

The Connection between School Mental Health & Academic Achievement



Pacific Southwest (HHS Region 9)

MHTTC

Mental Health Technology Transfer Center Network
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Multiple studies show that school-based mental health services are associated with a wide variety of positive student outcomes, including improved attendance, improved academic achievement, reduced discipline referrals, and a decrease in student risk-taking behaviors.

Commitment from school-based stakeholders is essential for mental health services delivery to be effective. This document highlights recent research that captures the importance of student mental health for academic outcomes. It provides data to support the link between student mental health and academic success and summarizes different approaches to effective interventions.

Overview of Student Mental Health and Academic Achievement

Research demonstrates that students who receive mental health supports have improved academic outcomes. When mental health problems are untreated, they result in costly negative outcomes such as academic and discipline challenges often resulting in absences and students leaving schools all together.

Even though these data emphasize the importance of mental health to the overall health and wellness of students, many schools struggle to integrate mental health into their existing practices. The overview data clarify the importance of mental health services for students.ⁱ

- One in five school-aged youth in the United States experiences mental health issues that interfere with learning, and suicide is now the second leading cause of death for young people ages 10 to 24. More than half of young people with mental health needs remain untreated or undertreated.
- When not adequately addressed, mental illness is linked to reduced academic achievement, increased school suspensions, chronic school absences, and credit deficiency.
- Early intervention using evidence-based counseling supports can increase students' emotional and mental wellness and improve students' social, behavioral, and academic functioning at school.
- Schools are an important partner in promoting mental health. Families are much more likely to utilize mental/physical health services if those services are located on the schools.

Research shows that emotional and behavioral health issues present significant barriers to learning, academic achievement, and high standardized test scores (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). This same research shows that mental health interventions are effective and can significantly improve academic performance scores.ⁱⁱ

Unmet mental health needs affect student attendance, behavior, and readiness to learn. Students with unmet mental health needs have worse educational outcomes than students who are receiving appropriate treatment and support.

Social-Emotional Development and Academic Success

Most contemporary school mental health research does not focus only on the *absence* of risk factors but on the *presence* of protective factors. As such, definitions of academic success may include the competencies, knowledge, and attributes students develop in relation to their post-secondary outcomes that serve as college and career access indicators in addition to skills assessed by tests and course grades.

Test scores are one measure of academic success, but a strengths-based approach also investigates a school's contribution to students' holistic positive youth development. Because engagement and positive behaviors predict academic success, these factors are key intermediate variables. A holistic definition of wellness includes factors that create fertile ground for learning as well as specific learning outcomes.

The seminal definition of adolescents' psychosocial functioning in the school context posits links between two interconnected domains: social-emotional functioning (including mental health) and school functioning (i.e., academic enablers and skills).ⁱⁱⁱ

Research has continually supported the link between student mental health and academic outcomes.

Longitudinal research found that students who report higher levels of general well-being predicted higher GPA in the year following. Conversely, those whose subjective well-being was lower fared worse in the following year's GPA score. Developmental research indicates that effective mastery of social-emotional competencies is associated with greater well-being and better school performance. The failure to achieve competence in these areas can lead to a variety of personal, social, and academic difficulties.^{iv}

Individual-Level Results. One metaanalysis reviewed 83 intervention studies and found that significant, positive academic impact that resulting from psychotherapeutic interventions.^v In another review of recent research on student mental health and academic outcomes, it was shown that 91% of studies demonstrated improved academic outcomes because of psychosocial interventions. In studies that examined the long-term academic outcomes associated with universal SEL, positive effects were seen, on average, 150 weeks later.^{vi}

School-Wide Results. At the school level, research supports the integration (with fidelity) of positive behavior supports (PBS), a form of multi-tiered systems support (MTSS). (Sanchez, Cornacchio, Poznanski, Golik, Chou & Comer, 2018)^{vii} This intervention strengthened school wide proficiency in math and reduced suspensions. Other research finds positive effects on state-wide tests. In a final metaanalytical review, authors reviewed 213 studies and found that universal SEL programs have a significant, positive, school-wide impact on standardized tests in reading and math and in overall course grades.^{viii}

The results of this literature highlight the ***positive value of SEL interventions, specifically school-wide programs, for improving student academic outcomes and, subsequently, helping schools meet their federal and state accountability standards.*** There are numerous effective SEL programs available that have a relatively high return-on-investment and have demonstrated improvement on academic achievement.

