School Mental Health Services in the United States

2002-2003

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

School Mental Health Services in the United States

2002-2003

Susan Foster
Mary Rollefson
Teresa Doksum
Denise Noonan
Gail Robinson
Judith Teich

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Acknowledgments

The authors of this report are Susan Foster, M.S.S.W., M.P.H., Mary Rollefson, Ph.D., Teresa Doksum, Ph.D., M.P.H., Denise Noonan, Ph.D., Gail Robinson, Ph.D., of Abt Associates Inc., and Judith Teich, A.C.S.W., of the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). Judith Teich was also the Government Project Officer. Jeffrey A. Buck, Ph.D., Associate Director for Organization and Financing, CMHS, served as advisor.

Disclaimer

Material for this report was prepared by Abt Associates Inc., for SAMHSA, DHHS, under Contract Number 282-98-0006, Task Order No. 32. The content of this publication does not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or DHHS.

Public Domain Notice

Electronic Access and Copies of Publication

This publication can be accessed electronically through the following Internet World Wide Web address www.samhsa.hhs.gov/. For additional free copies of this document, please call SAMHSA's National Mental Health Information Center at 1-800-789-2647 or 1-800-228-0427 (TTD).

Recommended Citation

Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., Teich, J. (2005). *School Mental Health Services in the United States, 2002–2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Originating Office

Office of the Associate Director for Organization and Financing, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, One Choke Cherry Road, 6-1065, Rockville, MD 20857.

DHHS Publication No. (SMA) 05-4068
Printed 2005

Table of Contents

Executive Summary **1**

Key Findings 1

1.0 Background and Study Methods **3**

1.1 Introduction 3

1.2 Review of the Research Literature 5

1.3 Goals of the Study and Research Questions 9

1.4 Overview of Survey Design and Methodology 10

2.0 Mental Health Problems and Services in the School Setting **15**

2.1 Eligibility for Mental Health Services 15

2.2 Types of Mental Health Problems 15

2.3 Mental Health Problems by School Level and Gender 17

2.4 Resource Use for Various Mental Health Problems 18

2.5 Mental Health Services in U.S. Schools 19

2.6 Summary 24

3.0 Administrative Arrangements for the Delivery and Coordination of Mental Health Services in Schools **25**

3.1 Contracting Arrangements 26

3.2 Mental Health Units and School-Based Health Centers 28

3.3 Administrative Functions in School Mental Health 28

3.4 Coordination and Referral Practices 29

3.5 Summary 30

4.0 Staff Providing Mental Health Services in Schools **33**

4.1 Characteristics of Staff Providing Mental Health Services 33

4.2 Summary 38

5.0 Funding, Budgeting and Resource Allocation, and Data Use **39**

5.1 Sources of Funding 39

5.2 Funding Restrictions and Other Barriers to Providing Services 40

5.3 Changes in Funding and Need for Mental Health Services 42
5.4 Budgeting and Resource Allocation 44
5.5 Access to and Use of Data 45
5.6 Summary 46

6.0 Mental Health Problems and Services at the Elementary, Middle, and High School Levels 47
6.1 Mental Health Problems and Services at the Elementary School Level 47
6.2 Mental Health Problems and Services at the Middle School Level 48
6.3 Mental Health Problems and Services at the High School Level 49
6.4 Summary 55

7.0 Discussion and Implications for Further Research 57
7.1 Mental Health Problems 57
7.2 Mental Health Services 59
7.3 Staffing 60
7.4 Service Delivery Arrangements 60
7.5 Funding 61
7.6 Implications for Further Research 61

Endnotes 63

References 67

Appendix A: School Mental Health Services in the United States, 2002–2003 71

Expert Panel 71

Appendix B: Summary of Open-Ended Responses 73
School Questionnaire 73
District Questionnaire 75

Appendix C: Supplemental Tables 79
School Tables
District Tables

Exhibits

Exhibit 2.2 Percentage of Schools That Ranked the Following Mental Health Problems as Among Their Top Three Problems for Male and Female Students, 2002–2003 16

Exhibit 2.1 Psychosocial and Mental Health Problem Categories 16

Exhibit 2.3 Percentage of Schools That Cited the Following Mental Health Problems as Among Their Top Three Problems, by School Level, 2002–2003 18

Exhibit 2.4 Percentage of Schools Reporting That Various Mental Health Problems Use Most of Schools' Mental Health Resources, by School Level, 2002–2003 19

Exhibit 2.5 Mental Health Services Categories 20

Exhibit 2.6 Percentage of Schools Providing Various Mental Health Services, 2002–2003 21

Exhibit 2.7 Percentage of Schools Reporting Extent to Which Various Factors Are Barriers to Providing Mental Health Services, 2002–2003 22

Exhibit 2.8 Percentage of Schools Providing Prevention and Early Intervention Programs, 2002–2003 23

Exhibit 3.1 Percentage of Schools Using Staffing Sources for Various Mental Health Services in Schools: 2002–2003 26

Exhibit 3.2 Percentage of Schools With Various Community-Based Organizations and Individual Providers To Provide Mental Health Services, 2002–2003 27

Source: School Mental Health Services in the United States, 2002–2003, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services 27

Exhibit 3.3 Percentage of Schools Using Strategies To Coordinate Mental Health Activities and Services Within Schools, 2002–2003 30

Exhibit 4.1 Number of Staff and Percentage of Time Spent Providing Mental Health Services in U.S. Schools, 2002–2003 34

Exhibit 4.2 Percentage of Schools With Various Types of Staff Who Provide Mental Health Services, 2002–2003 35

Exhibit 4.3: Percentage of Schools Reporting the Number of Staff Providing Mental Health Services, 2002–2003 36

Exhibit 4.4 Percentage of Schools Using Various Combinations of Staff To Provide Mental Health Services, U.S. Schools, 2002–2003 37

Exhibit 4.5 Percentage of Staff Providing Mental Health Services With Master's Degree or Higher and With Licensure in Their Field, 2002–2003 37

Exhibit 5.1 Percentage of Districts Using Each Funding Source for Inventions and/or Prevention Services, 2002–2003 40

Exhibit 5.2a Percentage of Districts Reporting the Degree to Which Various Funding Restrictions Are Impediments to the Delivery and Coordination of Services, 2002–2003. 41

Exhibit 5.2b Percentage of Districts Reporting the Degree to Which Other Funding Obstacles Are Impediments to the Delivery and Coordination of Mental Health Services, 2002–2003 42

Exhibit 5.3 Percentage of Districts Reporting Changes in Levels of Funding and Changes in Need for Mental Health Services Since the 2000–2001 School Year, 2002–2003 43

Exhibit 5.4 Percentage of Districts Reporting Changes in School Mental Health ServiceUtilization and Resources Since the 2000-2001 School Year, 2002–2003 . . . 44

Exhibit 5.5 Average Percentage of District Mental Health Expenditures Allocated to Various Categories, 2002–2003 45

Exhibit 5.6 Among Schools that Collect or Have Access to Data, Percentage of Schools with Various Types of and Uses for Data, 2002–2003 46

Exhibit 6.1 Enrollment and Provision of Mental Health Services in Typical Elementary, Middle, and High Schools, 2002–2003 51

Exhibit 6.3 Percentage of Schools Providing Various Mental Health Services by School Level, 2002–2003 52

Exhibit 6.2 Top Mental Health Problems by School Level, 2002–2003 52

Exhibit 6.5 Percentage of Schools Reporting the Number of Staff Providing Mental Health Services by School Level, 2002–2003 53

Exhibit 6.4 Percentage of Schools with Agreements With Community-Based Organizations: Of Those, Percentage With Agreements With Various Types of Community-Based Organizations by School Level, 2002–2003 53

Exhibit 6.7 Percentage Time Spent by Selected Staff Delivering Mental Health Services by School Level, 2002–2003 54

Exhibit 6.6 Percentage of Schools With Various Combinations of Staff (Regardless of Number) Providing Mental Health Services in Schools by School Level, 2002–2003 54

Executive Summary

It is now well documented that, insofar as children receive any mental health services, schools are the major providers. However, precisely what is provided by schools under the rubric of mental health services…is largely unknown (Rones & Hoagwood, 2000).

Recent research points to public schools as the major providers of mental health services for school-aged children. The current study, *School Mental Health Services in the United States, 2002–2003*, provides the first national survey of mental health services in a representative sample of the approximately 83,000 public elementary, middle, and high schools and their associated school districts in the United States.

The purpose of the study was to identify—

- The mental health problems most frequently encountered in the U.S. public school setting and the mental health services delivered
- The administrative arrangements for the delivery and coordination of mental health services in schools
- The types and qualifications of staff providing mental health services in schools
- Issues related to funding, budgeting and resource allocation, and use of data regarding mental health services

The findings of the study provide new information about the role of schools in providing mental health services, and how these services are organized, staffed, funded, and coordinated.

The survey methodology included two mail questionnaires. The school questionnaire collected data on the types of mental health problems encountered in schools, the mental health services provided, the types and qualifications of staff providing services, the type and degree of care coordination, and the arrangements for delivering mental health services. The district questionnaire collected data on funding sources for mental health services and issues related to funding. The report also includes impressions from school administrators and mental health personnel concerning issues affecting school mental health services. Questions concerned services and supports delivered to students who have been referred and identified as having psychosocial or mental health problems.

Key Findings

- Nearly three quarters (73 percent) of the schools reported that "social, interpersonal, or family problems" were the most frequent mental health

problems for both male and female students.

- For males, aggression or disruptive behavior and behavior problems associated with neurological disorders were the second and third most frequent problems.
- For females, anxiety and adjustment issues were the second and third most frequent problems.
- All students, not just those in special education, were eligible to receive mental health services in the vast majority of schools (87 percent).
- One fifth of students on average received some type of school-supported mental health services in the school year prior to the study.
- Virtually all schools reported having at least one staff member whose responsibilities included providing mental health services to students.
- The most common types of school mental health providers were school counselors, followed by nurses, school psychologists, and social workers. School nurses spent approximately a third of their time providing mental health services.
- More than 80 percent of schools provided assessment for mental health problems, behavior management consultation, and crisis intervention, as well as referrals to specialized programs. A majority also provided individual and group counseling and case management.
- Financial constraints of families and inadequate school mental health resources were the most frequently cited barriers to providing mental health services.
- Almost half of school districts (49 percent) used contracts or other formal agreements with community-based individuals and/or organizations to provide mental health services to students. The most frequently reported community-based provider type was county mental health agencies.
- Districts reported that the most common funding sources for mental health services or interventions were the Individuals with Disabilities Education Act (IDEA), State special education funds, and local funds. In 28 percent of districts, Medicaid was among the top five funding sources for mental health services.
- One third of districts reported that funding for mental health services had decreased since the beginning of the 2000–2001 school year, while over two thirds of districts reported that the need for mental health services increased.
- Sixty percent of districts reported that since the previous year, referrals to community-based providers had increased. One third reported that the availability of outside providers to deliver services to students had decreased.

While survey findings indicate that schools are responding to the mental health needs of their students, they also suggest increasing needs for mental health services and the multiple challenges faced by schools in addressing these needs. Further, more research is needed to explore issues identified by this study, including training of school staff delivering mental health services, adequacy of funding, and effectiveness of specific services delivered in the school setting.

1.0 Background and Study Methods

1.1 Introduction

Much of the recent research on the mental health status of children and youth points to public schools as the major providers of mental health services for school-aged children. The Surgeon General's 1999 Report on Mental Health (U.S. Department of Health and Human Services [US DHHS], 1999) cited prevalence studies that found that approximately one fifth of the children and adolescents in this country experience the signs and symptoms of a mental health problem[1] in the course of a year. That report further suggests that schools are primary settings for the identification of mental disorders in children and youth.

More recently, the President's New Freedom Commission on Mental Health recognized the critical role that schools can play in the continuum of mental health services. The Commission's final report, *Achieving the Promise: Transforming Mental Health Care in America* (2004), emphasized the building of a system that is evidence-based, recovery-focused, and consumer- and family-driven. Continuing that effort, SAMHSA, in partnership with key Federal agencies, recently developed and issued the *Federal Mental Health Action Agenda* (2005). One of the *Agenda's* goals is the initiation of a national effort focused on the mental health needs of children, which would promote early intervention for children identified to be at risk for mental disorders and identify strategies to appropriately serve children with mental health problems in relevant service systems.

One review of small area research studies (Weist, 1997) found that there has been some movement nationally in favor of enhancing and improving school mental health services. The focus on mental health problems of youth in the early 1980s, accompanied by consistent findings that some youth were not receiving the services they needed, led to national reforms for improving approaches to service delivery. Schools came to be seen as a natural entry point for addressing student mental health needs. This, along with recognition of the importance of sound mental health as an essential support for academic success, led to a growth in school mental health programs as part of broader school reform efforts. Advocates for a system of care for children's mental health (Stroul & Friedman, 1986) and for school-based health centers (Advocates for Youth, 1998) have further underscored the critical role that integration of mental health services into the school setting has had in the recognition, assessment, and treatment of mental health problems.

While it is recognized that schools are playing an increasing role in the provision of mental health services to children and youth, less is known about how these services are organized, staffed, coordinated with community-based services, and funded. There is also a lack of information on the type of services being provided in school settings. One recent review of research concluded:

> *It is now well documented that, insofar as children receive any mental health services, schools are the major providers. However, precisely what is provided by schools under the rubric of mental health services…is largely unknown (Rones & Hoagwood, 2000).*

Adding to the rationale for the current study is an analysis of data from the 1994–1995 National Longitudinal Study of Adolescent Health (Slade, 2003). That study concluded that although half of middle and high schools nationally offer some level of mental health counseling, there are serious disparities in availability by region, locale, and school size. Schools that are larger, either suburban or urban, situated in the Northeast, and have high Medicaid enrollment are more likely to provide counseling on site, while only 28 percent of Midwestern schools provide counseling (Slade, 2003). The author acknowledged, however, that the study findings were limited by the small sample size, and that further research is needed on a national sample of schools.

The current study, *School Mental Health Services in the United States, 2002–2003*, provides the first broad and comprehensive description of the prevalence and distribution of mental health services in a nationally representative sample of the approximately 83,000 public elementary, middle, and high schools in the United States. Sixty percent of these schools are elementary schools, 19 percent are middle schools, and 18 percent are high schools. The remaining three percent are combined schools, with grades spanning two or more levels (U.S. Department of Education, 2002–2003).[2]

This study describes differences in resources, organization, delivery and funding of school mental health services across the country. Rather than focusing on children in special education, this study includes mental health services provided to all children in the school setting. It focuses on mental health services supported by the school or district, regardless of whether the services are provided by the school's own staff or by community-based providers with whom the district has a formal or contractual arrangement. In order to capture how schools define providers of mental health services, nurses and other school staff such as outreach workers and behavioral aides were included, although their training may not be specific to mental health.

The primary focus of this study was on mental health interventions, but since schoolwide prevention programs are increasingly common, data were collected and reported on prevention programs as well. For the purposes of this study, mental health interventions were defined as "those services and supports delivered to individual students who have been identified as having psychosocial or mental health problems." The study is intended to provide baseline information on the characteristics of mental

health services provided in U.S. schools; however, it was not designed to measure either the intensity or the quality of mental health services provided.

1.2 Review of the Research Literature

In developing the survey, a targeted literature review was conducted on several topics that served as the basis for the survey instruments:

- Mental health problems and services in the school setting
- Staff providing mental health services in schools
- Administrative arrangements for the delivery and coordination of mental health services
- Funding for school mental health services

Several criteria were used for inclusion of research in the literature review: The research had been completed within the previous 10 years; was considered seminal in the field of school mental health; focused on school mental health interventions as opposed to broad-based prevention services; and pertained both to children in general education and in special education. To better understand the types of staff providing mental health services in schools, documents were obtained from various professional associations that described school mental health provider functions, guidelines for staff-to-student ratios, and standards for licensure and credentialing. The major results from the literature review are presented below.

Mental Health Problems and Services in the School Setting

National data on childhood mental illness, as well as smaller studies, describe the prevalence of various mental health problems in children and youth. The Surgeon General's Report on Mental Health (US DHHS, 1999) cites the following prevalence estimates for various disorders of childhood and adolescence: 3–5 percent of school-aged children are diagnosed with attention-deficit/hyperactivity disorder in a 6-month period; 5 percent of children aged 9–17 are diagnosed with major depression; and the combined prevalence of various anxiety disorders for children ages 9–17 is 13 percent.

The Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 1999), a nationally representative survey of youth, found problems covering a range of severity, from daily sadness and hopelessness (experienced by over one quarter of students) to thoughts of suicide (nearly 20 percent) to attempted suicide (8 percent). Many of the children with these conditions had not been identified and many had not received services.

A "small area" study of serious emotional disturbance among Appalachian children and youth in North Carolina found that three out of five children with diagnosed mental health problems had received no recent mental health services (Costello et al., 1996). Of those students who had received services, between 70 and 80 percent were seen by school-based providers.

The literature on school-based health centers[3] provides valuable information on other psychosocial problems that may not meet the criteria for serious emotional disturbance and special education services but can adversely affect school performance, particularly when combined with poverty or exposure to violence. However, due to the relatively small number of school-based health centers operating in U.S. schools, this information cannot be generalized across the entire public school population.

One such study of school-based health care services in urban minority middle schools found that one third of all health clinic visits were for mental health issues. Adolescents, predominantly females, were seen primarily for family problems, symptoms of emotional disturbance (e.g., anxiety, depression, suicidal tendencies), and situational problems such as bereavement (Walter et al., 1995).

In another study related to an inner-city school-based clinic, 65 percent of all mental health visits fell into three diagnostic clusters: pregnancy and sexuality; dysphoria; and conflict and violence (Jepson, Juszczak, & Fisher, 1998).

Another study (Advocates for Youth, 1998) found that 65 percent of users of school-based health centers were females. The authors found that the use of these services was facilitated by extensive outreach to the adolescents themselves, and to teachers, other school officials, and community members, including parents.

The literature review revealed few studies of school problems or services by school level. One survey of 62 school administrators (Weist et al., 2000) found that behavioral problems were rated as more serious as students progressed through school levels. Urban youth were reported as experiencing greater stress and internalizing problems more than suburban or rural youth.

Increasingly, school systems are recognizing the need to address barriers to learning, such as substance abuse, violence, teen pregnancy, family problems, and behavioral issues, and they are restructuring their mental health services accordingly. Brener et al. (2001) reported that most schools offer some combination of mental health and social services and have developed some structure to support them. Some districts are enhancing service capacity by collaborating with health centers and other community-based agencies.

Staff Providing Mental Health Services in Schools

The research literature suggests that there are diverse staffing structures, types of professionals, roles and levels of service in school systems. Staffing structures may include individuals and groups of professionals working in programs operated by single schools, individual districts, and/or in collaboration with the community, city, and/or county agencies. Mental health providers typically provide direct and indirect services not only to students, but also to families, education staff, and school administrators. The School Health Policies and Programs Study (SHPPS) provided national data on the staffing of school mental health services (Centers for Disease Control and Prevention,

2000). This study found that school guidance counselors, school psychologists, and school social workers typically provide school mental health services.[4] Although school nurses, special education and other health staff (e.g., resource teachers, rehabilitation, occupational therapists) are mentioned in the literature, it is not clear to what degree these professionals provide traditional mental health services (Flaherty et al., 1998).

Community mental health staff may also provide services to students, either in the school or in the community setting. These staff may function independently or as teams in the delivery of services to students. Some approaches (Brener et. al., 2001; Weist et al., 2001) involve partnerships between school and community providers to deliver a comprehensive array or continuum of mental health and social services, including prevention, referral, diagnostic evaluation, treatment, and case management.

Administrative Arrangements for the Delivery of Mental Health Services

Research on models of delivery of school mental health services suggests that there are many ways to describe and categorize service delivery arrangements. The Policy Leadership Cadre for Mental Health in Schools, a policy-oriented coalition facilitated by the Center for Mental Health in Schools at UCLA, describes five "delivery mechanisms and formats" for the provision of school mental health services:

- *School-financed student support services,* in which school districts hire professional staff to provide traditional mental health services
- *Formal connections with community mental health services*, in which formal agreements are made between schools and school districts and one or more community agencies to provide mental health services and to enhance service coordination; the service can be co-located within the school or provided at the community agency
- *School-district mental health units or clinics*, in which districts operate and finance their own mental health units and mental health clinics that provide services, training, and/or consultation to schools, or districts organize multidisciplinary teams to provide a range of psychosocial and mental health services
- *Classroom-based curricula*, which are activity-driven approaches aimed at optimizing learning by enhancing social and emotional growth. Interventions tend to be teacher-led and prevention-oriented
- *Comprehensive, multifaceted, and integrated approaches*, in which districts bring multiple partners (e.g. community-based organizations) together to provide a full spectrum of services for children and youth with mental health needs. This approach would include such models as Systems of Care in which an array of mental health and wraparound services are provided to children with mental health problems and their families via partnerships among various child-serving systems (Policy Leadership Cadre for Mental Health in Schools, 2001; Weist, 1997).

Funding for School Mental Health

Funding mechanisms for school mental health appear to be the least defined of the areas of interest to the present study. Although there have been studies of funding of school-based health centers, they did not distinguish mental health from other student health services. The SHPPS study, the most far-reaching study of health services in schools to date, identified the types of mental health staff providing services in schools, and included some references to funding for children in special education with mental health needs, such as the Individuals With Disabilities Education Act (IDEA). However, one of the limitations of SHPPS was a lack of data on funding, which has been recognized in other literature reviews (Robinson et al., 2000).

Information related to funding for mental health services in schools is difficult to collect because of the number and diversity of funding streams and the fact that costs for mental health services tend to be bundled with allocations for education. The Policy Leadership Cadre for Mental Health in Schools (2001) noted:

> *To date there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a "big picture" analysis, policymakers and practitioners are deprived of information that is essential to determining equity and enhancing system effectiveness.*

What is known from reviews of policy and legislative documents suggests that funding comes from multiple categorical funding streams, often with different missions and funding limitations. Multiple funding streams can lead to fragmentation of services. The Policy Leadership Cadre noted that the legislative support for mental health funding is generally for children with diagnosed emotional/behavioral disabilities and mental illness, or is intended to address violence and substance abuse. The Cadre also suggested that the cost-cutting measures of managed care are reshaping the nature of services, making comprehensive service provision difficult. The Cadre concludes that schools may be in a unique position to reverse the fragmentation and marginalization of student mental health services.

1.3 Goals of the Study and Research Questions

The goal of this study was to provide a baseline regarding traditional mental health services delivered in schools to students who have been referred and identified as having psychosocial or mental health problems. The literature review conducted for the study identified research on the topics of interest and highlighted the need for baseline information on school mental health from a nationally representative sample of schools. While SHPPS moved the field forward, it was evident that more work was needed to describe actual mental health services provided, funding sources, student-staff ratios, and the amount of time allocated to the delivery of mental health services to students.

The literature specific to school-based health centers also provided valuable information on the types of mental health problems addressed in school settings, staffing configurations, services provided, and funding sources. However, school-based health centers operate in only a small proportion of schools (in 1,700 schools nationwide, according to the National Assembly on School-Based Healthcare), so these results cannot be generalized to the majority of schools in the nation. Other studies provide in-depth insights into issues such as mental health problems of youth, but they are either limited in scope and not related to school settings, or they have not been replicated at the national level.

Based on the information gaps identified in the review of the research literature, the purpose of this survey was to describe the following:

1. Types of mental health problems encountered in the school setting and the mental health services available in schools to address those problems
2. Administrative arrangements for the delivery and coordination of mental health services in schools
3. Types and characteristics of providers of mental health services in schools
4. Ways that school mental health services are funded, and how funding mechanisms may affect delivery of services

Although the survey focused on interventions delivered to individual students who had been referred and identified as having psychosocial or mental health problems, schools were also asked to report on the types of prevention and early intervention programs they offered.

With regard to administrative arrangements, the survey aimed to determine whether or not community-based professionals and organizations were contracting with schools to provide mental health interventions. The study also sought to elicit the mechanisms by which mental health services were organized administratively (e.g., under the auspices of special education or in a separate department), how staffing was organized (e.g., hired by district or acquired via contract), and where authority rested for various administrative functions such as hiring and supervision. Also of interest were the

mechanisms used by schools to coordinate mental health and educational services within the school setting and with the community.

Regarding staffing, the survey questions were not limited to traditional mental health providers. Rather, nurses and paraprofessional staff were included to determine the extent to which these staff types were considered to provide mental health services. Questions also sought to determine the qualifications of these staff, and how much of their time was devoted to mental health service provision as opposed to administrative duties.

The study also sought to elicit information about Federal, State, and local-level funding sources for school mental health services. This included questions about the extent to which school districts generated revenue via third-party reimbursement, or solicited grant funding. Information was also sought on funding allocation, restrictions on funding based on categorical funding streams, and other funding obstacles.

The survey was designed to address each of the above research questions at the national level for public schools and districts, and to provide comparisons by subgroups of schools and districts, as follows:

- School comparisons by level (elementary, middle, and high school), region of the country (Northeast, Midwest, South, and West), school size as measured by student enrollment (small, medium, and large), race/ethnic minority enrollment of student body (low, medium, and high), and poverty status as measured by the proportion of students eligible for free and reduced price lunch (low, medium, high)
- District comparisons by region and district size, as measured by the number of schools in the district. These comprise the major categories or groupings that distinguish schools and school districts across the nation and are standard variables used for comparisons in education research. Several of these subgroups are described in more detail in the following section. A full description of the definitions of each of these variables may be found in Appendix D, available at http://www.mentalhealth.samhsa.gov/cmhs/ManagedCare/.

1.4 Overview of Survey Design and Methodology

School Mental Health Services in the United States, 2002–2003 involves a nationally representative sample of regular public K–12 schools and their associated school districts. The study was conducted as a self-administered mail survey during the 2002–2003 school year. The survey consisted of two questionnaires. The school questionnaire collected data on the types of mental health problems encountered in schools, the mental health services provided, the types and qualifications of staff providing services, the type and degree of care coordination, and the arrangements for delivering mental health services, including agreements with community-based

providers. The district questionnaire collected data on funding sources for mental health services and issues related to funding. Both questionnaires are in Appendix D, available at http://www.mentalhealth.samhsa.gov/cmhs/ManagedCare/.

Instrument Design

The survey instruments were designed to address the information gaps identified in the literature review. An expert panel of school officials, mental health researchers, policymakers, and representatives of professional organizations participated in formulating the conceptual base of the survey and in reviewing the survey questionnaires. The expert panel also reviewed the literature synthesis to ensure that it reflected the most up-to-date thinking on the characteristics and funding of school mental health services. (Members of the expert panel are listed in Appendix A.) The questionnaires were reviewed and endorsed by professional mental health associations and representatives of State education associations.[5] The surveys were also pilot tested on a small number of school and district staff who represented the intended respondent types, and were revised prior to data collection. The instruments included a final open-ended question to elicit respondent comments.

The diversity of school systems and State guidelines for school mental health services made the construction of response categories difficult in some respects. Recognizing that there can be many staff titles for persons with similar training who perform similar functions in schools, the authors consulted with the expert panel to arrive at a set of staffing categories that were most likely to be recognizable to respondents across the country. Mental health problem categories were derived from the literature and adapted for the survey by a licensed child psychologist. These categories represented a range of severity, from interpersonal/family problems to major psychiatric disorders.

The questionnaires did not provide definitions of staffing categories, mental health problems, or services. Regarding staffing categories, the research team determined that without standardized definitions in the literature, and given the variability in functions among various staff types from district to district, it would be overly limiting to the respondent if a definition were imposed. The problems and services categories were developed to reflect commonly understood terminology. All terminology was vetted with respondents in several school districts in different geographic regions and with the expert panel prior to finalizing the survey instrument.

Although the arrangements for service delivery identified by the Policy Leadership Cadre for Mental Health in Schools described earlier served as the basic framework for the design of questions related to administration of mental health services in schools, certain aspects of the delivery mechanisms were determined to be not mutually exclusive. It was further recognized that schools and districts might not fit into any particular model (or might combine different aspects of these models). Therefore, the models were broken down into dimensions, such as whether mental health services are district-, school-, or community-based; the types and combinations of staff providing mental health services; the types and range of services provided; the settings in which services are delivered; the

extent of coordination and linkage with community services; and the extent to which services and staff are integrated into teams or units versus operating as single providers. Questionnaire items were then developed to measure the different dimensions independently.

Sampling Strategy

School Mental Health Services in the United States, 2002–2003 is a nationally representative sample of public K–12 schools and their associated school districts. A random sample of 2,125 schools and the 1,595 districts associated with them was drawn from the U.S. Department of Education's public school data file, the *Common Core of Data* for 2000–2001. The size of the sample was designed to provide reliable estimates of the universe of regular public schools by level (elementary, middle, and high school) and by size, as measured by student enrollment: small (from 1 to 250 students); medium (251–500 students); large (501–1,000 students); and very large (1,001 and more students). The sampling strategy was also designed to yield estimates by each region (Northeast, Midwest, South, West) and locale (urban/central city, suburban/large town, small town/rural) and to populate the standard table shell used in this report. The composition of the four regions is provided in the supplementary tables in Appendix C.

Data Collection and Response Rate

Data collection began in November of 2002, with advance letters sent to superintendents in each of the school districts in the sample, notifying them of the survey and requesting contact information for the respondent designated by the superintendent as the most knowledgeable about mental health services. District respondents ranged from superintendents to assistant superintendents and directors of Pupil Services or Special Education. School surveys were sent to the principal, who in turn, passed them on to the ultimate respondents. Survey responses reflect the best estimates of the respondent as to mental health staffing and services.

A total of 58 districts, 3.5 percent of the sampled districts, required that a research application be submitted prior to conducting the study in their districts. The great majority of these applications were ultimately approved. The survey forms were mailed in late January of 2003, and data collection continued throughout the school year and into the early summer, with the remailing of survey forms and telephone follow-up calls for nonresponding schools and districts.

Trained interviewers conducted follow-up phone calls and "refusal conversion" interviews with respondents. During these calls, interviewers often learned that questionnaires had been forwarded to another person in the school, or that the questionnaire had been lost. This resulted in numerous calls to track down the ultimate respondent. Over 30 percent of districts and 39 percent of schools requested remailings.

The target response rate for the school survey was 80 percent (about 1,600 schools, excluding the 100 schools that were closed or ineligible to participate). As the school year was nearing its end, only 69 percent of districts and 54 percent of schools had

returned completed questionnaires. Analysis of response rates for each type of school revealed that large, urban schools were less likely to complete a questionnaire, raising concerns about possible bias. To estimate this possible bias and to increase the response rates, a targeted "critical items" survey protocol, containing a subset of items from the questionnaire deemed critical to the survey's purpose, was administered to a random sample of nonresponding schools. With the addition of respondents to this shorter questionnaire, a 60 percent response rate for all types of schools was achieved. Although the 60 percent response rate is lower than anticipated, there was no evidence of bias after comparing the responses of early versus late respondents and responders to the "critical items" survey. (Details on survey nonresponse, the critical items survey, and the bias analysis can be found in Appendix D, available from http://www.mentalhealth.samhsa.gov/cmhs/ManagedCare/.)

The survey did not include a screener question asking schools to report whether or not the school provided mental health services, out of concern that respondents might opt out of responding to the survey prior to reading the questions. Once questionnaires were received, the research team reviewed incomplete questionnaires to determine whether or not they contained enough information to be included in the final sample. About 2 percent of the returned questionnaires had to be removed from the sample because it was determined by reviewing their responses and comments that they did not provide mental health services and therefore could not answer the survey questions. The estimates in this report reflect the remaining 98 percent of returned survey questionnaires, or 1,147 questionnaires.

It is important to note that the estimates presented here represent any mental health services provided, including identification, assessment, and/or referral to outside mental health service providers. Further, the estimates do not indicate the quantity of services available in schools, nor do they indicate whether services were provided by trained mental health professionals or by other school personnel. Differences in the estimates of the availability of mental health services in public schools may be due to differences in sample design, definitions of mental health services, location of services, and year of data collection.[6]

Ultimately,1,147 schools in 1,064 districts across the country responded to the survey. "Critical items" information was collected from an additional 150 schools. The quantifiable data were weighted to create national estimates for numbers of schools and districts by region and by size. This was done so that the total numbers and the distributions would match those of all schools and districts in the nation in the 2002–2003 school year. The final weighted response rates were 60.5 percent for schools and 59.85 percent for school districts.

Analysis

The exhibits in the report are intended to highlight the findings. More detail can be found in the analytic tables in Appendix C. These analytic tables are organized according to the order in which the questions appeared in the survey. The school tables display

results by percentage of schools, with cross-tabulations by key school characteristics where it is possible to make comparisons. The report highlights differences by school characteristics when they were statistically significant; that is, when these differences were not likely due to chance (less than a 5 percent chance). The district tables are similarly organized, and comparisons are made by district characteristics.

In addition to the quantifiable data, schools were offered the opportunity to comment on the most successful strategies for providing mental health services to students, and districts were able to add comments about the survey or about the funding of mental health services. A notable 800 school respondents (70 percent) and 330 district respondents (28 percent) provided written comments in the space provided at the end of each questionnaire. This level of response and the length of the responses reflected a surprising degree of interest in further describing school mental health services and the challenges inherent in meeting student mental health needs in the school setting. These responses were coded into themes and synthesized; the themes are described in Appendix B.

2.0 Mental Health Problems and Services in the School Setting

This chapter presents survey findings on the most frequently addressed mental health problems among students in public schools, student eligibility for mental health services, and the services available to meet student mental health needs. On average, 20 percent of students had received mental health services during the previous school year (2001–2002). Since the survey did not ask for amount or units of service provided, these services could have ranged from a single encounter to long-term counseling. Because the survey included a broad range of potential providers of mental health services, such services could have been provided by staff with variable mental health training.

