

Outcomes of Expanded School Mental Health Programs

**Center for School Mental Health Assistance
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OUTCOMES OF SCHOOL MENTAL HEALTH PROGRAMS

School-based mental health programs provide clinicians with unparalleled access to children in need of mental health services. In 1998, Catron, Harris, & Weiss reported that 96% of individuals who were referred for school-based counseling followed through, compared to only 13% of individuals referred for community based treatment. Additionally, Anglin, Naylor, and Kaplan (1996) concluded that adolescents who reported mental health symptoms to care providers at school-based clinics were more likely to receive treatment than were students who reported mental health symptoms to care providers in other settings. In a study of expanded school mental health programs conducted by Bruns, Walrath, Glass-Siegel, Acosta, Anderson, and Weist (1999), respondents in schools with ESMH programs were more likely to refer students with suspected emotional and behavioral problems to mental health professionals than were respondents in non-ESMH schools (52% versus 28%), thus making it more likely that students in these schools would receive the services they need.

As the prevalence of expanded school mental health programs continues to increase, it is important to examine the aspects and advantages of these programs that set them apart from traditional and community-based health and mental health services. The cornerstone of any argument supporting expanded school mental health programs is the unparalleled access that school-based clinicians have. Due to the increased access to students, their families, and school staff, significant impacts can be made in many areas of a child's life, including emotional, behavioral, and academic issues.

In order to assess the efficacy of a program, quality improvement and assessment strategies should be incorporated into a program from its inception. All too often, agencies design programs without giving much thought as to how they will evaluate the success of those programs. However, when it comes time to seek financial resources, potential funders will want this specific information. In addition, quality assessment and improvement measures serve to guide a program's services, allowing an agency to see where it is having success and where it needs improvement.

The following information is intended to highlight the effects of some ESMH programs. However, ESMH programs are as varied as the communities they serve and this document represents only a small sampling of the impact some programs have had on their students. For more information on how to develop quality assessment and improvement measures for your own program, please contact the Center for School Mental Health Assistance at csmha@psych.umaryland.edu.

Services Provided

Baltimore, MD

In Baltimore, Maryland, the University of Maryland's School Mental Health Program (University of Maryland, 2003) served 23 schools in the Baltimore City Public School System during the 2002-2003 school year and provided services to 2,208 students including:

- 4,490 teacher consultations
- 2,832 family contacts
- 11,436 individual therapy sessions
- 369 group therapy sessions
- 2036 prevention group sessions

Hamilton County, OH

In Hamilton County, Ohio, the Children First Plan (Children First Plan, 2002) served 13 schools. Services were provided to more than 8,000 students through the implementation of 291 programs during the 2000-2001 academic year. Some examples of programs include:

- 1,000 students participated in social skills training
- 2,974 students participated in conflict management training
- More than 5,000 hours of case management and counseling services provided

Dallas, TX

In Dallas, Texas, nine Youth and Family Centers (each one located on a school campus) provided health and mental health services to more than 3,040 students in 204 schools during the 1999-2000 academic year (Hall, 2000).

- 20,968 student and family visits

Multnomah County, OR

The Multnomah County Health Department, in collaboration with several school districts, provides health and mental health services for students in 13 School-Based Health Centers. During the 2000-2001 academic year, the centers served a total of 6,961 students and received 34,357 patient visits. 6,420 of those visits were for mental health issues (Multnomah County Health Department, 2001). Examples of mental health services include:

- 4,529 student and family contacts
- 20,301 staff contacts
- 2,273 community outreach contacts
- 27,103 total contacts

Academic Outcomes

Students who receive support from school-based mental health clinicians are able to improve academic performance. Schools with expanded mental health services report fewer course failures and higher G.P.A.s among students receiving services in the schools.

- Kalafat, Illback, and Sanders (1997) conducted a two-year study of 20 family resource and youth service centers serving approximately 2,000 students in elementary and secondary schools. They indicated that these programs positively related to educational improvement among participating students.
- Dallas Public Schools Youth and Family Centers reported a 31% decrease in course failure among students who received services in one of their nine school-based clinics (Jennings, Pearson, & Harris, 2000).
- The University of Maryland's School Mental Health program reported that during the 1998-1999 school year, the mean G.P.A. for elementary students who were seen four or more times for mental health services over one academic year improved from 1.8 to 2.1 (University of Maryland, 1999).

- Children First Plan schools receiving attendance case management services saw improved grades in 54% of the children being served, with 71% of them being promoted to the next grade level (Children First Plan, 2002).
- New York City schools involved in the Children's Aid Society's Community Schools initiative incorporate many aspects of expanded school mental health as well as school-based health centers and enrichment activities. As a result, two schools saw math scores improve more than 30% after three years of participation in the program. One school also reported a 25% increase of children reading on grade level after three years of participation in the program (The Children's Aid Society, 2001).

Behavioral Outcomes

Students who receive support from school-based mental health clinicians learn positive coping skills and exhibit fewer disruptive behaviors. Expanded school mental health programs have engendered positive effects on attendance, truancy, and discipline referrals.

- Dallas Public School Youth and Family Centers reported a 95% decrease in discipline referrals and a 32% decrease in absences among students who received services in their school-based clinics (Hall, 2000).
- The Children First Plan reported that 60% of schools participating in their program had lower suspension rates and lower truancy rates than comparison schools without school-based mental health initiatives. In addition, one of the schools noted that the percentage of students who reported they had been in three or more fights in the past year decreased from 32.1% to 18.5% (Children First Plan, 2002).
- In a study of the Linkages to Learning program in Montgomery County, Maryland (a program that includes school-based health and mental health services) parents and teachers reported significant decreases in negative behaviors while reports by teachers and parents in a control school remained the same, as indicated by scores on the Child Behavior Checklist and the Teacher-Child Rating Scale (Fox et al., 1999).
- Schools involved in the Children's Aid Society's Community Schools program reported higher attendance rates than other local schools. In fact, one school involved in the program had the highest attendance rates in its district and attendance rates at the school have improved each year that it has been part of the program (The Children's Aid Society, 2001).

