



# STUDENT MENTAL HEALTH NEEDS ASSESSMENT

IN COLLABORATION WITH THE TULARE & KINGS COUNTIES  
SUICIDE PREVENTION TASK FORCE

## EXECUTIVE SUMMARY



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# EXECUTIVE SUMMARY

*"I see kids all the time who are withdrawn and isolating themselves; some say, 'We're moving again so why should I get attached to anyone?' "*

– High School Counselor

*"Aggressive behaviors can look like so many other things at this early age, which is why the biggest mental health challenge is to truly be able to diagnose what's going on."*

– Elementary school principal



## INTRODUCTION

Research demonstrates that students with good mental health are more successful in school. Students who need and receive mental health support are also more likely to be successful as adults. When students experience mental health problems they often struggle to attend school, have difficulty completing assignments, and have more frequent conflicts with peers and adults. One-half of all lifetime diagnosable mental health conditions begin by the age of 14<sup>1</sup> and, increasingly, the school setting is recognized as the most efficient delivery system for students to receive mental health services.<sup>2</sup>

This student mental health needs assessment was undertaken by BARBARA AVED ASSOCIATES at the request of the Tulare & Kings Counties Suicide Prevention Task Force (SPTF) and its Student Mental Health Network to better understand and be able to respond to the mental health needs of students in Tulare and Kings Counties. The SPTF Executive Committee served as the steering committee for the study. Many voices contributed to the picture of student

mental health in Tulare and Kings Counties as will be evident below. The report is organized so that readers who have a special interest in the findings from certain stakeholder groups can easily locate those chapters.

## METHODS

Data for the assessment were gathered from extensive interviews, focus groups, and written and online surveys with school personnel—principals and college administrators, teachers, psychologists and counselors—mental health providers, primary care physicians, parents and students (the “study sample”). Prior to data collection, a review of literature and existing data was completed to give context to the findings and recommendations. Based on the assessment findings, recommendations for addressing unmet needs are presented that will require consideration for priority setting and action planning by the Executive Committee.

<sup>1</sup> Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Co-morbidity Survey replication. *Archives of General Psychiatry* 2005;62(6):593-602.

<sup>2</sup> Skalski AK, Smith AJ. Responding to the Mental Health Needs of Students. *PL* September 2006. <http://www.nasponline.org>

## NEEDS ASSESSMENT HIGHLIGHTS

After evaluating all of the data collected from the needs assessment process, certain key findings emerged.

### The Background

- Generally about half of the individuals contacted to participate in the study responded to the request. The only exception was private and religious schools; of the 11 sites contacted, none responded.
- The statistical projection of need for mental health services for student age groups are slightly higher in Tulare County than Kings County, but both are generally comparable to statewide estimates. The rates are higher among youth from lower income categories.
- Based on national data, there is likely a large gap between the need for mental health services by students who are military veterans and the use of those services.

### Schools

- There were little differences among study participants in citing mood disorders, specifically depression and anxiety, as the most-commonly observed mental health concern among students.
- Although not the majority, many school personnel believe mental health concerns of students has increased in the last few years.
- 77% of K-12 administrators (compared to 69% of school counselors and psychologists) believed addressing student mental health needs was “a big part” of their role at school.
- Most (93%) K-12 schools did not conduct any type of routine, school-wide risk assessment on common mental health-related factors, though some think they should.

- On average, only about 20% of school personnel reported feeling fully confident in their ability to identify depression and anxiety. Teachers reported the lowest levels but were slightly more confident in being able to *respond* to these identified problems.
- Respondents generally were the least confident about identifying suicide risk and eating disorders.
- About 25% of the respondents who worked with preschoolers (children age 0-5) said they were not confident identifying concerns related to early childhood mental health.
- All of the school personnel and providers who participated in this project took the issue of suicide risk very seriously.
- Teachers were the most likely to indicate they were not aware of their school’s policies and procedures regarding responding to students’ mental/emotional health needs.
- Fewer than one-third of the administrators who were aware of the California Healthy Kids Survey said they reviewed the data *and applied findings to make needed changes*. Two-thirds of the teachers were unaware of the CHKS.

### Parents

- Most parents were willing to accept and engage in addressing their student’s mental health issues, but some schools reported denial or unwillingness by up to half of the families.
- When administrators expressed frustration at parental behaviors, they acknowledged parents’ personal problems, including substance abuse and their own mental health issues, as the main reason for their inability to help their children. Home environment was cited as the main barrier to student access to mental health services.



