



Credit [Freepik](#)

## Guiding School-based Mental Health Practitioners



School-Based  
Mental Health  
ECHO

January 15, 2025

# Land acknowledgement

Our conference session is held on the ancestral lands of the Muwekma Ohlone Tribe. This land was and continues to be of great importance to the Ohlone peoples.

Consistent with our values of community and inclusion, we have a responsibility to acknowledge, honor, and make visible all of our relationships to Native peoples.

Find out more by scanning the QR code.



# Support for the LA school community

Resources and spaces are available for school leaders and staff through the School Crisis Recovery and Renewal Center. Please scan the QR code for more information.

## Additional Resources:

- **AACAP's Disaster & Trauma Resource Center**
- AACAP's Resource Center on Climate Change & Youth Mental Health
- AACAP's Disaster Liaison Network Resource Library
- *Facts For Families: Climate Change and Climate Distress in Youth*
- Talking to Children about Wildfires and other Natural Disasters
- The National Child Traumatic Stress Network (NCTSN)
  - Trinka and Sam: The Big Fire - e-book for young children
  - NCTSN: Parent Guidelines for Helping Children Impacted by Wildfires
  - NCTSN: Wildfires: Tips for Parents on Media Coverage
- Hawaii AAP Chapter Resources and Information After Fires



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# School-based Mental Health ECHO

- Modeled on the ECHO (Extension for Community Healthcare Outcomes) model from the University of New Mexico
- Free, virtual series offered on the iECHO platform that seeks to highlight and expand community expertise and experience on various school mental health topics
- 2024-25 series runs from September 2024-May 2025
  - Beginning 2025, sessions have been extended by **15 minutes** to allow more room for discussion and Q&A
- **Note:** Our School-based Mental Health ECHO is inclusive of both **systems-focused** and **clinically-based** topics and cases



# Goals of the project

- Enhance knowledge of best practices in school-related topics
- Foster professional connections between providers and school professionals
- Provide clinical guidance that enhances youth mental health in educational settings
- Create an inclusive, interactive environment where everyone can learn



# We would like to thank our 2024-25 Leadership Council Members

**Ann Evanilla-Wasson**, MS, Sequoia Healthcare District

**Britney Stone**, LMFT, Wellness Together

**Carla Lavelle Trinh**, LCSW, PPSC, California School-based Health Alliance (consultant)

**Jack Bareilles**, MA, Northern Humboldt Union High School District

**Jeffrey Lewis**, MA, JD, Legacy Health Endowment

**Kristin Geiser**, PhD, John W. Gardner Center for Youth and Their Communities at Stanford University

**Petra Steinbuchel**, MD, University of California San Francisco

**Lauren Haack**, PhD, University of California San Francisco

**Mary McGrath**, San Mateo County of Education

**Maryjane Puffer**, BSN, MPA, The Los Angeles Trust for Children's Health

**Noe Rivera**, MS, The Los Angeles Trust for Children's Health

**Melissa Paz-Flores**, University of Southern California

**Pia Valenzuela Escudero**, LCSW, Illuminating Minds; Student Health and Human Services (retired)

# Some helpful tips for the session

- Please have your microphones **muted** unless you are speaking
- If you can, we encourage **video participation**
- Raise your hand to speak
- Use **reactions** to communicate
- Use **chat** for comments and questions
- IT Issues? Send a private message in the chat to **Shirley Mak**



# Disclosure statement

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For full disclosure information please go to our website:

[stanford.cloud-cme.com/schoolmhecho](https://stanford.cloud-cme.com/schoolmhecho)

## **ACCREDITATION STATEMENT**

In support of improving patient care, Stanford Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

### **Credit Designation**

#### **American Medical Association (AMA)**

Stanford Medicine designates this Live Activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **American Nurses Credentialing Center (ANCC)**

Stanford Medicine designates this live activity for a maximum of 1.0 ANCC contact hours.

#### **ASWB Approved Continuing Education Credit (ACE) – Social Work Credit**

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#### **American Psychological Association (APA)**

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

# Introduce yourselves!

Please introduce yourself by sharing in the chat:

- 1) Name
- 2) Organization/role (e.g. counselor, educator, etc.)
- 3) City and State
- 4) Something you're hoping to get out of today's session



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# A few reminders

## Recording

For the purposes of maintaining safety and confidentiality, only the Didactic portion of this session will be recorded.

