

Utilization of Mental Health Services in Educational Settings

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DISCLAIMER

- **The views expressed here are those of the authors and do not necessarily reflect the views of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health & Human Services.**



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Why provide MH services in schools?

- Outside home, children spend the majority of their time in school.
 - Students are more likely to receive services in schools than in any other setting*
 - For students with psychiatric problems, schools are the most common point of entry for MH services*
- Schools provide various services, not only education (IDEA, National Breakfast and Lunch, Safe and Healthy Students, Safe and Drug Free Schools etc).



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Planning and Evaluation

*Burns BJ, et al. Children's mental health service use across service sectors. *Health Aff*. 1995;14(3):147-159.

* Farmer EMZ, et al. Pathways into and through mental health services for children and adolescents. *Psychiatr Serv*. 2003; 54(1):60-66.

Kase C., et al. (2017). Benefits of school mental health services on academic outcomes

- **Mental Health Outcomes**

- Reduced MH symptoms
- Decrease in PTSD and depression symptoms
- Reduction in discipline referral and suspension rates
- Decreased aggressive/disruptive behavior
- Fewer behavioral problems

- **Academic Outcomes**

- Improved academic skills and resilience
- Improved standardized test scores
- Improved grade point averages
- Improved language, art and math grades



The Role of Medicaid

- Medicaid and school mental health services
 - IDEA and Medicaid
 - EPSDT
 - Free care policy



Recent Legislation

- 21st Century CURES act
 - Mental and Behavioral Health Education Training Grants
 - Mental Health First Aid
 - DOJ crisis response and school staff/law enforcement cooperation
 - Parity
- Every Student Succeeds Act (ESSA)
 - At least 20% of funds must be allocated to “safe and healthy students” program area (that includes school BH)
 - Needs assessments



Prior Research

- **Income and use of school MH services:**
 - Low income and school MH services (Farmer et al, 2009 & Glied et al, 1997)
 - Higher parent income (Lyon et al, 2013), & socioeconomic status not a predictor (Langer et al, 2015)
- **Race:**
 - Black students use more school MH services, compared to White students (Locke et al, 2017)
 - Hispanics less likely to use school MH services (Kim et al, 2011 & Magana et al, 2012)
- **Reasons:** externalizing behaviors and school BH services. (Wu et al, 2011 and Farahmand et al, 2011)



Purpose

- To learn more about mental health services in schools
 - Use a nationwide, population-based survey to describe the student population which uses MH services in schools
 - Characteristics of students who access services in school vs. out of school settings
 - Reasons for accessing MH services in school and out of school settings



National Survey on Drug Use and Health

- Annual household survey of civilian, noninstitutionalized population aged 12 and older
 - Includes: Households, college dorms, homeless in shelters, civilians on military bases
 - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Provides national, state, and sub-state estimates of substance abuse and mental health issues



Data & Measures

- 2012-2015 NSDUH
 - Adolescent ages 12-17 who have received any treatment during the past 12 months for problem with emotions or behavior not caused by alcohol or drugs
 - Unadjusted pooled N = 18,000
- Categorical Treatment Seeking Measure:
 - (i) Education Setting Only; (ii) Non-education Setting Only (Specialty or General Setting); (iii) Both Education & Non-education Setting

