ADVANCED POLICY ANALYSIS

Increasing Access to School-Based Mental Health in California

February 2020

PREPARED FOR CHILDREN NOW
OAKLAND, CALIFORNIA

Authored by Stephanie Thornton

The author conducted this study as part of the program of professional education at the Goldman School of Public Policy, University of California at Berkeley. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgements and conclusions are solely those of the author, and are not necessarily endorsed by the Goldman School of Public Policy, by the University of California or by any other agency.

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Executive Summary

Too few children in California have access to mental health care services. For school-aged children, locating services at school is effective and efficient: school-based health systems meet students where they are, eliminate transportation barriers, and improve both health and education outcomes. Yet few schools in the state are fully equipped to serve students' mental health needs. California should support a system of school-based mental health care with clear goals and accountability measures to improve student access.

This brief identifies the need for mental health care for school-aged children in California, reviews the benefits of providing mental health support and services in schools, and makes key recommendations for State consideration that would remove barriers to school-based mental health.

The California Landscape: High Need but Lack of Care

In California, an estimated 700,000 school-aged children have serious mental or behavioral health needs.[1] The majority of children who do receive services get them at school, yet less than half of elementary school students in the state have access to mental health care in their school.[2] Rates of depression and suicidal feelings among high school students have steadily increased in the last decade. According to the Centers for Disease Control and Prevention, 31.5 percent of high school students nationwide "experienced persistent feelings of sadness or hopelessness," with higher rates reported by female students and Hispanic and Latinx students. In 2017, 17.2 percent of high school students "seriously considered attempting suicide."[3] For California high schoolers identifying as Gay, Lesbian, or Bisexual the rate is four times as high: 48.6 percent seriously considered attempting suicide in the previous year.[4] The rate of mental health hospitalizations for youth has risen in California since 2011, and is now the number one reason for hospitalization of school-aged children.[5] For too many children, access to mental health treatment only comes when the situation becomes an emergency.

Children access mental health care resources at school through special education programs, district staff, and school-based health centers. In 2011, the California Education Budget Trailer Bill (AB 114) designated schools responsible for providing mental health services to students with Individual Education Plans (IEPs), and counties responsible for providing mental health services to all other youth. School nurses, social workers, and therapists employed by districts see children at school, offering services and referring students to outside providers. However, California only has 2,489 school nurses: about 8,000 short of meeting the American Academy of Pediatrics guidelines for per-pupil ratios.[6,7] According to the most recent data from the Department of Education, California's student-to-counselor ratio is 682:1, ranking 48th in the country. Ninety-six percent of students attend schools that do not meet the federal guidelines of 250 students per counselor.[8] California also has 246 School-Based Health Centers: on-site health clinics that serve students and are sponsored by school districts, community health clinics, hospitals, and other private and non-profit partnerships. Of these centers—which only serve 2 percent of schools in the state—about 70 percent provide mental health services to students.[9] Need and access vary across the state: students in the San Joaquin Valley and in northern and Sierra counties experience higher rates of serious emotional disturbance than average, yet are less likely to have access to mental health care.[10] In a recent interview, state Surgeon General Dr. Nadine Burke Harris detailed the high rates of adverse childhood experiences in California's northern rural counties and the connection between childhood adversity and toxic stress and behavioral and developmental issues in kids.[11] Children residing in the central and northern regions are also less likely to have access to Medi-Cal providers within the time and distance standards set by the state.[12]

Benefits of School-Based Mental Health Services

School-based mental health services benefit students, educators, and communities. Providing services at school is effective and efficient: school-based health systems meet students where they are, eliminating transportation barriers to accessing care and improving both health and education outcomes. Students spend upwards of six hours per day at school and—unlike doctor's offices—schools often do not require scheduling appointments in advance and potentially waiting weeks for an appointment.

Researchers have found a link between access to school-based health care and improved school attendance, improved classroom behavior, lower rates of depression, and fewer emergency room visits.[13] Teachers are often among the first to encounter signs of mental health needs among their students, but report "a global lack of experience and training for supporting children's mental health needs."[14] In its first recommendation to the State Superintendent of Public Instruction, the California Student Mental Health Policy Workgroup called for more training of educators on student mental health.[15] In addition to supporting teachers and administrators in identifying the needs of their students, school-based mental health models can reduce stigma surrounding mental health by educating students about emotional well-being and normalizing the presence of mental health professionals. Integrating mental health professionals into the school community can help foster relationships between providers and students, teachers, and families.