2.1 Eligibility for Mental Health Services

The survey asked which categories of students were eligible to receive mental health services (e.g., all students versus students in special education). Eligibility for mental health services varied across schools, although all students were eligible to receive mental health services in the vast majority of schools (87 percent). A small proportion of schools (10 percent) required students to have an Individualized Education Plan (IEP), indicating special education status, to qualify for mental health services. There were differences in eligibility, however, by region and by some school characteristics. The proportion of schools in which all students were eligible was higher in the Northeast (96 percent) than in other regions. While the overall percentage of schools with eligibility for all students was high, it was lower in schools with high enrollment of minority students.[7] Eighty-three percent of schools with high enrollment of minority students reported that all students were eligible for services, compared to 91 percent of schools with low minority enrollments (Appendix C, School Tables, Table 3).

2.2 Types of Mental Health Problems

The survey asked respondents to report on the problems most frequently presented by students in their school. From a list of 14 psychosocial or mental health problems, respondents were asked to rank the three most frequently seen problems for male and for female students. The list covered a broad spectrum of concerns, from relatively mild, commonly seen problems such as difficulty adjusting to a new school, to more significant behavior problems such as bullying, to serious psychiatric

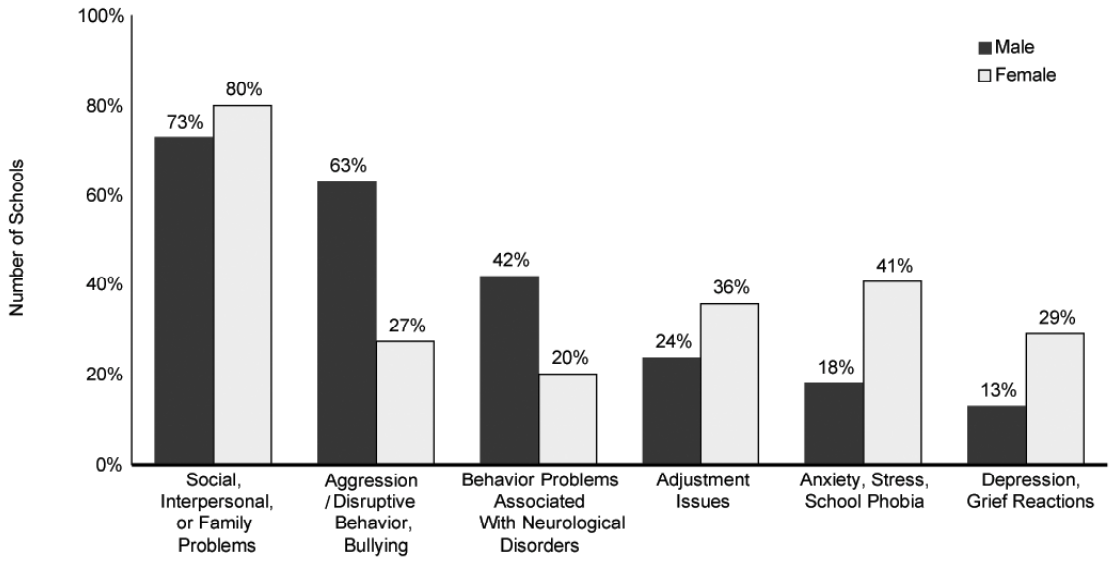
and developmental disorders. The complete list of problem categories, as presented in the survey instrument, appears in Exhibit 2.1.

Exhibit 2.1
Psychosocial and Mental Health Problem Categories

- Adjustment Issues
- Social, Interpersonal, or Family Problems
- Anxiety, Stress, or School Phobia
- Depression, Grief Reactions
- Aggression or Disruptive Behavior
- Behavior Problems Associated with Neurological Disorders
- Delinquency or Gang-Related Behavior
- Suicidal or Homicidal Thoughts or Behavior
- Substance Use/Abuse
- Eating Disorders
- Concerns about Gender or Sexuality
- Physical or Sexual Abuse
- Sexual Aggression
- Major Psychiatric or Developmental Disorders

Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Exhibit 2.2
Percentage of Schools That Ranked the Following Mental Health Problems as Among Their Top Three Problems for Male and Female Students, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. School Questionnaire, Item 27, Appendix C, School Tables 15, 15A

Of these 14 problem categories, 6 were mentioned most frequently by respondents. These are shown in Exhibit 2.2. For both male and female students, the mental health problem category most frequently cited by schools, and across all school levels, was social, interpersonal, or family problems. The second and third most frequently cited concerns, however, were different for males and females. Aggression or disruptive behavior and behavior problems associated with neurological disorders (such as attention-deficit/hyperactivity disorder) were cited as the second and third most frequent problems for males. Anxiety and adjustment issues, respectively, were cited for females (Exhibit 2.2).

2.3 Mental Health Problems by School Level and Gender

There were differences in the frequency of some mental health problems according to school level and gender, as shown in Exhibit 2.3. Substance use or abuse and delinquency and gang-related problems were included here, although they were noted only for middle and high schools.

Among male students, behavior problems associated with neurological disorders were more frequently reported by elementary than by middle or high schools (51 percent versus 35 percent versus 20 percent, respectively). Aggressive or disruptive behavior was more frequently reported by elementary and middle schools (64 percent and 69 percent, respectively) than by high schools, although 54 percent of high schools reported it as among their top three problems. For boys, social, interpersonal, or family problems were cited most often by middle schools and least often by high schools. High schools were more likely than elementary or middle schools to report depression as one of the top three problems (Exhibit 2.3 and Appendix C, School Tables 15 and 15A).

Among female students, adjustment issues, aggression or disruptive behavior, and behavior problems associated with neurological disorders were reported more frequently in elementary and middle schools than in high schools. Social, interpersonal, or family problems were more frequently cited for girls in middle schools and reported less frequently in high schools. For both boys and girls, depression and substance use/abuse were reported more frequently as school level increased (Exhibit 2.3). For example, one third of middle schools reported depression as a top mental health problem for females, while almost half of high schools did so. Although depression was less frequently cited as a top mental health problem in boys, reporting frequency rose substantially from middle school to high school. The frequency of citing substance abuse as a major problem also jumped sharply from middle school to high school (for males, from 4 percent of middle schools to 34 percent of high schools; for females, from 3 percent of middle schools to 19 percent of high schools).

Exhibit 2.3
Percentage of Schools That Cited the Following Mental Health Problems as Among Their Top Three Problems, by School Level, 2002–2003

Mental Health Problem	Elementary (%)		Middle (%)		High (%)	
	Males	Females	Males	Females	Males	Females
Social, interpersonal, or family	72	80	77	83	66	74
Aggression or disruptive behavior	64	30	69	30	54	18
Behavior problems associated with neurological disorders	51	26	35	15	20	6
Adjustment issues	24	37	27	37	23	27
Depression, grief reaction	8	21	12	31	23	47
Anxiety	17	42	22	12	17	36
Substance use or abuse	**	**	4	3	34	19
Delinquency and gang-related problems	2	**	11	4	10	5

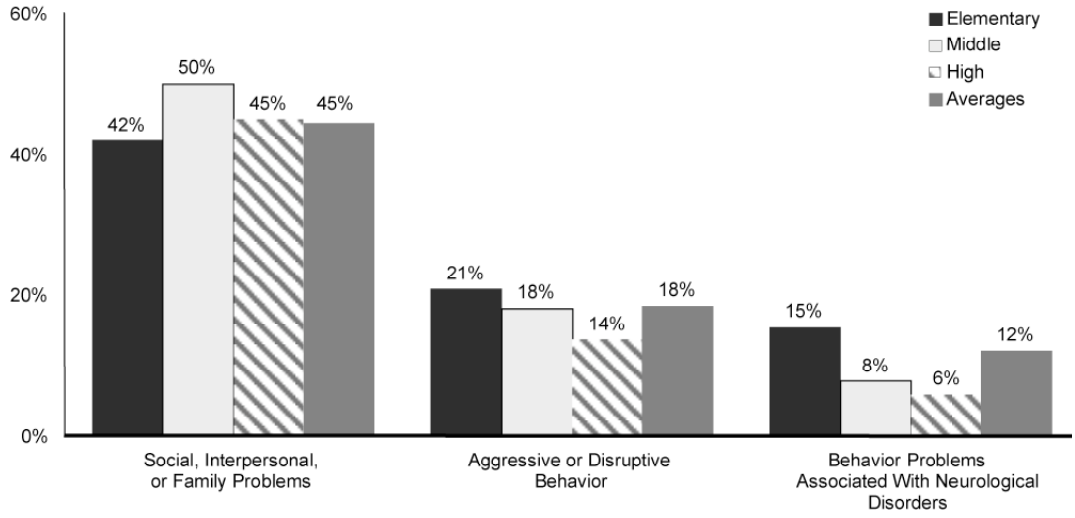
Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 27, Appendix C, School Tables 15, 15A
** Value <1%

2.4 Resource Use for Various Mental Health Problems

Schools were asked which mental health problem consumed most of their mental health resources. The top-ranked mental health problem reported by schools for both males and females (i.e., social, interpersonal, or family problems) was also the most frequently reported as consuming the most mental health resources. However, about one fifth of schools named aggression/disruptive behavior as the most resource-intensive, and over 10 percent named behavior problems associated with neurological disorders, such as attention deficit disorder. The other 11 problems on the list rated much lower on resource usage (Exhibit 2.4).

Resource use for social, interpersonal, or family problems was high across all school levels, with 42 percent of elementary schools to 50 percent of middle schools reporting it as the mental health issue that used the most resources. However, aggression or disruptive behavior consumed the most resources at the elementary level, and successively fewer resources at the middle and high school levels. Similarly, resources

Exhibit 2.4 Percentage of Schools Reporting That Various Mental Health Problems Use Most of Schools' Mental Health Resources, by School Level, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Questionnaire, Item 28, Appendix C, School Table 16

expended on behavior problems associated with neurological disorders decreased as school level increased. These are similar to the patterns for the top three mental health problems encountered among male and female students: social, interpersonal, and family problems were consistently reported by elementary, middle, and high schools as among the top three problems; aggression and disruptive behavior and behavior problems associated with neurological disorders both tended to be more frequently cited by elementary and middle schools than by high schools. As the problems decrease, so too does the consumption of resources.

Urban, suburban, and rural schools reported some differences in their use of mental health resources. Urban schools reported that they expend more of their resources dealing with aggression or disruptive behavior. Schools located in suburban and rural areas, on the other hand, were using more of their resources to assist students with social, interpersonal, or family problems. For social, interpersonal, and family problems, the consumption of resources followed the same pattern as for the occurrence of the problem; that is, in suburban and rural schools the reported occurrence of the problem was higher than it was in urban schools (Appendix C, School Tables 15, 15a, 16).

2.5 Mental Health Services in U.S. Schools

Mental health services were defined in this study as "those services and supports delivered to individual students who have been referred and identified as having psychosocial or mental health problems." The survey focused on treatment services provided to individual students with identified mental health concerns, rather than on preventive services provided to all students. However, a question on the range of

prevention services offered in schools was included, as well as a question on the use of various funding sources for prevention or intervention purposes. Responses to these questions are discussed later in this section.

The school survey asked respondents to report the types of services provided to students in their schools, either directly by the school or district or through community-based organizations with which the school or district had formal arrangements, such as a contract or memorandum of agreement. Respondents chose from a list of 11 services (Exhibit 2.5).

Exhibit 2.5
Mental Health Services Categories

- Assessment for emotional or behavioral problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing)
- Behavior management consultation (with teachers, students, family)
- Case management (monitoring and coordination of services)
- Referral to specialized programs or services for emotional or behavioral problems or disorders
- Crisis intervention
- Individual counseling/therapy
- Group counseling/therapy
- Substance abuse counseling
- Medication for emotional or behavioral problems
- Referral for medication management
- Family support services (e.g., child/family advocacy, counseling)

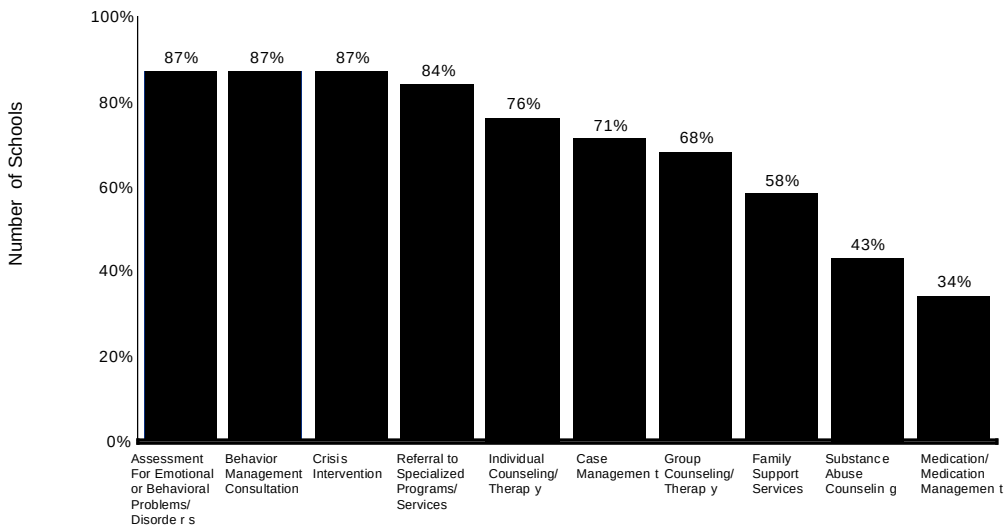
Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Types of Services Most Frequently Provided

Overall, the majority of schools in the nation provided almost all of the mental health services listed. A high percentage (87 percent) of schools provided assessment for mental health problems, behavior management consultation, and crisis intervention, as well as referrals to specialized programs (84 percent). Individual counseling, case management, and group counseling were also frequently provided (by 76 percent, 71 percent, and 68 percent of schools, respectively).[8] In general, short-term interventions, such as assessment for mental health problems, behavior management consultation, crisis intervention, and referral services were more commonly provided than were services that tend to be longer term, such as counseling of all types, case management, and family support services. Less than half of all schools reported that they provided substance abuse counseling, and medication/medication management was the least likely of all services to be provided (Exhibit 2.6).

Schools indicated that some services were more difficult to deliver than others. The service most frequently ranked as "difficult" or "very difficult" to deliver was family support services, followed by medication or medication management, substance abuse

Exhibit 2.6 Percentage of Schools Providing Various Mental Health Services, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 29, Appendix C, School Table 17

counseling, and referral to specialized programs or services (Appendix C, School Table 18). The services most frequently ranked as "not difficult" or only "somewhat difficult" to deliver were individual and group counseling, followed by behavior management and crisis intervention. For the most part, services provided most frequently by schools were not as difficult to deliver as those less frequently provided. Referral to specialized programs or services was an exception. Although 71 percent of schools provided referrals, 37 percent said that such referrals were difficult or very difficult to make.

Barriers to Delivery of Services

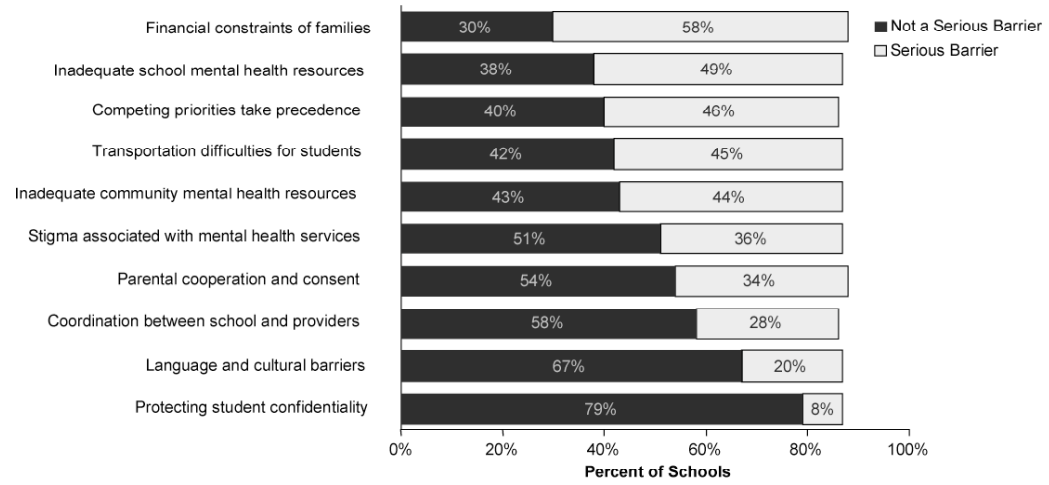
Schools were asked to rank the extent to which various factors were barriers to the delivery of mental health services, using a scale of 1 to 4, where 1 was "not a barrier" and 4 was a "serious barrier." Exhibit 2.7 shows the percentage of schools that responded 1 or 2 versus 3 or 4. Although schools reported providing a wide array of services, they also described barriers to ensuring that children and youth receive the services they need. Financial constraints of families (defined in the survey instrument as "can't afford services or lack of insurance") and insufficient school and community-based resources were the factors most often reported as barriers or serious barriers. This finding suggests that even if some mental health services are provided free of charge by school staff, families must pay for other services. This survey did not ask which services require payment, but this issue bears further investigation.

Competing priorities for use of funds and difficulties with transportation were also considered barriers. Least often reported as serious barriers were protection of student confidentiality and language and cultural barriers. However, in open-ended comments,

several district-level respondents noted that a high number of students were not able to access mental health services in the community due to linguistic and insurance barriers; in these cases, counseling provided by the school was the only service available.

Many respondents to the school questionnaire provided comments to explain the financial constraints faced by students and their families in attempting to obtain mental health services. Explanations ranged from inadequate Medicaid reimbursement to limitations on benefits for those who are privately insured and a dearth of mental health services for the uninsured.

Exhibit 2.7 Percentage of Schools Reporting Extent to Which Various Factors Are Barriers to Providing Mental Health Services, 2002–2003



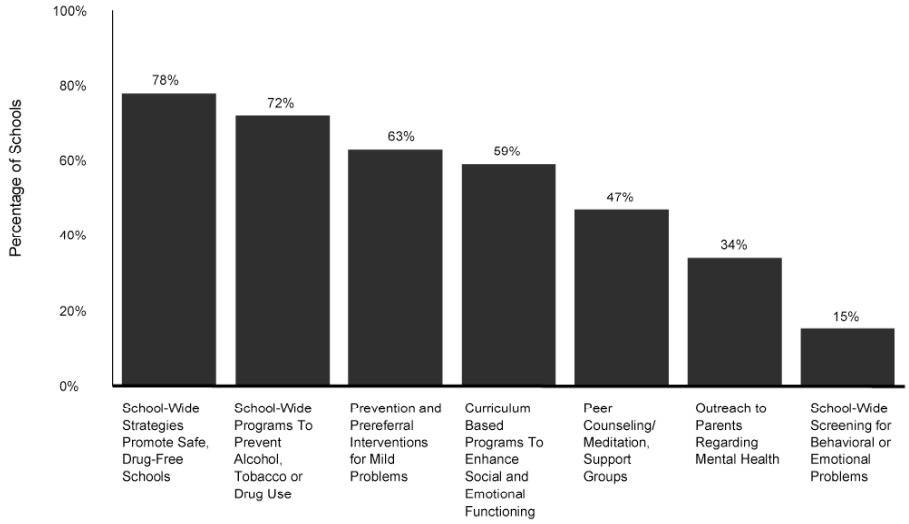
Source: *School Mental Health Services in the United States, 2002–2003*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
School Questionnaire, Item 32, Appendix C, School Table 19

Prevention and Early Intervention Programs and Services

Increasingly, education and mental health experts recognize a definition of mental health in schools that includes not only treatment, but promotion of social and emotional development and efforts to address psychosocial and mental health problems as barriers to learning (Policy Leadership Cadre for Mental Health in Schools, 2001). Schools have begun to direct resources to schoolwide and/or curriculum-based programs intended to reach the broader student population, not just those individual students identified with mental health problems. Early intervention by mental health staff or multidisciplinary teams is gaining ground as a means to address mild psychosocial problems quickly and thereby prevent unnecessary entry into special education. Although the focus of the current survey was on traditional mental health treatment, schools were also asked to report on the types of prevention and early intervention programs that they offer.

While schoolwide screening for behavioral and emotional problems is uncommon, 15 percent of schools reported that they provided this service (Exhibit 2.8). Many more schools (63 percent) have implemented prevention and prereferral interventions (e.g., team and family meetings for students with behavioral problems) and curriculum-based programs (59 percent). schoolwide strategies to promote safe and drug-free schools (e.g., Safe Schools/Healthy Students Initiative) and to prevent alcohol, tobacco, or drug use, both with widely available funding, were provided by three quarters of schools (78

Exhibit 2.8 Percentage of Schools Providing Prevention and Early Intervention Programs, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
School Questionnaire, Item 36, Appendix C, School Table 21

percent and 72 percent, respectively). Less frequently reported approaches to prevention and early intervention were peer counseling and mediation and peer support groups (47 percent) and outreach to parents regarding mental health issues (34 percent).

In an open-ended question, schools were asked to describe approaches or strategies that have proven most successful in improving student mental health. Some respondents described curriculum-based programs and classroom guidance to enhance social and emotional functioning as their most successful approaches. Topics for such programs included anger management, prevention of violence and bullying, conflict resolution, resisting peer pressure, communication skills, substance abuse, and character education (e.g., developing citizenship skills, responsibility, honesty, fairness, patience). Several specific programs were named repeatedly, including Responsive Classroom (www.responsiveclassroom.org), the Second Step program (www.cfchildren.org), and Drug Abuse Resistance Education (DARE) (www.dare.com).

The availability of interdisciplinary "student assistance" or "student service" teams was also mentioned by some schools. These teams were described as including mental health

professionals, educators, and at times, nurses. In some cases, representatives from other child-serving systems such as juvenile justice, community mental health, and child welfare, were included on the teams. Such teams provided referrals, intervention, monitoring, support, and strategies to improve specific behaviors through a collaborative process.

2.6 Summary

The problem category that schools reported most frequently as a top mental health issue was social, interpersonal, or family problems. This problem was also most frequently reported to consume the most resources, followed by aggression or disruptive behavior and behavioral problems associated with neurological disorders. Depression was more frequently reported as a top mental health problem in high school (for both boys and girls) than in middle school, as was substance abuse. Most schools reported that they provide a range of mental health services, but these results are tempered by the fact that half of schools also reported that inadequate mental health supports in schools are a serious barrier. Financial constraints of families were reported by over half of schools as barriers to service. The majority of schools also reported that they provide schoolwide or curriculum-based prevention and early intervention programs.

3.0 Administrative Arrangements for the Delivery and Coordination of Mental Health Services in Schools

This chapter presents survey findings on the prevalence of various administrative arrangements for the delivery of mental health services in U.S. public schools. Survey questions were based on a number of "delivery mechanisms and formats" described by the Policy Leadership Cadre for Mental Health in Schools (2001) and summarized in Chapter 1. These formats include:

- School-financed student support services
- Formal agreements with community mental health services
- School or district-supported mental health units or clinics
- Classroom-based curricula
- Comprehensive, multifaceted, and integrated approaches

Since these models are not mutually exclusive, survey questions were designed to measure the features or dimensions of each model, rather than explicitly measuring the existence of each model as a separate entity. The dimensions include the types and combinations of staff providing mental health services to students (addressed in the previous chapter); administrative arrangements for delivery of services, including the use of school- or district-based staff, and of community providers; locus of responsibility for various administrative functions at the district or the school level; and ways in which services are coordinated internally and across delivery systems.

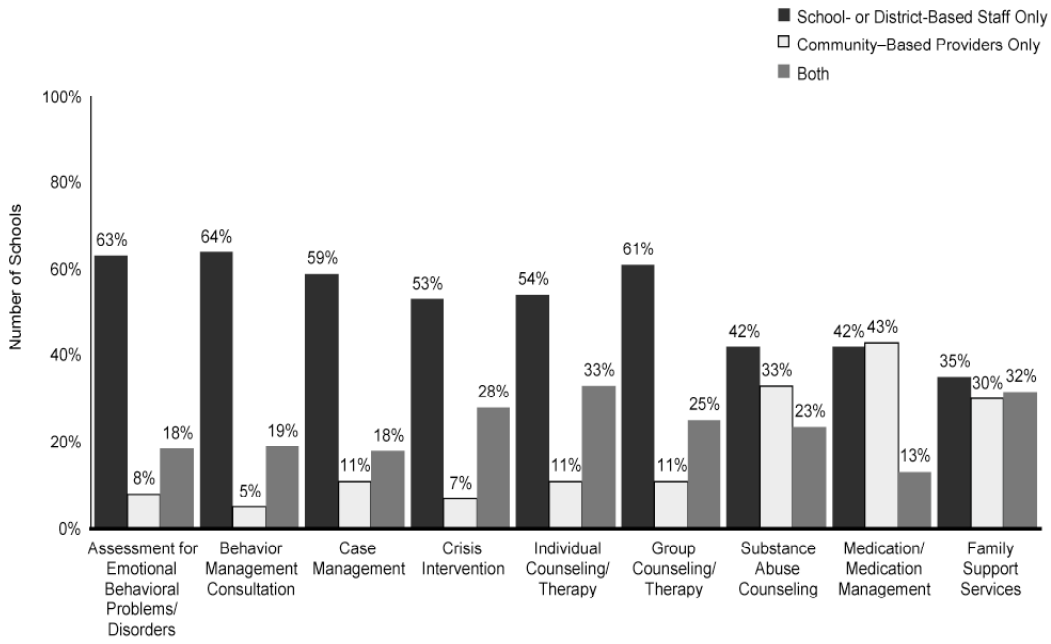
The survey attempted to capture the extent to which schools and school districts utilize their own mental health staff as opposed to contracting for these services with community-based providers. The survey also queried respondents on a variety of administrative functions (e.g., funding and staff allocation, hiring, supervision, staff training, contract monitoring); whether the school, district, or another unit had responsibility for mental health; and whether or not there were any differences between general education and special education. Finally, several questions elicited

information on coordination and referral practices internal to the school (e.g., between teachers and mental health providers) and between the school and other child-serving systems in their communities, such as juvenile justice, child welfare, and community mental health.

3.1 Contracting Arrangements

About one third of school districts reported that they exclusively use school or district-based staff to provide mental health services. About one quarter of school districts only contract with outside providers for mental health services in the district. About one third of schools combined school and district-based staff, either together or in some combination with outside providers. Almost half of school districts overall (49 percent) used contracts or other formal agreements with community-based organizations and/or individuals to provide mental health services to students (Appendix C, District Tables 3, 3A). These contractual arrangements augment the service delivery capacity of districts by making other child-serving systems available to schools to provide services. Contractual arrangements are most common in large districts.[9] Because the survey focused on formal or contractual arrangements, the results may underreport the professionals to whom students may have access in the community.

Exhibit 3.1 Percentage of Schools Using Staffing Sources for Various Mental Health Services in Schools: 2002–2003



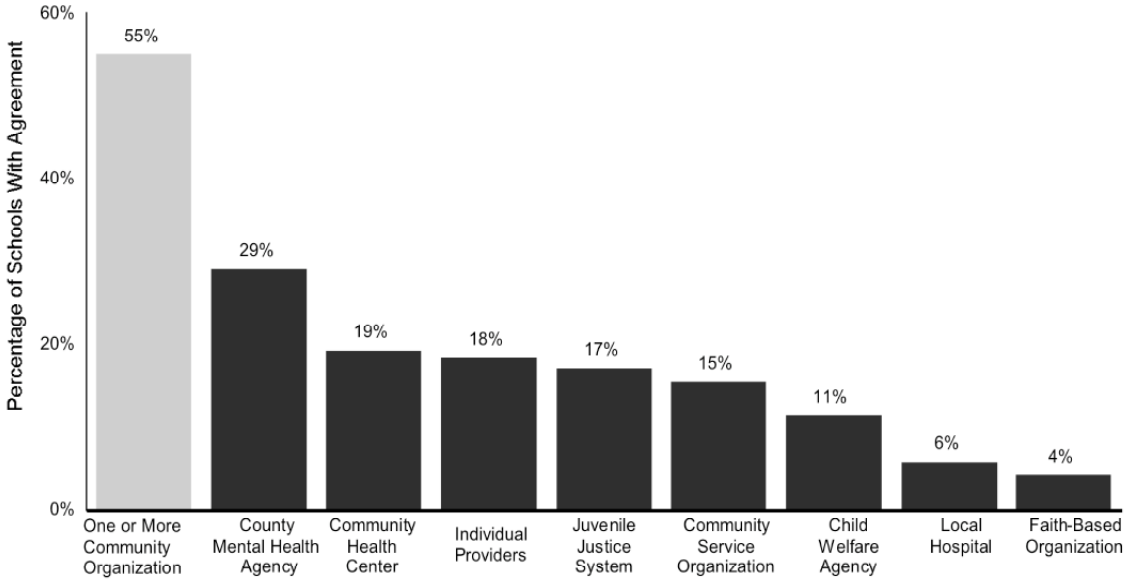
Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
School Questionnaire, Item 29, Appendix C, School Table 17
Note: Numbers do not total 100 percent because of missing data

Individual schools were also asked about their staffing arrangements. For each mental health service provided by schools, respondents were asked if school- or district-based staff, community-based staff via a formal arrangement, or both provided the service. The survey found that in most cases, when schools provided a particular service, it was more likely to be provided by the school or district rather than by a community-based provider, with the exception of medication management, which was slightly more likely to be provided by a community-based provider (Exhibit 3.1).

Formal Arrangements Between Schools and Community-Based Providers

In 2002–2003, over half of schools reported that they had formal arrangements with one or more community-based organizations or individual providers for student mental health services. The most frequent arrangement was with county mental health agencies, followed by community health centers, individual providers, and juvenile justice systems (Exhibit 3.2). Arrangements with local hospitals and faith-based organizations were not as common.

Exhibit 3.2 Percentage of Schools With Various Community-Based Organizations and Individual Providers To Provide Mental Health Services, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
School Questionnaire, Item 15–25, Appendix C, School Table 11

Middle schools were more likely than elementary or high schools to have contractual arrangements with community providers and were significantly more likely to have such agreements with community health centers and juvenile justice agencies (Appendix C, School Table 11). Many of the community agencies (62–86 percent) provided their services on site, in the school (Appendix C, School Table 12). The exceptions were local

hospitals and community health centers or clinics, which were more likely to provide their services in the community only.

The survey included an open-ended question concerning schools' most successful strategies for improving the mental health of students. The most frequently mentioned strategy was the availability of in-school mental health providers who were employed by the school or district. Collaboration with outside agencies was also considered a valuable strategy.

3.2 Mental Health Units and School-Based Health Centers

The literature and survey pilot testing revealed variability in the terminology used to describe various service delivery mechanisms. The survey attempted to use terms that would be universally understood by respondents. Key features of a school-district–operated mental health unit are that they are operated and financed by the district, or the district organizes a multidisciplinary team into a "unit" to provide mental health services (Policy Leadership Cadre, 2001). School-based health centers can be sponsored by organizations such as hospitals, community health centers, and nonprofit organizations.

The literature showed that some districts operate their own mental health units or clinics that serve one or more schools; others have their own school-based health centers (Policy Leadership Cadre for Mental Health in Schools, 2001). In this study, district respondents were asked if they operated a mental health unit or clinic serving multiple schools. Only 2 percent of school districts reported that they had such district-operated mental health units or clinics (Appendix C, District Table 3).

School respondents were asked if they had an agreement with a "school-based health center operated by a community-based organization" to provide mental health services to their students. These health centers may be different from school-based health centers that are members of the National Assembly on School-Based Health, so the estimates of the number of such health centers in the nation may differ.

Seventeen percent of schools nationwide had such an arrangement. School-based health centers were more often reported in middle schools (23 percent) than in elementary schools (16 percent) or high schools (14 percent). They were also more prevalent in urban schools (22 percent) than in suburban or rural schools (15 percent each) (Appendix C, School Table 11).

3.3 Administrative Functions in School Mental Health

The literature review revealed a model for school mental health in which schools were given the autonomy to determine the types of mental health staff they hired and the overall allocation of mental health resources. The survey sought to determine the locus of control for various administrative functions pertaining to school mental health.

Districts, rather than schools or other entities such as collaboratives, most commonly had authority for administration of mental health services (73 percent) (Appendix C, District Table 2). Authority for such functions was less commonly located in schools (22 percent) or intermediate units, collaboratives, or cooperatives (14 percent).[10] The model in which schools or clusters of schools determine mental health staffing was fairly uncommon, reported by only 10 percent of districts (Appendix C, District Table 2). There were no differences between general and special education in the locus of authority for administration of mental health services (Appendix C, School Table 6).

Nationally, the most common practice reported by districts was to administer mental health services for general and special education students together (67 percent). In other words, mental health services tended to be housed in the same administrative unit regardless of the special education status of the student requiring mental health services. There were some differences noted by district characteristics, however. For example, the largest districts (those with 16 or more schools) were slightly more likely than smaller districts to administer mental health services for general and special education students separately (39 percent versus 24 percent; Appendix C, District Table 1B). High schools (12 percent) were more likely than middle schools (5 percent) and elementary schools (5 percent) to manage mental health services for special education students separately from general education students (Appendix C, School Table 5).

3.4 Coordination and Referral Practices

The survey queried respondents on practices regarding coordination of services within the school or district, as well as with community-based organizations and providers.

Internal Coordination

Within the school setting, the survey sought information on the frequency of various strategies used by mental health staff, special education staff, and classroom teachers to coordinate activities and services for students in the school. Coordination strategies and their frequency of use are depicted in Exhibit 3.3. Schools varied in the frequency with which they used these strategies. Approximately one third of schools rarely or never held interdisciplinary meetings among mental health staff, conducted joint planning sessions between mental health and other staff, or shared mental health resources with each other. The exception to this was informal communication, which occurred weekly in one third of schools. At the other end of the continuum, however, 40 percent of schools held monthly or weekly interdisciplinary meetings and planning sessions, and one third of schools held weekly or monthly joint planning sessions between mental health and other school staff as well as weekly informal communication.

