

SCHOOL HEALTH

ISSUE BRIEF

BEHAVIORAL HEALTH IN NEW YORK STATE

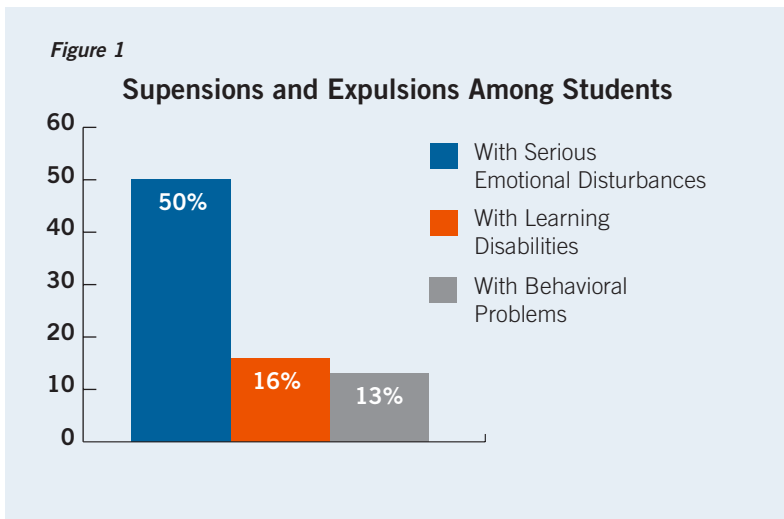
INTRODUCTION

Sound mental health is integral to a child’s health, performance in school, and social relationships.¹ Behavioral health conditions can follow an individual for their entire life. High stress during childhood can impede brain development and lead to more serious mental illness later in life.² With so many New York City children failing to receive the behavioral health care they need, city-level decision makers must find innovative ways to deliver this care.

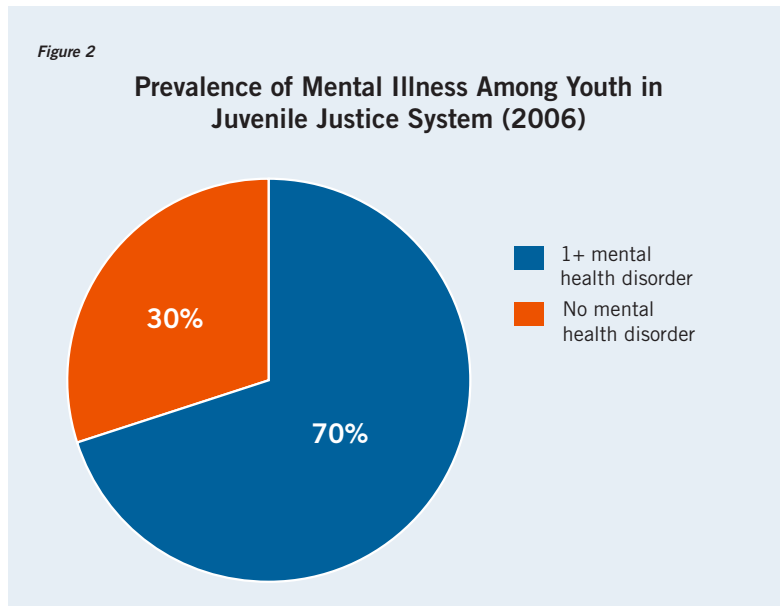
Schools are uniquely positioned to address behavioral health issues. They capture an often hard-to-reach population and offer a safe, confidential space in which providers and students can engage in honest and meaningful conversations that promote healthy habits. Interventions in schools can be cost-effective methods of improving academic achievement, preventing incarceration, improving health outcomes, and setting children up for success in their adult lives. New York City should explore ways in which it can expand the provision of school-based mental health services to more children and adolescents. This brief will outline the benefits of providing behavioral health services in schools and will highlight three successful existing initiatives, the Department of Education School-Based Mental Health Programs, the Healthy and Ready to Learn Initiative, and the Peer Health Exchange.

