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Addressing the mental health needs of children within the educational setting: a pending crisis

Many school administrators nationwide believe that behavioral health issues are the single greatest threat to the integrity of the educational system. Students are unable to learn due to overwhelming behavioral health concerns. Not only does the individual with the concern have limited ability to learn, the potential to disrupt the learning environment for all students is great. Most alarming is the severity and complexity facing younger and younger children. With the development of managed care and the subsequent dismantling of the behavioral health system, public health agencies have now become the "front line" in the treatment of these issues. In smaller, rural, wealthier communities the public service infrastructure is not well developed. Thus, it is imperative that school districts develop proactive, effective policies to address these growing needs before a violent crisis occurs.

Statement of the Issue/Problem: The Argument for Expanding School-based Counseling Services in RSD17 (Haddam-Killingworth)

A first grader repeatedly runs out into the road screaming that she wants to die. She tries to hurt herself at every opportunity. Her parents are afraid to let her out of their sight in case she might inflict serious damage to herself. They tried taking her to an emergency room but when they did, they sat and waited for over six hours and then were sent home when no treatment beds were available.

A second grader hallucinates on an almost daily basis and often sits in an almost catatonic state for much of the day. Other students in the class are afraid to go near her and have a hard time staying on task. Parents of other students call the principal to express concern.

A fifth grader diagnosed with bipolar disorder becomes so violent at times that other students in his class need to be removed for safety. Parents of other students are calling the principal to complain.

A middle school student repeatedly slices deep gouges into her arms and legs. She has been hospitalized in a psychiatric hospital but was discharged after three days. Her mother has quit her job to monitor her. Classmates are distracted by her obvious disfigurement.

Over a one-year period in a 650-student high school almost ten students have been in psychiatric hospitalization. These are hospitalizations that have lasted long enough to be reported to the school. There are many more that have gone unreported to the school.

These vignettes are based on actual student profiles in RSD17. There are many more similar stories known and unknown by school personnel. These stories represent extreme behaviors in response to mental health issues, but there are other mental health issues with severe impact that do not reach the level of need or attention as these. Absenteeism, falling grades and substance abuse are also an outgrowth of problems in behavioral health. Even many high-achieving students who attend school every day experience signs and symptoms of mental health problems. In fact, the number one reported concern of high school students is high stress (Berman et al., 2006). RSD17 cannot overlook the rising incidence of mental health issues in the children and families it serves. However,

the question remains: To what extent and in what manner should RSD17 play a role in the delivery of mental health services for its children?

Background of the Problem/Issue:

The United States has long recognized that the mental health of its citizens is an important public concern. Mental health issues have always been prevalent in our society and recognized in adults. It is only within the past 20-30 years that professionals have recognized that mental health issues affect children in similar rates as adults. An estimated 21 percent of young people in the United States between the ages of 9 and 17 have diagnosable emotional or behavioral health disorders. One in 10 children have anxiety, 7 out of 100 children exhibit a conduct disorder, 6 out of 100 children have depression -- and the list of diagnoses goes on. In total, these figures amount to over 15 million children, and it is estimated that only about one-third of them get help for these problems (Caring for Kids, 2006).

Mental health issues have a negative impact on our culture and wide-reaching effects. The impact of children's mental health is just as significant as that of adult mental health. A 2001 report of the U.S. Surgeon General stressed that mental health is critical to children's learning and general health -- "as important as immunizations to ensuring that every child has the best chance for a healthy start in life" (Surgeon General's report, 2001).

This problem is probably going to get worse (Brauner et al., 2006). With the onset of cost containment factors, including the advent of managed care, the adult mental health system has slowly been dismantled. Adults with behavioral health issues who go untreated are generally not the most effective parents and do not exhibit good parenting

skills. Children are therefore raised in families that do not have the resources to provide necessary social support. This lack of social support will most likely have a negative effect on children. That is, as children are raised in more and more dysfunctional families, they do not have the chance to develop positive coping mechanisms to handle the stresses of everyday life. They become more susceptible to significant mental health issues. For example, a recent research study by Rohde (2005) concluded that male teenagers with depressed fathers were seven times more likely to attempt suicide as young adults than depressed male teenagers with unaffected fathers. While the study collected data only on fathers, the author posits that maternal mental depression most likely has an even larger overall effect on children's mental health. These children, like their parents, do not have access to appropriate mental health services and the cycle continues.

While the adult mental health system has been dismantled, the degradation of the children's mental health system has been even more significant. With changes in the children's mental health system since the onset of managed care, fewer services are available, thereby adding additional impetus to the downward spiral. SAHMSA (July 2005) recently released the results of its first national survey of mental health services in the nation's public schools. The survey revealed that increasing numbers of students are struggling with mental health issues, but resources to meet those needs are inadequate. (SAHMSA, 2005).

Historically, mental health issues in children have traditionally been seen as a problem relating to poverty and parenting. Most funded research has taken place in large, poor, urban districts (Putnam et al., 2005). As a result, mental health issues have been

primarily dealt with in large metropolitan districts by public agencies. Wealthier communities were generally able to meet children's mental health needs via private insurance and private practitioners.

Within the past ten years, however, available treatment funded by private insurance has also been eroded (Galambos et al., 2004). Families are left in a financial predicament. They have health insurance, but funding consistency in services is sometimes impossible to obtain. Many practitioners frustrated by the difficulties in maintaining insurance funding now accept only direct payment from clients or have left the field altogether (Gilford et al., 2001). As a result, available services in the private sector, long the bastion of mental health services for wealthier individuals and families, have become even more limited. Therefore, even in smaller, wealthier communities, public agencies must pick up the slack. Existing public agencies have attempted to fill the gap, but they are not always able to meet client need. Thus, communities with the support of state and federal agencies must step in to provide increased services to meet the growing need. However, smaller, wealthier, rural communities do not have the infrastructure built into their systems to create a cohesive mental health system. For example, the government of Haddam-Killingworth consists primarily of a paid full-time first selectman and two part-time selectmen. Therefore, schools, as the largest infrastructure for servicing children in these communities, must step in and help.

RSD17 represents two such rural, wealthy communities and must take on this challenge. If we don't, we will face a decrease in student achievement and an increase in truancy and suspension, etc. Unless we address mental health needs, we cannot proceed

to improve on standardized testing and other benchmarks of success. Not only do our children depend on us, but our community as a whole.

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