

## Meadows Mental Health Policy Institute

### School Based Mental Health: An Overview and Description of the Roles of School and Community Professionals – December 2016

---

#### Context for School-Based Mental Health

Approximately half of all mental illnesses begin by age 14.<sup>1</sup> Nationally, in a given year, as many as one in five children experience a mental disorder<sup>2</sup> and two in five adolescents have a diagnosable mental health or substance use condition.<sup>3</sup> According to a July 2014 report by the Robert Wood Johnson Foundation,<sup>4</sup> providing mental health services in schools is an effective strategy for addressing the mental health needs of children and adolescents. School-based approaches address interconnected academic and behavioral health needs and challenges. Direct benefits of addressing mental health in schools include:

- Improving access to behavioral health care, including the ability to provide broad wellness promotion and behavioral health prevention programming;
- Strengthening the learning environment and educational outcomes;
- Minimizing logistical barriers to care and decreasing the stigma of seeking help;
- Enhancing capacity for delivering a full continuum of care, including prevention, behavioral health promotion, early identification, and intervention;
- Decreasing school absences;<sup>5</sup> and
- Improving cost effectiveness.<sup>6,7</sup>

While schools provide an ideal setting for preventing and addressing student mental health challenges, exclusionary school discipline is a primary risk factor for a variety of negative

---

<sup>1</sup> Kessler, R.C. et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(7), 593-603. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15939837>.

<sup>2</sup> Perou, R., Bitsko, R.H., Blumberg, S.J., Pastor, P., Ghandour, R.M., et al. (2013, May 17). Mental health surveillance among children – United States, 2005-2011. *Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report*, 62(02), 1-35. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/documents/CMH-feature20130514.pdf>.

<sup>3</sup> Kessler, R.C. et al. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication-Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 372-380.

<sup>4</sup> Murphey, D., Stratford, B., Gooze, R., Bringewatt, E., Cooper, P.M., & Rojas, A. (2014). *Are the children well? A model and recommendations for promoting the mental wellness of the nation's young people* (pp. 6-7). Princeton, NJ: Robert Wood Johnson Foundation.

<sup>5</sup> Walker, S.C., Kerns, S.E., Lyon, A.R., Bruns, E.J., & Cosgrove, T.J. (2010). Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health*, 46(3).

<sup>6</sup> The National Research Council and the Institute of Medicine of the National Academies. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.

<sup>7</sup> Johnson, K., & Knitzer, J. (2005). *Spending smarter: A funding guide for policymakers and advocates to promote social and emotional health and school readiness*. New York: National Center for Children in Poverty.

outcomes, including future involvement in the juvenile justice system. This “school-to-prison pipeline” starts in the classroom. When exclusionary discipline is combined with zero-tolerance policies, a teacher’s decision to refer a student for discipline can start a sequence that removes the student from the classroom and quickly puts them at risk for exacerbated behavioral problems, diminished academic achievement, school dropout, and entry into the juvenile justice system.<sup>8</sup>

### **How Many Texas Children Need Mental Health Services?**

Across Texas, an estimated 550,000 children suffer from a serious emotional disturbance (SED), which refers to children and youth up to age 17 who have emotional or mental health problems so serious that their ability to function is significantly impaired or their ability to stay in their natural homes may be in jeopardy.<sup>9</sup> About 320,000 of these children are in poverty.<sup>10</sup> Most of them have access to state-funded health insurance through Medicaid or CHIP.

In 2015, an estimated 330,000 youth received state-funded mental health services in Texas.<sup>11</sup> Although the system does not track the number of these children living in poverty who have SED, it is likely that most of these children have less severe mental health conditions. Yet, local mental health authorities (LMHAs) in Texas only provide intensive community-based services to just under 12,000 children.<sup>12</sup>

The situation is much starker for those with the most severe needs. MMHPI estimates one in ten Texas children in poverty, or 32,000 children, are at high risk of out-of-home placement and/or exclusionary discipline.<sup>13</sup> Statewide, in 2015, 1,200 of these children and youth were enrolled in the highest level of community-based care (Level of Care 4).<sup>14</sup>

