

Executive Summary

Findings and Recommendations of the North Carolina School Mental Health Initiative

Current Status of Mental Health in Children and Youth

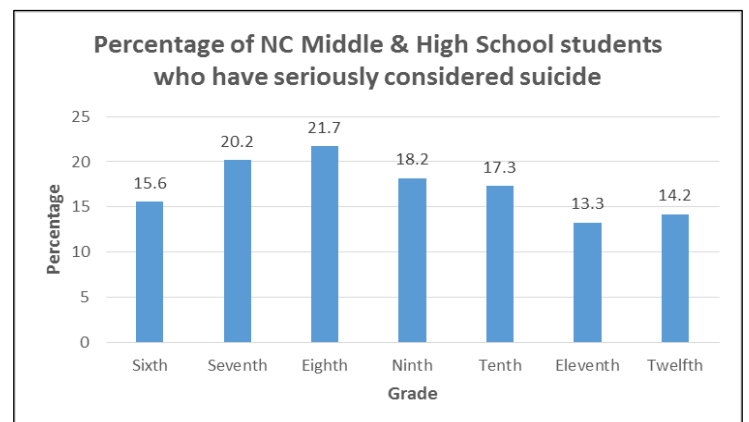
Mental and behavioral wellness is directly linked to overall positive student achievement, school climate, high school graduation rates, and the prevention of risky behaviors, disciplinary incidents, and substance abuse. Both nationally and in North Carolina, nearly 1 in 5 students will experience a mental health disorder in any given year¹. Of those students in North Carolina, 75%--or nearly 227,000 students--will NOT receive treatment². Suicide was the second leading cause of death among people aged 10-24 and, in North Carolina, the total number of youth suicides has doubled in recent years.

Most elementary and secondary schools in the United States have an increased number of students in need of mental health supports, yet this need continues to outpace the available funding and resources.³ This problem is by no means a recent development. In 2002-2003, two-thirds of school districts nationwide reported the need for mental health services had increased since the previous year, while funding for these services had decreased in that time.³ Additional studies suggest:

- Up to 1/3 of adolescents had a mood or anxiety disorder during their school age years; of these adolescents, only approximately 38% received any mental health treatment
- In 2014, approximately 2.8 million adolescents, aged 12 – 17, reported a major depressive episode in the prior year⁴
- A 1.2 percent increase in youth with depression, and a 1.3 percent increase in youth with severe depression between 2010 and 2013⁵
- High school dropout rates for students age 14 and older with a mental health issue was found to be 50%⁶
- Suicide was the second leading cause of death among people aged 10–24 years in 2014⁷
- North Carolina ranks 36th in the nation in prevalence of mental illness and access to care for youth, worse than West Virginia, Georgia, and Kentucky Mental Health America⁷

Annual Prevalence of Any Mental Health Disorder, Students 8-15 yrs	
United States	North Carolina
13.1%	19%

NC Youth Suicides ⁸	Year
23	2010
34	2013
46	2014



Students' mental health and academic outcomes: Why school-based mental health services make sense

Well-adjusted children are often defined by positive social and academic competence and minimal problems in terms of externalizing or internalizing symptoms.⁹ Mental and behavioral wellness is directly linked to overall

positive student achievement, school climate, high school graduation rates, and the prevention of risky behaviors, disciplinary incidents, and substance abuse¹⁰.

Access to mental health services is not evenly distributed across society. Many of the children with the greatest need for services are the ones with the least access, often due to financial constraints, lack of insurance coverage, lack of transportation to and from service providers, or unavailable services.

When considering the state of children/adolescent mental health, lack of appropriate access to adequate services that exist, and the interrelationship that exists between social-emotional functioning and academic functioning, a logical conclusion has been to provide mental health supports and services to children and youth within the context of the school setting. Most children and youth spend an average of 6.5-7 hours of their days, 5 days a week, within a school environment.

In alignment with a [Multi-Tiered System of Support](#) and the [Whole School, Whole Community, Whole Child Model \(WSCC\)](#), a comprehensive, consistently funded and implemented approach is necessary to establish effective, mental health services for children and adolescents. Schools offer unparalleled access to students in order to address both academic and mental health needs, which are intricately related¹¹ and school-employed mental health professionals (school counselors, school nurses, school psychologists, school social workers) have specialized training in meeting the mental and behavioral health needs of students.¹² For students with the most intensive needs, the existence of school based mental health centers are 21 times more likely to be utilized by students than other types of mental health treatment centers¹³. Access to school-based mental health services is linked to students' improved academic outcomes¹⁴ and enhanced physical and psychological safety¹⁵.

