



NASW SPECIALTY PRACTICE SECTIONS
WINTER ■ 2013

SECTION
CONNECTION

SSW

SCHOOL SOCIAL WORK

Letter from the Chair

The current *Section Connection Newsletter* for School Social Work highlights the wonderful diversity and adaptability of our field. School social work may be one of the few specializations that provides a wide range of roles and activities at the macro, mezzo, and micro levels of social work. School social workers engage in advocacy, assessment, prevention, intervention, policy development, program development, clinical work with individual students and families, collaboration, consultation, and a myriad of other related roles and responsibilities. They engage with vulnerable and high-risk children and adolescents, and their families. It is this vulnerability that can pose challenging ethical dilemmas.

There has been considerable debate about the extent to which public schools are responsible for mental health services under the Individuals with Disabilities Education Act's (IDEA) related-services provisions (Etscheidt, 2002). Yet there is widespread recognition that the mental health needs of children and adolescents are not being met. In 2002, President Bush created the President's New Freedom Commission on Mental Health specifically to focus on the mental health needs of Americans. Its report, published in 2003, explicitly recommends that mental health services for children and adolescents be provided in schools as a part of essential student supports (UCLA, 2007). These recommendations apply to all students and are not specific to students who are considered disabled.

The debate in school social work regarding our primary purpose as clinicians versus agents of change at a larger level continues. Yet—as Bridget Hines and Lynn Bye describe the needs and challenges of students with eating disorders—we also feel compelled to provide services at the clinical level. Although this situation may seem like opposite ends of the spectrum, perhaps this is a healthy dichotomy. As school social workers, we strive to meet the individual needs of students and families, but, at the same time, we also are committed to creating change in the environment.

Hines and Bye argue for school social workers to make students with eating disorders a target group and highlight the physical and mental health risks—and the sometimes fatal harm of eating disorders. Using the Three-Tier Model, they include prevention, assessment, and intervention. Furthermore, Hines and Bye recognize the larger social issue of obesity and provide resources that will enrich school social workers' tool sets.

School social workers face unique ethical issues in serving children and their families (Reamer, 2005). Joseph Gianesin's article identifies the potential risk for ethical dilemmas as school social workers assume the role of clinician and are asked to provide assessments and diagnoses to support applications for Supplemental Security Income. The school social worker is faced with meeting the needs of families and, at the same time, providing resources that move students toward improved mental health and better coping strategies. Gianesin offers an insightful perspective on the various elements of this potential

NASW Press Titles

- The School Social Work Toolkit
- Multisystem Skills and Interventions in School Social Work Practice
- Finding Help for Struggling Teens
- Social Work Matters

NASWPress.org/index.html

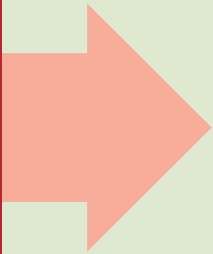


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EATING DISORDERS in Schools

LYNN BYE, PHD • BRIDGET HINES

Social workers in schools are typically called to be advanced generalists, and responding to eating disorders should be among their many competencies. School social workers and support staff must be aware of the common signs of eating disorders and take precautions to protect the students in their schools. Eating disorders can present serious physical and emotional obstacles to learning. They also have the highest mortality rate among all mental disorders (Galson, 2009; Keel & Herzog, 2004). According to the South Carolina Department of Mental Health, 95 percent of the individuals with eating disorders are between the ages of 12 and 25 (South Carolina Department of Mental Health,

2006)—a statistic that verifies students' higher risk for eating disorders. Therefore, such disorders should be a particular area of concern for school social workers.

Eating disorders can be easily overlooked because of many misconceptions about them. Disordered eating symptoms are typically identified with white, adolescent girls; however, eating disorders, such as anorexia nervosa and bulimia nervosa, are mental disorders that are found in people of all races and ages (National Eating Disorders Association, 2005). Eating disorders are not gender selective either: one in ten victims is male (Galson, 2009; Keel & Herzog, 2004).

Many factors contribute to developing an eating disorder. Students may feel pressure from the media to be thin, have a genetic predisposition, learn behaviors from friends or family, suffer from a high volume of stress, experience a traumatic event, or desire control or perfection in their lives (Kam, 2007; Eating Disorders Association, 2004). Whatever the factor or combination of factors, the disease commonly manifests itself in abnormal eating behaviors, fear of gaining weight, irregular exercise or purging habits, and a distorted body image (American Psychiatric Association, 2000).

