
LESSONS LEARNED: PROVIDING PSYCHIATRIC SERVICES TO SCHOOL SYSTEMS

Many psychiatrists provide psychiatric services to various types of school systems, including public schools, private schools, and residential treatment settings. Typical services provided include assessing for dangerousness, evaluating for special education needs, and performing psychiatric evaluations for other purposes. Regardless of the setting, as stated in the American Psychiatric Association's report *Psychiatric Consultation in Schools*, the goal of the psychiatric consultant is "1) to enhance the ability of administrators, teachers, and support staff to deal with emotional or behavioral disturbance of pupils and 2) to promote positive mental health generally."

Often situations can arise in the educational practice setting that may not be as clear-cut as those faced by psychiatrists in private practice. This is due, in part, to the organizational structures and the cooperation required between the psychiatrist and school personnel. The Risk Management Consultation Service helpline at Professional Risk Management Services, Inc. receives calls about some of the unanticipated issues faced by psychiatrists in the educational setting. Below are a few examples of these types of calls and the lessons that can be learned from the issues in order to avoid potential professional liability risks and other problems.

Scenario 1: *Dr. A., a consultant with the local school board, received a call from the school superintendent notifying him that he must do a psychiatric evaluation of a faculty member. The superintendent wants to dismiss this faculty member, who is on leave due to a psychiatric disability. Dr. A. explained why he would not do the evaluation - his specialty is child and adolescent psychiatry, he is not a disability expert, he would not be an independent, unbiased evaluator because of his relationship with the school system, and he was hired by the system to do psychiatric evaluations of students, not faculty. The superintendent insisted that Dr. A. perform the evaluation and advised that this activity was provided for in the contract with Dr. A. Dr. A. then reviewed his contract and found the clause stating that at the discretion of the superintendent, he would evaluate teachers. When the contract was signed, Dr. A. understood the clause to require evaluations of teachers only in emergencies. After repeatedly discussing his concerns with the superintendent, it was finally agreed that Dr. A. would evaluate the teacher just to answer three specific questions for the superintendent. The psychiatrist evaluated the teacher and provided a report responding only to those specific questions, and explicitly stated in the report that the report was limited in that the answers were current answers, he could not predict the future, and that any decisions based on the report would be solely the decisions of the superintendent.*

Lesson #1: Before Signing a Contract, Understand Exactly What Services You Are Agreeing to Provide

The written agreement establishes exactly what services the psychiatrist is expected to provide. The psychiatrist needs to be very clear about what s/he is agreeing to do. As stated in the American Academy of Child and Adolescent Psychiatry's *Practice Parameter for Psychiatric Consultation to Schools*:

“...a written plan should be developed detailing the terms of the professional relationship including role, reimbursement, availability, and logistical arrangements. The scope of the consultant’s duties should be clearly specified, so that school personnel are clear about when, for what purpose, and under what circumstances they can contact the psychiatrist. There should be clear expectations for the time frame of the consultation. If the consultation is for assessment only, it should be clear who will be responsible for arranging and providing treatment, if recommended by the consultant.”

In terms of accepting referrals from the school system to independently treat students, the APA’s *Opinions of the Ethics Committee on The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*, 2014 states “[i]t is ethical to provide consultation or treatment. Care should be taken to assure that in doing so no exploitation of the patient or of the school district occurs...” [Opinion C.4.g.]. “The school can choose whom it wants for a referral, although the psychiatrist should not solicit such referral. Regarding an adversarial situation, the psychiatrist should not accept the referral if there is a conflict of interest that impairs neutrality and objectivity” [Opinion C.2.b.].

Scenario 2: *In the process of performing a student evaluation, the psychiatrist is very thorough in obtaining as much information about the student as possible, including academic reports, school psychologist reports, and teachers’ reports of mental health impressions. The psychiatrist has kept these reports so the information she relies upon in making her recommendations will always be available in the event there are questions about the basis of her evaluation and report. Now she has been told that a student’s parents have requested from the school a copy of the teacher’s report; the school advised that the consulting psychiatrist had it. The parents are now requesting a copy of the report directly from the psychiatrist, but the school and the teacher do not want the report released to the parents.*

Lesson #2: Determine at the Outset How Records Will Be Retained and the Specifics of Record Confidentiality.

