

# School-Based Mental Health Programs: How They Work and Succeed

School-based mental health programs increase much-needed access to mental health support by eliminating barriers to care such as transportation, provider availability and proximity, and cost.

## THE NEED FOR SCHOOL-BASED MENTAL HEALTH



Nearly  
**73,000**  
students in 6th through 12th grade  
reported having seriously considered  
attempting suicide.<sup>1</sup>



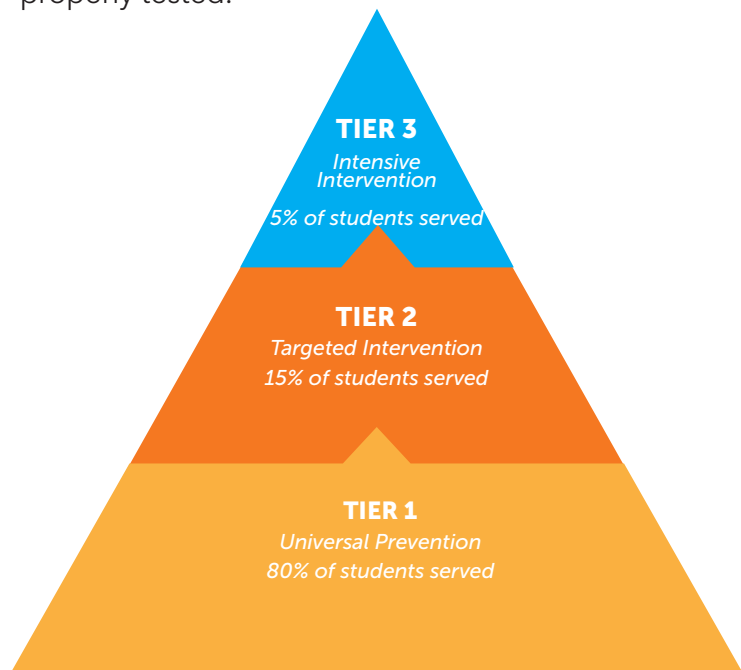
**45% of Georgia's children**  
aged 3-17 had difficulty accessing or were  
unable to access needed mental health  
treatment and counseling.<sup>2</sup>



**1 in 6**  
children aged 2 to 8 years old  
has a diagnosed mental, behavioral,  
or developmental disorder.<sup>3</sup>

### Multitiered System of Supports

Comprehensive school-based mental health increases the chance that teachers and clinicians will **identify students with untreated mental health needs and avoid misdiagnoses**. Students who appear to have a mental health disorder but are actually experiencing another challenge (e.g., family instability, severe hunger, trouble with vision) are more likely to be properly tested.



### Challenges Providers Experience



Limited qualified workforce who will accept the salary (lower than other jobs in the field)



Clinician burnout (i.e. from heavy caseloads and secondary trauma)



Blurred roles in schools and extra demands on clinicians' time (hindering billable time, which is important for program sustainability)



Lack of transportation for afterschool and summer services



Stigma around mental health treatment



Limited parental involvement

### Factors that Boost Program Success



Using *both* insurance billing and grant funding (This allows programs to be comprehensive, providing interventions in all three tiers.)



School buy-in

## Recommendations

### State Agencies and Leadership

- Extend telemedicine reimbursement provisions to support increasing access (including summer services) and family engagement.
- In addition to Express Lane Eligibility for SNAP/TANF, use all other available data to renew coverage for children on Medicaid/PeachCare (known as “ex parte” renewals).
- Share school-based mental health program outcomes annually.
- Support integrated school-based health (physical and mental health).
- Reimburse school-based mental health services consistently.
- Simplify/streamline insurance billing.
- Explore reasonable alternatives to the state salary schedule such that state behavioral health professionals are competitive in their field.
- Consider mobilizing school counselors, school psychologists, and school social workers to provide therapeutic services by allocating funding to hire more of each profession to reduce the student to professional ratio. Develop awareness campaigns to promote community-level mental health resources, including CSBs, and to reduce cultural- and identity-based stigma (e.g., Black, Hispanic, adolescent males).

### Providers

- Increase peer-to-peer support opportunities for youth and families (e.g., sources of strength program, establishing family federation chapters).
- Support clinicians to ease the burden and prevent burnout (e.g., secondary trauma supports, billing programs to minimize administrative burdens).
- Promote free clinical supervision toward licensure and incentives, like federal loan forgiveness.
- Partner with afterschool and summer learning programs.
- Partner with Regional Education Service Agencies (RESAs), School Climate Specialists, and school Positive Behavioral Interventions and Supports (PBIS) coordinators.
- Continue to use telehealth to enhance access to services.

### Schools

- Work with providers to submit community plans to draw down federal funding (e.g., HRSA grants).
- Leverage district and school-level funds to support program costs.
- Include providers in school meetings and groups (e.g., staff meetings, student support teams) and leverage providers for teacher trainings and professional development.

### Additional Resources:

[Supporting Children’s Mental Health in Georgia Schools: How Three School-Based Mental Health Providers Serve Students](#), Voices for Georgia’s Children

[Youth Behavioral Health in Georgia Two Years into the COVID-19 Pandemic: Perceptions of Need, Services, and System of Care Obtained through Youth and Caregiver Focus Groups](#), Voices for Georgia’s Children

[Behavioral Health Needs in Afterschool & Summer Time: Equipping Programs to Support Georgia’s Youth](#), Georgia Statewide Afterschool Network

## **Sources for School-Based Mental Health Programs:How They Work and Succeed**

- 1 lxvii Georgia Department of Education: Georgia Student Health Survey (2021-2022). <https://www.gadoe.org/wholechild/GSHS-II/Pages/GSHS-Results.aspx>.
- 2 Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved September 8, 2022, from [www.childhealthdata.org](http://www.childhealthdata.org).