A Model for Educating Children and Adolescents in a Psychiatric Care Setting

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Children who are hospitalized for psychiatric treatment not only face social, emotional and physical challenges, they also face academic ones when their schooling is disrupted. This article describes a model for schooling youths receiving psychiatric care in the inpatient and partial hospital programs offered by a Twin Cities psychiatric hospital.

Each year, more than 680,000 youths in the United States are hospitalized for psychiatric treatment. These hospitalizations may last anywhere from a few days to several weeks.1 In the Twin Cities, an estimated 27,000 school-aged youths annually have psychiatric symptoms that require intensive treatment.1 This can significantly disrupt their education, which can have a detrimental effect on their academic and social development and their resiliency.

In 2007, Intermediate District 287, a consortium of 12 west metro school districts that provides educational opportunities for children with special circumstances and needs in the Twin Cities area, and PrairieCare, a psychiatric hospital that provides both inpatient and outpatient treatment, formed a partnership to better meet the educational needs of youths receiving care in PrairieCare's inpatient and partial hospital programs in Edina and Maple Grove. This article describes that partnership and the approach they developed.

About the Partners
PrairieCare is a free-standing psychiatric hospital with 20 inpatient beds for patients 21 years and younger. It also operates two partial hospital programs, which provide a slightly less-intensive level of acute care services for outpatients. The clinical programming offered in both the inpatient and partial hospital programs is very similar.

Inpatient hospitalization is available for individuals who may pose immediate harm to themselves or another and require 24/7 monitoring and observation. These individuals may have suicidal ideation, severe aggression, impulsivity or psychotic features that require intensive treatment. The primary goals of inpatient hospitalization are safety and stabilization. The average length of stay for inpatients is usually seven to 10 days.

The partial hospital program is often used as a step-down level of care after inpatient hospitalization. The primary goals are stabilization and assessment to create a plan for continued healing. On average, patients participate in the partial hospital program for three to five weeks.

District 287 offers more than 129 programs and services to help meet the unique learning needs of students in its member school districts. It provides services to more than 13,000 students at more than 20 locations.2 Students are referred by their district of residence. In some cases, students and parents can choose to enroll directly.

How the Program Works
Upon admission to PrairieCare's inpatient or partial hospital program, patients are temporarily enrolled in District 287.
PrairieCare manages their clinical treatment plan, and District 287 manages their academic instruction. The district provides the curriculum, and licensed teachers deliver the instruction.

Students and their families complete a release of information, so the clinicians and educators at PrairieCare and District 287 can communicate with educators at the student's home school district. Patients at PrairieCare have come from more than 50 school districts in four states. The learning environment at Prairie Care is similar to that of a regular school but it also offers students more support. The idea is to create an opportunity for patients to practice being students to facilitate re-entry into their home school upon discharge.

The classroom is run by licensed special-education teachers and educational support professionals. Educational services are offered for two hours each day during the time patients are receiving intensive psychiatric treatments. Although there is a clear distinction between “treatment” and “education,” clinicians and teachers work together closely. Educational staff attend weekly treatment rounds and discuss students’ symptoms, behaviors and overall functioning in the classroom with behavioral health providers.

The Challenges

Providing educational services to youths receiving short-term treatment (fewer than 30 days) is challenging. The short duration requires both the child’s home school district and District 287 to quickly enroll and “unenroll” students. Both treatment and educational staff have to be able to adapt as patients may transition in or out of care and school with as little as one or two days’ notice. These ongoing changes require staff to promptly and succinctly communicate with one another and with the patient’s family and outside care providers and educators. Finally, the severe psychiatric symptoms that some youths experience may impede their ability to learn. When symptoms are acute or severe, teachers must understand that psychiatric treatment takes priority over educational services.

PrairieCare has made efforts to educate school staff about the mental health needs of children. As part of the training, they learn about behavioral interventions and de-escalation strategies and ways to managing stress. In surveys, staff from District 287 reported that this improved both their ability to work with patients in the program and their comfort level in dealing with them. Staff have requested that the training program be ongoing.

Conclusion

The educational program offered by District 287 provides patients being treated at PrairieCare with academic support during a time when they are vulnerable and fragile. Being able to continue their schooling helps them maintain a sense of normalcy while going through treatment.

The goal of this initiative is to help patients/students establish and build skills that will enhance their chances of succeeding academically. Approximately 95% of PrairieCare’s patients participate in the school program. Of those who do, 75% return to the educational setting from which they came. The remaining 25% may be referred to another program that can better meet their needs. Of those who do go back to their home school, most eventually return to their normal routine.

PrairieCare is opening another facility in Chaska next year and plans to work with School District 112 to create a similar program. This model of combining treatment and education can be replicated in other short-term psychiatric or behavioral health care settings. Doing so requires the following:

- Strong collaboration and communication between the education provider and the care and treatment provider
- Educating teachers about mental health assessment and disorders
- Teachers who are engaging and can adapt to changing dynamics.

The needs of youths with mental health problems are great. Ensuring these vulnerable young people don’t fall behind academically while they are in treatment for their psychiatric disorder is important—and one more step toward helping them succeed. MM

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REFERENCES