



# Expanding Mental Health Services through School Health Centers

## *Opportunities for Prevention and Early Intervention*

Schools are familiar, convenient and trusted places for delivering mental health services to students. In order to meet the need of an estimated 20% of students who have mental health conditions, a variety of school mental health programs have been developed. *For many students with mental health concerns, school programs are their only source of mental health services.*<sup>1,2</sup> School programs are associated with strong satisfaction from families and school staff, improved student emotional and behavioral functioning, improved school climate, and reduced inappropriate referrals to special education.<sup>3,4,5</sup> School health programs are also well-documented for playing a role in reducing stigma, promoting prevention and raising mental health awareness.<sup>6,7,8,9</sup>

*School health centers are unique among school mental health programs because they have the potential to integrate primary care and mental health services.* This means that when a student visits a school health center for a primary care visit, there is an opportunity for the primary care staff to screen and assess that student's mental health and make a referral, if necessary, for the student to see the school health center's mental health staff. Integrating mental health services and primary care has been shown to successfully identify 90% of the primary care clients who need mental health care; 85% percent of them go on to receive treatment.<sup>10</sup>

"High school students are going through a difficult period of transition... there shouldn't be any shame in talking to a professional about what's going on in your life, and having them at school makes it easier."  
-Los Angeles High School Student

*School health centers can also coordinate with case managers and afterschool/youth development programs which are key components for providing prevention, resilience building, and recovery support to students.* By delivering confidential, youth-friendly and convenient care, an integrated, school-based team of mental and primary health providers can greatly improve the over all well-being of even the most vulnerable students.<sup>11</sup>

## **Promoting Prevention through School Health Centers**

### ***School health centers and schools can help prevent mental illness because:***

- Classrooms are good places for prevention. School health centers work with teachers to teach students more about mental health.
- School health centers help schools to be more positive environments for students.
- Teachers and school staff are often the first to spot the signs and symptoms of mental health problems. When clinical services are available on campus, teachers and staff can refer students for on-site screening or counseling and help prevent severe mental illness.
- School health centers provide families with education and resources to support their students' mental health and prevent school failure.

## **Delivering Early Intervention Services through School Health Centers**

### ***School health centers bring mental health services to students early because they:***

- Provide a variety of youth-friendly services and do not look like traditional mental health clinics. This makes them more attractive, less stigmatized places for students who want to seek care.
- Earn students' trust by maintaining strict client confidentiality. This makes students feel more comfortable asking for help.
- Are located on campus which makes them convenient. In many cases, having services immediately accessible makes the difference between students getting services or not.
- Provide mental health programs to meet the cultural, linguistic and social needs of all students.

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  - <sup>3</sup> Adelman, HS, Taylor, L, Weist, MD. (1999) Mental Health in Schools: a Federal Initiative. *Children's Services: Social Policy, Research, and Practice*. 2, 2, 95-115.
  - <sup>4</sup> Nystrom et al. (2004) Oregon School-Based Health Centers: Descriptive Analysis of a Patient Satisfaction Survey. *California Journal of Health Promotion*, 2004, Volume 2, Special Issue: Oregon, 11-21.
  - <sup>5</sup> Nabors LA, Reynolds MW, Weist MD. (2000). Qualitative evaluation of a High School Mental Health Program. *Journal of Youth and Adolescence*, 29, 1-14.
  - <sup>6</sup> Weist MD, Meyers CP, Hastings E, Ghuman H, & Han Y. (1999). Psychosocial functioning of Youth Receiving Mental Health services in the School vs. Community Health Centers. *Community Mental Health Journal*, 35, 65-8.
  - <sup>7</sup> Nabors LA, Reynolds MW, Weist MD. (2000). Qualitative evaluation of a High School Mental Health Program. *Journal of Youth and Adolescence*, 29, 1-14.
  - <sup>8</sup> Elias MJ, Gager P, & Leon S. (1997). Spreading a warm blanket of prevention over all children: Guidelines for selecting substance abuse and related prevention curricula for use in the schools. *Journal of Primary Prevention*, 18, 41-69.
  - <sup>9</sup> Flaherty LT, Weist MD. (1999) School-based Mental Health Services: The Baltimore Models. *Psychology in the Schools*, 36, 379-389.
  - <sup>10</sup> Cumming, N. (2002). Integrated practice in the 21<sup>st</sup> century. Paper was presented at the Brief Therapy Conference, Orlando, FL.
  - <sup>11</sup> Fisher, M, Jepson, L, Juszczak, L. (1998). Mental Health Care in a High School Based Health Service. *Adolescence*, 33.