School-Based Mental Health: Improving School Climate & Students' Lives
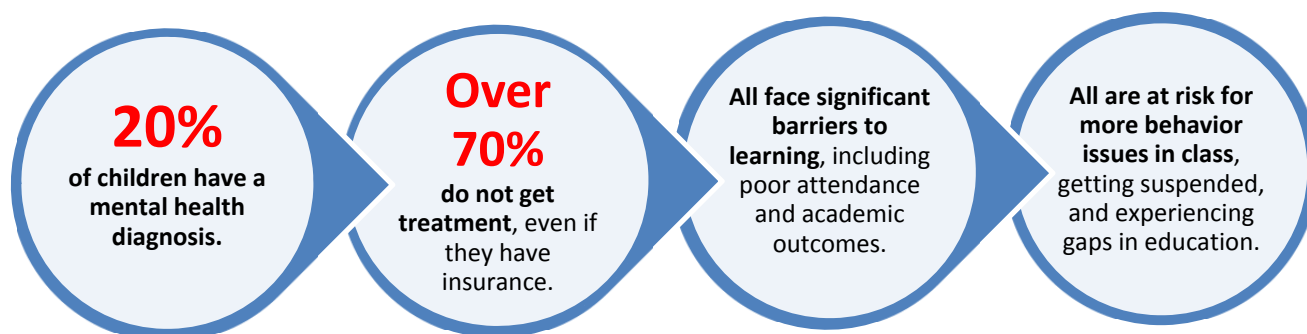
The Problem: Mental Health Needs Prevent Students from Succeeding

300,000 California children between the ages of 4 to 11 have mental health needs, but over 70% never receive treatment. For youth in poverty or with non-English speaking parents, over 80% never receive treatment to address their mental health needs.[1]

Up to 20% of youth are diagnosed with a mental disorder in a given year.[2] The most common youth mental health issues are Attention Deficit/Hyperactivity Disorder, depression, anxiety, substance use disorders, and conduct disorders, all of which significantly impact school behavior and attendance.

In addition, **nearly 57% of California children have had adverse experiences of trauma**, such as poverty, domestic violence, abuse/neglect, divorce/family discord, and parental substance abuse or mental illness.[3] The rate is higher for youth in poverty. Many more youth experience trauma or other social-emotional stress.

20% of children have a mental health diagnosis. → **Over 70%** do not get treatment, even if they have insurance. → **All face significant barriers to learning**, including poor attendance and academic outcomes. → **All are at risk for more behavior issues in class**, getting suspended, and experiencing gaps in education.

Providing Mental Health Care at School Gives Children the Chance to Succeed

- Of children and youth who are receiving mental health services, **70% are getting them at school**.[4]

- Students who receive mental health services on campus report **greater connection to school and more caring relationships with adults** at school.[5]

- Mental health treatment in schools is associated with **increased access for students of color** – who might otherwise go without any treatment.[6]

- Students who receive mental health services on campus have **lower suspension rates and get along better with peers** than students who have mental health needs and do not receive school-based treatment. [7]

Contact us at **info@schoolhealthcenters.org** to learn more about starting a school-based mental health program.

Best Practices for School-Based Mental Health Services

1. **Respond to the Unique Needs of Your School & Community**
   - Districts establish a planning committee to oversee mental health services. This committee ensures mental health services are meeting their unique student needs.

2. **Involve Youth and Provide Culturally Competent Services**
   - Services involve families, are offered in multiple languages, and are delivered by providers experienced working with culturally diverse students. A student and/or family advisory committee is formed to support the implementation and utilization of programs.

3. **Support a Strong & Supportive School Climate**
   - Services are integrated into overall positive school climate activities, such as classroom health education and restorative discipline practices, and are available to all students, not just those in crisis.

4. **Leverage Community Partners to Provide Care**
   - While school-based staff–such as school social workers, counselors, or nurses–coordinate mental health services on campus, they also build relationships with community-based providers. Districts partner with these providers to help fund and staff mental health services for their highest need students.

5. **Coordinate Care with School to Ensure Efficiency**
   - The school's support service staff and community providers meet regularly to coordinate mental health referrals through a multi-disciplinary team. This team assigns interventions that target mental health, academic and attendance goals, and ensure students do not fall through the cracks.

6. **Serve as a Resource to Teachers, Administrators, & Other School Staff**
   - Providers conduct trainings for teachers related to student mental health topics. Time for consultation is built into the school day so that teachers can build skills to support students and implement positive classroom management strategies, such as trauma-informed classrooms and staff wellness.

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[2] Centers for Disease Control and Prevention, "Morbidity and Mortality Weekly Report," May 2013, http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w, accessed July 2013.

[3] Sacks, V., Murphy, D., & Moore, K. Adverse Childhood Experiences: National and State Level Prevalence. Child Trends Research Report, July 2014.

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

[5] Susan Stone et al., "The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets," Journal of Adolescent Health. Published online July 10, 2013. doi: 10.1016/j.jadohealth.2013.05.011.

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[7] Strolin-Goltzman, J. The Relationship between School-Based Health Centers and the Learning Environment. Journal of School Health 80, no. 3 (2010): 153-159. doi: 10.1111/j.1746-1561.2009.00480.x.