School-Based Student Mental Health

Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. School-based services have a demonstrated effect in decreasing mental health problems.^{ix} School counselors, social workers, and nurses know the students, parents and guardians, and other staff, and have insights into which students would benefit from a therapeutic intervention. In fact, research has shown that students are more likely to seek counseling when services are available in schools. In some cases, such as rural areas, schools provide the only mental health services in the community.^x

Curriculum-driven social emotional learning services and pullout mental health programs go beyond the primary role of teachers and accordingly might be more difficult to implement. Instead, effective mental health strategies can be aligned with teachers' natural roles and functions as academic educators and classroom managers.^{xi} A recent meta-analysis offers a quantitative synthesis of the effectiveness of school-based mental health programs for elementary school-age children. It found that mental health services that are integrated into students' academic instruction produce stronger outcomes than services that were not integrated into academic education.^{xii}

Left untreated, mental health challenges and potential disorders first appearing during the elementary school years tend to persist and are associated with considerable problems in adolescence and adulthood, including impaired social functioning, suicidality, substance misuse, criminality, lower educational and occupational attainment, and lower quality of life. Accordingly, effective prevention and early intervention during the elementary school years are critical.^{xiii}

The following are key data points that provide an overview on the positive effect of school-based mental health services:

- Of children and youth who are receiving mental health services, 70% are getting them at school.
- Students who receive mental health services on campus report greater connection to school and more caring relationships with adults at school.
- Mental health treatment in schools is associated with increased access for students of color.
- Students who receive mental health services on campus have lower suspension rates and get along better with peers than students who have mental health needs and do not receive school-based treatment.^{xiv}

One way to integrate school-based mental health services is through Multi-Tiered System of Supports (MTSS). MTSS is an umbrella term for a variety of school-wide approaches to improve student learning and behavior. These approaches are designed to improve pre-K to 12th grade student academic and behavioral outcomes. Evidence-based approaches include Positive Behavioral Intervention and Supports (PBIS) and Response to Intervention (RTI).

These models are being applied around the United States. There is a large body of research that shows that these programs can have significant, positive impact on student learning.^{xv} Successful implementation, however, requires shifting current practices to integrate MTSS.^{xvi} Sometimes educators and school counselors are reluctant to embrace additional activities when their time is stretched so thinly already. There are also research findings that suggest reluctance is based on fear of being underprepared to implement effectively.^{xvii} A best-practice that is consistently cited as critical for successful implementation is the ongoing provision of in-service trainings for school-based counselors.

Collaboration Across Sectors to Build Academic Success

Comprehensive school-based programs incorporate a team of behavioral health professionals from a community or county to partner with a school's staff. This approach is effective because it enables specialists to quickly identify student issues and immediately triage care based on the severity of circumstances.^{xviii}

Using schools as access points for care does not mean that school districts are responsible for building school-based programs on their own. Instead, building an effective system requires that counties and school districts work together to build out the school-based piece of such a system. When school and county infrastructure, financial resources, and expertise are fully leveraged, the school setting can play a critical role in a more comprehensive system of care.^{xix}

In California, responsibility for administration and financing of most services for vulnerable children and youth shifted to the counties. This includes mental health supports (e.g. individual and group therapy; crisis counseling; case management; medication; and other interventions). Children and young adults under the age of 21 who are Medi-Cal eligible can access these services free-of-charge. This 2011 policy, known as “realignment,” provides increased funding, as well as significantly greater decision-making power and flexibility for county governments in their use of these funds. As such, 2011 Realignment is an opportunity for improving mental health programs for children by enhancing full collaborations between school districts and counties to build effective school-based programs.^{xx}

There are two primary ways that county mental health departments and local education agencies (LEAs) can partner to expand access and availability to mental health services on campus.

1. The LEA can contract with the county mental health department through a memorandum of understanding (MOU) that provides for the provision of mental health services in the school setting, either by county staff or through contract with a community-based organization (CBO).
2. The LEA may also pursue enrollment as a Medi-Cal provider. In California, many K-12 schools can directly bill Medi-Cal for eligible services provided to Medi-Cal enrolled students. Under this practice, a mental health service provider can provide services to students in the school setting according to the terms of their contract with the county.^{xxi}

Beyond counties, communities are also important partners. Community-based organizations and community mental health providers can be engaged as stakeholders to develop and deliver mental health services on campus. Research finds that ***student mental health can be accelerated when schools and communities partner.*** Communities are also important partners because community characteristics can predict the overall health and wellness of students, which in turn impact student learning outcomes.^{xxii}

For example, Blodgett’s research into the effects of Washington state’s educational reforms found a strong effect of community rates of adverse childhood experiences (ACEs) among *adult residents* in predicting the academic success of students. ***Healthier communities decrease risk factors and increase protective factors which results in better academic outcomes for students.***

- As the percentage of high ACEs in a community increases, fewer students pass Washington’s standardized academic assessments

