

## Fact Sheet on School Mental Health Services

School-aged children and youth have a range of mental health disorders:

- A 1999 Surgeon General report on mental health cites the following prevalence estimates: 3-5 percent of school-aged children are diagnosed with attention-deficit/hyperactivity disorder, 5 percent with major depression, and 13 percent with various anxiety disorders.<sup>1</sup>
- The Youth Risk Behavior Survey, a nationally representative survey of youth, found problems ranging from daily sadness and hopelessness (experienced by 25% of students) to thoughts of suicide (20%) to attempted suicide (8%). Many of these youngsters had neither been identified nor received any services.<sup>2</sup>

Public schools play a major role in identification and provision of mental health services:

- The Surgeon General's Report describes schools as the primary setting for the identification of mental disorders in children and youth.
- One study of school-based health care services in urban minority middle schools found that one third of all health clinic visits were for mental health issues. Youngsters were seen primarily for family problems, symptoms of emotional disturbance (e.g., anxiety, depression, suicidal tendencies), and situational problems such as bereavement.<sup>3</sup>
- A survey of 62 school administrators found that behavioral problems were rated as more serious as students progressed through school levels. More urban youth than suburban or rural youth were reported to have experienced greater stress and internalization of problems.<sup>4</sup>
- A small area study of serious emotional disturbance among Appalachian children and youth in North Carolina found that three out of five children with diagnosed mental health problems had received no mental health services. Of those students who had received services, between 70 and 80 percent were seen only by school-based providers.<sup>5,6</sup>

This fact sheet is based on a study by the federal Substance Abuse Mental Health Services Administration (SAMHSA). *School Mental Health Services in the United States, 2002-2003* is the first national survey of school mental health services. It is based on a representative sample of public elementary, middle and high schools and their school districts.<sup>7</sup>

### Top Ranked Problems

- Nearly three quarters (73%) of the schools reported that social, interpersonal or family problems were the most frequent mental health problem for both male and female students.
- At the elementary and middle school level, the second and third most commonly reported mental health problems differed for male and female students. For males, aggression or disruptive behavior and behavior problems associated with neurological disorders (e.g.,

attention-deficit/hyperactivity disorder) were the second and third most frequent problems, while anxiety and adjustment were the issues identified for females.

- At the high school level, the second and third most commonly reported mental health problems for males were aggression or disruptive behavior and alcohol/drug problems; while depression/grief and anxiety were the issues identified for females.

#### Access to Services

- All students, not just those in special education, were eligible to receive mental health services in the vast majority of schools (87%).
- On average, one fifth of students in each school level received some type of school-supported mental health services in the school year prior to the study.

#### Services Provided

- A high percentage (87%) of schools reported they assess mental health problems and engage in behavior management consultation, and crisis intervention.
- Eighty-four percent of schools provided referrals to specialized programs.
- A majority of schools provide individual and group counseling and case management.
- In general, short-term interventions, such as assessment, behavior management consultation, crisis intervention and referral services were more commonly provided than longer-term services such as counseling of all types, case management and family support services.
- Less than half of schools reported they provided substance abuse counseling (43%).
- Medication/medication management (34%) was the least likely of all services to be provided.

The percentage of schools reporting they offered specialized services is shown below:

- 87% - Assessment for emotional or behavioral problems or disorders
- 87% - Behavior management consultation (with teachers, students, family)
- 84% - Crisis management
- 84% - Referral to specialized programs
- 76% - Individual counseling
- 71% - Case management
- 68% - Group counseling
- 58% - Family support services
- 43% - Substance abuse counseling
- 34% - Medication management

### School Staff Who Provide Mental Health Services

- Virtually all schools (96%) reported having at least one staff member whose responsibilities included providing mental health services to students.
- School mental health providers are generally school counselors, nurses, school psychologists, and social workers.
- While counselors spent more of their time providing mental health services than other staff in elementary schools, they spent much less time in high schools on mental health services. In high school, social workers spent more time providing mental health services than did other staff. School nurses spent approximately one third of their time providing mental health services.

