School-Based Behavioral Health: Improving School Climate & Students' Lives

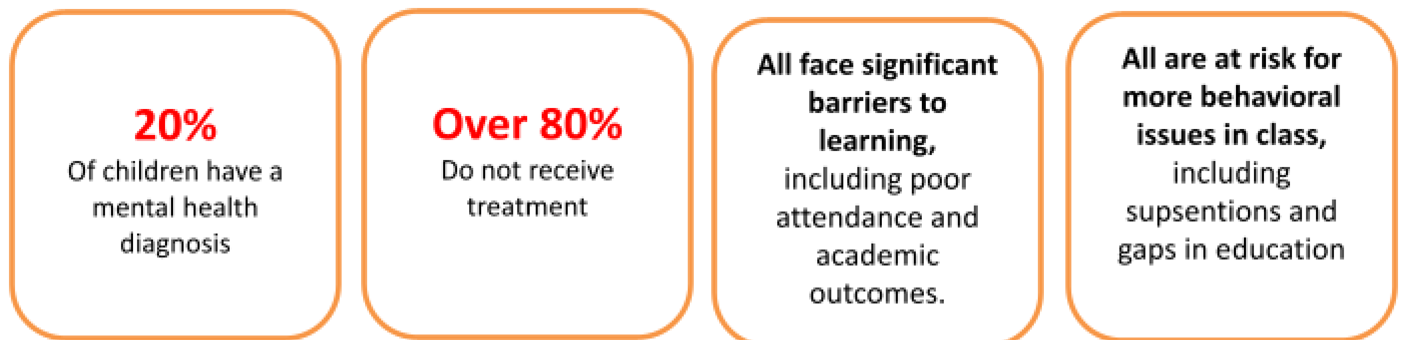
Nevada Department of Health and Human Services
DIVISION OF CHILD AND FAMILY SERVICES

The Problem: Mental Health Issues Prevent Students from Succeeding

Among Nevada youth aged 12-17, the average percentage with a **major depressive episode increased to 17.7%,** or 39,000 of Nevada's youth, compared to the national average of 14.3%.[1] During the major depressive episode, **37,000 had serious thoughts of suicide, and 67.3% (26,000) of Nevada's youth received no mental health treatment** for the major depressive episode.[2] Of the youth who are referred to mental health services, 80% never receive services. In other words, 80% of referrals made for youth to obtain mental health services go nowhere.

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 40% of Nevada children have had traumatic** experiences called "adverse childhood experiences (ACEs), 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. Much more youth experience trauma or other social-emotional stress.



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

- Of children and youth 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]

Best Practices for School-Based Mental Health Services

1. **Respond to the Unique Needs of Your School and Community**
   - Districts establish a planning committee to oversee mental health services. This committee ensures mental health services are meeting their unique student needs.

2. **Involve Youth and Provide Inclusive and Culturally Responsive and Relevant Services**
   - Services involve families, are offered in multiple languages and are delivered by providers experienced in working with students from many backgrounds. A student and family advisory committee is formed to support the implementation and utilization of programs.
3. **Support a Strong and Supportive School Climate**
   - Services are integrated into overall positive school climate activities, such as classroom health education and restorative discipline practices are available to all students, not just those in crisis.
4. **Leverage Community Partners to Provide Care**
   - While school-based staff–such as school social workers, counselors, or nurses–coordinate mental health services on campus, they build relationships with community-based providers. Districts partner with these providers to help fund and staff mental health services for their highest-need students.
5. **Coordinate Care with School to Ensure Efficiency**
   - The school's support service staff and community providers meet regularly to coordinate mental health referrals through a multi-disciplinary team. This team assigns interventions that target mental health, academic, and attendance goals and ensure students do not fall through the cracks.
6. **Serve as a Resource to Teachers, Administrators, and Other School Staff**
   - Providers conduct training for teachers related to student mental health topics. Time for consultation is built into the school day so that teachers can build skills to support students and implement positive classroom management strategies, such as trauma-informed classrooms and staff wellness.

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[1] https://www.samhsa.gov/data/sites/default/files/reports/rpt32845/Nevada-BH-Barometer_Volume6.pdf2

[2] https://mhanational.org/issues/2020/mental-health-america-youth-data#one

[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

[8] Adapted from California School-Based Health Alliance