



Student Success: Mental Health Matters



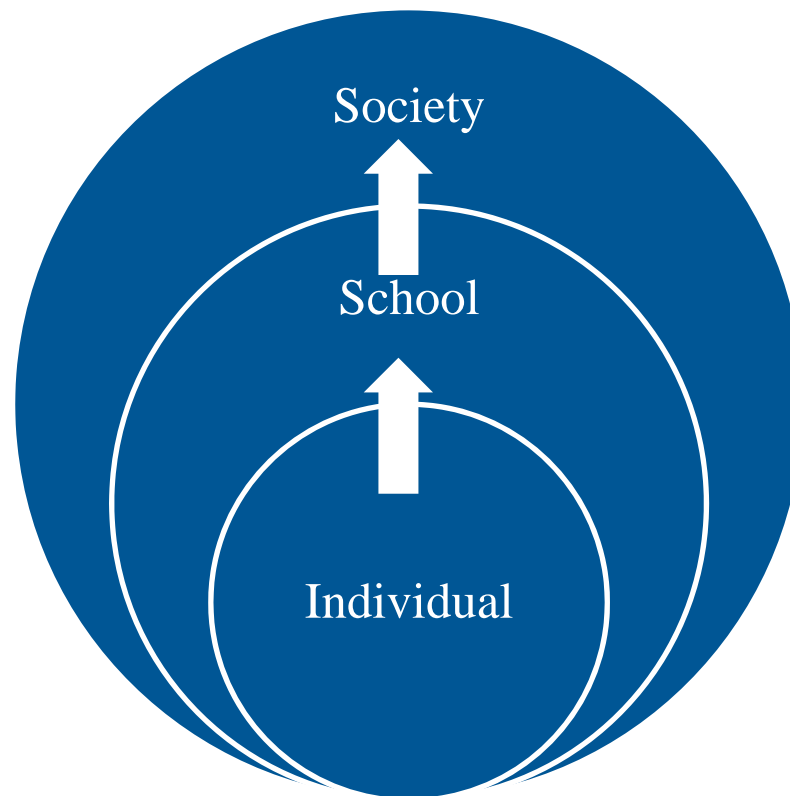
NASP 
NATIONAL ASSOCIATION OF
School Psychologists

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 rate of hospitalizations of children with depression