Exhibit 3.3 Percentage of Schools Using Strategies To Coordinate Mental Health Activities and Services Within Schools, 2002–2003[11]

Coordination Strategy	Rarely or Never (%)	Quarterly (%)	Monthly (%)	Weekly (%)
Interdisciplinary Meetings among Mental Health (MH) Staff	32	9	20	23
MH Staff/ Teacher Planning	38	11	16	19
MH Staff/ Special Education planning	30	12	18	23
Share MH Resources	37	23	15	9
Informal Communication	27	11	12	35

Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 12, Appendix C, School Tables 8, 8A, 8B, 8D, 8E

Coordination With and Referral to Community-Based Providers

Many schools, even if they do not have formal agreements with community organizations to provide mental health services, will refer students to community agencies for such services. All school respondents were asked to report their routine referral and coordination practices with community providers. Use of passive referrals (e.g., distributing brochures, lists, phone numbers of providers) was the most common practice, used by three quarters of schools (Appendix C, School Tables 14, 14A). Nineteen percent of schools used passive referrals as their only routine practice. Active referrals (e.g., staff completing forms with families, making calls or appointments, assisting with transportation) were reported by over half (53 percent) of schools, and followup with families and providers was also practiced by over 40 percent of schools.

Forty percent of schools reported that their staff attended team meetings with the staff of community providers. Schools that had agreements with community-based organizations were more likely than schools without such arrangements to coordinate service planning across agencies: 50 percent of schools with agreements had staff attend team meetings with community providers as opposed to 29 percent of schools without agreements. One theme that emerged from open-ended comments in response to a question on their most successful strategies for improving the mental health of students was the importance of developing positive formal and informal relationships with community providers.

3.5 Summary

The findings on the administrative arrangements for the delivery of school mental health services, as they relate to the formats described in the beginning of the chapter, suggest that school districts were most likely to hire their own staff to provide mental health

services in schools, but that contractual arrangements were quite common, being found in about half of school districts. The use of district-operated mental health units or clinics appears to be relatively rare, reported in a small minority of schools, but 17 percent of schools reported having an arrangement with a community-operated, school-based health center (not necessarily located in the same school).[12] Districts were more likely than schools or other units to control various administrative functions such as hiring and supervision, and districts tended to administer mental health services for all students in one unit, rather than administering mental health services for students in special education separately.

There was variation in the degree to which various strategies for coordinating mental health services were used by schools. It was striking that about one third of schools rarely or never used any of the strategies listed in the survey. Many schools reported making referrals to community-based services, but passive referrals appear to be the most common practice. On the other hand, close to half of schools reported that their staff attend team meetings, suggesting that there was some level of commitment on behalf of schools to collaborate with community providers.

It was not possible in this baseline study to determine the prevalence of "comprehensive … integrated" models that would resemble a system of care, but there is evidence to suggest that efforts are being made to enhance the service array via contractual and other formal arrangements, and that some collaboration is occurring among child-serving systems.

4.0 Staff Providing Mental Health Services in Schools

One of the primary goals of this study was to gain a better understanding of the numbers and types of personnel providing mental health services in schools. The questionnaire included the following types of staff: school counselors, mental health counselors, school psychologists, clinical/Ph.D.-level psychologists, social workers, substance abuse counselors, school nurses, and other staff such as outreach workers and behavioral aides. This study sought to identify the types and qualifications of staff providing mental health services in schools, determine how much of the staff provider's day is devoted to mental health service provision, describe staff distribution and qualifications, and identify the most common staff combinations in schools.[13]

4.1 Characteristics of Staff Providing Mental Health Services

Almost all schools providing mental health services reported having at least one staff member whose responsibilities included providing mental health services to students (96 percent). Based on weighted estimates of schools' responses, during the 2002–2003 school year, at most 358,000 staff, including both professional and support staff, were providing some degree and type of mental health service to students in their schools. (This is probably an overestimate due to the limitations of the survey—see note in Exhibit 4.1). Exhibit 4.1 shows the number of each type of staff in U.S. public schools and the average percent of time each type of staff spent providing mental health services, relative to other duties. These estimates pertain only to school or district-based staff, rather than outside staff providing mental health services via contractual arrangements.

The most common types of staff providing mental health services in schools were school counselors, followed by nurses, school psychologists, and social workers (Exhibit 4.2). Three quarters of schools had at least one school counselor on staff, over two thirds had a school psychologist and/or a school nurse, and 44 percent had a school social worker. Other mental health staff members, such as mental health and substance abuse counselors, clinical psychologists, and psychiatrists, were available in less than 20 percent of schools.

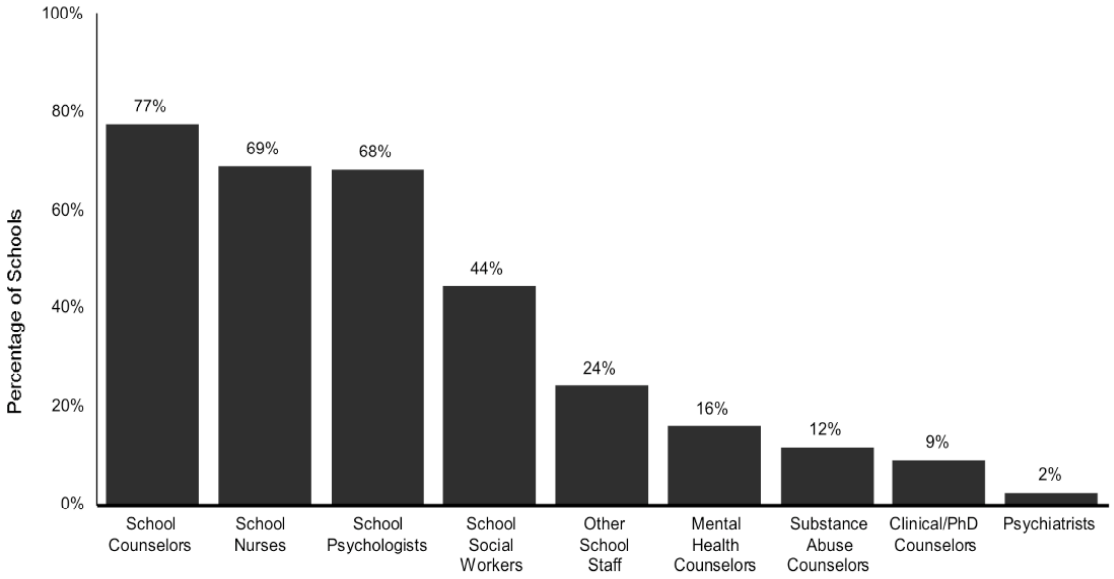
Exhibit 4.1 Number of Staff and Percentage of Time Spent Providing Mental Health Services in U.S. Schools, 2002–2003

Type of Staff Providing Mental Health Services	Number of Staff*	Percent of Time Spent Providing Mental Health Services**
School Counselors	110,967	52
School Psychologists	63,169	48
School Social Workers	41,423	57
School Mental Health Counselors	17,372	68
Substance Abuse Counselors	10,353	61
Counselors	7,832	48
Psychiatrists	1,927	40
School Nurses	63,661	32
Other School Staff (e.g., Outreach Workers, Behavioral Aides)	41,025	58
Total	**357,729**	

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13, Appendix C, School Table 10B
Notes:
*National estimates of the number of each type of staff were calculated by applying final sampling weights to the total number of each staff type reported by schools in the sample. These national estimates may overestimate the number of staff since school respondents from the same district may have double counted any staff working in more than one school in the district. The term "staff" should not be construed as full-time employees of the school.
**One limitation of this survey is that the respondents, and thus the unit of analysis, represented schools, rather than staff. Thus, we were not able to estimate the number of full-time equivalents (FTEs) in the U.S. using the survey data because a) the number of staff may be double counted by schools within the same school district, b) we attempted to get schools to estimate the number of full-time and part-time staff but many respondents gave invalid responses because they misunderstood the question (this type of information can be more accurately estimated using a workforce survey of staff); and c) schools were asked to estimate the average percent of time each type of staff spends providing mental health services rather than how much time each individual staff person spends.

It is notable that such a large proportion of schools reported that nurses were providing mental health services, and that over one third of their time was devoted to mental health service provision. The data indicate that nurses were considered by the majority of schools to be mental health providers. Nurses, as well as counselors, are likely to have very high caseloads and may provide services that are more informal in nature than traditional counseling. These findings also suggest that if nurses are, in fact, playing a key mental health role in schools, more work should be done to better understand the training and support needs of this type of staff. Psychiatrists were estimated to spend only 40 percent of their time on mental health service provision, which seems somewhat low, but the survey did not ask how the remainder of their time was spent.

Exhibit 4.2 Percentage of Schools With Various Types of Staff Who Provide Mental Health Services, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
School Questionnaire, Item 13, Appendix C, School Table 9

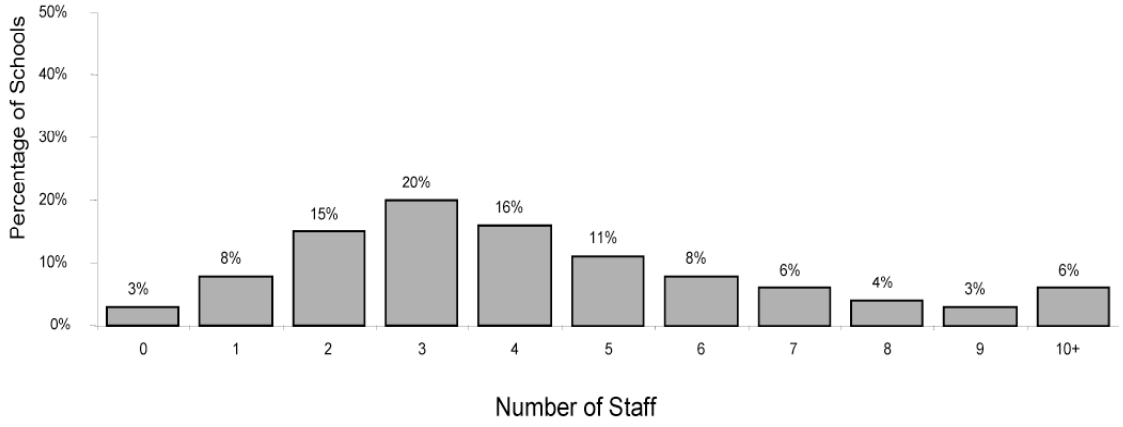
The proportion of time spent providing direct mental health services to students varied by staff type. School counselors, substance abuse and mental health counselors, and social workers were spending half to two thirds of their time providing mental health services to students during the 2002–2003 school year, while school psychologists, clinical psychologists, and psychiatrists were spending less than half of their time doing so. Schools reported that nurses spent one third of their time[14] and that other school staff such as behavioral aides spent 58 percent of their time providing mental health services. Mental health counselors and substance abuse counselors, although they were less commonly on staff in schools than other mental health providers, were reported to spend over 60 percent of their time providing mental health services.

Number of Staff and Staff Combinations

Most schools had between two and five staff providing mental health services, but the distribution was very broad, from no staff (3 percent) to 10 or more staff (6 percent) (Exhibit 4.3). The most commonly reported number of staff was 3 (20 percent of schools). When schools had three staff, they were usually comprised of a school counselor, a nurse, and a psychologist. When schools had only two staff, they were usually a school counselor and a nurse; and when schools had four staff, staffing was most likely to include a school counselor, a nurse, a psychologist, and a social worker.

Although the majority of schools reported that they had more than one staff person of various types providing mental health services, 8 percent of schools reported that only

Exhibit 4.3: Percentage of Schools Reporting the Number of Staff Providing Mental Health Services, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13, Appendix C, Schools Table 9E
Note: Numbers total 100 percent because of rounding up, though 1 percent of the data is missing.

one person in their school provided mental health services. Among the schools with only one staff person, the sole mental health provider was most likely to be a school counselor (50 percent), a school psychologist (20 percent), or a school social worker (18 percent) (Appendix C, School Table 9C). Only a small percentage of those schools reported that nurses were their only staff person providing mental health services.[15]

The analysis of staffing configurations, regardless of number of staff, revealed no predominant combination. However, the most common staffing combination among all schools, reported in 13 percent of schools, was one or more school counselors,[16] school psychologists, and nurses. Another 11 percent of schools reported having one or more school counselors, school psychologists, social workers, and nurses. All other combinations accounted for 52 percent of schools, but each of these combinations occurred in 4 percent or fewer schools, and no particular patterns emerged (Exhibit 4.4).

Staff Qualifications

The training qualifications of the staff who provide mental health services in schools were a focus of this study. Respondents were asked to indicate the number of each type of staff who held master's degrees or higher in their field and who were licensed in their field. The survey found that a high percentage of staff providing mental health services held master's degrees or higher (although not necessarily in a recognized mental health specialty) and were licensed or certified in their fields (Exhibit 4.5).[17] There is some consistency between holding a master's degree and being licensed: the majority of psychologists, counselors, social workers, and mental health counselors held both qualifications. Substance abuse counselors and school nurses were more likely to be licensed (80 percent and 88 percent, respectively) than to hold master's degrees (69

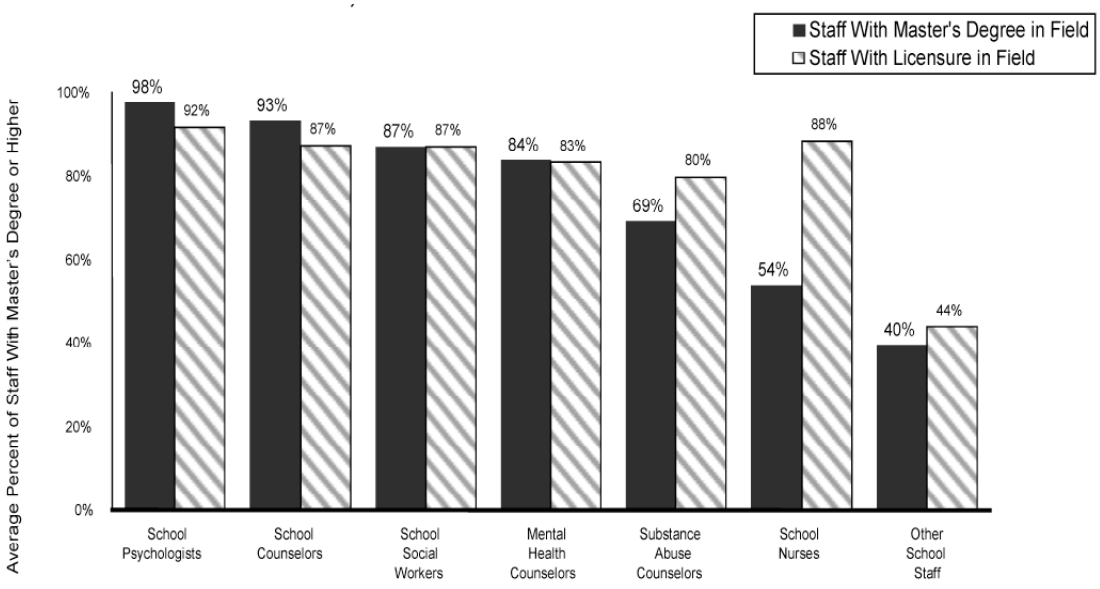
percent and 54 percent, respectively). With the exception of mental health and substance abuse counselors, however, this study does not show whether these qualifications, either the master's degrees or the licenses, specifically qualify these staff in the provision of mental health services. A more detailed staffing survey would be needed to determine what proportion of various types of staff (for example, school counselors) have specific background qualifications in providing mental health services.

Exhibit 4.4 Percentage of Schools Using Various Combinations of Staff To Provide Mental Health Services, U.S. Schools, 2002–2003

Staff Combination	Percent of Schools With Combination (%)
School Counselors + School Psychologists + Nurses	13
School Counselors + School Psychologists + Nurses + School Social Workers	11
School Counselors + Nurses	9
School Psychologists + Nurses + School Social Workers	5
School Counselors + Psychologists	4

Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13, Appendix C, School Table 9D
Note: Exhibit presents school-based or district-based staff combinations.

Exhibit 4.5 Percentage of Staff Providing Mental Health Services With Master's Degree or Higher and With Licensure in Their Field, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 14, Appendix C, School Table 10, 10A

4.2 Summary

Almost all schools reported that they had at least one person hired by the school or the district who, for at least some portion of time during the week, provided mental health services to students. This person was most likely to be a school counselor, a nurse, or a school psychologist. Each of these providers spent one third to half of their time providing mental health services. Schools reported a wide range of numbers of staff providing mental health services in the school, but the most commonly reported number of staff was three. Although a high proportion of the individuals providing mental health services in schools had master's degrees or higher in their fields, it was not discerned in this study how much of their training was specific to mental health.

These findings suggest that, given the amount of time these staff spend providing mental health services to students, more needs to be learned about their ongoing training, support, and professional development needs.

5.0 Funding, Budgeting and Resource Allocation, and Data Use

This chapter presents survey findings from the district survey related to the sources and allocation of funding for school mental health services. Potential funding sources were identified in the literature and were categorized into Federal, State, and local funding streams, service reimbursement sources (e.g., Medicaid, self-pay), and foundation grants. Respondents were asked which funding sources their district used to provide mental health services, how those resources were directed (e.g., to intervention or prevention), and how funding was allocated to different costs (e.g., administrative costs, staff salaries, contracts). The types of services ultimately provided are often determined by categorical funding streams, so respondents were asked to report on the extent to which their funding sources facilitated or impeded the delivery of mental health services. Finally, respondents were asked about any changes in funding and in the need for mental health services in the 2 years prior to the survey (i.e., since the beginning of the 2000–2001 school year).

5.1 Sources of Funding

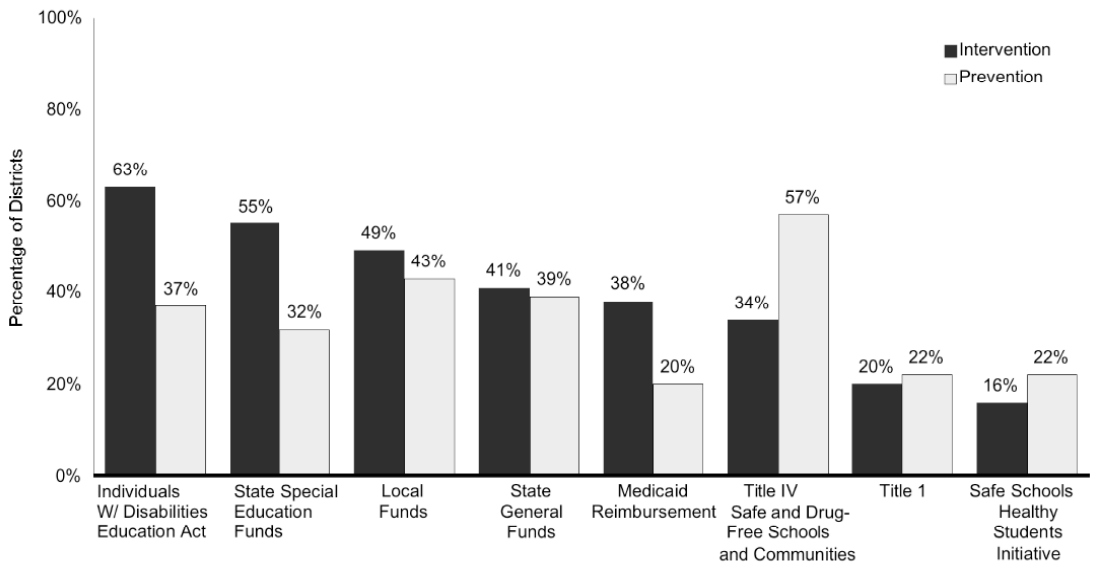
Nationally, the top Federal sources of funding for school mental health intervention services were IDEA (the Individuals with Disabilities Education Act), reported by 63 percent of districts, State special education funds (55 percent), local funds (49 percent), and State general funds (41 percent). Interestingly, 38 percent of districts reported Medicaid as a funding source for mental health services (Exhibit 5.1). Twenty-eight percent of districts indicated that Medicaid was one of their top five sources of funding (Appendix C, District Table 5). Title IV (the Safe and Drug-Free Schools and Communities program) was most frequently reported by districts as a prevention resource (57 percent of districts), followed by local funds (43 percent) and State general funds (39 percent).

Title I of the Elementary and Secondary Education Act of 1965, Improving Academic Achievement of the Disadvantaged, was reported by 20 percent of districts as an intervention resource, and by 22 percent of districts as a prevention resource.

Interestingly, the State Children's Health Insurance Program (SCHIP), the Federal program to extend health insurance benefits to children whose family income exceeds that for Medicaid eligibility, was rarely reported (2 percent) as a funding source for mental health services (Appendix C, District Table 5).[18]

Ten percent of districts reported self-pay as a funding source, which would suggest that some districts are collecting fees from parents who are uninsured or whose children's mental health services are not covered by insurance. The majority (58 percent) of schools also reported that financial constraints of families were a barrier or a serious barrier to the delivery of mental health services (see Exhibit 2.7). This finding suggests that in spite of the array of funding sources available to districts to provide mental health services, these options were inadequate for families without the ability to pay for these services.

Exhibit 5.1 Percentage of Districts Using Each Funding Source for Inventions and/or Prevention Services, 2002–2003



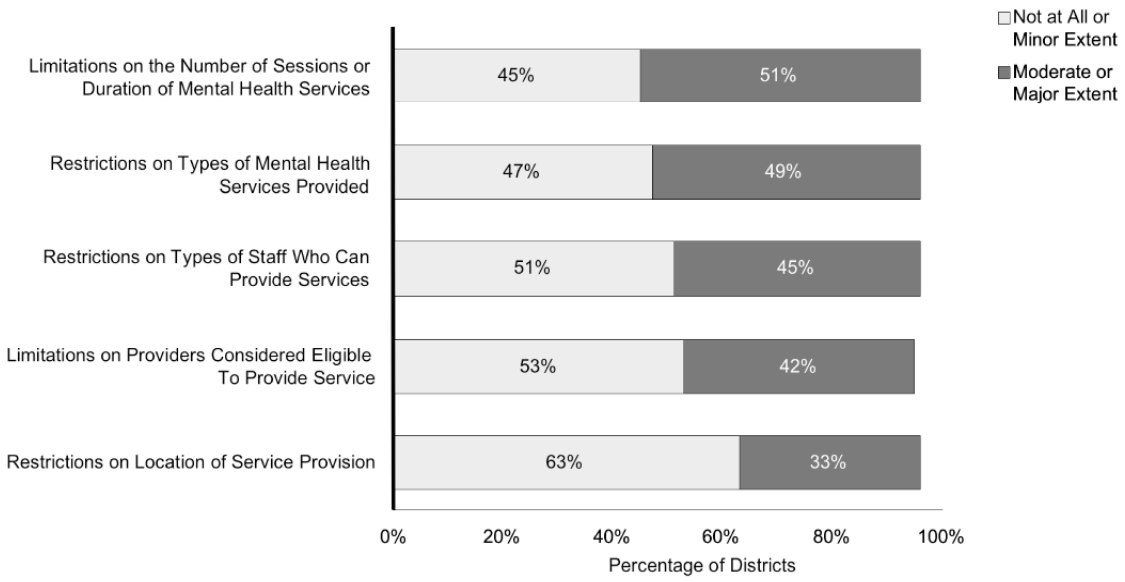
Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 7, Appendix C, District Table 5

5.2 Funding Restrictions and Other Barriers to Providing Services

Some funding sources may restrict the types of services that can be provided, or how services are delivered and coordinated. District respondents were asked to assess the

extent to which restrictions imposed by funding sources and other funding obstacles were impediments to the delivery and coordination of mental health services. Overall, districts were fairly balanced in assessing the impediments imposed by funding sources. About half of the districts considered limitations on the number or duration of services and restrictions on the types of services to be moderate or major impediments to delivery of services (Exhibit 5.2a).

Exhibit 5.2a Percentage of Districts Reporting the Degree to Which Various Funding Restrictions Are Impediments to the Delivery and Coordination of Services, 2002–2003

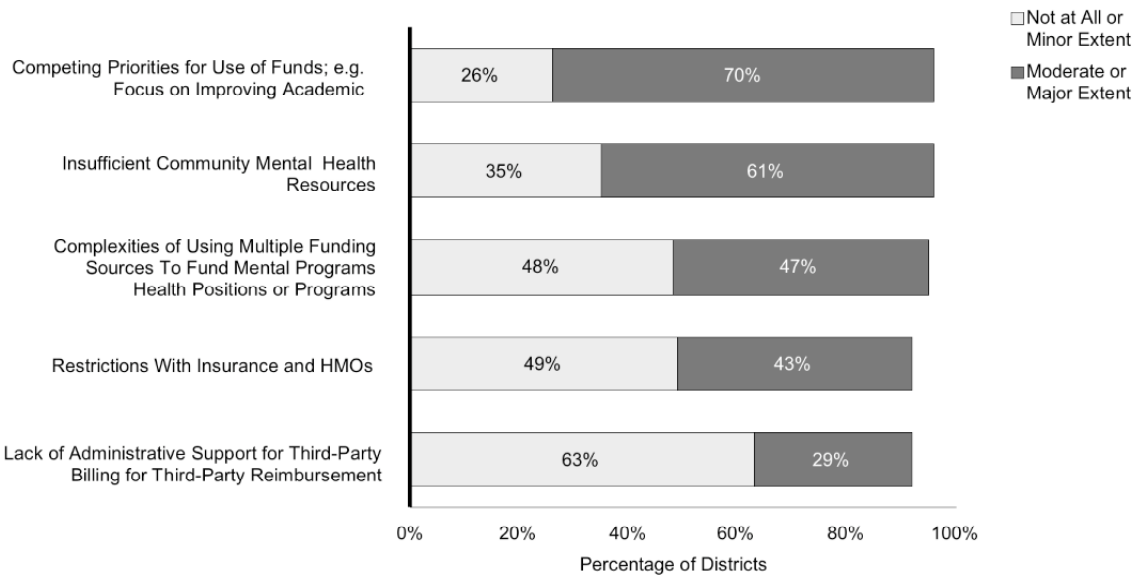


Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 11, Appendix C, District Table 8
*Note: Numbers do not total 100 percent because of missing data, ranging from 4 to 5 percent

Districts were more likely to consider other funding obstacles as impediments to delivery and coordination of services: 70 percent of districts considered competing priorities for use of funds as a moderate or major impediment, and 61 percent considered insufficient community mental health resources as such an impediment (Exhibit 5.2b). These ratings are consistent with school reports of barriers to providing services. The restrictions/obstacles least often cited by districts as impeding delivery and coordination of services were funders' restrictions on location of service provision, lack of administrative support for third-party billing, resistance from nonmental health school staff or district staff, and resistance from the community (Appendix C, District Table 8).

Open-ended comments pertaining to barriers to the delivery of mental health services focused on insurance barriers. Several respondents wrote that the barriers to mental health services were greatest for students who were uninsured or underinsured. Others commented that the cost of billing Medicaid exceeds the reimbursement rate, and still others expressed concern about the limitations of private insurance, especially for long-term treatment and inpatient care.

Exhibit 5.2b Percentage of Districts Reporting the Degree to Which Other Funding Obstacles Are Impediments to the Delivery and Coordination of Mental Health Services, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 11, Appendix C, District Table 8
*Note: Numbers do not total 100 percent because of missing data, ranging from 5 to 9 percent

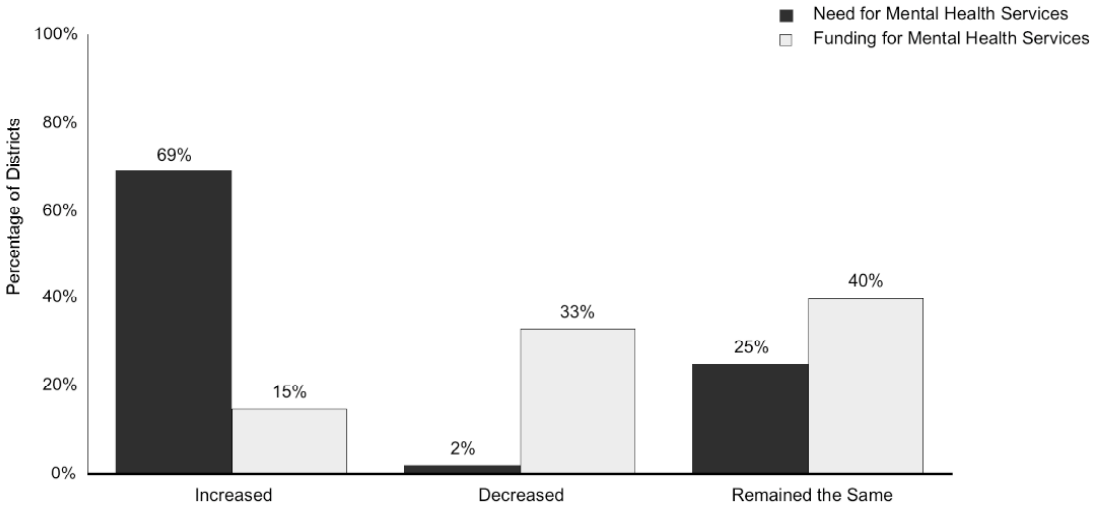
5.3 Changes in Funding and Need for Mental Health Services

Districts were asked what had happened to levels of funding and the need for mental health services over the 2 years between 2000 and 2001 and the time of the survey in 2002–2003. Respondents were asked whether funding had increased, decreased, or remained the same, and whether students' needs for services increased, decreased, or remained the same. Nearly 70 percent of districts nationally were facing increased need for services at the same time that over 70 percent faced decreased or the same level of funding (Exhibit 5.3).

Districts in the Northeast, urban, suburban, and large school districts (16 or more schools) were more likely than other districts to report increased need for mental health services. During the same period, districts in the Northeast and urban areas were also more likely than other districts to report increased funding. However, the proportion of districts reporting increased funding (27 percent in the Northeast and 25 percent in urban districts) was much lower than the percentage of these districts reporting increased need (77 percent in the Northeast and 85 percent in urban districts). (Appendix C, District Table 9A).[19]

Districts were asked similar questions about changes in the provision of mental health services and resources over the same 2-year period: Had the number of mental health staff, students served, referrals, availability of training, outreach to parents, and other resources increased, decreased, or remained the same since the 2000–2001 school year?

Exhibit 5.3 Percentage of Districts Reporting Changes in Levels of Funding and Changes in Need for Mental Health Services Since the 2000–2001 School Year, 2002–2003



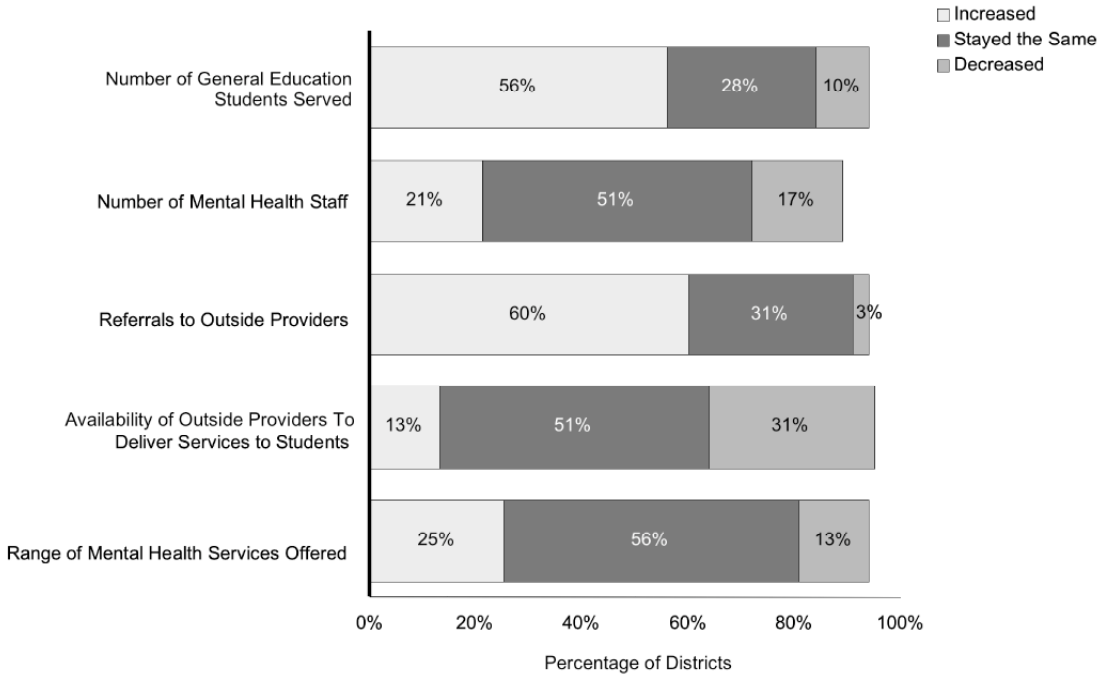
Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Items 12, 13, Appendix C, District Table 9A
*Note: Numbers do not total 100 percent because of missing data, ranging from 4 to 12 percent

As with level of funding versus level of need, the overall pattern is one of increased use of services and decreased or static availability of mental health resources (Exhibit 5.4). Over half of districts reported an increase in the number of general education students receiving mental health services. At the same time, the number of mental health staff remained the same in half of the districts and decreased in 17 percent. The majority of districts (60 percent) reported increased referrals to community-based providers, while during the same period, one third of districts reported decreased availability, and half reported that the availability of community providers had remained the same.

Several issues related to lack of adequate funding for mental health services were reported by district respondents in open-ended comments. Reductions in State and local funding to schools were projected by many respondents to result in losses in the area of school mental health in the coming school year. Many districts also noted that other mandates, such as the No Child Left Behind Act, have redirected mental health funding and counseling staff to academics and testing.

Respondents also commented on the inadequacy of available mental health resources both on site and in the community, relative to increasing need. A common theme was concern about the lack of treatment options in the community, particularly residential and inpatient beds. Some districts indicated that presenting problems were being identified earlier and were more serious than in previous years, thus contributing to increasing mental health needs among both general and special education students.

