently because, left alone, they may again meet the immediate threat criteria (many of whom could recover with appropriate therapy). Most persons served must be qualified as financially impoverished for Medicaid coverage, and in need of services as a "medical necessity," subject to budget-driven, treatment-plan review.

  Unfortunately, more people suffer from mental disorders and do not receive any help—apparently, they are not worth the expense. Their families are adversely affected, including their children. They may have less severe behaviors that disrupt the lives of others, in various ways, with significant costs to society. Some of them may create serious injuries or deaths before they are accepted for care or criminally charged.

  The System 2.0 reforms proposed for the mental health system could have a major impact on improving the lives of hundreds of thousands of disturbed adults and their families as well as others who are indirectly affected, with substantial reductions in cost of care and the costs of criminal justice.

At the same time, there are still many others who are overlooked, because they need services not offered or covered by conventional healthcare. Children, in particular, are overlooked as a problem of their parents, who are totally unprepared. Many children are in need of professional intervention, early in their lives, that could dramatically improve their development and lifetime quality of life, as well as the lives of others around them. This need must be addressed by both the public education system and the public mental health system. Some of these children will become adults with needs for more appropriate, continued, public mental health services, for a better future.

Collaboration with educators. Mental health services must complement the child development role of the education system in order to address the mental health and social development needs of children. CMH must employe and provide school therapists as the mental health experts to participate in a culture change in education, to give priority to development of the minds of children and intervene when a teacher recognizes that a child has mental health challenges. More intensive community mental health services must be included, as appropriate.

Educators must be engaged and collaborate with community mental health professionals. This collaboration must extend to teachers, families, and school administrators, with particular attention to more severe behavioral, thought and mood disorders. Each CMH must provide a welcoming culture of continued engagement, treatment and support services as appropriate to engage a child and their family. Children with more difficult problems must receive supplemental services from CMH without administrative hurdles.

- **School therapists.** School therapists must be employees of the local, community mental health authorities to be available in the school for immediate access of referred students and their families. and to collaborate and coordinate with teachers as well as more intensive mental health services.

  School therapists must be educated and certified in child therapy. They must be treated as community mental health professionals, with associated supports and career opportunities as such, and they must provide services throughout the year, not limited to the school year. Therapist employment by CMH not only provides workload flexibility, but it also provides a career path for training and development of those committed to providing children's mental health services.

  For some students, therapy must be extended to incorporate social workers/case managers as well as psychiatrists with expertise in child mental health treatment, along with collaboration of leaders in mental health and school administrations to ensure responsive and coordinated care.

- **Therapy for disturbed and disabled children**. Disturbed and disabled children (as well as children of different cultures, races, and sexual orientation) must not experience discrimination and bullying, but rather social acceptance, respect as a member of the school community, as well as recognition for being the best that they can be in spite of their disability. The school therapist must promote "belonging," and continue to engage the student in appropriate treatment and therapy in collaboration with the family.

- **Therapy must be a priority.** With timely intervention, therapy should be the first line of defense, complemented by medication as required. We expect therapy for other mental disabilities: stroke, PTSD, addiction, phobias, but we seem to expect that, with medications, mentally Ill

persons just take responsibility for their affliction—get better or live with it. Ultimately, therapy should be required to help affected people modify their disturbed thinking to ultimately become the best they can be, to minimize their lifetime dependence on the mental health system, to dramatically reduce their burden on their families, and to avoid the risks of school expulsions, volent behavior, and possible jail or prison incarceration.

- **Crisis intervention for children**. Community mental health must provide crisis intervention services for minors who require temporary isolation or hospital admission. That intervention must incorporate and be coordinated with the family or guardian, along with the school therapist for appropriate treatment planning that may include return to the home, temporary crisis intervention, hospital admission, and plans for a subsequent transition to appropriate community treatment and support, if required.

  Transition to adult care. CMH must anticipate that children may require more comprehensive services when they become adults or are otherwise no-longer in school. The mental health services needed by a student must not, magically, become unnecessary or inaccessible to a child who becomes an adult (age 18). The school therapist must collaborate with other CMH professionals to ensure that there is a coordinated transition to adult services from those for which the student no longer qualifies (criteria for transition must be clarified by state-wide policies).

  Transition should be in stages that start in preparation for graduation or other completion of participation in the school, rather than the student suddenly abandoned and transferred to a different world with potential admission to new mental health services and new treatment and support arrangement, and with continuity of mental health care, along with consideration of residential living and residential care.

- **Residential care for children.** Some students may require residential care apart from their families, but they may still be enrolled in their local school. School therapists in collaboration with associated teachers, community mental health professionals and child welfare workers must establish the needs, funding, possible accommodations, and appropriate residential arrangements.

- **New funding.** CMH must be budgeted and provide staffing of school therapists adequate to the needs of each school in the community they serve, particularly the circumstances of communities that suffer from poverty, high crime rates or other social or family disturbances. Budgets must include appropriate CMH support staff, including case managers, direct care staff for residential care, and other mental health professionals, including psychiatrists, with expertise in treatment of children, for primary diagnosis and treatment leadership.

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