

Examining the Availability of Mental Health

Services and Supports in a School Setting

Heather R. Mortel, M.S.E and Jessica Paschke, M.S.E.

University of Wisconsin-River Falls

Author Note

Heather Mortel, M.S.E., Jessica Paschke, M.S.E., Department of Counseling and School Psychology, University of Wisconsin-River Falls.

Correspondence concerning this manuscript should be addressed to Scott Woitaszewski, Ph.D., Department of Counseling and School Psychology, University of Wisconsin-River Falls, 410 South Third Street, River-Falls, Wisconsin, 54022.

Abstract

An electronic survey was sent to staff members at one middle school and one high school in a rural Minnesota school district. The survey addressed teacher perceptions on the availability of mental health services in their school district. Quantitative analysis was completed including descriptive statistics. Researchers found that there was not a significant difference between teacher perceptions of the availability mental health services between the two grade levels. The results of the questionnaire also showed that teachers feel the availability of mental health services in their school is adequate.

Keywords: mental health, schools, coping, prevention, rural

Examining the Availability of Mental Health Services and Supports in a School Setting

Many schools across the country are in desperate need of mental health services and supports. School-based personnel are faced with students who present various growing mental health concerns on a daily basis. According to Koller & Bertel (2006) an overwhelming 70% of children with a diagnosable mental illness do not receive treatment, or receive inadequate treatment. Every day, students enter schools across America; many of them carry with life factors that will affect their ability to function in the learning environment. According to Wilens (2004) an estimated 12-22% of American kids-7.5 to 14 million all together- suffer from psychiatric disorders. The effect of mental health on school success and achievement is well-documented in recent reports by the U.S. Surgeon General (NASP 2004). Factors such as healthy self-esteem, positive self-concept and establishing appropriate and positive relationships with adults are critical to student achievement and success. Research emphasizes the importance of positive student behaviors and attitudes as elements in promoting effective schools (NASP 2004). Having positive mental health allows students to maintain the necessary skills to cope and engage in the classroom.

What is Mental Health?

NASP adopted the definition of mental health set forth in the 1999 report of the U.S. Surgeon General (U.S. Department of Health and Human Services, 1999), which described mental health as a health-illness continuum within a public health model. On one end of the continuum is mental health, defined as; "...a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. It is easy

to overlook the value of mental health until problems surface. Yet from early childhood until death, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. These are the ingredients of each individual's successful contribution to community and society." (pg.6) Supporting and improving mental health involves building positive self-concept, increasing pro-social behaviors, positive coping strategies and identifying protective factors in order to foster resiliency.

Implications for School Psychologists and Educators

With the shocking increase in mental health needs for today's students, there is also a call to action for the preparation and training programs of school-based personnel. A significant number of youth in the United States experience mental health problems to a degree that impairs daily functioning (Koller & Bertel, 2006). School violence, high dropout rates, bullying, high suicide and homicide rates, and increased levels of high-risk behaviors are reported commonly across the United States and the human and economic toll of inadequately addressing these mental health problems is significant (AAP, 2004). Addressing these needs in the school setting is beneficial for success in the community at large.

According to Koller & Bertel (2006) between five and nine percent of children can be classified with a diagnosis of a serious emotional disturbance. Due to a lack of school based mental health supports, many of the country's students are not having their needs met. Children who attend school on a regular basis spend up to eight hours a day in the learning environment. Students who have mental health needs could benefit from having services on site to address these concerns. It is imperative that educators begin to address mental health needs in the school setting. Many educators have recognized the interaction of physical, social and emotional learning and student performance (Jennings, Pearson, and Harris, 2000). School psychologists

and educational professionals are able to provide mental health services in the school setting, supporting this idea.