WHAT TO LOOK FOR:

- Eating alone

- Drinking excessive water
 - Rapid or cyclic weight change
 - Mood changes, depression
 - Odd eating habits—restrictive, selective, refusal
 - Fasting or dieting
 - Declining academic performance
 - Frequent bathroom visits
 - Poor concentration
 - Chronic fatigue
 - Preoccupation with food
 - Dizziness
- (Natenshon, 2006; Kam, 2007)

A good first step toward confronting eating disorders in schools is to determine the scope of the problem within the student population. Screen for disordered eating behavior with such tools as the body mass index (BMI) calculator, the

groups and extends into colleges and universities.

Eating Attitudes Test, the Questionnaire of Influences of the Aesthetic Beauty Model, the Questionnaire of Nutrition, the Clinical Eating Disorder Rating Instrument, or the Eating Disorder Examination (Shepphird, 2008; Bardick et al., 2004). The screening could include questions about other mental health disorders, such as depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, substance abuse, and physical and sexual abuse. Such questions are important because eating disorders have high comorbidity with other mental disorders (Renfrew, 2011; Pisetsky et al., 2008). Survey results will direct the appropriate response, using the three-tier model. A small number of students may need more intense assessment and referrals to mental health care. Others may benefit from group discussions on how to handle stress, choose healthy foods and portions, and create exercise plans (Callaghan, 2004; Fadia et al., 2008; O'Dea, 2000).

Schools and other public community programs have the power to treat eating disorders (Lau, 2007). A school should be a safe environment where students feel comfortable about their cultures, identities, religion, and appearance. Schools must provide students with a selection of healthy lunches at affordable prices, because a solid education in health will support life-long wellness. Also, physical education programs teach athletic skills that can relieve stress and build endurance, strength, and flexibility. Furthermore, after-school programs—such as hobby groups or intramural sports teams—help support a positive atmosphere and demonstrate the school's commitment to healthy living.

Besides health and physical education, an integrated overall curriculum can highlight the importance of holistic health in everyday lessons (O'Dea & Maloney, 2000). For example, science teachers can explain how the human body uses energy to function. Social

studies teachers can encourage students to research and critically think about new topics in health, such as sustainable farming and organic foods. Art teachers can give students avenues to express their emotions in creative projects or to reflect on what is truly beautiful. Social workers can work alongside these instructors as they incorporate healthy life skills into lessons; however, social workers and educators should be careful to avoid a specific discussion on symptoms of eating disorders—such as common dieting or purging techniques—because such information about the mechanics of eating disorders might trigger copycat behaviors (Bardick et al., 2004; O'Dea, 2000; Trowbridge, 2009). Nurses, coaches, school social workers, paraprofessionals, teaching aides, cooks, and support staff are often the most important supporters of the school culture—and perhaps can best identify students at risk. A collaborative effort will provide the greatest defense against eating disorders.

Involving parents each step of the way should be a key part of addressing eating disorders in schools. Consistency between the school and home environments can only strengthen healthy habits and self-image. The habits and beliefs of parents can significantly affect a child's risk of developing an eating disorder (Canals, Sancho, & Arija, 2008). If families are encouraged to eat meals together, have open conversations about stress, support each other, and do fun exercise activities, then a family could be the best teacher of a healthy lifestyle (Lock & le Grange, 2005).

The Health Promoting Schools Framework could be a very promising vision for any school. It works on challenging beliefs created by the media about what is healthy and beautiful (O'Dea & Maloney, 2000). The framework follows a philosophy developed by the World Health Organization and supports the idea that the school, students, parents, staff, and community

Letter from the Chair... *continued*

ethical conundrum for school social workers.

In this newsletter, Michael Kelly provides a fascinating perspective on the emerging field of school social work in Japan and Chile. He is working with both of these countries to develop a model of school social work that addresses their respective unique challenges and needs. At the same time, this work leads him to reflect on the similarities between school

social work in these countries and in the United States. He questions the role of clinician that many school social workers see as their primary task—and whether it leads us away from our “roots.”

These articles truly address the varied roles of school social work, the complicated ethical issues, and the continued discussion about the essence of our everyday job responsibilities. For me, being a school social

worker is an honor and a privilege that provide a myriad of opportunities to use our wide spectrum of skills at all levels.

