

Assessing School Based Mental Health Needs and Services: Implications for Maximizing Youth Outcomes

A System of Care for Children's Mental Health:
Expanding the Research Base
Diana McIntosh PhD, APRN, BC
Monica Mitchell, PhD
March 6, 2007

Objectives

By the conclusion of this presentation,
the participants will have:

- ✓ a general understanding of the Hamilton County Mental Health and Recovery Services Board.
- ✓ knowledge of the survey data collected and analyzed by Innovations from Hamilton County Schools and Districts regarding the mental health needs of students and the resources that are available.
- ✓ understanding of barriers identified by school personnel versus agency personnel.
- ✓ the ability to discuss implications and trends.

The Board is the county government
agency responsible for :

- ✓ Planning
- ✓ Funding
- ✓ Evaluating

The effectiveness of community
mental health services available to
Hamilton County residents.

Primary Goal to manage a system of care
in which children who have a mental
illness and their families:

- ✓ overcome the problems associated with emotional disturbance

Primary Goal to manage a system of care
which provides the tools and the
support necessary for adults who have
severe mental illness to:

- ✓ lead productive, satisfactory lives characterized by hope, empowerment and a meaningful role in society



Planning Grant Received from the Health Foundation of Greater Cincinnati

- ✓ To assess the needs of school age children in Hamilton County, Ohio
- ✓ To improve the access to needed services for school age children and their families.

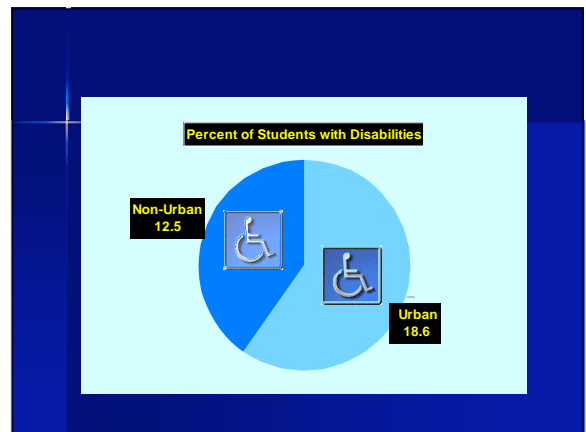
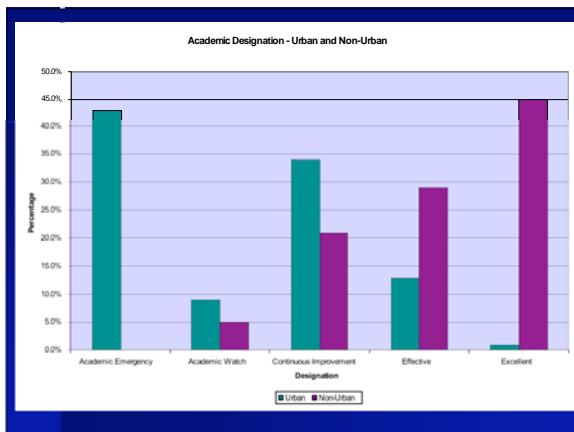
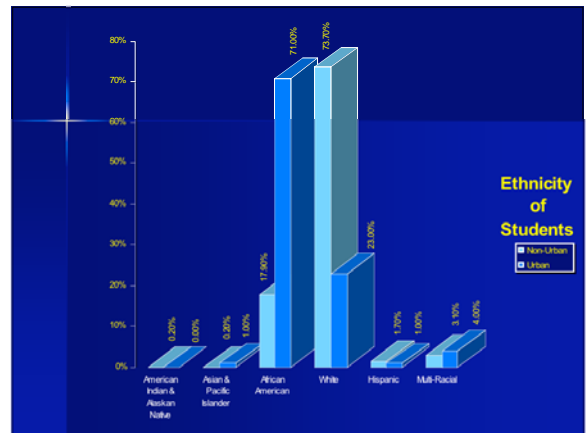
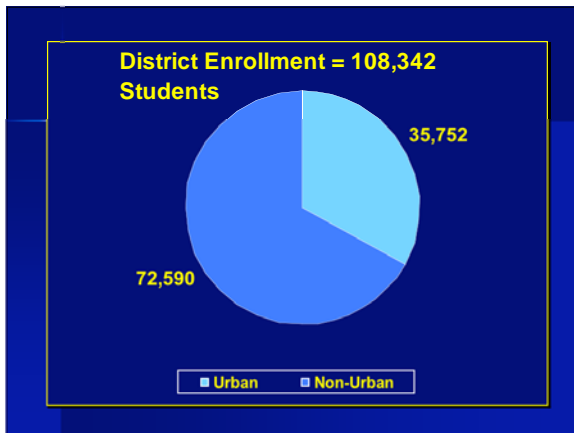
Project Goals Phase One.....