Psychiatrists need to determine what information will be retained by the school and by the psychiatrist. Most consultations involve not only a record of the psychiatrist’s evaluation, but also other records provided by the school system. Federal, state, and local laws may address educational record retention as well as the confidentiality of school records. Psychiatrists should inform the student and parents how the information will be used and retained, as well as what information, if any, will be confidential. In the above scenario, the psychiatrist had previously been told by the superintendent that it was her decision on whether to retain the background information herself or return it to the school. [Note: The fact that this psychiatrist had her

choice on record retention may be unusual; it is more likely that the school system has a strict process for retention of information.] After weighing the consequences of retaining the background information and dealing with requests for the background information from parents, the psychiatrist decided to return the background information to the school. She decided to use in her evaluation report direct quotes from the reports she reviewed. In terms of the teacher reports, she solved the dilemma of parental access versus teacher confidentiality by not having teachers fill out the reports, but instead will meet with them face-to-face and document her discussions.

Scenario 3: *Prior to performing an evaluation for the school system, Dr. B. advises the parents and the student that she is working on behalf of the school system, and is not treating, but is evaluating the student for the purpose of preparing a report for the school. Before the evaluation, parents and the student are asked to sign two forms – a consent to evaluation form and a consent for disclosure of information to the school system requesting the evaluation*. The parents are informed that they will also receive a copy of the report. If the parents refuse to sign either of the consents, the evaluation will not take place. After a report is prepared and received by the parents and the school, Dr. B. is called by the parents, requesting additional information about her recommendations. Dr. B.'s report includes a recommendation that the use of medication and psychotherapy should be discussed with the student's treating physician. The parents are now asking Dr. B. about what specific medications she would recommend. Dr. B. advises the parents to discuss medication specifics with the physician who will be prescribing, and encourages the parents to provide the treating physician with a copy of the evaluation report.*

Lesson #3: All Parties to the Evaluation Should Be Clear as to the Consultant's Role

Clarifying the role of the consultant is crucial in managing the expectations of all parties. Parents and students need to understand and agree that the evaluator's report will go to the school system. And, it needs to be made clear to parents and students that the consultant is just that – a consultant, not a treating psychiatrist. The consultant's evaluation can be provided to treating physicians, but the treating physician is free to accept or ignore the consultant's recommendations. Parents who have questions about specific medications should be referred to the treating physician for a discussion of the appropriateness of specific medications for their child. Psychiatrists who choose to discuss specific medications should ensure that the consulting role has been clarified and the parents are clear that discussion of specific medications does not constitute treatment. According to the American Academy of Child and Adolescent Psychiatry's *Practice Parameter for Psychiatric Consultation to Schools*, "It should be made clear that decisions regarding therapeutic interventions should be made by the parents, child, and treating clinician." Of course, if requested by the parents, the consulting psychiatrist could discuss medications with the treating physician, sharing his/her opinion and giving the treating physician the benefit of his/her expertise.

* **HIPAA Note:** For those psychiatrists covered by (required to comply with) HIPAA's Privacy Rule, this scenario presents the exception to the general rule that providers cannot condition services on the individual signing an authorization for the release of information. For Independent Medical Examinations, where a third party has requested the provider to evaluate an individual

solely to provide information about the individual back to the third party, the Privacy Rule clearly allows the provider to require the authorization for release of information to the third party be signed prior to rendering services/performing the evaluation.

Scenario 4: *Dr. C. has started part-time consulting at a special education school. She will not be prescribing medication. Her consults will involve observing the child in the classroom, interviewing the child, meeting with the child and parents, and consulting with the child's private psychiatrist. When she mentioned getting parental consent for these activities, she was told that the prior psychiatrist did not feel that was necessary because counseling by the psychologist or social worker is included in the students' Individual Education Plan. Dr. C. believes an interview by a psychiatrist is different, and thinks parents should know ahead of time about his services, specifically classroom observation, student interview, and consultation with the treating psychiatrist.*

Lesson #4: Notify Students' Parents and Obtain Prior Parental Consent as Necessary

The need for parental notification may depend on parents' expectations and the level of interaction with the student. In this scenario, it may not be necessary to obtain parental consent for the psychiatrist to observe in the classroom; in fact, such observation may be considered part of school operations. However, parental consent should be obtained prior to the consulting psychiatrist interviewing the child and performing other interventions. Parents have a reasonable expectation that they will be informed prior to such interventions involving their child, and they may have the right to object. Communication and involvement with the parents is encouraged. In terms of consulting with the treating psychiatrist, parental consent / authorization would be required for the treating psychiatrist to discuss the student's confidential treatment information with the consulting psychiatrist.

