Survey Results

School-Based Mental Health Services, Programs, and Needs: West Virginia, 2007-2008

Prepared for the Expanded School Mental Health Steering Team
A joint initiative of the
West Virginia Department of Education and the
West Virginia Bureau for Behavioral Health, Children's Division

November 16, 2008

Background

In May 2006, representatives from the WV Bureau for Behavioral Health and the WV Department of Education met to discuss the mental health needs of students and schools. That meeting resulted in the WV Expanded School Mental Health Initiative -- a joint effort led by the WV Department of Education and the WV Bureau for Behavioral Health, Children's Division -- to look at how the mental health needs of children and youth could be better addressed by collaborative efforts. The term "expanded school mental health" (ESMH) refers to programs that build on the core services typically provided by a school. ESMH also reflects the model recommended by the President's New Freedom Commission. ESMH augments services in schools by emphasizing shared responsibility; involves community mental health agencies; addresses the full continuum of mental health (MH) assessment, education, promotion, prevention, early intervention and treatment; and serves ***all*** students. It is a ***framework*** for programs and services upon which other elements may be added. (Weist, et al)

Purpose of Survey

The steering team for this initiative determined that very little was known about current mental health services in West Virginia's schools as they relate to the ESMH model. This survey was an initial attempt to get a statewide picture of current mental health prevention, early intervention, and treatment programs and needs in schools.

Method

Using examples of similar surveys from other states, the ESMH Committee developed a questionnaire and the School Health Technical Assistance Center at Marshall University set up the survey on www.surveymonkey.com. The State Superintendent of Schools sent an e-mail letter to all school principals asking them to complete the survey or assign someone in the school to do so. In addition to the letter from the Superintendent, school counselors received a notice about the survey from their state coordinator. The survey was available on- line during May and June 2008

Results

Response Rate: Once the duplicate surveys were eliminated, the final count of schools responding to the survey was 364 or 52% of public schools in the State. Partial surveys, when

there was another that was complete, were eliminated from the database. And where more than

Table 2. Grades Served # and % of All Public Schools N=361						
Preschool	Kindergarten	Elementary	Jr. High/Middle	High School	Alternative	Other
157 *(44%)*	199 *(55%)*	218 *(60%)*	92 *(26%)*	80 *(22%)*	12 *(3%)*	21*(6%)*

one person from a school responded, the evaluators chose the survey that was most complete, or that of the school administrator; and occasionally took the liberty of combining responses from two surveys into one. Of the 364 unduplicated surveys, 65% of the respondents were school administrators; 32% were school counselors, and the remaining 3 % were divided between teachers and school nurses.

Representativeness: The responses appear to be representative of the state's schools in terms of state and regional representation, grade level and racial/ethnic composition. Schools in 51 out of the State's 55 counties responded to the survey. Regionally, the percentage of schools responding in each RESA (Regional Education Systems Agency) ranged from 41% to 63%. Among the schools represented, five percent of the student population is black and other racial/ethnic groups were less than 1 %.

Table 1. Response Rate by RESA and for State			
RESA	# Schools Reporting	Total # Schools	% Schools Reporting
1	45	85	53%
2	64	101	63%
3	51	111	46%
4	29	70	41%
5	36	65	55%
6	29	55	53%
7	68	131	52%
8	42	83	51%
TOTAL	**364**	**701**	**52%**

As for school size, 59% of those responding reported a school size of less than 400 students, 34% had 400-800 students, and 8% had enrollments greater than 800 students. The percentage of schools serving various grade levels is based on a total of 701 schools in WV. The grade levels in schools vary, with some schools serving all grades, Pre K – 12th or other combinations.

