SCHOOL-BASED MENTAL HEALTH SERVICES

Introduction

It should come as no surprise that schools nationally are the major providers of mental health services for children (Rones & Hoagwood, 2000). Although only 16 percent of all children receive mental health services, 70 to 80 percent of these children receive that care in the school setting (The Center for Health and Health Care in Schools, 2007). Schools provide a setting for the early identification of emotional and behavioral problems and provision of services due to the critical, daily role they play in the growth and development of children. Furthermore, services offered in the school environment are more convenient to children and families and therefore are far more likely to be utilized than many services in the community. In Virginia, 86 percent of children attend public school (Virginia Supreme Court, 2009).

Although schools are not the primary agency responsible for addressing emotional and behavioral issues, the Individuals with Disabilities in Education Act (IDEA) requires that schools follow specific procedures to meet the educational needs of children with disabilities. The reauthorization of the IDEA in 2004 has improved the landscape of education for children with mental health needs. The introduction of evidence-based practices fulfills the goals set forth in IDEA in serving children both with and without disabilities. In light of these developments, the provision of mental health services in schools continues to evolve and demands collaborative efforts from both educational and mental health professionals. There are apparent organizational and political realities impacting the provision of evidence-based mental health services in the school setting.

In 2001 the U.S. Surgeon General defined mental health as, "…the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (U.S. Department of Health and Human Services, 2001). Schools play a vital role in recognizing mental health disorders of children and adolescents (U.S. Department of Health and Human Services). Because of compulsory attendance laws, and because of the role that schools have historically played in U.S. culture, schools have become the *de facto* mental health provider in many across the country. In the following section, school-based mental health services will be discussed, as will the history of mental health service delivery in the school setting.

School-based Mental Health Services – An Educational Perspective

Although the National Association of School Nurses, the National Association of School Social Workers, and the newly launched U.S. Office of Safe and Supportive Schools contribute information, materials, and training to the efforts of schools in addressing the mental health needs of children in school, the National Association of School Psychologists and the American Psychological Association Division of School Psychology provide the bulk of the research and

information available regarding children's mental health needs in schools. From an educational perspective, there are three major functions that schools serve as agents of mental health: prevention, intervention, and treatment. These functions, as outlined by Wayne H. Barry, M.Ed. (Personal Communication, October 8, 2010) are discussed in the following paragraphs:

Prevention – Schools provide children the opportunity to develop a host of skills that will assist them in addressing the major developmental challenges of life. Schools provide a place where children are encouraged to develop goals and a direction for their lives through a curriculum that affords career exploration and developmentally appropriate activities. Finally, much of a school's non-academic curriculum is designed to assist students in solving problems of both a personal and interpersonal nature. Schools are vigilant in carrying out their responsibility to teach children how to solve both academic problems and problems that involve interpersonal conflict and its resolution. Schools are second to no other place in the community in providing excellent role models and developmentally appropriate activities and resources for helping children develop a sense of importance, values, and direction.

Intervention – Schools are required to provide school counseling and support services that assist students in recovering from life's disappointments and setbacks. School nurses, school counselors, school psychologists, school social workers, and student assistance workers help children develop behaviors and/or interpersonal skills which target specific developmental tasks. School nurses assist children with addressing self-efficacy issues regarding healthcare and development, sleep and/or eating problems, medication management, and weight management. In addition to the important work of academic counseling and developing study habits, test-taking skills, school counselors help students adjust to changes in their environment, address adjustment and anxiety issues and help students deal with anger, teasing, or bullying. When necessary, mental health professionals in the school setting assist teachers and administrators with making contact with a student's family and facilitating school-home collaboration in addressing difficulties. Many of these interventions have become entrenched in the school routine and may not be perceived as mental health interventions.

Treatment – Treatment is twofold. First, school mental health professionals may refer parents and students to community services for an assessment of treatment needs and determination of the appropriate level of care. The school staff may continue to facilitate collaboration, when appropriate, and provide case management and support services during school hours. Children who live in a dysfunctional or chaotic home environment are more likely to experience difficulties learning, and are less likely to experience academic success. Some, but not all of these children, qualify for special education services (Felitti & Anda, 2009).

Secondly, schools steward the provision of rehabilitative services designed to maintain and improve a child's level of personal and interpersonal functioning as required by the child's individualized education program (IEP). There are a number of children in any one school who have participated in an extremely thorough referral, diagnostic, and eligibility determination process, and have been determined in need of special education services (and related services). Federal law requires schools to be vigilant in seeing that special education students receive a free and appropriate education (FAPE) in the least restrictive environment (LRE), and that their progress and eligibility for services be reviewed on a pre-determined schedule. While children with emotional disabilities are the most likely of the 13 categories of special education

children to be receiving mental health services, any child with special education needs may require, and benefit from, mental health services as a related service.

