

Schools as Entry Points for Children's Mental Health Services

With over 50 million children and youth attending public schools in this country, these systems are a logical entry point for reaching children and their families (GIH 2008). Schools are major institutions in children's lives, providing oversight for many hours of a typical weekday. Though health improvement is not the primary mission of the education sector, it has extensive influence in shaping children's health and long-term development outcomes.

A variety of psychosocial and health problems affects students' learning and academic performance in significant ways (HHS 1999). Unfortunately, many children and youth experiencing emotional or developmental challenges that need mental health services do not receive them (Burns et al. 1995). Approximately 70 to 80 percent of those that do, however, receive those services through schools. Consequently, school personnel, families, policymakers, and funders are increasingly recognizing the importance of addressing children and youth's mental health needs through school settings.

MAGNITUDE OF THE ISSUE

Approximately 12 to 22 percent of youth under age 18 are in need of services for emotional or behavioral problems (HHS 1999). Nearly half of these children suffer from serious disorders that cause significant functional impairment in their daily lives (UCLA Center for Mental Health in Schools 2007). In addition, minority children, the rural poor, and children of new immigrants are among those with the greatest need and least access to mental health services. By the year 2020, neuropsychiatric disorders (which include mental and behavioral disorders) are projected to become one of the top five causes of mortality, morbidity, and disability among children (HHS 1999).

Children with persistent mental and behavioral problems, especially those beginning in early childhood, face challenges that can lead to a lifelong downward trajectory of antisocial behaviors. These difficulties can affect an individual's social development, educational attainment, employment opportunities, and risk of engaging in criminal activities. Costs associated with mental health also pose a significant financial and social burden on families and society in general in terms of distress and costs for associated treatments.

MENTAL HEALTH SERVICES IN SCHOOL SETTINGS

A range of diagnosis, treatment, and referral interventions is

implemented in schools to address mental health and psychosocial issues in areas such as violence, school adjustment, and delinquency. These strategies include: 1) universal prevention measures aimed at creating positive school environments and serving all students; 2) targeted prevention/intervention efforts focused on improving the social and emotional skills and behaviors of "at-risk" children or at early onset of serious problem behaviors; and 3) intensive interventions aimed at children with serious, highly disruptive mental health or behavioral conditions (Kutash et al. 2006).

Through these interventions, children receive services such as preventive approaches, screening and diagnostic assessments, early intervention supports and treatment, direct consultation and case management, classroom-based instruction, and referrals to home and community resources and service providers for treatment (New Freedom Commission on Mental Health 2003; UCLA Center for Mental Health in Schools 2007). Programs and services can be implemented in regular or special education classrooms, or separately through entities such as school-based health centers. Other programs foster connections between schools and external community programs and personnel.

BENEFITS AND CHALLENGES OF PROVIDING SCHOOL-BASED SERVICES

Research in the field emphasizes the benefits of increasing the capacity and effectiveness of school-based mental health services as a key strategy to improve children's access to mental health care and their emotional well-being and academic success (UCLA Center for Mental Health in Schools 2007). Schools can increase the availability and affordability of mental health services, especially by minimizing challenges such as transportation, accessibility, and stigma.

There is also increasing evidence that schools, as multidisciplinary entities, are good environments for integrating and coordinating efforts of administrators, teachers, families, and service providers to foster the mental health of students (Kutash et al. 2006; UCLA Center for Mental Health in Schools 2007). Mental health interventions in these settings are likely to be more successful when integrating and utilizing a full array of school- and community-based strategies that promote education, health promotion, and intensive intervention. This continuum of interventions helps promote positive development outcomes, prevents or responds to problems as early as possible, and offers appropriate referral or treatment options.

Unfortunately, few school settings have sufficient resources to handle the full range of students' increasing mental health needs. In some cases, the number of students in need is over half of the enrolled population (UCLA Center for Mental Health in Schools 2007). Additionally, the mental health services available in schools may not be comprehensive or may be marginalized and function in isolation of each other. Moreover, poor understanding of mental health creates additional barriers to developing integrated school mental health services. Fragmentation of services, limited availability of financial and service provider resources, and rigorous pressures on schools to achieve academic outcomes also pose challenges to providing adequate mental health services to students.

OPPORTUNITIES FOR FUNDERS

To be more successful, the provision of school-based mental health services requires multisector collaborations that go beyond education to include health care providers, nonprofit and community-based organizations, foundations, and others. In particular, health grantmakers are in a strong position to support efforts to increase children's access by funding school-based mental health services; brokering and building relationships between schools and service providers within communities; helping disseminate timely and accurate mental health-related information; and promoting policy change at local, state, and national levels. Examples of innovative approaches health funders have used follow.

In 2008 the Health Foundation of Central Massachusetts began funding the Winchendon Project, which addresses mental health and substance abuse issues among middle and high school students (Health Foundation of Central Massachusetts 2009). The project includes school-based behavioral health services provided by mental health and substance abuse clinicians, an annual youth survey to identify the types of behaviors youth are engaging in and the risk and protective factors present in their lives, and a media and marketing campaign. Additionally, a learning support facilitator is working with school-based resource teams to map programs and resources available in the school, district, and broader community to help students achieve academic success. In the second phase of the project, strategies will be implemented to coordinate and integrate the medical and mental health services available for youth in Winchendon, Massachusetts. This includes colocating providers, using standardized forms for clinical information, and developing an expedited system for referrals.

In 2006 the New York State Health Foundation made a \$147,545 grant to the Partnership for Results' Resilience Project, which seeks to improve early intervention for high-risk rural youth needing mental health and behavioral services (New York State Health Foundation 2007). This school-based prevention program screens all children attending kindergarten through third grade in four rural districts for emerging mental health and behavior problems. It is expected that reducing social, emotional, and behavioral problems experienced by

children in their early years at school will improve their academic success and positive child development. Trained paraprofessionals, closely supervised by a mental health professional, provide one-on-one skill development sessions to the children for up to 13 weeks. Following these sessions, significant improvements have been tracked in participants' behavior control, peer sociability skills, self-confidence, emotional coping skills, and overall efficacy in school and home environments.

CONCLUSION

Addressing the full spectrum of children's health needs – from physical, to mental, to psychosocial – is essential to ensuring optimal outcomes in their lives. Increasing access to, and more effective use of, mental health resources can improve children's academic, social, and emotional outcomes, thereby allowing for healthier lifestyles and a better quality of life in later adulthood. The far-reaching consequences of inadequately addressed mental health challenges make it imperative that we research and explore collaborations to provide comprehensive, coordinated, and systematic approaches to improve the mental health status of all children.

SOURCES

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