

Mental and Behavioral Health Services for Children and Adolescents

The National Association of School Psychologists (NASP) advocates for the provision of multitiered, coordinated, culturally competent, and effective mental and behavioral health services for children—within which schools play an integral part. NASP views mental and behavioral health not simply as the absence of mental illness but also as encompassing social, emotional, and behavioral health and the ability to cope with life’s challenges. Schools play an integral role in promoting resiliency, wellness, school connectedness and in facilitating protective factors among students in collaboration with community partners (e.g., family service providers and mentors, community mental health centers, primary healthcare settings; Centers for Disease Control and Prevention, 2009; NASP, 2015).

Therefore, multitiered mental and behavioral health services should include direct service to address identified problems and universal mental and behavioral health promotion, early identification and intervention, targeted intervention, and the coordination of intensive interventions with community partners to address the full range of student needs (Adelman & Taylor, 1997). NASP advocates for increased federal, state, local, and private funding to be directed toward supporting student mental and behavioral health. School psychologists play a key role as mental and behavioral health providers in the implementation and coordination of these services in their schools and communities in collaboration with other school-based mental health professionals (e.g., school social workers, school counselors) and community mental health service providers.

In 2011, the greatest U.S. national healthcare expenditure for children involved the treatment of mental, emotional, or behavioral disorders (Soni, 2014). According to federal surveillance estimates, up to one in five children living in the United States experiences a mental disorder in a given year (Perou et al., 2013), and almost half of adolescents ages 13–18 years have ever had a mental disorder, with 28% meeting criteria for severe impairment (Merikangas et al., 2010).

In addition, an even greater percentage of children and adolescents struggle with mental and behavioral health problems that impact functioning that do not qualify as a disorder or are not identified at all. For example, many students enter school each day having been exposed to adverse childhood experiences such as child abuse, neglect, loss, and other forms of victimization (Felitti et al., 1998). Adverse childhood experiences affect many students and undermine their ability to manage their feelings and behavior, form relationships, and learn, leading to school disengagement and failure. Furthermore, there is evidence to suggest that individuals from culturally and linguistically diverse groups have less access to, and are less likely to receive, high-quality mental health care (Centers for Disease Control and Prevention, 2013; United States Public Health Service Office of the Surgeon General, 2001).

Comprehensive, coordinated, trauma-informed, and culturally competent mental and behavioral health services are necessary for the success of all students (Nardi, Waite, & Killian, 2012). Mental and behavioral health problems not only affect students’ short-term classroom engagement, but also interfere with long-term development of interpersonal relationships and work-related skills

(National Research Council and Institute of Medicine [NRCIM], 2009). Early struggles may eventually lead to high school dropout or involvement with law enforcement. For example, more than two thirds of adolescents in juvenile detention were found to meet diagnostic criteria for at least one psychiatric disorder (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Fortunately, it is also the case that many mental and behavioral health disorders and related problems can be prevented. Risk factors are generally well defined, and, in many cases, less debilitating symptoms typically precede a disorder by two to four years (NCRIM, 2009). Proactive screening and early intervention for young children and families are therefore crucial in order to prevent more debilitating problems and reduce the costs associated with identifying and treating more serious disabilities (e.g., see NASP position statement on Prevention and Wellness Promotion, 2014).

ADDRESSING MENTAL AND BEHAVIORAL HEALTH PROMOTION WITHIN THE CONTEXT OF SCHOOLS

Because the majority of children in the United States attend school, schools are the most efficient place for children to receive mental and behavioral health services. Results of population-based studies indicate that schools represent the most common entry point for youth to access mental and behavioral health services (Farmer, Burns, Philip, Angold, & Costello, 2003). Youth are 21 times more likely to visit a school-based health clinic for their mental health care than they are a community-based clinic (Juszczak, Melinkovich, & Kaplan, 2003). For these reasons, multiple efforts have been made at the federal level to position schools with increased responsibility and coordination related to mental and behavioral health supports and in-school services (Vaillancourt & Kelly, 2014).