Mental health plays a direct role in a student's ability to excel in an academic setting. It is unrealistic to expect students will achieve at their highest potential if their mental health needs are not being addressed. Mental health is directly linked to educational outcomes (NASP, 2004). Schools are the optimal place to develop psychological competence, because schools are the only organization in our society to which virtually all children and adolescents are consistently exposed for extended periods of time (NASP 2004). Schools are an ideal place to address these needs for students. Children and adolescents spend anywhere from six to eight hours a day in the school building. According to Vanderbleek (2004) schools have several advantages in addressing the mental health needs of students. Schools have stake in identifying students with emotional and behavioral problems because these issues significantly affect the student's academic performance (Vanderbleek, 2004). Numerous authors have suggested the stigma associated with mental health problems and treatment seeking may negatively influence a parent or child's willingness to release information to schools about mental health problems according to Kramer, Vuppala, Lamps, Miller, and Thrush (2006). Despite these alarming numbers of mental health needs for children, Slade (2003) suggested that most schools do not provide specialty mental health treatment or provide such treatment infrequently. According to a study by Nabors & Prodent (2002) adolescents receiving school-based mental health services reported improved functioning after one year. Results of this study also indicated that students exhibiting several protective factors were also more likely to complete treatment. However, protective factors should also be addressed. Assessment of suicide risk that is based on risk factors alone ignores the fact that risk is a balance between risk factors and protective factors (Sharaf, A., Thompson,

E., and Walsh, E., 2009). Ensuring schools have adequate staffing and students have access to trained mental health professionals is imperative to student's overall functioning. Schools should have multidisciplinary student support teams that include school nurses, school personnel, mental health consultants, and school physicians to review and plan evaluations and intervention strategies for students experiencing problems at school or otherwise identified as having potential mental health problems in order to help meet these needs (AAP, 2004).

Prevention and Treatment of Mental Health Concerns in the School Setting

Addressing youth mental health needs in the school environment presents an opportunity to take a preventative approach. Mental health service researchers have long acknowledged schools as an important system of care according to Bradshaw, Buckley & Ialongo (2008). The amount of time children spend in the school environment allows schools to serve as a key contributor to combating problematic mental health issues. An overwhelming 70% of children with diagnosable mental illness do not receive treatment, or they receive inadequate treatment (Koller & Bertel, 2006). Because of this, students are unable focus and benefit from classroom instruction. According to the American Academy of Pediatrics (2004) many families will not address their mental health needs if their health insurance does not offer adequate coverage. Additional barriers include lack of transportation, financial constraints, child mental health professional shortages, and stigmas related to mental health problems (AAP, 2004).

Challenges to Addressing Mental Health Needs in the School Setting

There are significant barriers to serving students with mental health needs in the school setting. According to Sedlak (1997) relations between school (Administrators, boards of education, teachers) and services (social workers, therapists, and counselors) have generally been awkward-occasionally embracing and nurturing, at times competitive and distant. Both educators

and mental health professionals aim to help children and support overall well-being; this is not something that can be easily achieved. If many of the promising reforms currently underway do not take root-whether because of misconceptions of their cost or because of unease with the place of mental health and social welfare in schools-our educational enterprise will have squandered crucial opportunities to help children and families make informed and beneficial decisions (Sedlak, 1997, p. 361).

Treatment and intervention of students experiencing mental health concerns in the school setting can help to mitigate suicidal ideation, attempt and completion. By building and fostering self-esteem through mental health practices in schools, suicidal behaviors can be decreased. According to Sharaf, Thompson, and Walsh (2009) studies have reported that self-esteem is a powerful internal protective factor against adolescent suicidal behaviors, by providing support to students in educational settings, self-esteem can be improved through direct social support. When children are not receiving mental health supports outside of the school setting, or if those supports are not being successful, it may be beneficial to add that support into their educational schedule. Exploring potential patterns of protective moderation may provide direction; if one or more social domains are proven to be resistant to intervention, it may be helpful to intervene in another domain (pg. 161). In order for mental health services to be a positive and proactive approach to aiding student achievement and emotional well-being, these services must be available and accessible for students and families. It is vital that schools and other educational facilities house mental health professionals available to meet these growing needs. It is important that school professionals work with other community entities to meld their resources in order to develop a comprehensive continuum of available programming which addresses barriers to

learning and development. Providing mental health support in the school building will help to blend these resources and provide a comprehensive approach to mental health intervention.

Another challenge that exists is the overall lack of research specifically addressing the availability of mental health services in the school setting. While there is a plethora of research describing the need and importance of addressing mental health concerns in schools, there is a miniscule amount of research addressing obtainability and availability of mental health professionals for students. It is our hope that this study will help pave the way for future research on the availability of mental health services in the school setting.