## Presentation Slides

A copy of the slides and corresponding resources will be emailed after the session.



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# Today's agenda

Time	Presentation	Presenter(s)
2:30 – 2:40 p.m.	<b>Welcome Announcements</b>	Steve Adelsheim
2:40 – 3:00 p.m.	<b>Didactic Presentation</b>	Apurva Bhatt
3:00 – 3:15 p.m.	<b>Case Presentation</b>	Heather Springs
3:15 – 3:40 p.m.	<b>Case Discussion</b>	All
3:40 – 3:45 p.m.	<b>Closing</b>	Shirley Mak



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# Guiding School-based Mental Health Practitioners

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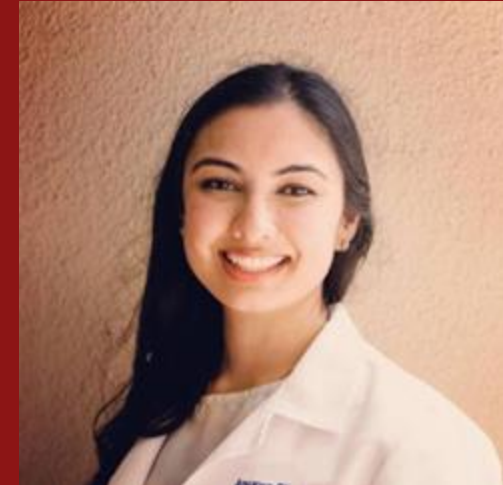
Didactic Presentation



# Apurva Bhatt, M.D.

Dr. Apurva Bhatt is a Child Adolescent and Adult Psychiatrist and Clinical Assistant Professor at Stanford University School of Medicine. Her role spans the General Adult Psychiatry Division, Child Psychiatry Division, and the Center for Youth Mental Health and Wellbeing.

Dr. Bhatt provides school clinical consultations for Redwood City School District through the Stanford Redwood City Sequoia School Mental Health Collaborative. She also provides clinical consultations to schools in Los Altos School District and supervises child and adolescent psychiatry fellows providing consultation to schools in Los Altos, Palo Alto, Redwood City, and Mountain View.



# School-based mental health

## Background

- Children and adolescents spend a majority of their time in school
- Schools are often tasked with providing services (medical and mental health screenings) to help children access their educational curriculum
- In 2023, 40% of students reported persistent feelings of sadness and hopelessness ([CDC YRBSS Report](#))
  - 20% of students seriously considered attempting suicide, and 9% attempted suicide in 2023 ([CDC YRBSS Report](#))
- 25% of students in the U.S. are children of immigrants (or are immigrants themselves)
  - In Santa Clara and San Mateo Counties, >50% of students come from immigrant families, depending on the district



# Primary therapeutic relationships

Caregivers, siblings,  
family members,  
friends

School Team  
(teachers, school  
staff, coaches, etc.)

Student

School/Community health and  
mental health providers

IRL (in real  
life)

Online



# The challenges

- Limited resources; structural components to support collaboration between schools and mental health care programs, lack of adequate and consistent financial commitment to school-based mental health services
- Staff turnover and burnout
- Availability of mental health training for school staff members, including teachers (early identification, intervention)
- Mental health stigma and biases
- Individual mistrust of systems of care (school, medical, mental health)
- Structural inequities and systemic racism



# Other challenges: engaging with community providers

- **Barriers to collaboration for school staff**
  - Limited time & resources
  - Difficulty accessing providers
  - Burnout
- **Systemic issues in community mental health & medical providers**
  - Limited time & resources
  - Hospital or clinic expectations (must see certain number of patients/day)
  - Burnout
  - Lack of familiarity with school processes, legal aspects, and supports available in schools
  - Lack of provider experience working as member of a team and recognizing the expertise of other disciplines
    - Often school staff not included in treatment decisions