School-based Mental Health Services–A Mental Health Perspective

There are three major research centers that collect and disseminate information to improve mental health services for children in schools. The National Center for Mental Health in Schools (NCMHIS) Project of the Program and Policy Analysis Center at the University of California at Los Angeles, The Research and Training Center for Children's Mental Health at the Louis de la Parte Florida Mental Health Institute of the University of South Florida, and the Center for Child and Human Development at Georgetown University all serve as important clearinghouses of information. The NCMHIS provides a very useful way of conceptualizing the type and intensity of mental health services children need in school. Figure 1 captures the essential features of this model.

While Adelman and Taylor offer an insightful model of the school-based mental health service delivery model, two studies conducted between 2000 and 2005 – *The School Health Policies and Programs Study 2000* and *School Mental Health Services in the United States 2002-2003* – outline how mental health services are actually being delivered in schools (Brener, Martindale & Weist, 2001; Foster et al., 2005). Both reports describe the approaches for providing mental health services in schools. These approaches are as follows:

1. School-financed student support services in which school divisions hire professional staff to provide traditional mental health services;
2. Formal connections with community mental health services in which there are formal agreements between schools and school divisions and one or more community agency to provide mental health services and to enhance service coordination (the service can be co-located within the school or provided at the community agency);
3. School-division mental health units or clinics in which divisions operate and finance their own mental health units or clinic that provides services, training, and/or consultation to schools, or divisions organize multidisciplinary teams to provide a range of psychosocial and mental health services;
4. Classroom-based curricula, which are activity-driven approaches aimed at optimizing learning by enhancing social and emotional growth. Interventions tend to be teacher-led and prevention-oriented; and
5. Comprehensive, multifaceted, and integrated approaches in which divisions bring multiple partners together to provide a full spectrum of services for children and youth with mental health needs.

Regardless of how mental health services are delivered in schools, there are several factors associated with program effectiveness that are inescapable. Kutash, Duchnowski & Lynn outline these factors as follows (2006):
- ✓ consistent implementation;
- ✓ multi-component programs, i.e., child, teacher, and parent components;
- ✓ multiple approaches, i.e., information sessions combined with skill training;
- ✓ targeting specific behaviors and skills;
- ✓ developmentally-appropriate strategies; and
- ✓ strategies integrated into the classroom curriculum.

Federal and State Laws Addressing Mental Health Services in Schools

Several pieces of legislation, as well as a report commissioned by President George W. Bush, helped to improve mental health service delivery to children in schools. Public Law 94-142, the

Education for All Handicapped Children Act of 1975, was the original legislation requiring schools to open their doors to all children with disabilities. Serious emotional disturbance (SED) was one of the original categories of children to be served by school personnel as a result of the years-long battle to pass legislation. Re-authorizations of this Act over the next 30 years, most notably in 1997 and 2004, expanded protections and services. One added provision was that a child was not required to have an SED to obtain mental health counseling in order to assist with their disability. Another addition was the provision of counseling for parents designed to assist in the understanding and assisting with services for their child's disability. Additionally, Section 504 of the *Rehabilitation Act of 1973* guaranteed accommodations to ensure access to major life activities for individuals with disability, or for those who were suffering the effects of a disability. President Bush's re-authorization in 2002 of the *Elementary and Secondary Education Act of 1965,* more popularly known as the *No Child Left Behind Act* (NCLB), allowed schools to expand services to address the mental health needs of children not requiring special education services. In 2003, the President's New Freedom Commission on Mental Health punctuated many of the original observations and recommendations made in the Surgeon General's 1999 report on mental health services in the United States. In 2005, the report on *School Mental Health Services in the United States, 2002-2003* provided the first nationwide baseline data regarding mental health services in schools. This report notes the following:

- Virtually all schools reported having at least one staff member whose responsibilities included providing mental health services to students;
- 87 percent of schools reported that all students, not just those served in special education, were eligible to receive mental health services;
- Over 80 percent of schools provided assessment for mental health problems, behavior management consultation, and crisis intervention, as well as referrals to specialized programs. A majority provided counseling and case management;
- 49 percent of school divisions used contractual arrangements with community-based organizations to provide mental health services to students; and
- 60 percent of school divisions reported that referrals to community-based providers had increased over the previous year. Unfortunately, one-third of school divisions reported the availability of outside providers to deliver services to students decreased.

In 1990, Virginia enacted a law requiring each Virginia public school board to establish a school health advisory board (SHAB) consisting of parents, students, health professionals, educators and others. According to § 22.1-275.1 of the *Code of Virginia*, the SHABs assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment and health services. The Department of Education (DOE) encourages local SHABs to incorporate the federal Centers for Disease Control and Prevention (CDC) Coordinated School Health Model in carrying out their responsibilities. Importantly, mental health services for both students and staff are a prominent feature of the CDC model.

