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Preface

This paper, the seventh in a series of white papers sponsored by the Kean University Center for History, Politics, and Policy, addresses the mental health care needs of youth and young adults and identifies barriers to effective treatment. The authors discuss the potential of school- and curriculum-based intervention to address these barriers and improve access to effective psychosocial treatment for youth and young adults in need.

About the Authors

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Making the Case for School-based Mental Health Services

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Problem Statement:

Mental health care for youth and young adults has been inserted into the national spotlight recently, as part of the dialogue on how to prevent the violence that seems to be plaguing our youth with increasing frequency. These acts of youth violence, ranging in severity from verbal and cyber bullying to shootings, urge us to examine how we can better serve and protect our nation's young people. New Jersey has made significant strides to address harassment, intimidation, and bullying in schools with the Anti-Bullying Bill of Rights Act (P.L.2010, c.122 and P.L.2012, c.1). However, another potential avenue for addressing youth violence is improved access to mental health treatment for youth suffering with psychological conditions, including both potential perpetrators and victims.

The current system, both nationally and locally, is characterized by infrequent identification of psychological disorders in youth and significant underutilization of mental health services, which may be particularly harmful implications for developing youth. Examination of recent epidemiological studies expose an alarming public health crisis, characterized by high prevalence rates for psychological disorders coupled with low rates of mental health service utilization. This paper aims to examine some of the barriers preventing youth from accessing effective treatment and discuss the potential of school- and curriculum-based intervention across primary, secondary, and higher education to address these barriers and improve access to effective psychosocial treatment for youth and young adults in need.

Growing Prevalence and Impairment Related to Psychological Disorders across Development

Available data reveal a troubling pattern of increasing prevalence of psychological disorders from childhood through young adulthood. The National Health and Nutrition Examination Survey, sponsored by the National Institute of Health, found that 13.1% of children aged 8-15 met criteria for at least one type of psychological disorder during the year prior to participating in the study, most commonly ADHD,

mood disorders, and conduct disorder (Merikangas et al., 2010). Data from a similar survey focusing on adolescents is even more concerning, suggesting that 27.6% of 13-18 year olds have had a diagnosable psychological disorder during their lifetime, with anxiety disorders and behavior disorders (Oppositional Defiant Disorder, ADHD, and Conduct Disorder) being most frequent (Merikangas et al., 2010). These rates are especially high considering that neither study included youth diagnosed with an Autism Spectrum Disorder, a class of disorders that seems to be increasing in prevalence with each new estimate. According to a 2011 report from the Bloustein Center for Survey Research at Rutgers University, New Jersey high school students appear to be at equal risk for developing many psychological problems as those in a national sample, for example, experiencing a depressive episode, making a suicide attempt resulting in injury in need of treatment, engaging in risky sexual behavior, as well as reporting current and lifetime use of tobacco, alcohol, and marijuana.

Prevalence of psychological disorders continues to increase with development, with high rates among college students that appear to be steadily increasing over time. In a 2012 survey of 293 college counseling center directors, including several NJ institutions, directors report that 39% of their clients have severe psychological problems, with 88% of directors reporting a trend toward greater number of students with severe psychological problems on their campuses (Gallagher, 2012). Problems associated with the highest percentage of directors endorsing an increase over the past five years include: crises requiring immediate response (73%), psychiatric medication issues (67%), learning disabilities (59%), illicit drug use (48%), self-injury behavior (40%), and alcohol abuse (36%). Studies directly examining prevalence rates confirm these perceptions, with data suggesting that almost half of college-aged individuals meet criteria for a psychological disorder, with the equal rates among young adults who attend college and those who do not (Blanco et al., 2008). Alcohol use disorders, eating disorders, and engagement in self-injurious behavior are particularly pervasive in college students and 10% of college students seriously consider suicide (American College Health Association, 2008).

This pattern of increasing prevalence throughout development disputes the commonly held belief that youth will "outgrow" these conditions. Rather, links between childhood and adulthood disorders

appears to be the norm rather than the exception, as most psychological disorders have been shown to have a persistent and chronic course into adulthood. In general, disorders with an early onset tend to follow a longer and more severe course of illness in adulthood. Psychological disorders occurring in youth also seem to place individuals at risk for developing additional types of psychopathology later in life. For example, untreated anxiety in youth is not only associated with severe anxiety later in life, but it has also been linked to elevated rates of depression, substance use, suicide attempts, and psychiatric hospitalizations in adulthood. Early adulthood seems to be a particularly vulnerable time in development, as several disorders have an average age of onset in the early 20s, most notably schizophrenia and substance use disorders. At any point in the developmental trajectory, untreated psychological disorders are associated with pervasive impairment across domains, including school and occupational performance, social functioning, and family relationships.

