Student Success:
Mental Health Matters

Stephen E. Brock, PhD, NCSP, LEP
NASP President, 2014-15
Mental Health Matters:

Key Points

1. Mental illness places a significant burden on the individual, schools, and society

2. School psychologists are perfectly positioned to promote mental wellness and qualified to address the challenges of mental illness

3. There are well established and effective school-based approaches to addressing mental health
The Burden of Mental Illness
The Burden of Mental Illness

**Individual**

1. 13 to 20% of children
2. 1994-2011 surveillance suggests increasing prevalence
3. 24% increase in inpatient admissions 2007-2010
   - Mood disorders a common primary diagnosis
   - 80% increase in rate of hospitalizations of children with depression

Merikangas et al. (2010); Health Care Cost Institute (2012); Perou et al. (2013); Pfuntner et al. (2013)
The Burden of Mental Illness

Individual

- 65% of boys and 75% of girls in juvenile detention facilities have at least one mental illness
  - We are incarcerating youth living with mental illness, some as young as eight years old, rather than identifying their conditions early and intervening with appropriate treatment (NAMI, 2010, ¶ 9).

Teplin et al. (2002)
The Burden of Mental Illness

Individual

- 90% of all suicides are associated with mental illness
- Suicide is the second leading cause of death among 15-19 yr. olds

Hoyert & Xu (2012); Shaffer & Craft (1999)
The Burden of Mental Illness

Individual

- Apparently alleviation of the pain of the mentally ill student is insufficient for some

- Not everyone thinks that school psychologists matter when it comes to success in school

Richmond (2014)
The Burden of Mental Illness

School

1. Mental illness is associated with poor academic achievement, academic decline, and poor attendance

2. Mental wellness (e.g., healthy self-regulation, emotional competence, and positive relationships) is associated with school success and achievement

Boyce et al. (2002); Roderick et al. (1997); DeSocio & Hootman, (2004); U.S. Department of Health and Human Services1(999)
The Burden of Mental Illness

School

- Over 10% of high school dropouts are attributed to mental illness

- Approximately half of students 14 years and older with a mental illness dropout of high school
  - The highest dropout rate of any disability group

Breslau et al. (2008); U.S. Department of Education (2001)
The Burden of Mental Illness

School

- May play a role in the so called “achievement gap”
  - While the overall PTSD rate among high school aged youth is 5%, the prevalence of PTSD among some urban populations can be as high as 30%
The Burden of Mental Illness

Society

- Mental disorders are among the most costly conditions to treat in children
  1. In the US, the annual cost of mental disorders among persons under age 24 years was estimated at almost $2.5 billion
  2. Mental disorders in childhood is associated with mental disorders in adulthood, which is in turn associated with decreased productivity, and increased substance use and injury

Soni (2009); Eisenberg & Neighbors (2007); National Research Council (2007); Perou et al. (2013); Reeves et al. (2011); Smit et al. (2006)
Mental Health Matters:

Key Points

1. Mental illness places a significant burden on the individual, schools, and society

2. School psychologists are perfectly positioned to promote mental wellness and qualified to address the challenges of mental illness

3. There are well established and effective school-based approaches to addressing mental health
School Psychologists: Well Positioned to Address Mental Health

1. Only 20 percent of children with mental disorders receive mental health services.

2. However, of those who do receive care 70 to 80% receive this care in a school setting.

3. Not surprisingly, given these statistics, the most common entry point to mental health services is the school.

U.S. Public Health Service (2000); Rones & Hoagwood (2000)
School Psychologists: Well Positioned to Address Mental Health

<table>
<thead>
<tr>
<th>Mental Health Service Entry Point</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>531</td>
<td>60.1</td>
</tr>
<tr>
<td>Specialty mental health</td>
<td>258</td>
<td>27.3</td>
</tr>
<tr>
<td>General medicine</td>
<td>141</td>
<td>12.9</td>
</tr>
<tr>
<td>Child welfare</td>
<td>52</td>
<td>6.5</td>
</tr>
<tr>
<td>Juvenile justice</td>
<td>30</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Farmer et al. (2003)
School Psychologists: Well Positioned to Address Mental Health

Further supporting this assertion, are the facts that

1. 88.7% of our nation’s youth attend a public school.
2. Youth are 21 times more likely to visit a school-based health clinic for their mental health care than they are a community based clinic.
3. Half of all life time cases of mental illness have their onset by age 14 years.