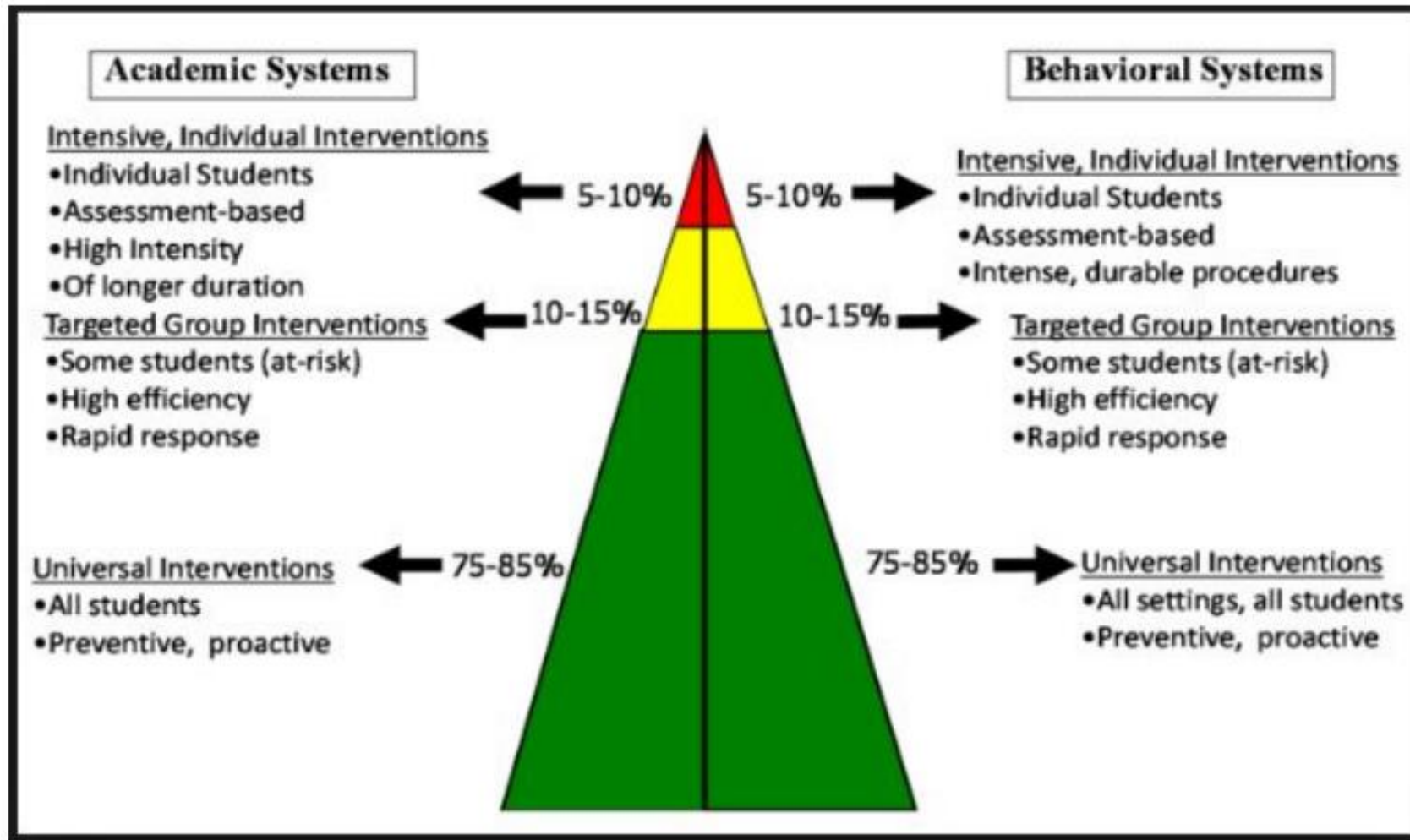
# The opportunities

## Aims of school-community mental health interventions

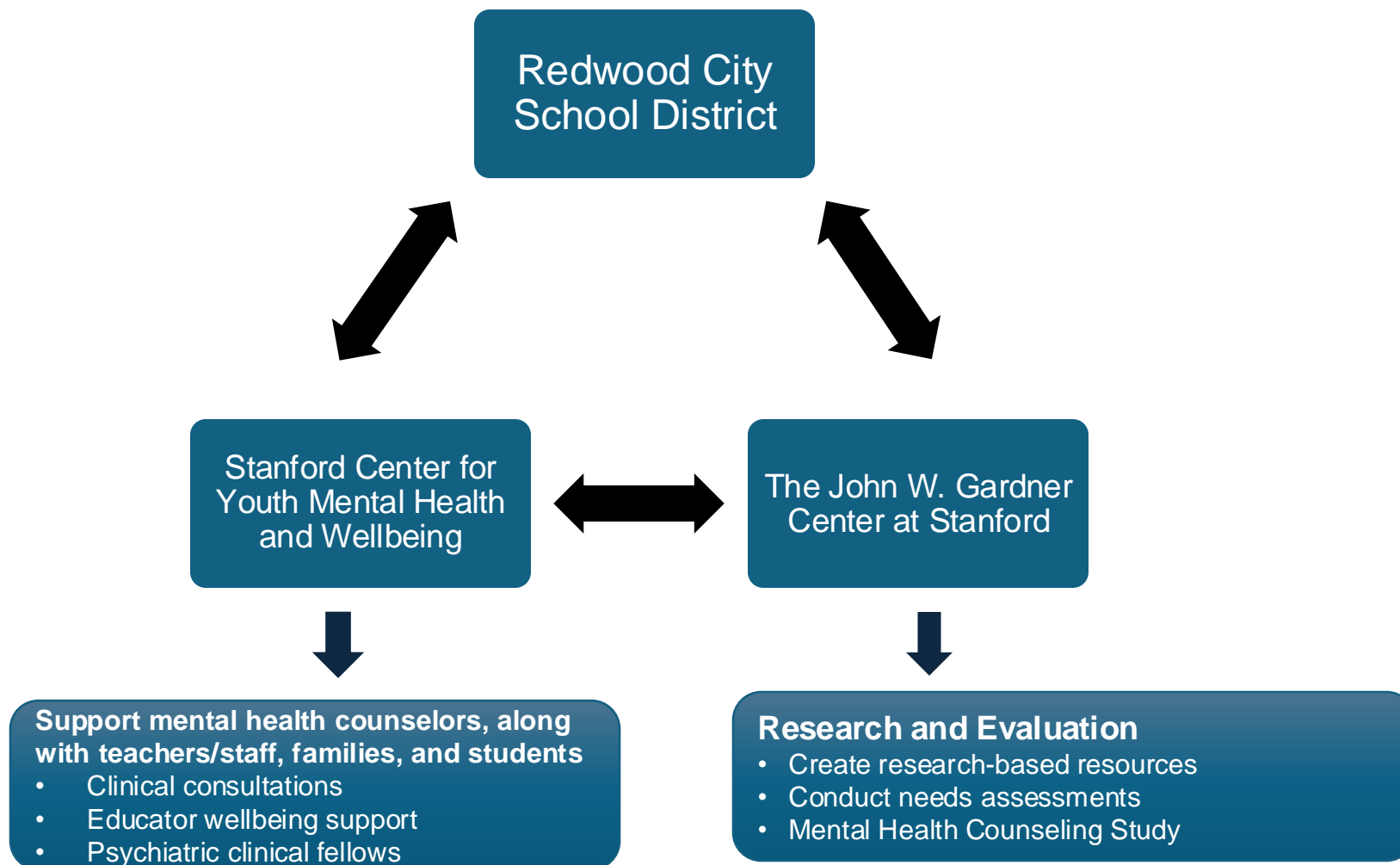
- Forming strategic school-community partnerships that support early identification and intervention for children in need of mental health supports (multi-tiered systems of support)
- Promotion of positive psychosocial development and accessing the school curriculum for all students
- Supporting school staff and teacher wellbeing