Exhibit 5.4 Percentage of Districts Reporting Changes in School Mental Health ServiceUtilization and Resources Since the 2000-2001 School Year, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 14, Appendix C, District Table 10
*Note: Numbers do not total 100 percent because of missing data, ranging from 6 to 11 percent

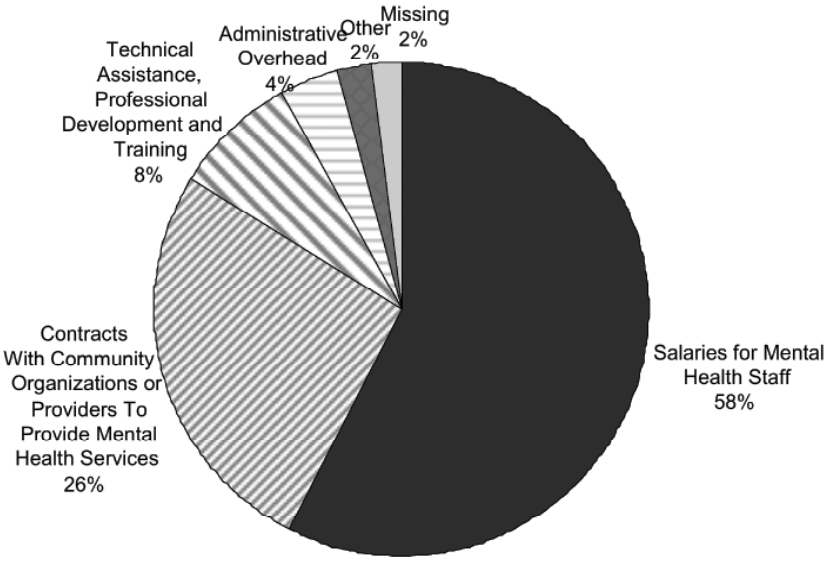
5.4 Budgeting and Resource Allocation

The survey asked whether mental health services were budgeted separately from other education expenditures, and whether mental health services for special education students were budgeted separately from those for other students. Such information could assist researchers in assessing the feasibility of conducting analyses of mental health expenditures in schools. Almost half of the districts (48 percent) reported that they budget mental health services separately from other education expenditures. Similarly, about half of the districts (47 percent) budgeted mental health services for special education students separately from mental health services for general education students (Appendix C, District Table 4).[20]

School districts were asked to report the percentage of total expenditures for mental health services that were allocated to various categories. On average, salaries accounted for the greatest proportion (over half) of mental health expenditures, contracts with outside organizations or providers accounted for one fourth, and technical assistance and professional development/training accounted for 8 percent (Exhibit 5.5).

Districts were asked to describe the criteria they used to apportion their mental health resources to schools in their district. The most common method used by districts was to

Exhibit 5.5 Average Percentage of District Mental Health Expenditures Allocated to Various Categories, 2002–2003



Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 9, Appendix C, District Table 6

direct funds to schools based on the mental health needs of students (47 percent). Approximately one third of districts assigned funds on a per-pupil basis according to student enrollment. A smaller proportion of districts (18 percent) distributed resources equally to schools regardless of size (Appendix C, District Table 7).

5.5 Access to and Use of Data

Access to current data on mental health services in public schools is valuable to providers of care, as well as to school, district, and State administrators and policymakers. Schools, for example, can use timely information to match resources to student needs, develop training and professional development programs for staff, evaluate programs, and justify budget requests. The survey asked schools whether they collect or have access to data on service provision for their students, what types of data are available, and how the data are used. Half of schools (50 percent) either collected data themselves or had access to data on mental health. The types of data collected and the uses for the data appear in Exhibit 5.6.

Schools were asked how they used the available data for school and district purposes such as mental health needs assessments and reporting. Schools used the data for a variety of purposes including reporting to district or State offices (60 percent); planning and evaluation of school mental health services or resources (49 percent); developing staff training and professional development programs (40 percent); and planning and

evaluation of arrangements with community-based mental health providers (27 percent). Fourteen percent of schools mentioned other uses for data, such as monitoring of students' responses to intervention and for grant applications.

Exhibit 5.6 Among Schools that Collect or Have Access to Data, Percentage of Schools with Various Types of and Uses for Data, 2002–2003

Types of Data	(%)
■ Types of Mental Health Problems Presented by Students	67
■ Types of School-Based Mental Health Services Provided	69
■ Demographic Characteristics of Students Who Receive Services	36
■ Number of Units of Mental Health Services Delivered	32
■ Referrals to Community Providers	52
■ Referrals of Students for Medication	38
Uses for Data	
■ Reporting to District or State Offices	60
■ Developing Training and Professional Development Programs for Various School Staff	40
■ Planning and Evaluation of School Mental Health Services and Resources	49
■ Planning and Evaluation of Arrangements with Community-Based Mental Health Providers	27
■ Other Uses for the Data	14

Source: *School Mental Health Services in the United States, 2002–2003*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire Items 34, 35, Appendix C, School Table 20

5.6 Summary

While survey results indicate that the primary sources of Federal funding for mental health were IDEA, Title IV, Title I, and the Safer Schools/Healthy Students Initiative, Medicaid was reported as a top-five funding source in over one third of districts. One third of districts reported that lack of administrative capacity to bill third-party payers impeded service delivery. At the same time, the survey revealed that insufficient community mental health resources and insurance restrictions (e.g., on the types of services that can be provided, length of service) impede service delivery in many districts. Finally, many districts reported that service need is increasing at the same time that funding for mental health is static or declining.

6.0 Mental Health Problems and Services at the Elementary, Middle, and High School Levels

This report has focused thus far on all public schools in the nation, with attention to variation by school and student characteristics. To make the results of this survey more tangible, this chapter examines the data by school level. In order to understand how schools were organizing and delivering school mental health services, school level—whether a school is an elementary, middle, or high school—was perhaps the most salient school characteristic. The staffing and services provided may vary according to the stage of development of the children and youth served. This chapter, where possible, describes the "typical" elementary, middle, and high school in terms of the school's characteristics, mental health problems, and how schools delivered mental health services, and then explores differences and similarities in the survey findings by level. It describes school mental health for a typical elementary, middle, and high school (Exhibit 6.1) by using either (1) the majority response (reported by over 50 percent of schools), or (2) the most common response(s) to a question if there was not a majority response (see Exhibits 6.2-6.7). For questions that asked schools to report a percent or number, we used the median value rather than the average (mean) to describe the "typical" school.

6.1 Mental Health Problems and Services at the Elementary School Level

According to the findings from this survey, the typical elementary school had 440 students (Exhibit 6.1). The mental health problem category most commonly reported for both male and female elementary school students was social, interpersonal, or family problems (Exhibits 6.1 and 6.2). The second and third most commonly reported mental health problems differed for male and female elementary school students. Among males, aggression or disruptive behavior, and behavior problems associated with neurological disorders were the second and third most common problems. For females, the second most commonly reported problem was anxiety, and the third was adjustment issues.

In the typical elementary school, all students, not just special education students, were eligible to receive mental health services. About one fifth of students had received one or more of the mental health services provided by their school (Appendix C, School Table 3).[21] Basic mental health services (assessment for emotional or behavioral problems, behavior management consultation, crisis intervention, and referral to specialized programs) were provided by the typical elementary school as well as services that require more staff time and involvement: case management, individual counseling/therapy, and family support services (Exhibit 6.3). The typical elementary school did not provide medication management or substance abuse counseling.

In addition to its own staff, the typical elementary school had formal agreements with community-based organizations such as county mental health agencies (Exhibit 6.4). Elementary schools typically had two to four staff providing mental health services (Exhibit 6.5); most often, they were school counselors and nurses when they had only two staff. Schools with three or four staff typically had a psychologist and a social worker in addition to a counselor and a nurse (Exhibit 6.6). School counselors in elementary schools spent more of their time providing direct mental health services than did the other types of staff, and school nurses spent the least amount of time (Exhibit 6.7). Since school counselors were part of the typical team of mental health staff at schools and spent more of their time providing mental health services compared to other types of staff, we can infer that at the typical elementary school, school counselors provided most of the mental health services. However, we cannot infer the exact amount of services provided. Although the survey also included mental health counselors and other types of providers, few schools reported using them to deliver mental health services.

6.2 Mental Health Problems and Services at the Middle School Level

The typical middle school had over 600 students (Exhibit 6.1). The mental health problem category most commonly reported for both males and females was social, interpersonal, or family problems (Exhibits 6.1 and 6.2). The second and third most commonly reported mental health problems differed for male and female middle school students. Among males, aggression or disruptive behavior, and behavior problems associated with neurological disorders were the second and third most common problems. For females, the second most commonly reported problem was anxiety, and the third was adjustment issues. These findings are consistent with the most commonly reported problems in elementary schools.

In the typical middle school, all students, not just special education students, were eligible to receive mental health services. About one fifth of students in the typical middle school had received one or more of the mental health services provided by their school (Appendix C, School Table 3). These types of mental health services at the typical middle school included basic services such as assessment for emotional or behavioral problems, behavior management consultation, crisis intervention, and referral to specialized programs and also included more intensive services such as counseling,

family support, and case management (Exhibit 6.3). Substance abuse counseling was provided by the typical middle school, although medication management was not.

The typical middle school had formal agreements with community-based organizations or individuals (in addition to staff) to provide student mental health services (Exhibit 6.4). Middle schools that engaged community providers for mental health services usually had agreements with county mental health agencies, community health centers, and the juvenile justice system.

Middle schools typically had between two and six staff providing mental health services (Exhibit 6.5). Most commonly, they were school counselors, psychologists, social workers, and nurses (Exhibit 6.6). School social workers and school counselors spent more of their time providing direct mental health services compared to the other types of staff, and school nurses spent the least amount of time (Exhibit 6.7). Although the survey did not ascertain the amount of service provided by each type of staff, we can infer from these data that school counselors provided most of the mental health services at the typical middle school.

6.3 Mental Health Problems and Services at the High School Level

The typical high school generally enrolled 700 students (Exhibit 6.1). The mental health problem category most commonly reported for both male and female high school students was social, interpersonal, or family problems (Exhibits 6.1 and 6.2). The second and third most commonly reported mental health problems differed for male and female high school students. Among males, aggression or disruptive behavior and alcohol/drug problems were the second and third most common problems. For females, the second most commonly reported problem was depression/grief, and the third was anxiety.

In the typical high school, all students, not just special education students, were eligible to receive mental health services. However, less than one fifth of students in the typical high school had received one or more of the mental health services provided by their school (Appendix C, School Table 3). The types of mental health services at the typical high school included basic services such as assessment for emotional or behavioral problems, behavior management consultation, crisis intervention and referral to specialized programs. Also included were more intensive services such as therapy and case management (Exhibit 6.3). Substance abuse counseling was provided by the typical high school, although medication management was not.

The typical high school had formal agreements with community-based organizations or individuals (in addition to staff) to provide student mental health services (Exhibit 6.4). High schools that engaged community providers for mental health services usually had agreements with county mental health agencies, community health centers, and the juvenile justice system.

High schools typically had between three and eight staff providing mental health services (Exhibit 6.5). Most commonly, they were two school counselors and a nurse when they had three staff. When there were four or more staff, there was also a psychologist and a social worker (Exhibit 6.6). School social workers spent more of their time providing direct mental health services compared to the other types of staff, and school counselors spent the least time (Exhibit 6.7).

Exhibit 6.1 Enrollment and Provision of Mental Health Services in Typical Elementary, Middle, and High Schools, 2002–2003

	Elementary Schools	Middle Schools	High Schools
Most common types of community-based providers with whom schools have agreements	• County mental health agency • Community service organization • Individual providers	• County mental health agency • Community health center • Juvenile justice system	• County mental health agency • Community health center, • Juvenile justice system
Most common number of staff providing mental health services	• 2–4 staff	• 2–6 staff	• 3–8 staff
Most common types of staff providing mental health services	• School counselors • Psychologists • Social workers • Nurses	• School counselors • Psychologists • Social workers • Nurses	• School counselors • Psychologists • Social workers • Nurses
Type of staff who spend most time providing mental health services	• School counselors	• School social workers	• School social workers
Median number of Students	• 440	• 603	• 700

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Exhibit 6.2 Top Mental Health Problems by School Level, 2002–2003

	Elementary	Middle	High
Top mental health problems for males	Social/interpersonal or family problems (72%)	Social/interpersonal or family problems (77%)	Social/interpersonal or family problems (66%)
	Aggression or disruptive behavior (64%)	Aggression or disruptive behavior (69%)	Aggression or disruptive behavior (54%)
	Behavior problems associated with neurological disorders (51%)	Behavior problems associated with neurological disorders (35%)	Alcohol/drug problems (34%)
Top mental health problems for females	Social/interpersonal or family problems (80%)	Social/interpersonal or family problems (83%)	Social/interpersonal or family problems 74%)
	Anxiety (42%)	Anxiety (45%)	Depression/grief (47%)
	Adjustment issues (37%)	Adjustment issues (37%)	Anxiety (36%)

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 27, Appendix C, School Tables 15, 15A

Exhibit 6.3 Percentage of Schools Providing Various Mental Health Services by School Level, 2002–2003

Mental Health Service	Elementary (%)	Middle (%)	High School (%)
Assessment	90	87	86
Behavior Management Consultation	89	86	82
Crisis Intervention	87	86	82
Referral to Special Programs	85	83	81
Individual Counseling/Therapy	75	79	72
Case Management	74	70	68
Group Counseling/Therapy	70	67	61
Family Support Services	59	56	58
Substance Abuse Counseling	34	53	56
Medication/Medication Management	33	35	33

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 29, Appendix C, School Table 17A

Exhibit 6.4 Percentage of Schools with Agreements With Community-Based Organizations: Of Those, Percentage With Agreements With Various Types of Community-Based Organizations by School Level, 2002–2003

Level	With Agreement With CBO (%)	Community Health Center (%)	County Mental Health Agency (%)	Child Welfare Agency (%)	Juvenile Justice System (%)	Community Service Organization (%)	Individual Providers (%)
Elementary	57	31	49	18	24	33	33
Middle	58	47	63	27	44	27	31
High	55	40	55	23	35	15	32

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. School Questionnaire, Items 15–25, Appendix C, School Table 11

Exhibit 6.5 Percentage of Schools Reporting the Number of Staff Providing Mental Health Services by School Level, 2002–2003

		Schools With								
Level	Number of Schools	0 staff (%)	1 staff (%)	2 staff (%)	3 staff (%)	4 staff (%)	5 staff (%)	6 staff (%)	7 staff (%)	8+ staff (%)
Elementary	47,213	4	8	17	24	19	11	6	5	6
Middle	14,636	3	5	10	16	15	15	15	5	16
High	13,768	2	8	8	15	8	9	10	10	29

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. School Questionnaire, Item 29, Appendix C, School Table 17A

Exhibit 6.6 Percentage of Schools With Various Combinations of Staff (Regardless of Number) Providing Mental Health Services in Schools by School Level, 2002–2003

Level	Number of Schools	School Counselors, Psychologists, and Nurses (%)	School Counselors, Psychologists, Social Workers, and Nurses (%)	Psychologists, Social Workers, and Nurses (%)	School Counselors and Nurses (%)	School Counselors Only (%)
Elementary	47,213	16	10	8	6	4
Middle	14,636	14	14	1	10	4
High	13,768	6	13	1	14	9

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. School Questionnaire, Item 27, Appendix C, School Tables 15, 15A

Exhibit 6.7 Percentage Time Spent by Selected Staff Delivering Mental Health Services by School Level, 2002–2003

Level	School Counselors (%)	School Social Worker (%)	School Psychologist (%)	School Nurses (%)
Elementary	60	53	49	31
Middle	52	60	47	31
High	33	68	55	38

Source: *School Mental Health Services in the United States, 2002–2003*, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. School Questionnaire, Item 29, Appendix C, School Table 17A

6.4 Summary

This chapter attempts to describe the "typical" elementary, middle, and high school in terms of students' top mental health problems, the services the schools provide, and the staff members who provide those services. Given the diversity of schools in this national survey, these results cannot be interpreted to be representative of public schools in the United States; rather, they represent the median, or the report of the majority of schools. Social, interpersonal, and family problems were most frequently cited at all levels, but there were some differences of note. Problems reported for males and females were consistent in middle and high school, although the frequency with which problems such as behavioral problems associated with neurological disorders (for males) decreased in middle school. High schools reported two problems in the top three that were not cited to this degree by middle or elementary schools: alcohol/drug problems for males and depression/grief for females.

Schools at all levels reported they provided a wide array of services, but the majority also reported they had arrangements with community-based providers. This reliance on collaborating agencies and providers is striking and could be attributable to factors such as recognition among educators of the need to coordinate education with behavioral health and health care to maximize educational achievement. Education and other child-serving systems may also recognize the need to share resources and responsibility in response to child mental health needs.

The most common number of staff providing mental health services in elementary schools was 2–4, but the ranges were much wider in middle schools and high schools, which makes it difficult to pinpoint the "typical" school in this regard. The most common types of staff at all levels were school counselors, psychologists, and nurses, followed by social workers. While counselors spent more of their time providing mental health services than other staff in elementary schools, they spent much less time in high schools on mental health services. In high school, social workers spent more time providing mental health services than did other staff.

7.0 Discussion and Implications for Further Research

This study describes mental health problems, services, and funding in U.S. public schools. Several key findings suggest that in 2002–2003, public schools were being responsive to the mental health needs of their students. The study found that one fifth of students received some type of school-supported mental health services in the school year prior to the study. One fifth of the districts in the U.S. reported increased numbers of mental health providers on staff in schools over the year prior to the survey, and another 50 percent indicated that staffing levels remained the same. Almost half the schools were attempting to increase their capacity to provide mental health services by making formal arrangements with community-based providers. Close to 40 percent of districts increased parent outreach services, which have been associated with enhanced identification, assessment, and treatment of behavioral and emotional problems in children and youth (Advocates for Youth, 1998).

The findings from this survey, however, also point to an ongoing need for mental health services, multiple challenges faced by schools in addressing those needs, increasing funding pressures, and inadequate community-based resources. This section discusses findings related to mental health problems, staffing, service array, and funding. It concludes with a summary of study limitations and implications for further research.

7.1 Mental Health Problems

As expected, the most common mental health problems among school students were social, interpersonal, and familial in nature. These issues were rated as the most resource-intensive among the mental health issues that were identified and treated in schools in the 2002–2003 school year. This school- and district-level study did not generate the kind of epidemiological data that would permit estimation of prevalence rates of mental health problems among children, but it does provide a picture of the kinds of children's problems seen by school personnel, and it sheds light on the availability of services that are most suited to addressing reported problems. More than half of all schools offered services that were commonly used to treat social, interpersonal, and familial problems, but family support services and group

counseling (such as social skills groups) were somewhat less available than other interventions (such as behavior management consultation and individual counseling).

The survey found that the second- and third-ranked problems for males and females differed. Boys were thought to show more aggression and disruptive behavior and behavior problems associated with neurological disorders such as attention deficit-hyperactivity disorder (ADHD). Epidemiological studies suggest that ADHD is four times more prevalent in boys than girls (Ross & Ross, 1982). Girls were perceived as facing more anxiety and adjustment concerns. ADHD and the more severe anxiety disorders are often treated with medication as well as psychotherapy. It should be noted that schools have difficulty both in providing medication management and in making referrals for treatment with medication. Gender differences in mental health problems raise the question as to whether, overall, boys are more likely to receive services and/or to receive more intensive services because their problems are expressed as disruptive behaviors.

Elementary, middle, and high schools face somewhat different challenges in responding to the mental health needs of their students. These differences have implications for teacher training and professional development, parent education, and prevention and intervention strategies for children. Many elementary schools were dealing with aggressive and disruptive behavior, which can negatively affect the learning environment for all children in a classroom. Almost two thirds of elementary schools used curriculum-based programs to enhance social and emotional functioning and reduce barriers to learning. Schools reported that using programs focusing on building skills such as anger management and conflict resolution were particularly helpful in improving the mental health of their students.

At the middle school level, the same problems predominated, but overall findings reveal that depression, alcohol and drug problems, and delinquency were more frequently reported as significant concerns. It appears that approximately three quarters of all schools recognize the importance of prevention and use schoolwide strategies to reduce the incidence of substance use and to promote drug-free environments but that substance abuse counseling was less available.

In the high schools, alcohol and drug problems and depression were more often reported as top mental health problems and made more demands on mental health resources. The survey found that only 43 percent of schools could provide substance abuse counseling, and that this service was difficult or very difficult to deliver. Effective substance abuse counseling requires some specialized knowledge, which is absent from many master's-level mental health professional training programs. Substance abuse counselors accounted for only 3 percent of all mental health staff in schools. This reality is reflected in the finding that only half of the substance abuse counseling delivered to students was provided by school- or district-based staff; the remaining half of substance abuse services were delivered by community-based providers.

While the survey did not measure the prevalence of serious emotional disturbance among children in the schools in this sample, it is notable that 6 percent of schools named major psychiatric or developmental disorders as one of their top three concerns, most likely because these disorders required intensive intervention. Major psychiatric or developmental disorders were cited as a top three concern by more elementary schools (8 percent) than middle or high schools (3 percent each). Current estimates of the prevalence of serious emotional disturbance in the school-age population range from 5 to 9 percent (U.S. DHHS, 1999).

7.2 Mental Health Services

Several basic mental health services—assessment, behavior management, crisis intervention, and counseling—were widely available in schools. The extent of the reported service array might suggest that schools were providing the full continuum of services required by students with mental health needs, but this finding should be interpreted cautiously since the survey did not ask the respondents to report on the intensity of these services, the specific qualifications of those providing the services, or the extent of unmet need for services.

The survey findings also revealed that schools were providing a variety of prevention and early intervention programs, primarily aimed at drug and alcohol abuse, mild mental health problems, and enhancing student mental health. Peer counseling and parent outreach were also available, but to a lesser extent, and although schoolwide screening for mental health problems was reported by some schools, it was rarely available. Respondents were not asked to rate the effectiveness of these programs or to comment on the extent to which they were replacing traditional mental health treatment services, but given their prevalence, it would benefit the field to further study how, and to what extent, these prevention programs combine with treatment services and service providers to promote a continuum of care within the school setting.

In spite of the extensive array of mental health services available in schools, financial constraints of families was the most frequently reported barrier to receiving services; furthermore, almost half of the schools cited inadequate internal and community mental health resources as barriers or serious barriers to services. This finding suggests that while schools and their community partners were attempting to meet students' mental health needs, the systems put in place to respond to these needs were not deemed to be adequate, and that accessing services under the current system was often dependent on the financial resources of the family (rather than the school system).

In the majority of schools, all students, as opposed to only special education students, were eligible to receive mental health services. However, schools with high minority enrollment were more likely to restrict mental health services to special education students only. This finding suggests that disparities by race/ethnicity may exist regarding access to mental health services in schools, but this is an area that should be pursued for further study.

7.3 Staffing

The survey found that the vast majority of schools had at least one staff member with a graduate degree and license in his/her field who provided mental health services. These percentages held for schools regardless of urbanicity, size, or minority enrollment. The study determined the average amount of time (ranging from 40 percent for psychiatrists to 61 percent for substance abuse counselors) that each type devoted to the provision of mental health services. The survey found that competing priorities (e.g., educational, administrative, direct service provision) for mental health staff time were a primary concern. This has implications for the proportion of the day that staff can devote to directly serving children, youth, and families, especial in general education. The study also found that the need for mental health services has been rising and that funding has not kept pace with increased need.

Nationally, schools most commonly had between two and five staff providing mental health services. Although many different combinations were reported, the most common were: (1) school counselor, school psychologist, and nurse; and (2) school counselor, school psychologist, nurse, and social worker. Types of staff in schools varied somewhat by school level. High schools were most likely to have a school counselor and a nurse, and when there were four or more staff, they were most likely to have a psychologist and a social worker in addition to a school counselor and a nurse. Middle schools were most likely to have a combination of a counselor, psychologist, social worker, and nurse. Elementary schools typically had a counselor and a nurse when there were two staff, and a psychologist and social worker were the most likely additions when there were four staff.

Schools were much less likely to report that they had a clinical (Ph.D.) psychologist or a mental health counselor, and psychiatrists were rarely reported to be on staff. The paucity of clinical psychologists and mental health counselors in schools is of concern, given that respondents also reported an increasing need for mental health services. The limited availability of psychiatrists in schools no doubt contributes to the dearth of medication management services. The survey did not ask about the mental health functions specific to nursing, but it is possible that the rise of medication use among children and youth with mental health problems (LeFever et al., 1999; Olfson et al., 2002; and Zito et al., 1998) raises the question of the means by which psychotropic medications are administered and monitored by schools. More research is needed into the mental health functions specific to nursing in the school setting, the time nurses spend on providing mental health services and coordinating medication management with outside providers, and their training needs.

7.4 Service Delivery Arrangements

Over half of the schools nationwide had agreements with community mental health providers to provide services to their students. The survey found that most schools, even if they did not have formal arrangements, referred out, and 40 percent of schools reported that they participated in team meetings with community providers. These

findings may support recent research (Brener, Martindale, & Weist, 2001; Weist et al., 2001;) asserting that some districts are moving toward a full continuum of care by partnering with community agencies and individual providers.

7.5 Funding

Funding for school mental health services comes from multiple categorical funding streams. The top funding sources, reported by over half of districts as supporting school mental health were IDEA, Safe and Drug-Free Schools and Communities, State special education funds, and local funds. Almost 40 percent of districts reported that Medicaid was a funding source. This was particularly true of medium and large districts, suggesting that districts of this size may be developing the administrative capacity to bill Medicaid for mental health services. Alternatively, their collaborating providers may be billing for services provided in the school. Answering these questions was beyond the scope of this study. Small districts were much less likely to access Medicaid or other third-party reimbursement, suggesting that they may not yet have the capacity to do so, and that as a result may not be able to provide the amount of counseling services that larger districts can.

A majority of districts cited competing priorities (e.g., academic achievement versus mental health services) for the use of funds as a major impediment to providing mental health services in schools. Survey findings suggest that there were few Federal, State, or local funding sources that are earmarked for mental health services to students who were not in special education. Without dedicated funds, it is up to the school district to determine how to allocate the funds available, and it appears that resources may go to mandated educational interventions rather than to mental health in many cases. Lack of (or inadequate) insurance and insufficient mental health resources also impeded access to mental health services for students. These constraints likely place increasing demands on schools to address the mental health problems of students.

Finally, respondents reported that service use and need are increasing, while funding for mental health remains static or is declining. Other findings, such as the lack of funding earmarked for mental health and the reported lack of community-based mental health resources, together with rising need, indicate that schools face numerous challenges in their attempts to maintain optimal student functioning.

7.6 Implications for Further Research

This survey is the first comprehensive, nationally representative survey of mental health services in U.S. public schools. Obtaining an unbiased sample of schools and districts was a time-consuming, labor-intensive process. While the survey provides important baseline information, it also leaves many questions unanswered and raises additional questions. It provides measures of the mental health problems encountered in school settings, but it does not address how many students present with each type of problem and how these problems differ by demographic background characteristics of students.

Research Needed on Effectiveness of Combinations of Services

While the survey found widespread eligibility for mental health services and a surprisingly wide array of services provided, the measures of service eligibility and provision are fairly broad. The survey revealed the percentage of schools offering various types of services, but it did not ask about the intensity or duration of different services, which services were provided for which mental health problems, the adequacy or appropriateness of the services to the needs of the students, or the degree to which the need for various services was met. Further, the survey gathered only limited information about prevention. Future research should be conducted to guide school officials regarding the most effective combinations of prevention and intervention services for their schools.

Research Needed on Specialty Staff Training and Qualifications

The individuals who provide mental health services in schools include specialists with graduate degrees and licensure in their fields as well as nurses and paraprofessionals, but this survey does not address whether these staff have specific qualifications to treat the major presenting problems at each school level. Several open-ended comments also pointed to the inadequacy of staff-to-student ratios. Future research should measure specific staff and service assignments, the qualifications of staff to provide those services, and the professional development needs and experiences of staff.

Research Needed on Distribution of Funding Sources

It would be important to learn more about the amount of funding allocated to different types of prevention, assessment, and treatment services according to the number of children served and their presenting problems. Such an analysis would shed light on equity of funding and disparities between well-resourced and under-resourced schools. The information would also guide policymakers in their decisions about funding allocation for mental health services. The survey identified the top sources of funding for mental health services and which sources were used for prevention versus intervention services. However, additional information is needed about the specific services that various funding streams support. Further, more research is needed to determine the distribution of funding and other resources for mental health services by region, urbanicity, minority enrollment, and other school characteristics.

Conclusion

This study, *School Mental Health Services in the United States, 2002–2003*, provides the first source of information on the mental health services provided in the approximately 83,000 public elementary, middle, and high schools and their associated school districts in the United States. The study's findings confirm that mental health services currently play an integral role in the school setting. The findings also suggest that needs for mental health services are increasing, and that adequate funding and availability of community resources are essential if schools are to meet the challenge of addressing these needs.

Endnotes

[1]Children and adolescents are generally diagnosed with "serious emotional disturbance" if they meet diagnostic criteria specified in the Diagnostic Statistical Manual of Mental Disorders (DSM-IV, 1994). DSM-IV is the most widely accepted diagnostic manual for mental health professionals in the United States.

[2]The estimated number of schools based on the survey data is about 83,500. The difference between the survey estimate and the universe count from the Common Core of Data results from the survey sample being drawn from the universe list available at the time of the survey, which was 2 years earlier than the year of data collection.

[3]The National Assembly on School-Based Health Care (www.nasbhc.org) provides several definitions of school-based health centers and delineates their common features: located in schools; cooperative relationship with the school; a comprehensive array of health and mental health services; a multidisciplinary team of providers; written parental consent for health center enrollment; and clinical linkages with a qualified medical provider.

[4]With the exception of a question on the professional affiliation of a mental health coordinator (which included nursing and other professions), survey questions on mental health staffing in schools were limited to guidance counselors, psychologists, and social workers.

[5]The survey was endorsed by the American Counseling Association; National Association of School Psychologists; National Association of Social Workers; National Association of State Directors of Special Education; UCLA School Mental Health Project; and the University of Maryland-Baltimore Center for Mental Health Assistance. The survey was reviewed and approved by the Education Information Advisory Committee of the Council of Chief State School Officers.

[6]The sample for the National Longitudinal Study of Adolescent Health, for example, was designed primarily to estimate characteristics of students as opposed to schools. The estimates for schools, therefore, may not be as reliable as those from other surveys that were designed primarily to measure school characteristics.

[7]High minority enrollment was defined as 51 percent or more of the overall student population, and low minority enrollment was defined as 15 percent or less of the student population.

[8]Schools were asked whether or not they provided any of the listed services, in any amount, which may explain the high percentage of positive responses.

[9]Large districts are defined as those with 16 or more schools.

[10]Intermediate, collaborative, or cooperative unit was defined in the survey as an administrative unit (smaller than the State) that exists primarily to provide consultative, advisory, administrative, or statistical services to local education agencies, or to exercise regulatory functions over local education agencies.

[11]Numbers do not total 100 because of item nonresponse, including 11 percent of schools that completed the critical items survey, which did not include this item.

[12]Such school-based health centers may or may not be recognized as a school-based health center by the National Assembly on School-Based Health.

[13]Staffing questions in the survey focused on school and district-based staff, rather than on contracted staff. The research team felt that the reliability of the responses would be diminished if respondents were asked to report specific characteristics of collaborating community-based providers as well as internal staff.

[14]Respondents were not asked to identify the array of services provided by each staff type; for nurses, services could include identification of mental health concerns or medication distribution.

[15]The survey did not count the number of full-time equivalent positions; rather, it counted the number of individuals providing mental health services in the school, either on a part-time or full-time basis.

[16]Although on average, there was one or fewer of each type of staff per school, schools of 500 to 1,000 or more students had more than one of certain types of staff (see Appendix C, School Table 9A).

[17]Ph.D. psychologists were not included in the analysis of highest degree because by definition, they hold a degree beyond a master's. The survey asked whether staff were licensed or certified; in some fields, certification can be obtained without a bachelor's degree; therefore, education level may more accurately reflect qualifications.

[18]SCHIP may be underreported as a funding source. For billing purposes, children receiving SCHIP would be indistinguishable from children receiving Medicaid in States in which SCHIP was implemented as a Medicaid expansion program. In other states, children with SCHIP are enrolled in health plans that are billed directly for services and may not, therefore, be known to schools as SCHIP beneficiaries.

[19]It is important to note, however, that these findings are impressionistic and should be interpreted with caution. To identify real trends, longitudinal data are needed.

[20]This finding seems to contradict an earlier finding; i.e., that 67 percent of districts reported that mental health services for general and special education were administered together. It may be the case that administrative functions are linked, and districts draw from distinct budgets to serve students in general and special education.

[21]The survey did not elicit information on the intensity or quantity of services provided to students served, or from whom they received the service. Moreover, the

survey found that only half of schools collect data on mental health, and only one third of those schools collect data on units of service (Exhibit 5.6), so one fifth represents an estimate.

References

Advocates for Youth. (1998). *The facts: School-based health centers*. Retrieved October 15, 2001, from www.advocatesforyouth.org/publications/factsheet/fssbhc.htm

Advocates for Youth. (n.d.). *The school-linked health center: A promising model of community-based care for adolescents*. Retrieved October 5, 2001, from www.advocatesforyouth.org/publications/iag/slhc_mdl.htm

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*. Fourth Edition, Revised (DSM-IV). APA: Washington, DC.

Brener, N.D., Martindale, H., & Weist, M.D. (2001). Mental health and social services: Results from the school health policies and programs study 2000. *Journal of School Health*, *71*(7), 305–312.

Centers for Disease Control and Prevention. (2000). *School health policies and programs study* (SHPPS). Retrieved October 15, 2001, from www.cdc.gov/nccdphp/dash/shpps/

Centers for Disease Control and Prevention. (1999a). *Youth risk behavior surveillance system:1999 youth risk behavior survey*. Retrieved October 17, 2001, from www.cdc.gov/nccdphp/dash/yrbs/survey99.htm

Centers for Disease Control and Prevention. (1999b). *Mental health and social services state, district and school questionnaires*. (OMB Publication No: 0920-0445).

Costello, E.J., Angold, A., Burns, B., Erkanli, A., Stangl, D.K., & Tweed, D.L. (1996). The Great Smoky Mountains study of youth: Functional impairment and serious emotional disturbance. *Archives of General Psychiatry*, *53*, 1137–43.