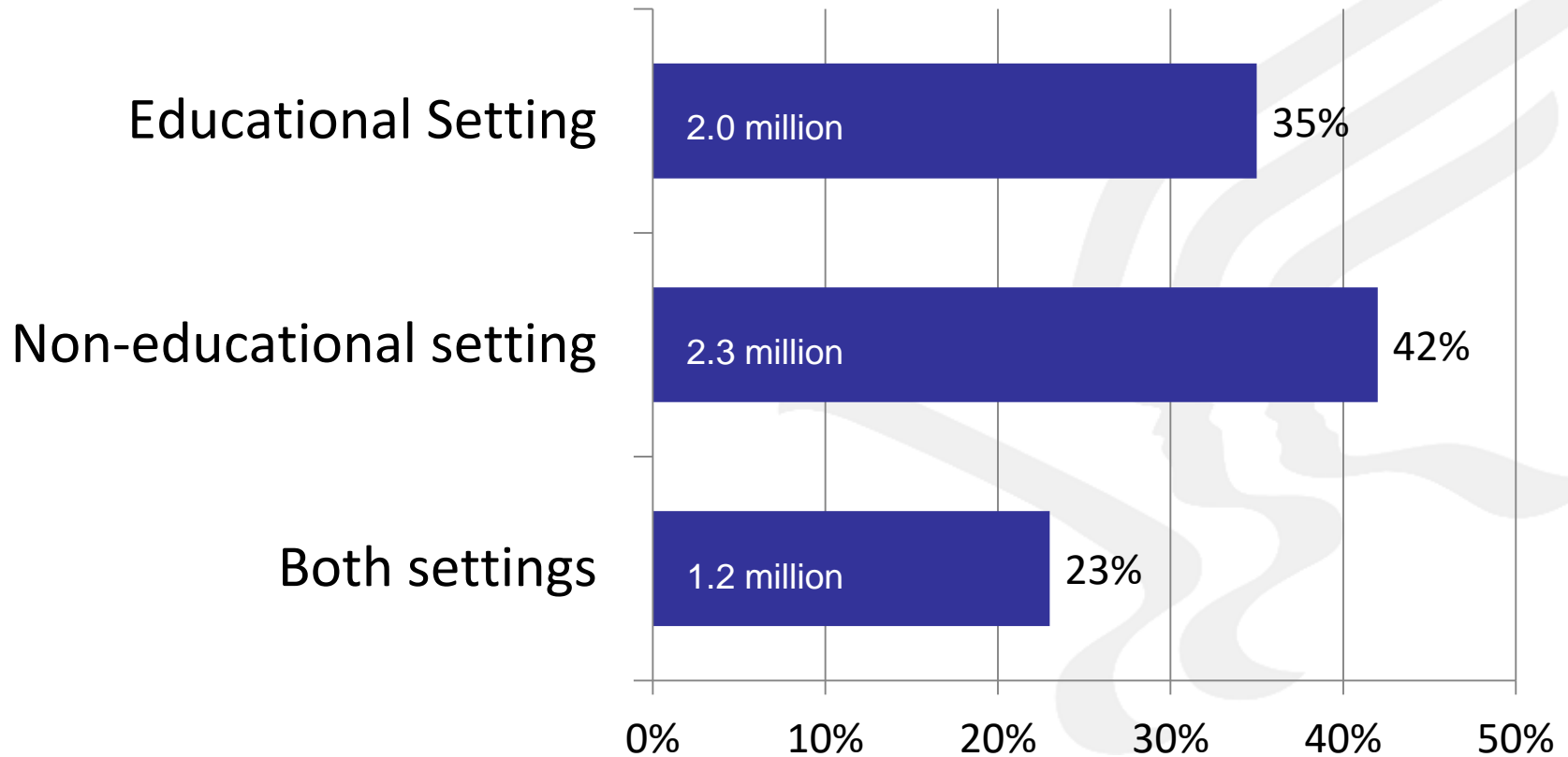


Methods

- Multinomial logistic regression models to estimate relative risk ratios (RRR)
 - Treatment in educational setting only compared to treatment in non-educational setting only
 - Treatment in both educational and non-educational setting compared to treatment in non-educational setting only
- Model also control for
 - Reasons for treatment; Major Depressive Episode; Federal Poverty Level; Health Insurance; Demographics



Treatment Settings



Demographic Characteristics

	EDUCATIONAL SETTING ONLY	NON-EDUCATIONAL SETTING ONLY	BOTH SETTINGS
FEMALE	51%	57%	56%
RACE			
Non-Hispanic White	48%	62%	56%
Non-Hispanic Black	20%	11%	15%
Hispanic	22%	7%	8%
AGE			
12-13	37%	29%	32%
14-15	37%	35%	37%
16-17	26%	36%	31%



Reasons for Treatment Utilization

	EDUCATIONAL SETTING ONLY	NON-EDUCATIONAL SETTING ONLY	BOTH SETTINGS
INTERNALIZING BEHAVIOR			
Thought about killing self or tried to kill self	5%	7%	20%
Felt depressed	20%	15%	48%
EXTERNALIZING BEHAVIOR			
Broke rules & acted out	12%	6%	18%
Trouble control anger	6%	4%	12%
PROBLEMS WITH INTERPERSONAL BEHAVIOR			
... with home/family	9%	7%	19%
... with friends	12%	2%	15%
... at school	14%	4%	21%



Descriptive Statistics

	EDUCATIONAL SETTING ONLY	NON-EDUCATIONAL SETTING ONLY	BOTH SETTINGS
HEALTH INSURANCE			
Private	51%	56%	52%
Public	42%	40%	44%
Uninsured	7%	4%	4%
FEDERAL POVERTY LEVEL			
<138%	38%	31%	35%
138%-400%	41%	42%	41%
>400%	21%	27%	23%
MAJOR DEPRESSIVE EPISODE	16%	24%	37%



Multinomial Logit Estimates

	EDUCATIONAL SETTING ONLY	EDUCATIONAL & NON-EDUCATION SETTING
RACE		
Non-Hispanic Black	2.30*** [1.98, 2.67]	1.61*** [1.34, 1.95]
Hispanic	1.34*** (1.17, 1.54)	1.14 (0.97, 1.34)
Non-Hispanic White	Ref	Ref
HEALTH INSURANCE		
Public	1.49*** (1.17, 1.89)	1.07 (0.77, 1.48)
Uninsured	0.97 (0.86, 1.09)	1.16 (1.00, 1.34)
Private	Ref	Ref
FEDERAL POVERTY LEVEL		
<138%	1.37*** (1.16, 1.62)	1.05 (0.87, 1.27)
138%-400%	1.24*** (1.09, 1.41)	1.02 (0.88, 1.19)
>400%	Ref	Ref



Multinomial Logit Estimates

	EDUCATIONAL SETTING ONLY	EDUCATIONAL & NON-EDUCATIONAL SETTING
INTERNALIZING BEHAVIOR		
Thought about killing self or tried to kill self	0.67*** (0.54, 0.82)	1.20 (0.97, 1.48)
Felt depressed	1.68*** (1.47, 1.92)	3.82*** (3.30, 4.41)
EXTERNALIZING BEHAVIOR		
Broke rules & acted out	1.84*** (1.56, 2.18)	2.49*** (2.03, 3.04)
Had trouble control anger	0.72*** (0.57, 0.91)	0.93 (0.69, 1.26)
PROBLEMS WITH INTERPERSONAL BEHAVIOR		
... with home/family	0.87 (0.72, 1.05)	1.31* (1.05, 1.65)
... with friends	5.80*** (4.59, 7.33)	4.07*** (3.01, 5.50)
... at school	3.12*** (2.59, 3.75)	4.28*** (3.45, 5.32)
MAJOR DEPRESSIVE EPISODE	0.64*** (0.56, 0.73)	1.12 (0.97, 1.28)



Conclusion

- More than a third of all adolescents who utilized mental health services did so in an educational setting only
 - 58% of all adolescents received services in an educational setting
- Schools are an important source of mental health services for adolescents,
 - Minority students, low-income household & public insurance
- Reasons for seeking services
 - Problems related to school, friends & family