# Multi-tiered systems of support



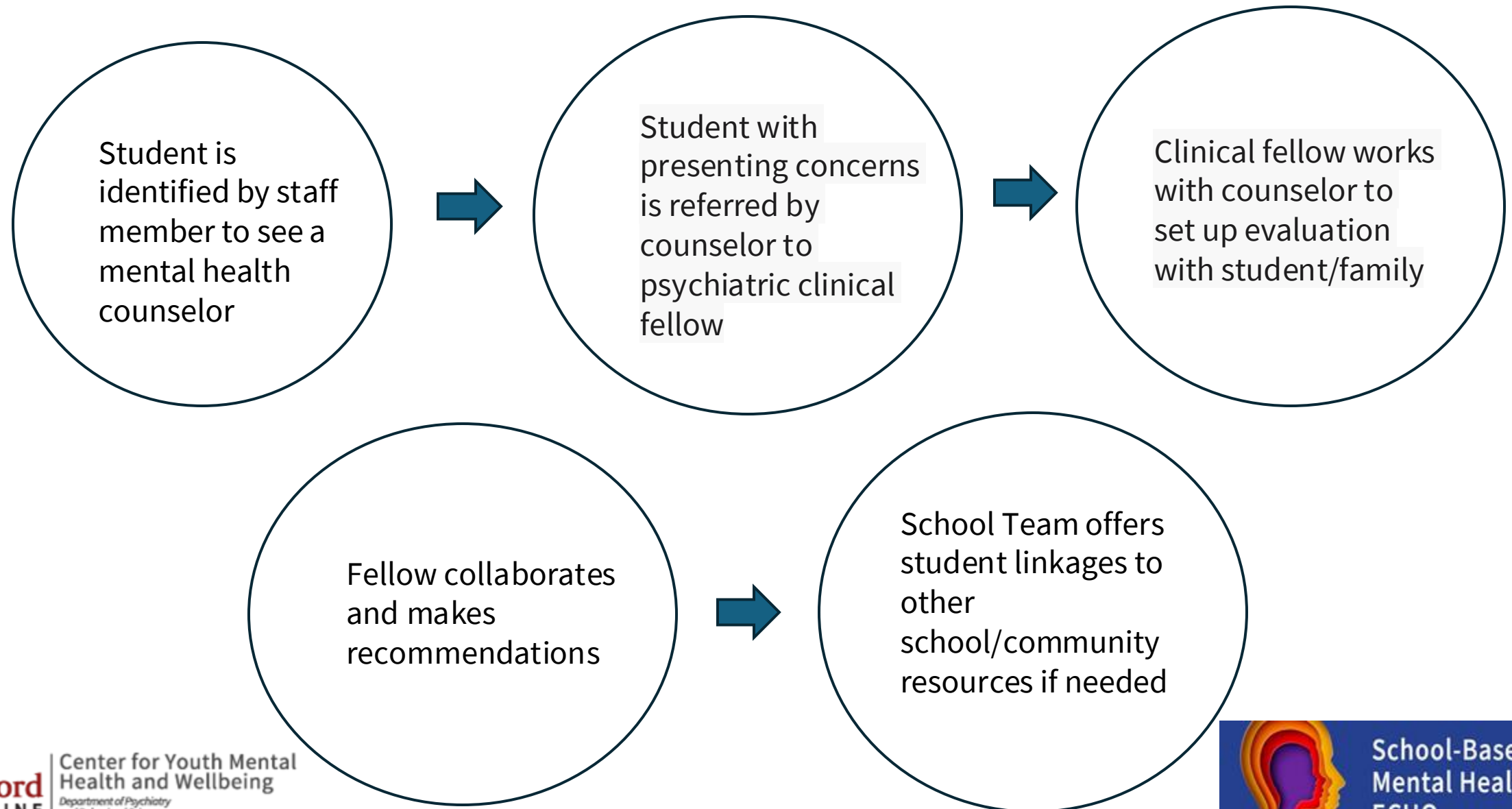
# Stanford Sequoia Redwood City School Mental Health Collaborative



## Stanford Redwood City School Mental Health Collaborative: Role of the Child Psychiatry Team (Fellow and Attending)

- Be responsive to school mental health team needs
- Answer general questions related to mental health and wellbeing
- Conduct child and adolescent psychiatric evaluations of identified students with the shared goal of answering school consultation question(s) and offering relevant treatment recommendations
- Address diagnostic questions related to behaviors or mental health concerns impacting student ability to access curriculum or maintain safe behaviors:
  - Trauma
  - Internalizing disorders (depression, anxiety, school avoidance)
  - Suicidality and self harm
  - Externalizing disorders leading to disruptive behaviors in the classroom (ADHD, DMDD, trauma)
  - Autism, other neurodevelopmental disorders
  - Early onset bipolar disorder, early onset psychosis
- Collaborate with other medical teams (pediatrician, medical specialists, outside psychiatrists)

