

School-Based Youth Mental Health Care

Research Brief

Prepared at the Request of New York County Leaders
Compiled by: Esmeralda Flores and Elizabeth Day
Cornell University and University of Oregon

THE PROBLEM

Within New York, mental health disorders among youth (age 12-17) have become a major issue:¹

100k+

Number of youth with depression who did not receive mental health treatment in the last year; equals **61% of all youth**.

Proportion of youth who suffered at least one major depressive episode in the last year.

13%

In rural counties, this issue is particularly alarming. Nearly 65% of nonmetropolitan counties do not have psychiatrists and **over 60% of rural Americans live in designated mental health provider shortage areas**.²

MENTAL HEALTH SERVICES IN SCHOOLS

Most recently in the past four years, public schools in at least **12 states** have implemented measures allowing students to take excused mental health days.³

67%

Schools expanded mental health services for students during the pandemic.⁴

56%

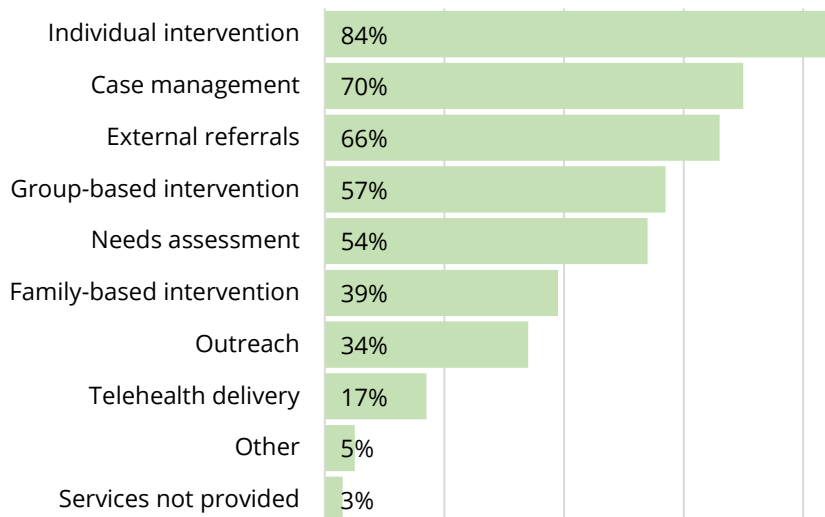
Schools modified their academic calendar in 2021-2022 school year to address mental health concerns for staff and students.⁵

83%

Schools introduced classes focused on social, emotional, and mental well-being since March 2020.⁶

Mental Health Services Offered by Public Schools 2021-2022

96% of public schools reported offering at least one type of mental health service to their students.



Source: US Department of Education, National Center for Education Statistics, School Pulse Panel 2021-2022

The Role of Stigma

A research team conducted a qualitative study with 22 youth ages 14-25 with lived experiences of mental health challenges in Ontario, Canada to learn how stigma can affect a young person's decision to seek mental health services. Researchers identified two main themes.⁷

Point of Entry	Medicalized or Trivialized
<ul style="list-style-type: none"> • Youth delayed first contact because of limited knowledge about mental illness, shame, negative stereotypes, fear of shifted identity, and/ or label avoidance. • "Am I Sick Enough"- Youth expressed self-doubt about their need for services. They labeled themselves or by others as "sick enough" for treatment or "not sick enough." 	<ul style="list-style-type: none"> • Ignoring the Gray- Youth feel the medical model of mental health care is too simplistic, and paternalistic and ignores the gray areas of mental health. • Symptoms are trivialized by providers- Stigmatizing attitudes from providers deterred youth from accessing mental health services. Youth reported being dismissed and ignored when accessing services, which was increased by stereotypes associated with certain diagnosis, gender and race.

Addressing Stigma

A study found a school-based mental health stigma reduction and health promotion program, **Ending the Silence Intervention program by the National Alliance of Mental Illness (NAMI)** to be effective among New York city high school students who participated in the program in the following ways:⁸



Overall, the study suggests that the Ending the Silence program by NAMI could be a valuable tool for reducing stigma and increasing mental health awareness in high school settings and may have positive effects on attitudes towards and support for individuals with mental illness, as well as on participants' own mental health.

Example Program and Staff Insights

A qualitative study researched RAP Club (Relax, be Aware, do a Personal rating), a trauma-informed mental health intervention, in 13 urban schools in Baltimore City. ⁹

Perception of RAP Club: At least 21 administrators and staff members from the 13 schools implementing RAP Club were interviewed to learn about their perception of the program. Most administrators and staff members conveyed their willingness to continue offering the program. In addition, most administrators and staff thought:

RAP Club's effectively equips students with valuable skills in stress management, communication, and problem-solving.

RAP Club offers students a valuable and beneficial outlet to learn about trauma and develop healthy coping strategies for stressful situations.

Sustainability of the RAP Club: Staff shared challenges around of the sustainability of the RAP Club.

- Lack of confidence among school staff in their ability to deliver the intervention on their own.
- Need for additional trained staff to effectively sustain the program.
- Need for additional space for conducting sessions and storing program materials
- Lack of funding to continue the program beyond the pilot phase

ADDITIONAL RESOURCES

- California Evidence-Based Clearinghouse: information and resources for child welfare professionals, with many programs applicable for schools, too.
 - <https://www.cebc4cw.org/>
- CASEL Program Guide: designed to help educators and school administrators select an evidence-based mental health program that best meets the needs of their community.
 - <https://pg.casel.org/>
- PracticeWise: online tools and services to help improve the quality of youth services, including practice guides, evidence-based services database, and clinical dashboards.
 - <https://www.practicewise.com/>
- School-Based Mental Health at youth.gov: an overview along with tipsheets and resources on school-based mental health services
 - <https://youth.gov/youth-topics/youth-mental-health/school-based>
- Effective School Solutions: Six steps to reinventing mental health in schools provides a 6-point best practices framework for districts, states, and federal policymakers to transform mental health in schools over the next five years.
 - <https://effectiveschoolsolutions.com/solutions-mental-health-schools>

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METHODS

Findings presented in this brief come from a literature review of academic peer-reviewed studies, as well as a review of research and findings from non-partisan think tanks, foundations, and organizations. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal statistical methods for summarizing results and exploring reasons for differences in findings across studies.

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