Research Question and Hypothesis

How does school staff view the availability of mental health services in their school?

Hypothesis #1: School staff taking the survey will feel that the availability of the mental health services in their school is adequate (as defined by a median score of 3 or lower on 5 out of 6 items).

Is there a significant difference between middle and high school teacher perceptions of available mental health services?

Hypothesis #2: There will not be a significant difference in teacher perceptions of available mental health services between the two age levels.

Method

Subject Selection

A questionnaire was distributed to approximately 150 teachers in the Hastings School District. Two school buildings were selected by the researchers, Hastings Middle School and Hastings High School. All licensed staff members were given the questionnaire via email. For the purpose of this study, teacher will be defined as any licensed school staff member who

provides a service to students either at Hastings Middle School or Hastings High School. This can include, but is not limited to classroom teachers, administrators, school psychologists, school social workers, guidance counselors, physical therapists, occupational therapists and speech and language pathologists.

Materials and Procedure

An electronic questionnaire was distributed to subjects via school district email. The survey had 6 questions related to the availability of mental health services in their schools (See Appendix A). This questionnaire addressed various perceptions and opinions on the availability of mental health services in the school setting. The authors of the study collected quantitative data, in order to evaluate and examine the differences and commonalities among teacher responses to questions related to the availability of mental health services in their school.

Results

This study was conducted for the purpose of determining the opinions of faculty regarding the availability of mental health in their district. Approximately 150 faculty members from Hastings Middle School and Hastings High School were sent the survey via their district email, and were asked to voluntarily complete it. Ninety-one valid responses were collected from various staff members including teachers, administrators, school psychologists, social workers, guidance counselors, physical therapists and speech and language pathologists. Fifty-two responses came from the middle school level, constituting 57.1% of the total; and thirty nine responses came from the high school level, making up the remaining 42.9% of the responses collected. Additionally, the employment positions held by the respondents are as follows; 73 (80.2%) were teachers, ten (11%) were administrators, 1 (1.1%) was a school psychologist, three (3.3%) were counselors, two (2.2%) were social workers and two (2.2%) held a different

position.

Table 1 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Question 1	91	1	5	1.97	.912	1.413	.253	2.710	.500
Question 2	91	1	5	1.91	.755	1.573	.253	5.181	.500
Question 3	91	1	5	3.05	1.177	-.192	.253	-.970	.500
Question 4	91	1	5	2.03	.888	1.007	.253	1.536	.500
Question 5	91	1	5	2.20	.945	.559	.253	.229	.500
Question 6	91	1	4	2.01	.675	.431	.253	.588	.500
Valid N (listwise)	91								

Descriptive statistics were performed on the gathered data. The mean item scores for questions 1, 2, 3, 4, 5, and 6 were 1.97, 1.91, 3.05, 2.03, 2.20, and 2.01 respectively. All items were on a 5-point scale (1=Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree). Additionally, questions 5 and 6 showed a positive skewness in the excellent range; .559 and .431 respectively. The data for question 3 was negatively skewed in the excellent range. Questions 1, 2, and 4 were all positively skewed in the acceptable range with scores of 1.413, 1.573 and 1.007 respectively. Questions 5 and 6 also showed a positive kurtosis in the excellent range; .229 and .588 respectively. Question 3 also showed a kurtosis in the excellent range with a -.97. Question 4 had a positive kurtosis in the acceptable range and questions 1 and 2 showed positive kurtosis scores above 2.0. See Appendix A for specific item content.

Is there a significant difference between middle school and high school teacher perceptions of available mental health services?

In analyzing the collected data, there appears to be no significant difference in how teachers at the middle school answered the questionnaire as opposed to teachers at the high school.

Analyses were performed to identify any differences between the two demographic variables. Chi-square tests were conducted on the employment position and type of school. The Pearson chi-square for employment and type of school were not significant [$\chi^2(N=91) = 5.090, p > .05$]. These results suggest employment type and type of school are independent of each other; one does not significantly influence the other. This finding confirmed the researcher's hypothesis that there would not be a significant difference in teacher perceptions of available mental health services between the two age levels.