### Linkage with Community-based Mental Health Providers

- Over half of the schools reported having formal arrangements with community-based organizations and individual providers for student mental health services.
- The most frequent arrangement was with county mental health agencies (29%), followed by community health centers (19%), individual providers (18%), juvenile justice systems (17%) and community service organizations (15%). Arrangements with local hospitals (6%) and faith-based organizations (4%) were not as common.
- Sixty-two to 86 percent of community agencies provided their services on site in the school.
- Middle schools were more likely than elementary or high schools to have contractual arrangements with community providers and were significantly more likely to have such agreements with community health centers and juvenile justice agencies.

### Coordination and Referral Practices

- Three quarters of the schools reported their routine, most common referral and coordination practices were passive referral (e.g., distributing brochures, lists and phone numbers of providers).
- Of those schools, nineteen percent reported passive referral as their only referral and coordination practice.
- Active referrals (e.g., staff completing forms with families, making calls or appointments, assisting with transportation) were reported by 53 percent of schools.
- Follow-up with families and providers after a referral was reported by over 40 percent of schools.

### Service Need

- Sixty percent of districts reported that since the previous year, referrals to community-based providers had increased, and one third reported that the availability of outside providers to deliver services to students had decreased.

### Funding

- The most significant Federal funding source for school mental health services was the Individuals with Disabilities Education Act, IDEA. Also important were state special education funds, local funds and state general revenue.
- Medicaid reimbursement was also listed in the top five funding sources.
- The State Children's Health Insurance Program (SCHIP) was rarely reported (2% of schools) as a funding source.

The percentages of districts using each funding source are as follows:

- 63/37% IDEA
- 55/32% State special education funds
- 49/43% Local funds
- 41/39% State general funds
- 38/20% Medicaid
- 34/57% Title IV (prevention resources)
- 20/22% Title I
- 16/22% Safe Schools Healthy Students Initiative
- The two funding problems most often reported as impediments were competing priorities (70%) and insufficient community mental health resources (61%).
- Barriers to funding in private and public insurance were cited as problem.
- Much less of a problem were restrictions in funding sources regarding location of service, lack of administrative support for third-party billing, resistance from non-mental health school staff or district staff, and resistance from the community.
- Over the school years 2000/2001 to 2002/2003, nearly 70 percent of districts reported they faced decreased or the same level of funding.

## Conclusion

This new SAMHSA study confirms that schools play an integral role in identifying and meeting the needs of students for mental health services. The study also highlights an alarming set of trends:

- The need for services increased in nearly 70 percent of districts nationally
- At the same time, funding for services decreased or remained level in over 70 percent of districts
- Referrals to community-based providers increased in 60 percent of districts
- At the same time, the availability of outside providers decreased in one third of districts

“The lack of funding earmarked for mental health and the reported lack of community-based mental health resources, together with rising need, indicate that schools face numerous challenges in their attempts to maintain optimal student functioning.”<sup>8</sup>

<sup>1</sup> U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; National Institutes of Health, National Institute of Mental Health.

<sup>2</sup> Centers for Disease Control and Prevention. (1999). *Youth risk behavior surveillance system: 1999 youth risk behavior survey*.

<sup>3</sup> Walter, H.J., Vaughan, R.D., Armstrong, B., Krakoff, R.Y., Tiezzi, L., & McCarthy, J.F. (1995). *School-based health care for urban minority middle school students*.

<sup>4</sup> Weist, M.D., Myers, P.C., Danforth, J., McNeil, D.W., Ollendick, T.H., & Hawkins, R. (2000). Expanded school mental health services: Assessing needs related to school level and geography. *Community Mental Health Journal*, 36(3), 259-273.

<sup>5</sup> Costello, E.J., Angold, A., Burns, B., Erkanli, A., Stangl, D.K., & Tweed, D.L. (1996). The Great Smoky Mountains study of youth: Functional impairment and serious emotional disturbance. *Archives of General Psychiatry*, 53, 1137-43.

<sup>6</sup> Costello, E.J., Angold, A., Burns, B., Stangl, D.K., Tweed, D.L., Erkanli, A., & Worthman, C.M. (1996). The Great Smoky Mountains study of youth: Goals, design, methods, and the prevalence of DSM-III-R disorders. *Archives of General Psychiatry*, 53, 1129-36.

<sup>7</sup> Foster, S., Rollefson, M., Doksun, T., Noonan, D., Robinson, G., Teich, J. (2005). *School Mental Health Services in the United States, 2002-2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

<sup>8</sup> Ibid.