Addressing School Mental Health

INFORMATION SHEET

If a local education agency (LEA) expresses a need in addressing school mental health support and services, Title IV, Part A State coordinators can use the following information to support LEAs as they conduct their needs assessment, prepare their LEA application, consider how to evaluate their effort, and/or seek additional information.

Incidence of Anxiety, Depression and other Mental Health (MH) Challenges of Students

13–20%
of children experience MH disorders in any given year

About 17 million
children have/have had a diagnosable MH disorder

- In younger children, ADHD prevails; many more suffer trauma impacts from adverse experiences
- Suicide is second leading cause of death among youth age 10–14 and young adults 15–24

SAMHSA Behavioral Health Barometer: United States, Volume 5 (2019)

HRSA National Survey of Children's Health [NSCH 2019]

CDC Data and Statistics on Children's Mental Health

NIMH Suicide is a Leading Cause of Death in the United States

Impact of Mental Health Status on Academic Achievement, School Success for Students

- MH conditions interfere with students' functioning in school, at home, and in their communities.
- Findings from 36 primary research, review, and meta-analysis articles from the past 17 years show the benefits of school behavioral health clinical interventions and targeted interventions on a range of academic outcomes for adolescents.

American School Health Assn. (2017), Educational Outcomes Associated with School Behavioral Health Interventions: A Review of the Literature

Incidence of Substance Use and Other Risky Behavior Among Students

- Substance use during adolescence is related to a variety of negative outcomes, such as STDs/HIV.
- In 2017, among U.S. youth 12–17 years old 6.5% (or 1.6 million) used marijuana in the past month.

14%
of high school students had ever used select illicit drugs (cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy)

14%
of high school students had ever used prescription pain medicine without a prescription, or differently than prescribed

Disparities in Substance Use, Access to MH Services, and Experience of Outcomes Across Subgroups of Students

- Past-month marijuana use was highest among non-Hispanic white, American Indian and Alaska Native youth, and lowest among non-Hispanic Asian youth.

5.3% (1.3 million)
of U.S. youth aged 12–17 reported binge alcohol use in the past month

- Male students have injected illegal drugs at much higher rates (2.0%) than female students (0.8%)
- Receipt of care/treatment for depression care was higher among female youth with past-year major depressive episode than among their male counterparts. Past-year receipt of depression care was higher among non-Hispanic white youth and lower among depressed Hispanic youth.

CDC Youth Risk Behavior Surveillance Survey [YRBSS] Results

CDC Youth Risk Behavior Survey Trends Report (2007–2017)

SAMHSA Behavioral Health Barometer: United States, Volume 5 (2019)

Public Policy Drivers and Opportunities to Improve Students' Mental Health

- *Final Report of the Federal Commission on School Safety (December 2018)*.
- *ED National Center for Education Statistics (2019), School Survey on Crime and Safety*
- *SAMHSA and CMS (2019), Guidance to States and School Systems on Addressing Mental Health and Substance Abuse Issues in Schools*

How LEAs Can Better Understand Related Needs

Questions to explore:

How many students experience anxiety, depression, or other MH challenges?

To what extent are specific populations experiencing unmet mental health support and treatment needs?

How are mental health challenges influencing student/school outcomes?

Data to Explore

- **Administrative Data** (e.g. attendance, discipline and school health records; incident reports)
- **Student BH Screening Data** (*National Center for School Mental Health*, Screening and Assessment Library describes free/low-cost measures, including scoring details, and access to each measure.)
- **Student Survey Data**
  - *CDC Youth Risk Behavior Surveillance System* and state equivalents (e.g. OH, PA)
  - School climate surveys (e.g. *National Center for Safe & Supportive Learning Environments*, *ED School Climate Surveys [EDSCLS]*; and *School Climate Survey Compendium*)
- **Program/School/System-Level Assessments**
  - *School Health Assessment and Performance Evaluation (SHAPE) System*
  - *Freeman, E. V., and Kendziora, K. T. (2017). Mental health needs of children and youth: The benefits of having schools assess available programs and services*

Common Approaches LEAs Are Using to Address Issue

- **Implement Multi-Tiered Systems of Support (MTSS)** *MTSS: What You Need to Know*
  - Universal approaches (Tier 1)
  - Targeted approaches (Tier 2)
  - Indicated/intensive approaches (Tier 3)
- **Comprehensive School Mental Health Systems** (*Rider & Freeman, 2016 – Why and What?*)
- **Safe Schools, Healthy Students [SS/HS] Framework**

  Developed through more than 20 years of federal investments in school districts and statewide education systems, this framework describes a comprehensive approach to mental health promotion and youth violence prevention that has generated consistently positive outcomes. A detailed toolkit supports all facets of replication/adaptation of this evidence-supported model.

  National Center for Heathy Safe Children (2018), Safe Schools Framework Implementation Toolkit [FIT]

- **Use Trauma-Informed Approaches**

  In a trauma-sensitive school, all aspects of the educational environment are grounded in an understanding of trauma and its impact; and are designed to promote resilience for all students.

  National Center for Safe and Supportive Learning Environments, Trauma-Sensitive Schools Training Package