Mental Health Needs of Children and Youth

THE BENEFITS OF HAVING SCHOOLS ASSESS AVAILABLE PROGRAMS AND SERVICES

There has been a steady rise in the number of children and youth needing programs and services that promote positive mental health and provide early intervention and treatment. How are schools responding to this challenge?

Increasingly, school systems are joining forces with community health, mental health, and social service agencies to promote student well-being and to prevent and treat mental health disorders. Through these collaborations, schools and local agencies are working together to address the growing health, behavioral, and mental health needs of students (Atladottir et al., 2015; Olfson, Druss, & Marcus, 2015).

School mental health programs must evaluate their capacity to respond to the growing needs of their students if they are to effectively connect them to the mental health programs and services that address their needs. American Institutes for Research (AIR) has worked with a number of large school districts to help prepare them to conduct such assessments.

This issue brief explores how continuous evaluation and assessment of a school's mental health programming (e.g., classroom programs, interventions, services, parental involvement, etc.) can benefit students, families, schools, and communities. Further, the brief describes how the Mental Health Parity Act, the new Mental Health Reform Act (embedded within the 21st Century Cures Act), and Medicaid provide ways for schools and communities to offer services for those in greatest need.

Introduction

Comprehensive school mental health programs include mental health promotion and prevention programming for *all* students as well as screening, assessment, and effective prevention and treatment interventions and services for those students with more intensive needs. Partnerships between schools and community mental/behavioral health professionals offer students and families an extended network of services that are easily accessible. When programs are able to identify and address student mental and behavioral challenges early, students are more likely to gain resiliency skills and be successful in school and life while the threat of later harm is reduced (Conley, Shapiro, Kirsch, & Durlak, 2017; Csillag et al., 2016; Dekovic et al., 2011; McLaughlin et al., 2010; Stockings et al., 2016; Weeks, Hill, & Owen, 2017).

These collaborative partners in the fields of education and mental health have evolved to incorporate best practices for comprehensive school mental health as illustrated in Figure 1. It is important that schools and communities collaborate, united by a theory of action that offers students and families a comprehensive set of services.
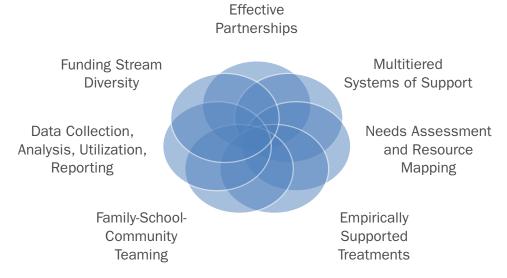
Figure 1: Best Practices in Comprehensive School Mental Health

Effective Partnerships

Funding Stream Diversity

Multitiered Systems of Support

Data Collection, Analysis, Utilization, Reporting

Needs Assessment and Resource Mapping

Family-School-Community Teaming

Empirically Supported Treatments

Center for School Mental Health, 2014

Comprehensive school mental health programs offer three tiers of supports: **universal** mental health promotion activities for all students, **selective** prevention services for students identified as at risk for a mental health problem, and **indicated** services for students who already show signs of a mental health problem. These programs, built over time, rely on partnerships between schools and community systems, such as community mental health centers, hospitals, and universities.

An important first step in developing a school mental health program is to conduct a thorough assessment of the nature and type of student and family behavioral and mental health needs and the capacity of current school and community resources across the promotion-through-treatment continuum to meet them. Asset mapping can reveal gaps in programs and services and provide important information for planning, building, and implementing specific components of such programs.

How common are behavioral and mental health disorders in children and youth in Grades K–12? Why conduct an assessment?

