Agenda

• Mental health needs of children and adolescents
• Schools as providers of mental health services
• Types of school-based mental health models
• How school psychologists can support school-based mental health initiatives
Opening Discussion

• What are the major mental health concerns at your campus(es)?
• Are these concerns changing from year to year? If so, what problems are increasing or decreasing?
Mental Health in Children and Adolescents

• 1 in 5 children experience a mental health problem during their school years
• 1 in 6 children (16.5%) aged 6-17 have a diagnosed mental, behavioral, or developmental disorder; 17% for ages 2-6.
  • Higher for children in poverty (22%)
  • Higher in boys
  • Age and poverty level impact the likelihood of receiving services
• Diagnosis of many disorders are increasing
  • Diagnosis of anxiety or depression rose from 5.4% in 2003 to 8.4% in 2012.
  • Diagnosis of anxiety rose from 5.5% in 2007 to 6.4% in 2012
  • Diagnosis of ADHD is currently at 9.8% for ages 3-17, with the incidence as high at 13.6% for ages 12-17.
  • Diagnosis of autism has risen from 1 in 166 in 2004 to 1 in 59 in 2018

https://www.cdc.gov/childrensmentalhealth/data.html
Depression, Anxiety, Behavior Disorders, by Age

https://www.cdc.gov/childrensmentalhealth/data.html
Violent Deaths in Young People

• After stable trends from 2000-2007, suicide rates for those 10-24 have increased from 6.8 per 100,000 to 10.6.

• Suicide rates for persons 10-14 declined from 2000-2007 and then increased from 0.9 to 2.5.

• Suicide rates for person 15-19 were stable from 2000-2007 and then increased from 6.7 to 11.8. The pace of increase was greater from 2014-2017. Homicide rates are also increasing for ages 15-19.

Curtin & Heron, 2019
Violent Death in Ages 10-14

Figure 2. Suicide and homicide death rates among children and adolescents aged 10–14: United States, 2000–2017

1Significant decreasing trend from 2000 to 2007; significant increasing trend from 2007 to 2017, \( p < 0.05 \).
2Rate significantly higher than the rate for homicide from 2000 to 2005 and from 2009 to 2017, \( p < 0.05 \).
3Significant decreasing trend from 2000 to 2017, \( p < 0.05 \).

NOTES: Suicide deaths are identified with International Classification of Diseases, 10th Revision (ICD–10) codes U03, X90–X94, and Y87.0, and homicide deaths with ICD–10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db352_table6-508.pdf#2.

Violent Deaths in Ages 15-19

Figure 3. Suicide and homicide death rates among adolescents aged 15–19: United States, 2000–2017

1Significant increasing trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017, p < 0.05.
2Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time, p < 0.05.
3Rate significantly lower than the rate for homicide from 2000 to 2010 and significantly higher from 2011 to 2017, p < 0.05.

NOTES: Suicide deaths are identified with International Classification of Diseases, 10th Revision (ICD–10) codes U03, X60–X84, and Y87.0, and homicide deaths with ICD–10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#3.
Behaviors Associated with Mental Health Disorders

• Internalizing Symptoms
  • Sad mood or irritability
  • Withdrawal
  • Difficulty with social skills
  • Inattention

• Externalizing Symptoms
  • Aggression
  • Noncompliance
Trauma and Children

- Up to 2/3 of children are exposed to violence, crime or abuse each year (Listenbee et al, 2012)
  - There are 3 million reports of child abuse each year
  - Up to 98% of youth living in urban settings have been exposed to violence
  - Exposure to violence can lead to PTSD, bullying behaviors, and poor academic outcomes

- Impact of trauma on education (Winder, 2015)
  - Poor language and communication skills
  - Poor ability to problem-solve
  - Difficulty with social skills and relationships
  - Inattention due to thoughts of anxiety and trauma
  - Impulsive responses to triggers
  - Often do not qualify for special education services due to “socially maladjusted” exclusion
  - On the other hand, maltreated children are 6 times more likely to receive special education services
Why School-Based Mental Health?

• Even though many children and adolescents are diagnosed with a mental health disorder, many don’t receive treatment.
  • Children with depression are more likely to receive treatment than those with other diagnoses
  • Fewer children receive treatment in rural areas
  • Rates of treatment seeking are lower for immigrant populations than they are for native born children (Jaycox, et al, 2003).

• Of those who receive treatment, up to 80% receive it at school
• Barriers families face in accessing mental health services
  • Cost
  • Transportation
  • Family-work schedule
  • Lack of qualified professionals
  • Lack of professionals speaking more than one language
  • Cultural mismatch in treatment goals/lack of culturally responsive services
  • Stigma of receiving services
Access to Mental Health Services in New Mexico

Pediatricians, 2015
Number per 10,000 children aged 0-17 years
NEW MEXICO

Psychiatrists, 2015
Number per 10,000 children aged 0-17 years
NEW MEXICO
Access to Mental Health Services in New Mexico

Licensed Social Workers, 2015
Number per 10,000 children aged 0-17 years
NEW MEXICO

Psychologists, 2015
Number per 10,000 children aged 0-17 years
NEW MEXICO
Advantages of School-Based Mental Health Services

- Reduces barriers by
  - Providing free or low-cost services
  - Takes place in a location the child already goes during the day
  - School staff are more likely to speak the family’s native language
  - Allows for collaboration between school and home
- Mental health professionals (school psychologists, counselors, and social workers) are usually available at schools
- Addresses all levels of need, not just those who are diagnosed with a mental health disorder
- No waitlist for services
- Families often see school-based services as less stigmatizing
- Generally no label or diagnosis is given, helping to reduce stigma
- Improving mental health for children improves academic outcomes and promotes safer schools
What Does School-Based Mental Health Look like?