Prevention Programs

Schools were asked to indicate any preventive programs at the school during the year. The question included a menu of the more common programs and a definition of preventive programs as "school - wide universal prevention/school climate enhancement programs". The data were

Table 3.
Indicate any preventive type programs provided this year (school wide, universal/school climate enhancement programs)

	Pre K – Elementary N=193	Mid– Jr. High N=84	High School N=68	State Total Unduplicated N=320	
	%	%	%	N	%
Developmental Guidance Lessons	88	81	59	254	79
Anti Bullying Programs	77	68	45	219	68
School-Wide Positive Behavior Supports	51	69	48	170	53
Other Programs	27	26	35	95	30
Comprehensive Health Screenings	32	25	15	85	27
Respect and Protect	15	25	18	56	18
PRIDE Youth Programs	8	14	24	41	13
Too Good for Drugs (elem. and middle)	12	7	0	27	8
Suicide Prevention	1	9	6	15	5
Teen Institute	3	8	4	15	5
BABES (elementary grades)	5	0	0	9	3
Mental Health Screening	1	2	6	7	2

sorted according to grade levels to account for programs that may be specific to particular grades. (Table 3) Developmental guidance lessons were provided in 88% of the elementary schools, 81% of the middle schools and 59% of the high schools. Anti - bullying programs and School Wide Positive Behavior Support were the next more common programs (over 50%) but very few schools listed Teen Institute, mental health screenings, or a suicide prevention program. Among the 95 schools reporting "Other" programs, the more frequent were RAZE, SADD, and DARE.

Intervention Programs

Respondents were asked to indicate which intervention services were available at the school. Intervention programs were defined as programs targeted to specific groups or individual students who are considered to be at -risk. (Table 4). The most frequent services were

Table 4.
Which of the following intervention services were available this year (programs targeted to specific groups or individual students who are considered to be at risk)

	Pre K – Elementary N=189 %	Mid– Jr. High N=82 %	High School N=68 %	State Total Unduplicated N=316 %
Individual Counseling/Therapy	85	85	91	85
Referrals to Community Resources	75	78	81	77
Small Group Activities	55	52	39	52
Student (Individual) Focused PBS	24	33	25	25
Staff/faculty Development	16	22	21	18
Mental Health Screening	13	20	30	18
Family Mental Health Outreach	18	10	15	17
Crisis Response	12	16	46	16
Family Counseling/Therapy	14	15	21	16
Clinical Intakes/Evaluations	11	24	18	15
Psychiatric Consultation	4	11	12	10
Other	2	0	4	8

individual counseling/therapy (85%); referrals to community agencies (77%) and small group activities (52%). Less than 20% of the schools reported that they did family mental health outreach, crisis response, mental health screening or staff/faculty development related to mental health issues.

Agencies in Schools

Table 5 displays the percentage of schools reporting that they have agencies providing mental health/substance abuse or social services in the school on a regular basis. Twenty- nine percent of the schools indicated that a behavioral health agency regularly provided mental health/substance abuse services in the school; and 39 % indicated that they had no outside agencies providing services. The 19% in the "other" category varied extensively. Most frequently mentioned were law enforcement or DARE, Child Protective Services, tobacco cessation and school nurses.

When asked if they felt that the roles of the external /collaborating agency providers and the school-employed counselors are clearly delineated and coordinated, 72% answered "yes". Among the 78 school counselors who responded to this question, 51 (65%) agreed that there was clear delineation and coordination. The 28% who answered "no" to this question were asked to explain. The comments varied, but the dominant themes were the lack of intentional communication and coordination; barriers imposed by the need for confidentiality; a lack of knowledge or understanding of what services are available in the community; and a perceived lack of follow - through or responsiveness from community agencies.

Table 5.
Please indicate which, if any, of the following agencies provide services in your school on a regular basis.

N=307	
Behavioral Health Center	29%
Private therapist/counselor/social worker	25
Community or School Health Center	20
Local Hospital/Health Dept	15
Reg'l Drug Prevention Specialist	5
No outside agencies	39
Other	19

Table 6. What are the top five problems/needs in your school?

