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Quick Stats Fact Sheet

Mental Health, Substance Abuse, and Dropping Out: A Quick Stats Fact Sheet

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This fact sheet is intended to provide a snapshot of the current issues surrounding dropout factors among students who are identified with emotional disturbance, as well as to provide mental health resources that may assist this population to remain in high school.

The Risks

- In 2004–2005, 45% of students with an emotional disorder dropped out of high school (U.S. Department of Education, Report to Congress, 2009).
- In 2005–2006, the percentage of students with disabilities exiting school with a regular high school diploma was 57%, an increase from 43% in 1996–1997. However, only 43% of students with an emotional disturbance graduated with a diploma (Planty et al., 2008).
- Although major school failure (expulsion, suspension, or dropout) rates are lower for girls than boys, girls are at greater risk of serious depression than boys (22% versus 17%, respectively). About 33% of girls who drop out of school develop depression, compared to 19% who do not drop out (McCarty et al., 2008).
- Untreated mental illness accounts for high rates of absenteeism and tardiness. Referral to a school-based mental health center or to counseling reduces absenteeism rates by 50% and tardiness rates by 25% (Gall, Pagano, Desmond, Perrin, & Murphy, 2000).
- More than 20% of youth ages 12–17 who were identified as having experienced a major depressive episode in 2007 reported very severe impairment in at least one of the four major role domains (home, school/work, family relationships, or social life), and almost one-half of youth reported severe impairment in at least one of those domains (Substance Abuse and Mental Health Services Association (SAMHSA), 2008).

Substance Abuse

Many individuals who have mental health needs often struggle with substance abuse, as the following statistics relay:

- Among youth ages 12–17 who had a major depressive episode, 29.2% report that they initiated alcohol use. Only 14.5% of youth who had not experienced a major depressive episode report they initiated alcohol use (SAMHSA, 2007).
- Among youth ages 12–17 who had a major depressive episode, 16.1% report they initiated illicit drug use. Only 6.9% of youth who had not experienced a major depressive episode report that they initiated illicit drug use (SAMHSA, 2007).

Top Challenges Addressed in School-Based Mental Health Services

The following table shows the primary types of challenges addressed by school-based mental health services:

For Boys	For Girls
Social/interpersonal or family problems (66%)	Social/interpersonal or family problems (74%)
Aggression or disruptive behavior (54%)	Depression/grief (47%)
Alcohol/drug problems (34%)	Anxiety (36%)

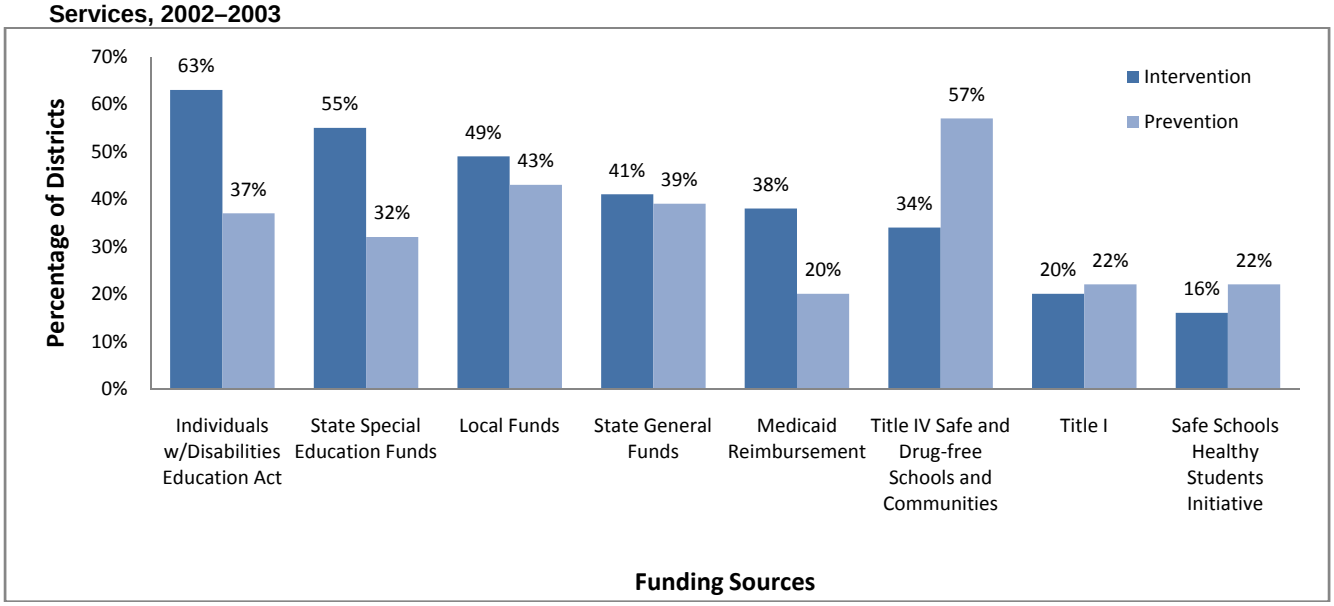
Source: Substance Abuse and Mental Health Services Administration. (2005). *School mental health services in the United States, 2002–2003* (school questionnaire, item 27, appendix C, school tables 15, 15A). Washington, DC: U.S. Department of Health and Human Services.