- Assess the administrators & school personnel perspective of school-based mental health needs & services of students in 22 Districts & 157 schools in Hamilton county, Ohio.
- Assess Hamilton County CPS districts' agency personnel perspective on students mental health needs & available services using the SAMHSA Survey.
- Provide recommendations for how identified gaps can be addressed to optimize mental health functioning of school age children.

Target Population =

- ✓ Administrative staff within 22 school districts in Hamilton County, Ohio and their 198 respective schools.
- ✓ Of the 198 schools in Hamilton County, 157 schools were represented, including 60 urban and 97 non-urban schools.



Methods

Survey Instruments

- ✓ The Center for Mental Health Services Office of Organization and the SAMHSA Financing Survey of the Characteristics and Funding of School and District Mental Health Services Questionnaire served as the premise for the survey instruments to be designed specifically for assessing mental health needs and resources.
- ✓ The district version of the survey consisted of 30 items taken from the SAMHSA survey. Many of the questions were related to the funding of mental health services for staff and the availability of intervention and prevention programs. The school version of the survey included 23 items related to the delivery of mental health services, collaboration with community agencies, and the mental health needs of students in the school.

Strengths of the Measure

- ☐ This survey had been used with other mental health initiatives
- ☐ It is a SAMSHA sanctioned tool
- ☐ The school and district versions provided complementary perspectives on mental health needs and services.
- ☐ The measure was easy to follow
- ☐ It posed relevant and revealing questions about how school-aged mental health services are delivered & managed within schools.
- ☐ Questions were well-aligned with the goals of this report, which was to assess student needs and available services.

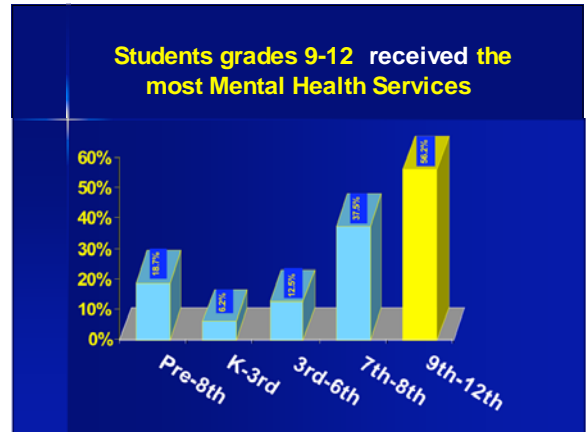
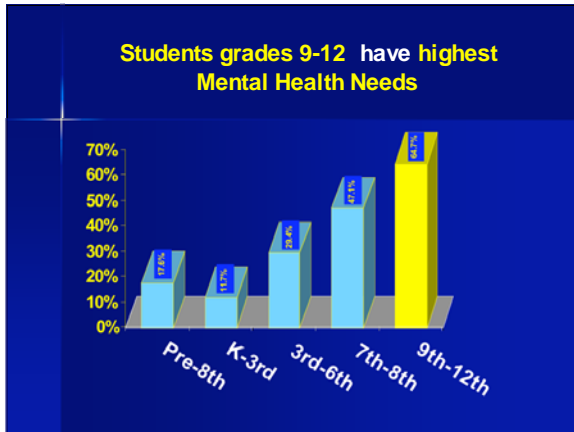
Limitations of the Methods

- ☐ The measure may have over-simplified the issues with which many schools and districts are faced.
- ☐ There may have been overlap among school personnel completing the survey as school psychologists completing the survey may have responded to more than one school.
- ☐ Some questions allowed for a "check as many as apply" format, while others included answers that were mutually exclusive. Analyses were conducted so as to maintain the essence and intent of the question, however, in some cases data had to be aggregated to summarize trends across participants.
- ☐ There were a few cases where district and school personnel completed the wrong format and had survey incompleteness with the web-based version of the survey.
- ☐ Response data represents the subjective perceptions, rather than the objective realities, of needs and services.

SAMHSA Survey & Five Methods of Response:



Results




The Most Frequent Reported Psychosocial or Mental Health Problems
This table summarizes the percentage of schools indicating that this observed/reported problem was among their top three rated mental health issues.