Costello, E.J., Angold, A., Burns, B., Stangl, D.K., Tweed, D.L., Erkanli, A., & Worthman, C.M. (1996). The Great Smoky Mountains study of youth: Goals, design, methods, and the prevalence of DSM-III-R disorders. *Archives of General Psychiatry*, *53*, 1129–36.

Flaherty, L.T., Garrison, E.G., Waxman, R., Uris, P.F., Keys, S.G., Glass-Seigel, M., & Weist, M.D. (1998). Optimizing the roles of school mental health professionals. *Journal of School Health*, *68*(10), 420–24.

Jepson, L, Juszczak, L., & Fisher, M. (1998). Mental health care in a high school based health service. *Adolescence*, *33*(12), 1–15.

LeFever, G., Dawson, K.V., & Morrow, A.L. (1999). The extent of drug therapy for attention deficit-hyperactivity disorder among children in public schools. *American Journal of Public Health*, *89*(9), 1359–1364.

National Assembly on School-Based Health Care (www.nasbhc.org).

New Freedom Commission on Mental Health. (July 2003). *Achieving the promise: Transforming mental health care in America*. Retrieved April 18, 2005, from www.mentalhealthcommission.gov/ reports/finalreport/toc.html. (DHHS Publication No. SMA-03-3832).

Office of the Surgeon General. (1999). *Mental Health: Report of the Surgeon General 1999*.

Olfson, M., Marcus, S., Weissman, M.M., & Jensen, P. (2002). National trends in use of psychotropic medications by children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *39*(2), 182–188.

Policy Leadership Cadre for Mental Health in Schools. (2001). *Mental health in schools: Guidelines, models, resources, and policy considerations*. Department of Psychology, University of California, Los Angeles.

Robinson, G.K., Barrett, M., Tunkelrott, T., & Kim, J. (2000). *School-based mental health services under Medicaid managed care*. (DHHS Publication No. SMA-00-3456). Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, *3*(4), 223–241.

Ross, D.M., & Ross, S.A. (1982). *Hyperactivity: Current issues, research, and theory*. New York: Wiley.

Slade, E. (2003). The relationship between school characteristics and the availability of mental health and related health services in middle and high schools in the United States. *The Journal of Behavioral Health Services & Research*, *30*(4).

Stroul, B.A., & Friedman, R.M. (1986). A system of care for children and youth with severe emotional disturbances. (Revised edition). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2005). *Transforming mental health care in America: The Federal action agenda—First steps*. DHHS Publication No. SMA-05-4060. Rockville, MD.

U.S. Department of Education, National Center for Education Statistics. *Common Core of Data: 2000–2001*.

U.S. Department of Health and Human Services. (1999). Mental health: *A report of the surgeon general (executive summary)*. Retrieved April 18, 2005, from www.surgeongeneral.gov/library/mentalhealth/summary.html. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; National Institutes of Health, National Institute of Mental Health.

Walter, H.J., Vaughan, R.D., Armstrong, B., Krakoff, R.Y., Tiezzi, L., & McCarthy, J.F. (1995). *School-based health care for urban minority middle school students*. Retrieved November 1, 2001, from http://cpmcnet.columbia.edu/dept/sph/popfam/pubs/clinics.html

Weist, M.D. (1997). Expanded school mental health services: A national movement in progress. In T.H. Ollendick and R.J. Prinz (Eds.). *Advances in Clinical Child Psychology*, *19*.

Weist, M.D., Myers, P.C., Danforth, J., McNeil D.W., Ollendick, T.H., & Hawkins, R. (2000). Expanded school mental health services: Assessing needs related to school level and geography. *Community Mental Health Journal*, *36*(3), 259–273.

Weist, M.D., Proescher, E., Prodente, C., Ambrose, M.G., & Waxman, R.P. (2001). Mental health and education staff working together in schools. *School Consultation/Intervention*, *10*(1), 33–43.

Zito, J.M., Safer, D.J., Riddle, M.A., Johnson, R.E., Speedie, S.M., and Fox, M. (1998). Prevalence variations in psychotropic treatment of children. *Journal of Child and Adolescent Psychopharmacology*, *8*(2), 99–105.

Appendix A: School Mental Health Services in the United States, 2002–2003 Expert Panel

Panel Members

Michael Curtis, Ph.D.
Research and Training Center for Children's Mental Health
Louis de la Parte Florida Mental Health Institute
University of South Florida

Kevin Dwyer
Bethesda, MD

Elizabeth Farmer
Assistant Professor
Duke University
Department of Psychiatry and Behavioral Science
Durham, NC

Ted Feinberg
National Association of School Psychologists
Bethesda, MD

Lisa Hunter, Ph.D.
Center for the Advancement of Children's Mental Health
Columbia University NYSPI

Julia Graham Lear, Ph.D.
The Center for Health and Health Care in Schools (RWJ)
Washington, DC

Adelaida Montemayor
Lubbock, Texas

Angela M. Oddone, MSW
Mental Wellness Program Coordinator
NEA Health Information Network
Alexandria, VA

Diane Oglesby
National Association of State Directors of Special Education
Alexandria, Virginia

David Osher, Ph.D.
Center for Effective Collaboration and Practice
Washington, DC

Robin Rosenthal
Rosalynn Carter Institute for Human Development
Georgia Southwestern State University
Americus, GA

John Schlitt
National Assembly on School-Based Health Care
Washington, DC

Mark Weist, Ph.D.
UMB Center for Mental Health Assistance
Baltimore, MD

Joan Wodiska
American School Counselors Association
Alexandria, VA

Attendees

Jo Anne Grunbaum, Ed.D.
Chief, Surveillance Research Section Division of Adolescent and School Health
Atlanta, GA

Tom V. Hanley
U.S. Department of Education
Washington, DC

Isadora Hare, MSW
Health Resources and Services Administration
Maternal and Child Health Bureau
Division of Child, Adolescent, and Family Health
Rockville, MD

Kelly Henderson
U.S. Department of Education
Washington, DC

Kevin Hennessy, Ph.D.
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services
Washington, DC

Kimberly Hoagwood, Ph.D.
Associate Director of Child and Adolescent Research
National Institute of Mental Health
Bethesda, MD

Roseann R. Rafferty
U.S. Department of Education
Washington, DC

LaVoyce Reid
Senior Staff Associate
Children, Families, and Schools
National Association of Social Workers
Washington, DC

CMHS/SAMHSA Staff

Jeffrey A. Buck, Ph.D.
Associate Director
Office of Organization and Financing
CMHS/SAMHSA
Rockville, MD

Eileen Cronin,Ph.D.
Office of Organizing and Financing
CMHS/SAMHSA
Rockville, MD

Michele Edwards, M.A., ACSW
Special Programs Development Branch Center for Mental Health Services
Rockville, MD

Malcolm Gordon, Ph.D.
Special Programs Development Branch
Center for Mental Health Services
Rockville, MD

Shelagh Smith, MPH, CHES
Office of Organization and Financing
CMHS/SAMHSA
Rockville, MD

Judith L. Teich, MSW
Social Science Analyst
Office of Organization and Financing
CMHS/SAMHSA
Rockville, MD

Abt Associates, Inc. Staff

Susan Foster
Gabriela Garcia
Dennese Neal
Gail K. Robinson
Mary Rollefson

Appendix B: Summary of Open-Ended Responses

The survey included two open-ended questions:

School Questionnaire, Question 37:

"Please tell us what you think is the most successful approach or strategy that your school is using to improve the mental health of students."

District Questionnaire, Question 17:

"If you have any comments you would like to make about this survey or about funding mental health services, please use the space below."

The following is a summary of the responses to these questions; the responses were organized into categories with common themes.

School Questionnaire

Approximately 800 respondents provided 1,100 examples of approaches or strategies described as being "most successful" in improving the mental health of students at their schools. These approaches were classified into 22 categories.

Respondents most frequently named approaches that fell into five distinct categories. In order of frequency, these are summarized as follows:

1. The availability of **in-school mental health services** through guidance counselors, mental health counselors, social workers, and psychologists employed by the school or school district. Many respondents noted that the ability to refer students to these professionals was critical to student mental health and that the provision of services within the school had several advantages in that it avoided the transportation, insurance payment problems, and perceived stigma that counseling outside of school presented. Many also noted that onsite mental health resources were severely strained and inadequate in their schools.

2. The provision of **curriculum-based programs and classroom guidance** to enhance social and emotional functioning, focusing on a variety of mental health and life skills topics such as anger management, prevention of violence and bullying, conflict resolution, problem solving, resisting peer pressure, communication skills, substance abuse prevention, and character education (e.g., developing citizenship skills, responsibility, honesty, fairness, patience). Several programs were named repeatedly, including "Responsive Classroom," the "Second Step" program, and DARE.

3. **Collaboration with and referral to outside agencies to provide mental health services**, particularly for students with more intensive needs. Especially valued were partnerships with agencies that provided services in the school, which enhanced communication and collaboration and diminished transportation problems.

4. The ability to refer students experiencing mental health problems to **interdisciplinary "student assistance" or "student service" teams**. These teams were described as composed of school principals, assistant principals, resource specialists, psychologists, community outreach workers, social workers, teachers, and school counselors. The multidisciplinary teams meet regularly and provide referrals, intervention, monitoring, and support through a collaborative process. With the input of parents, they develop strategies to improve specific behaviors, and they seek additional resources and community services.

5. Counseling and support provided in **individual or small group therapy sessions**, as well as support groups designed to assist with specific issues such as social skills, self-esteem, and depression surrounding issues such as divorce or bereavement.

Less commonly cited strategies (reported by between 20 and 70 respondents) were:

1. Parent involvement and communication, and provision of family support

2. Developing a nurturing school environment with caring and involved staff who know their students well, develop trusting relationships, and promote respect for all members of the school community

3. Good communication and collaboration among teachers, staff, administration, and mental health staff

4. Early identification of problems and a proactive approach when problems are first identified or suspected

5. Peer support and mediation

6. Teacher and staff training on mental health issues

7. Creating a high level of comfort in seeking mental health services

The remaining strategies were mentioned between 2 and 20 times:

1. Use of adult advisors or mentors
2. Crisis counseling
3. Behavior management programs
4. Creating a safe, controlled environment, with clear rules
5. Anger management training and/or classes
6. Substance abuse education/treatment/support groups
7. Unspecified prevention programs
8. Early intervention programs
9. Alternative settings for students needing intensive mental health assistance
10. Provision of mental health services in homes

It is worth noting that 41 respondents (approximately 5 percent) wrote that their school did not have any successful strategies. Comments from these respondents frequently cited funding issues leading to understaffing and compounded by limited community resources. Several respondents noted that counseling staff are overburdened, with responsibility for as many as 1,000 students each, and that other duties prevented them from providing anything other than the most cursory attention to mental health needs.

These respondents also noted they perceived increasing mental health needs in the student population—in the number of students, the severity and complexity of problems presented, and in the limitations of family resources.

District Questionnaire

Analysis of Responses by Districts to Question 17: "If you have any comments you would like to make about this survey or about funding mental health services, please use the space below."

Approximately 330 districts responded to the final question on the survey, a request for comments about the survey or the funding of mental health services. Information on mental health services was classified into six general categories.

Representatives from 103 districts used the opportunity provided by the open-ended question primarily to **clarify previous survey question responses** and to furnish additional information about the mental health services in their school districts, such as the number and type of mental health professionals employed, the types of collaborations they were engaged in, and their sources of funding. Nine of these districts reported that the survey was not applicable to them because their district did not provide any mental health services to students.

Approximately 100 comments were received related to concerns about **lack of funding for mental health services**, many indicating a problem of crisis proportions. Decreases

in state budgets were projected to result in dramatic losses in the area of school-based mental health in 2003–2004. Inadequate insurance coverage and low reimbursement for mental health services were also cited as problematic, especially in prevention/screening and early intervention. Ten districts stated that they were seeking Medicaid reimbursement for mental health services, but several noted that rates for reimbursement are so low that they do not cover the cost of billing.

Many noted that with the necessity for academic spending related to the No Child Left Behind (NCLB) legislation, public schools are struggling to fund mental health services. Funding is sometimes shifted to NCLB programs, and school counselors have to assume more testing responsibilities. Respondents also noted that with the push towards measurable accountability (defined as test scores), programs that have no obvious link to academic standards are frequently the ones to be cut when budgets are overwhelmed.

The second most common concern voiced in the responses was the **inadequacy of available mental health services both on site and in the community**. Fifty districts voiced concerns about the lack of treatment options in the community, particularly facilities for students who need to be out of their home environment. One district commented that there are only 18 inpatient beds available to all adolescents in their entire State. Thirty districts complained that mental health services within their schools were also inadequate. School counselors spend increasing amounts of energy on student scheduling and special education eligibility issues and have limited time for counseling students.

The third most common response, noted by 41 districts, was that **mental health needs are increasing dramatically**, with many students presenting more serious mental health issues and presenting them at an earlier age than previously seen. Several districts reported that they increasingly find that mental health issues are interfering with the daily operations and instruction for students and that the need for mental health services was seen as increasing for both general and special education students. One respondent said that the number of children seen as significant suicidal risks has doubled in the past year in their district, that hurtful sexual behavior among younger children is up dramatically, and that the number of acting out/aggressive/depressive students is on the rise.

The concern about increasing mental health needs is paired with an awareness that **families of students are struggling and under significant multiple pressures** (noted by 13 districts). The downturn in the economy has affected parents' ability to pay out-of-pocket expenses and unemployment has increased the number of uninsured. Many linguistic minority immigrant students are not able to access services in the community because of insurance and language barriers. This fact was also noted by several districts, with counseling and interventions provided by the school often the only service available to the student. Even the purchase and administration of essential medications was noted to be problematic because of income limitations. One district noted that the high number of mentally ill or developmentally disabled parents makes it difficult to get the

more intensive community-based services students need because the parents frequently do not have the mental, emotional, or financial resources to follow through.

Finally, 18 respondents wrote about their belief that **mental health issues must be given a higher priority within the educational system**, and that mental health services within the schools should not be seen as a luxury or convenience, but as a necessity.

Appendix C
Supplemental Tables

School Tables
2002–2003

Table 1
Overall Response Rates Among Schools: 2002–2003

WITHOUT COUNTING CRITICAL ITEMS

	Elementary			Middle			High			Combined			Total		
Size	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**
Missing	3	3	100.00	2	2	100.00	2	3	66.67	5	17	33.33	12	25	52.17
Small (1–250 students)	75	147	53.19	21	34	61.76	22	48	46.81	10	28	41.67	128	257	52.03
Medium (251–500 students)	211	396	53.83	40	70	57.14	32	58	55.17	7	16	43.75	290	540	54.10
Large (500+ students)	290	531	54.61	157	285	55.09	239	455	52.53	12	32	38.71	698	1303	53.61
Total	579	1077	54.26	220	391	56.27	295	564	52.40	34	93	39.53	1128	2125	53.54

COUNTING CRITICAL ITEMS

	Elementary			Middle			High			Combined			Total		
Size	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**	**Responses (#)**	**Sampled (#)**	**Responding (%)**
Missing	3	3	100.00	2	2	100.00	2	3	66.67	5	17	33.33	12	25	52.17
Small (1–250 students)	86	147	60.99	21	34	61.76	24	48	51.06	10	28	41.67	141	257	57.32
Medium (251–500 students)	239	396	60.97	46	70	65.71	32	58	55.17	9	16	56.25	326	540	60.82
Large (500+ students)	335	531	63.09	170	285	59.65	276	455	60.66	14	32	45.16	795	1303	61.06
Total	663	1077	62.14	239	391	61.13	334	564	59.33	38	93	44.19	1274	2125	60.47

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Table 2
Characteristics of Schools (Among Respondents and Nonrespondents): 2002–2003

	Without Critical Items Data				All	
	No Response		Response			
	Number	Percent	Number	Percent	Number	Percent
Region						
Northeast	136	16.33	222	17.43	358	16.99
South	289	34.69	448	35.16	737	34.98
Midwest	203	24.37	328	25.75	531	25.20
West	205	24.61	276	21.66	481	22.83
Total	833	100.00	1274	100.00	2107	100.00
Level						
Elementary	404	48.50	663	52.04	1067	50.64
Middle	152	18.25	239	18.76	391	18.56
Secondary	229	27.49	334	26.22	563	26.72
Combination	48	5.76	38	2.98	86	4.08
Total	833	100.00	1274	100.00	2107	100.00
Urbanicity						
Urban	291	34.93	467	36.66	758	35.98
Suburban	97	11.64	150	11.77	247	11.72
Rural	206	24.73	324	25.43	530	25.15
Total	833	100.00	1274	100.00	2107	100.00
Size						
1–500	315	37.82	467	36.66	782	37.12
501–1,000	273	32.77	447	35.09	720	34.17
1,001+	234	28.09	348	27.32	582	27.62
Missing	11	1.32	12	0.94	23	1.09
Total	833	100.00	1274	100.00	2107	100.00

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Table 2A
Percentage Distribution of Students by Demographic Characteristics: 2002–2003

RESPONDENTS: COUNTING CRITICAL ITEMS

	Number	Percentage
Minority Enrollment		
Low: 0–19%	593	46.55%
Medium: 20–39%	216	16.95%
High: 40%+	465	36.50%
Free Lunch Enrollment		
Low: 0–19%	308	24.18%
Medium: 20–39%	780	61.22%
High: 40%+	186	14.60%

RESPONDENTS: WITHOUT COUNTING CRITICAL ITEMS

	Number	Percentage
Minority Enrollment		
Low: 0–19%	542	48.05%
Medium: 20–-39%	197	17.46%
High: 40%+	389	34.49%
Free Lunch Enrollment		
Low: 0–19%	281	24.91%
Medium: 20–39%	681	60.37%
High: 40%+	166	14.72%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Table 3
Number of Schools Providing Mental Health Services, the Type of Students Eligible, and the Percentage of Students Who Received Services Last Year, by Selected School Characteristics: 2002–2003

	Schools That Provide Services	All Students May Receive Services (%)	Only Special Education Students May Receive Services (%)	Did Not Indicate Which Students May Receive Services (%)	Average Percentage of Students Who Received Services Last Year
TOTAL	81,901	87.4%	9.9%	2.5%	19.76%
Region					
Northeast	13,625	95.6%	3.6%	0.7%	24.14%
South	23,360	87.4%	10.1%	2.3%	16.98%
Midwest	27,392	84.1%	13.5%	2.2%	20.20%
West	17,523	86.3%	8.9%	4.6%	19.52%
Level					
Elementary	47,213	88.8%	9.2%	1.8%	20.59%
Middle	14,636	87.0%	9.2%	3.7%	21.66%
High	13,768	82.0%	14.1%	3.7%	17.94%
Combined	6,284	89.7%	8.0%	2.1%	13.31%
Urbanicity					
Urban	19,933	86.1%	11.0%	2.7%	22.60%
Suburban	27,677	86.4%	10.8%	2.6%	20.23%
Rural	34,290	89.1%	8.5%	2.3%	17.87%
Size					
1–500	44,269	88.2%	8.8%	2.9%	19.14%
501–1,000	28,237	85.8%	11.9%	2.2%	19.76%
1,001+	9,395	88.7%	9.2%	1.9%	23.11%
Minority Enrollment					
Unknown	371	57.3%	18.1%	24.5%	16.92%
Low: 0–15%	33,682	90.9%	7.5%	1.4%	18.39%
Medium: 16–50%	22,004	87.3%	9.6%	2.9%	19.60%
High: 51%+	25,844	83.4%	13.2%	3.3%	21.94%
Free Lunch Enrollment					
Unknown	1,208	86.8%	5.5%	7.5%	14.82%
Low: 0–25%	26,114	89.5%	8.2%	2.2%	17.99%
Medium: 26–50%	23,805	85.7%	10.7%	3.5%	18.44%
High: 51%+	30,774	87.1%	10.9%	1.8%	22.58%
IEP Enrollment					
Unknown	16,343	87.1%	11.1%	1.6%	17.24%
Low: 0–9%	22,472	87.7%	9.6%	2.6%	16.95%
Medium: 10–14%	22,845	87.1%	9.0%	3.7%	22.88%
High: 15%+	20,242	87.7%	10.3%	1.8%	20.17%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 5

Table 3A
Number and Percentage of Schools Providing or Not Providing Mental Health Services, 2002–2003

	Number of Schools	**Providing MH Services**		**Not Providing MH Services**	
	Number	Number	Percent	Number	Percent
TOTAL	77,754	76,793	98.7%	961	1.2%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 5

Table 4
Percentage of Schools With and Without a District Operated Clinic by Selected School Characteristics: 2002–2003

	With District Operated MH Clinic (%)	Without District Operated MH Clinic (%)	Missing (%)
TOTAL	17.0%	81.4%	1.5%
Region			
Northeast	13.2%	85.5%	1.1%
South	12.0%	86.4%	1.5%
Midwest	22.7%	75.3%	1.9%
West	18.0%	80.8%	1.0%
Level			
Elementary	17.7%	80.5%	1.7%
Middle	20.9%	78.0%	0.9%
High	16.3%	81.5%	2.0%
Combined	4.7%	95.2%	0.0%
Urbanicity			
Urban	24.9%	72.8%	2.1%
Suburban	14.3%	84.4%	1.1%
Rural	14.7%	83.8%	1.4%
Size			
1–500	15.5%	82.4%	1.9%
501–1,000	18.4%	80.8%	0.7%
1,001+	20.2%	77.9%	1.7%
Minority Enrollment			
Unknown	24.5%	75.4%	0.0%
Low: 0–15%	10.7%	87.5%	1.7%
Medium: 16–50%	19.4%	79.0%	1.4%
High: 51%+	23.2%	75.4%	1.2%
Free Lunch Enrollment			
Unknown	22.7%	77.2%	0.0%
Low: 0–25%	12.6%	86.0%	1.2%
Medium: 26–50%	14.2%	82.7%	2.9%
High: 51%+	22.8%	76.5%	0.6%
IEP Enrollment			
Unknown	14.2%	83.8%	1.9%
Low: 0–9%	18.2%	80.4%	1.3%
Medium: 10–14%	17.4%	80.2%	2.2%
High: 15%+	17.7%	81.8%	0.4%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 6

Table 4A
Of Schools With a District-Operated Mental Health Clinic, Location of Clinic: 2002–2003

	District Operated Clinic in School		District Operated Clinic Outside of School		District Operated Clinic in and Outside of School		Missing	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	2,818	20.1%	9,727	69.4%	284	2.0%	1,171	8.3%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 7

Table 5
Percentage of Schools With Various Management Arrangements for Mental Health Services by Selected School Characteristics: 2002–2003

Who Manages Mental Health Services in Your School?								
	One Person or Team for All Students	**One Person or Team for General Students**	**One Person or Team for Special Ed**	**One Person or Team for SPED and Ged Ed**	**All Other Combinations**	**No One Manages MH Services**	**Other**	**Missing**
TOTAL	54.5%	0.6%	5.7%	6.1%	8.4%	10.9%	0.9%	12.4%
Region								
Northeast	66.6%	0.7%	3.3%	7.2%	7.2%	4.7%	1.0%	8.9%
South	52.0%	0.9%	6.4%	4.9%	7.4%	13.7%	0.4%	13.8%
Midwest	49.2%	0.3%	7.5%	7.5%	9.4%	11.9%	1.3%	12.4%
West	56.6%	0.5%	3.9%	4.7%	9.1%	10.3%	1.0%	13.5%
Level								
Elementary	57.2%	0.8%	4.5%	6.2%	7.1%	9.4%	0.8%	13.5%
Middle	54.0%	0.0%	5.3%	5.1%	10.8%	12.3%	1.7%	10.5%
High	44.7%	0.4%	11.7%	5.7%	10.7%	10.7%	0.9%	14.8%
Combined	56.6%	0.8%	2.9%	8.8%	8.2%	18.6%	0.0%	3.7%
Urbanicity								
Urban	48.5%	0.4%	6.1%	7.6%	9.4%	10.6%	0.7%	16.4%
Suburban	58.1%	0.8%	5.8%	5.6%	8.1%	9.1%	0.6%	11.5%
Rural	55.1%	0.5%	5.5%	5.7%	8.1%	12.5%	1.4%	10.9%
Size								
1-500	55.5%	0.8%	5.1%	4.8%	8.2%	12.8%	0.8%	11.6%
501-1,000	54.6%	0.1%	6.4%	8.4%	8.1%	8.3%	1.0%	12.6%
1,001+	49.5%	0.7%	6.4%	5.6%	10.6%	9.4%	1.5%	15.9%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 8

Table 6
Percentage of Schools by the Unit That Has Responsibility for Various Functions
by Type of Student Served: 2002–2003

GENERAL EDUCATION STUDENTS

Function	School %	District %	Intermediate or Collaborative Unit %	Combination %	N/A %	Missing %
Allocating Funds for MH Services	4.57%	50.1%	5.50%	8.89%	17.7%	13.3%
Establishing Policies/Guidelines/Standards	4.79%	49.6%	6.04%	12.2%	14.8%	12.6%
Determining Number and Types of MH Staff Needed in School	5.71%	50.9%	4.78%	9.41%	16.3%	12.9%
Hiring MH Staff	7.16%	43.1%	6.97%	12.0%	18.1%	12.6%
Supervising MH Staff	14.0%	32.1%	7.48%	15.1%	18.1%	13.1%
Planning Training/In-House Development of MH Staff	4.41%	42.0%	8.30%	12.7%	19.8%	12.7%
Monitoring Contracts/Agreements with Outside Organizations	5.84%	48.0%	5.38%	8.13%	20.0%	12.7%

SPECIAL EDUCATION STUDENTS

Function	School %	District %	Intermediate or Collaborative Unit %	Combination %	N/A %	Missing %
Allocating Funds for MH Services	3.19%	56.1%	8.10%	10.0%	10.0%	12.5%
Establishing Policies/Guidelines/Standards	2.94%	54.9%	8.84%	11.5%	9.64%	12.1%
Determining # and Types of MH Staff Needed in School	4.15%	54.2%	7.92%	9.73%	11.8%	12.2%
Hiring MH Staff	5.54%	47.5%	9.65%	11.8%	12.9%	12.6%
Supervising MH Staff	10.6%	36.8%	9.74%	15.9%	13.7%	13.2%
Planning Training/In-House Development of MH Staff	3.79%	45.9%	10.3%	13.0%	14.4%	12.7%
Monitoring Contracts/Agreements with Outside Organizations	4.12%	51.1%	8.81%	8.97%	14.4%	12.6%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Items 9 and 10

Table 7
Percentage of Schools by the Unit That Provides Mental Health Staff,
by Selected School Characteristics: 2002–2003

	Mental Health Staff Are:					
	School Based (%)	**District Based (%)**	**Intermediate or Collaborative Unit Based (%)**	**Community Based (%)**	**Combination (%)**	**Missing (%)**
TOTAL	13.2%	22.2%	3.8%	16.2%	39.8%	4.6%
Region						
Northeast	20.5%	13.9%	0.6%	12.7%	47.7%	4.3%
South	12.4%	26.8%	5.7%	15.0%	34.5%	5.2%
Midwest	11.1%	23.2%	4.2%	18.5%	39.7%	2.9%
West	11.6%	20.9%	2.9%	16.9%	40.8%	6.6%
Level						
Elementary	13.3%	24.2%	2.4%	13.8%	42.3%	3.6%
Middle	14.2%	22.4%	2.9%	15.2%	41.4%	3.6%
High	14.1%	16.0%	3.5%	20.0%	37.6%	8.4%
Combined	7.6%	20.2%	16.2%	28.1%	22.0%	5.6%
Urbanicity						
Urban	15.8%	24.5%	1.5%	12.7%	41.5%	3.6%
Suburban	14.3%	22.7%	1.5%	12.3%	46.1%	2.8%
Rural	10.7%	20.4%	6.9%	21.4%	33.8%	6.5%
Size						
1-500	11.9%	24.9%	4.6%	18.3%	34.9%	5.2%
501-1,000	14.4%	19.7%	2.5%	14.9%	44.3%	3.9%
1,001+	15.6%	16.9%	3.7%	10.4%	49.7%	3.5%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 11

Table 7A
Provision of Mental Health Staff — Common Combinations by Selected School Characteristics: 2002–2003

	District-Based	School-Based	School and District-Based	Collaborative/ Community-Based Only	Missing
TOTAL	31.7%	18.9%	22.6%	24.3%	2.4%
Region					
Northeast	23.0%	28.8%	27.0%	18.5%	2.5%
South	35.4%	17.0%	19.1%	25.3%	3.1%
Midwest	33.2%	15.8%	23.2%	25.7%	1.9%
West	31.0%	18.6%	22.7%	25.2%	2.3%
Level					
Elementary	33.5%	19.0%	25.8%	19.8%	1.7%
Middle	33.2%	18.7%	22.3%	23.5%	2.1%
High	25.3%	21.0%	19.3%	28.7%	5.4%
Combined	28.3%	14.0%	5.8%	49.8%	1.9%
Urbanicity					
Urban	35.6%	22.5%	22.7%	17.6%	1.4%
Suburban	31.5%	19.0%	31.2%	16.2%	1.9%
Rural	29.5%	16.7%	15.5%	34.7%	3.4%
Size					
1–500	34.9%	16.4%	17.5%	28.2%	2.7%
501–1,000	28.4%	21.2%	27.6%	20.6%	1.9%
1,001+	26.1%	23.8%	31.0%	16.6%	2.2%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 11.