NEED FOR SCHOOL-BASED MENTAL HEALTH PROGRAMS

The goal of behavioral health care programs in schools should be to maximize a child’s opportunity for learning, while better positioning them for life-long wellness. Addressing behavioral and mental health conditions is essential to keeping children present and engaged in the classroom, as well as ensuring their academic confidence. Children exhibiting depressive symptoms miss school more frequently³ and experience poorer academic self-image compared to their peers⁴. Students experiencing behavioral health conditions are suspended and expelled over three times more often than their peers (Figure 1).⁵



Unmet behavioral health needs can also affect children outside of school and for the rest of their lives. Over 70 percent of youth in the juvenile justice system experience a behavioral health disorder, illustrating the importance of mental and behavioral health care in preventing incarceration (**Figure 2**).⁶ For some students, getting care is also a matter of life and death: according to the NYC Youth Risk Behavior Survey conducted in NYC high schools in 2013, 8.1 percent of high school students attempted suicide one or more times in the 12 months prior to the survey.⁷



Despite behavioral health disorders affecting over 20 percent of adolescents, treatment rates among this population are low. Typically, fewer than 50 percent of school-aged children receive the recommended therapy for behavioral health issues.⁸ Children of color often face heightened behavioral health disparities. Black children were 70 percent more likely than their White counterparts to not receive needed mental health services.⁹ When children do receive treatment for mental and behavioral conditions, the treatment provided is effective in helping students succeed academically and socially. Students receiving care in their schools experienced positive growth in their GPAs,¹⁰ were absent less often,¹¹ and were twice as likely to

remain in school¹² as their counterparts who did not receive care. One study showed that students score between 11 and 17 percentage points better on standardized tests after accessing mental health services through school programs.¹³

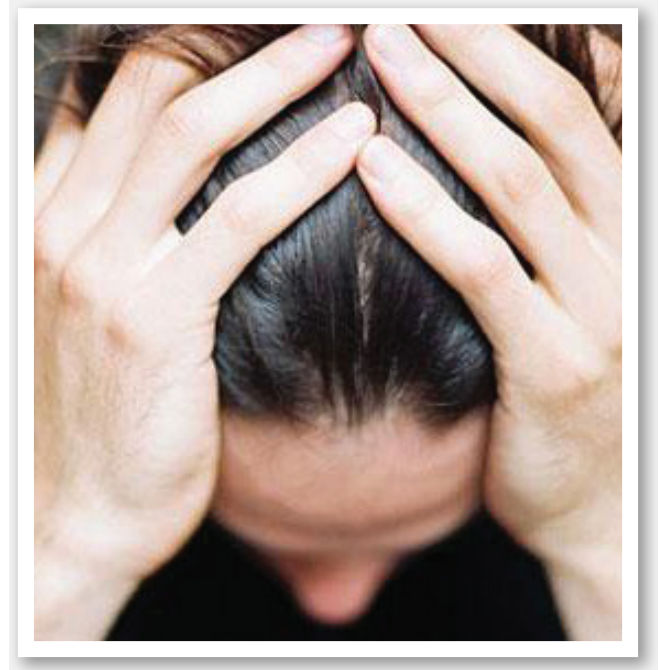
MODELS OF CARE

Both the Department of Education and community-based organizations have developed effective, innovative models for behavioral health care delivery in schools across New York City. The Department of Education reports that school-based mental health programs have significantly improved health and academic outcomes. Schools that provide mental health services experience significant declines in disciplinary referrals and criminal justice contacts as well as less rebellious behavior, less victimization, and increased positive peer associations. In the classroom, students are more attentive and demonstrate fewer distractive behaviors, and see improved grades and fewer special education referrals over the long-term.

Department of Education School-Based Mental Health Programs¹⁴

The NYC Department of Education operates over 200 mental health-related programs in schools, called School-Based Mental Health (SBMH) programs. Services provided range from on-site treatment to presentations for training teachers and administrators. All services provided to students are private and are kept confidential from school staff unless parents review and consent to the information being shared with staff. Lacking insurance is not a barrier to receiving SBMH services. SBMH programs will not bill a parent or child for services; instead, programs will bill a child's insurance plan if they have one. If the student does not have insurance, SBMH programs can help students secure health insurance.

