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Mental Health Service needs Should be proactively identified and provided within the school setting.

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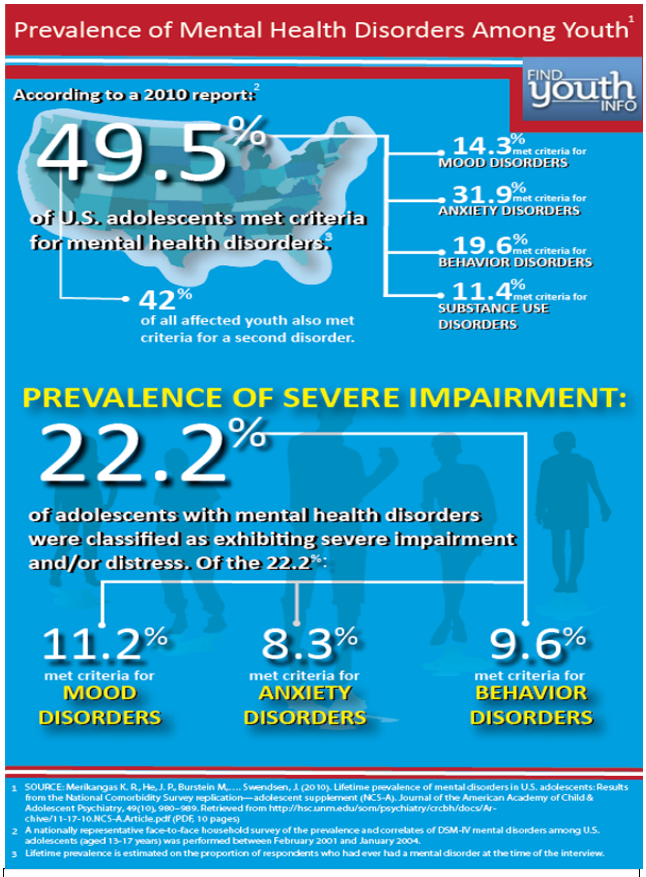
Given the significant number of youth with mental health conditions, timely access to care is critical.

According to the National Center for Children and Poverty, by the time of adolescence, 20 percent of children will carry a diagnosable mental health disorder[1] and 5 percent of those fall into categories of severely afflicted. Some mental health disorders include depression, anxiety, schizophrenia, bipolar disorder, autism spectrum disorders, anorexia, bulimia and substance abuse disorders. Suicide is the third leading cause of death among adolescents and young adults[2].

It has been suggested, based upon these statistics, that every classroom in America is educating one child with a mental health disorder. Though these numbers are staggering, only 1 in 5 of those affected is receiving early intervention treatment. Untreated mental health problems lead to a myriad of negative outcomes, including poor school performance, increased drop out rates, increased substance abuse, risky sexual behaviors, low quality interpersonal relationships, and involvement with child welfare services. In addition, reported violent acts among students as well as towards educators are on the rise and suggested to be more more volatile[3]. This adds another challenging type of crisis situation to deal with in the school environment.

Lastly, recent health data analysis supported by the MetroWest Health Foundation cited concern about youth mental health issues, particularly the issues of bullying and cyber bullying. It further identifies the major barrier to treatment as access to care[4].



Despite the alarming statistics, students are not accessing mental health related services. There is question as to whether or not proper screening for emotional and behavioral issues is identified as often as needed. Decreased detection of need for screens impacts the number of referrals being made by primary care providers to mental health services. It is also likely that referrals, once made, are not being followed upon by the identified client. The aforementioned exacerbates the state of our already fragile youth.