The Burden of Mental Illness

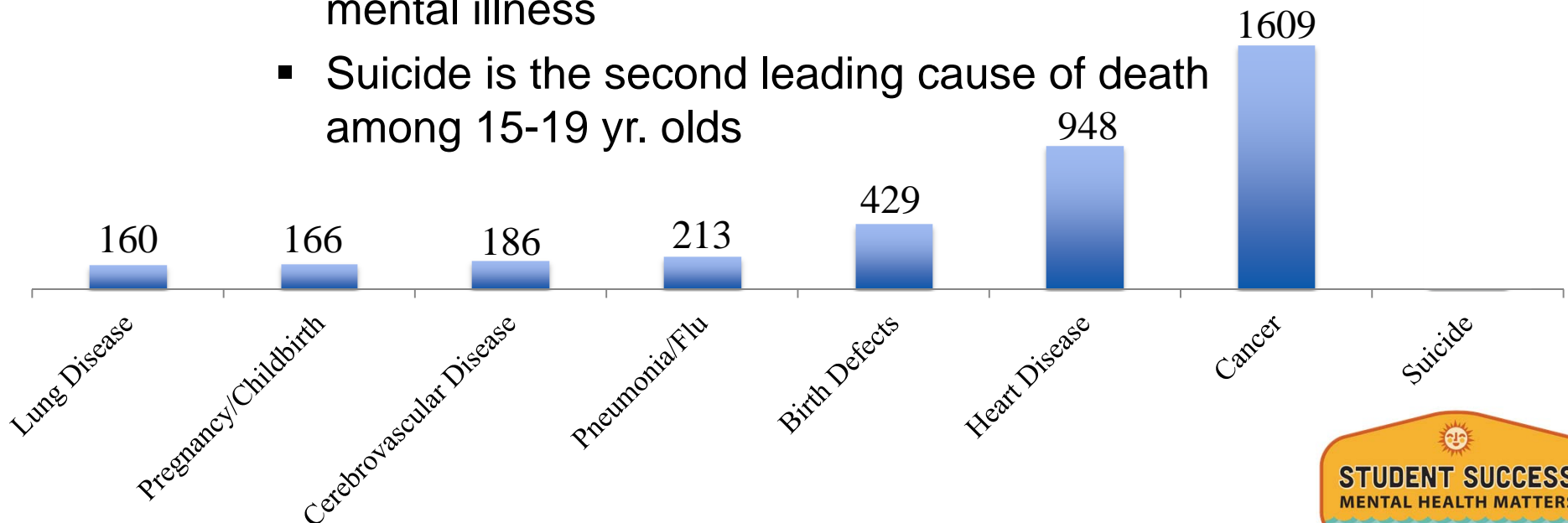
Individual

- 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).

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



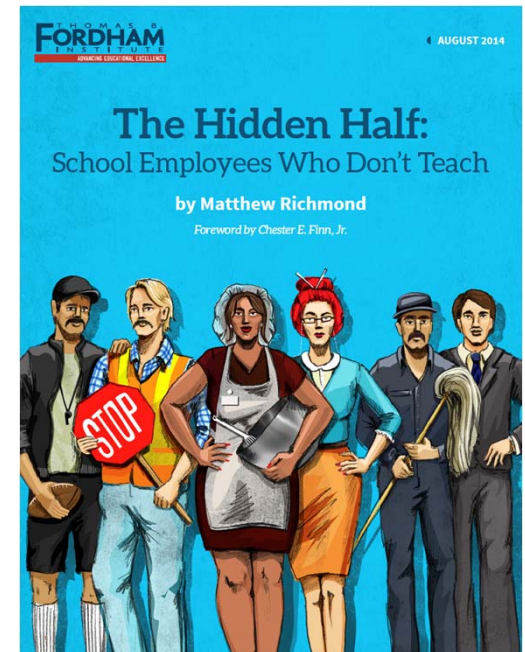
Hoyert & Xu (2012); Shaffer & Craft (1999)



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



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 Services (1999)



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

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

School Psychologists: Well Positioned to Address Mental Health

Mental Health Service Entry Point	N	%
Education	531	60.1
Specialty mental health	258	27.3
General medicine	141	12.9
Child welfare	52	6.5
Juvenile justice	30	2.5

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

School Psychologists: Well Positioned to Address Mental Health

Disorder	Age of Onset
Any mental disorder	50% by age 14
Any anxiety disorder	50% by age 11
Any mood disorder	25% by age 18
Any impulse control disorder	90% by age 18
Any substance use disorder	25% by age 18

