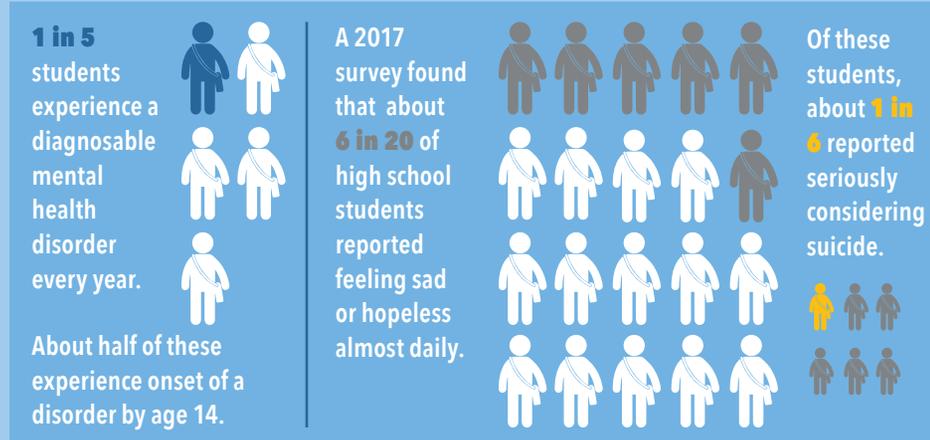


# CONNECTING SCHOOLS AND MENTAL HEALTH

## Why Mental Health Matters to Schools

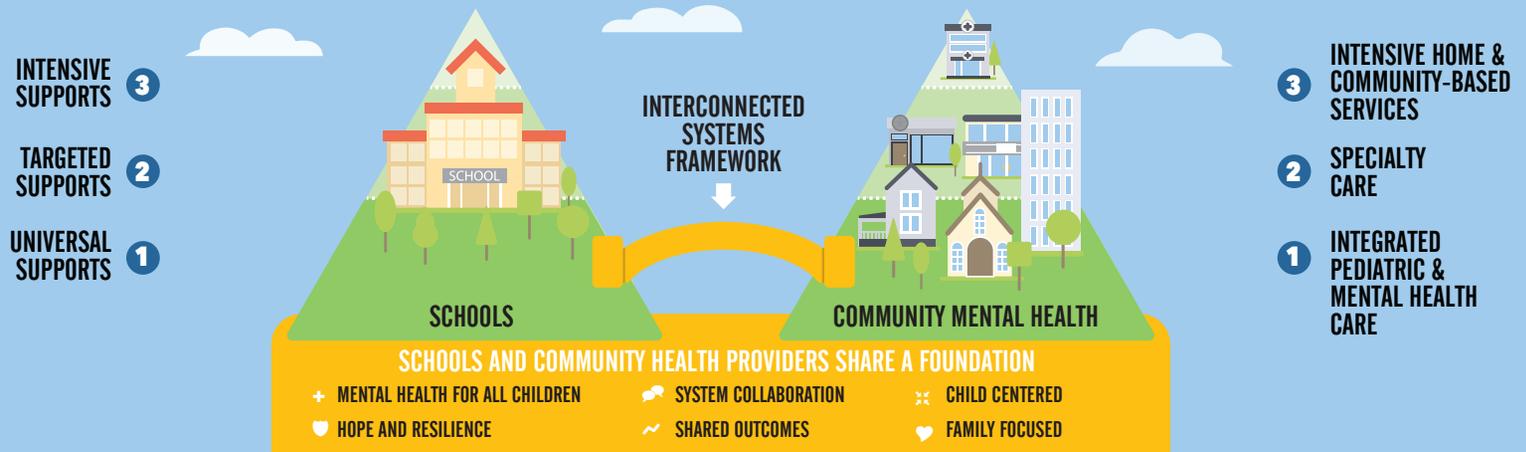


Untreated mental health problems impair educational success as well as social and emotional well-being. Students with poor mental health experience higher rates of **absenteeism**, lower school **engagement**, and decreased academic **performance**. They also have more incidents of **disruptive** classroom behaviors and higher **dropout** rates.

**These untreated mental health problems in students also affect teachers.** When schools recognize and address the needs of students, teachers' interactions with students improve. Teachers also experience less job-related anxiety and depression and decreased burnout and turnover.

## Improving Outcomes for Students

Delivering mental health services in schools is a good start. School-wide social and emotional learning can also improve student outcomes. Adding Positive Behavioral Intervention and Supports and Multi-Tiered Systems of Support helps reach students who need targeted strategies. But none of these models address all needs.



## Interconnected Systems Framework

The missing piece is a strong collaboration—an “**Interconnected Systems Framework**”—between the education system and mental health system. This framework creates a network of school-based, school-linked, and community-based social, emotional, and mental health supports and services for all students.

## HOW TRIWEST CAN HELP

TriWest will conduct a **district-wide analysis**, helping develop a **plan** to increase student access to school-based, school-linked, and community-based mental health services and supports.

We want to ensure that school districts meet the social and emotional needs of students across the three tiers—**Universal**, **Targeted**, and **Intensive**—and all grade levels.

