

Transition for Youth with Serious Mental Illness

Meet Zach

Zach is a sixteen-year-old student with a diagnosis of severe depression. He has been hospitalized four times in the past six months during psychotic and suicidal episodes. In between two psychiatric hospital admissions, Zach returned briefly to his high school where he took his SOLs. While Zach passed each SOL, he has no memory of taking any of the tests because of his psychosis.

Prior to his most recent hospital admission, Zach slept almost 18 hours a day and withdrew from friends, family and, at times, even food. Zach experienced a major depressive episode with suicidal ideation as well as psychosis and attempted suicide. Stable and on new medication, he has recently returned to his high school part time, thus allowing him to work at his own pace to complete high school credits. This was one of many recommendations suggested by Zach's Wraparound team that worked to develop a comprehensive plan of support as he returned to his community.

Youth and Mental Health

In 2014, the Substance Abuse and Mental Health Services Administration reported that 2.6 million youth aged 12 to 17 experienced a major depressive episode in 2013, representing 10.7 % of all adolescents in that age range. Students like Zach experiencing pervasive behavioral health or diagnosed with serious mental illness (SMI) might receive services through the Individuals with Disabilities Education Act. Their individualized education programs (IEPs) might name their disabilities using terms such as emotional disability or Other Health Impairment. These students sometimes experience co-occurring behaviors that may present as moodiness, sadness, truancy, and substance abuse.

Wraparound Services

A recommendation from the hospital during Zach's last discharge suggested developing a team comprised of Zach and members of his home, school, medical, and community supports to develop a comprehensive plan. This comprehensive plan, referred to as a Wraparound plan, involves multiple organizations, agencies and persons, and provides assistance for individuals transitioning home from the institutional environment of a hospital or treatment facility. Members of Zach's Wraparound team included:

- A psychiatrist
- A Community Services Board counselor
- A Department for Aging and Rehabilitative Services counselor
- The IEP team from his home school

Building Wraparound Services

Virginia established the [Center for Wraparound Excellence in 2013](#) to provide training, services, and subsequent program evaluation on the implementation of a High Fidelity Wraparound model. Wraparound services should address all aspects of the student's life including home, school, community, postsecondary education, and employment.

Working with agencies and doctors might initially appear to be a cumbersome task for educators; however, involvement of these ancillary service providers is key to successful postsecondary outcomes for youth with SMI. For example, Zach's team built supports such as permission to go the school counselor's office if he felt overwhelmed to meet his behavioral health needs, and his transition IEP reflected input from mental health services.

Tips for Teachers

- A student's diagnosis and other disability information is confidential information. You must have the parent or guardian's consent (or the student's permission if he or she have reached age of majority) in order to talk with his clinician or doctor.
- If a student has not connected with community mental health services, consult with school supports such as school counselors, social workers, or psychologists who can guide the student and family to secure needed supports within the community mental health system.
- If you have questions about your student's behavior or the potential side effects of medications, work with his transition IEP team to advocate for special accommodations to ensure timely graduation marks are met.
- If the student with SMI plans to leave home after exiting school, the Wraparound and transition IEP team will need to consider how he will continue with any medical or therapeutic services that he currently receives.

This document was prepared in collaboration with the Department of Behavioral Health and Developmental Services.