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CRESP Policy Brief Series

Mental and Behavioral Health

OVERVIEW

The prevalence—as well as social and economic costs—of mental, emotional, and behavioral health disorders among American students is alarming. According to the National Academy of Medicine, **nearly 1 in every 5 American students struggles with mental, emotional, and behavioral health each year** [National Research Council and Institute of Medicine (NRC & IOM), 2009]. Children with mental or behavioral health problems are at greater risk of falling behind in school and, left untreated, can compound that risk into adulthood. Mental, emotional, and behavioral health disorders disproportionately affect low-income students, students of color, and students with a history of adverse childhood events (i.e., trauma).

Recent policy change at the federal level allows states and local education agencies to prioritize and direct resources towards more holistic indicators of student success, such as student access to mental and behavioral resources. As such, policy solutions and interventions in mental and behavioral health are most successful if guided by a multitiered system of support (MTSS): universal mental, emotional, and behavioral supports for all students; targeted screening and intervention for at-risk students; and intensive support for students demonstrating the highest needs. Additionally, research strongly supports the use of school-based mental health consultation as an effective strategy for providing mental health services to children.

THE CHALLENGE: HALF OF ADOLESCENTS REPORTING MENTAL DISORDERS

Nearly 50% of adolescents report a mental disorder. Additionally, suicide represents the second leading cause of death for youth and young adults ages 10 to 24 [Centers for Disease Control and Prevention (CDC), 2016; Merikangas et al., 2010a]. Data also indicate adolescent mental, emotional, and behavioral health issues are more frequent than other common and well-recognized youth health conditions, including diabetes and asthma (Merikangas et al., 2010a).

> Mental, emotional, and behavioral health is inextricably linked to student success and school quality outcomes.

Disparities in prevalence among students exist as well. **Students living in poverty are at a greater risk for mental, emotional, and behavioral health conditions** in comparison with their higher-income peers (Feder et al., 2009; NRC & IOM, 2009). Being a student of color and adverse childhood events—including exposure to violence, crime, family incarceration, and abuse—compound the risk presented by poverty. The relationship between poverty and mental health is also bidirectional—mental illness is associated with an increased risk of poverty (Anakwenze & Zuberi, 2013; McSilver Institute for Poverty Policy and Research, n.d.).

Mental, emotional, and behavioral health is inextricably linked to student success and school quality outcomes. Academic achievement, student attendance, school climate, high school graduation rates, and the use of disciplinary interventions are all associated with students' mental, emotional, and behavioral wellness (Michael et al., 2015). With half of adults reporting the onset of mental, emotional, or behavioral disorders by the age of 14—with some as early as the age of 6—there is a strong and undeniable case for prevention, early identification, and intervention efforts in the school setting (Merikangas et al., 2010a; NRC & IOM, 2009).

EVERY STUDENT SUCCEEDS ACT: OPPORTUNITIES TO IMPROVE STUDENT WELL-BEING

The federal Every Student Succeeds Act (ESSA)—the legislative successor to the 2002 No Child Left Behind Act—went into effect for the 2018-

What are mental, emotional, and behavioral conditions? Characterized as both diagnosable disorders using the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V) and resulting disruptive behaviors such as bullying, violence, aggression, and substance abuse (CDC, 2018; NRC & IOM, 2009).

2019 school year. The new education law represents a more holistic approach to assessment and accountability by offering greater flexibility to states and introducing indicators of school quality and student success in addition to traditional indicators of academic achievement (Darling-Hammond et al., 2016; U.S. Department of Education, 2018).

> Under ESSA, states may direct funding towards increasing access to school mental, emotional, and behavioral services.

ESSA prioritizes—and in certain instances, increases and expands the purpose of—funding for low-income and underserved schools; professional development; and student supports for mental, emotional, and behavioral health [National Association of School Psychologists (NASP), 2017a; NASP, 2017b; National Association of Secondary School Principals, 2018]. Under ESSA, states may direct funding towards:

- Implementing MTSS; positive behavior interventions; and trauma-informed practices to address the academic, mental, emotional, and behavioral health needs of all students;
- Increasing access to school mental, emotional, and behavioral services;
- Supporting teacher professional development and school community partnerships; and
- Improving school climate and school safety (Lever, Bohnenkamp, & Hoover Stephan, n.d.).

IMPROVING ACCESS TO SCHOOL-BASED MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH SUPPORTS

Too many students do not have access to mental health care. Among students with a diagnosable mental, emotional, or behavioral disorder, studies suggest as many as 50-70% do not receive treatment (Green et al., 2013; Merikangas, 2010b; Merikangas, 2011). Treatment for preschool aged children is often limited and hard to access, and by the time students reach college, few will seek care (Blanco et al., 2008; National Scientific Council on the Developing Child, 2008).