School-based services can facilitate earlier identification of mental health needs and timely provision of services. Studies show untreated mental health problems can become more severe in adolescence and negatively impact educational attainment and adult health outcomes.[16] Supporting the mental health of students from an earlier age provides an opportunity to create positive, lasting impacts.

A Note: School-based mental health services will never reach every child in the state. School-aged children who are homeschooled or who experience high degrees of educational instability—including those who are unhoused, in the foster care system, in the juvenile justice system, or have run away from home—will not have equal access to school-based services. Additionally, child welfare experts highlight the necessity of services that extend beyond the school day for children with high levels of mental health needs. Some specialty mental health services for youth in foster care, for example, involve caregivers and in-home therapeutic services. This paper does not propose that school-based services are the only solution to the well-being of California kids, or that school services should replace other county mental health services. Rather, it calls for an increased focus on leveraging existing resources and local partnerships to provide access to more kids in schools.

Recommendations

A comprehensive plan for student mental health should combine policies that: fund school and district staff, create an integrated education and health state-level agency, and incentivize local collaboration between counties and school districts. There are viable policy alternatives that—if implemented with fidelity—support a model in which every school in California has increased resources to support school-based mental health services.

A. Incentivize local coordination and support data sharing infrastructure: Advocate for state incentives to promote the creation of new community schools and collaborative Mental Health Services Act (MHSA) plans that include school-based mental health services. Advocate for data sharing initiatives like the Cradle-to-Career Data Insights Act to enable local agencies to share health and education data.

B. Fund school pilot projects and Local Education Agency (LEA) coordinators with local control: Advocate for LEAs to create pilot models and offer technical assistance to peer districts. Establish a district level coordinator role to oversee school-based mental health. Additionally, support legislation that ensures school health careers are viable, well-paid jobs throughout the state.

C. Create a state-level Office of School-Based Health to establish goals and oversee Medi-Cal billing: Advocate for a combined Department of Education/Department of Health Care Services Office to reform the LEA billing program and set statewide targets to address racial and regional disparities in student mental health.

These long-term goals will require years-long efforts by the state. However, implementing new models does not require starting from scratch, as many schools are currently supporting student well-being in a myriad of ways. These alternatives should support and build off the actions currently being undertaken by schools, including MultiiTiered System of Support.

Conclusion

Across California, children are unable to access necessary mental health services. Locating mental health services at schools helps children access care earlier, improving both health and education outcomes. However, schools cannot take this on alone: educators are overextended and underequipped to provide mental health services alone. The education and health systems need clear goals set by the state to establish the lines of responsibility and metrics for measuring outcomes. Funding from Medi-Cal and MHSA provide opportunities for expanding school-based services but will not be fully successful without a comprehensive state dedication to school-based mental health.

Credits & Acknowledgments

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Endnotes

1. California Children's Report Card. 2018
2. Reback, 2018.
3. Centers for Disease Control and Prevention, Youth Risk Behavior Survey 2017.
4. Kidsdata.org, "Suicidal Ideation (Student Reported), by Sexual Orientation."
5. Kidsdata.org, "Hospital Discharges by Primary Diagnosis."
6. Kidsdata.org, "Number of Pupil Support Service Personnel, by Type of Personnel."
7. California Children's Report Card.
8. "Cops and No Counselors: How the Lack of School Mental Health Staff is Harming Students." ACLU. 2019.
9. "California SBHCs by County." California School-Based Health Alliance website.
10. Holt, Wendy. "Mental Health in California: For Too Many, Care Not There." California Health Care Foundation, March 2018.
11. Washburn, David. "California's First Every Surgeon General on her Plans to Tackle Toxic Stress in Children." EdSource: March 27, 2019.
12. California State Auditor Report No. 2018-111 "Millions of Children in Medi-Cal are not Receiving Preventive Health Services."
13. Reback, Randall. "Investments in Student Health and Mental Health in California's Schools." Getting Down to Facts II, Policy Analysis for California Education and Stanford University, 2018.
14. Reinke, Wendy M. et, al. "Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers." School Psychology Quarterly, v26 n1, March 2011.
15. "Student Mental Health Policy Workgroup Policy Recommendation 1." Recommendations to the State Superintendent of Public Instruction. California Department of Education, accessed online.
16. Gall, G et al. "Utility of psychosocial screening at a school-based health center." The Journal of school health vol.