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School Mental Health Services in the United States

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Introduction

Mental health services continue to gain additional focus and momentum in the United States. The President's New Freedom Commission on Mental Health recognized the critical role schools can play in the continuum of mental health services. The commission's final report, *Achieving the Promise, Transforming Mental Health Care in America* (2003), emphasized building a mental health system that is evidence-based, recovery-focused and consumer- and family-driven. Based on that report and in partnership with other key federal agencies, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed and issued a *Federal Mental Health Action Agenda* (2005) that emphasized initiation of a national and focused effort on mental health services for children to promote early intervention for those at risk of mental disorders and to identify strategies to appropriately serve children in relevant service systems.

In November 2005, SAMHSA released *School Mental Health Services in the United States* (Foster, Rollefson, Doksum, Noonan, Robinson & Teich, 2005), a report based on its national survey of school mental health services in 2002-2003. This Project Forum document synthesizes relevant data from this 2005 SAMHSA report and focuses particularly on an overview of mental health services, funding issues and the implications for designing policy and implementing practices in schools. It is particularly intended for special education policymakers at the state and local levels. Project Forum at the National Association of State Directors of Special Education (NASDSE) produced this synthesis as part of its cooperative agreement with the U.S. Department of Education's Office of Special Education Programs (OSEP).

To develop the survey, SAMHSA researchers conducted a targeted review of literature from the last ten years. The literature review revealed that many children with mental health conditions do not receive any services and 70-80% of those who do, receive services from school-based providers. Typical school-based personnel who provided mental health services included guidance counselors, school psychologists and school social workers. Some community mental health personnel, who functioned either independently or as a team in the delivery of services, provided mental health services in the schools. Only small studies about school-based health

centers existed in the literature and therefore could not be generalized to the entire school population. In addition, there were very few studies that identified school-based problems or services by grade level (elementary, middle or high school). Researchers found some statistics about mental health that estimated 3-5% of school-age children were diagnosed with attention deficit hyperactivity disorder (ADHD) during a six-month period; 5% of students aged 9-17 years were diagnosed with major depression, and 13% of students aged 9-17 years were diagnosed with a variety of anxiety disorders (U.S. Department of Health & Human Services, 1999).

The targeted literature review of administrative arrangements and funding mechanisms for school-based mental health services revealed little data specific to funding, but it did identify five types of administrative arrangements for delivery of mental health services:

- school-financed support services in which all mental health professionals were hired by schools;
- formal connections with community mental health services;
- school-district mental health units or clinics;
- classroom-based prevention and/or curricula (e.g., teacher-intervention programs); and
- comprehensive, multifaceted and integrated approaches (SAMHSA, 2005, p.7).

This lack of funding data in the research, along with reviews of policy documents, suggests that multiple categories of funding streams were used that can lead to fragmentation of services (SAMHSA, 2005, p.8). The information, and lack thereof, from the literature review solidified the purposes of SAMHSA's study to identify:

- common mental health problems in public schools;
- mental health service delivery systems, including the types of services provided;
- administrative arrangements for service delivery and coordination of services in the schools;
- types and qualifications of staff providing mental health services in the schools; and
- issues related to funding, budgeting and resource allocation.

SAMHSA developed the survey with input from an expert panel of school officials, mental health researchers, policymakers and representatives from professional organizations. Two questionnaires¹ were developed and disseminated to a nationally representative random sample of 2,125 regular K-12 public schools and 1,595 associated districts. A 60% response rate from all types of schools was achieved for the survey. Large urban schools were less likely to respond to the survey and 2% of returned questionnaires were removed because schools did not provide

¹ These questionnaires are available at www.mentalhealth.samhsa.gov/cmhs/ManagedCare/ or in appendix D of the SAMHSA report, which can be found at www.samhsa.hhs.gov/.

mental health services. Almost 70% of the reporting schools and 28% of the reporting districts provided a variety of written comments on the survey that were coded into 22 themes and synthesized (See SAMHSA report). Quantifiable data were organized in tables and exhibits throughout the report.

