Presenters and Disclosure

Olga Acosta Price, Director
Center for Health & Health Care in Schools,
George Washington University School of Public Health & Health Services,
Washington, DC.

Julia Lear, Senior Advisor
Center for Health & Health Care in Schools,
George Washington University School of Public Health & Health Services,
Washington, DC.

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

The Center for Health and Health Care in Schools
Outline

- Schools – the basics: students, teachers, schools, school districts

- K – 12 education and health: Two child-serving systems with different drivers

- Children’s mental health

- School mental health programs
Why Schools?

- A lot of services already in place
- A lot of programs already developed
- A lot of money already being spent
- Many city and state governments policies and regulations support creating healthy school environments.
Background Information on Schools
**Students:** 56 million children attend school 7 hrs a day, 5 days a week, 9 months a year

Public schools: 50 million
Private schools: 6 million

About 63% of 3- to 5-year-olds were enrolled in nursery school & kindergarten. More than half those programs were full-day.

The student body is increasingly diverse. A substantial number, about 17% come from families living below the poverty level.
The Changing Face of Schools

Sources: US Census Bureau, 2007 American Community Survey (ACS) and analyses by the Migration Policy Institute, MPI Data Hub: Migration Facts, Stats and Maps.
**Teachers:** About 3.7 million elementary & secondary school teachers were in the public schools in fall 2009.

The average class size in 2007–08 was 20.0 students in public elementary schools and 23.4 students for public secondary schools.
Schools: There are 98,793 public and 35,054 private elementary & secondary schools in the US.

Despite great variety among schools, the principal’s key role the is a constant.

Partnerships, linkages to outside agencies, volunteer efforts typically require a principal’s sign-off.
School Districts and Health Programs

Policy
Program
Planning & management
Services & prevention

Community
- Parents
- Voters
- Community based providers

School Board
Superintendent

Associate Superintendent for Facilities
School-Based Health Center
- Physical health
- Mental health
- Nutrition

School Nurses
Health Aides
Guidance Counselors
Mental health professionals

School mental Health program
- Ind & group counseling
- Family counseling
- Teacher consultations

Testing for Special Ed. placement
School Psychologists

Related Services
- Mental health
- OT/PT
- Health Services
- Health ed
- Phys ed
- Recess

Community-based sponsor:
- Health system
- Community health center
- Health department
- Hospitals

Community-based sponsor:
- Community mh center
- City/county mh dept.
- Other human services organizations
School Districts

- School Districts -- central organizing entities for K – 12 education. School Boards are their governing bodies.

- Nearly 14,000 school districts in the US; the largest 100 enroll nearly 25% of all students

- Because local & state governments fund 90% of the cost of schools, funding arrangements, power & decision-making are diffuse thru multiple systems.

- School districts vary from state to state, school district to school district.

- The federal government role in K – 12 education is to protect every child’s right to equal educational opportunity – a federal commitment than runs from Brown v Board of Education to No Child Left Behind.
How schools differ from health institutions
Health & Education: Two child-serving systems with different drivers

✔ Entitlements
✔ Target populations
✔ Funding
✔ Accountability
Entitlements

• **Education**
  – Universal entitlement for children ages 5 – 19
  – Mandatory participation, ie all children must attend school or be enrolled in a home-schooling program

• **Health care, especially mental health care**
  – Not an entitlement except for children eligible for care under IDEA (special education)
  – Health care reform legislation and mental health reform in Oct 2008 have created expanded coverage for children but that is not quite the same as an education entitlement.
Target Populations

• K – 12 Education
  – All children, including undocumented children

• Health care, until now
  – Some children (if ability to pay)
  – Adults

• Public health
  – All children for some services
  – Some children for additional services
Public School Funding

Nearly 100% public dollars

✓ Federal Government - 9.1%
✓ State Government - 46.5%
✓ Local Government - 44.4%

Health Care Spending, 2006

Private sources – 53%

✓ Governments (federal, state, local) 47%
✓ Out of pocket 12%
✓ Private insurance 35%
✓ Other private funds 7%

Who Funds Health Insurance for Kids under 18?

- Private health insurance: 54.2%
- Public health insurance only: 32.8%
- Uninsured: 13.0%

Accountability

• Schools and health organizations have different institutional structures and work under different political pressures

• Schools -- 100% publicly funded – primarily by state and local resources – and are 100% accountable to the community political system.

• Health systems -- funded by private & public sources.
Questions so far?
Mental Health: Why does it matter?

• Unmet mental health needs among children and adults are substantial (Surgeon General’s Report on Mental Health)

• 50% of Americans will have a psychiatric disorder at some point in their lives

• 50% of psychiatric disorders exist by age 14 and 75% by age 24
In the US, 1 in 10 youth has a mental health problem that impairs them at home and/or school
1 in 5 have a problem severe enough that treatment is indicated but.....
80% of them do not get professional help
**Mental, Emotional and Behavioral Health Data from the National Academies**

