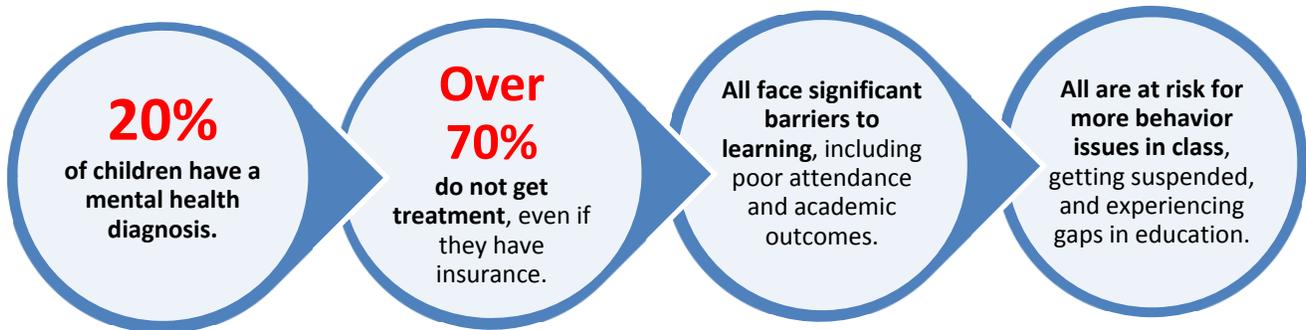


The Problem: Mental Health Needs Prevent Students from Succeeding

300,000 California children between the ages of 4-11 have mental health needs, but over 70% never receive treatment. For youth in poverty or with non-English speaking parents, over 80% never receive treatment to address their mental health needs.¹

Up to 20% of youth are diagnosed with a mental disorder in a given year.² The most common youth mental health issues are Attention Deficit/Hyperactivity Disorder, depression, anxiety, substance use disorders, and conduct disorders, all of which significantly impact school behavior and attendance.

In addition, **nearly 57% of California children have had adverse experiences of trauma**, such as poverty, domestic violence, abuse/neglect, divorce/family discord, and parental substance abuse or mental illness.³ The rate is higher for youth in poverty. Many more youth experience trauma or other social-emotional stress.



Providing Mental Health Care at School Gives Children the Chance to Succeed

- Of children and youth who are receiving mental health services, **70% are getting them at school.**⁴
- Students who receive mental health services on campus report **greater connection to school and more caring relationships with adults** at school.⁵
- Mental health treatment in schools is associated with **increased access for students of color** – who might otherwise go without any treatment.⁶
- Students who receive mental health services on campus have **lower suspension rates and get along better with peers** than students who have mental health needs and do not receive school-based treatment.⁷

For more information about starting a school-based mental health program, please contact Mental Health Project Director Alicia Rozum at 510-268-1030 or via email at arozum@schoolhealthcenters.org.

Benefits of Implementing School-Based Mental Health Services

1. Mental Health Services Are Responsive to the Unique Needs of Your School & Community

- Schools participate in an ongoing needs assessment process to ensure mental health services are culturally appropriate, student centered, and educationally responsive.
- A school or district level planning committee consists of students, families, teachers, district personnel, community mental health staff, board members, and others interested in the success of mental health programs.



2. Services Help to Build a Strong & Supportive School Climate

- The school plays a critical role in providing an emotionally supportive environment and the foundation on which students can build the characteristics necessary to thrive.
- Schools make mental health services available to all students, not just those in crisis, so they can address mental health problems early and prevent the need for more intensive services later.

3. Community Partners Help Shoulder the Responsibility of Providing Care

- Districts partner with community mental health providers to fund and staff mental health services.
- School-based staff, such as school social workers, counselors or nurses, coordinate mental health services and build relationships with community providers.

4. A School Site Team Coordinates Care to Ensure Efficiency

- The school's support service staff and community providers work together to coordinate mental health referrals through a multi-disciplinary team.
- Struggling students receive the benefit of unduplicated and coordinated case management and referrals. Interventions can target both mental health and academic goals.

5. Mental Health Providers Serve as a Resource to Teachers, Administrators, & Other School Staff

- Time for consultation between teachers and mental health professionals is built into the school day.
- Teachers build their skill set to support individual students and implement positive classroom management techniques.
- Mental health staff provide professional development activities related to student mental health topics, like trauma-informed classrooms and staff wellness.

¹ Padilla-Frausto DI, Grant D, Aydin M, Aguilar-Gaxiola S. Three Out of Four Children with Mental Health Needs in California Do Not Receive Treatment Despite Having Health Care Coverage. Los Angeles, CA: UCLA Center for Health Policy Research, 2014.

² Centers for Disease Control and Prevention, "Morbidity and Mortality Weekly Report," May 2013, http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w, accessed July 2013.

³ Sacks, V., Murphy, D., & Moore, K. Adverse Childhood Experiences: National and State Level Prevalence. Child Trends Research Report, July 2014.

⁴ Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology*, 3(4), 223-241.

⁵ Susan Stone et al., "The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets," *Journal of Adolescent Health*. Published online July 10, 2013. doi: 10.1016/j.jadohealth.2013.05.011.

⁶ Snowden, L. R., & Yamada, A. (2005). Cultural differences in access to care. *Annual Review of Clinical Psychology*, 1, 143-166.

⁷ Strolin-Goltzman, J. The Relationship between School-Based Health Centers and the Learning Environment. *Journal of School Health* 80, no. 3 (2010): 153-159. doi: 10.1111/j.1746-1561.2009.00480.x.