Research shows that our nation's school children have significant unidentified mental health needs, and many receive no treatment for the mental health challenges they face (Brown, Green, Desai, Weitzman, & Rosenthal, 2014; Kataoka, Zhang, & Wells, 2002). Poverty is a major contributing factor to children and youth's mental health problems, and it has direct and indirect effects on the development and maintenance of emotional, behavioral, and psychiatric problems (Bassuk, Richard, & Tsertsvadze, 2015; Bradley & Corwyn, 2002; Jones et al., 2016; Murali & Oyebode, 2004). Children living in persistent poverty experience long-term effects on their ability to learn in school as well as increased exposure to stressors and trauma that can permanently

affect their brain development and emotional functioning (Evans & English, 2002; Luby et al., 2013; Odgers, 2015; Osher, Cantor, Berg, Steyer, & Rose, 2017; Yoshikawa, Aber, & Beardslee, 2012).

Every year in the United States, up to 20% of children and youth experience a mental, emotional, or behavioral disorder (Centers for Disease Control and Prevention, 2015; Perou et al., 2013). However, nearly half of all children with emotional or behavioral difficulties receive no mental health services (Simon, Pastor, Reuben, Huang, & Goldstrom, 2015). Only 7.4% of young people report any mental health visits in the past year (Merikangas et al., 2010).

Among the relatively few children and youth who do receive mental health services, most do so at school (Substance Abuse and Mental Health Services Administration, 2017a). Schools sometimes serve as the de facto mental health system for children in the United States. The most prevalent mental health disorder in children and youth is attention deficient hyperactivity disorder (ADHD), followed by depression, behavioral or conduct problems, anxiety, substance use disorders, Autism spectrum disorders, and Tourette syndrome (Perou et al., 2013). Often these conditions occur together, which can complicate identification and treatment of mental health disorders. Because children and youth spend a great deal more time in schools than in community mental health centers, it is critical that schools provide or link students and families to mental health services. For children and youth living in poverty in particular, it is imperative that schools develop multilevel, evidence-based interventions to enhance students' emotional wellness and serve and reduce their mental health needs (New York University & McSilver Institute for Poverty Policy and Research, 2017).

Mental health problems in children and youth that are not addressed early in life can inflict a high cost on young people themselves as well as their families and society (Perou et al., 2013). The consequences of mental health problems can be painful and can include serious difficulties at home, with peers, and in school; a higher risk for dropping out; and increased risk of engaging in substance use, criminal behavior, and other risk-taking behaviors (Substance Abuse and Mental Health Services Administration, 2014; Vos et al., 2012). But the financial cost is also high. Mental health hospitalizations for teens cost $2.6 billion in 2012. The total annual cost for care associated with mental disorders for persons under age 24 is estimated to be $247 billion annually. This estimate includes costs related to health care, special education, juvenile justice, and decreased productivity (Perou et al., 2013).

Examining your state and local prevalence data will help you understand the mental health problems and needs of your school and community. These data highlight the need for schools and communities to work together to provide sufficient mental health services. Your school and community can collect prevalence data to build a solid foundation to plan, develop, and implement comprehensive mental health programs and services through strong school–community partnerships. National and state data show the number and types (prevalence) of behavioral and mental disorders for school-age children and youth. There are many sources that schools can consult. Examples of resources include KIDS COUNT, YRBSS, CDC, CDC-CMH, School Climate Survey, NIMH, NAMI, SAMHSA Behavioral Health Barometer Report by State, Healthy People 2020 state data, County Health Rankings, City-Data, diversitydatakids.org (data for states, metropolitan areas, counties, cities,

and school districts), state departments of education, school districts, community mental health data, and juvenile justice, among others.

What are the steps to conduct an assessment of current mental health services and resources for children, youth, and families?

In addition to the national and state data described earlier, schools may also need to conduct local focus groups (e.g., with parents, students, and teachers) and administer brief surveys to document and understand the mental health needs of their student population. Such surveys can be administered to a variety of school staff, students, parents, and community service providers to identify the full spectrum of current mental health needs. Some schools include community mental health or social work agencies to gain an understanding of the patterns of need that they experience as well as the available resources, services, and gaps.