School-based mental health programs provide identification, assessment, intervention, consultation, facilitation, and training via several models. Care is provided at on-site mental health programs, called School-Based Mental Health Centers (SBMHCs), by community mental health service providers. SBMHCs provide the most comprehensive mental health care which includes individual treatment, group and family counseling, and crisis interventions on school campus. They offer screenings school-wide for underlying emotional and behavioral conditions, and students can be referred to other providers for treatment. SBMHCs also provide a free web-based online training program that aims to teach educators and others that work in middle and high school buildings how to identify, approach, and refer students who show signs of psychological distress. The STARS (Screening the At-Risk Student) program, also on-site, is implemented by nurses in middle schools and offers suicide and depression screenings and referrals for further psychological assessments. Other care is provided by mobile teams to specific at-risk schools: the Mobile Response Team (MRT) Program consists of a mobile team of mental health professionals and serves a cluster of five schools.¹⁵ While the MRT does not provide treatment, it offers assessments, consultations, classroom observations, crisis interventions, professional development for teachers, parent trainings, and referrals for treatment elsewhere.



ThriveNYC: A Mental Health Roadmap

ThriveNYC is a new initiative in New York City that will expand access to quality mental health care for New Yorkers. Several of its initiatives are specifically aimed at providing prevention and early mental health intervention for children in schools. First, ThriveNYC will evaluate the need for additional mental health services in 52 high need public schools (identified by high rates of suspensions). This initiative supplements the on-going effort to provide mental health services to all 130 Community Schools. Based on the identified needs in each school, the City will provide additional mental health care services or open mental health clinics to ensure that students have access and receive comprehensive support for their mental health care needs.

ThriveNYC will also hire 100 School Mental Health Consultants who will perform needs assessments and provide support to schools. They will have primarily three responsibilities:

- 1) to identify priority areas, available resources, and additional needed resources in schools;
- 2) to assist schools with planning and implementation of new mental health care services; and
- 3) to support school staff with guidance on appropriate emergency response measures, appropriate referrals to community providers, and more.

Training of school staff will also be a key part of ThriveNYC. The first training program will train staff in high need schools to assess, identify, and offer assistance to high school students who are experiencing a mental health crisis. Staff will also be trained in Youth Suicide Prevention using an evidence-based model that focuses on suicide awareness and identification. Lastly, the initiative will offer online At-Risk Training to all full-time staff in all schools in New York City. This training equips staff to recognize early signs of a mental health crisis and connect students with mental health resources.

Healthy and Ready to Learn Initiative¹⁶

The Healthy and Ready to Learn Initiative is a pilot program operated by the Children's Health Fund in three elementary schools in New York City: one in Manhattan and two in the South Bronx. The program places a full-time behavioral health professional on site at each school, who is able to provide free treatment, individual and group counseling, crisis intervention, and address conflicts that arise during the school day. Because behavioral health counselors are on-site full-time, they are able to observe and address changing needs in the schools. For example, during the time of year when students are preparing for standardized exams, behavioral health professionals can identify signs of anxiety and provide stress reduction interventions.

Two of the schools taking part in the Healthy and Ready to Learn Initiative have also implemented an evidence-based health education curriculum called the 4 R's Curriculum. The 4 R's Curriculum covers reading, writing, respect, and resolution and is one of the U.S.' top social and emotional learning curriculums. This program is lauded for achieving significant positive mental health outcomes: a large randomized control trial evaluating the success of the 4Rs curriculum was conducted in New York City and found that the program improved academic performance for students at risk of behavioral issues, increased positive social behavior, reduced conduct problems, and reduced emotional distress.¹⁷

Peer Health Exchange¹⁸

Peer Health Exchange (PHE) is a national program that trains college student volunteers to teach a skill-based health education curriculum to high school students. The program was founded in New York City and has now expanded to serve cities across the U.S., but the NYC program remains the largest. The program operates in 150 high schools with a high percentage of low-income students (identified by the percent of students receiving free or reduced price lunches) and has reached over 17,000 students.