Table 7B
Types of Mental Health Staff By School Level And Staffing Arrangement Type: 2002–2003

		Number of Schools	Any School Counselors	Any Mental Health Counselors	Any School Social Workers	Any School Psychologists	Any Clinical or PHD Psychologists	Any Substance Abuse Counselors	Any School Nurses	Any Psychiatrists	Any Other School Staff
TOTAL		81,901	77.4%	16.0%	44.3%	68.2%	8.9%	11.5%	68.8%	2.3%	24.2%
Level	**Staff Arrangement Type**										
Elementary	District Based	15,823	64.3%	15.7%	53.1%	76.2%	9.4%	5.2%	67.2%	1.9%	23.6%
	School Based	8,992	69.1%	18.0%	44.1%	68.1%	8.3%	13.7%	73.4%	1.1%	27.7%
	School and District Based	12,211	81.5%	17.7%	49.8%	80.6%	11.4%	7.5%	71.6%	3.3%	33.9%
	Collaborative/Community Only	9,375	61.8%	7.9%	38.7%	66.9%	3.3%	4.5%	57.6%	4.0%	16.2%
	Arrangement Data Missing	812	82.8%	0.0%	24.5%	47.0%	0.0%	0.0%	63.8%	0.0%	7.1%
Middle	District Based	4,865	95.5%	21.5%	41.0%	72.0%	7.1%	18.0%	79.3%	3.4%	22.1%
	School Based	2,737	91.3%	27.9%	43.9%	54.5%	10.7%	25.4%	80.1%	4.1%	31.4%
	School and District Based	3,269	87.8%	26.7%	59.0%	83.7%	12.8%	18.5%	76.9%	5.8%	22.7%
	Collaborative/Community Only	3,452	80.8%	17.6%	27.4%	71.9%	6.6%	24.9%	71.9%	1.8%	19.9%
	Arrangement Data Missing	313	28.0%	0.0%	20.4%	28.0%	0.0%	0.0%	61.1%	0.0%	42.7%
High	District Based	3,495	96.2%	21.8%	44.9%	63.8%	17.7%	23.6%	70.5%	4.9%	28.2%
	School Based	2,901	79.6%	23.5%	57.0%	70.0%	17.6%	24.4%	74.6%	0.8%	28.8%
	School and District Based	2,667	98.0%	18.4%	56.8%	74.2%	15.0%	15.4%	71.3%	0.0%	40.4%
	Collaborative/Community Only	3,953	91.5%	4.8%	29.1%	36.6%	4.3%	12.5%	64.7%	0.0%	15.4%
	Arrangement Data Missing	752	68.0%	0.0%	47.3%	44.1%	0.0%	30.2%	45.2%	0.0%	12.0%
Combined	District Based	1,779	74.1%	10.3%	31.0%	41.2%	6.1%	6.6%	49.6%	0.0%	1.3%
	School Based	881	100.0%	16.3%	34.4%	50.4%	0.0%	0.0%	97.3%	0.0%	12.4%
	School and District Based	370	85.7%	32.7%	14.2%	87.3%	0.0%	0.0%	20.1%	0.0%	5.8%
	Collaborative/Community Only	3,131	84.2%	6.6%	22.8%	40.4%	7.3%	5.7%	60.1%	0.0%	19.9%
	Arrangement Data Missing	124	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	61.2%	0.0%	0.0%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Items 11 and 13

Table 8
Percentage of Schools by Frequency of Strategies to Coordinate Activities and Services:
Interdisciplinary Meetings Among Mental Health Staff, by Selected School Characteristics: 2002–2003

	Rarely or Never	Quarterly	Monthly	Weekly	Missing
TOTAL	32.3%	8.5%	20.1%	23.0%	15.8%
Region					
Northeast	22.5%	7.3%	23.2%	35.1%	11.6%
South	29.8%	8.6%	21.6%	20.9%	18.8%
Midwest	41.0%	10.3%	17.4%	16.5%	14.5%
West	29.8%	6.4%	19.9%	26.5%	17.1%
Level					
Elementary	29.2%	6.5%	22.2%	24.8%	17.0%
Middle	32.5%	7.8%	18.7%	27.9%	12.8%
High	33.8%	14.4%	17.3%	17.6%	16.7%
Combined	52.6%	12.0%	13.3%	9.9%	11.9%
Urbanicity					
Urban	27.0%	3.6%	22.8%	27.1%	19.2%
Suburban	24.0%	10.9%	20.1%	29.1%	15.7%
Rural	42.2%	9.4%	18.5%	15.7%	14.0%
Size					
1–500	36.1%	10.1%	18.3%	19.6%	15.7%
501–1,000	28.3%	6.7%	22.4%	27.4%	14.9%
1,001+	26.7%	6.4%	21.4%	25.8%	19.4%
Minority Enrollment					
Unknown	5.2%	35.1%			59.5%
Low: 0–15%	35.5%	8.3%	20.2%	22.0%	13.8%
Medium: 16–50%	31.1%	10.1%	19.0%	25.7%	13.9%
High: 51%+	29.7%	7.0%	21.2%	22.3%	19.5%
Free Lunch Enrollment					
Unknown	26.8%	4.3%		7.8%	60.8%
Low: 0–25%	24.1%	7.6%	25.2%	30.6%	12.3%
Medium: 26–50%	37.2%	11.0%	17.6%	19.3%	14.6%
High: 51%+	35.8%	7.5%	18.5%	20.1%	18.0%
IEP Enrollment					
Unknown	17.7%	6.0%	10.3%	9.1%	56.7%
Low: 0–9%	35.5%	6.9%	25.5%	24.8%	7.1%
Medium: 10–14%	31.8%	10.3%	23.7%	29.4%	4.5%
High: 15%+	41.3%	10.3%	17.9%	25.0%	5.3%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 12

Table 8A
Percentage of Schools by Frequency of Strategies to Coordinate Activities and Services: Joint Planning Sessions Between Mental Health Staff and Regular Classroom Teachers, by Selected School Characteristics: 2002–2003

	Rarely or Never	Quarterly	Monthly	Weekly	Missing
Total	38.1%	10.8%	16.1%	18.8%	15.9%
Region					
Northeast	28.8%	12.4%	16.9%	28.4%	13.3%
South	32.6%	12.4%	16.4%	19.5%	18.8%
Midwest	45.1%	9.1%	14.9%	16.4%	14.1%
West	41.7%	10.1%	16.9%	14.2%	16.9%
Level					
Elementary	33.0%	11.1%	17.9%	21.1%	16.7%
Middle	36.1%	6.9%	18.5%	25.3%	12.9%
High	49.7%	13.4%	10.8%	8.5%	17.3%
Combined	56.1%	12.2%	8.4%	9.1%	14.0%
Urbanicity					
Urban	32.3%	10.4%	16.7%	22.6%	17.7%
Suburban	31.5%	12.5%	18.6%	22.2%	15.0%
Rural	46.8%	9.7%	13.7%	13.9%	15.6%
Size					
1–500	38.8%	12.2%	14.3%	17.8%	16.6%
501–1,000	36.9%	9.3%	19.2%	21.0%	13.3%
1,001+	38.5%	8.7%	15.2%	16.9%	20.4%
Minority Enrollment					
Unknown	26.3%			14.1%	59.5%
Low: 0–15%	38.4%	11.6%	15.2%	20.2%	14.4%
Medium: 16–50%	40.5%	8.4%	18.0%	17.1%	15.8%
High: 51%+	35.8%	12.1%	15.9%	18.6%	17.4%
Free Lunch Enrollment					
Unknown	21.5%		4.7%	12.8%	60.8%
Low: 0–25%	31.4%	11.0%	21.5%	22.8%	13.0%
Medium: 26–50%	45.5%	10.6%	13.4%	16.6%	13.7%
High: 51%+	38.7%	11.3%	14.0%	17.4%	18.4%
IEP Enrollment					
Unknown	21.0%	5.6%	6.9%	8.3%	57.9%
Low: 0–9%	41.1%	13.1%	19.7%	19.5%	6.4%
Medium: 10–14%	40.7%	9.1%	19.4%	25.4%	5.1%
High: 15%+	45.7%	14.4%	15.8%	19.1%	4.8%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services.
School Questionnaire, Item 12

Table 8B
Percentage of Schools by Frequency of Strategies to Coordinate Activities and Services: Joint Planning Sessions Between Mental Health Staff and Special Education Teachers, by Selected School Characteristics: 2002–2003

	Rarely or Never	Quarterly	Monthly	Weekly	Missing
TOTAL	30.5%	12.3%	18.1%	22.8%	16.1%
Region					
Northeast	23.8%	12.0%	22.6%	28.7%	12.7%
South	25.5%	11.5%	19.4%	23.6%	19.7%
Midwest	38.7%	13.3%	14.9%	18.3%	14.6%
West	29.4%	11.8%	17.8%	24.3%	16.5%
Level					
Elementary	27.8%	11.8%	18.6%	25.1%	16.5%
Middle	30.1%	9.9%	17.1%	28.4%	14.2%
High	32.7%	15.0%	17.3%	15.5%	19.2%
Combined	46.3%	15.1%	18.3%	8.6%	11.4%
Urbanicity					
Urban	23.7%	11.8%	18.9%	27.3%	18.2%
Suburban	25.8%	12.2%	18.7%	28.2%	14.9%
Rural	38.2%	12.5%	17.2%	15.9%	15.9%
Size					
1–500	32.6%	12.5%	17.4%	20.7%	16.5%
501–1,000	29.3%	11.8%	17.5%	26.8%	14.3%
1,001+	23.8%	12.5%	22.9%	20.4%	20.1%
Minority Enrollment					
Unknown			26.3%	14.1%	59.5%
Low: 0–15%	31.6%	12.3%	17.3%	23.2%	15.3%
Medium: 16–50%	33.7%	12.5%	15.6%	23.1%	14.9%
High: 51%+	26.7%	12.2%	21.1%	22.1%	17.6%
Free Lunch Enrollment					
Unknown	19.8%	3.1%	6.3%	9.7%	60.8%
Low: 0–25%	23.3%	10.1%	23.5%	29.4%	13.5%
Medium: 26–50%	38.5%	13.8%	13.2%	20.0%	14.4%
High: 51%+	30.8%	13.2%	17.8%	19.9%	18.0%
IEP Enrollment					
Unknown	17.0%	7.6%	7.7%	9.5%	57.9%
Low: 0–9%	32.9%	13.3%	22.0%	24.4%	7.2%
Medium: 10–14%	31.2%	12.5%	22.8%	28.0%	5.3%
High: 15%+	37.9%	14.6%	16.8%	25.9%	4.6%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 12

Table 8C
Percentage of Schools by Frequency of Strategies to Coordinate Activities and Services: Professional Development on Mental Health Topics for Regular School Staff, by Selected School Characteristic: 2002–2003

	Rarely or Never	Quarterly	Monthly	Weekly	Missing
TOTAL	55.6%	22.3%	4.8%	1.0%	16.0%
Region					
Northeast	49.9%	30.5%	6.3%	1.1%	11.9%
South	54.2%	19.6%	4.8%	1.3%	19.8%
Midwest	56.5%	23.8%	3.9%	8%	14.7%
West	60.7%	17.0%	4.9%	8%	16.4%
Level					
Elementary	55.3%	21.8%	5.1%	1.2%	16.3%
Middle	52.3%	27.6%	5.4%	1.1%	13.3%
High	54.2%	22.1%	3.8%	7%	19.0%
Combined	68.6%	14.1%	2.9%		14.3%
Urbanicity					
Urban	50.5%	24.3%	5.4%	1.1%	18.5%
Suburban	51.1%	25.2%	6.5%	1.6%	15.5%
Rural	62.3%	18.8%	3.0%	5%	15.1%
Size					
1–500	57.6%	21.0%	3.7%	7%	16.7%
501–1,000	54.6%	23.5%	6.1%	1.7%	13.9%
1,001+	49.7%	24.5%	5.7%	4%	19.4%
Minority Enrollment					
Unknown	40.4%				59.5%
Low: 0–15%	58.9%	20.0%	5.3%	1.2%	14.3%
Medium: 16–50%	58.1%	22.6%	3.7%	1.2%	14.2%
High: 51%+	49.5%	25.3%	5.0%	6%	19.3%
Free Lunch Enrollment					
Unknown	31.2%	7.8%			60.8%
Low: 0–25%	55.0%	24.6%	5.7%	1.8%	12.6%
Medium - 26-50%	62.5%	19.3%	3.8%	3%	13.8%
High - 51%+	51.8%	23.2%	4.9%	1.0%	18.9%
IEP Enrollment					
Unknown	28.5%	11.2%	1.5%		58.7%
Low: 0–9%	59.2%	26.7%	5.1%	1.5%	7.3%
Medium: 1–14%	62.5%	25.7%	5.9%	9%	4.7%
High: 15%+	65.8%	22.5%	5.9%	1.4%	4.1%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 12

Table 8D
Percentage of Schools by Frequency of Strategies to Coordinate Activities and Services: Sharing of Mental Health Resources among School Staff, by Selected School Characteristic: 2002–2003

	Rarely or Never	Quarterly	Monthly	Weekly	Missing
TOTAL	37.2%	22.9%	15.3%	8.9%	15.5%
Region					
Northeast	29.0%	32.2%	16.1%	10.6%	11.9%
South	34.0%	23.9%	14.5%	9.0%	18.2%
Midwest	41.6%	19.6%	17.0%	7.2%	14.4%
West	41.1%	19.3%	12.9%	10.3%	16.2%
Level					
Elementary	34.9%	21.6%	16.4%	10.6%	16.2%
Middle	39.6%	20.9%	18.2%	9.0%	12.1%
High	34.7%	27.9%	13.7%	5.3%	18.2%
Combined	54.9%	25.9%	3.6%	4.0%	11.4%
Urbanicity					
Urban	34.8%	21.7%	16.1%	9.7%	17.5%
Suburban	28.9%	26.5%	17.8%	11.3%	15.2%
Rural	45.4%	20.6%	12.7%	6.5%	14.5%
Size					
1–500	39.0%	23.7%	13.5%	8.2%	15.4%
501–1,000	36.0%	21.4%	18.3%	9.4%	14.6%
1,001+	32.5%	23.7%	14.4%	10.9%	18.3%
Minority Enrollment					
Unknown	5.2%	35.1%			59.5%
Low: 0–15%	39.8%	23.7%	13.9%	9.3%	13.1%
Medium: 16–50%	35.5%	24.6%	15.3%	9.6%	14.8%
High: 51%+	35.8%	20.3%	17.2%	8.0%	18.5%
Free Lunch Enrollment					
Unknown	24.9%	9.0%	1.9%	3.1%	60.8%
Low: 0–25%	34.1%	25.9%	16.4%	11.9%	11.4%
Medium: 26–50%	41.5%	20.9%	13.4%	9.6%	14.3%
High: 51%+	37.0%	22.4%	16.3%	6.1%	18.0%
IEP Enrollment					
Unknown	18.2%	15.8%	4.9%	3.3%	57.6%
Low: 0–9%	41.3%	25.1%	15.9%	11.1%	6.3%
Medium: 10–14%	42.5%	24.5%	17.9%	10.8%	4.1%
High: 15%+	42.1%	24.3%	19.9%	8.9%	4.5%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 12

Table 8E
Percentage of Schools by Frequency of Strategies to Coordinate Activities and Services:
Informal Communication Among School Staff About Mental Health Issues/Services, by Selected School Characteristics:
2002–2003

	Rarely or Never	Quarterly	Monthly	Weekly	Missing
TOTAL	26.9%	11.0%	12.3%	34.5%	15.1%
Region					
Northeast	19.8%	12.3%	10.6%	45.1%	11.9%
South	25.4%	11.6%	11.4%	33.5%	17.9%
Midwest	31.4%	10.9%	14.7%	29.0%	13.7%
West	27.3%	9.4%	10.9%	36.1%	16.1%
Level					
Elementary	24.3%	10.1%	10.5%	38.9%	15.9%
Middle	28.6%	8.5%	18.4%	31.5%	12.8%
High	28.9%	13.8%	11.8%	28.9%	16.3%
Combined	37.7%	17.6%	12.5%	20.6%	11.4%
Urbanicity					
Urban	25.2%	7.1%	12.9%	37.5%	17.1%
Suburban	22.0%	12.5%	11.2%	39.6%	14.5%
Rural	31.8%	12.1%	12.8%	28.6%	14.4%
Size					
1–500	28.3%	12.9%	10.6%	32.9%	15.1%
501–1,000	26.7%	8.4%	14.3%	36.4%	14.0%
1,001+	21.0%	9.9%	14.2%	36.5%	18.2%
Minority Enrollment					
Unknown	29.8%			35.1%	34.9%
Low: 0–15%	27.9%	12.3%	11.6%	34.9%	13.0%
Medium: 16–50%	24.9%	13.1%	11.5%	35.2%	15.0%
High: 51%+	27.1%	7.8%	13.9%	33.3%	17.6%
Free Lunch Enrollment					
Unknown	27.0%			19.5%	53.3%
Low: 0–25%	21.9%	9.8%	12.7%	43.8%	11.6%
Medium: 26–50%	30.5%	14.4%	9.5%	31.6%	13.7%
High: 51%+	28.3%	9.8%	14.5%	29.5%	17.6%
IEP Enrollment					
Unknown	14.1%	6.8%	5.5%	16.3%	57.0%
Low: 0–9%	30.8%	11.8%	11.3%	39.9%	6.0%
Medium: 10–14%	30.4%	11.9%	13.7%	40.1%	3.7%
High: 15%+	29.0%	12.6%	17.1%	36.8%	4.2%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 12

Table 9
Number and Percentage of Schools With Various Types of Mental Health Staff, by Type of Staff: 2002–2003

Schools	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical/PHD Psycholigists	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Any MH Staff
Number of Schools With at Least 1 Staff	63,421	13,118	36,322	55,916	7,295	9,422	56,373	1,927	19,846	78,581
Percentage of Schools With at Least 1 Staff	77.44%	16.02%	44.35%	68.27%	8.91%	11.50%	68.83%	2.35%	24.23%	95.95%
Number of Schools With No Staff	17,465	66,028	42,672	22,120	63,470	61,787	13,972	69,650	50,932	1,424
Percentage of Schools With No Staff	21.32%	80.62%	52.10%	27.01%	77.50%	75.44%	17.06%	85.04%	62.19%	1.74%
Number of Schools Missing Data	1,014	2,755	2,908	3,866	11,136	10,691	11,556	10,324	11,123	519
Percentage of Schools Missing Data	1.24%	3.36%	3.55%	4.72%	13.60%	13.05%	14.11%	12.61%	13.58%	0.63%
Total Schools	81,901	81,901	81,901	81,901	81,901	81,901	81,901	81,901	81,901	81,901

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9-1
Percentage of Schools With Mental Health Staff by Type of School Staff Elementary Schools: 2002–2003

Schools	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical / PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Any MH Staff
Percentage of Schools With at Least One Staff	69.5%	14.9%	47.2%	73.5%	8.4%	7.2%	67.6%	2.5%	25.3%	95.9%
Percentage of Schools With Just One Staff	58.3%	12.9%	43.4%	67.6%	7.9%	6.8%	63.3%	2.5%	15.1%	9.3%
Percentage of Schools With No Staff	29.5%	82.4%	49.6%	22.2%	76.5%	78.8%	16.5%	83.1%	59.5%	1.8%
Percentage of Schools Missing Data	0.9%	2.7%	3.2%	4.3%	15.1%	14.0%	15.9%	14.4%	15.2%	0.4%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9-2
Percentage of Schools With Mental Health Staff by Type of School Staff Middle Schools: 2002–2003

Schools	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical/ PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Any MH Staff
Percentage of Schools With At Least One Staff	88.1%	22.5%	42.0%	70.4%	8.8%	20.8%	76.8%	3.7%	24.0%	96.6%
Percentage of Schools With Just One Staff	37.4%	15.0%	36.9%	66.4%	8.4%	19.5%	69.4%	3.7%	13.9%	5.0%
Percentage of Schools With No Staff	10.8%	74.1%	56.1%	26.7%	78.7%	67.6%	12.3%	86.9%	65.6%	0.8%
Percentage of Schools Missing Data	1.1%	3.4%	1.9%	2.9%	12.5%	11.7%	10.9%	9.4%	10.4%	0.2%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9-3
Percentage of Schools With Mental Health Staff by Type of School Staff High Schools: 2002–2003

Schools	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical / PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Any MH Staff
Percentage of Schools With At Least One Staff	90.2%	15.5%	45.4%	58.3%	12.4%	19.4%	68.5%	1.4%	26.2%	95.4%
Percentage of Schools With Just One Staff	27.1%	11.0%	36.6%	48.3%	11.2%	17.3%	59.4%	1.4%	15.1%	8.8%
Percentage of Schools With No Staff	7.4%	78.8%	47.1%	33.7%	74.3%	66.8%	17.0%	84.7%	58.5%	1.4%
Percentage of Schools Missing Data	2.4%	5.7%	7.5%	8.0%	13.4%	13.8%	14.5%	13.9%	15.3%	2.2%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9A
Average Number of Mental Health Staff per 500 Students, by Type of School Staff and Selected School Characteristics: 2002–2003

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical/PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Mental Health Staff
TOTAL	1.4595	0.2266	0.6533	1.0390	0.1285	0.1389	1.2120	0.0351	0.7572	1.0523
Region										
Northeast	1.3604	0.1894	0.7989	1.1887	0.1463	0.2599	1.5583	0.0322	1.0757	1.2318
South	1.7711	0.2022	1.1572	1.4742	0.0650	0.1099	1.4400	0.0352	0.6248	1.2972
Midwest	1.5032	0.2659	0.4070	0.7257	0.1177	0.1005	1.1316	0.0326	0.9044	0.9618
West	1.0574	0.2260	0.2471	0.8145	0.2151	0.1422	0.7621	0.0411	0.4505	0.7317
Level										
Elementary	1.2416	0.2353	0.6996	1.2025	0.1584	0.1134	1.2463	0.0487	0.6890	1.0421
Middle	1.4673	0.2935	0.4573	0.7372	0.0819	0.2374	1.0756	0.0345	0.7930	0.9761
High	1.9790	0.1389	0.8837	0.8880	0.1060	0.1539	1.3148	0.0073	1.2451	1.2487
Combined	1.9785	0.1928	0.2910	0.8397	0.0711	0.0694	1.0696	0.0000	0.1825	0.8848
Urbanicity										
Urban	1.0171	0.2105	0.6714	0.8229	0.1182	0.1123	0.8018	0.0191	0.4805	0.7804
Suburban	1.2456	0.1780	0.6139	1.0262	0.0892	0.1345	0.9913	0.0249	0.7183	0.9362
Rural	1.8887	0.2749	0.6742	1.1731	0.1642	0.1565	1.6084	0.0517	0.9364	1.3038
Size										
1–500	1.8364	0.2695	0.8767	1.4248	0.1559	0.1655	1.6787	0.0500	1.0156	1.3869
501–1,000	0.9459	0.1947	0.4256	0.6658	0.1064	0.1021	0.7384	0.0184	0.5065	0.6943
1,001+	1.2348	0.1181	0.2967	0.3730	0.0628	0.1227	0.4295	0.0146	0.2690	0.5489
Minority Enrollment										
Unknown	1.1479	0.1398	0.4908	0.6510	0.0000	0.3283	0.9817	0.0000	0.6573	0.7721
Low: 0–15%	1.7294	0.2059	0.6921	1.2324	0.1275	0.1590	1.5082	0.0288	0.6172	1.1934
Medium: 16–50%	1.4074	0.2154	0.6242	0.9202	0.1240	0.1364	0.9340	0.0471	1.0120	1.0066
High: 51%+	1.1552	0.2650	0.6291	0.8912	0.1356	0.1107	1.0463	0.0336	0.7264	0.9120

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical/PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Mental Health Staff
Free Lunch Enrollment										
Unknown	2.2269	0.0755	0.9369	1.5144	0.2345	0.1410	1.3580	0.0000	0.3755	1.1679
Low: 0–25%	1.3285	0.1846	0.7103	1.2108	0.1293	0.1649	1.1017	0.0400	0.6207	1.0382
Medium: 26–50%	1.4316	0.2000	0.5632	0.9124	0.1056	0.1559	1.1214	0.0197	0.6257	0.9616
High: 51%+	1.5630	0.2898	0.6626	0.9743	0.1431	0.1021	1.3789	0.0440	0.9919	1.1300
IEP Enrollment										
Unknown	1.7798	0.2840	0.5659	1.1361	0.0747	0.1094	1.1927	0.0607	0.3022	0.8937
Low: 0–9%	1.3548	0.1948	0.6137	1.0751	0.0918	0.1095	1.1233	0.0164	0.5652	1.0065
Medium: 10–14%	1.2949	0.2347	0.5122	0.8795	0.1445	0.1452	1.0647	0.0150	0.7700	0.9834
High: 15%+	1.5051	0.2049	0.9343	1.1026	0.1712	0.1764	1.4894	0.0683	1.1242	1.3096

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9B
Total Number of Mental Health Staff, by Type of Staff and Selected School Characteristics: 2002–2003

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical or PHD Psychologists	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Total MH Staff
TOTAL	110,967	17,372	41,423	63,169	7,832	10,353	63,661	1,927	41,025	357,728
Region										
Northeast	21,794	2,824	9,721	13,578	1,866	3,225	14,271	480	10,932	78,692
South	28,226	3,263	15,977	18,116	1,355	2,035	16,627	375	8,742	94,716
Midwest	40,743	6,889	11,600	18,096	2,623	3,222	22,086	780	13,081	119,120
West	20,204	4,396	4,126	13,378	1,988	1,871	10,676	292	8,269	65,200
Level										
Elementary	40,743	8,809	24,468	39,132	4,195	3,797	35,031	1,192	22,336	179,703
Middle	23,764	4,651	7,161	11,075	1,415	3,255	12,585	539	9,552	73,997
High	36,697	3,173	8,010	9,647	1,882	3,005	11,124	196	7,522	81,256
Combined	9,762	740	1,784	3,315	340	296	4,921	0	1,614	22,772
Urbanicity										
Urban	27,210	5,363	12,729	16,002	2,045	2,545	14,318	384	9,689	90,286
Suburban	41,806	5,251	14,933	25,339	2,871	3,983	23,902	650	17,401	136,137
Rural	41,950	6,758	13,761	21,829	2,916	3,824	25,440	892	13,935	131,305
Size										
1–500	40,189	7,015	18,458	29,971	2,993	4,139	30,437	984	18,240	152,425
501–1,000	36,474	7,372	15,500	23,752	3,518	3,489	23,813	649	16,334	130,900
1,001+	34,304	2,986	7,466	9,446	1,321	2,725	9,411	294	6,450	74,402
Minority Enrollment										
Unknown	538	76	214	201	0	91	300	0	169	1,589
Low: 0–15%	43,854	5,277	14,912	24,550	2,453	3,905	27,858	677	15,221	138,707
Medium: 16–50%	33,710	4,895	11,197	17,482	2,716	3,316	16,433	799	10,550	101,097
High: 51%+	32,864	7,125	15,100	20,936	2,663	3,042	19,070	451	15,084	116,335

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical or PHD Psychologists	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff	Total MH Staff
Free Lunch Enrollment										
Unknown	1,908	178	715	904	38	91	755	0	129	4,717
Low: 0–25%	41,263	5,076	13,876	23,332	3,002	3,897	21,343	852	14,479	127,119
Medium: 26–50%	31,235	4,426	10,727	17,157	1,759	3,322	17,470	384	10,698	97,177
High: 51%+	36,562	7,693	16,106	21,776	3,033	3,043	24,092	691	15,719	128,715
IEP Enrollment										
Unknown	22,463	4,136	8,267	11,928	665	1,000	6,618	203	2,298	57,578
Low: 0–9%	29,638	4,515	10,689	18,744	2,122	2,752	18,862	479	10,289	98,091
Medium: 10–14%	31,834	4,960	11,214	18,055	2,790	3,301	21,109	433	15,355	109,052
High: 15%+	27,031	3,761	11,253	14,442	2,255	3,300	17,072	811	13,083	93,007

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9C
Types of Mental Health Staff When Only One Staff Person by Selected School Characteristics: 2002–2003

	# of Schools with 1 Staff Person	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical or PHD Psychologists	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff
TOTAL	7,328	50.3%	2.6%	17.7%	19.7%	1.4%	1.7%	6.4%	0.0%	15.2%
Region										
Northeast	322	0.0%	0.0%	35.5%	0.0%	0.0%	0.0%	64.4%	0.0%	64.4%
South	1,762	37.1%	6.3%	40.6%	10.4%	0.0%	0.0%	5.3%	0.0%	8.6%
Midwest	2,299	80.3%	3.4%	6.7%	0.0%	4.5%	0.0%	4.8%	0.0%	6.2%
West	2,945	40.2%	0.0%	10.5%	42.7%	0.0%	4.2%	2.1%	0.0%	20.8%
Level										
Elementary	4,409	43.0%	1.8%	20.4%	28.6%	2.3%	0.0%	3.7%	0.0%	14.3%
Middle	729	44.0%	0.0%	16.0%	4.2%	0.0%	17.1%	18.4%	0.0%	28.3%
High	1,210	71.7%	0.0%	7.8%	12.5%	0.0%	0.0%	7.7%	0.0%	22.8%
Combined	980	61.4%	11.3%	18.8%	0.0%	0.0%	0.0%	8.2%	0.0%	0.0%
Urbanicity										
Urban	1,230	32.6%	0.0%	47.2%	20.0%	0.0%	0.0%	0.0%	0.0%	10.1%
Suburban	2,038	26.5%	3.9%	15.2%	49.6%	0.0%	0.0%	4.5%	0.0%	26.8%
Rural	4,060	67.6%	2.7%	10.0%	4.5%	2.5%	3.0%	9.4%	0.0%	10.9%
Size										
1–500	5,712	56.6%	3.3%	16.1%	13.0%	1.8%	2.1%	6.6%	0.0%	16.2%
501–1,000	1,331	33.7%	0.0%	15.0%	46.4%	0.0%	0.0%	4.7%	0.0%	14.1%
1,001+	285	0.0%	0.0%	60.3%	28.9%	0.0%	0.0%	10.7%	0.0%	0.0%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 13

Table 9D (Exhibit 3.3)
Selected Combinations of Types of Mental Health Staff by Selected School Characteristics: 2002–2003
Other Staffing includes Other Combinations, Single Staff Types, and Missing Staff Information

	Number of Schools	School Counselors, Psychologists, and Nurses	School Counselors, Psychologists, Nurses and Social Workers	School Counselors and Nurses	School Psychologists, Nurses and Social Workers	School Counselors and Psychologists	School Counselors, Psychologists and Social Workers	No Mental Health Staff	Other Staffing
TOTAL	81,901	13.4%	11.2%	9.4%	4.8%	4.7%	4.2%	4.0%	47.8%
Region									
Northeast	13,625	13.3%	11.2%	2.1%	9.8%	4.4%	2.5%	3.6%	52.7%
South	23,360	13.0%	12.1%	7.4%	8.8%	2.7%	9.4%	3.4%	42.8%
Midwest	27,392	12.3%	14.9%	18.6%	0.8%	3.7%	2.4%	3.2%	43.6%
West	17,523	15.6%	4.3%	3.2%	1.8%	9.3%	1.5%	6.6%	57.3%
Level									
Elementary	47,213	15.5%	10.1%	6.3%	7.6%	4.3%	5.0%	4.0%	46.7%
Middle	14,636	14.2%	14.0%	9.7%	1.2%	4.9%	1.7%	3.3%	50.5%
High	13,768	6.2%	13.4%	14.3%	1.0%	3.3%	4.5%	4.6%	52.3%
Combined	6,284	11.2%	8.0%	21.2%	0.0%	10.5%	3.6%	4.8%	40.4%
Urbanicity									
Urban	19,933	9.0%	14.0%	6.6%	7.1%	5.2%	3.4%	5.2%	49.2%
Suburban	27,677	17.2%	11.0%	7.0%	6.7%	4.7%	5.6%	3.4%	43.9%
Rural	34,290	12.9%	9.7%	13.0%	1.9%	4.5%	3.6%	3.9%	50.2%
Size									
1–500	44,269	12.6%	8.9%	12.7%	4.7%	4.6%	4.2%	5.4%	46.5%
501–1,000	28,237	15.6%	11.8%	5.9%	6.5%	4.4%	4.1%	2.7%	48.6%
1,001+	9,395	10.7%	20.2%	4.1%	0.0%	6.3%	4.9%	1.8%	51.7%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services,
School Questionnaire, Item 13

Table 9E—Weighted
Number and Percentage of Schools Reporting the Number of Staff
Providing Mental Health Services By Selected School Characteristics: 2002–2003

	Number of Schools		0 Staff Persons	1 Staff Person	2 Staff Persons	3 Staff Persons	4 Staff Persons	5 Staff Persons	6 Staff Persons	7 Staff Persons	8 Staff Persons	9 Staff Persons	10 or More Staff Persons	Missing Staffing Information
	Number	%	%	%	%	%	%	%	%	%	%	%	%	%
TOTAL	81,901	100.0%	3.3%	7.9%	15.3%	19.7%	16.1%	10.8%	8.1%	5.8%	3.7%	2.4%	5.7%	0.7%
Region														
Northeast	13,625	16.6%	2.6%	1.6%	11.3%	17.4%	12.9%	14.6%	10.1%	7.4%	4.0%	3.3%	13.5%	0.9%
South	23,360	28.5%	2.2%	7.3%	15.5%	23.8%	21.0%	7.9%	7.3%	4.0%	2.6%	2.5%	4.2%	1.2%
Midwest	27,392	33.4%	2.7%	7.8%	16.6%	18.2%	13.3%	12.4%	9.9%	6.4%	4.3%	2.5%	4.7%	0.4%
West	17,523	21.3%	6.2%	13.9%	16.0%	18.5%	16.3%	9.1%	4.7%	6.0%	3.9%	1.4%	3.2%	0.2%
Level														
Elementary	47,213	57.6%	3.6%	8.1%	16.7%	23.7%	19.4%	10.7%	6.0%	5.2%	1.8%	1.1%	2.7%	0.4%
Middle	14,636	17.8%	2.5%	4.4%	10.0%	16.1%	14.9%	14.7%	15.4%	5.0%	5.5%	4.3%	6.0%	0.6%
High	13,768	16.8%	2.3%	7.6%	7.8%	14.4%	7.7%	9.2%	9.7%	9.6%	8.5%	4.8%	15.6%	2.2%
Combined	6,284	7.6%	4.8%	15.5%	32.7%	10.0%	12.4%	6.0%	3.2%	3.6%	3.0%	2.5%	5.6%	0.0%
Urbanicity														
Urban	19,933	24.3%	4.2%	5.6%	12.8%	17.6%	18.0%	12.1%	9.0%	5.2%	4.8%	3.0%	6.4%	0.8%
Suburban	27,677	33.7%	2.7%	5.6%	12.5%	21.5%	14.0%	12.9%	7.8%	6.0%	4.3%	3.2%	8.2%	0.6%
Rural	34,290	41.8%	3.2%	11.1%	18.9%	19.5%	16.6%	8.4%	7.9%	6.0%	2.6%	1.4%	3.3%	0.6%
Size														
1–500	44,269	54.0%	4.8%	11.4%	21.6%	22.0%	17.5%	7.6%	5.3%	4.0%	1.6%	0.9%	2.2%	0.6%
501–1,000	28,237	34.4%	1.9%	4.0%	9.7%	21.2%	17.3%	15.4%	10.4%	7.6%	4.5%	2.9%	3.7%	0.7%
1,001+	9,395	11.4%	0.5%	3.3%	1.9%	4.6%	5.7%	11.7%	14.5%	8.9%	11.2%	8.0%	28.2%	0.9%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 14

Table 10
Percentage of Mental Health Staff with Masters Degrees in Their Field by Type of Staff and Selected School Characteristics: 2002–2003

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical/PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists *	Other School Staff
TOTAL	93.26%	83.73%	87.25%	97.56%	89.90%	68.97%	53.97%	93.79%	39.49%
Region									
Northeast	97.77%	83.27%	99.34%	97.90%	93.39%	76.81%	58.81%	100.00%	42.05%
South	93.01%	74.56%	86.17%	98.06%	87.88%	82.02%	52.02%	100.00%	34.28%
Midwest	94.65%	92.12%	80.95%	97.40%	92.39%	71.85%	45.04%	86.70%	42.45%
West	86.68%	76.43%	79.15%	96.78%	84.70%	33.26%	68.54%	100.00%	39.26%
Level									
Elementary	92.95%	84.91%	86.99%	98.74%	87.92%	73.53%	57.98%	100.00%	36.01%
Middle	95.00%	72.84%	85.83%	94.47%	85.06%	52.88%	48.99%	77.57%	43.41%
High	94.57%	91.59%	90.48%	95.75%	95.94%	77.56%	51.99%	100.00%	51.97%
Combined	88.16%	100.00%	85.22%	100.00%	100.00%	100.00%	41.15%		14.18%
Urbanicity									
Urban	94.49%	78.52%	89.44%	98.04%	82.73%	73.47%	62.28%	87.67%	35.99%
Suburban	94.77%	82.49%	89.94%	98.97%	91.10%	76.27%	61.02%	100.00%	43.17%
Rural	91.60%	88.06%	82.00%	95.60%	94.27%	58.63%	42.75%	91.75%	38.36%
Size									
1–500	92.87%	87.89%	88.39%	96.96%	93.54%	66.64%	51.03%	100.00%	39.97%
501–1,000	93.50%	77.62%	83.93%	98.17%	86.37%	62.58%	55.51%	88.47%	32.15%
1,001+	94.20%	90.98%	92.01%	97.81%	90.85%	80.50%	60.49%	86.65%	55.69%

*Psychiatrists have an M.D.
Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 14

Table 10A
Percentage of Mental Health Staff Licensed in Their Field by Type of Staff and Selected School Characteristics: 2002–2003

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical/PHD Counselors	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff
TOTAL	87.26%	83.23%	86.98%	91.62%	80.05%	79.55%	88.40%	78.06%	43.77%
Region									
Northeast	95.73%	80.02%	93.74%	97.01%	86.72%	93.78%	93.89%	100.00%	40.70%
South	89.44%	90.24%	88.43%	89.35%	64.85%	82.31%	88.38%	50.55%	43.54%
Midwest	83.11%	92.07%	80.02%	93.00%	91.23%	74.32%	82.58%	77.13%	46.09%
West	86.11%	64.20%	84.50%	87.94%	69.39%	64.55%	93.92%		42.48%
Level									
Elementary	89.50%	89.32%	89.64%	92.22%	76.44%	79.03%	92.84%	75.17%	39.92%
Middle	87.12%	68.21%	83.83%	92.27%	74.67%	74.83%	84.41%	79.16%	54.17%
High	85.47%	90.70%	83.14%	89.89%	94.42%	83.47%	86.44%	100.00%	45.27%
Combined	78.94%	61.69%	79.55%	87.48%	55.26%	100.00%	68.25%		45.68%
Urbanicity									
Urban	91.84%	83.52%	88.44%	94.56%	78.30%	80.07%	88.59%	68.66%	37.89%
Suburban	89.15%	81.92%	88.04%	94.65%	83.05%	82.13%	92.98%	100.00%	40.98%
Rural	83.53%	83.94%	84.59%	85.92%	78.14%	76.89%	84.47%	63.75%	50.26%
Size									
1–500	86.98%	84.77%	87.54%	88.23%	73.04%	81.43%	84.66%	62.83%	43.18%
501–1,000	87.37%	80.48%	86.39%	94.75%	83.33%	77.42%	90.85%	100.00%	41.98%
1,001+	87.92%	87.16%	86.69%	92.90%	88.38%	79.94%	94.83%	83.84%	49.54%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 14