### OUR APPROACH

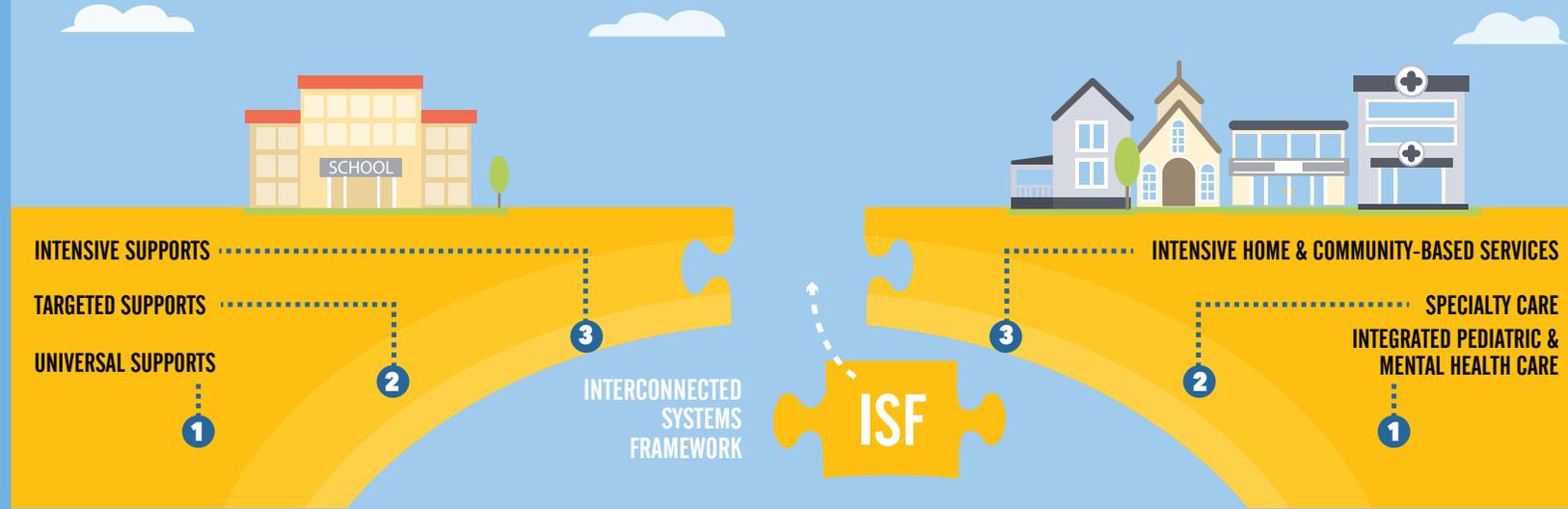
We provide a district-wide, data-driven analysis of needs and services.

- 1 Needs Assessment**  
What are student mental health needs?
- 2 Services Review**  
What school and community supports exist?
- 3 District Review**  
How do policies, structures, and processes help?
- 4 Recommendations & Strategies**

## The TriWest Approach

We use district and local mental health data to assess how current arrangements, provider partnerships, services, and supports meet the needs of all students.

This **Needs Assessment** includes special focus on students who need Targeted (Tier 2) and Intensive (Tier 3) mental health supports. And we will conduct a **Services Review** of school and community-based behavioral health providers who are delivering services on campuses. Also, our **District Review** of structure, policies, and processes related to accessing mental health services across all tiers of services and supports. Finally, we will provide **Recommendations & Strategies** to improve access to services based on our analysis of community-based mental health services and the community's mental health crisis system.



## COVID-19 and Mental Health

As part of our analysis, we consider the way the pandemic affects student need and the way schools connect with services and supports.

## More Information

Interested schools, districts, and community mental health providers should contact **Lisa Tomaka**.  
[ltomaka@triwestgroup.net](mailto:ltomaka@triwestgroup.net).



## NOTES & REFERENCES

**Every year, about one in five children and youth experience a diagnosable mental health disorder. In 2017, for example, almost a third (31.5%) of surveyed high school students reported feeling sad or hopeless almost daily, with almost one in six of these (17.2%) seriously considering suicide.** Kann, L., McManus, T., Harris, W. A., et al. (2018, June 15). Youth risk behavior surveillance – United States, 2017. *Morbidity and Mortality Weekly Surveillance Summaries*, 67(8). <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

**Despite the widespread presence of mental health problems, fewer than half of these students receive any type of treatment—and the average delay for those who do is 8 years.** Whitney, D. G., & Peterson, M. D. (2019, February). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389–391. <https://doi.org/10.1001/jamapediatrics.2018.5399>; American Academy of Child and Adolescent Psychiatry. (2012, June). *Best principles for integration of child psychiatry into the pediatric health home*. [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/systems\\_of\\_care/best\\_principles\\_for\\_integration\\_of\\_child\\_psychiatry\\_into\\_the\\_pediatic\\_health\\_home\\_2012.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatic_health_home_2012.pdf)

**Students with poor mental health tend to experience higher rates of absenteeism, lower school engagement, and decreased academic performance. They are also likelier to have more incidents of disruptive classroom behaviors and higher dropout rates.** Blackorby, J., & Cameto, R. (2004). Changes in school engagement and academic performance of students with disabilities. In Office of Special Education, U.S. Department of Special Education, *Special education elementary longitudinal study*. Menlo Park, CA: SRI International. [https://seels.sri.com/designdocs/w1w2/SEELS\\_W1W2\\_chap8.pdf](https://seels.sri.com/designdocs/w1w2/SEELS_W1W2_chap8.pdf)

**Economic downturns have historically increased adverse childhood experiences and affect the mental health and well-being of children and youth.** Bellazaire, A. (2018, August). *Preventing and mitigating the effects of adverse childhood experiences*. [https://www.ncsl.org/Portals/1/HTML\\_LargeReports/ACEs\\_2018\\_32691.pdf](https://www.ncsl.org/Portals/1/HTML_LargeReports/ACEs_2018_32691.pdf)