	Non-Urban Females	Urban Females	Non-Urban Males	Urban Males
a. Adjustment issues	12.2%	30.6%	17.2%	30.8%
b. Social, interpersonal, or family problems**	74.6%	85.0%	76.0%	74.9%
c. Anxiety, stress, school phobia	34.8%	27.4%	20.5%	21.2%
d. Depression, grief reactions	32.3%	22.5%	14.7%	11.5%
e. Aggressive/disruptive behavior, bullying	38.4%	39.1%	54.2%	50.9%
f. Behavior problems associated with neurological disorders	28.1%	12.8%	45.7%	33.6%
g. Delinquency and gang-related problems	2.3%	3.7%	4.7%	3.8%
h. Suicidal or homicidal thoughts or behaviors	2.8%	1.9%	0.7%	0.0%
i. Alcohol/drug problems	3.2%	7.3%	11.1%	4.2%
j. Eating disorders	2.9%	0.0%	1.0%	0.0%
k. Concerns about gender or sexuality	1.3%	0.0%	1.6%	1.0%
l. Experience of physical or sexual abuse	1.4%	2.8%	1.8%	0.0%
m. Sexual aggression, including harassment	1.5%	2.8%	0.0%	1.9%
n. Major psychiatric or developmental disorders	6.7%	3.2%	11.4%	1.0%

*Top 3 percentages within categories are listed.
Social, interpersonal and family problems was an indicator on the survey which does not necessarily imply a diagnosable mental health condition.

Top problems for females:

#1 = Social, Family, Interpersonal:




Urban = 85%

Non-Urban = 74.8%

Top problems for females:

#2 = Aggressive, disruptive behavior, Bullying:




Urban = 39.1%

Non-Urban = 38.4%

Top problems for females:

#3 = Anxiety, stress, school phobia:



Urban = 27.4%

Non-Urban = 34.8%

Top problems for males:

#1 = Social, Family Interpersonal:




Urban = 74.9%

Non-Urban = 76%

Top problems for males:

#2 = Aggressive, disruptive behavior, Bullying:




Urban = 50.9%

Non-Urban = 54.2%

Top problems for males:

#3 = Behavioral problems associated with neurological problems:



Urban = 33.6%

Non-Urban = 45.7%

What additional services are needed to provide adequate mental health services for your students?
This table summarizes the percentage of schools reporting that this was a need

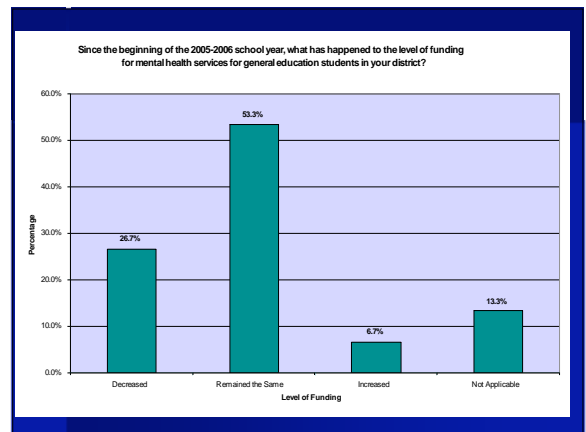
	Urban	Non-Urban
Assessment for emotional or behavioral problems	50.5%	33.7%
Behavior management consultation	55.6%	85.2%
Case management	44.4%	37.0%
Referral to specialized programs or services for emotional or behavioral problems or disorders	38.9%	28.3%
Crisis intervention	25.9%	27.2%
Individual counseling/therapy	51.9%	48.7%
Group counseling/therapy	50.0%	34.8%
Substance abuse counseling	27.8%	23.9%
Medication for emotional or behavioral problems	38.9%	23.9%
Referral for medication management	40.7%	22.8%
Family support services	53.7%	73.9%

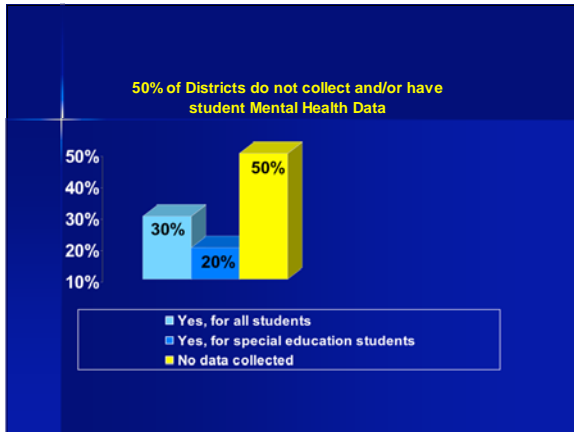
*Top 3 percentages within categories are bolded

Please check what helps the delivery and coordination of mental health services for students in your district.

