

National Association of State Boards of Education

➔ Mental Health in Education

By Lindsey Hofer

Positive school climate has been linked to higher test scores, graduation rates, and fewer disciplinary referrals.¹ Yet state policy discussions on student supports often fail to address a key lever for improving school climate: robust school-based mental health services.

Close to 20 percent of children and young people in the United States have an identifiable mental health problem.² Of those with an affliction, 70 percent do not receive the care they need.³ Children whose social, emotional, or behavioral difficulties are not addressed are more likely to exhibit a diminished capacity to

learn, drop out of school, experience strained family relationships, enter the juvenile justice system, and abuse substances.⁴ Furthermore, students with disruptive behavior patterns impair the social and academic environment for other children.⁵

Conversely, children and adolescents who remain mentally healthy during these developmental stages have a reduced likelihood of future health problems, and they are better able to become productive members of society as adults.

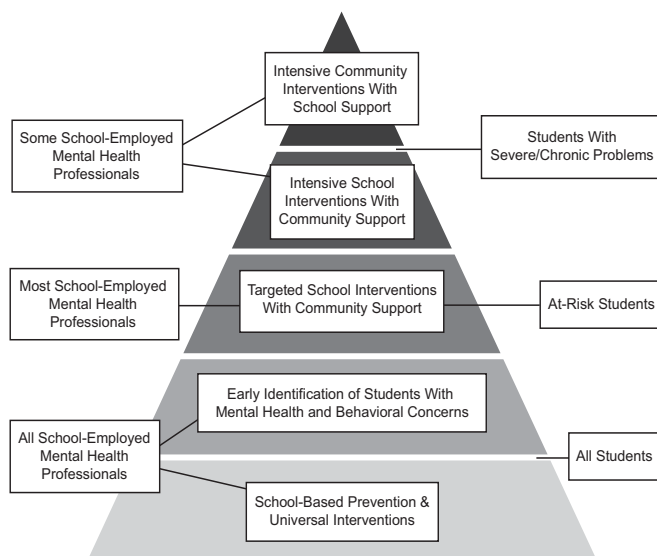
By placing children's mental health services in schools, districts aim for more than treatment of mental illness. Comprehensive

school-based services encompass mental health promotion, prevention, and early identification and intervention (figure 1). Childhood and adolescence provide significant opportunities to develop strong foundations for maintaining mental health and preventing later problems. The school setting is uniquely positioned for this work, as students are more likely to seek counseling when services are available in their schools.⁶

School-based programs enhance access to services, reduce the persistent stigma surrounding mental health and those who seek help, and build the resilience needed to thrive in adverse conditions.⁷ Additionally, school-based mental health can reduce financial, transportation, and wait-time barriers that often confront families who must turn to community-based mental health services.

More than a third of school districts in the United States used school or district staff to provide mental health services in 2005 (the most recent data available), and more than a quarter used outside agencies to provide mental health services in schools.⁸

Figure 1. Continuum of School Mental Health Services



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PARTNERSHIPS FOR MENTAL HEALTH

While school-based services are an important driver of student mental health, schools cannot do this work alone. They must partner with families and with the community. Families are the primary agent for identifying the struggles a child is experiencing, but often they cannot or do not know how to help their children. Community mental health agencies can provide professionals and practitioners to assess and treat illnesses, as well as consult with teachers, coordinate care, make classroom presentations, and conduct schoolwide trainings.

The chief obstacle to improving the mental health of children and adolescents is a lack of resources. But another important obstacle is education leaders' frequent view of these services and staff as an extra expense that is not central to the mission of the school.⁹

OPPORTUNITIES UNDER ESSA AND AWARE

The Every Student Succeeds Act (ESSA) acknowledges the positive correlation between mental health services and student and school achievement in three ways: by providing funding for increased access to school psychological services and wellness programs, primarily under Title IV; by providing opportunities to include measures of school climate in state accountability systems; and by requiring public reporting of school climate data.

Under the flexible block grant of Title IV, districts must use at least 20 percent of the funds on efforts to improve “student mental and behavioral health, school climate, or school safety.” Such improvements could include screening and early intervention, improving school-community partnerships to promote mental health, mental health first aid, and positive behavior interventions that support the development of skills such as social and emotional learning, conflict resolution, effective problem solving, and appropriate relationship building.

ESSA requires states to include data about school climate, bullying, and harassment in their annual state report cards. Schools with well-adjusted students typically score better on such measures.

States also may include school climate measures in their accountability systems if they wish. Yet just three so far have chosen to include student climate surveys as the added measure of school quality in their ESSA state plans: Illinois, Nevada, and New Mexico.¹⁰ Massachusetts and New Jersey considered using school climate as an accountability measure and elected not to do so now. Delaware’s state plan notes concerns about the validity and reliability of the school climate data. However, these states plan to continue a dialogue on improving school climate.

In addition to the funding opportunities under ESSA, there is a federal grant program from the Substance Abuse and Mental Health Services Administration (SAMHSA) that began in 2014. Grants under Project AWARE go toward expanding the capacity of state and local education agencies to advance

wellness and resilience. This program works to increase awareness of mental health issues among school-age youth, train school personnel to detect and respond to mental health issues, and connect youth and families who may experience behavioral health issues with appropriate services.

Project AWARE is being implemented in 20 states across the country. Illinois is one of these states. The **Illinois State Board of Education** played a key role in securing \$1.9 million in grant money from SAMHSA to implement Project AWARE. With it, they will expand their efforts to help schools better identify and respond to mental health issues among youth. The board plans to spread a large portion of the funds across three school districts to facilitate relationships with community health providers in order to better serve students with behavioral health issues.

Advocating for a more comprehensive mental health plan in Illinois is the Student Advisory Council. In March 2017, they presented information on mental health awareness in Illinois schools to the state board, asking that the board include mental health awareness in its ESSA state plan, according to NASBE’s State Board Insight database. The state board expressed its commitment to inclusion of youth mental health in the ESSA state plan. The latest draft of Illinois’s plan says it “will use Title IV, Part A, Part B, and Part F funds to coordinate state-level strategies in order to reduce exclusionary discipline, implement evidence-based behavioral health awareness training programs, expand access for school-based counseling and behavioral health programs, and improve outcomes of children living in the most distressed communities.”

The prevalence of mental health problems among children and youth in the United States is significant, as is the evidence that facing these problems early promotes student success and positive school climate. The good news is that there are resources available—through ESSA and SAMHSA—to help states take the next step to promote student mental health.

Lindsey Hofer was a research intern for NASBE’s Center for College, Career, and Civic Readiness.

NOTES

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4. S. Wile Schwarz, “Adolescent Mental Health in the United States” (New York: National Center for Children in Poverty, 2009).
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