- Schools in higher ACEs communities report that fewer students pass required assessments compared to communities with lower ACEs; this translates to thousands of students living in a high ACEs community failing on these critical assessments each year
- Rates of suspensions increase in high ACEs communities
- For students with high ACEs, standardized test results in 10th grade are significantly lower; reported risk behaviors are significantly higher; and access to social supports and positive peer and community influences are reduced.^{xxiii}

Trauma-Informed School Approaches

More than half of all young people have reported exposure to violence or abuse, and, by the age of 16, more than two thirds will have experienced a potentially traumatic event. These adverse childhood experiences (ACEs) can impact a child's cognitive abilities and impede their development, which limits their academic potential.^{xxiv} Again, while an experience of an adverse childhood experience does not necessarily translate to trauma, they can often be correlated. Currently, schools are increasingly embracing trauma-informed policies and practices. A trauma-informed classroom aligns teaching and learning with an understanding of the impact of trauma and adverse life experiences. A trauma-informed learning environment allows students to co-construct classroom culture and promotes a physically and psychologically safe environment; uses disciplinary action appropriately; and helps students manage overwhelming responses to stress.^{xxv}

Schools that integrate trauma-informed policies and practices report significantly lower behavioral problems, suspensions, and expulsions, and report significantly improvement in academic achievement.^{xxvi} Trauma-informed school-wide interventions may increase student resilient recovery; coping skills; ability to pay attention;^{xxvii} and attendance.^{xxviii} Trauma-informed policies and practices are also linked to higher graduation rates.^{xxix} School-wide universal programs that are trauma-informed may also reduce bullying.^{xxx} Over the long term, trauma-informed interventions are associated with decreased office discipline referrals (ODRs), physical aggression incidents, and out-of-school suspensions.^{xxxi}

Mental Health and College and Career Trajectories

Students who feel disengaged from school have lower attendance, graduation, and college retention rates.^{xxxii} Students who have achieved specific SEL competencies report higher academic achievement and reduced conduct and disciplinary problems.^{xxxiii}

Assessing whether your school is effectively promoting SEL for students will help you better understand the challenges and opportunities of your students. There are several assessments that can be used. For example, 2012 Pennsylvania finalized a set of standards, called the Standards for Student Interpersonal Skills. By formalizing SEL competencies, schools can assess the skills students need to successfully navigate the social world of family, school, college, and career.^{xxxiv}

Integration of SEL in the Common Core. Over the last decade, many schools have embraced the Common Core State Standards (CCSS). It is now used by 46 states and the District of Columbia. For many, this represented an opportunity to integrate SEL into the required curriculum. This strategy is consistent with research that finds that ***achieving SEL benchmarks is strongly correlated with improved college and career readiness.***^{xxxv}

College Success. Reports of stress and anxiety amount youth and young adults are increasing. A 2018 survey found that most mental health professionals agree that they are seeing more teens with mental health concerns than previously.^{xxxvi} These professionals report that in the previous five years they have seen more anxiety disorders; more mood disorders; increased substance abuse; and higher rates of suicidal behavior.^{xxxvii} Reports from parents echo those of the clinicians; nearly half of respondents said that their child faced mental health challenges, and slightly more than half say their child has seen a therapist.^{xxxviii} ***When schools integrate SEL, they help prevent and alleviate the mental health disorders that hinder college readiness: strong SEL outcomes can be a major college success predictor.***

Most mental health conditions manifest in teens and young adults before the age of 24. That creates an imperative to give students the best possible skills to help them traverse the biological, social, and emotional stressors that many students experience during the transition to college. In addition to the biologically increased likelihood of mental illness emerging during college years, there are also the stresses of moving out of the home; a new social environment; and new standards of academic achievement. Students who learn strong SEL skills in high school are better equipped to navigate these challenges.

Given the importance of mental health services in higher education, helping high school students assess the accessibility of campus mental health services is an important role for school counselors, teachers, and others who work with graduating high school students. These questions can be used as a tool for high school staff to guide conversations with students who have or who are at risk of developing a mental health condition while they consider college options.

- Are counseling services free? If not, how much do they cost?
- How do students set up appointments?
- How long do they usually have to wait for an appointment?
- Are there limits on the number of counseling sessions a student can have?

Addressing Access Disparities

Striking disparities persist in the accessibility of mental health care, with economically disadvantaged and ethnic and racial minority children less likely to receive needed services than their middle-to-upper class nonminority peers.^{xxxix} School-based mental health services are particularly critical because school-based delivery of care can overcome many of the key barriers faced by low-income and ethnic and racial minority children and families (e.g., stigma, cost, transportation). SEL has been shown to be effective across racially and ethnically diverse students and students from urban, rural, and suburban settings.^{xi} Additionally, adopting trauma-informed school policies and practices may reduce disparities in educational outcomes between students from lower income families and/or minority backgrounds and students from higher income families.^{xii}

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