- Parents mentioned some important factors they thought might have made a difference to their child in preventing or reducing their mental health needs. In general, earlier assessment of problems and more available resources for intervention were key issues.
- Bullying was a major concern expressed by all groups but especially by parents and students. Despite school anti-bullying policies, some feel enforcement is inconsistent or lax, particularly parents and students.
- Parents felt their child’s mental health issues were important to address at school, and most would support those services being implemented in their child’s school.
- About half the parents with students on mental/behavioral health-related medications were still struggling with the need for a dosage adjustment “to get it to work” or getting the student to consistently take the medication.
- There was wide confusion and misperception by parents and students (and even some school personnel) about the role of school psychologists and availability to offer mental health counseling; the psychologists reported their main job was conducting assessments for special education.
- Wait times for mental health clinics and non-profit providers are mostly reasonable, but in some cases the “hoops” families have to go through before their student can actually begin therapeutic services adds upfront wait time that is frustrating for both parents and students.

## Students

- A greater proportion of middle and high school students than college students (90% compared to 30%) identified a resource and know where to turn to if they had a mental health concern and wanted help.
- Students identified many specific prevention strategies that might have made a difference in preventing some of the mental health issues young people face, including *wanting* school personnel to take the initiative in asking students how they were feeling and alerting their parents to issues.
- The incidence of reported bullying at school associated with gender and sexual orientation is similar as the incidence related to race and ethnicity.
- Students noted awareness of suicide symptoms, but were most likely to say they would listen to a friend but not necessarily to report it.
- Despite preventive efforts, many college students “blow off” the information if they think the information does not apply to them. Stigma and asking for help, however, are major barriers to seeking care for young adults.
- The greatest majority of students who were involved in mental health treatment (and parents, once parents had overcome any barriers to get the student into a system of care), related positive experiences with services.

## Physicians

- Family practice physician survey respondents were more likely to indicate confidence in identifying depression and anxiety and pediatricians were more confident identifying behavior management and substance abuse problems. However, among both types of primary care respondents, 36% felt “very little to no confidence” in their ability to identify student patients with sexual orientation/gender identify issues; 28% of family practice physicians and 13% of pediatricians indicate they neither treat nor refer when these issues are of concern.
- Lack of available resources (and unawareness about available resources) and lack of time to address concerns are the 2 main barriers that limit physician diagnosis and management of student mental health issues.
- On the whole, physician respondents generally do not work with school personnel to confer or coordinate care when there are mental/emotional health issues among their young patients; pediatricians report higher levels of school involvement than family practice physicians.
- There was little difference in findings between Tulare and Kings Counties based on geography except for the availability of resources (especially mental health providers trained in early mental health and therapists with expertise in addressing LGBTQ issues) which are fewer in Kings County.

## Community Mental Health Providers

- There was little difference in findings between Tulare and Kings Counties based on geography except for the availability of mental health providers (especially providers with expertise in early mental health, LGBTQ

issues, and crisis mental health) which are limited in Tulare County and often very scarce in Kings County.

- Mental health providers praised the efforts of the MHSA prevention and early intervention programs and noted that the effects are being seen in increased community awareness about mental health needs and resources. This has led to increased demand for services. With the changes from the Affordable Care Act, access has been opened, but the availability of public and private mental health providers is not expanding.

## Conclusions and Suggestions

Study participants indicated a great deal of understanding of the many positive efforts that have been undertaken in Tulare and Kings Counties to expand school-based prevention strategies, draw greater attention to the topic of suicide and adopt formal policies for bullying. Nevertheless, there is enormous and varied mental health needs among students and real limitations of the existing resources.

The following 9 suggestions (in no particular order of importance), which reflect the input of all study participants, tie most closely to the identified needs and warrant priority consideration for focusing resources in student mental health. Some of these solutions can be addressed in the short term while others will require more long-term planning to implement.

- Expand mental health prevention and treatment services for students in more school districts and college campuses, especially in Kings County.
- Increase awareness among college and adult trade school students of available mental health services.



- Expand the Mental Health First Aid training program for all teachers.
- Facilitate a greater understanding about the implications of bullying on students' mental health.
- Increase support for early childhood mental health programs.
- Support increased community and parent awareness around the stigma of mental health.
- Offer periodic mental health education programs for community primary care physicians and other providers for children and youth.
- Share and use the findings from this needs assessment as opportunities to improve mental health efforts in Tulare and Kings Counties.
- Encourage the engagement of private religious schools in community-wide efforts to meet all student mental health needs in the two counties.



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For a copy of the full report, please contact:

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