CONTEXT FOR SCHOOL MENTAL HEALTH

To address the social, emotional, and behavioral needs of students, Kansas schools are increasingly implementing school-wide positive behavior support (SWPBS) and adopting social emotional learning (SEL) curricula within a multi-tier system of supports (MTSS). SWPBS refers to "school-wide systems of support that include proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments."[1] SEL, in turn, refers to "the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions."[2]

SWPBS and SEL curricula have demonstrated effectiveness and represent positive steps in supporting the development of healthy and resilient children and school communities. They also provide a supportive context for children who struggle with more complex mental health needs or trauma. However, by themselves, SWPBS and SEL do not necessarily provide schools with the knowledge and resources needed to address the complex mental health needs that teachers frequently encounter in their classrooms and that significantly impact students' ability to learn. School mental health professionals (SMHPs), in tandem with community partnerships, seek to complete the continuum necessary to support the needs and growth of children at all tiers of functioning in our schools.

What Is Mental Health?[3]

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood … . Many factors contribute to mental health problems, including:
- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Life experiences can have a significant impact on the emotional and mental readiness for learning new content and skills. Unfortunately, many children and adolescents facing challenging life experiences are not able to access the support needed to address those challenges, making it difficult for them to focus on learning, as illustrated in the following:

> Several epidemiological studies of children's mental health needs and services have led to the conclusion that in this country school is the de facto mental health system for children. This conclusion is based on the finding that for children who do receive any type of mental health service, over 70% receives the service from their school. The finding further elucidates this situation that 20% of children and youth have a clearly identified need for mental health service but only about one-third of these children receive any help at all.[4]

School-based mental health (SBMH) initiatives seek to address the significant gap between children and adolescents who need mental health supports and those who actually receive support. The National Alliance on Mental Illness (NAMI)[5] outlines the importance of early identification, evaluation, and treatment as follows:

- Research shows that early identification and intervention can minimize the long-term disability of mental disorders.
- Mental disorders in children and adolescents are real and can be effectively treated, especially when identified and treated early.
- Research has yielded important advances in the development of effective treatment for children and adolescents living with mental illness. Early identification and treatment prevents the loss of critical developmental years that cannot be recovered and helps youth avoid years of unnecessary suffering.
- Early and effective mental health treatment can prevent a significant proportion of delinquent and violent youth from future violence and crime. It also enables children and adolescents to succeed in school, to develop socially and to fully experience the developmental opportunities of childhood.

Prevalence of Child and Adolescent Mental Disorders

Annually, 13% to 20% of U.S. youth cope with a mental health disorder.[6]
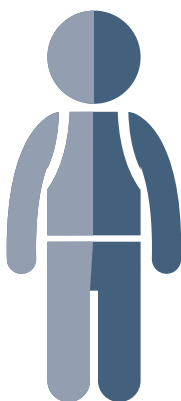
50% of mental health disorders begin by age 14.[7]

Roughly half (50.6%) of children ages 8-15 diagnosed with a mental health disorder received treatment.[9]

40% of children are diagnosed with more than one mental health disorder.[10]

The average delay between when symptoms appear and when interventions begin:

7 *years for mood disorders.*

16 *years for anxiety disorders.*[8]

Risk factors for untreated mental illness can include development of a co-occurring mental disorder, health costs, stigma, and loss of relationships.

Conversely, early identification and intervention can arm youth and their families with the information and tools needed for empowerment and support.

In 2013, suicide was found to be the third leading cause of death in youth ages 10 to 14 and the second leading cause of death in youth ages 15 to 24.[11]

In the United States, roughly 4,600 young people ages 10 to 24 die each year by suicide.[12]

School Failure

- In school year 2010-11, students (ages 14 to 21) diagnosed with an emotional disturbance accounted for the largest dropout rate of any disability group, at 37%.[13]

Juvenile and Criminal Justice Involvement

- Of youth in the juvenile justice system, 70% were identified as having a mental health disorder.[14] The situation is further complicated if staff working with these youth have not been educated on mental health diagnoses and if interactions within the system are traumatic.[15]

Higher Health Care Utilization

- Between 1997 and 2010, the rate of hospitalization for childhood mood disorders rose by 80%.[16]
- $247 billion: The annual cost of mental health disorders in children and youth between 2005 and 2011. This number includes medical care, educational, and juvenile justice costs.[17]
- In 2006, mental health challenges were found to be one of the most expensive childhood disorders to treat.[18]
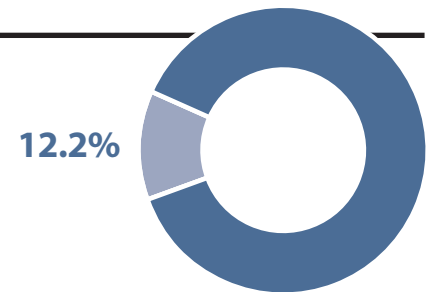
Developmental Disorders and Mental Health

- The prevalence of individuals diagnosed with both a mental and an intellectual disability ranges from 30 to 50%.[19]
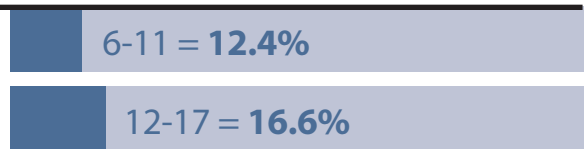
2007 Kansas Data[20]