Some schools use a proactive approach and administer a mental health survey to all students with parental permission. These free surveys are available to the public, are easily administered, and address a wide variety of issues. Some examples are the Strengths and Difficulties Questionnaire, the Achenbach System of Empirically Based Assessment (ASEBA), the Generalized Anxiety Disorder (GAD) 7-item scale, the Revised Children's Anxiety and Depression Scale, the Child and Adolescent Disruptive Behavior Inventory, and surveys on substance use and suicide screening and assessment. Additional mental health surveys and screening tools are available from SAMHSA. Often school systems begin their assessment in targeted middle and high schools where staff are concerned about the behaviors that students exhibit.

Steps to develop a brief assessment of student mental health services include the following:

1. **Identify key questions first:** Craft survey questions based on the various respondent groups participating in the assessment process. These might include school staff (administrators, teachers), students, parents, and mental health agency professionals. When considering students and parents, attention should be given to the different income groups, literacy levels, cultures, and languages spoken when formulating the survey questions.

   - *Questions for school staff:* What are the most prevalent mental health problems that students experience? Does this vary for students in the poorest neighborhoods? New immigrants? Non-English-speaking families? What types of programs and services are currently provided in the school—by school-employed staff? By community mental health staff? What access do they have? What types of mental and behavioral health interventions are provided in the school? Who provides the interventions? Who provides mental health programs and/or services? How are these programs and services funded?

Examples of Schools and Communities That Have Conducted Assessments

■ **New York City (NYC),** state, and community leaders worked with AIR and Westat to create a comprehensive set of surveys to identify student mental health needs. The surveys include all student population groups (racial/multiethnic populations [56%], foreign-born persons [37.2%], and those under the federal poverty level [20.6%]). The purpose of the surveys was to understand current mental health problems and interventions provided and identify service and resource gaps. The surveys were administered to school and community professionals in 1,051 NYC schools and 140 mental and behavioral health care clinics. Westat and AIR implemented the survey and analyzed and reported the results. The surveys resulted in a redesign and maximization of resources to address students' mental health needs. It also led to the development of short- and long-term strategic plans for increasing programs and services, revisions to existing policies to make them more effective, and a financing redesign, realignment, and restructuring of current fiscal resources.

■ In **Nevada,** three school districts—**Lyon, Nye,** and **Washoe**—began a partial assessment process early in the 2016 school year through their suicide prevention programs. These districts sought to understand the mental health needs of middle and high school students—specifically students experiencing depression, anxiety, or suicidal thoughts. Assessments in all three districts led to the identification of students in need of mental health services. One district's assessment—Washoe—found 63% of screened students were identified as needing further assessment and obtained mental health services in the school or in the community. School-employed counselors and school-linked mental health professionals from the community provided the interventions and follow-up services.

As a result of each school district's partial assessment process, the school and community agencies worked together to develop a more comprehensive assessment. The deeper assessment identified current resources and services provided in the school and community agencies and gaps in services and resources that needed to be addressed. Washoe County School District also added a new policy requiring all middle schools to provide the assessment of students' mental health needs at the beginning of each school year. Routine assessment provides the opportunity for early identification of students in need of mental health services. Continuing the assessments on a yearly basis provides valuable information about the changing mental health needs of all students.

> "The collaboration of our Lyon County Community Team has been highly beneficial to our work. Our joint development of assessment and identification protocols for students with mental health needs was highly beneficial to our collaborative work in schools. We have also braided our collective resources and funding streams together to provide mental health resources and services for our students. We now have a shared vision to prioritize positive mental health of our students and families through a multitiered services approach from prevention, early intervention, and treatment."
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> *Deborah Loesch Griffin, PhD, Turning Point, Inc.*
> *Lyon County, Nevada*

