



## *FACTS ABOUT CHILDREN AND MENTAL HEALTH SERVICES IN SCHOOL*

### **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, school, or in the community** according to Kessler, R. C.; Beglund, P.; Demler, O.; Jin, R.; & Walters, E. E. (2005). Lifetime prevalence and the age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp. 593-602.
- Research shows that half of all lifetime cases of mental illness begin by age 14 according to the National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov).
- According to a research study by Merikangas KR, et. al, **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 percent) of the children who did receive services had fewer than six visits with a provider over their lifetime. (2011)
- **According to the Centers for Disease Control and Prevention, suicide is the 3rd leading cause of death** nationwide in youth ages 10-24 resulting in 4600 deaths per year. In addition the CDC reported, that a nationwide survey of youth in grades 9–12 in public and private schools in the United States (U.S.) found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reporting trying to take their own life in the 12 months preceding the survey. [www.cdc.gov/violenceprevention/pub/youth\\_suicide.html](http://www.cdc.gov/violenceprevention/pub/youth_suicide.html)
- **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 Traumatic Stress Network, [www.nctsn.org](http://www.nctsn.org))
- **Only 13% of children from diverse racial and ethnic backgrounds receive mental health services** according to Rachel Masi and Janice Cooper (2006) *Children's Mental Health National Center for Children in Poverty Fact Sheet*, [www.nccp.org/publication](http://www.nccp.org/publication).

### **The Impact of Unmet Mental Health Needs of Children and Youth**

- **Youth in high school with mental health problems are more likely to fail or drop out of school. Approximately 50% of students with mental illness age 14 and older drop out of high school.** The cost of individuals who dropout of high school on our society results in an increased likelihood to be involved in crime and end up in prison as well as a loss of tax revenue. (US Department of Education 2003; National Alliance on Mental Illness; Bagley & Pritchard's 3 year study in 1998)
- 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 and 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. (The National Child Traumatic Stress Network, [www.nccp.org](http://www.nccp.org))
- 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.
- **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.



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### **Rationale for Providing Student Support Staff such as School Social Workers, School Psychologists, School Nurses, School Counselors and Chemical Health Counselors:**

- **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.**
- 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)
- The U.S. Surgeon General considers **schools to be a major setting for the potential recognition of mental disorders in children and adolescents**, while acknowledging that trained staff and options for referral to specialty care are limited. (U.S. Department of Health and Human Services, 1999)
- **Up to three quarter of children** receiving professional care for a mental health problem obtained services through a school based program.
- Behavioral and emotional problems decreased among 31 percent of youth with mental health issues after 6 months of receiving mental health care (SAMHSA report)
- **Using a multidisciplinary approach to address the physical, social and emotional needs of children by professionally trained highly qualified staff with training in the areas of physical and mental health as well as the unique context of a school setting promotes academic achievement and is more cost effective in the long term.**

### **Resources:**

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2. New Freedom Commission on Mental Health. (2003) *Achieving the Promise: Transforming Mental Health Care in America. A Final Report*. U.S. Department of Health and Human Services Publication No. SMA-0303832, Rockville, MD.
3. The National Child Traumatic Stress Network. (October 2008) *The Effects of Trauma on Schools and Learning*, [www.NCTSN.org](http://www.NCTSN.org).
4. Masi, R. & Cooper, J.L. National Center for Children in Poverty. (November 2006) *Children's Mental Health Facts for Policymakers*. [www.nccp.org](http://www.nccp.org). 1-6.
5. Slade, E. P. (2002) *Effects of School-based mental health Programs on mental health service use by adolescents at school and in the community*. *Mental Health Service Research*, 4, 151-166.
6. Adelman, H.S. & Taylor, L. (2006) *The current status of mental health in schools: A policy and practice brief*. Los Angeles, CA: UCLA School Mental Health Project.
7. Minnesota Coalition for the Homeless (September, 2008) *Homelessness in Minnesota*. [www.mnhomelesscoalition.org/facts/homelessness](http://www.mnhomelesscoalition.org/facts/homelessness).
8. Minnesota Association for Children's Mental Health (2004) *Unlocking the mysteries of children's mental health: An introduction for future teachers*. Rev Ed., St. Paul, MN: Author.
9. Minnesota Children's Mental Health Division, Minnesota Department of Human Services. [www.dhs.state.mn.us/main/idcplg?Idcservice](http://www.dhs.state.mn.us/main/idcplg?Idcservice).
10. The National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov)
11. C. Salmivalli, K. Lagerspetz, K. Björkqvist, K. Osterman, and A. Kaukiainen, "Bullying as a Group Process: Participant Roles and Their Relations to Social Status within the Group," *Aggressive Behavior* 22 (1996): 1-15.
12. Dan Olweus, "Peer Harassment: A Critical Analysis and Some Important Issues," in *Peer Harassment in School*, ed. J. Juvonen and S. Graham (New York: Guilford Publications, 2001): 3-20.
13. Merikangas KR, He J, Burstein ME, Swendsen J, Avenevoli S, Case B, Georgiades K, Heaton L, Swanson S, Olfson M. Service utilization for lifetime mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*. Jan 2011.50(1):32-45.