Opportunities for well-coordinated mental health supports

The Every Student Succeeds Act (ESSA) which reauthorizes the Elementary and Secondary Act of 1965, references specialized instructional support personnel (SISP) more than forty times. It defines specialized instructional support personnel as school counselors, school nurses, school social workers, school psychologists, and other state-certified or licensed mental health professionals. In particular, ESSA allows specialized instructional support personnel to be part of a state and district school improvement plan, to identify students at risk for school failure and to address school climate and school safety in addition to mental and behavior health of students¹⁶. To help schools improve conditions for learning, ESSA authorizes various funding streams that states and districts can use to implement the following:

- positive behavior interventions and supports or other activities to address skills such as social emotional learning, conflict resolution, effective problem solving, and appropriate relationship building;
- trauma informed practices, and mental health first aid;
- comprehensive school mental health services;
- efforts to improve school climate, school safety, and crisis prevention, intervention, and response;
- improve school community partnerships

It is clear through the existing data that the fragmented and reactive approaches have not proven successful in improving mental health outcomes for our children and youth. Given the evidence regarding the interrelatedness of academic outcomes and mental health/well-being of students, a unified and collaborative approach that is embedded within an existing system is required.

Background of the North Carolina School Mental Health Initiative

Bring stakeholders together to establish common language and a clearly defined mission

As a result of the continued and ever increasing mental health challenges our children and youth face, and the consequential impact on overall well-being, a group of stakeholders representing diverse backgrounds and experiences related to the provision of mental health services to children and youth came together. The North Carolina School Mental Health Initiative (NC SMHI) was established as a multi-disciplinary partnership with broad representation consisting of public educators, community-based mental health clinicians, lawyers, advocates, university faculty, and parents. This purpose driven and outcome oriented partnership began their work by establishing a clear mission and mutually agreed upon definition of mental health services.

It is the mission of this partnership to develop recommendations for policy and/or legislative changes to ensure that public school students in North Carolina have equitable access to a full continuum of high-quality and well-coordinated mental health services.

For purposes of the NC SMHI's work, mental health services are services that:

- *Promote* healthy development of social, emotional, and/or behavioral functioning
- *Prevent* problems with social, emotional, and/or behavioral functioning
- *Respond* to students experiencing concerns or problems with social, emotional, and behavioral functioning
- *Prevent and treat* substance abuse

Gather/analyze state level data to inform the work

The NC SMHI partnership collected state level data from nearly 2700 key informants through a systematic environmental scan in order to elucidate a clear picture of the strengths and needs related to the provision of school mental health services across the state. The scan included the use of two surveys and six focus groups to collect the necessary information from stakeholders statewide. The surveys and focus groups served as a critical first step in the development of recommendations for policy and/or legislative action on behalf of North Carolina children and youth. The recommendations that have been established serve as the partnership's basis in advocating for the necessary changes that will allow all school age children and youth equitable access to a continuum of high quality and well-coordinated mental health and substance use services.

NC School Mental Health Initiative Recommendations

1. Create a Continuum of Supports and Services for Student Mental Health and Substance Use

Issue:

Currently, mental health and substance use services across NC schools are fragmented, reactive, or non-existent. Too often, mental health and substance use needs are not addressed until the student and family are in crisis and academic progress is impacted.

Solution:

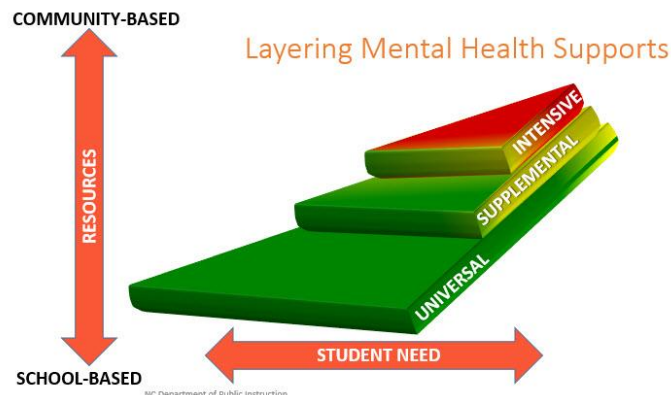
A continuum of mental health and substance use supports is necessary for all students to be fully engaged in the learning process.

Rationale:

A continuum encompasses education, universal screening, and appropriate services and supports for all children in response to varying levels of need.

Implementation Strategies:

- Public schools, families, community providers, Managed Care Organizations and other payors will jointly create a plan for meeting the mental health and substance use needs of all NC public school students. The continuum will include:
 - Education of staff and students pre-K-12
 - Education will ensure that all staff members are adequately prepared to support the needs of their students, the stigma of “mental health” is diminished, and the term “mental health” becomes a common element embedded within the school environment.
 - Healthy school communities
 - A healthy school community fosters a positive school climate that meets the social and emotional needs of all students and promotes the infusion of school-wide social-emotional learning and resilience building skills.
 - Universal screening
 - Universal screening identifies a student’s barriers to academic, behavioral, social, and emotional success at critical development periods.
 - Supplemental supports
 - Supplemental supports will be provided to students identified with emerging mental and behavioral health needs.
 - Intensive services for both the students and family
 - Intensive services will address identified mental and behavioral health needs and may include crisis intervention and/or direct therapeutic supports appropriate to each individual student and situation.
- To ensure accountability, the plan will include a system to evaluate the quality of mental health and substance use services and measure student outcomes.