Table 10B
Average Percentage of Time Spent Providing MH Services to Students,
by Type of Staff and Selected School Characteristics: 2002–2003

	School Counselors	Mental Health Counselors	School Social Workers	School Psychologists	Clinical or PHD Psychologists	Substance Abuse Counselors	School Nurses	Psychiatrists	Other School Staff
TOTAL	52.02%	68.42%	56.59%	48.28%	47.84%	61.05%	31.90%	39.87%	57.27%
Region									
Northeast	51.80%	80.83%	68.32%	55.70%	64.09%	73.47%	30.29%	35.53%	63.45%
South	51.16%	54.76%	55.69%	41.19%	33.81%	50.39%	36.67%	43.31%	47.95%
Midwest	48.05%	76.48%	46.39%	58.35%	42.66%	62.01%	35.27%	44.94%	64.39%
West	61.12%	58.94%	57.00%	38.39%	47.54%	51.19%	22.11%	22.76%	53.54%
Level									
Elementary	59.54%	66.90%	53.00%	48.78%	42.21%	66.71%	31.37%	42.25%	61.26%
Middle	51.71%	63.98%	60.32%	47.23%	41.83%	57.69%	30.51%	21.28%	53.01%
High	32.51%	76.10%	67.82%	54.89%	69.06%	60.25%	37.57%	61.78%	45.98%
Combined	38.54%	70.92%	54.43%	29.92%	20.00%	30.00%	24.91%		70.01%
Urbanicity									
Urban	64.64%	81.09%	58.71%	48.92%	48.25%	73.37%	32.53%	68.14%	60.34%
Suburban	47.65%	60.29%	56.55%	46.82%	44.11%	60.50%	26.72%	19.48%	60.35%
Rural	48.54%	65.87%	54.65%	49.72%	52.49%	52.35%	36.94%	48.52%	52.89%
Size									
1–500	55.92%	60.67%	54.27%	51.49%	41.31%	52.15%	30.98%	41.86%	55.33%
501–1,000	50.61%	72.21%	56.65%	44.89%	49.88%	67.51%	34.97%	23.35%	59.32%
1,001+	41.22%	81.28%	63.70%	48.04%	59.27%	67.05%	26.55%	63.70%	58.76%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 14

Table 11
Percentage of Schools With and Without Agreements with Community Organizations To Provide Mental Health Services,
and Percentage of All Schools with Agreements with Various Community–Based Organizations, by Selected School Characteristics: 2002–2003

	With Agreement with CBO	Without Agreement with CBO	Missing	School Based Health Center	Community Health Center	County MH Agency	Local Hospital	Child Welfare Agency	Juvenile Justice System	Faith Based Organization	Community Service Organization	Other Organization	Individual Providers
TOTAL	55.4%	43.6%	.9%	16.7%	19.2%	29.2%	5.8%	11.4%	17.1%	4.3%	15.4%	4.3%	18.4%
Region													
Northeast	62.3%	36.1%	1.4%	18.9%	16.2%	31.0%	8.9%	9.9%	15.2%	3.9%	15.9%	7.1%	23.3%
South	41.3%	57.7%	.9%	12.2%	13.9%	22.3%	4.4%	8.2%	12.9%	2.4%	8.0%	.8%	9.6%
Midwest	59.1%	39.9%	.8%	19.5%	24.7%	32.6%	7.3%	16.3%	22.7%	6.8%	18.1%	4.2%	25.1%
West	63.0%	36.2%	.7%	16.8%	19.9%	31.8%	2.8%	9.2%	15.3%	3.1%	20.5%	6.7%	15.7%
Level													
Elementary	56.5%	42.8%	.6%	16.0%	17.3%	27.8%	5.3%	10.4%	13.8%	3.7%	18.5%	3.9%	18.2%
Middle	58.1%	41.0%	.7%	22.6%	27.2%	36.3%	9.0%	15.4%	25.7%	9.2%	15.4%	5.7%	17.8%
High	55.2%	42.1%	2.6%	13.8%	21.9%	30.1%	5.1%	12.4%	19.4%	2.0%	8.3%	4.9%	17.6%
Combined	41.3%	58.6%	*0.0%	14.9%	9.1%	21.9%	3.8%	7.3%	16.4%	1.7%	7.4%	2.5%	22.9%
Urbanicity													
Urban	58.7%	39.8%	1.3%	21.7%	22.2%	29.9%	8.8%	11.0%	15.7%	6.1%	24.6%	3.8%	14.2%
Suburban	55.7%	43.6%	.6%	15.3%	16.9%	28.1%	5.7%	8.9%	15.6%	4.2%	15.3%	5.8%	19.6%
Rural	53.2%	45.7%	.9%	15.0%	19.4%	29.8%	4.1%	13.7%	19.1%	3.3%	10.0%	3.3%	19.9%
Size													
1–500	50.9%	48.6%	.4%	15.5%	18.4%	26.9%	4.9%	10.4%	15.9%	3.8%	13.0%	2.8%	19.2%
501–1,000	58.8%	40.0%	1.0%	18.2%	19.3%	30.3%	6.3%	11.8%	17.0%	4.9%	19.5%	5.6%	17.6%
1,001+	66.4%	30.8%	2.7%	18.2%	22.8%	37.1%	8.6%	15.2%	22.8%	4.3%	13.8%	7.1%	16.9%

Notes: *Estimated percent is less than 0.05 and therefore rounds to zero. Denominator for all columns is all schools.
Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Items 15–25

Table 12
Number and Percentage of Schools That Have Agreements With Various Community–Based Organizations, by Community–Based Organization and by Location of Services: 2002–2003

			Location of Services			
Community-Based Organizations	**Number of Schools With Agreements**	**Percentage of Schools With Agreements**	**In School**	**In Community**	**In Both School and Community**	**Missing**
School-Based Health Center	13,750	16.8%	67.4%	58.2%	30.2%	4.6%
Community Health Center or Clinic	15,774	19.3%	41.8%	77.2%	24.8%	5.9%
County MH Agency	23,982	29.3%	64.9%	68.6%	34.9%	1.5%
Local Hospital	4,773	5.8%	26.5%	79.6%	7.8%	1.7%
Child Welfare Agency	9,394	11.5%	65.1%	79.4%	46.2%	1.7%
Juvenile Justice System/Court	14,034	17.1%	63.2%	78.8%	42.1%	0.0%
Faith Based Organization	3,539	4.3%	61.9%	53.3%	18.4%	3.2%
Community Service Organization	12,618	15.4%	64.2%	58.3%	22.4%	0.0%
Other Organization	3,530	4.3%	83.9%	38.3%	24.5%	2.3%
Individual Providers	15,095	18.4%	86.1%	40.2%	27.0%	0.6%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Items 15–25

Table 13
Number and Percentage of Schools That Have Agreements With Various Community–Based Organizations, and the Percentage That Use Various Payment Sources, by Community Organization: 2002–2003

			Payment Sources					
Community-Based Organizations	**Number of Schools with Agreements**	**Percentage of Schools with Agreements**	**School/District**	**County/Agency**	**Third Party**	**Grant Funds**	**Combination of Payment Sources**	**Missing**
School-Based Health Center	13,750	16.8%	25.2%	6.5%	13.3%	8.5%	43.9%	2.5%
Community Health Center or Clinic	15,774	19.3%	16.0%	11.3%	20.2%	4.7%	46.3%	1.4%
County MH Agency	23,982	29.3%	17.6%	12.1%	19.1%	6.0%	44.4%	0.9%
Local Hospital	4,773	5.8%	5.9%	15.5%	28.2%	5.7%	38.9%	5.8%
Child Welfare Agency	9,394	11.5%	7.8%	37.0%	7.7%	0.3%	44.4%	2.8%
Juvenile Justice System/Court	14,034	17.1%	9.5%	44.9%	3.8%	8.4%	30.9%	2.6%
Faith-Based Organization	3,539	4.3%	0.0%	50.8%	16.4%	9.5%	14.4%	8.8%
Community Service Organization	12,618	15.4%	4.2%	35.6%	11.8%	13.6%	31.8%	3.0%
Other Organization	3,530	4.3%	23.1%	18.2%	4.4%	11.7%	40.3%	2.3%
Individual Providers	15,095	18.4%	57.8%	2.5%	7.4%	3.0%	28.3%	1.0%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Items 15–25

Table 14
Number and Percentage of All Schools that Use Various Practices for Routine Referrals and Coordination with Community-Based Organizations and Providers: 2002–2003

Practices	Number of Schools	Percentage of Schools
Passive Referrals Only	15,565	19.0%
Active Referrals Only	2,579	3.1%
Follow-up With Family Only	262	0.3%
Follow-up With Provider Only	355	0.4%
Attend Team Meetings Only	948	1.2%
Combination of Practices	50,031	61.1%
Practices Data Missing	12,161	14.8%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 26

Table 14A
Number and Percentage of All Schools That Use Various Practices for Routine Referrals and Coordination With Community-Based Organizations and Providers: 2002–2003

Practices	Number of Schools	Percentage of Schools
Passive Referrals	60,229	73.5%
Active Referrals	43,142	52.7%
Follow-up With Family	37,042	45.2%
Follow-up With Provider	35,481	43.3%
Attend Team Meetings	33,048	40.4%
Combination of Practices	50,031	61.1%
All Practices Data Missing	12,161	14.8%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 26

Table 15
Percentage of Schools Reporting That Various Mental Health Problems Are Among the Top Three Problems for Males, by Selected School Characteristics: 2002–2003

	Adjustment Issues	Social, Interpersonal or Family Problems	Anxiety, Stress, School Phobia	Depression, Grief Reactions	Aggressive /Disruptive Behavior, Bullying	Behavior Problems Associated With Neuro-logical Disorders	Delinquency and Gang–Related Problems	Suicidal or Homicidal Thoughts or Behavior	Alcohol /Drug Problems	Eating Disorders	Concerns About Gender or Sexuality	Experience of Physical or Sexual Abuse	Sexual Aggression, Including Harassment	Major Psychiatric or Developmental Disorders
TOTAL	23.7%	72.7%	18.0%	12.8%	63.1%	42.0%	5.3%	.8%	7.6%	*0.0%	.5%	2.5%	2.8%	6.3%
Region														
Northeast	26.5%	79.2%	22.5%	12.3%	64.7%	39.6%	3.2%	.8%	8.3%	*0.0%	*0.0%	2.7%	1.1%	5.5%
South	20.8%	69.6%	18.2%	12.9%	58.5%	42.3%	4.4%	.3%	9.1%	*0.0%	*0.0%	2.4%	4.1%	5.6%
Midwest	26.4%	71.8%	16.1%	11.0%	65.5%	44.3%	7.1%	1.1%	7.2%	.2%	1.3%	3.3%	1.8%	7.4%
West	21.0%	73.3%	17.3%	15.9%	64.4%	39.8%	5.5%	1.2%	5.6%	*0.0%	.5%	1.2%	3.7%	6.1%
Level														
Elementary	23.6%	72.0%	17.3%	8.3%	64.1%	50.9%	2.1%	2%	.4%	1%	.1%	3.2%	2.1%	8.3%
Middle	26.8%	76.7%	22.1%	12.2%	68.8%	34.5%	11.0%	1.1%	3.5%	*0.0%	2.5%	9%	4.9%	3.0%
High	23.0%	65.9%	16.7%	23.1%	54.4%	20.1%	10.1%	2.2%	33.8%	*0.0%	.1%	3%	2.6%	3.3%
Combined	18.6%	83.7%	16.8%	25.3%	62.0%	39.9%	5.8%	1.6%	13.7%	*0.0%	*0.0%	5.9%	3.5%	5.4%
Urbanicity														
Urban	19.6%	63.4%	18.7%	9.5%	65.4%	40.4%	9.8%	.6%	4.6%	*0.0%	.9%	2.4%	2.9%	5.0%
Suburban	27.3%	75.5%	20.3%	13.1%	60.3%	44.5%	2.9%	.7%	6.4%	*0.0%	.3%	1.4%	2.4%	5.0%
Rural	23.2%	75.9%	15.8%	14.5%	64.1%	40.9%	4.6%	1.1%	10.3%	.1%	.5%	3.4%	3.0%	8.0%
Size														
1–500	23.2%	73.3%	17.9%	12.4%	61.4%	45.2%	3.8%	.7%	6.8%	*0.0%	.5%	2.2%	3.2%	7.6%
501–1,000	25.3%	73.9%	18.2%	11.3%	67.6%	42.1%	5.5%	.2%	5.0%	.2%	.6%	3.1%	1.9%	5.0%
1,001+	21.3%	66.9%	18.1%	19.4%	57.8%	26.4%	11.9%	3.6%	19.3%	*0.0%	.2%	1.7%	3.2%	4.0%

	Adjustment Issues	Social, Interpersonal or Family Problems	Anxiety, Stress, School Phobia	Depression, Grief Reactions	Aggressive /Disruptive Behavior, Bullying	Behavior Problems Associated With Neuro-logical Disorders	Delinquency and Gang–Related Problems	Suicidal or Homicidal Thoughts or Behavior	Alcohol /Drug Problems	Eating Disorders	Concerns About Gender or Sexuality	Experience of Physical or Sexual Abuse	Sexual Aggression, Including Harassment	Major Psychiatric or Developmental Disorders
Minority Enrollment														
Unknown	5.2%	35.1%	35.1%	14.1%	26.3%	*0.0%	5.2%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%
Low: 0–15%	24.9%	75.3%	21.8%	15.0%	59.5%	41.4%	2.3%	.7%	9.5%	*0.0%	.5%	3.4%	3.2%	6.9%
Medium: 16–50%	24.9%	73.9%	18.2%	11.6%	62.5%	47.8%	4.5%	1.2%	7.7%	.2%	.1%	2.0%	2.4%	7.4%
High: 51%+	21.4%	68.9%	12.6%	10.9%	68.9%	38.4%	9.9%	.8%	5.1%	*0.0%	.9%	1.8%	2.6%	4.5%
Free Lunch Enrollment														
Unknown	6.3%	27.1%	13.7%	21.5%	31.6%	24.1%	7.0%	*0.0%	1.7%	*0.0%	*0.0%	*0.0%	8.0%	*0.0%
Low: 0–25%	26.9%	76.0%	24.9%	15.5%	56.7%	41.2%	3.0%	1.6%	9.4%		1%	9%	1.7%	7.2%
Medium: 26–50%	27.0%	76.2%	15.2%	13.4%	65.4%	42.5%	2.8%	2%	8.7%		7%	2.1%	3.0%	4.5%
High: 51%+	19.0%	69.0%	14.5%	9.8%	68.0%	43.0%	9.2%	7%	5.3%	1%	8%	4.2%	3.3%	7.1%
IEP Enrollment														
Unknown	15.0%	40.7%	10.4%	6.8%	30.4%	19.9%	9%	1.2%	3.6%			1.2%	1.2%	3.2%
Low: 0–9%	27.2%	80.9%	19.1%	14.1%	69.2%	48.5%	5.4%	8%	7.5%		1%	3.1%	3.4%	5.3%
Medium: 10–14%	27.0%	81.2%	21.7%	15.8%	71.8%	44.9%	6.0%	1.0%	7.7%	2%	1.0%	3.1%	2.1%	7.1%
High: 15%+	23.0%	80.0%	18.6%	12.8%	73.0%	49.3%	7.9%	4%	10.8%		9%	2.2%	4.1%	8.9%

* Estimate was less than 0.05% and therefore rounded to zero.

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 27

Table 15A
Percentage of Schools Reporting That Various Mental Health Problems Are Among the Top Three Problems for Females, by Selected School Characteristics: 2002–2003

	Adjustment Issues	Social, Interpersonal or Family Problems	Anxiety, Stress, School Phobia	Depression, Grief Reactions	Aggressive /Disruptive Behavior, Bullying	Behavior Problems Associated With Neurological Disorders	Delinquency and Gang–Related Problems	Suicidal or Homicidal Thoughts or Behavior	Alcohol / Drug Problems	Eating Disorders	Concerns About Gender or Sexuality	Experience of Physical or Sexual Abuse	Sexual Aggression, Including Harass-ment	Major Psychiatric or Develop–mental Disorders
TOTAL	35.7%	79.9%	40.5%	29.1%	27.3%	20.1%	1.8%	2.3%	4.5%	3.7%	1.2%	6.2%	2.1%	3.2%
Region														
Northeast	38.3%	85.2%	47.2%	30.2%	27.6%	14.3%	1.5%	8%	6.8%	4.3%	2.6%	4.0%	1.4%	2.1%
South	30.5%	76.4%	40.2%	31.1%	22.1%	21.6%	1.4%	3.0%	4.8%	4.4%	.9%	5.5%	2.7%	3.2%
Midwest	37.9%	80.5%	37.5%	24.9%	30.7%	25.0%	3.1%	1.5%	3.9%	3.6%	1.2%	8.0%	1.6%	4.4%
West	37.3%	79.3%	40.4%	32.3%	28.8%	15.1%	.6%	3.7%	3.1%	2.3%	.6%	6.0%	2.4%	2.3%
Level														
Elementary	37.4%	79.5%	41.9%	21.1%	30.4%	25.7%	.8%	1.2%	.6%	.8%	.6%	7.3%	1.1%	3.7%
Middle	36.5%	82.9%	44.7%	31.3%	29.9%	15.2%	3.5%	3.1%	2.7%	4.1%	2.8%	5.4%	3.8%	2.4%
High	27.0%	74.4%	35.5%	47.4%	18.0%	6.0%	4.5%	5.5%	19.3%	6.8%	2.4%	3.6%	2.2%	2.0%
Combined	40.4%	87.6%	31.1%	44.7%	18.8%	21.0%	*0.0%	1.6%	5.1%	16.9%	*0.0%	5.2%	5.1%	4.4%
Urbanicity														
Urban	29.8%	71.8%	37.8%	25.1%	34.3%	17.8%	2.9%	2.9%	2.8%	1.0%	.5%	8.7%	3.3%	2.4%
Suburban	41.6%	81.7%	46.6%	30.1%	22.9%	21.3%	1.3%	2.5%	3.8%	2.5%	.5%	1.8%	1.1%	3.0%
Rural	34.4%	83.1%	37.2%	30.7%	26.9%	20.6%	1.6%	1.7%	6.0%	6.1%	2.2%	8.3%	2.1%	3.9%
Size														
1–500	37.6%	79.9%	37.9%	26.4%	27.7%	23.0%	1.9%	1.7%	4.5%	4.0%	1.6%	6.6%	1.8%	3.3%
501–1,000	35.6%	80.7%	43.7%	28.4%	29.4%	19.3%	1.2%	2.1%	2.5%	2.9%	1.0%	6.5%	2.6%	2.4%
1,001+	27.3%	77.1%	43.4%	44.2%	19.5%	9.2%	3.3%	5.4%	10.3%	4.4%	.2%	3.0%	2.1%	5.1%
Minority Enrollment														
Unknown	*0.0%	35.1%	35.1%	40.4%	5.2%	*0.0%	5.2%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%
Low: 0–15%	37.5%	82.7%	45.8%	34.3%	19.4%	18.9%	9%	2.1%	6.0%	5.6%	1.5%	5.8%	2.0%	2.7%

	Adjustment Issues	Social, Interpersonal or Family Problems	Anxiety, Stress, School Phobia	Depression, Grief Reactions	Aggressive /Disruptive Behavior, Bullying	Behavior Problems Associated With Neurological Disorders	Delinquency and Gang–Related Problems	Suicidal or Homicidal Thoughts or Behavior	Alcohol / Drug Problems	Eating Disorders	Concerns About Gender or Sexuality	Experience of Physical or Sexual Abuse	Sexual Aggression, Including Harass-ment	Major Psychiatric or Develop–mental Disorders
Medium: 16–50%	38.4%	81.5%	40.2%	27.9%	26.6%	23.1%	1.7%	2.4%	4.2%	3.0%	.8%	7.2%	2.4%	5.0%
High: 51%+	31.7%	75.5%	34.0%	23.3%	38.5%	19.5%	3.1%	2.5%	2.8%	1.8%	1.2%	6.0%	1.9%	2.4%
Free Lunch Enrollment														
Unknown	13.7%	27.1%	21.0%	30.8%	20.6%	12.0%	1.6%	*0.0%	6.2%	1.7%	6.2%	*0.0%	*0.0%	*0.0%
Low: 0–25%	39.6%	83.8%	53.2%	34.1%	17.4%	16.6%	3%	2.9%	4.8%	4.1%	6%	2.8%	2.3%	3.7%
Medium: 26–50%	38.8%	83.4%	39.5%	30.6%	26.4%	19.6%	1.0%	2.1%	4.9%	4.1%	8%	6.6%	1.3%	2.1%
High: 51%+	30.9%	75.9%	31.3%	23.7%	36.8%	23.9%	3.7%	1.9%	3.8%	3.0%	1.9%	9.0%	2.6%	3.8%
IEP Enrollment														
Unknown	20.9%	41.2%	21.7%	14.0%	12.0%	11.0%	8%	2.2%	1.9%	4.3%		2.2%	7%	1.9%
Low: 0–9%	44.9%	88.7%	44.3%	30.5%	30.3%	22.0%	1.7%	3.6%	4.1%	2.5%	2%	6.7%	2.3%	2.0%
Medium: 10–14%	38.0%	90.8%	49.4%	34.9%	29.8%	19.4%	2.2%	1.1%	5.3%	3.7%	3.6%	7.3%	6%	5.0%
High: 15%+	35.0%	89.0%	41.5%	33.3%	33.7%	26.2%	2.4%	2.2%	6.1%	4.4%	7%	7.7%	4.6%	3.6%

* Estimate was less than 0.05% and therefore rounded to zero.

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 27

Table 16
Percentage of Schools Reporting That Various Mental Health Problems Are the Ones That Use Most of Their Mental Health Resources, by Selected School Characteristics: 2002–2003

	Adjust-ment issues	Social, Inter-Personal or Family Problems	Anxiety, Stress, School Phobia	Depression, Grief Reactions	Aggressive /Disruptive Behavior, Bullying	Behavior Problems Associated With Neurological Disorders	Delinquency and Gang-Related Problems	Suicidal or Homicidal Thoughts or Behavior	Alcohol /Drug Problems	Eating Disorders	Concerns About Gender or Sexuality	Experience of Physical or Sexual Abuse	Sexual Aggression, Including Harass-ment	Major Psychi-atric or Develop-mental Dis-orders	Missing
TOTAL	3.7%	44.6%	1.2%	2.0%	18.4%	12.2%	.2%	.2%	.7%	.4%	*0.0%	.1%	.1%	1.8%	13.9%
Region															
Northeast	3.7%	47.0%	.4%	3.2%	20.5%	7.7%	*0.0%	.1%	1.0%	*0.0%	*0.0%	*0.0%	.4%	3.3%	12.0%
South	3.9%	48.6%	*0.0%	1.6%	14.4%	10.8%	.5%	*0.0%	.8%	.8%	*0.0%	*0.0%	*0.0%	1.8%	16.3%
Midwest	2.8%	40.7%	2.9%	1.0%	20.2%	16.7%	.2%	.2%	.5%	.6%	*0.0%	.3%	*0.0%	1.6%	11.4%
West	4.6%	43.4%	1.0%	3.2%	19.1%	10.5%	*0.0%	.5%	.4%	*0.0%	*0.0%	*0.0%	*0.0%	.9%	16.0%
Level															
Elementary	2.3%	42.1%	.4%	.6%	20.8%	15.4%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	.1%	*0.0%	2.4%	15.5%
Middle	5.1%	49.5%	2.0%	3.1%	18.2%	7.7%	1.0%	.4%	.6%	.4%	*0.0%	*0.0%	.6%	.9%	9.8%
High	6.3%	44.5%	1.6%	5.8%	13.7%	5.9%	.3%	.9%	3.5%	*0.0%	*0.0%	.2%	*0.0%	1.0%	15.7%
Combined	5.0%	52.0%	4.6%	1.6%	10.8%	11.9%	*0.0%	*0.0%	*0.0%	4.8%	*0.0%	*0.0%	*0.0%	1.6%	7.3%
Urbanicity															
Urban	3.9%	33.2%	.8%	1.4%	28.4%	11.0%	.3%	.1%	1.2%	.3%	*0.0%	*0.0%	*0.0%	*0.0%	18.7%
Suburban	4.2%	48.2%	.8%	2.8%	14.9%	13.0%	.1%	.4%	.5%	*0.0%	*0.0%	.1%	.3%	2.1%	12.0%
Rural	3.1%	48.3%	1.9%	1.7%	15.3%	12.2%	.2%	.1%	.5%	.8%	*0.0%	.1%	*0.0%	2.6%	12.6%
Size															
1–500	3.5%	45.8%	1.5%	1.5%	18.1%	12.8%	.1%	*0.0%	.3%	.4%	*0.0%	*0.0%	*0.0%	2.0%	13.5%
501–1,000	3.0%	42.2%	1.1%	2.0%	19.5%	13.3%	.2%	.2%	.6%	.6%	*0.0%	.2%	.2%	1.9%	14.4%
1,001+	6.5%	45.7%	5%	4.4%	16.2%	6.0%	.4%	1.3%	2.6%	*0.0%	*0.0%	.4%	.2%	.7%	14.3%
Minority Enrollment															
Unknown	*0.0%	35.1%	*0.0%	*0.0%	5.2%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	*0.0%	59.5%

	Adjust-ment issues	Social, Inter-Personal or Family Problems	Anxiety, Stress, School Phobia	Depression, Grief Reactions	Aggressive /Disruptive Behavior, Bullying	Behavior Problems Associated With Neurological Disorders	Delinquency and Gang-Related Problems	Suicidal or Homicidal Thoughts or Behavior	Alcohol /Drug Problems	Eating Disorders	Concerns About Gender or Sexuality	Experience of Physical or Sexual Abuse	Sexual Aggression, Including Harass-ment	Major Psychi-atric or Develop-mental Dis-orders	Missing
Low: 0-15%	4.4%	53.9%	1.3%	2.3%	13.8%	9.7%	.2%	*0.0%	.6%	.8%	*0.0%	*0.0%	*0.0%	1.7%	10.6%
Medium: 16–50%	4.4%	45.8%	1.0%	2.4%	14.1%	15.0%	.1%	.3%	.6%	*0.0%	*0.0%	.2%	.4%	3.9%	11.3%
High: 51%+	2.1%	31.5%	1.3%	1.4%	28.2%	13.3%	.3%	.3%	.8%	.2%	*0.0%	*0.0%	*0.0%	.3%	19.7%
Free Lunch Enrollment															
Unknown		12.7%	4.7%		22.3%	7.3%									52.8%
Low: 0–25%	5.8%	52.5%	1.3%	3.3%	11.1%	10.3%	4%	4%	1.0%					2.4%	10.8%
Medium: 26–50%	4.3%	48.6%	1.2%	1.7%	15.8%	11.7%		2%	5%	4%			3%	2.1%	12.6%
High: 51%+	1.5%	35.9%	1.1%	1.2%	26.4%	14.4%	2%		6%	8%		1%		1.2%	16.0%
IEP Enrollment															
Unknown	2.8%	21.3%	6%	1.5%	8.5%	7.0%		5%	3%	5%					56.5%
Low: 0–9%	4.2%	53.2%	1.3%	1.7%	19.6%	12.9%	1%	1%	4%					1.4%	4.5%
Medium: 10–14%	4.3%	49.7%	1.7%	2.7%	20.1%	13.6%	4%	3%	1.0%	4%				2.5%	2.7%
High: 15%+	3.1%	47.9%	1.1%	2.0%	22.9%	14.0%	3%		9%	8%		3%	4%	3.0%	2.6%

* Estimate was less than 0.05% and therefore rounded to zero.

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 28

Table 17
Percentage of Schools Providing and Not Providing Various Mental Health Services, by Service Provider: 2002–2003

Provision of Mental Health Services	Assessment for Emotional or Behavioral Problems/ Disorders	Behavior Management Consultation	Case Management	Referral to Specialized Programs/ Services	Crisis Intervention	Individual Counseling/ Therapy	Group Counseling/ Therapy	Substance Abuse Counseling	Medication/ Medication Management	Family Support Services
Services Provided	86.9%	86.8%	71.2%	83.5%	86.6%	76.0%	68.2%	43.3%	33.7%	57.7%
Services Not Provided	11.4%	11.5%	25.8%	14.0%	10.6%	12.2%	19.7%	44.3%	53.8%	30.1%
Missing	1.8%	1.7%	2.9%	2.4%	2.8%	11.9%	12.1%	12.4%	12.5%	12.2%
Who Provides Service										
School/District-Based Staff	81.3%	83.4%	77.1%	76.0%	80.8%	86.7%	86.1%	64.7%	55.1%	67.4%
Community-Based Staff	25.5%	23.9%	29.0%	0.0%	34.7%	43.9%	36.2%	56.2%	56.1%	61.6%
Both School and Community Staff	18.2%	18.8%	17.7%	0.0%	27.8%	32.8%	25.0%	23.4%	12.9%	31.5%
Missing	11.5%	11.5%	11.6%	24.0%	12.3%	2.2%	2.7%	2.5%	1.7%	2.4%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 29

Table 17A
Percentage of Schools Providing Various Mental Health Services, by Selected School Characteristics: 2002–2003

	Assessment for Emotional or Behavioral Problems /Disorders	Behavior Management Consultation	Case Management	Referral to Specialized Programs /Services	Crisis Intervention	Individual Counseling /Therapy	Group Counseling /Therapy	Substance Abuse Counseling	Medication /Medication Management	Family Support Services
TOTAL	86%	86%	71%	83%	86%	75%	68%	43%	33%	57%
Region										
Northeast	91%	90%	75%	86%	90%	77%	76%	48%	38%	61%
South	80%	81%	70%	83%	85%	70%	62%	37%	31%	50%
Midwest	89%	87%	67%	79%	85%	80%	70%	45%	32%	58%
West	88%	90%	74%	87%	87%	74%	66%	42%	35%	63%
Level										
Elementary	90%	89%	74%	85%	87%	75%	70%	34%	33%	59%
Middle	87%	86%	67%	83%	86%	79%	70%	56%	35%	53%
High	82%	81%	68%	82%	86%	72%	61%	56%	33%	58%
Combined	70%	78%	58%	69%	83%	79%	57%	51%	33%	49%
Urbanicity										
Urban	89%	90%	78%	89%	88%	74%	70%	42%	35%	61%
Suburban	90%	91%	73%	87%	92%	75%	74%	42%	31%	59%
Rural	82%	81%	65%	77%	81%	76%	61%	44%	34%	54%
Size										
1–500	83%	84%	67%	80%	83%	74%	64%	38%	34%	55%
501–1,000	90%	88%	75%	86%	88%	77%	73%	45%	33%	60%
1,001+	91%	90%	77%	89%	95%	77%	70%	58%	30%	62%
Minority Enrollment										
Unknown	77%	72%	77%	65%	77%	59%	45%	24%	24%	43%
Low: 0–15%	82%	83%	66%	81%	84%	74%	66%	42%	26%	52%
Medium: 16–50%	89%	88%	75%	83%	84%	78%	68%	43%	41%	61%
High: 51%+	90%	89%	73%	86%	90%	75%	71%	44%	36%	60%

	Assessment for Emotional or Behavioral Problems /Disorders	Behavior Management Consultation	Case Management	Referral to Specialized Programs /Services	Crisis Intervention	Individual Counseling /Therapy	Group Counseling /Therapy	Substance Abuse Counseling	Medication /Medication Management	Family Support Services
Free Lunch Enrollment										
Unknown	71%	75%	57%	78%	72%	42%	29%	11%	12%	30%
Low: 0–25%	88%	87%	73%	83%	87%	77%	72%	46%	29%	58%
Medium: 26–50%	84%	87%	70%	83%	85%	73%	63%	40%	35%	54%
High: 51%+	87%	85%	70%	83%	87%	77%	70%	43%	36%	59%
IEP Enrollment										
Unknown	83%	84%	68%	80%	82%	39%	34%	24%	19%	27%
Low: 0–9%	81%	83%	67%	82%	85%	81%	73%	41%	30%	63%
Medium: 10–14%	91%	92%	77%	83%	89%	84%	78%	53%	40%	68%
High: 15%+	89%	86%	69%	86%	87%	89%	76%	48%	42%	64%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 29

Table 17B
Number and Percentage of Schools by Percent of Students Who
Received Mental Health Services in the Previous School Year: 2002–2003

Percentage of Students Who Received Mental Health Services	Number of Schools	Percentage of Schools
0–10%	26,840	32.8%
11–25%	19,963	24.4%
26–50%	11,316	13.8%
51–75%	2,543	3.1%
76–100%	1,843	2.2%
Missing	19,397	23.7%
Total	81,901	100%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Table 18
Percentage of Schools Reporting Various Degrees of Difficulty in Providing Various Mental Health Services, among Schools that Provide Each Type of Mental Health Service: 2002–2003