Table 2. Chi-Square Tests

Value	df	Asymp. Sig. (2-sided)
5.090 ^a	5	.405
6.923	5	.226
.844	1	.358
91		

a. 9 cells (75.0%) have expected count less than 5. The minimum expected count is .43.

How does school staff view the availability of mental health services in their school?

Independent samples t-tests were also conducted to further explore variations in item responses between the high school staff and the middle school staff. Item number 8 was the only item in which a statistically significant difference occurred ($p < .05, p = .043$). The overall variance for this item was 4.22 ($F = 4.22$). This finding confirmed the researcher's hypothesis

stating that school staff participating in the survey would feel the availability of mental health services in their school is adequate.

Discussion

The results of the analysis show that both employment type and type of school are independent of each other; one does not significantly influence the other. In regards to research question one, the researchers hypotheses was true for all items. School staff taking the survey will feel that the availability of the mental health services in their school is adequate (as defined by a median score of 3 or lower on the items). The mean item scores for questions 1, 2, 3, 4, 5, and 6 were 1.97, 1.91., 3.05, 2.03, 2.20 and 2.01 respectively. In regards to the second research question, the researchers hypothesis proved to be true for all but item 6 (*My students have access to mental health professionals during the school day*). This was the item that had the most variance between middle school and high school answers, as well as a statistically significant difference ($p < .05$). This result is most likely due to the variance in specific experience of the faculty members. Those teachers who have experienced aiding students in accessing mental health professionals during the school day most likely had scores agreeing with this question, whereas those staff members who had less experience supporting student access to mental health professionals during the day likely disagreed with this question.

Pearson chi-square for employment and type of school were not significant These results suggest that employment type and type of school are independent of each other; one does not significantly influence the other. Additionally, the questions that were given all had an acceptable or excellent distribution of answers; meaning that the kurtosis was +/- 2 and was either positive or negative. Questions 1 and 2 however were more than +/- 2, showing a score that was unacceptable. Question 1 asked if students in their building have access to help from

multiple health professionals as needed. Question 2 asked if the respondent had access to mental health professional in their school when they have concerns about a student.

Limitations of the Current Study

There are various limitations to this study. Overall sample size is relatively small ($N=91$) leading to a lack of generalizability for results. It is possible that with such a small sample size, only those who feel strongly about the topic may have responded, leading to a skewed perspective in the results. Another limitation is that the study only utilized one, rural community for its research. The results may only reflect a limited perspective by only obtaining information from an inclusive community, rather than expanding its reach to larger and more urban school districts. In the future a wider spectrum of rural and urban schools as well as the inclusion of the elementary age level may be helpful in increasing practical significance.

Implications for Future Research

The effect of mental health on school success and achievement is well-documented in recent reports by the U.S. Surgeon General (NASP 2004). Factors such as healthy self-esteem, positive self-concept and establishing appropriate and positive relationships with adults are critical to student achievement and success. Research emphasizes the importance of positive student behaviors and attitudes as elements in promoting effective schools (NASP 2004). There is however, limited research that specifically addresses the availability of mental health services in the school setting. The majority of the research available is centered around the need for services as well as the importance of providing mental health services to children in school can lead to more positive outcomes and higher achievement. Future research conducted on this topic should cover a wider age group as well as include both urban and rural communities. More specific demographic information about the school, district and students would also be helpful.

Ultimately, assessment and data collection should drive intervention. Current research supports the need to address mental health concerns of children and adolescents in the school setting. Research into which professionals are providing the services and what types of strategies are most successful would be useful information.

This study has opened the door to address school climate surrounding mental health needs and concerns. Staff members need to be on board if these needs are going to be addressed in schools. It is important that school staff approach education taking a whole child approach to learning, which includes screening and treating mental health.

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Appendix A

Research Questionnaire

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
		1	2	3	4	5
1	Students in my building have access to help from multiple mental health professionals as needed (E.G. social worker, psychologist, counselor)					
2	I have access to mental health professionals in my school when I have concerns about a student					
3	The availability of mental health services for my students is an area of concern for me					
4	I have collaborated with my building's mental health professionals about students I serve					
5	Increasing the availability of mental health services in my school would be beneficial					
6	My students have accessed mental health professionals during the school day					