Factors that Help	Percentage
Location in which mental health services can be provided	71.4%
Types of mental health services provided	50.0%
Types of staff that can provide services	50.0%
Availability of providers considered eligible to provide service	57.1%
Number of sessions or duration of mental health services	7.1%
Using multiple funding sources to fund mental health positions or programs	35.7%
Administrative support for 3 rd party billing	7.1%
Sufficient community mental health resources	50.0%
Non-competing priorities for use of funds	57.1%
Insurance and HMOs	28.5%
Few barriers involving parents or guardians	42.9%
Minimal resistance from non-mental health school or district staff	35.7%
Minimal resistance from community	28.6%

*Top 3 percentages are bolded





Which of the following is a barrier in delivering mental health services to your students?
This table summarizes the percentage of schools that indicated the following as a barrier to the provision of mental health services.

	Urban	Non-Urban
School mental health resources are inadequate to meet student needs	68.6%	48.6%
Competing priorities take precedence over mental health services	23.2%	51.1%
Protecting student confidentiality	10.7%	7.6%
Gaining parental cooperation and consent	73.2%	47.8%
Financial constraints of families	57.1%	65.2%
Stigma associated with student receiving mental health services	37.5%	25.0%
Language and cultural barriers of students or families	14.3%	13.0%
Community mental health resources inadequate to meet student needs	35.7%	31.5%
Inadequate coordination/collaboration between school staff and community providers	23.2%	30.4%

*Top 3 percentages within categories are bolded


Multiple Barriers agency personnel report in delivering Mental Health Services in Schools...

School Resources = 77.8%


Transportation = 72.2%

Competing Priorities = 66.7%


Parents = 66.7%




Family Finances = 66.7%



Stigma = 66.7%



Inadequate Collaboration = 61.1%



Community Resources = 44.4%



Language/Cultural = 33.3%



**Protecting Confidentiality =
16.7%**



**Opportunities &
Challenges**

Challenges...

Balancing
Demands:

- ✓ Mental health needs of student exist & often go unmet
- ✓ Schools feel pressure to prioritize competing demands over mental health promotion



Opportunity ...

Integrating
Services:

- ✓ IEP (Individual Education Plan): supported as best practice
- ✓ Student mental health, academic, & social strengths and needs can be integrated



Challenges...

Access to Services:

- ✓ What type
- ✓ How referred
- ✓ Where located



Opportunity...

- ✓ Informal Collaboration and Coordination
- ✓ Formalize collaboration and coordination
- ✓ Increase collaboration to enhance funding and resources



Challenges...

Limited Funding:

- ✓ Limited awareness of services, resources and funding opportunities available
- ✓ Levy's failed
- ✓ Less than 1/3 responded that they received grant



Opportunity...

Opportunities Exist:

- ✓ Dollars in RFP's
- ✓ PA's released each year by Federal, State, & Local funds



Challenges...

Management & Data Collection:

- ✓ Mental health referral & services create additional paperwork
- ✓ Few districts collect data related to mental health of students



Opportunity...

- ✓ Most districts have infrastructure and data systems needed to collect mental health information
- ✓ Tracking data helps you with planning and funding opportunities



Challenges...

Parent/Family Inclusion:

- ✓ How to improve it
- ✓ Confidentiality



Opportunity...

Community/School Collaboration:

- ✓ Alignment of education & mental health goals/Training
- ✓ Provide services in schools
- ✓ True engagement of child, family, school and community





Phase Two will...

- ✓ **Include** students and parents perspective
- ✓ Synthesize data from **Phase I & Phase II**
- ✓ Review data **with advisory committee**
- ✓ Make **system intervention** recommendations
- ✓ Formulate **business and implementation plan**

Questions & Discussion

THANK YOU!

Diana McIntosh PhD, APRN-BC
Vice President, Clinical Services
Hamilton County Mental Health and Recovery Services Board
2350 Auburn Ave.
Cincinnati, Ohio 45229
513-946-8603(phone)
dianam@hamilton.mhrrsb.state.oh.us

Monica Mitchell PhD
Innovations