

The EECD has received a number of questions on the Mental Illness/Mental Health exceptionality. The following is intended for clarification.

The exceptionality definition:

The Department of Education and Early Childhood Development recognizes the following conditions as examples of mental illness and mental health conditions:

- 1. Psychiatric conditions such as Adjustment Disorder, Depression, Bipolar Disorder, Anxiety Disorder, Obsessive Compulsive Disorder, Conduct Disorder, Oppositional Defiant Disorder, Personality Disorders, Addictions, and Eating and Feeding Disorders as outlined in the DSM-5*
- 2. Other mental health conditions resulting from situations such as family or personal turmoil*

The disorder must affect the student's educational performance.

The student must be diagnosed by a health care professional. This is an individual who provides preventive, curative, or rehabilitative health care services in a systematic way to individuals or families. The Department of Education and Early Childhood Development recommends ongoing health care services for any student diagnosed with a mental illness, mental health disorder or condition that significantly affects educational programming.

A student meeting the criteria of mental illness/mental health may require a range of school based services depending on level of need and functioning. A comprehensive assessment is required to inform program planning. Programming decisions are made by the student's program planning team and may include accommodations or alternate programs. There are cases when modified prescribed or alternate curricular courses may be required. Caution must be exercised in this regard since such modified prescribed and alternate courses (below grade level) may adversely impact graduation and post-secondary options.

www.gov.nl.ca/edu/k12/studentsupportservices/exceptionalities.html#mental

The questions that we have received surround item 2 in the definition – “Other mental health conditions resulting from situations such as family or personal turmoil”; specifically, how to interpret this statement. Interpretation guidelines are below:

1. The student's educational performance is affected.
2. The student is seeing a health care professional for the mental health condition. The severity of the issue requires ongoing care.
3. The health care professional recognizes that the emotional/behavioural need exhibited by the student is due to family turmoil or personal turmoil, and this is documented in a letter or report from the practitioner.

4. A comprehensive assessment has been completed to inform program planning; as part of the medical history the health care practitioner's conclusions are noted.

All of the questions received by the EECD on the Mental Illness/Mental Health exceptionality are in relation to students leaving primary school who no longer qualify for service under the developmental delay exceptionality. All students in question were seeing a pediatrician or psychiatrist who recognized that the negative events experienced by the students impact their emotions, behaviour and performance. These conclusions are documented in medical reports shared with the school.

Though the health care practitioners in these examples are hesitant to make a diagnosis of a mental illness as outlined in item 1, they did identify the impact on mental health as outlined in item 2. This is a common situation with young children exhibiting significant emotional and behavioural needs. Medical personnel may require more time, or the child may simply need to age, before a determination can be made as to whether or not a mental illness exists.

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