The health education curriculum consists of 13 workshops that focus on reflection, accessing resources, decision-making, and communication and advocacy. Included throughout the curriculum is content covering mental health. PHE concentrates on skill-building in teens to empower them to ask questions, find information, and get help when they want to talk about mental health. The primary goals of workshops related to mental health are to normalize discussing mental health and seeking help. PHE reports that the program has significantly aided students in making healthy choices related to mental health. When compared to similar students who did not receive PHE, those who did were approximately 15 percent more likely to talk to a trusted adult about their feelings. When PHE provided a tour of a SBHC, participating students were 11 percent more likely to know where to access mental health resources.¹⁹

CONCLUSION

Providing behavioral health care to children in schools is a wise investment for the future. Children who receive behavioral interventions increase their academic performance, and improve long-term outcomes related to both academic success and health. Through the programs highlighted in this brief, New York City is delivering effective mental and behavioral health care to many of its students; however, disparities remain. Proven effective models must be expanded to ensure all students have access to the care they need.

ENDNOTES

¹ “Establishing a Level Foundation for Life: Mental Health Begins in Childhood.” Harvard University Center on the Developing Child, 2012.

² Ibid.

³ Gall, G., M. E. Pagano, M. S. Desmond, J. M. Perrin, and J. M. Murphy. “Utility of Psychosocial Screening at a School-Based Health Center.” *Journal of School Health* 70, no. 7 (2000): 292-8.

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⁵ Blackorby, J., and R. Cameto. “Changes in the School Engagement and Academic Performance of Students with Disabilities “ In Wave 1 Wave 2 Overview Special Education Elementary Longitudinal Study (SEELS), 2004.

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⁷ New York City Department of Health and Mental Hygiene. 2013 “New York Youth Risk Behavior Survey.” <http://www.nyc.gov/html/doh/html/data/youth-risk-behavior.shtml>.

⁸ Center for Disease Control. 2015. “Improving Children’s Behavioral Health”. <http://www.cdc.gov/features/child-mental-health/>

⁹ “The State of America’s Children 2014.” Washington, D.C.: The Children’s Defense Fund, 2014.

¹⁰ Walker, S. C., S. E. Kerns, A. R. Lyon, E. J. Bruns, and T. J. Cosgrove. “Impact of School-Based Health Center Use on Academic Outcomes.” *Journal of Adolescent Health* 46, no. 3 (2010): 251-7.

¹¹ Gall, G., M. E. Pagano, M. S. Desmond, J. M. Perrin, and J. M. Murphy. “Utility of Psychosocial Screening at a School-Based Health Center.” *Journal of School Health* 70, no. 7 (2000): 292-8.

¹² Keeton, V., S. Soleimanpour, and C. D. Brindis. “School-Based Health Centers in an Era of Health Care Reform: Building on History.” *Current Problems in Pediatric and Adolescent Health Care* 42, no. 6 (2012): 132-56; discussion 57-8.

¹³ Payton, J., R.P. Weissberg, J.A. Durlak, R.D. Taylor, K.B. Schellinger, and M. Pachan. “The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students: Findings from Three Scientific Reviews.” Chicago, IL: Collaborative for Academic, Social, and Emotional Learning, 2008.

¹⁴ For more information on DOE’s school-based mental health program, visit: <http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm>.

¹⁵ “New York City School-Based Mental Health Service Programs.” New York, NY: New York City Department of Education New York City Department of Health and Mental Hygiene.

¹⁶ For more information of the Healthy and Ready to Learn Initiative, visit: <http://www.childrenshealthfund.org/content/healthy-and-ready-learn-initiative>.

¹⁷ Jones, S.M., J.L. Brown, and J.L. Aber. “Three Year Cumulative Impacts of the 4rs Program on Children’s Social-Emotional, Behavioral, and Academic Outcomes.”: Society for Research on Educational Effectiveness, 2010.

¹⁸ For more information on Peer Health Exchange, visit: <http://www.peerhealthexchange.org/>.

¹⁹ Conversation with Peer Health Exchange Staff.

The Children’s Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.