Schools have direct contact with 95% of American students for the majority of their daily waking hours and throughout their most formative years, and as a result, the delivery of mental health services in school has been found to reduce barriers to care and result in improved access and treatment (CDC, 2017). Studies have found 20% of all students receive some form of mental health services at school; 70-80% of students who receive mental health services do so in the school-based setting; and adolescents are ten times more likely to seek help at school as opposed to other community-based settings (Foster et al., 2005; Kaplan, Calonge, Guernsey, & Hanrahan, 1998; Rones & Hoagwood, 2000).

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At the same time, many schools lack the funding and capacity to offer mental, emotional, and behavioral services and supports to students in need or at-risk, let alone the entire student body. Though described as a "frontline provider" by the U.S. Surgeon General in 2010, teachers are not trained in mental health and manage a great number of responsibilities beyond classroom instruction (U.S. Public Health Service, 2000). Support staff—including school counselors, nurses, and psychologists—are also stretched thin and often serve hundreds of students and multiple schools (NASP, 2017d). Without available mental and behavioral health services, not only are students missing out, but so are entire families, schools, and communities.

Multitiered Systems of Support (MTSS)

Ensuring student access to services and supports in the school setting is essential, and research and practice show approaches are more impactful when implemented comprehensively through a MTSS framework (NASP, 2017c). MTSS are characterized by three tiers or levels and together represent how to effectively and efficiently deliver mental, emotional, and behavioral health services and supports (see Figure 1):

- Tier 1, universal supports, are available to all students (e.g., screening, social and emotional learning (SEL) programs and initiatives, or mental health education);
- Tier 2 services are targeted and available to students specifically identified as needing additional services or supports (e.g., small-group counseling or suicide risk assessment); and
- Tier 3 services are more intensive and are delivered to individual students or small groups of students and are usually limited to a small, at-risk segment of the student body (e.g., intensive therapy and wraparound services) (NASP, 2017c).

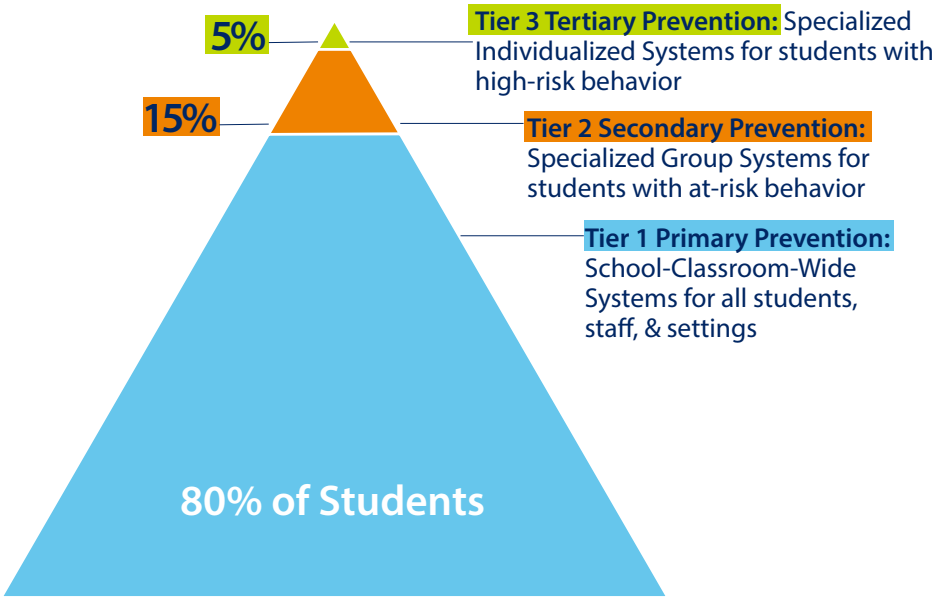
Mental and Behavioral Health Consultation

Mental and behavioral health consultation is a school-based approach that aims to empower and equip teachers and school leaders to address the mental, emotional, and behavioral health needs of students (Gibson, Stephan, Brandt, & Lever, 2014; Schultz et al., 2015). With a focus on collaboration, problem-solving, and capacity-building, teachers consult with school mental health professionals for a range of student

and classroom needs and issues (Gibson, Stephan, Brandt, & Lever, 2014). The consultation approach may also be used to support school-wide efforts such as implementing an SEL initiative; organizing a suicide prevention campaign; or improving communication among teachers, school administrators, and other personnel (Meyers, Meyers, & Grogg, 2004).

> Behavioral consultation is cost-effective, well-accepted among teachers, school leaders, and mental health professionals, and is strongly supported in the research.