Beth G. Betman, LICSW, LCSW-C
Chair, NASW School Social
Work Section

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are in a partnership. It also promotes healthy choices for students through training parents, nurses, and coaches about eating and image, and community resources (O’Dea & Maloney, 2000). The program has three areas of scope: 1) practice, which defines the curriculum; 2) school environment, which includes the physical aspects, culture, and procedures; and 3) partnerships with the students, staff, family, and community (Women’s and Children’s Health Network, 2011). According to Steward-Brown, using the schools to promote health is an overall effective strategy if mental health, increasing activity, and healthy eating are all included in a prevention program (Steward-Brown, 2006; Lee et al., 2006).

Combating obesity has been a primary epidemic focus in U.S. schools. About 67 percent of American adults are overweight or obese, and so are 33 percent of our children (Department of Health and Human Services, 2010). Obesity affects a much larger portion of the U.S. population than do eating disorders; however, eating disorders are mental illnesses with more severe and immediate physiological consequences. The good news is that similar interventions can be effective for both obesity and eating disorders. Developing healthy eating and exercise habits provides the right foundation for establishing long-term and sustainable wellness. Because obesity and eating disorders share common risk factors, integrated approaches continue to be researched (Haines & Neumark-Sztainer, 2006). Students with eating disorders need particular attention. School social workers are

challenged to take the leadership role in intervention and to reach those students who are at high risk for developing a long-term, dangerous mental health issue.

Lynn Bye, PhD, is an associate professor in the MSW program at the University of Minnesota–Duluth. She worked for several years as a school social worker and earned a doctorate degree in social work from Rutgers University in 1994. She joined the graduate school faculty at the University of Minnesota–Duluth in 2001. Over the course of her career, she has served as chair of the National Association of Social Workers, School Social Work Section and received several honors.

Bridget Hines is enrolled in the University of Minnesota–Duluth Masters of Social Work program.

ADDITIONAL RESOURCES
NASW Eating Disorders
www.HelpStartsHere.org

World Health Organization Health Promoting Schools
www.emro.who.int/hps

Safe Schools/Healthy Students Initiative
www.sshs.samhsa.gov

NEDA Educator Tool Kit
www.nationalEatingDisorders.org

U.S. Department of Education
(grants for the integration of schools and mental health systems)
www.ed.gov

The Center for Health and Health Care in Schools
www.healthinschools.org

Rachel Quast’s Parent and Teacher Booklet Link
www.9shed.com/book.htm

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RESOURCES

National Eating Disorders Association. (2008). NEDA Toolkit for Educators. Retrieved from www.nationaleatingdisorders.org/uploads/file/toolkits/NEDA-TKE-A02-FAQs.pdf, on May 4, 2012.

Specialty Practice Sections Webinar Calendar

Ethical and Legal Challenges in Social Work—Consistency and Conflict • 2.0 CEs
Tuesday, March 26, 2013 • 1:00 pm – 3:00 pm (ET)

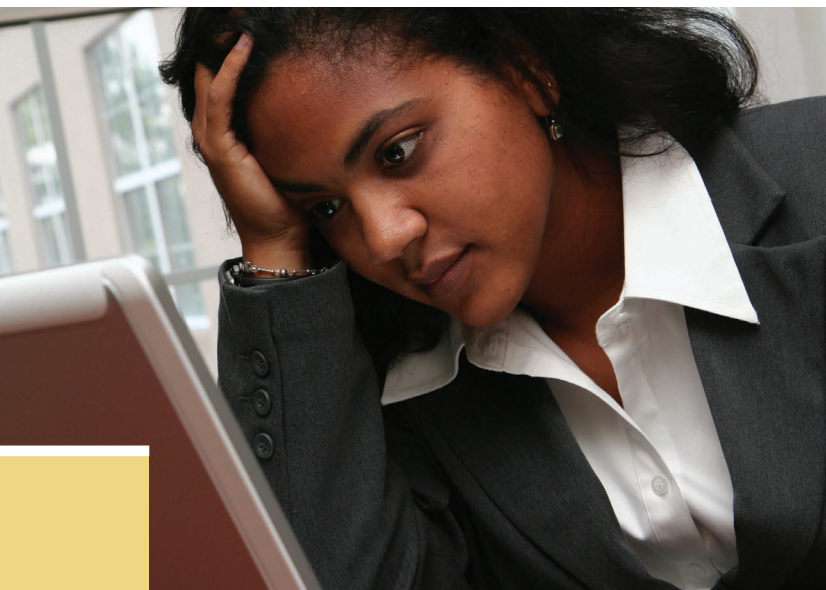
Positive Outcomes with Evidence-Based Approaches to Preventing Teen Pregnancy: The Carrera Program's "Above the Waist" Approach • 1.0 CE
Thursday, April 4, 2013 • 1:00 pm – 2:00 pm (ET)