N=316	%
Anger	64
Bullying	60
Emotional /MH	49
Attendance/Drop-Out	48
Family abuse/ violence	38
Violence	37
Living needs	31
Drug /alcohol abuse	29
Peer Dating	15
Grief Loss	14
Sex/Pregnancy	13
Smoking	11
Other Problems	11
Self-harm	6
Eating Disorders /Weight	5
Cultural /racial issues	4
Gender Identity	2
Suicide	0

Top Five Problems/Needs

The top five problems or needs identified in the schools are anger, bullying, emotional/mental health, attendance/dropping out and family abuse/violence. (Table 6) Among elementary schools, the top problems are similar with the exception that attendance drops to 7th place. At the middle school level, the top five needs are the same as the state averages. In high schools, the top five problems are attendance/dropout, drug/alcohol abuse, anger, bullying and sex/pregnancy.

Improvement Priorities: When asked, "If you could do one thing to improve your students' access to mental health/substance abuse services, what would it be?" the most frequent response was to increase school based counseling services. Responses to this open-ended question were categorized into specific areas. Thirty-seven percent specified school counseling, another 12% indicated a need for more community agency services

in the schools, and another 2 % listed school based clinic services. Taken together, these three categories show that over 50% of the schools want more counseling / mental health services based in the schools.

Discussion

Limitations: Limitations of this survey are 1) the information and opinions reported are self reported and are those of only one person in the school, and therefore may differ from responses if others in the same school had responded; and 2) some of the questions were subject to interpretation. For example, in response to the question, did your school offer any evidence based programs (EBP) this year, only 22% responded "yes" but 53% indicated that their school implements PBS – which is an EBP. Another example is "comprehensive health screenings" which some respondents may have incorrectly interpreted to mean Pre K screenings by a school nurse or (correctly) a full physical exam including a risk assessment by a medical provider**.**

Summary of Results:

- The survey sample appears to be representative of the State's schools in terms of geographic, regional and racial/ethnic composition.
- Most schools include those mental health services traditionally provided by schools – i.e., developmental guidance curricula, some brief counseling, and referrals to agencies – but only a few have components of an expanded model of school mental health and all schools except one indicated unmet needs.
- About ½ of schools have a positive behavior support or school climate program;
- Although 85% of the schools indicate that they provide individual counseling, the extent to which this meets the need and the quality of the counseling is unknown.
- Many schools continue to provide prevention programs that are not evidence - based according to SAMHSA (Substance Abuse and Mental Health Services Administration) criteria.
- Sixty one percent of the schools have at least one outside agency providing some services in the school although the frequency is unknown and many express concern over a lack of communication and coordination of services.

- Over one-third of the respondents said that if they could choose only one thing, they would want more counseling services in the school.
- Of the 272 responses to the open - ended question asking what one thing they would do to improve access to mental health services, all but one school listed at least one need.

Topics for Further Study: A follow up survey of schools may provide additional information to clarify the following: 1) the extent and quality of services being provided by external agencies; 2) the extent and outcomes of evidence based programs; 3) factors contributing to successful integration and coordination of school counselors and community agencies providing mental health services in the schools; 4) funding sources; 5) the extent of counseling services being provided; and 6) an in depth analysis of needs related to social and mental health needs of students.

Actions for the ESMH Steering Team: The ESMH Steering Team will conduct further review and analysis of the data. Suggested as possible next steps are:

1. Case studies of schools that have successfully implemented components of an expanded school mental health program to learn from their experiences.
2. Developing technical assistance to address the top needs identified by the schools: anger, bullying, attendance/drop - out rates, family abuse, and violence;
3. An in-depth assessment of need for behavioral health programs and services.
4. An assessment of the quality and the gaps in services currently provided.

Conclusion

Although the findings from this survey are preliminary, it is evident from the anecdotal comments as well as the high response rate that there is a need for and interest in more and better mental health services in schools. Addressing this need involves a paradigm shift for educators and mental health providers about the relationship between learning and mental health. The education and the mental health systems have similar goals and can benefit one another with more and better collaboration and coordination. For this to effectively occur at the local level, state agencies must provide leadership, incentives, resources and technical assistance to build the capacity of local providers and schools for collaboration.