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

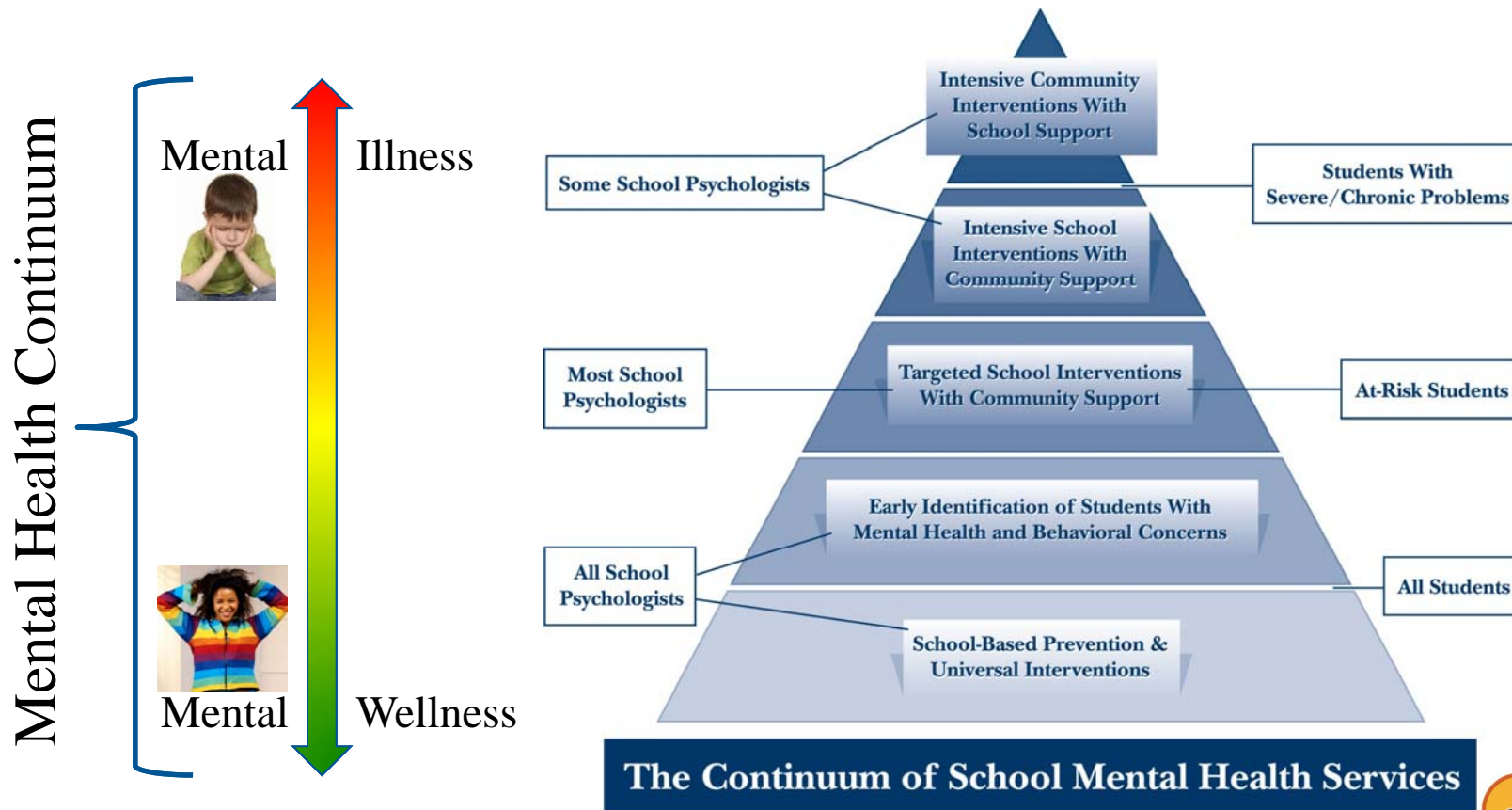
School Psychologists: Qualified to Address Mental Health

- 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)*

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**

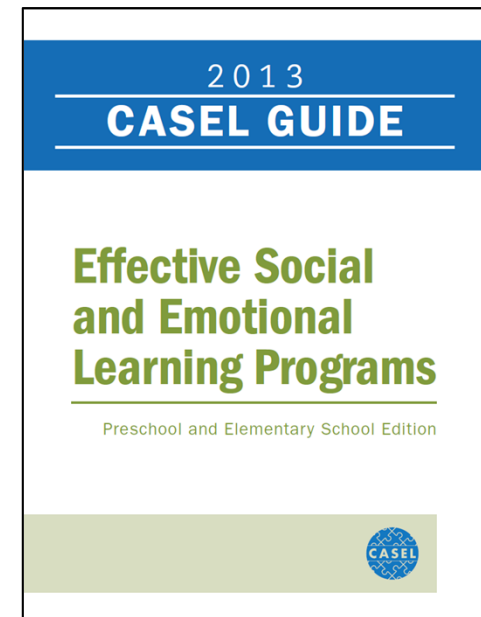
Promoting Mental Wellness & Addressing Mental Illness