Critical Service Learning: A Look at Equality, Diversity and Education • 1.0 CE
Wednesday, May 8, 2013 • 1:00 pm – 2:00 pm (ET)

After Incarceration: When the Parent Returns Home • 1.5 CEs
Tuesday, June 11, 2013 • 1:00 – 2:30 (ET)

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SSI (SUPPLEMENTAL SECURITY INCOME): An Ethical Dilemma for School Social Workers?



JOSEPH GIANESIN PHD, LICSW
ELIZABETH MOSHER, MSW

created unintended ethical dilemmas for school social workers. Reamer defines an ethical dilemma as “a situation in which professional duties and obligations, rooted in core values, clash. Social workers must decide which values—as expressed in various duties and obligations—take precedence” (Reamer, 2006, p.4). In the *NASW Code of Ethics*, there are provisions for advocating for social justice for vulnerable populations. Low-income children and families certainly fall within the category of vulnerable population, so why the ethical dilemma?

Although social workers can argue that SSI helps families who are in financial need, the program also puts pressure on school social workers to verify a child’s eligibility based on mental disability. Many risks come with having a child on SSI in schools. First, over a long period of time, a diagnosis of mental disability may predetermine the child’s future in terms of employment and even service in the military. Additionally, it may foster dependency that can extend into adulthood. Burkhauser (2011), reports that two-thirds of the children on SSI will stay on the program as adults. Many families who seek benefits falsely believe that the child must be on some sort of

medication in order to both demonstrate and treat the mental disability. These parents incorrectly link their eligibility for SSI with their child’s use of psychotropic medication. They may rely on SSI as a major source of income. According to the SSA, “When a child is eligible, benefits are usually paid to a responsible individual or organization, known as a representative payee. The payments must be spent to benefit the child.” (SSA, 2012, p. 2). However, some parents who rely heavily on this program as their main source of income are reluctant and sometimes outright oppositional to leaving the program when their child begins to make significant improvement in his or her mental health and school performance.

An example of how SSI may be misused is highlighted in the following case: Susie was placed in special education in the first grade. Since then, she has been in a self-contained classroom for children with behavioral problems and mental disabilities. Over the years, the school social worker assigned to her classroom has noticed a trend in her mother’s behavior. Every time Susie begins to accomplish her goals and progress in school, the mother seems to sabotage Susie’s growth by creating a

Many school social workers face an ethical dilemma with parents who are either applying for or recertifying their eligibility for Supplementary Security Income (SSI). A *Boston Globe* series on the issue of SSI (Wen, 2010) highlighted some of the abuses and started a conversation among school social workers who receive requests from the Social Security Administration (SSA) to substantiate the disabilities of students to whom they provide services.

SSI was established in 1974 to assist the elderly, blind and disabled adults, and disabled children within low-income brackets. Initially, the program targeted children who have severe physical and congenital disabilities, such as cerebral palsy, Down syndrome, and muscular dystrophy. There were

several court cases that successfully challenged SSI’s eligibility requirements, and a large population of children with behavioral, learning, and mental disorders have become eligible for benefits. Of the 1.2 million low-income reported children who receive SSI benefits, 53 percent, or 640,000, qualify because of mental disabilities. Delayed speech and attention deficit disorders are the top reasons children receive benefits (Wen, 2010). The *Boston Globe* series fueled a backlash that spurred Rep. Geoff Davis (R-Ky.), Rep. Richard Neal (D-Mass.), and Sen. Scott Brown (R-Mass.) to request an investigation by the Government Accountability Office (GAO).

While many low-income children are eligible and entitled to SSI benefits, some families may misuse this program. SSI has

family crisis or an event that could cause Susie to emotionally regress. In fact, in a recent Individualized Education Program, (IEP) meeting, progress and improvement were reported in Susie's behavior and academic achievement. The mother became distraught and angry with the school, stating they "didn't know what they were talking about and that her behavior at home was terrible." After a long discussion, it became obvious that the family's survival depended on Susie's SSI check and that the mother feared Susie's improvement in school might jeopardize the SSI benefits.