### **Approaches for Addressing Mental Health in Schools**

Schools and school districts can address student well-being and mental health through the following strategies:

- Implementing school-wide social and emotional learning and positive behavioral interventions;

---

<sup>8</sup> Owen, J., Wettach, J., & Hoffman K.C. (2015). *Instead of suspension: Alternative strategies for effective school discipline*. Durham, NC: Duke Center for Child and Family Policy and Duke Law School. Retrieved from [https://law.duke.edu/childdedlaw/schooldiscipline/downloads/instead\\_of\\_suspension.pdf](https://law.duke.edu/childdedlaw/schooldiscipline/downloads/instead_of_suspension.pdf).

<sup>9</sup> Holzer, C., Nguyen, H., Holzer, J. (2016). *Texas county-level estimates of the prevalence of severe mental health need in 2015*. Dallas, TX: Meadows Mental Health Policy Institute.

<sup>10</sup> Holzer et al. (2016).

<sup>11</sup> *Impact of Unmet Mental Health Needs in Texas Counties*. Meadows Mental Health Policy Institute, 2016.

<sup>12</sup> Texas Department of State Health Services. Personal Communication, May 2016.

<sup>13</sup> Based on work in multiple states that implement intensive services for those children with SED most at risk for out-of-home placement.

<sup>14</sup> Texas Department of State Health Services. Personal Communication, May 2016.

- Teaching classroom-based skills to help students succeed in the classroom; and
- Providing family and individual treatment.

**School-wide social and emotional support models** improve school culture. Through professional development, educators and school staff attain proficiency in working together to implement positive behavioral interventions and instructional strategies to replace more punitive measures. The best-known of these programs are *Positive Behavioral Interventions and Support (PBIS)* and *Safe and Responsive Schools (SRS)*.

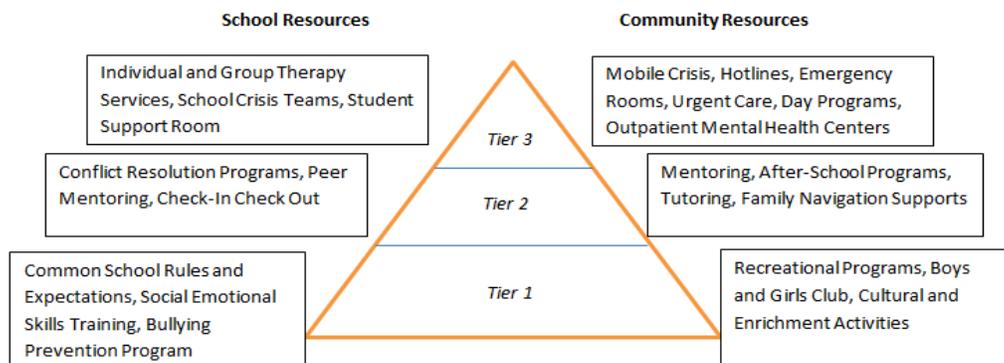
**Classroom-based strategies** train educators and school staff to develop skills in behavior management and student discipline. Examples include “*My Teaching Partner*” and “*Objective Threat Assessment*.” These approaches either replace suspension with another type of response or offer alternate activities to students during times of suspension. The *Restorative Justice* model is among the most widely recognized of these strategies. Schools can also adopt specific policies to change their responses to disruptive behavior.

In addition, schools can partner with community-based organizations to provide services to students who require **targeted or individualized intervention** to meet their behavioral health needs. The *Community-Partnered School Behavioral Health* model partners community behavioral health providers with schools and families to augment existing school supports and services by providing a more comprehensive array of behavioral health care within schools to students and their families.

The figure below illustrates how academic and behavioral health intervention models follow this framework. School-wide social and emotional learning and positive behavioral interventions and supports fit into the first tier. Classroom-based skills enhancement approaches like Aggression Replacement Training or alternatives to discipline models like Restorative Justice fit into Tier 2, while Tier 3 includes treatment models serving the individual student and family.<sup>15</sup>

---

<sup>15</sup> Lever, N., Stephan, S., Castle, M., Bernstein, L., Connors, E, Sharma, R., & Blizzard, A. (2015). *Community-partnered school behavioral health: State of the field in Maryland*. Baltimore, MD: Center for School Mental Health.