Policy Recommendation

There is a an urgent need to respond to this increasing public health concern. One of the recommended strategies is the development of effective and integrated school-based mental health services. School-based mental health programs should be created/expanded through collaboration between local behavioral health clinics and school systems allowing for the provision of direct clinical services to adolescents onsite in a private setting. Since schools have been identified as the most effective venue to meet the mental, social and emotional health of students, implementation of a comprehensive on site school based mental health program would increase the likelihood that services could be promptly accessed and utilized[5,6]. All private health information (PHI) connected to clients and the services provided will be stored within the behavioral health clinics records; providing separation of information and confidentiality to the student.

At a minimum the comprehensive model should include:

- Rapid access to care
- Training and education to school staff and families regarding early warning signs for mental health conditions.
- A referral system that serves as a bridge to adults service systems.
- Culturally and linguistically appropriate services as needed by the local population.
- Creation of a statewide School-based Mental Health Coalition with representation from policy makers, educators and mental health professionals.

Why School-Based Services?

- Interventions are sensitive to students and family culture.
- Easy access where services are scarce
- Removes stigma
- Onsite programs allow services to be rendered by trained clinicians.
- Fewer discipline problems through the school.
- Distractions from classwork are isolated and minimized.

New York Department of Education School Based Mental Health Programs

In an innovative effort to offer a variety of services aimed toward students with mental health needs, the New York Department of Education has created a collaboration with local non profit agencies and hospitals to provide prevention and educational program.

Services include:

- Onsite Mental Health Programs
- Mobile Response Team
- Screen the At Risk Student
- At Risk for High and Middle School Trainings
- Early Recognition and Screen programs
- Presentations
- New York City Teen Website

Local Pilot Project Highlight

A recent collaboration between Wayside, Advocates and Framingham High School resulted in the formation of a Rapid Access and Intervention Team (RAIT).

The program is designed to create immediate stabilization services and connection to behavioral health services within the community for adolescents in crisis.

This pilot creates the basis collaboration needed between the local behavioral organizations and the school.

Expansion of the available services will further enhance the client outcomes.

Anticipated Impact

- Increased access to effective mental health services in a timely manner.
- Provision of early relief from symptoms and suffering.
- Improved mental health outcomes of service recipients.
- Increased individual academic performance for students identified with mental health needs.
- A more stabilized classroom environment.
- Improved relationship with family and friends.
- Greater collaboration between school officials, mental health professionals and families.
- Reduction in stigma related to acceptance of mental health services.
- As identified in the New Freedom Commission, movement from a crisis response system to a preventative oriented model of care.
- Reduction in the numbers of individuals moving into a long term disability situation.
- Reduction in overall cost through reduction in crisis or intensive driven service need.

Potential Barriers

Anticipated potential barriers include parental opposition, school opposition and lack of health insurance. Strategies to resolve or minimize these potential issues could include:

Parental Opposition: This may be address by having structured and scheduled informational sessions with parents to talk about the benefits of the program. Clear guidelines will be offered regarding the non-mandatory intervention and clarity regarding decision about participation.

School Opposition: Informational sessions with school officials, through school board meetings, to educate them regarding the potential impact on academic performance, remaining in and completing school and also a reduction of violence in the school setting.

Lack of Health Insurance: The existence of the Affordable Care Act should help to reduce this issue. Resource information and appropriate referrals will also be made to institutions such as the Latino Health Insurance program that specialize in additional financial support services.

Conclusions:

As described in this brief, the impact of unaddressed mental health issues on school systems and the students they serve can be enormous. Programs that increase the availability of immediate care can provide relief to students sooner and support teachers in their efforts to focus primary on academic success.

A local pilot effort to increase access to immediate crisis intervention and stabilization is underway. Pilots such as this one create the collaborations necessary to move the efforts of on-site mental health services within the school setting forward.

This further demonstrates movement in Massachusetts toward better access to care and coordinated services and could serve as the cornerstone for further developed service opportunities. "When implemented with appropriate family, school and community involvement, mental health screening in schools has the potential to be a cornerstone of a transformed mental health system that identifies youth in need, links them to effective services, and contributes to positive health and educational outcomes valued by families, schools and communities.[7]

References:

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