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



Addressing Mental Illness

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)*

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)*

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

Please feel free to contact me
brock@csus.edu



References

- Berton, M. W., & Stabbs, S. D. (1996). Exposure to violence and post-traumatic stress disorder in urban adolescents. *Adolescence, 31*, 489-553.
- Boyce, W. T., Essex, M. J., Woodward, H. R., Measelle, J. R., Ablow, J. C., & Kupfer, D. J. (2002). The confluence of mental, physical, social and academic difficulties in middle childhood. I: Exploring the 'headwaters' of early life moribidities. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*, 580-587. doi: 10.1097/00004583-200205000-00016
- Breslau, J., Lane, M., Sampson, N., & Kessler, R. C. (2008). Mental disorders and subsequent educational attainment in a US national sample. *Journal of Psychiatric Research, 42*, 708-716. doi: 10.1016/j.jpsychires.2008.01.016
- Buka, S. L., Stichick, T. L., Birdthistle, I., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry, 71*, 298-310. doi: 10.1037/0002-9432.71.3.298
- Center for Academic, Social, and Emotional Learning. (CASEL, n.d.). *Frequently asked questions about SEL*. Chicago, IL: Author. Retrieved from <http://www.casel.org/social-and-emotional-learning/frequently-asked-questions/>

References

Center for Academic, Social, and Emotional Learning. (CASEL, 2012). *Effective social and emotional learning programs: Preschool and elementary school edition*. Chicago, IL: Author.

Center for Mental Health in Schools at UCLA. (n.d.). *About empirically-supported practices*. Los Angeles, CA: Author. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/Empirically-supported.pdf>

Cowan, K. C. (2006). Communication planning and message development: Promoting school-base mental health services. *Communique*, 35(1), insert. Retrieved from <http://www.nasponline.org/publications/cq/index.aspx?vol=35&issue=1>

DeSocio, J., & Hootman, J. (2004). Children's mental health and school success. *The Journal of School Nursing*, 20, 189-196. doi: 10.1177/10598405040200040201

Dowdy, E., Ritchey, K., & Kamphaus, R. W. (2010). School-based screening: A population-based approach to inform and monitor children's mental health needs. *School Mental Health*, 2, 166-176. doi: 10.1007/s12310-010-9036-3



References

- Eisenberg, D., & Neighbors, K. (2007, October 31) *Economic and policy issues in preventing mental disorders and substance abuse among young people*. Presentation for the IOM Committee on the Prevention of Mental Disorders and Substance Abuse. Department of Health Management and Policy School of Public Health, University of Michigan.
- Farmer, E. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services, 54*, 60-66. doi: 10.1176/appi.ps.54.1.60
- Guzman, M. P., Jellinek, M., George, M., Hartley, M., Squicciarini, A. M., Canenguez, K. M., ... Murphy, J. M. (2011). Mental health matters in elementary school: First-grade screening predicts fourth grade achievement test scores. *European Child & Adolescent Psychiatry, 20*, 401-411. doi: 10.1007/s00787-011-0191-3
- Hanchon, T. A., & Fernald, L. N. (2013). The provision of counseling services among school psychologists: An exploration of training, current practices, and perceptions. *Psychology in the Schools, 50*, 651-671. doi: 10.1002/pits.21700
- Health Care Cost Institute. (2012). *Children's health care spending report: 2007–2010*. Washington, DC: Health Care Cost Institute.

References

- Horner, R., Sugai, G., & Gresham, F. (2002). Behaviorally effective school environments. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavior problems II* (pp. 315–350). Bethesda, MD: National Association of School Psychologists.
- Hoyert, D. L., & Xu, J. Q. (2012, October 10). Deaths: Preliminary data for 2011. *National Vital Statistics Reports*, *61*(6), 1-51. Retrieved from <http://www.cdc.gov/nchs/products/nvsr.htm>
- Juszczak, L., Melinkovich, P., & Kaplan, D. (2003). Use of health and mental health services by adolescents across multiple delivery sites. *Journal of Adolescent Health*, *32*(Supp. 16), 108-118. doi: 10.1016/S1054-139X(03)00073-9
- Kamphaus, R. W., Reynolds, C. R., & Dever, B. V. (2014). Behavioral and mental health screening. In R. J. Kettler, T. A. Glover, C. A. Albers, & K. A. Feeney-Kettler (Eds.), *Universal screening in educational settings: Evidence-based decision making for schools* (pp. 249-273). Washington, DC: American Psychological Association. doi:10.1037/14316-010
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 593-602. doi: 10.1001/archpsyc.62.6.593

References

- Lipschitz, D. S., Rasmussen, A. M., Anyan, W., Cromwell, P., & Southwick, S. M. (2000). Clinical and functional correlates of posttraumatic stress disorder in urban adolescent girls at a primary care clinic. *Journal of the American Academy of Child & Adolescent Psychiatry, 39*, 1104-1111. doi: 10.1097/00004583-200009000-00009
- Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 49*, 980-989. doi: 10.1016/j.jaac.2010.05.017
- National Alliance on Mental Illness. (NAMI, 2010). *Facts on children's mental health in American*. Arlington, VA: Author. Retrieved from http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804
- National Association of School Psychologists. (2010). *Standards for graduate preparation of school psychologists*. Bethesda, MD: Author.