### Building a Foundation for School-Based Mental Health

Several attributes contribute to a school's successful implementation of a school-wide mental health program.

- **Administrative Support:** Support at all levels of leadership, including the district superintendent and school principals, is necessary to garner the buy-in from teachers, staff, students, and parents. This includes a willingness to adopt or modify policies related to exclusionary discipline ("zero-tolerance"), school climate, bullying, and general classroom management.
- **School-wide implementation of a social and emotional curriculum:** Schools must be willing to implement school-wide strategies for teaching positive behaviors and creating a positive school climate (PBIS, Good Behavior Game, etc.). School-wide implementation requires a commitment to train staff at all levels.
- **Shared space:** Schools must be willing to share space with community mental health providers.
- **Community-partnerships:** Schools must demonstrate a willingness to collaborate with community partners such as community-based mental health providers, law enforcement, health care providers, and child welfare and juvenile probation departments.
- **Easy access to community-based services and supports:** Schools must be willing to establish formal and informal partnerships with community-based mental health providers, including crisis intervention service teams, to provide services in schools, community-based settings, and homes. Streamlined, simple referral protocols enable school staff to ensure students are able to access mental health professionals.
- **Family Partnerships:** Schools must demonstrate a willingness to partner with families, who can provide critical feedback on the effectiveness of services and supports.
- **Communication and Data Sharing:** Schools must be willing to develop a communication and data sharing plan or Memorandum of Understanding (MOU) to allow the exchange of relevant student data and information.

- **Data Collection, Analysis and Utilization:** Schools must be willing to utilize data to drive decision making and demonstrate progress towards identified outcomes for the successful implementation and ongoing support of school-based mental health programs.

### Summary of School-Based Mental Health Service Providers

The following list provides an overview of school-based professionals and organizations that may have a role in providing mental health services or connecting students to school-based mental health services.

**Parent Support Specialist** – Parent Support Specialists provide peer support and assistance to other parents who have school-aged children with mental or behavioral health concerns, intellectual disabilities, or substance use concerns. Parent Support Specialists obtain a certificate through the Certification Commission for Family Support. They support parents by helping them identify and navigate available resources and advocating for them to obtain the right set of services.

**School Teacher** – Section 21.054, Texas Education Code, requires Texas schoolteachers and any other professionals who obtain a bachelor’s-level education certificate to be trained in the identification of emotional or mental health disorders in students. The training must include strategies for teaching students with mental health needs and appropriate ways to notify parents about a student’s needs. With this training, teachers can effectively coordinate with school-based mental health professionals to identify students in need and provide appropriate and timely mental health referrals.

Teachers may also implement classroom strategies like Positive Behavioral Interventions and Supports (PBIS) to increase student emotional and social success and reduce the need for restrictive disciplinary practices.

**School Counselor** – School counselors are responsible for providing guidance, individual student planning, counseling, and support to students. These professionals also typically have administrative duties such as scheduling and administering standardized tests, which may limit the amount of time they are able to dedicate to guiding and counseling students. The student-to-counselor ratio can be very high in many school districts.<sup>16</sup> The average student-to-counselor ratio in Texas schools is between 460 and 470 to one (1).<sup>17</sup> This is well above the recommended

---

<sup>16</sup> Mental Health American of Greater Houston. (2013, February). *Harris County School Behavioral Health Initiative: A Community Collaboration*. Houston, TX: Author. Retrieved from <http://www.mhahouston.org/files/290/>.

<sup>17</sup> Cumpton, G., & Giani, M. (2014). *Texas School Counselors Study: Exploring the supply, demand, and evolving roles of school counselors*. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, University of Texas Austin.

ratio of 250 to one (1).<sup>18</sup> While some schools and school districts are beginning to devote resources to limit counselors' work load so that they are able to provide actual counseling (e.g., Grand Prairie ISD), in most cases counselors must refer students to other providers when students' needs are greater than what counseling staff are able to address.<sup>19</sup>

**Behavioral Specialist** – The educational requirements for a behavioral specialist vary across school districts. Many behavioral specialists hold master's degrees and are certified behavior analysts.<sup>20</sup> They may have had special education classroom experience. In general, a behavioral specialist works with students who have significant behavior issues, provides coaching and consultation to staff, and participates on Individual Educational Program (IEP) teams. An IEP is a written plan, required by law, for each child enrolled in special education.

