



Removing Barriers to Learning and Improving Student Outcomes: The Importance of School-Based Mental Health Services

School mental health services are integral to student success. Mental health is as important as physical health to children's quality of life and directly impacts their learning and development. Children cannot learn effectively if they are struggling with a mental health problem, such as depression, or feel overwhelmed by academic, social or family pressures. It is important to recognize that mental health is not simply the absence of mental illness; it also means having the skills necessary to cope with life's challenges. Students, families, schools, and society at large benefit when schools meet the needs of the whole child by fostering social-emotional skills and identifying and preventing mental health problems early.

Research demonstrates that students who receive social-emotional support and prevention services achieve better academically in school. School leaders who recognize the relationship between student success, good schooling/instruction, and comprehensive school health programs that include attention to students' mental health will more effectively improve student and school outcomes. A recent longitudinal study provided strong empirical evidence that interventions that strengthen students' social, emotional, and decision-making skills also positively impact their academic achievement, both in terms of higher standardized test scores and better grades (Fleming et al., 2005). Prevention programs that reach all students and early identification and intervention with at-risk students are both crucial. Examples include education on mental health issues, school violence prevention, social skills training, bullying prevention, suicide prevention, conflict resolution, and screening for emotional and behavioral problems.

There is a growing and unmet need for mental health services for children and youth. One in five children and adolescents will experience a significant mental health problem during their school years (US Department of Health and Human Services, 1999). Examples include stress, anxiety, bullying, family problems, depression, a learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are also on the rise, particularly among youth. Unfortunately many children and youth do not receive the help they need. Among the 2.2 million adolescents aged 12 to 17 who reported a major depressive episode in the past year, nearly 60% did not receive any treatment (SAMHSA, 2005). Of the adolescents who do get help, nearly two thirds do so only in school. A SAMHSA-funded study revealed that two thirds of school districts reported that the need for mental health services had increased since the previous year, while over one third of these districts also reported a reduction in mental health program funding (Foster et al., 2005).

Schools are a natural place to provide mental health services. Virtually every community has a school and most children spend at least six hours a day there. Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. Parents and children are familiar with the environment and staff. In fact, students are more likely to seek counseling when services are available in schools (Slade, 2002). In many states, schools are the major providers of mental health services to children (Rones & Hoagwood, 2000). In some cases, such as rural areas, schools provide the *only* mental health services in the community.

School mental health services must be integrated with community services on a continuum of care. Not all services, clinical psychiatric care, for example, can or should be provided in schools. School-employed professionals (school counselors, psychologists and social workers) must coordinate with community service providers to ensure that children receive needed support through a seamless and timely process. Funding and services must follow the needs of students. The UCLA Center for Mental Health in the Schools suggests that policy makers and school staff must work with families and community providers to create a cohesive and integrated continuum of interventions that meets the universal needs of students and those with severe problems (Adelman & Taylor, 2005).

Crisis events provide vivid examples of the need for mental health services. The terrorist attacks on September 11, 2001 and the Gulf Coast Hurricanes clearly demonstrated the central role schools play in supporting students' mental health needs. School crises range from large-scale disasters like these events to such events as the death of a fellow student, an act of violence on campus, or the deployment for war of a family member who is serving in the military. Too often the mental health concerns of students are not assigned a high priority on a daily basis and only gain stature in the event of a crisis such as a school shooting (Adelman & Taylor, 2005). This elevated stature is short-lived, passing when the urgency of the crisis subsides and, thus, compromising the effectiveness of these programs and services. Ideally, mental health services should be in place before a crisis occurs; encompass prevention, rapid response, and recovery services (e.g., counseling); and be coordinated with community services.

Providing quality school mental health services requires that schools have an adequate number of appropriately trained professionals. The vast majority of school-based services are provided by school-employed school counselors, psychologists, and social workers. They are specially trained in school system functioning and learning, as well as family contexts and mental health. Proper training is critical, as is close collaboration among school-based providers and with other educators. While sharing some core competencies, each profession also has its own unique skills and provides different, albeit interrelated, services. Together, school mental health providers support teachers, improve school safety and climate, and reach out to all students and families, enabling teachers to teach and students to learn more effectively.

There is a shortage of school mental health positions. The ratio of students to professionals across all three professions is more than two to three times greater than the maximum ratios recommended by the profession (250 students per counselor; 400 per social worker; and 1,000 per psychologist). The current national averages are 488 per school counselor and over 1,600 per school social worker and psychologist. This shortage compromises the ability of schools to provide broad-based mental health services that span the prevention to intervention continuum.

Meeting children's mental health needs is a wise investment. Failure to support students' mental health has serious negative consequences, including increased risk for school failure, social isolation, unsafe sexual behavior, drug and alcohol abuse, and suicide, while exacerbating long-term social problems such as incarceration, unemployment, and poor health. All are costly societal problems both in terms of personal and economic consequences. For example, the Seattle Social Development Project (focused on grades one through six) has been estimated to save \$9,837 per student in averted long-term social problems (Aos et al., 2004). And, it is estimated that the United States loses \$192 billion (1.6% of the Gross Domestic Product) in combined income and tax-revenue losses with each cohort of 18-year-olds that never completes high school. Increasing the educational attainment of that cohort by one year would recoup nearly half of those losses (Teachers College, Columbia University, 2005).

Our children need public policy that expands and improves school-based mental health services. The current system is fractured, overburdened, and unable to meet the growing demand for services (Adelman & Taylor, 2006). Specific goals must be:

- Improved access and availability of quality school mental health services for children and youth
- Improved coordination and leadership between SAMSHA and the Department of Education
- Streamlined/blended funding that follows the child's needs
- Funding for adequate numbers of highly trained school-employed providers, including incentives like loan forgiveness programs to reduce shortages in these professions
- Focus on evidence-based programs and interventions.

See "Facts about School Mental Health Services" for references and additional research findings <http://www.nasponline.org/advocacy/senatebriefing.html>.

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