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
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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, satisfying 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 perspectives 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 157 respective schools.
- Of the 198 schools in Hamilton County, 157 schools were represented, including 30 urban and 27 non-urban schools.

**District Enrollment**
District Enrollment = 108,342 Students

35,752 Students (32.8%)
72,590 Students (67.2%)

**Ethnicity of Students**

- American Indian & Alaska Native
- Asian & Pacific Islander
- African American
- Hispanic
- Multi-Racial

**Percent of Students with Disabilities**
- Urban: 18.6%
- Non-Urban: 13.8%
**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 22 items related to the delivery of mental health services, collaboration with community agencies, and the mental health status 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 oversimplified the issues with which many schools and districts are faced.
- There may have been overlap among school personnel completing the survey or school psychologists completing the survey who may have responded to more than one school.
- Some questions allowed for “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 incompletion 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**
**Students grades 9-12 have highest Mental Health Needs**

- Pre-8th: 0%
- K-3rd: 0%
- 3rd-6th: 0%
- 7th-8th: 0%
- 9th-12th: 70%

**Students grades 9-12 received the most Mental Health Services**

- Pre-8th: 0%
- K-3rd: 0%
- 3rd-6th: 0%
- 7th-8th: 0%
- 9th-12th: 70%

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**Table: Present Repeated or Significant Mental Health Problems**

<table>
<thead>
<tr>
<th>Category</th>
<th>Non-Urban Female</th>
<th>Urban Female</th>
<th>Non-Urban Male</th>
<th>Urban Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sustainable Intimacy</td>
<td>12.5%</td>
<td>15.5%</td>
<td>17.5%</td>
<td>20.5%</td>
</tr>
<tr>
<td>b. Sexual orientation or family problems</td>
<td>10.8%</td>
<td>20.8%</td>
<td>20.8%</td>
<td>30.8%</td>
</tr>
<tr>
<td>c. Anxiety, depression, or stress problems</td>
<td>8.5%</td>
<td>16.5%</td>
<td>26.5%</td>
<td>22.5%</td>
</tr>
<tr>
<td>d. Depression, grief reactions</td>
<td>0.8%</td>
<td>16.8%</td>
<td>14.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>e. Aggression or disruptive behavior</td>
<td>18.4%</td>
<td>28.4%</td>
<td>24.4%</td>
<td>30.4%</td>
</tr>
<tr>
<td>f. Behavior problems associated with developmental disabilities</td>
<td>0.5%</td>
<td>10.5%</td>
<td>15.5%</td>
<td>20.5%</td>
</tr>
<tr>
<td>g. Delinquent or paramilitary problems</td>
<td>0.8%</td>
<td>3.8%</td>
<td>4.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>h. Traumatic or bereavement or stress reactions</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>i. Alcohol or drug related problems</td>
<td>0.5%</td>
<td>3.5%</td>
<td>1.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>j. Eating disorders</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>k. Concerns about gender or sexuality</td>
<td>1.8%</td>
<td>0.8%</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>l. Experiences of physical or sexual abuse</td>
<td>1.8%</td>
<td>2.8%</td>
<td>1.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>m. Social aggression, including harassment</td>
<td>0.5%</td>
<td>2.5%</td>
<td>3.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>n. Major psychological or developmental disorders</td>
<td>0.5%</td>
<td>3.5%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

*The top three repeated problems are in bold.**

**Top problems for females:**

**#1 = Social, Family, Interpersonal:**

- Urban = 8.5%
- Non-Urban = 74.8%

**#2 = Aggressive, disruptive behavior, Bullying:**

- Urban = 39.1%
- Non-Urban = 38.4%

**#3 = Anxiety, stress, school phobia:**

- Urban = 27.4%
- Non-Urban = 34.8%
Since the beginning of the 2005-2006 school year, what has happened to the level of funding for mental health services for general education students in your district?

<table>
<thead>
<tr>
<th>Top problems for males:</th>
<th>#2 = Aggressive, disruptive behavior, Bullying:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 = Social, Family Interpersonal:</td>
<td>Urban = 50.9%</td>
</tr>
<tr>
<td>Urban = 74.9%</td>
<td>Non-Urban = 54.2%</td>
</tr>
<tr>
<td>Non-Urban = 76%</td>
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</tbody>
</table>

What additional services are needed to provide adequate mental health services for your students?

- Risk assessment for emotional or behavioral problems: 50.1%
- Behavioral management consultation: 46.2%
- Case management: 41.8%
- Referrals to special education programs or services for emotional or behavioral problems or disorders: 39.2%
- Crisis intervention: 38.4%
- Individual counseling therapy: 36.9%
- Group counseling therapy: 28.2%
- Substance abuse counseling: 27.6%
- Negotiation for mental or behavioral problems: 26.3%
- Referral for medication management: 25.1%
- Family support services: 23.8%

Top problems for males:

#3 = Behavioral problems associated with neurological problems:

Urban = 33.6%

Non-Urban = 45.7%

Since the beginning of the 2005-2006 school year, what has happened to the level of funding for mental health services for general education students in your district?

- Decreased: 45.1%
- Remained the same: 25.8%
- Increased: 16.3%
- Not applicable: 7.8%

What factors help the delivery and coordination of mental health services for students in your district?

- Leadership in which mental health services can be provided: 71.4%
- Types of mental health services provided: 50.9%
- Types of staff that can provide services: 39.1%
- Availability of providers consistent enough to provide service: 87.1%
- Number of sessions or duration of mental health services: 5.1%
- Using multiple funding sources to fund mental health positions or programs: 30.7%
- Administration support for 2nd party billing: 7.1%
- Sufficient community mental health resources: 93.9%
- Non-competing priorities for use of funds: 57.1%
- Insurance and HMOs: 38.5%
- Fair fee structure: 40.5%
- Minimal resistance from non-mental health school or district staff: 35.7%
- Minimal resistance from community: 30.8%

*Top three responses are bolded.*
50% of Districts do not collect and/or have student Mental Health Data

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Yes, for all students</th>
<th>Yes, for special education students</th>
<th>No data collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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 students 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 5% responded that they received grants

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!

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