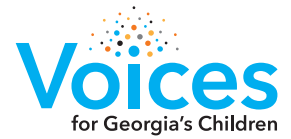# School-Based Mental Health Programs: How They Work and Succeed

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 **80,000** students in 6th through 12th grade reported having seriously considered attempting suicide.[1]

2 in 5 children have trouble accessing the mental health treatment they need.[2]

1 in 6 children aged 2 to 8 years old has a diagnosed mental, behavioral, or developmental disorder.[3]

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.)
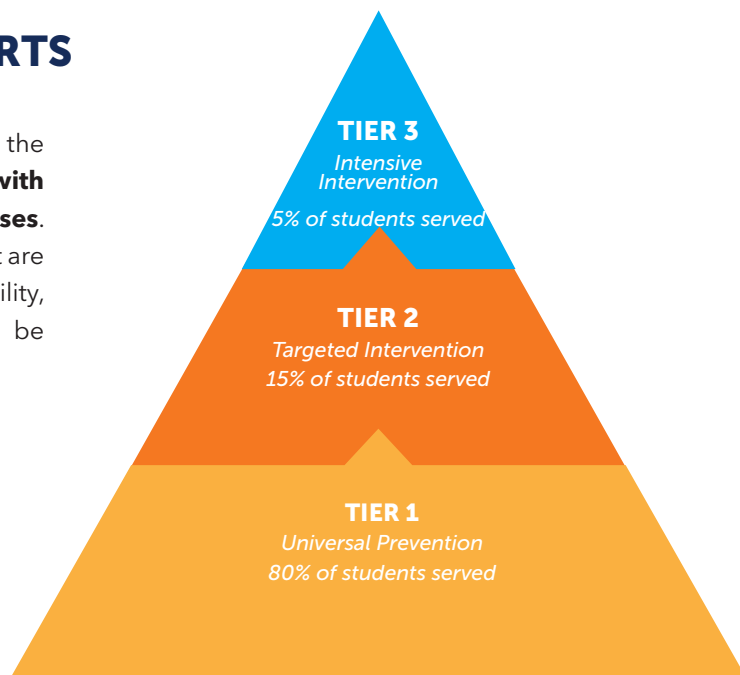
School buy-in

RESOURCES

Read Voices' full report, Supporting Children's Mental Health in Georgia Schools: How Three School-Based Mental Health Providers Serve Students

Read Georgia Statewide Afterschool Network's report, Behavioral Health Needs in Afterschool & Summer Time: Equipping Programs to Support Georgia's Youth

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 experience another challenge (e.g., family instability, severe hunger, trouble with vision) are more likely to be properly tested.

TIER 3
Intensive Intervention
5% of students served

TIER 2
Targeted Intervention
15% of students served

TIER 1
Universal Prevention
80% of students served

Recommendations

State Agencies and Leadership	• Extend telemedicine reimbursement provisions to support increasing access (including summer services) and family engagement (Providers need to be reimbursed to continue to provide telemedicine, as we recommend in the next section.) • Streamline Medicaid eligibility determination policy and practices to reduce the number of insured children (Georgia's high rate of uninsured children, most of whom are eligible for Medicaid or PeachCare, puts a great strain on the financial sustainability of community providers.) • Regularly 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
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