At the secondary level, high school social workers report that because of the enrollment requirements, students on SSI often enroll at the beginning of the school year to ensure their families receive the SSI benefits—and then never attend classes. Additionally, many school social workers report their concern about how the SSI program created disincentives for teenagers to take up part-time work, largely because it would put their benefits at risk. While the abuses cited above are noted in every entitlement program, school social workers must be diligent and forthcoming when asked to certify disability benefits.

Advocates for the SSI program argue that the increase in the number of children receiving SSI benefits for mental health conditions is a result of greater access to health care and increased screening for children's mental health problems, both of which lead to earlier and more frequent diagnosis. There are many factors taken under consideration in determining

eligibility, and prescription medication is just one of them. According to national statistics (Stein, 2011), the number of children on SSI is a small fraction—just 5 to 10 percent of children with a disability—because SSI serves only those children with the most severe disabilities and limitations, and whose families meet the very low income and asset limits.

According to the SSA, school records and appropriate personnel are two of the best sources of evidence about how a school age child is functioning. Examples of school records would be academic performance, psychological evaluation, attendance and behavior information, and documentation of an IEP. Other assessments completed by school social workers may consist of a psychosocial assessment and reports about the child's activities. Evidence from other sources—such as medical practitioners and other health care professionals besides school personnel—are considered to show the severity of the impairment and how it affects the child's functioning. In short, school social workers should provide an honest assessment of the child's current level of functioning and mental health status.

According to the SSA, Social Security reviews every SSI case from time to time to make sure those persons receiving benefits are still disabled. SSI beneficiaries (or their payees) are required to report any changes in their situations, such as changes in income and improvement in medical condition (SSA, 2012). For school social workers, values or beliefs related to the determinants

of client's problems have always played a part in our response and intervention (Reamer, 2006). According to Burkhauser (2011), the moral hazard faced by families whose child receives SSI benefits—the incentive to have their child become and remain eligible for SSI—often depends on the family's socioeconomic circumstances. For families that are already economically vulnerable, SSI benefits for a disabled child may replace or even increase the family's income. For other families the SSI benefits only partially offset their financial losses. SSI will not be a real disincentive to work or to the child's recovery. It is important that a conscious effort be made by the school social worker to examine the source of values and beliefs, and to act accordingly in the best interest of our clients.

Joseph Gianesi PhD, LICSW, is a professor at Springfield College School of Social Work. He serves on NASW's School Social Work Committee. He can be reached at jgianesi@spfldcol.edu.

Elizabeth Mosher, MSW, is a clinical social worker and family support worker. She helps children ages 4-15 and families who are working toward reunification.

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CREATING SCHOOL SOCIAL WORK for the 21st Century: Impressions from an American Social Work Scholar in Japan and Chile

MICHAEL S. KELLY, PHD, LCSW

If you had the chance to be part of creating school social work for your country, what would you do? Where would you start? Who would you partner with? What would you not do?

These are some of the core questions that school social workers in Japan and Chile have been grappling with for the past five years. Starting at this point in school social work's history—after several other countries have had a chance to develop their own particular ideas about what school social work can and should be—the efforts of Japan and Chile offer a chance to think about the core components of good school social work practice around the world.

Over the past two years, I have been invited to join school social work leaders in Chile and Japan to help them think about these core questions and to develop workable, effective, and (most importantly) sustainable models of school social work practice. These conversations have happened because a number of practitioners and faculty members in these countries have recognized that the

emotional and physical well-being of their children needs a school-specific response. And despite the many differences between the two countries and our American context, the similarities between Chilean, Japan, and American school social work's needs and challenges made my consultations a chance to reflect on ways to renew our commitment to working more effectively with families and communities.

I write this short essay with immense gratitude and admiration for several key people who are working diligently to bring school social work to Japan and Chile. First, I want to recognize Professor Noriko Yamano and her team at Osaka Prefecture University. Professor Yamano has been working tirelessly at the national, provincial, and local levels to advocate for school social work and has published several articles on these efforts (Yamano, 2011). She has formed exchanges and partnerships with Dr. Carol Massat (formerly of University of Illinois—Chicago and now at Indiana University—South Bend) to bring Japanese

school social work students to America and to send American school social work researchers to Japan. Second, I want to acknowledge the multi-university and multidisciplinary effort being led by Professor Mahia Saracostti at Diego Portales University in Santiago, Chile. Recently, she and her team (including professors at other universities in Chile) were awarded a multiyear grant to develop a school social work model for Chilean schools.