Figure 1. Multitiered Systems of Support



School-Wide Positive Behavior Supports

Regarded as instrumental to the implementation of other school-based mental health services—including comprehensive, MTSS approaches—consultation is cost-effective, well-accepted among teachers, school leaders, and mental health professionals, and is strongly supported in the research (Gibson, Stephan, Brandt, & Lever, 2014; Kratochwill, Elloitt, & Busse,1995; Medway & Updyke, 1985; Sheridan, Welch, & Orme, 1996; Sheridan & Cowan, 2004). The impact of behavioral consultation[1] in schools is especially well-documented, as is mental health consultation[2] in the early childhood education setting (Gibson, Stephan, Brandt, & Lever, 2014; Hepburn et al., 2007). For example, research indicates early childhood[3] mental health consultation leads to positive outcomes for children, teachers, schools, and families—children demonstrate improved social and emotional competence, improved relationships with teachers and caregivers, and rates of student suspension and expulsion decrease (Hunter, Davis, Perry, & Jones, 2016).

THE DELAWARE EXPERIENCE

Mental and behavioral health consultation plays a prominent role in Delaware's delivery of mental health services and supports for children and families. The Delaware Department of Services for Children, Youth, and their Families (DSCYF), Division of Prevention and Behavioral Health Services in partnership with the Delaware Department of Education (DDOE) assigns Family Crisis Therapists (FCTs) to designated elementary schools in order to provide interventions targeted at removing barriers to academic and social success. This program has grown from serving nine schools in 1996 to over 50 public elementary schools (Delaware Department of Services for Children, Youth and their Families, 2017). In response to a sharp increase in adolescent suicides and suicide attempts in the state in 2013, then Governor Jack Markell included $3.3 million in his 2014 proposed budget to the General Assembly to fund behavioral health consultants (BHCs) at each of the state's middle schools (State of Delaware, 2013). In addition to collaborating with teachers and staff, Delaware's school-based BHCs support middle schools by completing mental health screenings and risk assessments, facilitating group therapy sessions, and conducting home visits and engaging families (Delaware Department of Services for Children, Youth and their Families, 2018).

> Studies estimate the direct and indirect costs of mental disorders among youth under the age of 24 at $247 billion per year.

In 2017, Delaware's ESSA plan was submitted and approved by the Secretary of Education for the 2017-18 school year (U.S. Department of Education, 2017). With input from community members, education stakeholders, and a statewide ESSA Advisory Committee, the state identified "student access to counselors, librarians, nurses, school psychologists, and other school-based specialists" as an important measure to report[4] (DDOE, 2017, p. 40).

[1] A model of consultation that focuses on environmental factors driving student behavior (Gibson et al., 2014).

[2] A model of consultation that focuses on teacher and caregiver capacity-building to better support students and promote healthy social and emotional development (Gibson, Stephan, Brandt, & Lever, 2014; Hunter, Davis, Perry, & Jones, 2016).

[3] Birth to age 6 (Hunter, Davis, Perry, & Jones, 2016).

[4] This specialist-to-student ratio metric will be reported by the state but will not be included in accountability ratings. The goal of reporting is to provide stakeholders, including parents and community members, a "more complete picture of school performance" (DDOE, 2017, p. 33).

SUGGESTED CITATION

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POLICY IMPLICATIONS

The social and economic costs of the mental, emotional, and behavioral health needs of students are too great. The prevalence of disorders and disruptive behaviors—such as bullying—and the rates of suicide among children and adolescents are alarming. Studies estimate the direct and indirect costs of mental disorders among youth under the age of 24 at $247 billion per year (Eisenberg, & Neighbors, 2007; NRC & IOM, 2009).

While ESSA provides states with greater flexibility and resources to address student mental, emotional, and behavioral health, policymakers and elected officials are presented the opportunity to leverage federal assets by championing local policy and administrative change that will strengthen efforts. With priority for underserved and at-risk communities, opportunities include:

- Leveraging ESSA title funding to implement MTSS strategies that deliver culturally appropriate and comprehensive mental health services and supports for all students;
- Providing adequate funding for school-based mental health services providers (e.g., school counselors, psychologists, and social workers);
- Increasing access to effective, evidence-based, and cost-effective mental, emotional, and behavioral health strategies such as behavioral and mental health consultation, family crisis therapists, and SEL programs and initiatives;
- Encouraging and supporting collaboration and information-sharing between state and local agencies, institutions, and organizations serving the mental health needs of students and families; and
- Leading campaigns and initiatives to raise awareness and reduce stigma around locally pressing mental health disorders, disruptive behaviors—such as bullying and substance abuse—and/or suicide. ■

For a full list of references, visit **cresp.udel.edu/publication/pb18-004**.

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