School mental and behavioral health professionals typically include school psychologists, school counselors, school social workers, and other qualified service providers. Together, these professionals collaborate to coordinate comprehensive, culturally competent, and effective mental and behavioral health services in the school setting. Services include prevention and early intervention as well as therapeutic interventions for students with identified mental and behavioral health concerns. Effective collaboration among these specialists results in highly functional cross-disciplinary teams working with students, families, educators, and community agency personnel to create appropriate intervention options for all students.

Schools are uniquely positioned to provide multitiered models of mental and behavioral health support, in which a continuum of services (i.e., universal, targeted, intensive) are provided to address the needs of *all* students (NASP, 2010a; NASP, 2015). At the universal level, schools can work to create safe and supportive school climates so that all students have the chance to experience school success. In a joint statement by NASP and professional associations of school counselors, school social workers, school resource officers, and principals, the importance of wellness promotion and positive, nonpunitive discipline was emphasized in addition to crisis response in promoting safe and successful schools (Cowan, Vaillancourt, Rossen, & Pollitt, 2013). Bridging the gap between Tier 1 and Tier 2 interventions are universal screenings. As offered by Dowdy, Ritchey, & Kamphaus (2010):

The key step in reform is to move school-based psychological services from the back of the service delivery system, in which only students at the highest level of risk receive services, to the front of service delivery through the use of universal, proactive screening. (p. 174)

For students with more significant mental and behavioral health needs, increasingly targeted and intensive mental and behavioral health interventions can be provided. Evidence in support of the effects of social–emotional learning¹ curricula on student outcomes is growing, with positive effects documented for academic outcomes, social behavior, conduct problems, and emotional distress (Collaborative for Academic, Social, and Emotional Learning, 2013; Cook, Frye, Slemrod, Lyon, Renshaw, & Zhang, 2015).

Schools vary in the organizational models they use to deliver mental and behavioral health services to students; however, interagency collaboration is necessary to deliver mental and behavioral health interventions to students with identified needs. The provision of truly comprehensive and effective mental and behavioral health services is dependent on collaboration among school staff and community-based service providers. Coordinated and comprehensive services can be cost-effective, improve service delivery, avoid duplication, and provide for a continuum of service options (Weist, Ambrose, & Lewis, 2006). Streamlined collaborative services represent the joining of families, schools, and major child-serving agencies (e.g., community mental and behavioral health, juvenile justice) and result in increased positive academic outcomes, fewer disruptions to the learning environment, and reduced need for emergency and adult services (Adelman & Taylor, 2006).

THE ROLE OF SCHOOL PSYCHOLOGISTS

School psychologists are uniquely qualified to deliver high quality mental and behavioral health services in the school setting (see Brock, 2015; NASP, 2015). They are trained to integrate the knowledge and skill base of psychology with training in education, learning, child development, and educational systems. School psychological services include, but are not limited to, development, implementation, and evaluation of prevention and intervention programs; consultation; the formulation of behavioral intervention plans and behavior management; provision of direct mental and behavioral health services for individuals and small groups; assessment; crisis intervention; and referral processes. School psychologists are also uniquely trained to bridge the gap between schools and community agencies consistent with the NASP *Standards for Graduate Preparation of School Psychologists* (NASP, 2010b) which requires training in culturally competent practice, prevention science, mental and behavioral health services, and ecological–systems theories. They facilitate communication and collaboration with community agencies and related professionals, school personnel, and families. As change facilitators, they engage in systems consultation and the promotion of public policies to support the education and mental and behavioral health of all children.

SUMMARY

Universal mental and behavioral health promotion in schools, early identification and intervention, targeted supports, and interagency collaboration together comprise a comprehensive mental and behavioral health service system that enhances students' academic, behavioral, and interpersonal outcomes. School psychologists play critical roles in all of these activities through prevention, direct service, assessment, and consultation. There is a strong connection between students' mental and behavioral health and strong learning outcomes; promoting student mental and behavioral health through assessment, consultation, and direct intervention is an important role for school psychologists.

¹ Social–emotional learning refers to the knowledge and skills necessary to engage in social interactions with others appropriately and to manage one's emotional state in relation to environment.

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