Scenario 5: *A psychiatrist has been asked by the school district to evaluate students for dangerousness, specifically homicidal ideation. In these cases, the students have been suspended from school pending the psychiatric evaluation. The psychiatrist performs the evaluation, utilizing a variety of resources, and his report indicates that at the time of evaluation, the student does or does not harbor homicidal ideation. The school administrator has requested that the psychiatrist state specifically whether the student should or should not be allowed back in school, but the psychiatrist believes that determination should be made by the school system.*

Lesson #5: Regardless of What the School System Wants, Avoid Making Decisions That Should be Made by the School System

The psychiatrist in the scenario is proceeding correctly – the evaluation is limited to the assessment of dangerousness at the time of evaluation. Psychiatrists should take care not to predict or guarantee the future actions of a student because such prediction is unreliable and psychiatrists may be held responsible for the consequences of such predictions. It is the school's responsibility to decide whether the student should be allowed back in the school based on a variety of factors, including the

results of the psychiatrist's evaluation. Psychiatrists can certainly provide recommendations about minimizing the potential danger in the event the school decides to readmit the student. Examples of such recommendations could include a clear behavioral plan, constant observation by an aide, team meetings to monitor progress, etc.

Scenario 6: *Dr. R., an employee of the school district, has been asked by the superintendent to contact the therapist and psychiatrist of a student who is not attending school. The student's parents indicate that the student's therapist advised against the student going to school. Dr. R. believes that the school district is looking for confidential information about the student. Dr. R. has never evaluated this student and advises the superintendent that he believes trying to obtain the confidential information without an authorization from the parents is not appropriate. The superintendent disagrees and insists that Dr. R. contact the student's treating providers.*

Lesson #6: Sometimes You May Just Have to Do What the School System Wants You to Do

As indicated in this scenario, as well as scenarios 1 and 7, psychiatrists may find themselves being asked to do some things that they had not anticipated doing. [If the request is clearly inappropriate, the psychiatrist should refuse the request, as discussed under scenario 8.] In such cases, the psychiatrist may be able to help the situation without doing something s/he thinks is inappropriate. For example, under this scenario, Dr. R. can call the providers as requested, acknowledge that they cannot breach confidentiality, reassure them that he is not seeking the inappropriate disclosure of information, and remind them that they can *listen* to the school district's concerns without breaching confidentiality. This may be a stimulus for the parties to find a way to work together for the benefit of the student.

Scenario 7: *Dr. M. has been informed by the school district's attorney that her testimony will be required in a hearing about education placement. The student is not attending school; the parents continue to provide notes that the student is under doctor's order to not go to school due to a medical diagnosis. Dr. M. has never evaluated the student who is the subject of the hearing because the parents have refused the evaluation. Dr. M. has already advised the school district's attorney that she really can't give any opinions since she hasn't evaluated the student.*

Lesson #7: You Are Limited in What You Can Say About a Student Depending on the Information That is Available

School districts sometimes try to pressure the consulting psychiatrist to do more than is professionally appropriate, such as providing opinion testimony when the psychiatrist has never evaluated the student, either in person or via review of reports and/or evaluations of others, etc. Without the proper information, the psychiatrist cannot give an opinion and may be limited to providing only educational information about psychiatric diagnoses in very general terms. If you rely on reports prepared by others, be explicit that your comments are based on those reports rather than on your own evaluation of the student. The psychiatrist was correct to discuss the limitations of his testimony ahead of time with the attorney.

Scenario 8: Dr. D. performs evaluations for school systems. There is a student whose parents have provided notes from physicians stating that he is too ill to attend; the school does not want to provide home schooling and believes his illness is exaggerated. The student's father refuses to let his son's physicians speak with Dr. D., but the treating physician does provide the school with reports. The superintendent has asked Dr. D. to call the student's physician again. Dr. D. has previously tried speaking with the treating doctor but was never called back. After the last call, the patient's father called Dr. D. and threatened him with legal action if he ever called one of his son's physicians again. Dr. D. thinks it is best not to call again, but the superintendent is insisting.

Lesson #8: Sometimes You May Have to Stand Firm and Refuse to Do What the School System Wants You to Do

This is but one example of when a superintendent's request may be unreasonable and inappropriate, and Dr. D. is taking a reasonable stance. In this case, the school already had the treating physician's reports, there is no authorization allowing the treating physician to speak with Dr. D., and to continue to try to have contact would only aggravate the situation with the father. The superintendent may need to review what other alternatives she/he has to address this situation.

For more information on consulting with schools:

American Academy of Child and Adolescent Psychiatry, *Practice Parameter for Psychiatric Consultation to Schools*,
www.aacap.org

American Psychiatric Association:

[Psychiatric Consultation in School – A Report of the American Psychiatric Association](#), APPI, 1993

Opinions of the Ethics Committee on The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, 2014 (Opinions C.2.b. and C.4.g.), www.psych.org

Center for Mental Health in Schools at the University of California at Los Angeles, <http://smhp.psych.ucla.edu>

Compliments of:



Call (800) 245-333
Email TheProgram@prms.com
Visit us www.psychprogram.com
Twitter [@PsychProgram](https://twitter.com/PsychProgram)