Underutilization of Mental Health Services

The good news is that advances in the field of psychology have led to the development of evidence-based psychosocial interventions for a variety of disorders affecting youth and young adults. Traditional behavior therapy, based on the principles of operant conditioning (e.g., reinforcement and punishment), has been shown to be an effective intervention to help parents learn to better manage children's behavior problems. Behavioral therapy has also evolved to include what are referred to as second- and third-wave behavior therapies, namely cognitive-behavioral therapy (CBT) and mindfulness and acceptance-based behavioral interventions (MABBIs). CBT and MABBIs share the basic principle of exposing individuals to difficult situations or emotions in order to promote acceptance and decrease avoidance of distressing emotions. A broad evidence base supports these treatment approaches as effective in promoting adjustment and reducing symptoms and impairment in individuals suffering from a number of psychological disorders, most notably anxiety, mood disorders, and substance disorders.

However, the problem that must be addressed is that few affected youth are accessing these effective interventions. In the study of children aged 8-15 mentioned above, only 50% of youth with a psychological disorder received any type of intervention (Merikangas et al., 2010). Estimates of children

receiving *evidence-based* intervention are thought to be much lower. The data on adolescents reveals that the gap between need and intervention widens throughout development, with only 36.2% of adolescents (age 13-18) with a psychological disorder ever receiving any type of treatment (Merikangas et al., 2011). In college students, research has demonstrated that fewer than half of those who endorse symptoms of major depression or anxiety disorders have received mental health services (Hunt & Eisenberg, 2010), and fewer than 20% of students who endorse disordered eating behaviors ever received treatment (Wilfley, Agras, & Taylor, 2013). Service utilization for substance disorders seems particularly problematic. Research has shown that college students with substance abuse disorders are less likely to seek treatment than their peers who are not enrolled in college, with one study estimating service utilization may be as low as 10% in this population (Caldeira et al., 2009). Across all youth with differing types of psychological disorders, minority youth and young adults have been linked to low rates of service utilization. In the young adult college population, service use is particularly uncommon among those from lower socioeconomic backgrounds, as well as international students, and students from Asian and Latino ethnicities.

Barriers to Mental Health Service Utilization

The large gap that exists between need and treatment utilization is clear, but understanding why it exists is an important step in addressing this public health problem. Unlike adults, youth cannot refer themselves for treatment, and instead rely on important adults, such as parents, pediatricians, and school personnel to recognize problems and take action to address them. Unfortunately research has shown that adults are not particularly skilled at detecting psychological problems. For example, adults may interpret withdrawal, "mood swings," "shyness," or frequent substance use as temporary phases of the "normal" teenage experience. On the other hand, perceived need for treatment may also be influenced by the self-disclosure of young people, who tend to seek help from family members and friends rather than professionals (e.g., teachers, counselors, physicians) who have greater potential for providing effective referral sources. Problem recognition may be particularly challenging in college students, who can more easily fly "under the radar," not being as closely or regularly observed by those who might identify a

problem or concern. Contact with family members and established friends may become limited, and students may opt to skip classes and otherwise disengage.

Once a problem has been identified by someone, the decision to seek help can also be associated with several types of obstacles that interfere with service selection. A recent study conducted in an urban, low-income population explored perceived barriers to care among parents who identified their child as in need of services. The most commonly cited barriers were related to perceptions about mental health problems, specifically, lack of confidence in those recommending that the child get help, the belief that the problem was not serious, and the belief that the problem could be handled within the family. Structural barriers, including being unsure where to go for services, worry about lengthy waiting lists, and concern about expense, were also commonly reported by parents. Finally, many parents reported being concerned about stigma associated with receiving mental health services (Owens et al., 2002). Concern about stigma is similarly relevant among college students, who may be specifically worried about their privacy when seeking services at an on-campus counseling center. Other barriers relevant to college students include the many demands they have on their time, especially for those who work and have significant family responsibilities; preference to keep psychological difficulties private from parents; perceived financial restrictions that might especially limit getting help off campus; limited emotional openness (fear of experiencing emotions and/or disclosing one's emotional experiences to an outsider); and skepticism about the purpose and effectiveness of psychotherapy (Hunt & Eisenberg, 2010).