# Referral process for clinical fellow



# Collaborative treatment paradigm

School team members collaborate with school and community-based mental health team members to support student mental health and wellbeing

## Effective collaboration

- Uses all available resources
- Generates a greater amount of clinical information
- Results in enhanced engagement
- Is cost-effective
- Provides professional and emotional support for all participants
- Acknowledges expertise and training of each discipline





# Our team values

- Coming together around a shared goal
- Humility, valuing expertise of all team members
- Communication is key
- Acknowledging factors we cannot control
- Being flexible and creative with approaches



# Clinical Case Presentation

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Redwood City School District (RCSD)



# Anatomy of a case discussion

- **Volunteer** presents a patient or thematic case that is based on a real-life scenario.
- Audience asks **Clarifying Questions** about the case.
- Audience **Discussion** and **Recommendations** are made.

# Tips to note for the case presentation

- To protect client confidentiality, this case has been developed as a vignette from real-life scenarios.
- Details about the patient may have been changed to protect their privacy.
- Only information that is necessary for addressing the specific concerns about the case will be presented. Therefore, some questions may not be answered for confidentiality purposes.



# Questions for case presentation

- How can schools collaborate with community partners to help high-risk students get the support they need at different stages of acuity?
- What are additional community resources that could be helpful for this student and family to educate them on the importance of mental health treatment?



# Heather Springs, LCSW

Heather Springs is a licensed clinical social worker and lead mental health counselor at Hoover Community School in Redwood City School District. She is also a clinical supervisor for MFT trainees and associates seeking clinical licensure.

Heather has 20 years of experience working in the field of social work. Her work experience includes working with children, as well as adolescents and families within juvenile justice and child welfare systems.



# Case Presentation

**Age:** 14 years old, 8<sup>th</sup> grade student

**Gender Identity:** Female

**Cultural Identity:** Latinx, Monolingual (Spanish-speaking) home

## Summary of Presenting Concerns:

- Student presents with depression-like symptoms, anxiety, history of suicidal ideation and self-injury. She is chronically absent at school, which impacts her academically and emotionally. Due to chronic absenteeism, a comprehensive IEP evaluation is unable to be conducted
- Student was initially seen by the school mental health counselor. Various school accommodations were tried, but the student still struggled with attendance and demonstrated mental health concerns, including suicidal ideation and self-harm, for which she was referred by the counselor to a pediatrician at a clinic outside of school who recommended higher level of care
- Eventually admitted to in-patient psychiatric unit (discharged early against medical advice)

# Case Presentation

## Summary Continued

- Given ongoing safety concerns post-discharge, student was then referred to a community-based counselor and child psychiatry fellow, who was able to conduct a psychiatric evaluation. Student was diagnosed with generalized anxiety disorder and major depressive disorder; recommended both therapy and medication. Following an IEP evaluation by school psychologist, the student qualified for mental health services and additional school accommodations
- Student continues to struggle with attending school, suicidal ideation, missing medical appointments, and engaging in her treatment, including taking medication. There are various possible contributing factors, including mental health stigma and mistrust of schools and the mental health system



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# Case Presentation

- **Developmental history**

Met all developmental milestones. Mom reports the student always wanted to play by herself and had a difficult time with peer interactions.

- **Family history**

Student lives with her mother and father in an apartment. She has two older siblings who no longer live with them. At times there is conflict and strain between the oldest sister and the mother, which affects the student's mental health. Mother has expressed a history of mental health disorders in their family related to anxiety and depression.

- **School history**

Student has a long history of chronic absenteeism throughout elementary school and middle school. She has currently missed 30 school days this 2024-25 school year.

- **Drugs/alcohol use history**

No history of substance use.



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# Case Presentation

- **Past mental health treatment**

- School-based individual counseling (general-ed)
- Community-based counseling for two months (parents discontinued services during summer)
- Mental health counseling through IEP with BHRS school-based program
- In-patient at psychiatric hospital (discharged prematurely against medical advice)

- **Relevant medical history**

None.