■ In **Methuen, MA,** the district's school mental health team sought to fully understand student mental health needs by assessing all 900 students after gaining parental consent. The goal was to identify students in need of services. The team initially used validated instruments, such as the Child Behavior Checklist, the Strengths and Difficulties Questionnaire, the Worry Questionnaire, the Children's Anxiety and Depression Scale, and the CRAFFT behavioral health screening tool. Findings indicated that 180 (20%) students scored in the moderate to severe range for mental health problems in need of services. The team had to quickly determine resources in the school and/or community that could provide mental health services for the identified students. School support staff then developed individual intervention plans for these students and provided interventions for the students who scored in the moderate range. Students scoring in the severe range were referred to and obtained appropriate community mental health services. The assessment process increased the Methuen school district's ability to identify students who required mental health services and supports and assisted the school team in determining the most appropriate interventions across a multitiered system of mental health services and supports, both in the school and in the community.

- **Questions for parents:** What are the emotional and behavioral problems that your child experiences at school? What are your concerns for your child related to their behavior or emotions? What types of services are provided and/or offered at school for your child? Who provides the services? Are there additional services that need to be provided at school for your child that are not currently available? Do you have difficulty obtaining mental health services for your child at school? In the community? If yes, what are the reasons that you cannot obtain services? Is funding a concern for you?

2. **Identify useful assessment tools:** Some of the following free tools may help schools and communities to develop surveys to fit their local needs:

   - Center for School Mental Health—School Health Assessment and Performance Evaluation System (SHAPE). School and community teams use this system to assess their current mental health programs via seven quality performance domains and five sustainability performance domains.

     - Quality domains include: teaming, needs assessment and resource mapping, screening, evidence-based supports and services, evidence-based implementation, student outcomes and data systems, and data-driven decision making.

     - Sustainability domains include: funding and resources, resource utilization, system quality, documentation and reporting of impact, and system marketing and promotion.

   - Mental Health Planning and Evaluation Template (MHPET) (Mental Health Planning and Evaluation Template, n.d.). The School-Based Health Alliance, in partnership with the Center for School Mental Health, developed a 34-indicator measure that operates as an eight-dimension assessment tool to target areas of strength and needed improvement in school-based mental health quality.

   - Community Tool Box, Section 8. Identifying Community Assets and Resources. This system enables school and community teams to identify mental and behavioral health resources in their communities.

3. **Identify existing data:**

   - **Questions:** What data can you obtain from existing instruments, such as school or community surveys? Do you need to customize a survey instrument to obtain information and answer your specific questions? Do you need to host specific stakeholder focus groups to understand the current mental health needs of different groups of students or families? Do you need to disaggregate data for particular audiences such as children and families living in extreme poverty; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; non-English speaking families, etc.? Do you need to develop stakeholder focus groups to learn about available services in the community and the ability of those services to be culturally and linguistically competent?

4. **Develop protocols and methods to collect data and identify existing mental health resources within the community that may benefit children, youth, and families:** Determine what services and resources you want to know more about (e.g., mental/behavioral health, youth programs, recreational programs, and so forth). Determine who would be the best person(s) to lead this task. Determine who to interview for the information (e.g., clinic directors, program managers). Access for marginalized groups is a particularly important issue to address. Identification of existing programs and services should include the following:

    ■ *Various levels of interventions (universal, selective, indicated):* What are the existing programs and services for each level of intervention? What services are available in the schools for all students? What services are available for students with an emerging need? What services are available for students experiencing a serious mental health problem? Are these services available and accessible, especially for the poorest families? How are these services funded?

    ■ *Types of mental health programs and child/youth services in the community:* These include outpatient clinics, support groups, mentoring programs, and/or youth recreation programs. What types of mental and behavioral interventions are provided in the community? Who provides these programs and services? To what audiences? With what outreach? How are they funded?

    ■ *Community workforce:* What types of mental health professionals work in your school? In your community? What interventions do these clinical professionals provide? What skills do these clinical professionals possess? Do the mental health professionals in the school and/or community have language skills to address the school population? Are translation services available or adequate? Do the mental health professionals in the school and/or community understand and have the ability to address the cultural needs of the student population? Do these skills address the identified needs of students and families?