Policy Solution: School- and Curriculum-based Mental Health Services

In light of the numerous barriers to connecting youth in need with appropriate intervention, researchers have become increasingly interested in schools as one potential solution for bridging this gap. Available research suggests that primary and secondary school personnel may already be playing a critical role in connecting youth with treatment. One longitudinal study found that over two thirds of adolescents receiving community-based intervention were referred based on a suggestion made by the school (Burns et al., 1995). However, there is still plenty of room for improvement, as evidenced by the statistics showing that only a minority of youth in need actually receive services.

Identification of psychological problems. Schools represent an opportunity to educate personnel on how to better identify youth with psychological disorders. Another option is for schools to administer universal screening procedures to identify youth and young adults who could benefit from either school- or community-based services. For example, administering a computerized self-report questionnaire or a paper self-report assessment with computerized scoring represents a thorough yet feasible method of identifying individuals who might be in psychological distress. One recent study found that approximately one-third of mental health problems identified through this type of screening were not previously known to school personnel (Scott et al., 2009), suggesting that periodic screenings might be a valuable tool for identifying youth in need of psychological services.

School-based services. Schools may have a larger role in improving students' access to mental health services beyond identification and referral to community treatment resources. Providing treatment within the school setting for youth in need (e.g., pull-out services) and implementing prevention programs by embedding psychoeducation or socioemotional skills training into the curriculum have both been viewed as potential solutions for increasing access to mental health services. School-based intervention seems to decrease barriers such as cost, transportation, and stigma associated with seeking care at community or specialty mental health clinics, providing equal opportunity to minority and economically disadvantaged youth. School-based prevention and treatment also increases access to services by eliminating adolescents' reliance on parents to locate appropriate services, as school-based services often allow the opportunity for students to self-refer. In fact, students report a preference for school-based services over community based mental health services (Burns et al., 1995). For these reasons, school-based intervention has received a great deal of attention in the past decade, with mounting support for the effectiveness of programs targeting a variety of psychological disorders, most notably anxiety and depression.

Curriculum-based Services. Embedding socioemotional skill development into higher education curricula offers similar promise. By presenting this material as fostering skills that may be universally beneficial, psychosocial struggle and stigma associated with developing these skills (and/or seeking

services) may be normalized (Block-Lerner et al., 2012). This is particularly important, as curriculum-based programs offer opportunities to circumvent barriers that typically hinder help seeking behaviors. Even short term "doses" (e.g., a one to three session workshop embedded into a full semester course) may offer students a glimpse of the potential value of such skill development and increase their receptivity to seeking related supports and/or developing consistent practices independently. Additional research is required to shed further light on the efficacy of such approaches.

Implementation: Progress and Challenges

While there is an emerging consensus among psychology researchers, community clinicians, and educators that school-based intervention has enormous and unique potential to address the unmet mental health needs of our nation's youth, many challenges to widespread dissemination must still be overcome. Perhaps the most obvious challenge is funding for such programs. One common model consists of researchers in a university setting seeking partnerships with interested schools or higher education instructors to provide free services in exchange for participation in studies that evaluate the effectiveness of the program (typically supported by an external funding source). Since this arrangement is not sustainable in the long-term, other arrangements must be explored. Possible sources of funding for such endeavors include the Individuals with Disabilities Education Act (IDEA, 2004), state special education funds, local funds, and federal or state grants.

The state of New Jersey has been among the first to systematically fund a widespread school-based services initiative (School-based Youth Services Program: SBYSP) through its Department of Children and Families', Division of Family and Community Partnerships. Funding is primarily provided by the state, with an agreement between community agencies and local school districts, the support of the local teachers' union, and establishment of a local advisory committee are also required. Since its inception in 1987-1988, SBYSP has grown to include 90 programs, at least one per county, operating in 67 high schools, 18 middle schools and 5 elementary schools across the state (according to the NJ state website: http://www.nj.gov/dcf/families/school/). Services vary by program, but typically include school-based individual and family therapy or referral to community practitioners, as well as a host of

preventative health, mental health, and employment enhancement initiatives. The state reports high rates

of service utilization and beneficial outcomes, but more detailed program evaluation with regard to

mental health and academic outcomes, as well as increased implementation of evidence-based

interventions would further justify the expansion of such programs and associated cost.