- **Reported medication history**

Student sees a primary care physician at local medical clinic and is being prescribed medication to treat depression and anxiety. Student and mother often miss clinical appointments and student reports not taking medication consistently.

# Case Presentation

- **Social history**

Has been a victim of bullying at school on several different occasions.

- **Spiritual/religious considerations**

None noted.

- **Hobbies and interests**

Student likes to draw and write in her journal.

- **Strengths**

Student has a small group of close friends who attend school. She is a caring and kind person. She also has a good sense of humor.

# Case Presentation

## Points of communication and collaboration throughout

- Student + counselor
- Counselor + parent
- Teacher + student + counselor
- Counselor + school psychologist
- Counselor + pediatrician
- Counselor + County Access Line + parent
- Counselor + child psychiatrist
- Child psychiatrist + pediatrician
- Child psychiatry fellow + parent + student
- Child psychiatry fellow + counselor + school psychologist
- School psychologist + parent + student



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# Case Presentation

## Successes

- Highlights strong collaboration and partnerships between school and community partners (RCSD, Stanford team, pediatrician) and the student and family, with the shared goal of supporting the student's wellbeing
- This partnership led to:
  - Student engagement in school's IEP evaluation and implementation of school accommodations
  - Student engagement in psychiatric evaluation, clarifying diagnoses and offering treatment options

# Case Presentation

## Challenges

- Engagement in care/treatment
- School absenteeism
- Ongoing mental health challenges that may not be fully addressed
- Potential systems involvement (e.g. CPS)
- Family psychosocial factors, including mistrust and stigma

# Presenter contact information

**Heather Springs**

RCSD Mental Health Counselor

hsprings@rcsdk8.net



# Questions for case presentation

- How can schools collaborate with community partners to help high-risk students get the support they need at different stages of acuity?
- What are additional community resources that could be helpful for this student and family to educate them on the importance of mental health treatment?





# Call for case presenters

The case presentations are an important part of our learning and a core component to the ECHO model.

Sign up for more information about being a case presenter by filling out the **Case Presenter Interest Form** or email [shirley.mak@stanford.edu](mailto:shirley.mak@stanford.edu)



# Upcoming ECHO sessions

**March 5, 2025, 2:30-3:45 p.m.**

Supporting collaborations between schools and community mental health partners

**April 2, 2025, 2:30-3:45 p.m.**

Intersectionality and mental health in schools

**May 7, 2025, 2:30-3:45 p.m.**

Suicide prevention



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# Native American Youth Mental Health ECHO

## What is the NAYMH ECHO?

A collaborative speaker series to better support the mental health and wellbeing of indigenous youth, their families, and their care teams.

## Who should attend?

Health professionals, school mental health workers, and community organization staff responsible for the care and treatment of Native American Youth are encouraged to join.



## Cal-MAP School-Based ECHO Series

Live interprofessional tele-mentoring  
and consultation with school-based  
teachers, administrators & staff and  
school-based health center staff.

### Monthly sessions include:

- » Brief didactic, with useful handouts to take away
- » Case discussion: an opportunity to consult peers and experts on our own cases (taking turns)
- » Topics: Internalizing Disorders: Anxiety & Depression, ADHD, Learning Disorders, Externalizing behaviors, ASD/Neurodiversity, Suicidal Ideation, Racial Trauma/Discrimination/ACES, and others.



Scan or visit  
<https://tinyurl.com/3m59u3dv>

Join Now



**Date and Time**  
Every 2nd Wednesday  
of the month  
2:30-3:30 pm PT



**CME, APA, ACE ASWB,  
and ABP MOC Part 2  
credits are available.**



**Questions? Email**  
[info@cal-map.org](mailto:info@cal-map.org)

In support of improving patient care, the University of California, San Francisco is jointly accredited by the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

## UCSF Cal-MAP School-Based ECHO Series

Live interprofessional tele-  
mentoring and consultation with  
school-based teachers,  
administrators & staff and  
school-based health center staff.

# Thank you for joining our ECHO

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See you at the next one on **March 5!**

