



Expanded School Mental Health

For West Virginia

www.schoolmentalhealthwv.org

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Increase Mental Health in Schools to Promote the Safety and Well-being of Our Children

We all share a common priority: keeping our children safe.

The recent school shooting in Newtown, Connecticut has heightened our awareness of the vulnerability of our children and communities to violent actions. However, it is important that we not respond by merely addressing security in schools. As stated in a recent position paper authored and endorsed by researchers and practitioners in school violence prevention:

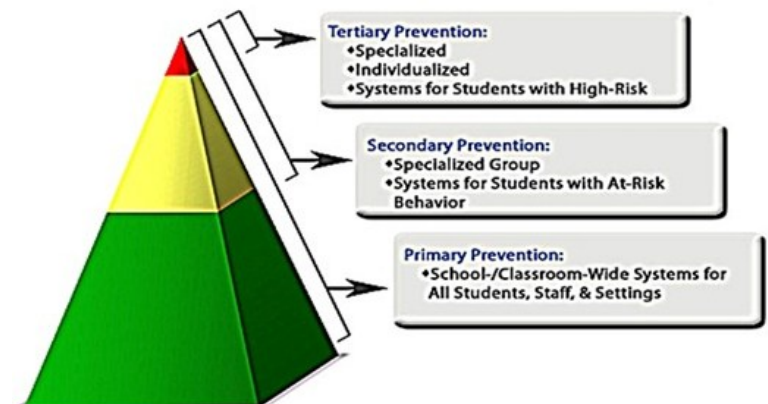
*Inclinations to intensify security in schools should be reconsidered....Effective prevention cannot wait until there is a gunman in a school parking lot. **We need resources such as mental health supports and threat assessment teams in every school and community** so that people can seek assistance when they recognize that someone is troubled and requires help....If we can recognize and ameliorate these kinds of situations, then we will be more able to prevent violence.*

The Facts about Youth Mental Health

- One in five youth in the United States experience mental illness, and about 1 in 10 have a serious emotional or behavioral disorder.
- Seventy percent of adolescents with mental health problems do not receive care.
- Over the last two decades, suicide rates have doubled among Americans between the ages of 10 and 14.

Access to needed care is the issue:

- Of those youth referred to traditional community mental health services, very few make it to treatment.
- Traditional child and adolescent outpatient mental health services demonstrate alarmingly low “show rates.” Most families only show up to one treatment session when conducted in non-school settings.
- Schools are “the most universal and natural setting” for our nation’s youth (New Freedom Commission, 2007)



What happens when students can access the mental health services they need?

Evidence from the U.S. Substance Abuse & Mental Health Administration (SAMHSA) shows:

- Behavioral and emotional problems decreased among 31 percent of youth with mental health issues after 6 months of treatment.
- Within one year of entering a mental health program, school attendance rates and grades increased significantly among youth receiving services.
- The number of students involved in violent incidents decreased by 15 percent within three years of a school implementing a mental health program.

In order to promote youth safety and well-being, schools and communities must receive flexible funding, technical assistance, and professional development to implement comprehensive mental health supports.

Progress in West Virginia:

The WV Bureau for Behavioral Health (BBHF) has funded and evaluated mental health services in schools since 2000. Evaluation of these programs show improvements in the functioning of students, and many school days saved by providing appointments at the school. In 2006 the Bureau and the WV Department of Education formed a steering team to improve state and local capacity for school based mental health, by adopting the expanded school mental health model recommended by the President's New Freedom Commission.

Currently, only about 15% of schools in West Virginia have community partners providing mental health in the schools, compared to about half of schools nationwide. The BBHF funds eleven Expanded School Mental Health (ESMH) projects in seven counties. In addition to the ESMH—funded programs, about 40 school based health centers include mental health services.

Expanded School Mental Health refers to programs that build on core services typically provided by schools. It is a framework that:

- includes the full continuum of prevention, early intervention and treatment
- serves all students
- emphasizes shared responsibility between schools, mental health providers and other community partners

Why Support Community Mental Health Providers in Schools?

- Community mental health professionals offer a broader continuum of services from prevention to intervention to supplement school employed staff.
- School employed staff are often only able to provide services to youth identified as in need for special education.
- Community providers are able to facilitate connections to other community providers for more intensive/specialized services. In doing so, youth and families are less likely to overutilize expensive, intensive medical and psychiatric services.
- By placing community mental health professionals in schools, more preventive care (screening, early identification) is provided, thus reducing stigma as well more expensive residential and emergency care.

Barriers to Meeting Statewide Need:

While many schools and counties have expressed interest in developing expanded school mental health services, there are many barriers that make this difficult:

- Community health providers rely on insurance reimbursement to cover costs. Prevention and early intervention are not covered by insurers; nor are activities such as consultations and meetings with school personnel, group counseling, or parent education.
- School staff and community providers do not have time to plan . There is no incentive or support for staff to take the time to engage in a planning process for comprehensive mental health programming.
- Funding sources are not easily or readily available.
- Many rural areas have difficulty attracting qualified mental health personnel.

What is Needed:

- Funding and technical assistance to communities to support planning and implementing a comprehensive school mental health model
- Flexible funding to supplement fee-for-service billing
- Professional development for school personnel and community mental health providers
- Policies that facilitate data sharing for program evaluation; use of tele-psychiatry, and workforce development
- A shared agenda that includes families, communities and schools.




For more information visit

www.schoolmentalhealthwv.org

This information brief was prepared by the

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Leadership for The West Virginia School Mental Health Initiative is a shared commitment of the West Virginia Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities; and the West Virginia Department of Education.

(Adapted, with permission, from similar materials produced by the University of Maryland's Center for School Mental Health; www.csmh.umaryland.edu)