**School Nurse** – In general, school nurses are called upon to address the health and well-being of students, including physical health and psychosocial and mental health concerns. School nurses are often the first health care professionals to assess and identify the subtle signs of mental health challenges. In their role, school nurses can provide education on the signs and symptoms of mental illness, screen for potential mental health problems, refer to community resources, and function as a part of a school's mental health team.<sup>21</sup>

**School Social Worker** – School social workers hold a master's degree in social work and have specific training to work in schools.<sup>22</sup> They are usually employed by the school or school district, but can be employed by an outside agency to work in the schools. In their work with students and families, school social workers consider everything in the student's environment in their efforts to remove barriers that might impede educational success, including truancy, pregnancy, school safety, behavioral difficulties, and basic family needs.<sup>23</sup> The approach used by Communities In Schools Central Texas (which, during the 2014-2015 academic year, served

---

<sup>18</sup> American School Counselor Association. (n.d.). *Student-to-school-counselor ratio 2013-2014*. Retrieved from <https://www.schoolcounselor.org/asca/media/asca/home/Ratios13-14.pdf>.

<sup>19</sup> Ibid.

<sup>20</sup> Special Education Guide. (n.d.). *What behaviorists do*. Retrieved October 11, 2016 from <http://www.specialeducationguide.com/teacher-certification/what-behaviorists-do/>.

<sup>21</sup> Blackborow, M., Tuck, C., Lambert, P., Disney, J., Porter, J., & Jordan, A. (2013, June). *Mental health of students* [position statement]. Silver Spring, MD: National Association of School Nurses. Retrieved October 11, 2016 from <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/36/Mental-Health-of-Students-Revised-June-2013>.

<sup>22</sup> National Association of Social Workers. (2012). *NASW standards for school social work services*. Washington, DC: Author. Retrieved October 7, 2016 from <https://c.ymcdn.com/sites/sswaa.site-ym.com/resource/resmgr/imported/naswschoolsocialworkstandards.pdf>.

<sup>23</sup> American Council for School Social Work. (n.d.). *About school social work*. Retrieved October 11, 2016 from <http://acssw.org/aboutschool.html>.

53,514 students on 64 campuses across three counties) is a good example of how to effectively remove barriers to students' success.<sup>24</sup>

**Licensed Professional Counselor (LPC)** – LPCs are master's-level mental health clinicians who have passed a state licensing exam.<sup>25</sup> They provide mental health and/or substance use disorder services and usually are employed by mental health centers or work independently as private providers. Schools may contract with LPCs or the agencies that employ them to provide services either on campus or at agency offices. LPCs may provide counseling services across different school campuses. They may also provide crisis services as needed.

**Licensed Clinical Social Worker (LCSW)** – LCSWs are master's-level behavioral health providers who have passed a state licensing exam. They may provide individual, group, or family services in mental health centers, hospitals, schools, or other social service agencies, depending upon their specialties.<sup>26</sup> In a school setting, LCSWs may be responsible for providing counseling services to students, function as advocates for youth and families, participate in student meetings, provide resources to students and their families, and serve as liaisons between schools, parents, and community agencies.

**School Psychologist** – School psychologists are doctoral-level trained and state licensed professionals with training in mental health, educational interventions, child development, assessment, school law, and child serving systems.<sup>27</sup> They may provide counseling, conduct educational assessments, work with school personnel to identify learning barriers, and help create positive learning environments.<sup>28</sup> They may also work with school administrators to collect and analyze data on student outcomes, implement school-wide programs, promote school policies, and address crises. They may be shared among schools within a district. In Texas, school psychologists are required to be credentialed as Licensed Specialists in School Psychology (LSSP) in order to provide school psychological services in public schools.<sup>29</sup>

---

<sup>24</sup> Communities in Schools Central Texas. (2016). *Empowering students for a lifetime of success: 2015 annual report*. Retrieved October 16, 2015 from <http://www.ciscentraltexas.org/wp-content/uploads/2013/08/2016-Annual-Report.pdf>.