		Ranked Degree of Difficulty					
Mental Health Services	**Number of Schools Providing Service**	**Not Difficult**	**Somewhat Difficult**	**Difficult**	**Very Difficult**	**Not Applicable**	**Missing**
Assessment for Emotional or Behavioral Problems /Disorders	71,142	32.7%	28.6%	20.6%	6.4%	0.7%	10.9%
Behavior Management Consultation	71,125	32.5%	31.8%	18.8%	5.3%	0.6%	10.9%
Case Management	58,342	28.4%	28.5%	21.9%	6.6%	3.0%	11.6%
Referral to Specialized Programs/Services	68,391	22.4%	26.2%	23.8%	13.5%	2.8%	11.5%
Crisis Intervention	70,913	32.5%	30.8%	18.9%	6.0%	1.3%	10.6%
Individual Counseling/Therapy	62,209	37.2%	33.0%	19.9%	7.6%	1.7%	0.5%
Group Counseling/Therapy	55,833	34.7%	32.0%	21.8%	8.8%	1.9%	0.8%
Substance Abuse Counseling	35,455	23.9%	27.8%	23.8%	14.5%	9.0%	1.0%
Medication/Medication Management	27,587	21.7%	23.0%	22.7%	16.2%	15.0%	1.3%
Family Support Services	47,245	24.0%	26.6%	30.7%	12.7%	5.1%	1.0%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 31

Table 19
Percentage of Schools Reporting Extent to Which Various Factors Are Barriers to Providing Mental Health Services: 2002–2003

	Extent of Barrier				
Factors	**Not a Barrier**	**Somewhat of a Barrier**	**Barrier**	**Serious Barrier**	**Missing**
School MH Resources	16.4%	21.6%	22.0%	27.0%	12.9%
Competing Priorities Taking Precedence Over MH Services	15.8%	24.6%	26.6%	19.6%	13.5%
Protecting Student Confidentiality	59.5%	19.8%	5.8%	2.0%	12.9%
Gaining Parental Cooperation and Consent	15.5%	38.1%	23.8%	9.9%	12.8%
Financial Constraints of Families	12.4%	17.1%	27.4%	30.5%	12.5%
Stigma Associated With Receiving MH Services	15.4%	35.5%	25.7%	10.5%	13.0%
Language and Cultural Barriers of Students or Families	38.2%	29.1%	13.6%	6.4%	12.6%
Inadequate Community MH Resources	16.9%	26.2%	22.7%	21.7%	12.6%
Inadequate Cooperation Between School and Community	24.6%	33.8%	18.9%	9.3%	13.4%
Transportation Difficulties Traveling to Providers	15.0%	26.6%	27.3%	17.7%	13.5%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 32

Table 20
The Types of Data and Uses for Data That Are Collected by Those Schools With Access to Data, by Selected School Characteristics: 2002–2003

	Percentage of Schools With Access To Data	Of Schools With Access to Data:										
		Types of MH Problems Presented by Students	Types of School-Based MH Services Provided	Demographic Characteristics of Students Who Receive Services	Number of Units of MH Services Delivered	Referrals to Community Providers	Referrals of Students for Medication	Reporting to District or State Offices	Developing, Training and Professional Development Programs For Various School Staff	Planning and Evaluation of School-Based MH Services and Resources	Planning and Evaluation of Arrangements with Community-Based MH Providers	Other Uses for the Data
TOTAL	49.8%	66.8%	68.9%	36.2%	32.4%	51.5%	37.9%	60.0%	39.6%	48.5%	26.9%	13.7%
Region												
Northeast	60.4%	65.6%	75.9%	29.1%	44.4%	64.2%	37.2%	62.9%	43.1%	53.2%	33.3%	12.5%
South	45.0%	68.2%	70.0%	42.6%	24.4%	43.3%	43.1%	57.7%	39.8%	48.8%	24.4%	10.7%
Midwest	50.6%	68.4%	64.3%	40.8%	29.4%	49.9%	39.0%	58.6%	46.5%	46.4%	24.6%	15.1%
West	46.8%	63.7%	67.9%	27.4%	35.7%	52.2%	30.2%	62.8%	24.2%	46.9%	27.7%	16.2%
Level												
Elementary	52.2%	64.0%	71.5%	35.2%	33.1%	46.6%	41.2%	60.5%	40.5%	48.0%	24.7%	11.3%
Middle	53.7%	72.8%	65.2%	40.1%	32.2%	58.1%	32.2%	59.8%	42.7%	52.7%	27.1%	13.9%
High	45.6%	69.5%	63.5%	36.0%	36.6%	57.2%	33.8%	60.1%	40.9%	49.2%	31.6%	23.3%
Combined	31.8%	70.0%	67.3%	33.5%	10.6%	68.0%	33.3%	54.7%	12.6%	36.0%	39.8%	11.5%
Urbanicity												
Urban	52.4%	66.9%	66.8%	37.1%	33.7%	54.9%	39.4%	58.3%	36.3%	44.5%	30.1%	15.6%
Suburban	54.2%	60.5%	69.9%	36.2%	42.0%	44.5%	35.6%	65.4%	41.1%	53.3%	20.3%	12.5%
Rural	44.8%	73.0%	69.3%	35.7%	22.2%	56.1%	39.2%	56.1%	40.4%	46.4%	31.3%	13.5%
Size												
1-500	46.9%	67.6%	70.7%	37.8%	31.2%	51.2%	41.1%	57.7%	39.8%	44.9%	26.3%	11.9%
501-1,000	54.0%	66.9%	65.7%	34.5%	32.1%	51.8%	38.0%	61.9%	40.1%	53.2%	27.0%	15.1%
1,001+	50.5%	63.3%	71.2%	34.8%	38.6%	52.2%	23.8%	64.4%	37.1%	48.9%	29.6%	17.3%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Items 34 and 35

Table 21
Percentage of Schools That Provide Various Prevention and Early Intervention Programs, by Selected School Characteristics: 2002–2003

	School-Wide Screening for Behavioral or Emotional Problems	Curriculum-Based Programs To Enhance Social And Emotional Functioning and Reduce Barriers to Learning	School-Wide Strategies To Promote Safe, Drug-Free Schools	School-Wide Programs To Prevent Alcohol, Tobacco, or Drug Use	Prevention and Pre-Referral Interventions for Mild Problems	Outreach to Parents Regarding Student Mental Health	Peer Counseling /Mediation, Support Groups	Other Programs	Missing
TOTAL	15.0%	59.2%	77.8%	72.2%	62.8%	33.8%	47.1%	2.5%	12.9%
Region									
Northeast	18.5%	66.0%	80.3%	71.2%	69.3%	44.4%	57.4%	4.0%	10.2%
South	13.4%	53.7%	72.4%	69.2%	57.6%	26.8%	42.2%	1.5%	15.7%
Midwest	13.6%	61.4%	84.5%	76.9%	65.4%	36.2%	48.0%	2.2%	10.1%
West	16.6%	57.9%	72.5%	69.6%	60.8%	30.9%	44.4%	3.0%	15.9%
Level									
Elementary	14.8%	64.2%	77.3%	69.3%	66.7%	38.2%	46.1%	1.8%	14.0%
Middle	14.8%	58.3%	84.2%	77.9%	65.6%	30.1%	55.7%	5.6%	9.0%
High	14.7%	48.2%	76.6%	75.4%	56.2%	28.7%	49.0%	1.9%	12.2%
Combined	17.9%	47.9%	68.8%	73.7%	42.1%	19.9%	31.2%	1.5%	15.7%
Urbanicity									
Urban	16.4%	54.4%	71.1%	62.2%	61.5%	33.3%	51.4%	3.3%	16.1%
Suburban	12.1%	65.0%	79.9%	75.4%	67.9%	42.1%	54.6%	3.0%	13.0%
Rural	16.5%	57.3%	80.0%	75.4%	59.5%	27.2%	38.6%	1.6%	11.1%
Size									
1–500	14.2%	59.0%	77.7%	73.0%	59.3%	30.1%	42.0%	1.8%	12.8%
501–1,000	16.6%	62.6%	80.1%	72.5%	68.0%	38.9%	51.2%	3.5%	12.6%
1,001+	13.9%	50.1%	71.3%	67.4%	64.1%	35.4%	59.3%	2.8%	14.8%
Minority Enrollment									
Unknown	*	35.1%	19.4%	14.1%	35.1%	*	35.1%	*	59.5%

	School-Wide Screening for Behavioral or Emotional Problems	Curriculum-Based Programs To Enhance Social And Emotional Functioning and Reduce Barriers to Learning	School-Wide Strategies To Promote Safe, Drug-Free Schools	School-Wide Programs To Prevent Alcohol, Tobacco, or Drug Use	Prevention and Pre-Referral Interventions for Mild Problems	Outreach to Parents Regarding Student Mental Health	Peer Counseling /Mediation, Support Groups	Other Programs	Missing
Low: 0–15%	14.9%	59.3%	78.9%	77.5%	63.5%	31.2%	44.0%	2.3%	10.4%
Medium: 16–50%	14.1%	62.7%	80.5%	72.7%	67.2%	35.5%	50.6%	0.6%	12.0%
High: 51%+	16.1%	56.5%	74.9%	65.7%	58.7%	36.1%	48.5%	4.4%	16.4%
Free Lunch Enrollment									
Unknown	9.0%	32.2%	34.5%	32.2%	29.2%	10.5%	22.2%	1.7%	52.8%
Low: 0–25%	14.2%	60.8%	79.4%	77.8%	67.4%	35.4%	52.0%	2.3%	10.2%
Medium: 26–50%	14.5%	58.5%	78.3%	71.7%	60.8%	30.6%	44.1%	2.3%	11.7%
High: 51%+	16.3%	59.5%	77.7%	69.4%	61.9%	35.8%	46.4%	2.7%	14.7%
IEP Enrollment									
Unknown	7.4%	26.3%	40.7%	36.6%	25.7%	12.9%	23.7%	1.2%	55.9%
Low: 0–9%	17.4%	65.2%	83.7%	79.8%	69.4%	38.5%	47.5%	1.8%	3.3%
Medium: 10–14%	15.6%	68.0%	87.6%	85.5%	72.4%	38.1%	59.2%	4.4%	1.6%
High: 15%+	17.9%	69.3%	90.0%	77.5%	74.8%	40.4%	52.0%	2.1%	1.7%

* Estimate is less than 0.05% and therefore rounds to zero.
Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
School Questionnaire, Item 36

District Tables 2002–2003

Table 1
Percentage of School Districts by Students Eligible To Receive Mental Health Services,
and Administrative Arrangement of Mental Health Services, by Selected District Characteristics: 2002–2003

		Students Eligible To Receive Mental Health Services			Administrative Arrangements for Mental Health Services				
	Number of Districts	All Students	Only Special Education Students	Missing	General and Special Education Administered Together	General and Special Education Administered Separately	Administered Both Together and Separately	Not Administered at District Level	Missing
TOTAL	14,752	82.8%	14.4%	2.6%	67.0%	26.0%	1.8%	4.1%	0.9%
Region									
Northeast	3,110	92.7%	6.6%	0.6%	75.6%	21.7%	0.7%	1.0%	0.7%
South	5,441	82.7%	16.9%	0.3%	67.0%	25.1%	1.8%	4.4%	1.4%
Midwest	3,330	82.8%	16.9%	0.2%	65.1%	28.6%	2.0%	3.4%	0.7%
West	2,872	72.2%	15.4%	12.2%	60.1%	29.4%	2.5%	7.4%	0.4%
Urbanicity									
Urban	2,003	83.0%	10.2%	6.7%	55.3%	36.0%	1.4%	7.0%	0.2%
Suburban	4,773	83.0%	13.7%	3.1%	64.2%	30.3%	2.4%	2.0%	0.8%
Rural	7,976	82.6%	15.9%	1.4%	71.6%	20.9%	1.5%	4.6%	1.2%
District Size									
1–5 Schools	10,651	81.3%	15.3%	3.3%	69.7%	23.5%	1.1%	4.7%	0.7%
6–15 Schools	3,100	86.3%	12.7%	0.8%	62.6%	30.4%	3.0%	2.2%	1.6%
16+ Schools	1,001	88.3%	10.5%	1.0%	52.4%	38.8%	4.7%	2.9%	1.0%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Items 1, 3

Table 1A
Number and Percentage of Districts Providing and Not Providing Mental Health Services: 2002–2003

Total Number of Districts	Number of Districts Providing Mental Health Services	Percentage of Districts Providing Mental Health Services	Number of Districts Not Providing Mental Health Services	Percentage of Districts Not Providing Mental Health Services
15,226	14,752	96.9%	474	3.1%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 1

Table 2
Percentage of Districts by Location of Administrative Responsibility for Mental Health Services, by Selected District Characteristics: 2002–2003

		Location of Administrative Responsibility					Most Common Combinations of Administrative Responsibility				
	Number of Districts	At the School District	At an Intermediate unit, collaborative or cooperative	Each School Administers its own MH Services	No Unit Has Administrative Responsibility	Other	District and School	District and Coop	District, Coop and School	Other	Missing
TOTAL	14,752	72.5%	14.1%	21.9%	5.2%	6.1%	8.4%	4.9%	1.3%	5.3%	1.9%
Region											
Northeast	3,110	84.5%	9.5%	27.3%	0.1%	1.7%	13.3%	4.0%	0.6%	4.6%	0.1%
South	5,441	68.7%	28.0%	20.0%	3.0%	2.8%	5.9%	9.2%	2.5%	3.1%	1.2%
Midwest	3,330	72.3%	5.8%	23.1%	7.4%	8.8%	9.2%	1.7%	1.0%	4.5%	1.1%
West	2,872	66.9%	2.3%	18.3%	12.3%	13.7%	6.7%	1.2%	0.2%	11.0%	6.1%
Urbanicity											
Urban	2,003	80.0%	9.2%	19.4%	8.3%	9.6%	14.3%	7.9%	0.3%	9.4%	6.6%
Suburban	4,773	72.9%	16.1%	24.3%	3.5%	5.0%	9.5%	4.2%	1.9%	4.8%	1.1%
Rural	7,976	70.3%	14.1%	21.1%	5.4%	5.8%	6.2%	4.5%	1.2%	4.5%	1.2%
District Size											
1–5 Schools	10,651	68.1%	14.9%	20.8%	6.5%	6.6%	6.1%	5.3%	1.1%	5.7%	2.3%
6–15 Schools	3,100	82.2%	13.4%	24.4%	1.4%	4.4%	13.1%	4.1%	1.6%	4.2%	0.6%
16+ Schools	1,001	89.1%	7.9%	25.8%	2.5%	5.2%	18.0%	3.4%	2.3%	4.2%	1.0%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 2

Table 3
Percentage of School Districts Using Various Staffing Arrangements for Mental Health Services, by Selected District Characteristics: 2002–2003

		Mental Health Staffing Arrangements						Most Common Combinations of Staffing					
	Number of Districts	Mental Health Staff Are School-Based	Mental Health Staff Are District-Based	Mental Health Staff Are Provided Through Contracts with Outside Providers	Schools/ Clusters of Schools Determine MH Staffing	District Operates MH Unit or Clinic Serving Multiple Schools	Other	School and District	School and Outside	District and Outside	School, District, and Outside	Other	Missing
TOTAL	14,752	39.9%	41.3%	48.8%	10.1%	2.3%	6.5%	7.2%	7.0%	5.5%	6.5%	9.8%	0.6%
Region													
Northeast	3,110	48.1%	53.3%	43.2%	10.1%	3.4%	4.4%	9.9%	6.4%	7.6%	9.4%	8.2%	0.0%
South	5,441	40.5%	44.1%	42.3%	13.3%	0.2%	4.7%	9.8%	9.3%	4.2%	3.6%	11.5%	0.6%
Midwest	3,330	38.5%	34.1%	53.5%	10.9%	2.8%	7.3%	3.8%	4.6%	6.7%	7.1%	10.0%	1.2%
West	2,872	31.2%	31.5%	61.6%	3.2%	4.8%	11.3%	3.3%	6.2%	4.5%	8.2%	7.9%	0.4%
Urbanicity													
Urban	2,003	50.4%	26.0%	61.2%	3.7%	3.0%	11.9%	7.0%	17.0%	3.6%	6.4%	9.7%	0.0%
Suburban	4,773	49.1%	46.4%	44.1%	8.4%	2.1%	4.0%	11.0%	9.1%	4.6%	7.4%	8.7%	0.0%
Rural	7,976	31.7%	42.1%	48.4%	12.8%	2.3%	6.7%	5.0%	3.2%	6.6%	6.0%	10.4%	1.1%
District Size													
1–5 Schools	10,651	35.2%	36.0%	48.0%	10.2%	2.0%	7.9%	6.4%	6.3%	4.0%	4.3%	9.2%	0.7%
6–15 Schools	3,100	50.3%	52.5%	48.0%	9.9%	1.2%	2.4%	9.2%	9.8%	9.7%	10.1%	9.3%	0.3%
16+ Schools	1,001	57.6%	64.1%	58.8%	10.1%	9.3%	4.7%	9.8%	6.6%	9.6%	19.1%	17.7%	0.1%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 4

Table 3A (Mutually Exclusive Version)
Percentage of School Districts Using Various Staffing Arrangements for Mental Health Services, by Selected District Characteristics: 2002–2003

	Number of Districts	Mental Health Staff Are School-Based	Mental Health Staff Are District-Based	Mental Health Staff Are Provided Through Contracts With Outside Providers	Schools/ Clusters of Schools Determine MH Staffing	District Operates MH Unit or Clinic Serving Multiple Schools	Other	Combined Practices	Missing
TOTAL	14,752	14.6%	17.0%	22.8%	3.5%	0.5%	4.4%	36.2%	0.6%
Region									
Northeast	3,110	18.7%	19.7%	12.1%	3.3%	1.2%	3.0%	41.7%	0.0%
South	5,441	15.6%	20.3%	18.1%	4.0%	0.0%	2.5%	38.5%	0.6%
Midwest	3,330	14.5%	12.4%	28.5%	5.0%	0.0%	5.7%	32.3%	1.2%
West	2,872	8.3%	13.2%	36.9%	1.1%	1.5%	7.9%	30.3%	0.4%
Urbanicity									
Urban	2,003	14.5%	5.4%	27.4%	1.5%	0.2%	6.8%	43.8%	0.0%
Suburban	4,773	18.4%	18.0%	16.8%	3.2%	0.0%	2.4%	41.0%	0.0%
Rural	7,976	12.4%	19.4%	25.3%	4.2%	0.9%	5.0%	31.4%	1.1%
District Size									
1–-5 Schools	10,651	14.5%	16.9%	27.1%	4.0%	0.7%	5.5%	30.2%	0.7%
6–15 Schools	3,100	16.0%	18.8%	12.9%	2.1%	0.1%	1.2%	48.2%	0.3%
16+ Schools	1,001	10.8%	12.9%	8.9%	2.2%	0.0%	1.8%	63.0%	0.1%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 4

Table 4
Percentage of School Districts Using Various Arrangements for Budgeting Mental Health Services, by Selected District Characteristics: 2002–2003

		Are Mental Health Services Budgeted Separately from Other Education Expenditures?				Are Mental Health Services for Special Education Students Budgeted Separately From Those for Other Students?			
	Number of Districts	Yes, Separately	No, Combined	Both Yes and No	Missing	Yes, Separately	No, Combined	Both Yes and No	Missing
TOTAL	14,752	47.9%	49.7%	0.7%	1.4%	47.1%	44.3%	1.3%	7.1%
Region									
Northeast	3,110	45.7%	53.0%	0.9%	0.3%	48.3%	47.1%	2.1%	2.3%
South	5,441	43.7%	54.8%	0.7%	0.7%	42.6%	48.6%	1.0%	7.5%
Midwest	3,330	57.9%	39.7%	0.7%	1.5%	53.0%	37.9%	1.4%	7.5%
West	2,872	47.0%	48.0%	0.7%	4.1%	47.6%	40.4%	0.9%	10.9%
Urbanicity									
Urban	2,003	60.0%	38.3%	1.1%	0.4%	73.5%	23.5%	1.0%	1.8%
Suburban	4,773	46.7%	52.4%	0.4%	0.3%	46.3%	44.8%	2.0%	6.7%
Rural	7,976	45.6%	50.9%	0.8%	2.4%	41.0%	49.1%	1.0%	8.6%
District Size									
1–5 Schools	10,651	47.5%	50.3%	0.5%	1.5%	46.5%	45.4%	0.8%	7.1%
6–15 Schools	3,100	49.2%	48.7%	0.8%	1.1%	47.5%	43.1%	1.8%	7.3%
16+ Schools	1,001	48.5%	46.6%	3.0%	1.7%	52.4%	36.3%	4.7%	6.4%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Items 5,6

Table 4A
Percentage of School Districts that Combine or Separate Mental Health and Education Budgets, 2002–2003

	Are Mental Health Services for Special Education Students Budgeted Separately From Those for Other Students?			
Are Mental Health Services Budgeted Separately from Other Education Expenditures?	**Yes, Separately**	**No, Combined**	**Both Yes and No**	**Missing**
Yes, Separately	32.1%	39.0%	0.3%	0.0%
No, Combined	38.4%	67.0%	0.3%	0.4%
Both Yes and No	64.9%	30.9%	30.6%	0.0%
Missing	60.5%	16.5%	0.8%	17.6%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Items 5, 6

Table 5
Percentage of School Districts Using and Not Using Various Funding Sources for Mental Health Services,
Percentage With Each Source Among Its Top Five, and Percentage Using Each Source by Type of Use: 2002–2003

	Percent of Districts Using and Not Using Each Funding Source for MH Services			Top Five Sources	How are Mental Health Funds Used?		
Funding Source	**Percentage Using**	**Percentage Not Using**	**Missing**	**Top Five Funding Sources**	**Prevention Services Only**	**Intervention Services Only**	**Both Prevention and Intervention**
Federal Sources							
Individuals with Disabilities Education Act	66.5%	29.6%	4.0%	61.6%	4.0%	29.6%	32.9%
Title 1	26.3%	68.6%	5.1%	22.3%	6.9%	4.9%	14.6%
Community Mental Health Services Block Grant	11.4%	79.4%	9.3%	6.9%	1.5%	3.5%	6.3%
Title IV - Safe and Drug Free Schools and Communities	60.5%	35.4%	4.0%	52.9%	26.5%	3.9%	30.1%
Safe Schools– Healthy Students Initiative	26.0%	66.5%	7.5%	16.2%	10.2%	3.6%	12.1%
State Sources							
State Special Education Funds	58.3%	32.1%	9.6%	51.5%	3.4%	25.9%	29.0%
State General Funds	47.4%	43.8%	8.7%	40.2%	6.7%	8.7%	32.1%
Tobacco Tax or Settlement	12.7%	79.8%	7.5%	5.9%	6.8%	0.3%	5.6%
Lottery Funds	3.5%	87.6%	8.8%	0.9%	0.2%	0.9%	2.5%
Local Funds	54.4%	34.3%	11.3%	47.1%	4.9%	11.4%	38.0%
Service Reimbursement							
Medicaid	39.7%	51.0%	9.3%	28.4%	2.0%	19.8%	17.9%
Third Party Payments	11.3%	81.5%	7.2%	5.0%	0.6%	7.2%	3.5%
SCHIP	1.7%	89.1%	9.1%	0.8%	0.0%	1.1%	0.6%
Self-Pay	10.0%	81.4%	8.7%	7.6%	0.3%	5.7%	4.0%
Private Foundation Grants (e.g., RWJF)	4.9%	89.2%	5.9%	2.5%	0.3%	1.2%	3.4%
Other Sources of Funding	10.2%	79.6%	10.2%	10.1%	1.9%	2.8%	5.5%

Source: *School Mental Health Services in the United States, 2002–2003*,
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. District Questionnaire, Items 7–8

Table 5A
Percentage of School Districts for Which the Source Is Among Their Top Five Sources for Funding Mental Health Services, by Selected District Characteristics: 2002–2003

	Number of Districts	IDEA	Title 1	Community MH Services Block Grant	Title 4	Safe Schools/Healthy Students Init Svc Funding	State Special Education Funds	State General Fund	Tobacco Tax / Settlement	Lottery Funds	Local Funds (Taxes)	Medicaid Reimbursement	3rd Party Payments	SCHIP	Self-Pay	Priv Foundation Grants	Other
TOTAL	14,752	61.5%	22.3%	6.9%	52.8%	16.1%	51.5%	40.1%	5.8%	0.8%	47.1%	28.4%	4.9%	0.8%	7.5%	2.5%	10.0%
Region																	
Northeast	3,110	77.0%	17.0%	3.7%	58.2%	24.8%	54.6%	33.9%	0.8%	1.2%	71.6%	31.7%	3.7%	0.0%	7.7%	3.8%	6.9%
South	5,441	54.0%	26.1%	5.6%	53.2%	5.5%	52.7%	43.8%	2.7%	0.8%	50.0%	31.6%	4.8%	0.2%	8.1%	1.4%	9.4%
Midwest	3,330	61.3%	22.1%	7.2%	47.9%	21.3%	54.8%	42.0%	2.9%	0.3%	39.4%	26.3%	7.1%	3.2%	5.7%	1.4%	5.7%
West	2,872	59.4%	21.0%	12.1%	52.2%	21.0%	41.9%	37.6%	20.6%	1.1%	23.9%	21.2%	4.0%	0.0%	8.3%	4.3%	19.6%
Urbanicity																	
Urban	2,003	64.8%	35.1%	5.1%	47.5%	19.7%	57.8%	38.8%	9.0%	0.7%	38.5%	28.3%	4.5%	0.0%	6.4%	7.7%	12.2%
Suburban	4,773	64.8%	16.7%	6.0%	54.9%	14.4%	55.7%	38.1%	6.4%	1.7%	54.6%	32.4%	3.8%	1.0%	4.8%	2.9%	11.7%
Rural	7,976	58.7%	22.4%	7.8%	53.0%	16.3%	47.3%	41.7%	4.7%	0.3%	44.7%	26.0%	5.7%	0.9%	9.4%	0.9%	8.5%
District Size																	
1–5 Schools	10,651	56.9%	24.5%	5.1%	52.4%	15.6%	50.4%	38.9%	6.1%	0.2%	47.1%	25.4%	3.1%	0.6%	7.8%	2.3%	9.9%
6–15 Schools	3,100	73.0%	13.5%	10.0%	53.3%	15.4%	52.6%	43.0%	4.3%	2.4%	49.5%	36.1%	10.1%	1.2%	7.3%	2.6%	10.7%
16+ Schools	1,001	75.8%	25.7%	15.1%	56.5%	23.7%	59.2%	43.9%	8.2%	2.8%	39.3%	36.2%	8.0%	1.2%	4.7%	3.1%	9.6%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 8

Table 6
Average Percentage of Mental Health Expenditures Allocated to Various Categories,
by Selected District Characteristics: 2002–2003

	Number of Districts	Administrative Overhead	Salaries for Mental Health Staff	Contracts With Community Organizations or Providers to Provide Mental Health Services	Technical Assistance, Professional Development and Training	All Other
TOTAL	14,752	4.4%	57.1%	26.1%	8.2%	2.2%
Region						
Northeast	3,110	5.2%	64.8%	22.2%	5.8%	1.4%
South	5,441	3.8%	63.1%	21.5%	6.9%	3.3%
Midwest	3,330	5.0%	43.0%	37.6%	7.8%	2.3%
West	2,872	3.7%	52.2%	26.6%	14.4%	1.0%
Urbanicity						
Urban	2,003	3.1%	53.8%	27.7%	12.8%	1.7%
Suburban	4,773	5.4%	63.3%	24.4%	4.6%	0.6%
Rural	7,976	4.0%	54.0%	26.8%	9.2%	3.4%
District Size						
1–5 Schools	10,651	4.2%	54.8%	27.4%	9.2%	2.5%
6–15 Schools	3,100	4.4%	62.9%	23.8%	5.5%	1.0%
16+ Schools	1,001	5.6%	63.4%	19.7%	6.6%	3.1%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 9

Table 7
Percentage of School Districts Using Various Methods To Direct Mental Health Resources to Schools, by Selected District Characteristics: 2002–2003

	Number of Districts	On a Per Pupil Basis (Based on Student Enrollment)	Targeted to Schools Based on Mental Health Needs of Students	Resources are Equally Distributed (Regardless of School Size)	Other	Missing
TOTAL	14,752	33.8%	46.6%	18.1%	14.3%	4.5%
Region						
Northeast	3,110	42.1%	46.3%	13.9%	13.2%	0.9%
South	5,441	28.8%	45.6%	23.7%	12.1%	6.4%
Midwest	3,330	35.4%	40.0%	21.0%	22.0%	1.7%
West	2,872	32.5%	56.7%	8.7%	10.6%	8.0%
Urbanicity						
Urban	2,003	33.6%	46.0%	17.4%	19.7%	0.5%
Suburban	4,773	36.1%	48.1%	15.9%	14.5%	3.6%
Rural	7,976	32.5%	45.9%	19.6%	12.8%	6.0%
District Size						
1–5 Schools	10,651	32.4%	44.7%	16.6%	13.0%	5.5%
6–15 Schools	3,100	36.2%	49.4%	22.0%	16.8%	1.6%
16+ Schools	1,001	41.2%	58.6%	22.6%	20.0%	2.3%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 10

Table 8
Percentage of School Districts Reporting the Degree to Which Various Funding Restrictions and Obstacles are Impediments to Delivery and Coordination of Mental Health Services, 2002–2003

Restriction/Obstacle	Not At All	Minor Extent	Moderate Extent	Major Extent	Missing
Funding Source Obstacles					
Restrictions on Location of Service Provision	36.9%	25.6%	23.4%	9.9%	4.2%
Restrictions on Types of Mental Health Services Provided	19.4%	27.1%	30.6%	18.5%	4.4%
Restrictions on Types of Staff Who Can Provide Services	20.9%	29.8%	29.5%	15.7%	4.2%
Limitations on Providers Considered Eligible To Provide Service	22.9%	30.2%	27.4%	14.9%	4.6%
Limitations on the Number of Sessions or Duration of Mental Health Services	21.8%	23.5%	29.9%	20.7%	4.2%
Other Funding Obstacles					
Complexities of Using Multiple Funding Sources To Fund Mental Health Positions or Programs	20.6%	27.7%	26.3%	20.3%	5.1%
Lack of Administrative Support For 3rd Party Billing for 3rd Party Reimbursement	42.1%	20.8%	14.5%	14.0%	8.6%
Insufficient Community Mental Health Resources	14.0%	21.2%	24.5%	36.7%	3.7%
Competing Priorities for Use of Funds (e.g.. Focus on Improving Academic Achievement)	9.9%	15.7%	28.0%	41.9%	4.5%
Restrictions with Insurance and HMOs	29.7%	19.3%	21.4%	21.6%	8.0%
Other Obstacles					
Barriers Involving Parents or Guardians	9.4%	39.6%	37.7%	10.3%	3.0%
Resistance from Non-Mental Health School or District Staff	39.0%	40.4%	13.6%	3.9%	3.1%
Resistance from the Community	49.5%	37.8%	8.5%	0.9%	3.3%
Other Obstacles	82.4%	0.3%	2.2%	8.2%	6.9%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 10

Table 9
Percentage of School Districts Reporting Changes in Funding Versus Changes in Need for Mental Health Services Since the 2001-2002 School Year: 2002–2003

	TOTAL	Funding Decreased	Funding Remained the Same	Funding Increased	Missing
TOTAL	100.0%	33.2%	40.0%	14.4%	12.2%
Q13: Change in Need of General Education Students for MH Services					
Need Decreased	2.0%	51.8%	43.4%	4.6%	0.0%
Need Remained the Same	24.6%	21.8%	61.1%	5.1%	11.8%
Need Increased	69.2%	38.6%	34.8%	18.9%	7.6%
Missing	4.0%	0.0%	0.0%	0.0%	

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Items 12,13

Table 9A
Percentage of School Districts Reporting Changes in Level of Funding and Level of Need for Mental Health Services Among General Education Students Since the 2000–2001 School Year, by Selected District Characteristics: 2002–2003

	Number of Districts	Funding Decreased	Funding Remained the Same	Funding Increased	Missing / NA	Need Decreased	Need Remained the Same	Need Increased	Missing / NA
TOTAL	14,752	33.2%	40.0%	14.4%	12.2%	2.0%	24.6%	69.2%	4.0%
Region									
Northeast	3,110	28.9%	36.2%	26.8%	7.9%	0.1%	21.1%	77.3%	1.4%
South	5,441	34.9%	42.2%	9.3%	13.5%	1.0%	27.0%	67.5%	4.3%
Midwest	3,330	22.8%	50.0%	12.7%	14.3%	3.6%	29.7%	62.5%	3.9%
West	2,872	46.4%	28.5%	12.7%	12.1%	4.2%	17.8%	71.5%	6.3%
Urbanicity									
Urban	2,003	29.1%	38.6%	24.5%	7.6%	0.3%	16.3%	76.3%	6.9%
Suburban	4,773	36.7%	41.4%	13.4%	8.4%	0.8%	24.2%	74.1%	0.7%
Rural	7,976	32.1%	39.6%	12.5%	15.6%	3.2%	26.9%	64.5%	5.3%
District Size									
1–5 Schools	10,651	33.0%	39.8%	14.0%	13.0%	2.4%	26.9%	65.8%	4.7%
6–15 Schools	3,100	31.4%	42.7%	15.1%	10.5%	1.0%	20.5%	75.8%	2.4%
16+ Schools	1,001	39.8%	34.8%	16.7%	8.5%	1.1%	12.3%	84.8%	1.6%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Items 12,13

Table 10
Percentage of School Districts Reporting Changes in Mental Health Resources of Various Types
Since the 2000–2001 School Year: 2002–2003

Mental Health Resource	Decreased	Stayed the Same	Increased	Missing/NA
Number of Mental Health Staff	16.9%	51.2%	21.0%	10.9%
Number of General Education Students Served	9.6%	27.7%	56.4%	6.4%
Range of Mental Health Services Offered	13.2%	55.8%	24.8%	6.2%
Professional Development and Training	10.4%	56.0%	25.2%	8.3%
Referrals to Outside Providers	3.0%	31.0%	59.5%	6.5%
Availability of Outside Providers To Deliver Services to Students	30.6%	50.8%	12.5%	6.2%
Outreach to Parents	7.1%	49.8%	36.5%	6.7%
Other Mental Health Resource	0.9%	0.1%	1.5%	97.5%

Source: *School Mental Health Services in the United States, 2002–2003,*
Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
District Questionnaire, Item 14