

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.

Why do we need school-based mental health programs?

40,799

students in Georgia, 6th through 12th grade, reported having seriously considered attempting suicide.¹

48%

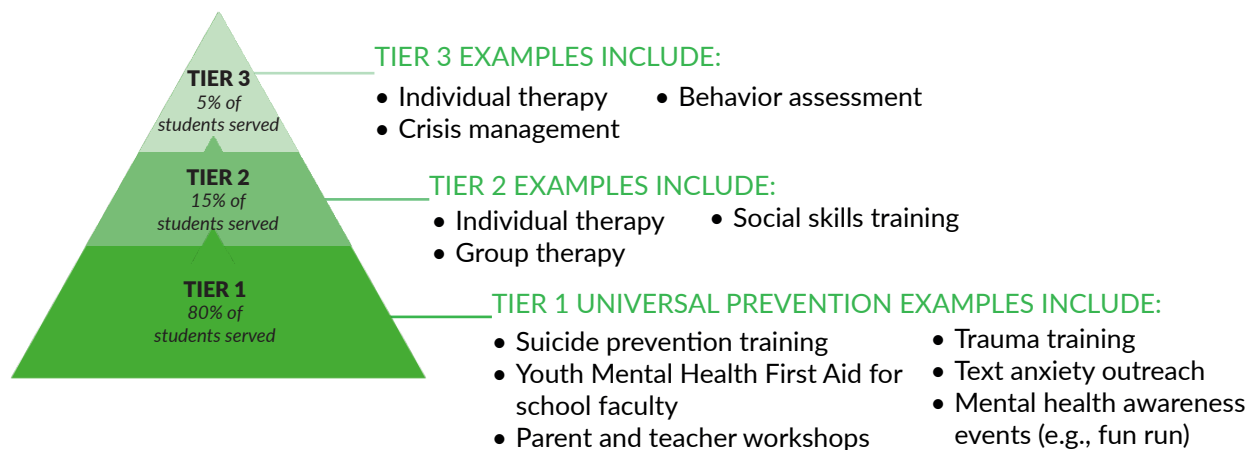
of Georgia's children ages 3-17 had difficulty accessing, or were unable to access, needed mental health treatment and counseling.²

1 in 4

of Georgia's children, ages 3 to 17 years old, has a diagnosed mental, emotional, developmental, or behavioral problem.³

A Multi-tiered Approach

Comprehensive mental health services are most effective when provided through a multitiered system of supports (MTSS). **MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.**



Comprehensive SBBH systems address the full array of services and supports, including **universal prevention**, **targeted intervention**, and **intensive treatment**.

Tier 1 can be delivered by a **diverse group of student support professionals** (any school staff). **Tier 2** can be delivered by **counselors, social workers, or mental health providers**. **Tier 3** is limited to **licensed clinicians (or those seeking licensure and receiving supervision) only**.

Factors that Promote Program Success⁴

- Family-school-community collaboration
- Implementation of evidence-based and emerging best practices
- Needs assessment and resource mapping
- Well-trained educators and specialized instructional support personnel

*Individual therapy uses evidence-based models

Challenges Experienced by Providers



Limited qualified workforce that will accept the salary*

**Salaries are typically lower than other jobs in the field.*



Clinician burnout (e.g., heavy caseloads and secondary trauma)



Stigma around mental health treatment



Blurred roles in schools and extra demands on clinicians' time**

***This hinders billable time, which is important for program sustainability.*



Lack of transportation for afterschool/summer services



Limited parental involvement

Policy 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 for Kids® (known as “ex parte” renewals).
- Share school-based mental health program outcomes annually.
- Promote the integrated mental health and primary care model into SBHCs.
- Continue to fund and expand the Georgia Apex Program, a statewide comprehensive SBBH model funded by the Georgia Department of Behavioral Health and Development Disabilities (DBHDD).
- Allocate additional funding to increase DBHDD and Medicaid Behavioral Health provider rates.
- Ensure all provider types can be reimbursed by the appropriate payor (i.e., Medicaid or private insurance) for services delivered in school settings.
- Fund a comprehensive study of the Peer Support workforce opportunities in SBBH programming.
- Allocate funding in the budget to continue improving the ratios of school counselors, social workers, and psychologists in K-12 congruent with national standards.
- Leverage telehealth to increase access to SBBH supports and services, particularly in rural school districts.

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.



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

Suggested citation: Voices for Georgia's Children. (2023). Fact Sheet: School-Based Mental Health Programs: How They Work and Succeed. Voices for Georgia's Children. <https://adobe.ly/47QGOuN>.

- 1 Georgia Department of Education: Georgia Student Health Survey (2023). [https://www.gadoe.org/wholechild/GSHS-II/GSHS State Reports/2023/State Report 2023.xlsx](https://www.gadoe.org/wholechild/GSHS-II/GSHS%20State%20Reports/2023/State%20Report%202023.xlsx).
- 2 Child and Adolescent Health Measurement Initiative. "Indicator 4.4a: Difficulties obtaining mental health care, age 3-17 years." 2022 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). Accessed December 4, 2023. <https://www.childhealthdata.org/browse/survey/results?q=10257&r=12>.
- 3 Child and Adolescent Health Measurement Initiative. "Indicator 2.10: Mental, emotional, developmental, or behavior problems, 3-17 years." 2022 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). Accessed December 4, 2023. <https://www.childhealthdata.org/browse/survey/results?q=10178&r=12>.
- 4 Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.