Kessler et al. (2005); Juszczak, Melinkovich, & Kaplan (2003); U.S. Department of Education (2009)
School Psychologists: Well Positioned to Address Mental Health

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Age of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mental disorder</td>
<td>50% by age 14</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>50% by age 11</td>
</tr>
<tr>
<td>Any mood disorder</td>
<td>25% by age 18</td>
</tr>
<tr>
<td>Any impulse control disorder</td>
<td>90% by age 18</td>
</tr>
<tr>
<td>Any substance use disorder</td>
<td>25% by age 18</td>
</tr>
</tbody>
</table>

Kessler et al. (2005)
School Psychologists: Qualified to Address Mental Health

NASP’s Standards for the Graduate Preparation of School Psychologists

- Address both promotion of wellness and response to illness
  - 2.4: Interventions and Mental Health Services to Develop Social and Life Skills
  - 2.6: Preventive and Responsive Services

NASP (2010)
School Psychologists: Qualified to Address Mental Health

- While 90% of school psychologists report having counseling training, over 40% report not providing counseling services.

- Common reasons:
  - Services provided by other personnel
  - Lack of time during school day
  - No expectation in district to provide services
    - *School psychologists cannot afford to relinquish a role that they have been trained to undertake, or to refrain from providing a vital service to students as a response to the perceptions or lack of expectations of others.* (p. 667)

Hanchon & Fernald (2013)
Mental Health Matters:

Key Points

1. Mental illness places a significant burden on the individual, schools, and society

2. School psychologists are perfectly positioned to promote mental wellness and qualified to address the challenges of mental illness

3. There are well established and effective school-based approaches to addressing mental health
Promoting Mental Wellness & Addressing Mental Illness

The Continuum of School Mental Health Services

- School-Based Prevention & Universal Interventions
- Early Identification of Students With Mental Health and Behavioral Concerns
- Targeted School Interventions With Community Support
- Intensive School Interventions With Community Support
- Intensive Community Interventions With School Support
- Students With Severe/Chronic Problems

Mental Health Continuum

- Mental Illness
- Mental Wellness

Cowan (2006); Rossen & Cowan (2014); Center for Mental Health in Schools at UCLA (n.d.)
Promoting Mental Wellness

Universal Wellness promotion

- Positive Behavioral Supports
- Social and Emotional Learning
  - Improves social relationships
  - Increases attachment to school and motivation to learn
  - Reduces anti-social, violent, and drug-using behaviors

Horner et al. (2002); CASEL (n.d.); CASEL (2012)
Universal Screening

- School-based mental health screening needs to be as institutionalized as is school-based vision and hearing screening.
  - *The key step in reform is to move school-based psychological services from the back of the service delivery system, in which only students at the highest level of risk receive services, to the front of service delivery through the use of universal, proactive screening.* (p. 174)

Dowdy (2010)
Addressing Mental Illness

Targeted Prevention and Intervention

- Screening results suggesting mental health problems in 1st grade predict poor academic achievement 3 years later.
- Students with mental health risk have lower achievement when compared to students without such risk.
  - Unlike poverty, parental education and preexisting academic ability—the other major predictors of academic success in this study—mental health is a risk factor that may yield to intervention (p. 409).

See Kamphaus et al. (2014) for a current discussion of behavioral and emotional risk screening Guzman et al. (2011)
Addressing Mental Illness

Individual Intervention

- ED identification and special education eligibility determinations, but …
  - 13 to 20% of youth experience a mental disorder
  - 0.56 to 0.73% of students are identified ED (1994-2010)
  - 4,000,000 youth suffer from a serious mental disorder
  - 700,000 students are identified ED under IDEA (2013)

Addressing Mental Illness

Individual Intervention

- Overall, the meta-analyses reviewed here have demonstrated that an array of treatments for a variety of psychological concerns are beneficial for children and adolescents. (p. 1095)

- As all children are required to attend school, and are consequently provided adequate transportation, the school building becomes an ideal environment for the assessment and provision of therapeutic services, often eliminating the transportation, insurance, and social stigma barriers. Although the demands on professionals within the school system are extraordinary …, time spent providing psychotherapy to students would be well spent. (p. 1095)

Zerkelback & Reese (2010)
Stephen E. Brock, Ph.D., NCSP, LEP
NASP President (2014-15)

Please feel free to contact me
brock@csus.edu
References


References


References


References


References


References


References


References