JAPANESE SCHOOL SOCIAL WORK DEVELOPMENT

Social work has a 50-year-old professional history in Japan. There are schools of social work throughout the country, and most social workers practice with the equivalent of a U.S. bachelor's degree and are able to earn a national certification as social workers. Typically, social workers in Japan work in two areas: providing casework services to locate welfare amenities for vulnerable populations, and working in the field of child welfare. Even with such a long history of active social work education and practice in Japan, the field of school social work is just

emerging. The social workers I met with came mostly from large urban areas (such as Osaka and Tokyo), but across the country, there was clearly an interest in school-based social work services.

CHILE AND JAPAN

As of 2012—and thanks to Professor Yamano's advocacy—there are now more than 400 school social workers in the Osaka area. Her university (Osaka Prefecture University) and others offer courses in school social work, although there is no certification in school social work in Japan yet. School social workers are typically hired by one of the country's 47 prefectures (regional governing bodies that are larger than a city and smaller than a state government, and are also in charge of the schools for that area). Professor Yamano and her team have engaged the prefectures as well as the national government to work on developing a school social work certification, and they are hoping to make certification a reality soon.

THE CHILEAN STORY

In Chile, there are no formal titles for school social workers yet, but there are many social workers practicing in and around schools. When I visited in 2010, I went to a school in a low-income area in Santiago. There, a multidisciplinary team of psychologists and social workers (and interns from local social work schools) was operating universal programs (e.g., to prevent bullying, decrease discipline problems) and a structured assessment and referral program that engaged students and their families, and then referred them to outside social service and mental health agencies. Dr. Sarcostti is working with the Chilean national government and school social workers in the United States to adapt a model that integrates a community-based framework (drawing on Dawn Anderson-Butcher's work at Ohio State; see Anderson-Butcher et al., 2010) and also incorporates components of the three-tier framework commonly used in the United States with Response to Intervention (RTI) and Positive Behavioral Supports (PBS). She and her team visited me in April 2012 at Loyola Chicago School of Social Work as well as at Ohio State University, and she was eager to learn more about how school social work and school-based

mental health can be merged into a sustainable model in Chile.

Despite some initial successes, both Chile and Japan face challenges in developing school social work. For Japan, the increased presence of school social workers in many prefectures has led to issues that will sound familiar to many of us in the States: how to demonstrate the value of school social work services, and how to find sustainable sources of money for school-based interventions. For Chile, the issue of funding is also crucial, but so is the need to continue to build a professional identity and to create a niche in the schools. For both countries, the issue of how to create a workable and realistic certification process is still years away, though both countries' leaders are keenly interested in how many American states (including my home state of Illinois) have made certification work.

In my work with these two fascinating nations, I have had time to reflect on what Japan and Chile might have to teach American school social work educators and practitioners. After all, these are two countries that are essentially starting school social work from scratch, and they are determined to fashion the best

model possible. When I look at both of them, two things stand out: both countries are clearly not focused on what we might call "therapy," or the clinical aspect of school social work services, and both are deeply concerned about making meaningful and sustainable family/community involvement central to their missions. From the survey data I have collected over the past decade (Kelly et al., 2010), it is clear that—for many of us—our clinical role has become central to the exclusion of doing primary prevention work, or working to establish ongoing family-/community-based services. Some of this is a function of the roles we have defined for ourselves (in Illinois, for instance, my 2008 survey data showed that most school social workers spend the majority of their time doing clinical crisis intervention and providing clinical services to students with IEPs), but it also reflects what I think is a drift away from our own roots, where we started out as visiting teachers working primarily with families and providing direct service in home, community, and school contexts.

To help two countries on opposite ends of the world wrestle with how to "create" school social work left me inspired and hopeful. Right

now, in both countries, there is immense interest in school social work, and I intend to do what I can to help them further school social work there and to bring their wisdom to my students and school social work colleagues here.

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NASW PRACTICE & PROFESSIONAL Development Blog

Where can you find the latest information posting about social work practice? Visit the NASW Practice and Professional Development Blog. Designed for NASW Section members and those social workers in practice, it offers trending topics, valuable resources, and professional development opportunities. Learn more at www.socialworkblog.org/practice-and-professional-development/.