As the first national study of school mental health services, the survey was limited in that it did not explore the training of school staff delivering mental health services, adequacy of funding and/or the effectiveness of mental health services in school settings. Data were analyzed based on school comparisons by level (elementary, middle, high), region of the country, school size, race/ethnic minority enrollment and poverty status, as well as district comparisons by region and district size. Generalizability of findings were also constrained due to differences between mental health and education professionals use and meaning of mental health terms.

SAMHSA Survey Results: Mental Health Services

Eligibility

Approximately 20% of students received mental health services ranging from a single session to long-term counseling in the 2002-2003 school year. All children were eligible for services in 87% of the schools, while only students with an individualized education program (IEP) were eligible for services in 10% of the schools. The northeast region of the country supported services for all children more frequently than other regions and schools with low minority enrollments supported services for all children more frequently than schools with high minority enrollments.

Types of Mental Health Problems

While there was some variation in the types of mental health problems reported, certain problems were mentioned frequently. Males and females most commonly reported social, interpersonal or family problems. In addition, males reported aggression or disruptive behavior and neurologically related behavior disorders, while females reported anxiety and adjustment disorders. Data were analyzed not only by gender but also school level, as well as resource use for these issues.

Table 1 provides the variation of commonly reported mental health concerns based on gender and school level. Schools most frequently reported social, interpersonal, or family problems as the mental health category using the most resources. Approximately 20% of schools reported that aggressive and disruptive behaviors required the most resources, and more than 10% of schools indicated behavior problems associated with neurological disorders required the most resources. Resources spent on aggressive and disruptive behavior, as well as behavior problems associated with neurological disorders, decreased following elementary school (i.e., for middle and high school students).

Table 1: *Reported Mental Health Concerns: Gender and School Level*

	Elementary	Middle School	High School
Males	1. Behavior problems associated with neurological disorders 2. Aggressive and disruptive behavior	1. Aggressive and disruptive behavior 2. Social, interpersonal or family problems	1. Depression 2. Substance use/abuse
Females	1. Adjustment issues 2. Aggressive and disruptive behavior 3. Behavior problems associated with neurological disorders	1. Social, interpersonal or family problems 2. Adjustment issues 3. Aggressive and disruptive behavior 4. Behavior problems associated with neurological disorders	1. Depression 2. Substance use/abuse

Types of Mental Health Services

The survey identified 11 types of mental health services: assessment; behavior management consultation; case management; referrals; crisis intervention; individual counseling; group counseling; substance abuse counseling; medication for emotional or behavioral problems; referral for medication management; and family support services. The majority of schools provided all 11 types of services. Short-term services were more likely to be provided by schools than long-term services. The most common types of services, reported by more than 80% of schools, included assessment, behavior management consultation, crisis intervention and referrals. More than 70% of schools also reported individual counseling, case management and group counseling as common services provided. Schools reported the most difficult services to deliver were family support services, medication and medication management, substance abuse counseling and referral to specialized programs.

Schools recently began shifting resources to school-wide or curriculum-based programs to support social and emotional development and early intervention. More than 60% of schools used curriculum-based programs as well as prevention and pre-referral interventions to combat mental health problems. The most common prevention programs included strategies for safe, drug-free schools and prevention of alcohol, tobacco and drug use. The least common strategies used were school-wide screenings for behavioral and mental problems and parent outreach. Some schools identified specific programs that they found effective, such as Responsive Classroom,² the Second Step Program³ and Drug Abuse Resistance Education (DARE).⁴

² www.responsiveclassroom.org

³ www.cfchildren.org

⁴ www.dare.com

In addition to the specific survey questions, schools responded to an open-ended question⁵ that offered an opportunity to identify successful approaches or strategies. SAMHSA researchers synthesized these responses into 22 categories, five of which predominated. These five categories of successful approaches or strategies included:

- the availability of in-school mental health services;
- curriculum-based programs and classroom guidance to enhance social and emotional functioning;
- collaboration with, and referral to, outside agencies to provide mental health services;
- the use of interdisciplinary student assistance or student service teams; and
- individual and small group therapy as well as specific topical support groups