Figure 1

National Center for Mental Health in Schools
School-based Mental Health Delivery Model
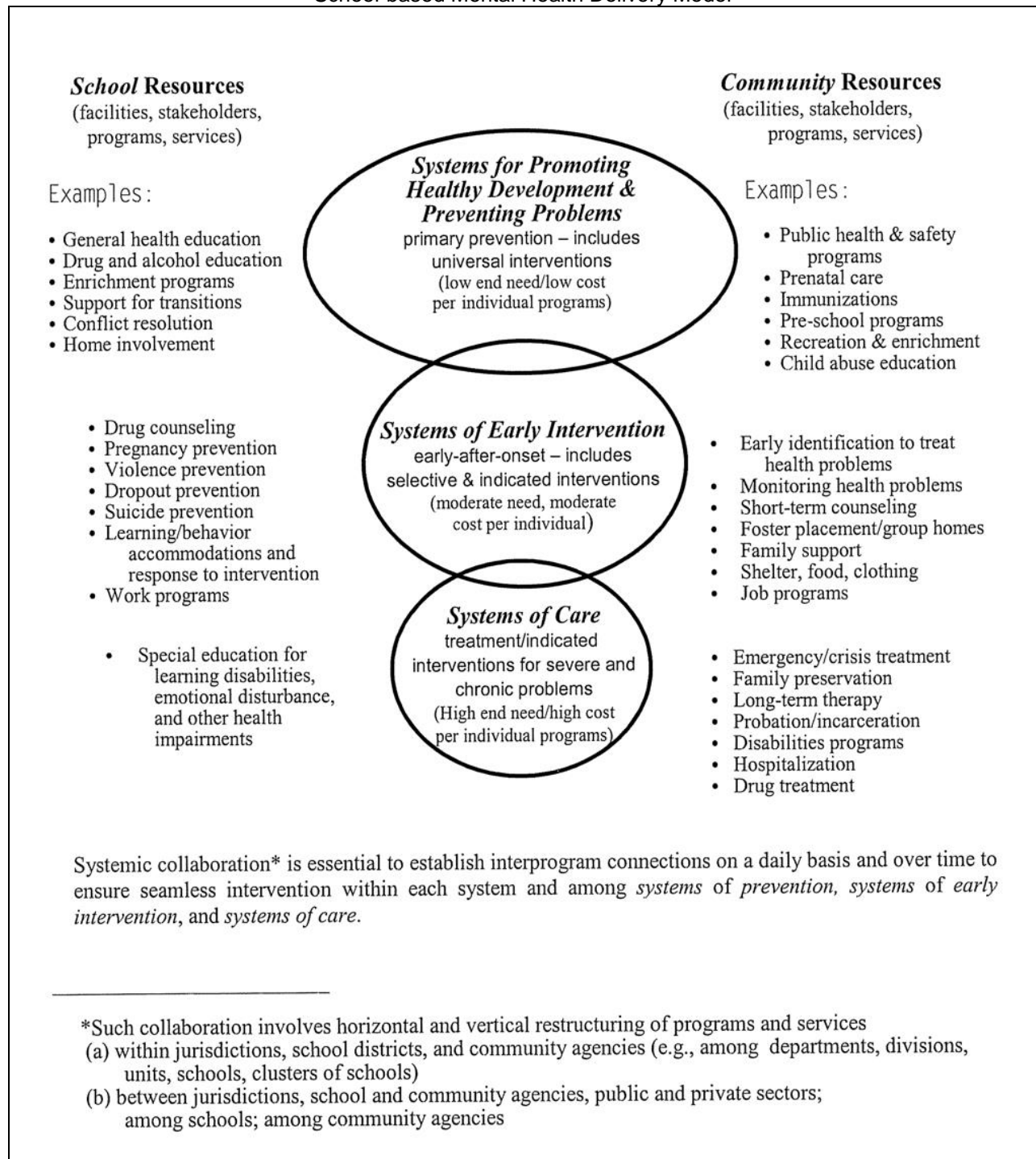
Source: Adelman & Taylor, 2010.

Conclusion

The New Freedom Commission's report reflects a trend towards the adoption of approaches that address risk and protective factors within the school environment. Effective school based programs, as outlined in the Report, employ a full continuum of mental health services and supports to help address the needs of all students and their families. Effective school mental health programs can promote connections between education and other systems including mental health, child welfare, and juvenile services. School mental health programs may be a crucial first step in identifying those students who may suffer from mental health disorders. It is important that policymakers recognize the tremendous potential that exists in reaching children with mental health needs through school-based programming. The increased involvement of the educational system in the process of mental health intervention and treatment could dramatically influence the accessibility and utilization of services, and could result in substantial growth in the number of positive child outcomes.