5. **Analyze the data and findings from your assessment and service/resource identification process with school and community stakeholders and identify strengths and gaps:** Some important questions to consider in your analysis include the following:

    ■ Are there disparities in access to services? Or disparities in service experience and/or outcomes among groups of students (e.g., age/grade level, gender, socioeconomic status, ethnicity/culture, sexual orientation)?

    ■ What are the financing and resource gaps? What are the obstacles or hurdles in the school or community that affect the students' access to services? Is there a lack of resources in the community (e.g., financial, clinical professionals, etc.)? What are the financial obstacles for families? Does the community have resources that are unknown to families and/or schools? What additional financial and community resources need to be developed? Has your assessment and resource mapping process identified financing opportunities that could be used to develop school mental health programs and services or provide support for services for individual students and families (e.g. Medicaid)?

    ■ What types of professionals provide the mental and behavioral health programs and services? Are there gaps in the number and type of professionals that provide a particular service? Are there providers who understand and speak the languages of families in the community?

- Do community agencies have the capacity to address the mental health needs of students and families? In schools? In the community? Are there gaps in agency resources? Is there sufficient professional development and education for school and community staff to obtain the skills needed to provide specific mental and behavioral health interventions and services? Is there a shortage of professionals in the community to provide the needed services? Are there recruitment resources in place with mechanisms to find and reach potential candidates? Is there a shortage of available school space to provide mental health services for students and families?

> **AIR Resource**
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> For more information and training about implementing the assessment process and identifying resources in your school mental health program, check out this free online training module: http://www.healthysafechildren.org/ learning-module-series/mental-health-module-series.
>
> From the National Resource Center for Mental Health Promotion and Youth Violence Prevention, School Mental Health module series, this module, "Module 2: Preparing to Implement a Comprehensive School Mental Health Program," discusses engaging staff, families, youth, and a community mental health partner in your program; identifying programs and services, reviewing needs and planning services; managing referrals and intake; and developing an advisory group for your program.

6. **Determine strategies with school and community stakeholders to develop a comprehensive school-based mental health program:** This should include a short-term plan for implementation; a long-term plan to build the program over 3 to 5 years; and a long-range financial plan to sustain the program. Ideally, thinking through measurable outcomes for each phase can keep efforts on track.

Is there specific legislation to assist districts, schools, and communities in building school mental health programs?

Listed below are some opportunities for schools and districts to realign current funding and obtain new dollars to support assessment, planning, and development of school mental health programs and services:

1. The federal Every Student Succeeds Act (ESSA) has implications for schools and communities that want to increase mental health resources. ESSA allows for new flexibility in the use of all Title I, II, and IV funding for schools. ESSA expands allowable uses of all Title I, II, and IV funds for school-wide purposes in order to best serve the mental health needs of students. This includes integrated services, counseling, school-based mental health programs, mentoring, partnerships with community providers, and other strategies that can help improve students' skills beyond academics.

2. Designated block grants are available in every state to develop programs and services to address the mental health needs of children and adolescents. Many former discretionary grants that schools have used through the federal and state departments of education have been combined in ESSA through a state block grant.

3. Medicaid is the largest funder of mental health care in schools and communities across the United States, providing services for 33 million children. Mental health professionals provide intensive mental health interventions for students in schools through a variety of approved providers (public and private community health, mental and behavioral health providers, hospitals, community clinics, etc.).

Here are some resources (Freeman, 2011; Freeman, Grabill, Rider, and Wells, 2014) to learn more about financing and sustaining your school mental health program.

4. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers multiple grants to address school and community mental health initiatives (Substance Abuse and Mental Health Services Administration, 2017b).