<table>
<thead>
<tr>
<th>At any one time, 17% of young people are estimated to have one or more MEB disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>The National Survey of Drug Use &amp; Health, a SAMHSA household survey, found 8.8% (2005) and 7.9% (2006) of young people reported a major depressive episode in preceding 12 months</td>
</tr>
<tr>
<td>Longitudinal studies indicated that between 37 and 39% of young people had received one or more diagnoses of MEB disorders.</td>
</tr>
<tr>
<td>Co-morbidity of disorders is described as 'widespread', with greater co-morbidity among disruptive behavior disorders, ADHD, and substance abuse disorders and among anxiety and depression.</td>
</tr>
<tr>
<td>Statistic</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>72% of deaths to persons ages 10 – 24 are the result of motor vehicle</td>
</tr>
<tr>
<td>crashes, other unintentional injuries, homicide and suicide.</td>
</tr>
<tr>
<td>6.9% of high school students had attempted suicide during the 12 months</td>
</tr>
<tr>
<td>before the survey</td>
</tr>
<tr>
<td>47.8% of students had ever had sexual intercourse, 35% were currently</td>
</tr>
<tr>
<td>sexually active. 7.8% had been physically forced to have sexual</td>
</tr>
<tr>
<td>intercourse.</td>
</tr>
<tr>
<td>9.9% of students had been hit, slapped or physically hurt on purpose by</td>
</tr>
<tr>
<td>their boyfriend or girl friend in previous 12 months.</td>
</tr>
<tr>
<td>44.7% of students had had at least one alcohol drink in the previous 30</td>
</tr>
<tr>
<td>days before the survey; 26.0% had had five or more drinks in a row on</td>
</tr>
<tr>
<td>at least 1 day the 30 days before the survey.</td>
</tr>
<tr>
<td>19.7% of students had used marijuana one or more times during the 30</td>
</tr>
<tr>
<td>days before the survey. 3.3% of students had used any form of cocaine</td>
</tr>
<tr>
<td>during the 30 days before the survey.</td>
</tr>
</tbody>
</table>
Children’s Health Problems: Smoking Alcohol & Other Drugs

• About 40% of adolescents 12-17 have ever tried smoking cigarettes (increases with age).

• Females (40%) were as likely as males (38%) to have had at least one drink of alcohol or to have engaged in binge drinking (10% vs 11%), but females (23%) reported a higher percentage of alcohol use in past 30 days than males (19%).

• 21% of teens aged 12-17 had ever tried marijuana (with 7% reported using marijuana 20 or more times).
Children’s Health Problems: Data from 2007 National Health Interview Survey

- **Health status**: worse for those with lower income/ higher poverty level
- **Lost school days**: worse for those from single-parent families
- **Access to care**: worse for those who cannot afford care
The Role of Schools in Mental Health

• Schools function as the de facto mental health system for children & adolescents

• Of those children receiving mental health care, 70-80% receive that care in a school setting

• Schools are familiar places- receiving mental health care in schools reduces stigma

• Allows providers to address systemic, social, developmental, and clinical issues
The Public Health Pyramid

Levels and Types of Intervention

Intervention/Indicated

Prevention/Selective

Promotion/Universal
Positive Outcomes Associated with SMH

– Improvements in emotional and behavioral functioning
– Improved educational outcomes:
  - Fewer disciplinary referrals
  - Better attendance
  - Higher graduation rates
  - Improved teacher retention
  - Enhanced academic performance
– Healthier school climate
– Improved access to quality care
Mental health and educational outcomes

Health & Mental Health Factors
- Physical Health/illness
- Mental Health
- Mental Health Problems
- High-risk Behaviors (e.g. Substance use)
- Developmental issues
- Social Competence/Self-esteem
- Family Strengths/Issues

Educational Behaviors
- Graduation/Drop-out
- Grades
- Standardized Test Scores
- Teacher Retention
- Attendance
- Behavioral Competencies
- Behavioral Problems
- Educational Motivation
- Positive Attitudes Toward Schoolwork
- School Connectedness

SMH

School-Based Mental Health-How, What, When?

• **Who will sponsor?**
  – Community mental health, county/state department of mental health, school district?

• **Service Model and Parameters of Relationship?**
  – SBHC, stand alone, school-linked?
  – Integrated with SST? General vs Special Ed?
  – Full time providers on-site, part-time?

• **Services to offer?**
  – Screening, Prevention, Early Intervention, Treatment?
  – Evidence-based? Promising programs?

• **Sustainability?**
  – local funds, grant support, federal dollars, fee for service?

• **Outcomes?**
  – Mental health, academic, general functioning?
Organizational Factors

- Strong leadership at all levels
- Infrastructure development
  - Information system & quality monitoring
  - Staff selection
  - Training/TA
- Reliable Funding
- Partnership Development
- Policies
  - Coordination
  - Minimum staff requirements
  - Scope of services
Characteristics of Effective School-Based Programs

Leadership comes from different organizations with different strengths

Program partnerships represent diverse perspectives and make diverse contributions

Money matters: At least one of the partners needs to help solve the sustainability issue
Federal Policies Impacting School Mental Health

Health Care Reform

✓ Provisions would establish new grants and reimbursement for services provided SBHCs

Mental Health Parity Act

✓ Requires health plans to cover mental health services on the same terms as medical benefits

Mental Health in Schools Act (pending)

✓ Assist communities in developing comprehensive SMH programs that provide a continuum of services

Reauthorization of ESEA

✓ Possible opportunities to link learning supports with educational reform
We hope you remember …

• School-connected programs can be a part of the solution

• Knowing how schools function can help mental health programs build successful partnerships

• The time is now