Funding of Mental Health Services in Schools

School systems across the country work hard to meet the challenges of providing adequate support to students identified with emotional disabilities.

The two largest barriers to providing adequate mental health services reported by schools were competing priorities (70%) and insufficient community mental health resources (61%) (SAMHSA, 2005). The following graphic displays the percentage of districts using each funding source for intervention and/or prevention services in 2002–2003.

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



Source: Substance Abuse and Mental Health Services Administration. (2005). *School mental health services in the United States, 2002–2003* (school questionnaire, item 7, appendix C, district table 5). Washington, DC: U.S. Department of Health and Human Services.

Mental Health Services

The following provides information on services to which students identified with emotional disorders are entitled.

Students through age 21 who have identified emotional disturbances, and students with other disabilities that include behavioral and emotional components, are provided with individualized education programs (IEP). They may also receive psychological services, counseling and social work services, and job coaching (GAO, 2008). Students identified for special education receive these services, yet there are numerous students who could benefit but who have not yet been appropriately identified.

- High schools most frequently contract with county mental health agencies and community health centers to provide mental health services (SAMHSA, School Mental, 2005).
- In 2002–2003, nearly 70% of districts faced an increased need for mental health services from the previous year (SAMHSA, School Mental, 2005).
- School nurses spend 33% of their time providing mental health services (GAO, 2007).

Many other high school students struggle with the challenges associated with emotional disorders that have yet to be identified and, as a result, do not always benefit from the full range of available services. Therefore, it is important that students are accurately identified as soon as possible, because half of all disorders occur before age 14 and three-quarters occur by age 24 (Kessler et al., 2005).

Transitions Out of High School

Students with mental health issues face increased challenges after high school.

- The primary postsecondary goals of students with emotional disturbance include competitive employment (53%), living independently (50%), and attending college (44%) (U.S. Department of Education, 2007).
- However, only 32% of students with a serious mental illness continue onto postsecondary education (GAO, 2008).

Conclusions

The statistics above highlight both the importance of addressing mental health in high schools and the long-term consequences of untreated mental illnesses. Many of the same supports and interventions currently used for dropout prevention—including behavioral support interventions, school connectedness, and personalization strategies—may also address the isolation that students with mental illnesses may feel. Significantly more research is needed to determine how schools can best help students suffering from mental illness, but improving diagnosis and treatment of mental disorders in youth will help improve academic achievement and lessen absenteeism,

substance abuse, and behavior problems (Jennings, Pearson, & Harris, 2000). According to the Center for Mental Health Services' Child, Adolescent and Family Branch, some of the basic keys to improving mental health services include eliminating disparities and fostering cultural and linguistic barriers, establishing effective service delivery models, and collaborating with other child and family service agencies.

Recommended Web Sites

The Center for Mental Health Services' Child, Adolescent and Family Branch
The Child, Adolescent and Family Branch of the Federal Center for Mental Health Services promotes and ensures that the mental health needs of children and their families are met within the context of community-based systems of care. Systems of care are developed on the premise that the mental health needs of children, adolescents, and their families can be met within their home, school, and community environments.

The Research and Training Center for Children's Mental Health
The Research and Training Center for Children's Mental Health at the University of Southern Florida's Louis de la Parte Florida Mental Health Institute was initiated in 1984 to address the need for improved services and outcomes for children with serious emotional/behavioral disabilities and their families. Since that time, the Center has conducted research, synthesized and shared existing knowledge, provided training and consultation, and served as a resource for other researchers, policymakers, administrators in the public system, and organizations representing parents, consumers, advocates, professional societies, and practitioners.

The Research and Training Center on Family Support and Children's Mental Health
The Research and Training Center on Family Support and Children's Mental Health at Portland State University is dedicated to promoting effective community-based, culturally competent, family-centered services for families and their children who are or may be affected by mental, emotional, or behavioral disorders. This goal is accomplished through collaborative research partnerships with family members, service providers, policymakers, and other concerned persons.

The Technical Assistance Partnership for Child and Family Mental Health
The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) operates under contract with the federal Center for Mental Health Services to provide technical assistance to system of care communities funded by the *Comprehensive Community Mental Health Services for Children and Their Families Program*. Grounded in an organization with vast research experience, staff are comprised of family members and professionals with extensive practice and experience.

References and Additional Resources

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