5. The Mental Health Reform Act embedded in the 21st Century Cures Act includes funding to promote integrated physical and mental health care; early intervention programs; suicide prevention; assisted outpatient and assertive community treatment programs; and fellowships for minority students in mental health training. The act also strengthens enforcement of the Mental Health Parity and Addiction Equity Act (Center for Consumer Information and Insurance Oversight, n.d.), state block grant funding, and more. The legislation also provides funding for proven evidence-based strategies to address mental health and substance use disorders.

6. The American Recovery and Reinvestment Act, extended through 2017, provides education benefits for higher education students obtaining additional education related to mental health. These funds could be used by school and/or community professionals to support student mental health programs and services through internships with a college or university. These interns could also assist in the assessment and resource mapping processes.

These links will provide you with more information on each funding resource. It is important to investigate all types of funding that could benefit you in building your comprehensive school mental health program. An integrated system of financial supports from the community, school, and state is the most sustainable over time as you build cross-system resources to fund your school mental health program and services.

What can be learned from assessing school mental health programs and services?

Stronger Relationships IMPROVED
COST Promoting COMMUNICATIONS
Savings WELLNESS Finding
BETTER ACCESS TO For Students Efficiencies
MENTAL HEALTH SERVICES

Many school districts and communities gain invaluable information from a thorough assessment of available mental health programs and services in their schools and communities. A few direct benefits for schools and communities include: new insights into their community's mental health programs and services; data on the types of mental health services and resources students need most; the ability to build stronger relationships between all stakeholders and connections to community providers; the identification of service and resource gaps; reduced duplication of services; delineation of specific services best provided as school-based and/or as a school-linked service; cost-effective use of current resources; realignment of school and community funding resources to better support school mental health programs; increased prevention and early intervention services for students with evolving mental health needs; saving on high-cost care such as inpatient treatment,

hospital admissions/treatment, out-of-home placements, and so forth; and new or improved communication systems that allow school and community mental health professionals to share essential information in a confidential and timely manner.

"The assessment process helped us identify students proactively. Now we can determine the most appropriate interventions across a multitiered system, in the school and community. Progress monitoring allows us to assess efficacy of these interventions and improves our accountability. Our collaboration has greatly decreased high-cost services associated with school and community funding. We continue to gather data to reinforce the idea that mental health services and supports improve student's academic, social, and emotional functioning."

John Crocker, Director of Guidance at Methuen Schools, MA, on the benefits of the process over the past two school years

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About the Authors

Elizabeth V. Freeman, senior TA consultant, provides training and coaching to Safe Schools Healthy Student grantees at AIR. She is a licensed clinical social worker with more than 25 years of experience providing clinical mental health/behavioral health treatment interventions in the areas of substance abuse, co-occurring disorders, and trauma for children, youth, and families in community and school settings. Freeman has worked in state and community mental health systems, schools, pre/post adoption services, early childhood settings, juvenile justice intervention programs, nonprofit and advocacy agencies, and faith-based community counseling services.

Freeman has extensive experience in offering training, program development, and mental and behavioral health consultation to schools and community organizations. She is an expert in building collaborations among state and community groups using evidence-based practices, collaborative financing approaches, and implementing systems-level change to improve and expand mental health services in schools for children and families. Prior to her work at AIR, she was the state director for school mental health services for the South Carolina Department of Mental Health.

Kimberly T. Kendziora, PhD, is a managing researcher at AIR whose work focuses on the evaluation of school-based student support initiatives. She has particular expertise in rigorous research on school-based programs related to students' social and emotional learning, behavior, mental health, and health. She has also conducted evaluations of community-based programs, including Say Yes to Education, the Anchorage Youth Development Coalition, and family advocacy organizations in New Jersey and Kansas. In her 18 years at AIR, she has led or co-led more than two dozen research and evaluation projects totaling more than $20 million in revenue. Taken together, her work has helped to advance understanding of how schools can productively interact with communities to support all children's academic, social, and emotional development.