NEWTON TRAGEDY

The National Association of Social Workers sent its deepest condolences to the Newtown community and the families who lost a loved one in the December 14 Sandy Hook Elementary School shooting. Social workers in Connecticut are still assisting survivors who are beginning the long healing process. Professional social workers like those of you working in school settings know the tremendous emotional toll of such an event. Social workers in Connecticut were among the first clinicians to provide trauma care and counseling in Newtown. NASW has dialogued with the Obama

Administration reiterating NASW's stance on gun control. The organization has also been very vocal about a greater need for access to mental health services. NASW CEO Betsy Clark participated in the White House meeting with mental health groups where she met with Vice President Biden's Task Force on Gun Control and Violence. At the local level, the NASW Connecticut Chapter as it did in the beginning continues to reach out to officials of Newtown's school, town government and police, offering assistance wherever needed. We know as social workers

many of you have been on the frontline helping children and families cope. We ask you as NASW members and especially as school social workers to continue to provide guidance, support and advocacy in your communities and schools as we all try to heal from this senseless tragedy. We thank you for all the work you have already done.

NASW RESOURCES AND ADVOCACY

NASW on School Violence

www.socialworkers.org/pressroom/2012/schoolviolence.pdf

NASW on Crime Victim Assistance

www.socialworkers.org/pressroom/2012/swspeaks_crime_victim_assistance.pdf

Assault Weapon Ban Letter of Support

www.socialworkers.org/pressroom/2012/naswsupportofassaultweaponsregulatoryact.pdf

NASW's Continued Response to Sandy Hook

www.socialworkblog.org/advocacy/2013/01/nasw-continued-response-to-sandy-hook

STUDENT SUPPORT ACT

Tell your Member of Congress to Support Increasing Student Access to Mental Health Services and Co-Sponsor the Student Support Act.

In the wake of the tragedy in Newtown, CT, President Obama outlined his recommendations to reduce and prevent gun violence. Included in his recommendations, he highlighted the need to provide students with greater access to mental health services. According to the National Alliance for Mental Illness, one in ten children and adolescents suffers from mental illness severe enough to cause some level of impairment, while only about one in three students

who need treatment actually receive it. The consequences can be devastating to the children, families, and communities when mental illness goes undiagnosed and untreated.

Each year, thousands of social workers serve students in school settings across the country, yet the distribution of social workers is uneven and inadequate. Some districts have a social worker to student ratio of as much as 1:400 which is nearly two times greater than the recommended maximum level of 1:250, per the *NASW Standards for School Social Work Services*. Similar professions such as school counselors or school

psychologists experience the same issue. Due to these staggering ratios, students often do not get the services they need.

On January 18, 2013 Congresswoman Barbara Lee (CA-9), Chair of the Congressional Social Work Caucus, introduced H.R. 320, the Student Support Act, as she has done since the 110th Congress. This bill aims to increase student access to mental health services by providing grants to states to hire additional school social workers, psychologists, and counselors in order to reduce the student-to-provider ratio in elementary and secondary

schools. This bill effectively addresses the shortage of mental health providers in schools and provides schools with flexibility to meet the mental health needs of their students.

ACTION REQUESTED

Please contact your member of Congress today. Tell them to increase student access to mental health services in schools and become a co-sponsor of H.R. 320, the Student Support Act.

Take Action visit:

[http://capwiz.com/socialworkers/issues/alert/?alertid=62382641&queueid=\[capwiz:queue_id](http://capwiz.com/socialworkers/issues/alert/?alertid=62382641&queueid=[capwiz:queue_id)

Call for Social Work Practitioner Submissions

NASW invites current social work practitioners to submit brief articles for our specialty practice publications. Topics must be relevant to one or more of the following specialized areas:

- Administration/Supervision
- Aging
- Alcohol, Tobacco, and Other Drugs
- Child Welfare
- Children, Adolescents, and Young Adults
- Health
- Mental Health
- Private Practice
- School Social Work
- Social and Economic Justice & Peace
- Social Work and the Courts

For submission details and author guidelines, go to SocialWorkers.org/Sections. If you need more information, email sections@naswdc.org.



Did You Know?

School social workers not only provide direct services to children who require basic needs or exhibit challenging behavior, but also lead prevention efforts that support children through building the capacity of family members, other school staff, and community agencies to improve student outcomes.

For more information, visit
SocialWorkers.org/Sections



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