FACTS ABOUT CHILDREN’S MENTAL HEALTH & MENTAL HEALTH SERVICES IN SCHOOL

Why is Children’s Mental Health Important?
Mental health is an essential component of a child or adolescent’s healthy development. Mental health affects how we think, feel and act. A child or adolescent’s mental health is critical for the development of self awareness, self management, responsible decision-making, relationship skills and social awareness that supports learning and academic success.

Prevalence of Child and Adolescent Mental Health Needs:

- One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. (Stagman & Cooper, 2010)
- The onset of major mental illness may occur as early as 7 to 11 years old. (Stagman & Cooper, 2010).
- 13 percent of children 8 to 15 years old had a diagnosable mental disorder in the past year and 50% of mental illnesses begin by age 14. The most common disorders among children and adolescents are Attention Deficit Hyperactivity Disorder, Depression, Anxiety and Conduct Disorder. (Center for Disease Control and Prevention, 2015).
- According to Merikangas, et. al, (2011) about 36 percent of youth with any lifetime mental disorder received services to treat the mental health disorder, and only half of these youth who were severely impaired by their mental disorder received professional mental health treatment. The majority 68% of the children who did receive services had fewer than six visits with a provider over their lifetime.
- Only 13% of children from diverse racial and ethnic backgrounds receive mental health services to meet their needs. (Masi, & Cooper, 2006).
- Suicide is the second leading cause of death for children, adolescents, and young adults age 5 to 24 year-olds. (American Academy of Child & Adolescent Psychiatry, 2017).
- One out of four children attending school has been exposed to a traumatic event such as physical/sexual abuse, domestic violence, bullying, community violence, death, illness, homelessness, natural disaster, etc. (National Child Trauma and Stress Network, 2008).
- Poverty is a major contributing factor to children and youth’s mental health problems, and it has direct and indirect effects on the development and maintenance of emotional, behavioral, and psychiatric problems. (American Institutes for Research, 2017).
The Impact of Unmet Mental Health Needs of Children and Youth:

- Children and youth in elementary school with mental health problems are more likely to be unhappy at school, be absent, or be suspended or expelled. In the course of the school year, they may miss as many as 18 to 22 days. Their rates of suspension and expulsion are three times higher than their peers. Among all students, African-American students are more likely to be suspended or expelled than their white peers (40% vs. 15%). (Masi, & Cooper, 2006)
- Approximately 50% of students with mental illness age 14 and older drop out of high school. Comparing those who drop out of high school with those who complete high school, the average high school dropout costs the economy approximately $240,000 over his or her lifetime in terms of lower tax contributions, higher reliance on Medicaid and Medicare, higher rates of criminal activity, and higher reliance on welfare. (Levin & Belfield, 2007)
- Exposure to trauma especially during a child’s early years can adversely affect a child’s attention span, memory and ability to process information resulting in a lower GPA, inconsistent school attendance, more suspensions/expulsions as well as a decreased ability to read. (NCTSN, 2008).
- Unsafe school environments: Studies have shown an increase in bullying and harassment in schools. Nearly one in five students in an average classroom is experiencing bullying in some way. The rest of the students, called bystanders, are also affected by the bullying. There are about 160,000 children that miss school every day out of fear of being bullied. (CDC, 2015).
- Some of the possible effects of student on student harassment and bullying include: lowered academic achievement and aspirations, increased anxiety, loss of self-esteem and confidence, depression and post-traumatic stress, general deterioration in physical health, self-harm and suicidal thinking, feelings of alienation in the school environment, such as fear of other children and absenteeism from school. (CDC, 2015)
- Youth with unidentified and untreated mental disorders also tragically end up in jails and prisons. According to a study funded by the National Institute of Mental Health—the largest ever undertaken—an alarming 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness. (Children’s Mental Health Network, 2018)
- Unmet emotional needs impact a child/adolescent’s ability to function successfully in school by impairing ability to learn, concentration, decision-making, physical health and the ability to develop healthy relationships with others and can lead to poor outcomes later in life. (Gearity, 2014).

Need for a Continuum of Mental Health Service Delivery in Schools:

- Access Issues: Lack of insurance or inadequate financial support for quality services to prevent and treat mental health problems of children and youth are contributing factors for unmet mental health needs in children. Many mental health services for children are not covered by managed care payers. (Children’s Mental Health Network, 2018).
- Early Intervention: Schools are in a pivotal position to identify and provide early interventions for children struggling with social, emotional and behavioral problems. Up to three quarter of children receiving professional care for a mental health problem obtained services through a school based program. (Slade, 2002).
- Educational Model of Mental Health Service Delivery: 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 is feasible; and that provides assistance to those with chronic and severe problems. (Adelman & Taylor, 2006; Garity, 2014)
- Multi-Tiered System of Supports (MTSS): Utilizing multi-tiered systems of support to deliver prevention and intervention services is a systematic approach to address barriers to learning. Many schools are implementing MTSS through the use of Positive Behavior Interventions and Supports (PBIS), Response to Intervention (RTI) and the development of Trauma Informed Schools. (SSWAA, 2013)
- School Safety and Violence Prevention: Safe and successful learning environments are fostered through collaboration among school staff and community-based service providers while also integrating existing initiatives in the school such as culturally responsive practices. (SSWAA, 2013)
- Integrating Services through Collaboration and an Interdisciplinary Team Approach: Collaborative efforts between schools with community health, mental health, and social services agencies creates a holistic approach to effectively address the growing health, behavioral, and mental health needs of students (New Freedom Commission on Mental Health. 2003; Olfsion, Druss, & Marcus, 2015). The collaborative pooling of unique skill sets and expertise of school-employed mental health providers including school social workers, school counselors, school psychologists, school nurses, and other specialized instructional support personnel (SISP) enhances students’ positive mental health, healthy social development and academic achievement. (Garity, 2014; SSWAA, 2013)
Resources: