

## **Facts about School Mental Health Services**

### **Need for School Mental Health Services**

- Approximately 2.2 million adolescents aged 12 to 17 reported a major depressive episode in the past year and nearly 60% of them did not receive any treatment (Substance Abuse and Mental Health Services Administration, 2005a).
- According to the U.S. Surgeon General, in the course of a year approximately 20% of children and adolescents in the U.S. experience signs and symptoms of a mental health problem and 5% experience "extreme functional impairment" (U.S. Department of Health and Human Services, 1999).
- The dropout rate for students with severe emotional and behavioral needs is approximately twice that of other students (Lehr et al., 2004).
- Two thirds of school districts reported in the 2002-03 school year that the need for mental health services had increased since the previous year, and one third reported that funding for mental health services had decreased in that time (Foster et al, 2005).

### **Rationale for Providing Mental Health Services in Schools**

- To effectively address barriers to learning, schools must weave resources into a cohesive and integrated continuum of interventions that promote healthy development and prevent problems; allow for early intervention to address problems as soon after onset as feasible; and that provide assistance to those with chronic and severe problems (Adelman & Taylor, 2006).
- The U.S. Surgeon General considers schools to be a major setting for the potential recognition of mental disorders in children and adolescents, while acknowledging that trained staff and options for referral to specialty care are limited (U.S. Department of Health and Human Services, 1999).
- Students are substantially more likely to seek help when school-based mental health services are available (Slade, 2002).
- The Carnegie Council Task Force on Education of Young Adolescents (1989) concluded that, while school systems are not responsible for meeting every need of their students, schools must meet the challenge when the need directly affects learning.

### **Positive Outcomes for Children and Adolescents**

- Students who receive social-emotional support and prevention services achieve better in school (Greenberg et al., 2003; Welsh et al., 2001; Zins et al., 2004).
- A recent major study revealed that higher levels of school bonding and better social, emotional, and decision-making skills predict higher standardized test scores and grades; attention problems, negative behavior of peers, and disruptive and aggressive behavior predict lower test scores and grades (Fleming et al., 2005).
- Expanded school mental health services in elementary schools have been found to reduce special education referrals, improve aspects of the school climate (Bruns et al., 2004) and produce declines in disciplinary referrals, suspension, grade retention, and special education referrals and placement among at-risk students (Substance Abuse and Mental Health Services Administration, 2005b).
- School-based mental health programs for elementary school children experiencing severe emotional and behavioral difficulties have demonstrated reductions in conduct disorder behavior, attention deficit/hyperactivity, and depression (Hussey & Guo, 2003).

## Cost/Benefit Analyses

- The Institute of Medicine has reported that analyses of the economic costs and benefits of early childhood interventions for low-income children have demonstrated savings in public expenditures for special education, welfare assistance, and criminal justice (Shonkoff & Phillips, 2000).
- Nearly \$200 billion a year in economic losses could be recouped by raising the quality of schooling, investing more in education, and lowering dropout rates (Teachers College, Columbia University, 2005).
- The Seattle Social Development Project, targeting elementary students, has been estimated to provide net benefits of \$9,837 per student in averted long-term social problems (Aos et al., 2004).
- School-based drug abuse prevention programs have been conservatively estimated to provide \$840 in social benefit per student, compared to a program cost of \$150 per student (Caulkins et al., 2004).

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