Emotional Outcomes

Students who receive support from school-based mental health clinicians report high rates of satisfaction with the services they receive and experience more protective factors, as observed by clinicians.

- In a pilot study done by the University of Maryland, significant decreases in depression and improvements in self-esteem were exhibited by high school students receiving expanded school mental health treatment during the 1992-1993 academic year when compared to a comparison group. The study also indicated that 89% of students reported doing "much better/better" since starting SMH services, and 80% of students reported that their families were doing "much better/better" since receiving SBMH services. Students also indicated improved functioning 12 months after initial treatment as reported by students completing the Youth Self Report (YSR), while clinicians reported

that protective factors increased significantly after six months of treatment (Nabors & Prodent, 2000; Nabors & Reynolds, 2000).

- In an evaluation of the Linkages to Learning Program in Montgomery County, Maryland, children in the experimental school reported significantly higher emotional distress levels than those in the control school prior to the program, but reported lower levels than students in the control school after three years of participation in the program (Fox et al., 1999).

Resources

Related Center Publications

Bruns, E.J., Walrath, C., Glass-Siegel, M., & Weist, M.D. (in press). School-based mental health services in Baltimore: Association with school climate and special education referrals.

Weist, M.D., Paskewitz, D.A., Warner, B.S., & Flaherty, L.T. (1996). Treatment outcomes of school-based mental health services for urban teenagers. *Community Mental Health Journal*, 32(2), 149-157.

Weist, M.D., Proescher, E.L., Freedman, A.H., Paskewitz, D.A., & Flaherty, L.T. (1994). School-based health services for urban adolescents: Psychosocial characteristics of clinic users vs. nonusers. *Journal of Youth and Adolescence*, 24(2), 251-265.

Related Articles

Armbruster, P., Lichtman, J. (1999). Are school based mental health services effective? Evidence from 36 inner city schools. *Community Mental Health Journal*, 35(6), 493-504.

Hoagwood, K., Erwin, H.D. (1997). Effectiveness of school-based mental health services for children: A 10-year research review. *Journal of Child & Family Studies*, 6(4), 435-451.

Rones, M. & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child & Family Psychology Review*. 3(4), 223-241.

Related On-line Resources

Technical Assistance Sampler on A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning produced by the UCLA Center for Mental Health in Schools can be downloaded at <http://smhp.psych.ucla.edu/pdfdocs/Sampler/Outcome/outcome.pdf>

Provides outcome info from almost 200 programs grouped using an enabling component framework of six basic areas that address barriers to learning and enhance healthy development: (1) enhancing classroom-based efforts to enable learning, (2) providing prescribed student and family assistance, (3) responding to and preventing crises, (4) supporting transitions, (5) increasing home involvement in schooling, and (6) outreaching for greater community involvement and support (including use of volunteers).

Building a community school manual, produced by the Children's Aid Society can be downloaded at http://www.childrensaidsociety.org/locations_services/servicesindex/educationandcommunity/comm_school_form/

This third edition of *Building A Community School* examines The Children's Aid Society's current community schools work in New York City and offers ways for you to transform your own schools into community schools. The manual places the community schools approach in the context of 21st century, highlighting the most recent academic research supporting the community schools model and investigating the current funding climate for educational programs.

Evaluation summaries for the Children First Plan can be downloaded at <http://www.hamilton-co.org/hcfcfc/newpage4.htm>

This program, which was developed as a pilot project in 1996 by the Council, coordinates and contracts for multiple school-based services in selected school sites to provide "full service" schools. Funded by the Council's Executive Committee, this multi-disciplinary, inter system program is aimed at four Council priorities: reducing number of high school drop-outs, suspensions and expulsions, number of abused and neglected children, and increasing school connectedness. An extensive evaluation measuring outcomes has already shown statistically significant results in many areas. The program is highly preventive in nature. Because of the documented success of this program, it expanded to additional sites in September 2000 and is now in 13 schools in Hamilton County.

2000 - 2001 Annual Report produced by the Multnomah County School-Based Health Center Program can be downloaded at: http://www.co.multnomah.or.us/health/sbhc/2000_01_annual.pdf

This annual report is a statistical and narrative description of the operations of a school-based health center program operating in David Douglas, Parkrose, and Portland Public Schools in the state of Oregon.

Family and Youth Centers: Dallas Independent School District Parkland Health and Hospital System
<http://www.mentalhealthcommission.gov/presentations/jennings.ppt>

This is a powerpoint presentation describing the partnership between mental health services and the Dallas Independent Public School System. It includes a history of the collaboration, services provided, and outcomes measured.

School-based interventions with successful academic outcomes, produced by the APA found on-line at: <http://mirror.apa.org/ppo/issues/pschoolbased.html>

This site lists programs for preschool, primary, and secondary schools that have had successful academic outcomes. Information presented includes: program name and where it was implemented, target population, key components, and outcomes.

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University of Maryland, School of Medicine. (2000, September). *Studies Show Effectiveness of School-Based Mental Health Programs*. University of Maryland, School of Medicine Press release. Contact: Ellen Beth Levitt, eblevitt@umm.edu, 410-328-8919.