Barriers to Mental Health Services

The most frequently reported barriers to mental health services were the financial constraints of families, such as lack of insurance or inability to pay for services and limited school and community-based resources. Thirty percent of the schools reported decreased funding and lower numbers of outside providers and 60% of the schools reported increased referrals and needs for mental health services as barriers for mental health service delivery. Additional barriers included competing priorities for fund usage and transportation difficulties. The least often reported barriers were student confidentiality and language/cultural barriers. Other identified barriers were inadequate community health resources, stigmatization, parent cooperation and consent, and coordination between schools and providers. On the district survey, additional comments included clarification of previous question responses and identification of specific concerns. The most common concerns that the schools identified were:

- lack of funding for mental health services;
- limited availability of mental health services on site and in the community;
- significantly increasing mental health needs; and
- struggling families under significant multiple pressures such as unemployment, lack of insurance and linguistic barriers

Coordination of Mental Health Services

The survey results highlighted the wide variation across the nation in the coordination of mental health services. Approximately one-third of schools reported exclusive use of school- or district-based staff for mental health service delivery. Another 25% of schools reported exclusive use of outside providers for mental health services. The remaining schools reported a combination of school or district staff and outside providers. Virtually all schools indicated that at least one staff member was responsible for mental health services. School counselors, psychologists, social

⁵ “Please tell us what you think is the most successful approach or strategy that your school is using to improve the mental health of students.”

workers and school nurses most commonly provided mental health services to students. More than 80% of the schools provided assessment, behavior management consults, crisis intervention and referrals to specialized programs. Many schools also provided individual and group counseling and case management.

Approximately 49% of schools have formal agreements or contracts with community-based organizations or individuals to provide mental health services. These formal agreements are more common in large districts and in middle schools. States reported the most common formal agreements were with county mental health agencies, then community health centers, individual providers, the juvenile justice system, community service organizations and child welfare agencies. Agreements with faith-based organizations and local hospitals were least common.

Two percent of schools reported operation of a mental health unit or clinic that serves multiple schools. Seventeen percent of schools reported a formal agreement with a school-based health unit or clinic operated by a community-based organization. Middle schools were more likely to have school-based health centers than elementary or high schools. In addition, school-based health centers existed more in urban school districts than suburban or rural school districts.

Two-thirds of schools support internal coordination of mental health services through interdisciplinary meetings, combined planning between teachers and mental health staff, combined planning between special educators and mental health staff, shared mental health resources and/or informal communication. Approximately 40% of schools allowed staff to attend team meetings with staff from community organizations, and schools with formal agreements were more likely to encourage coordination with outside organizations. While many schools do not have formal agreements with community-based organizations, they will still refer students to the community agencies by sharing brochures or phone numbers, or by completing forms with the family, scheduling appointments, arranging transportation and/or following up with families and providers.

In summary, school districts most commonly hire their own staff members to provide mental health services, but contractual arrangements or formal agreements with community-based service providers were used by one-half of the schools surveyed. Approximately 17% of schools reported arrangements with a community-operated, school-based health center. Schools very rarely reported the existence or use of school district-operated mental health clinics. The survey did not determine whether, or to what extent, comprehensive and integrated models exist, but a trend toward increased community collaboration was found by the survey.

SAMHSA Survey Results: Funding

Sources of Funding

The majority of funding for mental health *intervention* services came from federal and state special education money. The six most common funding sources for *intervention* mentioned

were the Individuals with Disabilities Education Act (IDEA) (63%)⁶; state special education funds (55%); local funds (49%); state general funds (41%); Medicaid (28%); and Title I of the Elementary and Secondary Education Act of 1965 (20%). The majority of funding for mental health *prevention* programs came from federal and local funding sources. Common funding sources for *prevention* included: Title V Safe and Drug-Free Schools and Communities Programs (57%); local funds (43%); state general funds (39%); and Title I Act of 1965, (22%). Additional reported funding sources included payments made by the recipient of services (10%) and the State Children's Health Insurance Program (SCHIP) (2%).

Budgeting and Resource Allocation

Approximately 48% of districts indicated that mental health services were budgeted separately from education services, and mental health services for students receiving special education were budgeted separately from students receiving general education. The majority of funding was allocated for salaries (58%); contracts with community organizations (26%); technical assistance, professional development and training (8%); and administrative overhead (4%). The method of distribution of funds varied with most districts directing funds to schools based on students' mental health needs (47%); assigning funds on a per-pupil basis on enrollment (33%); and distributing resources equally to schools (18%).