References

- National Research Council and Institute of Medicine. (2007). *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities*. Washington, DC: The National Academic Press.
- Pfuntner, A., Wier, L. M., & Stocks, C. (2013, January). *Most frequent conditions in U.S. hospitals, 2010* [HCUP Statistical Brief #148]. Rockville, MD: Agency for Healthcare Research and Quality.
- Reeves, W. C., Strine, T. W., Pratt, L. A., Thompson, W., Ahluwalia, I., Dhingra, S. S. ... Safran, M. A. (2011, September 2). Mental illness surveillance among adults in the United States. *MMWR*, 60(Suppl), 1-30. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm>
- Richmond, M. (2014). *The hidden half: School employees who don't teach*. Washington, DC: Thomas B. Fordham Institute. Retrieved from <http://edexcellence.net/publications/the-hidden-half>

References

- Roderick, M., Arney, M., Axelman, M., DaCosta, K., Steiger, C., Stone, S., Villareal-Sosa, L., & Waxman, E. (1997, July). Habits hard to break: A new look at truancy in Chicago's public high schools. *Research brief*. Chicago, IL: University of Chicago School of Social Service Administration. Retrieved from <https://ccsr.uchicago.edu/publications/habits-hard-break-new-look-truancy-chicagos-public-high-schools>
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3, 223-241. doi: 10.1023/A:1026425104386
- Rossen, E., & Cowan, K.C. (2014, December). Improving mental health in schools. *Phi Delta Kappan*, 96(4), 8-13.
- Saigh, P. A., Mroueh, M., & Bremner, J. D. (1997). Scholastic impairments among traumatized adolescents. *Behaviour Research and Therapy*, 35, 429-436. doi: 10.1016/S0005-7967(96)00111-8
- Seedat, S., Nyamai, C., Njenga, F., Vythilingum, B., & Stein, D. J. (2004). Trauma exposure and post-traumatic stress symptoms in urban African schools. *The British Journal of Psychiatry*, 184, 169-175. doi: 10.1192/bjp.184.2.169
- Shaffer, D., & Craft, L. (1999). Methods of adolescent suicide prevention. *Journal of Clinical Psychiatry*, 60 (Suppl. 2), 70-74.

References

- Smit, F., Cuijpers, P., Oostenbrink, J., Batelaan, N., de Graaf, R., & Beekman, A. (2006). Costs of nine common mental disorders: Implications for curative and preventive psychiatry. *Journal of Mental Health Policy and Economics*, 9, 193-200.
- Soni, A. (2009, April) *The five most costly children's conditions, 2006: Estimates for the U.S. civilian noninstitutionalized children, Ages 0–17*. [Statistical Brief # 242]. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from http://www.meps.ahrq.gov/mepsweb/data_files/publications/st242/stat242.pdf
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59, 1133-1143. doi: 10.1001/archpsyc.59.12.1133
- U.S. Department of Education. (2001). *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Washington, DC: Author.
- U.S. Department of Education. (2013). *IDEA Data Center: Resource Library*. Washington, DC: Author. Retrieved from <https://www.ideadata.org/resource-library/#public-data>
- U.S. Department of Education, National Center for Education Statistics. (2009). *The condition of education 2009* (NCES 2009-081), Table A-32-1.



References

- U.S. Department of Health and Human Services (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U.S. Public Health Service. (2000). *Report of the Surgeon General's conference on children's mental health: A national action agenda*. Washington, DC: Department of Health and Human Services.
- Zirkelback, E. A., & Reese, R. J. (2010). A review of psychotherapy outcome research: Considerations for school-based mental health providers. *Psychology in the Schools*, 47, 1084-1100. doi: 10.1002/pits.20526