Given the political climate in which schools are pressured to demonstrate student proficiency on

standardized testing (e.g., No Child Left Behind, 2002), expanding NJ's SBYSP as well as replicating it

in other states may be an unpopular initiative amongst school administrators and politicians alike.

However, it is well-documented that children with mental health problems have higher rates of

absenteeism, grade retention, school drop-out, and tend to have lower grades. While current school-based

mental health research has generally overlooked academic outcomes associated with participation in

school-based mental health, experts believe that increased attention to integrating academic and emotional

outcomes of school- and curriculum-based intervention may strengthen the case for funding such

programs (Atkins, Hoagwood, Kutash, & Seidman, 2010). Experts have also called for the optimization

of indigenous resources. For example, recent efforts have focused on training school personnel and

instructors to deliver evidence-based intervention. This would allow schools to pay consultants rather than

employ full-time professionals to implement interventions, although additional research is needed to

establish that individuals with limited experience can implement these programs with fidelity. At the

college level, the possibility of integrating evidence-based services with those offered through counseling

centers, residential life programs, and related student support offices is promising. Programs at Princeton

University, Cornell University, and the University of Nevada at Reno offer comprehensive and integrative

models for suicide prevention and related difficulties.

(http://www.depressioncenter.org/docc/2011/pdf/whitlock.pdf).

Beyond the challenges of funding school- and curriculum-based mental health and continued

evaluation of such programs, advocates also face possible negative attitudes toward this model.

Administrators, personnel, and parents alike may hold the belief that schools are not an appropriate

setting for mental health services because they fear participation in such programs will detract from

instructional time or may stigmatize participating youth. Addressing concerns about the appropriateness of placing mental health services in an educational setting is important for the success of such programs. Namely, providing psychoeducation and including administrators and other important stakeholders in a collaborative approach when planning school- and curriculum-based intervention can often alleviate this tension. Understanding the unique culture of the school may also promote successful integration of mental health intervention programs.

Recommendations

A robust literature documents a wide and steadily increasing gap between the need for mental health intervention and actual service utilization among youth and young adults. School- and curriculum-based mental health programs have shown promise in addressing this gap. Expanding, improving, and increasing federal and state funding of school- and curriculum-based mental health initiatives is recommended, specifically:

- Implement school-based methods to improve **identification** of psychological problems through:

    - Educating school personnel through in-services or other means

    - Administering periodic universal school screenings

- Improve **evaluation** of existing school-based youth services to include:

    - Academic outcomes (absenteeism, drop-out, grade retention, grades, etc)

    - Specific mental health outcomes (symptom reduction, diagnostic status, quality of life) utilizing multiple informants (students, parents, school personnel)

    - Survey data from various stakeholders and employees to better understand feasibility and satisfaction with school-based programs

- **Improve** New Jersey's school-based youth services program

    - Increase use of evidence-based intervention in SBYSP

    - Utilize periodic assessment to evaluate outcomes and compare to usual care

    - Integrate more curriculum-based, preventative interventions into the school-based model

- **Integrate** curriculum-based programs in higher education, particularly NJ state universities

  - Train instructors and, where available, masters- or doctoral-level graduate students in psychology and related disciplines to conduct curriculum-based workshops at their respective universities

  - Integrate curriculum-based programs into a variety of contexts on college and university campuses: first year experience courses, residential life programs, general psychology courses, and upper-level seminar courses

- **Expand** New Jersey's SBYSP to additional districts and increase advocacy for adoption of similar initiatives nationally

Conclusion

While it is clear that challenges to widespread adoption and dissemination of school- and curriculum-based psychosocial intervention remain, the potential of this approach to begin addressing a growing public health concern is significant. Despite the development of evidence-based intervention for various psychological disorders in youth and young adults, prevalence remains high and service utilization remains low. School- and curriculum-based intervention may offer an alternative or supplement to traditional modes of psychosocial treatment, due to its unique potential to reduce many of the barriers associated with seeking help and increase access to services for youth in need. The implementation of interventions to support youth considered to be "at risk" of developing psychological disorders is increasingly necessary to combat the ever rising prevalence rates of youth with psychological disorders. New Jersey has made some important strides with the school-based youth services initiative, but expansion and continuing evaluation of such programs is needed to improve effectiveness and provide justification for increased funding of such programs. Future research demonstrating the beneficial effects of access to school-based mental health services on students' academic achievement, psychological health, and overall quality of life, as well as advocacy for the funding of such programs, is critical for capitalizing on the potential of school-based mental health to better serve our nation's youth.

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