Barriers to Provision of Services

School districts identified a variety of barriers to delivery of mental health services due to limitations or restrictions of funding sources. These impediments reported by districts include competing priorities for use of funds (70%); limited community mental health resources (67%); limited number or duration of services (49%); complexity of using multiple funding sources (47%); restrictions on types of service (45%); restrictions with insurance (43%); limited eligible providers (42%); restrictions on location of services (33%); and lack of administrative support for third-party reimbursement (29%).

Changes in Funding and Need

Seventy percent of the school districts reported increased needs for mental health services and decreased or same-level funding, but there were regional variations. Northeast districts and urban, suburban and large school districts reported increased needs and only a small portion of those northeast and urban districts reported increased funding. An additional pattern of concern was the increased use of services and the decreased or unchanging availability of mental health services both in the schools and community. Some districts commented that reduced funds from state and local sources, redirection of funds toward academics and testing, lack of treatment options in the community and early identification of mental health problems contributed to the inadequacy of mental health services in the schools.

⁶ These percentages reflect the percent of those reporting.

Project Forum Remarks on Policy Implications

The SAMHSA survey results revealed that schools agree that social, interpersonal and family problems were not only the most common mental health problems, but also the mental health problems using the most resources. Unfortunately, many schools did not offer family support services and counseling or parent outreach, but provided behavior management consultation and individual counseling instead. Perhaps a different method of treatment, one that is family-oriented, may alleviate the frequency and costliness of addressing the most common mental health problems. Schools in general also see a mixture of other mental health concerns including aggressive and disruptive behavior, severe anxiety and adjustment issues while middle and high schools witness greater rates of depression and substance abuse problems.

The survey delineated two strategies for addressing mental health needs—individually focused services and school-wide prevention and early intervention programs. While approximately 87% of schools reported providing behavioral/emotional assessments, behavior management consults and crisis intervention as primary mental health services, only 59% of schools reported using curriculum-based programs to enhance social and emotional functioning and 15% reported conducting school-wide screening for behavioral or emotional problems. If schools placed greater focus on school-wide behavior prevention and social-emotional early intervention programs, perhaps there would be less need for individually focused services of behavior assessments, management consultations and crisis intervention.

Districts reported that more general education students are receiving mental health services, yet the majority of funding for mental health services comes from special education funds. Since the most common mental health problems reported by schools are social, interpersonal and family problems for both males and females, behavioral problems for males and anxiety and adjustment disorders for females, shifting the emphasis to school-wide behavior, social and emotional mental health has the potential to strengthen schools' abilities to support the mental health needs of all students.

This survey revealed that more students need mental health services but there are inadequate community-based resources and few funds for mental health services. The demand for mental health services appears to be much higher than the supply of providers, which presents a dilemma for how schools can meet the mental health needs of our students. Perhaps more counselors and community-based resources are needed. Perhaps the implementation of school-wide behavior, social and emotional mental health prevention and early intervention programs would help.

Many districts indicated that they recognize the importance (or need) of making mental health a priority in the schools. However, the segregated methods of individual services and classroom curricula have not proven to be enough. If the school provides consistent and effective prevention and early intervention programs, as well as outreach to and inclusion of the families in treatment programs, there is greater likelihood for improved mental health in the schools. Improvements can be made not only in the mental health of students, but also in the mental

health of teachers who are constantly struggling with behaviors resulting from mental health issues. With effective school-wide programs, supports and funding, many teachers could strengthen their focus on the academics, problem-solving and critical thinking skills essential for students to acquire and spend less time managing difficult behaviors. This in turn will ensure that “no child is left behind.”

Concluding Remarks

The SAMHSA study confirmed that mental health services play an integral role in schools, and further research would be beneficial since this is the first national study of school mental health services. This study provides a wealth of baseline information and data regarding school mental health services, but did not look specifically at the effectiveness of programs, the demographic background characteristics of students needing mental health services, the training and qualifications of personnel providing mental health services or the distribution of funds based on school characteristics, regions, urbanicity and minority enrollment. Further research is also needed to identify the causes and effects of varying fund distribution, as well as staff qualifications and the effectiveness between individual mental health services and school-wide prevention and intervention services.

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Primary Reference

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