Sources

Adelman, H., & Taylor, L. (2010). *Turning around, transforming, and continuously improving schools: federal proposals are still based on a two- rather than a three-component blueprint.* Center for Mental Health in Schools. [Online]. Available: http://smhp.psych.ucla.edu/pdfdocs/turning.pdf. [April 2013].

Adelman, H., Taylor, L., & Nelson, P. (2010). Addressing barriers to learning. The Center for Mental Health in Schools, University of California at Los Angeles.

Brener, N., Martindale, J., & Weist, M. (2001). Mental health and social services: results from the school health policies and programs study 2000. Journal of School Health, 71,7, 305-312.

Center for Health and Health Care in Schools. (2007). Children's Mental Health Needs, Disparities and School-Based Services: A Fact Sheet. [Online]. Available: http://www.healthinschools.org/News-Room/Fact-Sheets/MentalHealth.aspx. [April 2013].

Christner, R., & Mennuti, R., eds. (2009). School-Based Mental Health: A Practitioner's Guide to Comparative Practices. New York: Routledge Press.

Dittman, M. (2005). Council of directors of school psychology programs, APA Monitor, 36, 5, [Online]. Available: http://www.apa.org/monitor/may05/progress.aspx. [April 2013].

Felitti, V., & Anda, R. (2009). The adverse childhood experiences (ACE) study: Bridging the gap between childhood trauma and negative consequences later in life. [Online]. Available: http://www.acestudy.org/home. [April 2013].

Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., & Teich, J. (2005). School Mental Health Services in the United States, 2002-2003. DHHS Publication Number (SMA) 05-4068. Rockville, MD. Center for Mental Health Services, U.S. Substance Abuse and Mental Health Services Administration.

Kutash, K., Duchnowski, A., & Lynn, N. (2006). School-Based Mental Health: An Empirical Guide for Decision-Makers. The Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida.

National Center for Mental Health in Schools at UCLA & the National Association of School Psychologists. (2010). Enhancing the Blueprint for School Improvement in the ESEA Reauthorization: Moving From a Two- to a Three-Component Approach.

President's New Freedom Commission on Mental Health. (2003). Achieving the Promise: Transforming Mental Health Care in America. Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD.

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. Clinical Child and Family Psychology Review, 3, 223-241.

U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General. Rockville, MD.

U.S. Department of Health and Human Services. (2001). Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD.

Virginia Supreme Court. (2009). Virginia Supreme Court Commission on Mental Health Law Reform [Online]. Available: http://www.courts.state.va.us/programs/cmh/home.html. [April 2013].

Selected Evidence-based Resources
Center for the Study and Prevention of Violence at the University of Colorado at Boulder
    Blueprints for Violence Prevention Overview
    http://www.colorado.edu/cspv/blueprints

Center for the Application of Prevention Technology
    http://captus.samhsa.gov

Collaborative for Academic, Social and Emotional Learning (CASEL)
    Reviews & Evidence-Based Programs & Practices
    http://casel.org/guide

National Institute on Drug Abuse (NIDA)
    Research-Based Drug Abuse Prevention Programs
    http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-4-examples-research-based-drug-abuse-prevention-program

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
    Model Programs Guide
    http://www.ojjdp.gov/mpg

Promising Practices Network
    http://www.promisingpractices.net/programs_indicator.asp

Substance Abuse and Mental Health Services (SAMHSA)
    National Registry of Evidence-Based Programs and Practices
    http://www.nrepp.samhsa.gov

U.S. Department of Education
    Safe, Disciplined and Drug-Free Expert Panel
    http://www2.ed.gov/admins/lead/safety/exemplary01/edlite-exemplarychart.html

    Institute of Education Sciences
    What Works Clearinghouse
    http://ies.ed.gov/ncee/wwc

Organizations/General Resources
Center for Health and Health Care in Schools
    http://www.healthinschools.org

National Association of School Psychologists
    http://www.nasponline.org

Center for Child and Human Development
    http://gucchd.georgetown.edu

Center for Mental Health in Schools: School Mental Health Project
    http://smhp.psych.ucla.edu

Office of Special Education and Rehabilitative Services Programs (OSERS)
    http://www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr

Research and Training Center for Children's Mental Health
    http://rtckids.fmhi.usf.edu

Virginia Resources
Department of Education
    http://www.doe.virginia.gov

Department of Health
    http://www.vdh.virginia.gov

Department of Behavioral Health and Developmental Services (DBDHDS)
    http://www.dbhds.virginia.gov