<sup>25</sup> American Counseling Association. (2011). *Who are licensed professional counselors?* Retrieved October 7, 2016 from <https://www.counseling.org/PublicPolicy/WhoAreLPCs.pdf>.

<sup>26</sup> National Association of Social Workers. (2016). *Clinical social work*. Retrieved October 7, 2016 from <https://www.socialworkers.org/practice/clinical/default.asp>.

<sup>27</sup> National Association of School Psychologists. (2016). *Who are school psychologists?* Retrieved October 11, 2016 from <https://www.nasponline.org/about-school-psychology/who-are-school-psychologists>.

<sup>28</sup> Texas Association of School Psychologists. (n.d.). *What is a school psychologist?* Retrieved October 7, 2016 from [http://www.txasp.org/index.php?option=com\\_content&view=article&id=35:school-psychologist&catid=21:new-content&Itemid=130](http://www.txasp.org/index.php?option=com_content&view=article&id=35:school-psychologist&catid=21:new-content&Itemid=130).

<sup>29</sup> Texas Association of School Psychologists. (n.d.). *What is a licensed specialist in school psychology?* Retrieved October 7, 2016 from [http://www.txasp.org/index.php?option=com\\_content&view=article&id=36:licensed-specialist-in-school-psychology--lssp--&catid=21:new-content&Itemid=131](http://www.txasp.org/index.php?option=com_content&view=article&id=36:licensed-specialist-in-school-psychology--lssp--&catid=21:new-content&Itemid=131).

**Clinical Psychologist** – Clinical psychologists are professionals with a doctorate degree and are licensed to assess and treat mental, emotional, and behavioral disorders. These range from short-term crises, such as difficulties resulting from adolescent conflicts, to more severe crises, such as schizophrenia. Some clinical psychologists treat specific problems exclusively, such as phobias or clinical depression; others focus on specific populations (e.g., youth; families or couples; ethnic minority groups; gay, lesbian, bisexual and transgender individuals; or older people).<sup>30</sup> Clinical psychologists may be employed by community mental health centers or work in private practice. While some schools may contract with psychologists to offer treatment in the school, most students access them in the community through referral.

**Psychiatrist** – Psychiatrists are medical doctors who specialize in treating mental, emotional, and behavioral disorders, including substance use disorders, and are qualified to address both the mental and physical aspects of psychological problems.<sup>31</sup> They often work in private practice, general and psychiatric hospitals, university medical centers, or community mental health centers, among other settings. They typically prescribe and monitor medication along with other therapeutic approaches. Some schools are making psychiatry services accessible through telemedicine within school-based clinics, but most students access psychiatry through referrals to community providers.

**School Health Advisory Council (SHAC)** – All Texas school districts are required by state law to have a SHAC. As required by Section 28.004, Texas Education Code, the majority of SHAC members must be parents not employed by the district. SHACs are tasked with ensuring community values are represented in school health instruction and policy. SHACs are also required to recommend policies and procedures, strategies, and curriculum to prevent mental health concerns through coordination of school-based services.

**School Mental Health Center (SMHC)** – SMHCs provide access to clinical social workers, counselors, or psychologists in a school setting. SMHCs are usually operated as a collaborative with public and/or private mental health resources in the community. Typically, schools with a SMHC have obtained additional funding to operate their center, even if they are able to bill a student's individual insurance.

---

<sup>30</sup> American Psychological Association. (2016). *Careers in psychology: Some subfields in psychology – clinical psychologists*. Retrieved October 26, 2016 from <http://www.apa.org/careers/resources/guides/careers.aspx>

<sup>31</sup> American Psychiatric Association. (2016). *What is psychiatry?* Retrieved October 10, 2016 from <https://www.psychiatry.org/patients-families/what-is-psychiatry>.