

Highlights

- 52% of schools responded
- 25% indicated that they have a behavioral health agency providing services in the school
- 33% said they have no outside agency services
- The top five problems or needs identified in the schools are anger, bullying, emotional/mental health, attendance/dropping out, and family abuse/violence
- Of the 263 schools with outside agencies providing services in the school, 71% felt that there was clear role delineation and coordination with the school counselors.
- 20% of schools offered an evidence based program.
- When asked, “If you could do one thing to improve your students’ access to mental health/substance abuse programs, what would that be?”, the most frequent response was more counseling.

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

Purpose of Survey: The Expanded School Mental Health (ESMH) Initiative is a joint effort of the West Virginia Department of Education and the Bureau for Behavioral Health, Children’s Division to develop a plan for better addressing the mental health needs of children and adolescents through school based programs. The purpose of this survey was to inform the Expanded School Mental Health Steering Committee about mental health services and programs currently provided in West Virginia’s schools. The steering team notes that this is a general snapshot and that more in–depth study is needed.

Method: Using examples of similar surveys from other states, the ESMH Committee developed a questionnaire to answer some of the basic questions about current activities in the State’s schools. The School Health Technical Assistance Center at Marshall University set up the survey on www.surveymonkey.com. The 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. The survey was available during May and June, 2008. In addition to the letter from the Superintendent, school counselors received a notice about the survey from their state coordinator.

Results: Once duplicates were eliminated, 364 schools or 52% of all public schools in West Virginia had responded to the survey. Sixty-six percent of the respondents were school administrators; 31% were school counselors. The results appear to be fairly representative of the state’s schools in terms of regional representation (Table 1), grade level, and the racial/ethnic composition. . Among the schools represented, on average, five percent of their student population is black; and other race/ethnic groups were less than 1 %.

Table 1.	# Responses	Total # Schools	% of Total
1	45	85	53%
2	64	101	63%
3	51	111	46%
4	29	70	41%
5	35	65	55%
6	29	55	53%
7	68	131	52%
8	42	83	51%
Total	364	701	52%

When asked about prevention services at the school, 70% indicated that they provided developmental guidance lessons; 61 % had anti-bullying programs; 47% had School–Wide Positive Behavior Supports; but only 4 % or less listed Teen Institute, mental health screenings, or a suicide prevention program.

Table 2 displays the percentage of schools offering specific early intervention programs (i.e., secondary prevention) The majority of schools provide counseling, referrals and small group activities but only 25% provide student focused positive behavior supports and fewer than that have family outreach, staff development, or crisis response available.

Twenty five percent of the schools indicated that a behavioral health agency provided mental health/substance abuse services in the school

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

on a regular basis; and 33 percent indicated that they had no outside agencies providing services.

Of the 263 schools indicating that they had at least one outside agency, 71% felt that there was clear delineation and coordination between the external agency and the school counselors. With regard to whether the school used any evidence based programs related to socio-emotional health, of the 324 responding to this question, 22% indicated that

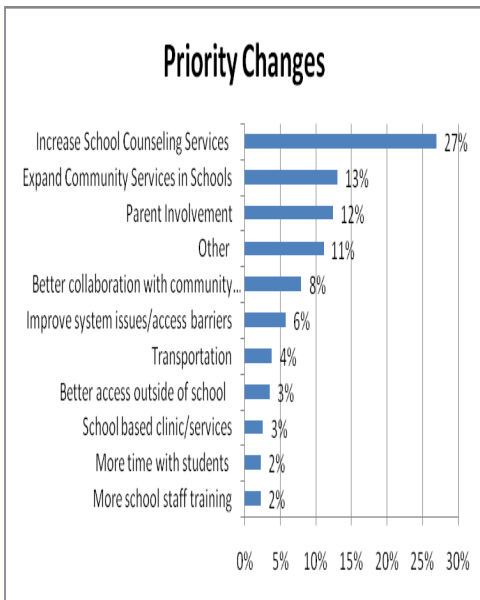
the school did offer at least one such program or services; 60% replied "no"; and the remainder (19%) responded that they did not know.

The top five problems or needs identified in the schools are anger, bullying, emotional/mental health, attendance/dropping out, and family abuse/violence. The needs differed somewhat at the high school level, with attendance/dropout, drug/alcohol abuse, anger, bullying and sex/pregnancy taking the top five positions. In response to question: "If you could do one thing to improve your students' access to mental health/substance use/abuse programs, what would that be?", the most frequent suggestion was to increase the availability of counseling services.

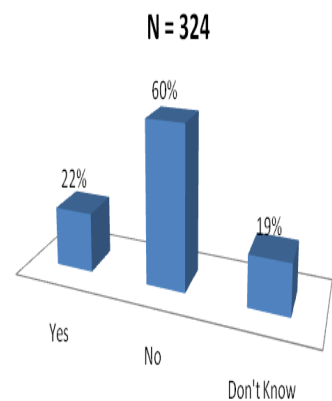
Conclusions: Although the findings from this survey are preliminary, it is evident from the anecdotal comments as well as the high response rate that there is a need for and interest in improving and increasing mental health services in West Virginia's schools. Addressing this need

involves a true paradigm shift for educators and mental health providers about the relationship between 1) learning and mental health and 2) true community collaboration. Education and the mental health system have similar goals and can benefit one another. Increasing integration and coordination between community mental health providers is essential. 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.

Table 2. Intervention Programs	%
Individual Counseling	85%
Referrals to Community	77%
Small Groups	52%
Individual PBS	25%
Staff /Faculty Development	18%
Mental Health Screening	18%
Family Outreach	17%
Crisis Response	16%
Family Counseling	6%
Clinical In-takes/Evaluations	15%
Other Interventions	10%
Psychiatric Consultation	8%



Did the school offer any evidence based programs or services this year related to social-emotional health/mental health/prevention?



For more information: The full report of the survey is available by contacting Linda Anderson at the School Health Technical Assistance and Evaluation Center, RC Byrd Center for Rural Health, Marshall University, 304-523-0043, or landerson@marshall.edu.