Overall

- 12.2% of Kansas residents have one or more emotional, behavioral, or developmental condition. This is slightly higher than the national average of 11.3%.
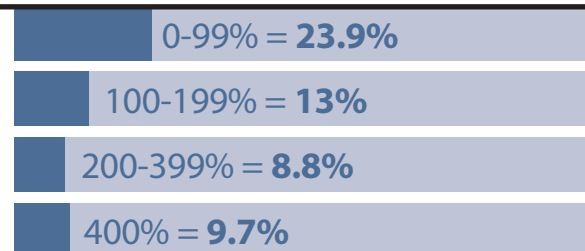
12.2%

Prevalence by Age

- 6-11 years = 12.4%
- 12-17 years = 16.6%

6-11 = **12.4%**

12-17 = **16.6%**

Prevalence by Federal Poverty Level (FPL)

- 0-99% FPL = 23.9%
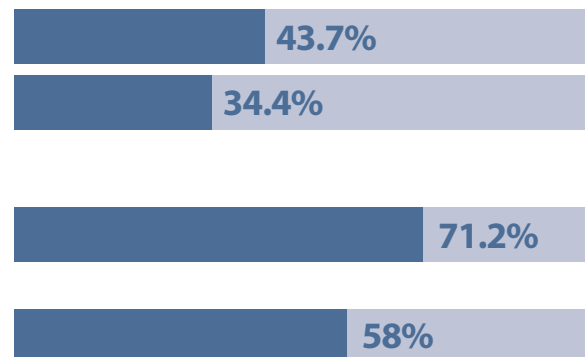- 100-199% FPL = 13%
- 200-399% FPL = 8.8%
- 400% FPL = 9.7%

0-99% = **23.9%**

100-199% = **13%**

200-399% = **8.8%**

400% = **9.7%**

Prevalence by Insurance Type

- Public = 25.2%
- Private = 7.8%

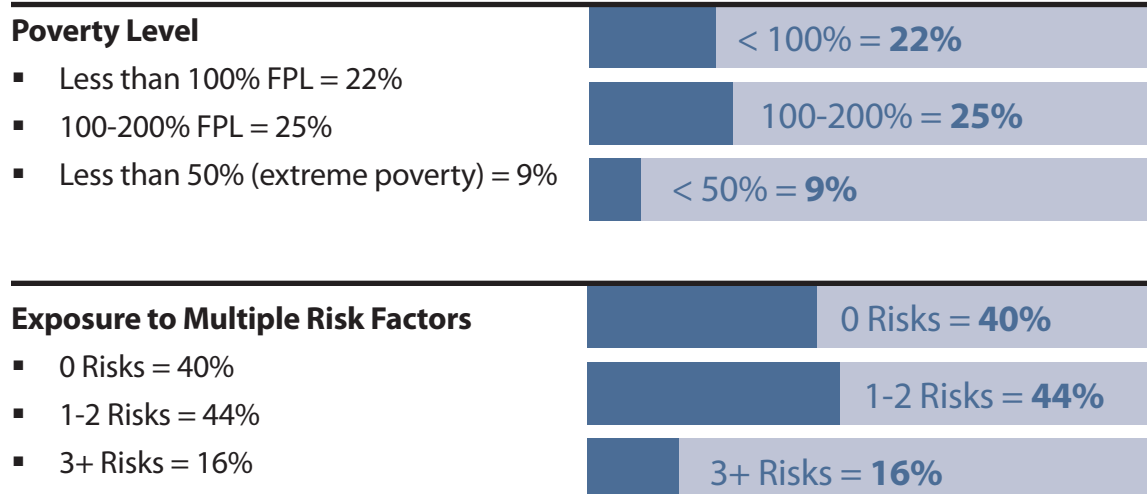Public = **25.2%**

Private = **7.8%**

Percent of Children Age 2-17 Years With Emotional, Behavioral, or Developmental Conditions . . .

- Who have two or more conditions = 43.7%
- Who received coordinated, ongoing, comprehensive care within a medical home = 34.4%
- Whose health insurance is adequate to meet their needs = 71.2%
- Who received mental health treatment or counseling in the past year [2007] = 58%

43.7%

34.4%

71.2%

58%

2013 Kansas Early Childhood Profile[21]

Poverty Level

- Less than 100% FPL = 22%
- 100-200% FPL = 25%
- Less than 50% (extreme poverty) = 9%

< 100% = **22%**

100-200% = **25%**

< 50% = **9%**

Exposure to Multiple Risk Factors

- 0 Risks = 40%
- 1-2 Risks = 44%
- 3+ Risks = 16%

0 Risks = **40%**

1-2 Risks = **44%**

3+ Risks = **16%**

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Resources

- **Effective Strategies Checklist: Children and Youth with Developmental Disorders and Challenging Behavior** (Developed by the Georgetown National Technical Assistance Center for Children's Mental Health)
  http://gucchdtacenter.georgetown.edu/publications/Effective%20Strategies%20Checklist%20FINAL.pdf