2. Make it Sustainable

Issue:

Students need equitable access to a continuum of supports and services regardless of their ability to pay. Changes in funding structures are needed in order to provide these services and staff them appropriately.

- Students face unnecessary barriers to accessing appropriate supports and services funded by their private and public health insurance in the school setting.
- Schools need additional qualified providers to adequately support the mental health and substance use needs of students to create successful learners.

Solution:

Children and families need benefits that are accessible across various entrance portals and regardless of county of residence. To that end, a workforce of school providers that is staffed in sufficient numbers as well as promotion, expansion and modeling of existing university-school partnerships is needed.

Rationale:

Federal mandates require uninterrupted provision of educational and health services, yet current funding structures promote disconnected, splintered mental health and substance use care for children.

Implementation Strategies:

- Create incentives for Memorandums of Agreement between all collaborators (e.g., Division of Medical Assistance, Department of Public Instruction, Managed Care Organizations, public schools) to ensure coordination of funding and quality services.
- Eliminate barriers to students accessing services at school through Medicaid including:
 - Remove the requirement for services to be included in an Individual Education Program (IEP) for reimbursement
 - Open access of reimbursement to public schools for services provided to Health Choice beneficiaries
 - Discontinue state Medicaid policy interpretation which counts school provided/educational services against benefits in other settings or include school provided/educational services in the determination of medical necessity
- Create infrastructure for public schools to be recognized by commercial healthcare insurance companies as providers of behavioral health care services for children.
- Improve student access to adequately trained school health professionals in NC public schools:
 - Employ in sufficient numbers, adequately trained and licensed Specialized Instructional Support Personnel (SISP) (school counselors, school nurses, school psychologists, school social workers)
- Ensure that a state level infrastructure exists to provide consistent and cohesive support to Specialized Instructional Support Personnel.
- Replicate sustainable practices, such as existing university-school partnerships.
- Include a mental health and substance use component within existing professional development requirements of all involved professionals (members of local boards of education, school administrators, school resource officers, school counselors, school nurses, school psychologists, and school social workers).

80% of school based respondents indicated that the existing staffing ratios of specialized instructional support personnel to deliver the full range of mental health services are inadequate.

NC SMHI Environmental Scan Survey
March 2016

3. Engage All Stakeholders

Issue:

Families, students, schools, community providers and cross-systems providers are disconnected as a result of the inadequate, fragmented, difficult to access, and/or duplicated mental health and substance use supports and services for students.

Solution:

Engage all stakeholders to create and sustain collaborative, coordinated behavioral health supports and services for students.

The research tells us...

- Parents' alliance with a school mental health clinician predicts whether youth and families use the skills taught during interventions
- Collaborating with caregivers in the treatment process reduces the amount of time students spend in the treatment environment
- When clinicians seek feedback from caregivers, the caregivers are more likely to feel that their child's needs are being met
- Incorporating family feedback into treatment processes creates a sense of shared responsibility for the well-being of the child receiving services
- Demographic characteristics are not associated with level of treatment involvement

Handbook of School Mental Health: Advancing Practice and Research¹⁷

Rationale:

Schools must partner with families and community service providers to effectively address the mental health and substance use needs of students. This is consistent with *Governor's Task Force on Mental Health and Substance Abuse* report finding; "Many children have a variety of physical, mental, social, emotional, educational and developmental needs. Providing effective help to children and their families requires sharing information across the many agencies and multiple systems that serve them."

Implementation Strategies:

- Dedicate school resources to build partnerships with families and community mental health and substance use providers.
- Establish, leverage, and/or strengthen local collaboratives to ensure consistent participation by local mental health and substance use partners/stakeholders.
- Map and communicate local mental health and substance use supports and services for students, including providers.
- Expand MCO and other payors visibility, involvement, and collaboration with local mental health and substance use partners/stakeholders.
- Simplify family/student access to community mental health and substance use supports and services.
- Remove barriers to the exchange of information across schools, families, and agencies

View the [full report](#) of the NC School Mental Health Initiative

Notes

1. Splett et al., 2014
2. Goodman et al., 1997; Grunbaum et al., 2004; Marsh, 2004
3. Foster, Rollefson, Doksum, Noonan, & Robinson, 2005
4. National Institute of Mental Health, 2016
5. Mental Health America, 2016
6. National Alliance on Mental Illness, 2015
7. Centers for Disease Control and Prevention [CDC], 2016
8. North Carolina Child Fatality Task Force, 2016
9. Valdez, Lambert, & Ialongo, 2011
10. Center for Health and Healthcare in the Schools, 2014
11. New Freedom Commission on Mental Health, 2003
12. National Association of School Psychologists [NASP], 2015
13. Juszczak, Melinkovich, & Kaplan, 2003
14. Michael, et al., 2013
15. Ballard, Sander, & Klimes-Dougan, 2014; Bruns, Walrath, Glass-Seigel, & Weist, 2004
16. National Association of School Psychologists [NASP], 2016
17. Lowie, Lever, Ambrose, Tager, & Hill, 2003