- Universal screening
- Preventative intervention
- Group counseling
- Individual counseling
- Psychoeducational assessment
- Functional behavioral assessment
- Behavior modification
- Behavior intervention plans
- Crisis intervention
The Continuum of School Mental Health Services

Including Families

• Factors that predict family engagement
  • Personal motivation
  • Perceptions of welcome and support
  • Life contexts (work schedules, etc.)
  • Cultural beliefs about mental health services

• Advantages
  • Team-based approach for assessment
  • Improved communication and collaboration
  • Improved mental health for all family members
  • Improved outcomes for students

• Challenges
  • Limited resources to meet with parents when available
  • Governing model of service delivery

Holt & Grills, 2016
School-Based Health Centers

• Over 2,000 operate nationwide
• Located within a school or on school grounds
• Provide physical and mental health services
• Partnerships between school districts and community agencies
• Services are free or low-cost
• Funding provided in the Affordable Care Act

Youth and Family Centers, Dallas Independent School District

• Established in 1993 as a collaboration with Dallas MHMR; in 1995 Parkland Health and Hospital System was added
• 11 centers in the district
• Physical health services
  • Immunizations and physicals
  • Routine medical care
• Mental health services
  • Family counseling
  • Individual counseling
  • Psychiatric services
• Mental health referrals made by school staff, medical staff, or self-referral
• Collaboration with student’s school
Youth and Family Centers, Dallas Independent School District
Discussion Questions

• What is your current role in the provision of school-based mental health services?
• If you could change one thing about your role, what would you change?
NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Model for Services by School Psychologists

PRACTICES THAT PERMEATE ALL ASPECTS OF SERVICE DELIVERY

- Data-Based Decision Making and Accountability
- Consultation and Collaboration

DIRECT AND INDIRECT SERVICES FOR CHILDREN, FAMILIES, AND SCHOOLS

<table>
<thead>
<tr>
<th>Student-Level Services</th>
<th>Systems-Level Services</th>
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<tr>
<td>Interventions and Instructional Support to Develop Academic Skills</td>
<td>School-Wide Practices to Promote Learning</td>
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<tr>
<td>Interventions and Mental Health Services to Develop Social and Life Skills</td>
<td>Preventive and Responsive Services</td>
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<tr>
<td>Family-School Collaboration Services</td>
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FOUNDATIONS OF SERVICE DELIVERY

- Diversity in Development and Learning
- Research and Program Evaluation
- Legal, Ethical, and Professional Practice

HELPING STUDENTS AND SCHOOLS ACHIEVE THEIR BEST
Role of School Psychologists

- Program development and support
  - Primary prevention programs
- Intervention delivery
  - Individual counseling
  - Group counseling
  - Crisis response
- Family-school collaboration
- Screening for trauma and possible mental health disorders
Challenges to Involvement in School-Based Mental Health Programs

• Role focused on assessment over service delivery
  • Shortage of school psychologists contributes to difficulty moving out of this role

• Lack of community partnerships

• Although the Affordable Care Act considers school psychologists as qualified mental health professionals, some state Medicaid plans and other programs do not agree and will not reimburse for services
Ways to Overcome Challenges to Providing Mental Health Services

• Work within your existing role to provide mental health services
• Advocate for expanding your role within your school or district
• Advocate for the profession of school psychology so that it is recognized at the local, state, and national level
• Yazzie/Martinez vs. State of New Mexico (2018)
  • It was ruled that “in violation of the state constitution, the state has failed to provide students with the programs and services that it acknowledges prepare them for college and career. Such programs and services include: quality PreK, K-3 Plus, extended learning, dual language, culturally and linguistically relevant education, social services, small class sizes, and sufficient funding for teacher recruitment, retention, and training. “
  • Steps needed to ensure all students are provided with a uniform and sufficient education include- “Provide access to nurses, counselors and social workers in all schools, ensuring culturally and linguistically responsive services.”
• Talk to students about our profession through the NASP Exposure Project! Resources found at https://www.dropbox.com/sh/4wxvv5w1vwoh8im/AAAoXDzDH0ipgiejYxT5YWLa?dl=0
Summary

• Mental health problems and diagnoses in children and adolescents are common and are increasing.

• School-based mental health services can reach students and families who would not otherwise get support.

• School-based mental health services occur at all levels of intervention.

• School psychologists are critical in the provision of school-based mental health services.
References


Questions?

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