

The Need for Behavioral Health Services for School-Age Children:

A Survey of Students in Southwestern Ohio



Introduction

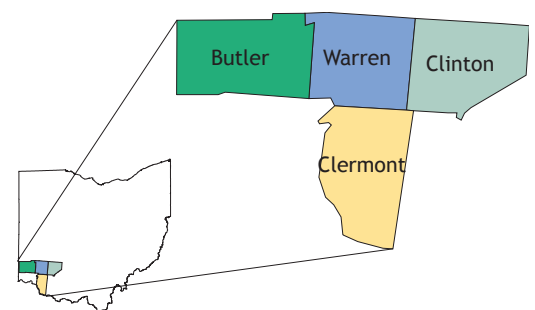
In 2001, three county-level behavioral health boards—the Butler County Mental Health Board, the Clermont County Mental Health and Recovery Board, and Mental Health Recovery Services of Warren & Clinton Counties (see Map 1)—began looking at improving mental health services for school-age youth using grants from The Health Foundation of Greater Cincinnati. These three boards collectively decided to do a broader needs assessment of the students in their counties to determine the extent and depth of the students' needs before making decisions about expanding or realigning services. The three Boards contracted with the Institute for Policy Research of the University of Cincinnati to assist with the survey for this broader needs assessment.

This study looked at six areas:

- Problem Severity, which measured the severity of student problems such as arguing, lying, skipping school, depression, and alcohol or other drug use;
- Difficulty in Functioning, which measured how much trouble youth have performing tasks of daily living;
- Feelings of Hopefulness;
- School and Family Attachment;
- Social Connectivity; and
- Help-Seeking Behaviors, both in the past and in the present or future.

A summary of findings in each of these areas is included in this document. For the full report on the study, please contact one of the three Boards (see page 8 for contact information).

Map 1: Counties involved in this study



Socio-Demographic Characteristics of the Students

The 21,915 students who participated in this survey were in grades 5–12 and were 9–18 years old. The majority of students were white (77%). Just over half of the students (52%) were female. Half of the students reported above average family financial situations, 36% reported average financial situations, and 18% reported below average financial situations. No income ranges were given for these categories; rather, the students chose the category based on their own interpretation of their family incomes relative to their own idea of “average.”

The majority of students (54%) reported that they received “all or some As” in school, 27% reported “all or some Bs,” 13% reported “all or some Cs,” and 6% reported “all Ds and Fs.” Almost one-fourth of students (23%) reported having been suspended from school.

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Methodology

The three Boards asked the schools in their counties if they were willing to conduct the survey. In all, 52 schools in 18 districts gave permission to conduct the survey. Within each district, schools that elected to participate were randomly selected to distribute the survey. The schools sent passive consent letters to the homes of all students advising parents and guardians of the study's purpose. The survey was distributed in classrooms by teachers between April and June of the 2001–2002 school year.

The self-administered, 89-item questionnaire used in this study was made up of smaller instruments, including:

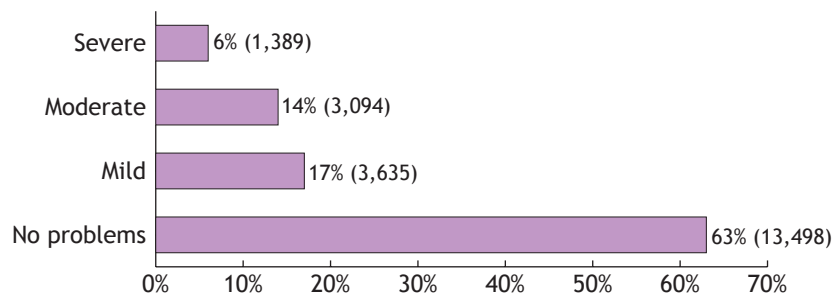
- the Ohio Youth Problem, Functioning, and Satisfaction Scales (Ohio Scales), used by the Ohio Department of Mental Health and designed by Benjamin M. Ogles, Ph.D., of Ohio University; and
- the Network Orientation Scale of Vaux, Burda, and Stewart.

For more information on the study methodology, please contact one of the Boards for a full copy of the survey report (see page 8 for contact information).

Problem Severity

The Problem Severity section of the Ohio Scales was based on common problems—including arguing with others, fits of anger, lying, skipping school, breaking rules, feeling anxious or fearful, depression, and using alcohol or other drugs—reported by youth receiving behavioral health services. Using answers from this section, students were classified as having no problems or a mild, moderate, or severe level of problems. Most of the students in the region (63%) fell into the “no problems” category. However, 20% of students were classified as having a moderate or severe level of problems (see Figure 1).

Figure 1: Level of problems of students in the region



Problem severity increased as grade level increased, until 10th grade. Tenth graders in the region were more likely than students in other grade levels to have severe problems.

Critical Items of Problem Severity

Dr. Ogles identified three “Critical Items of Problem Severity” in the Ohio Scales as problems that need immediate attention in a clinical setting. These Critical Items of Problem Severity are:

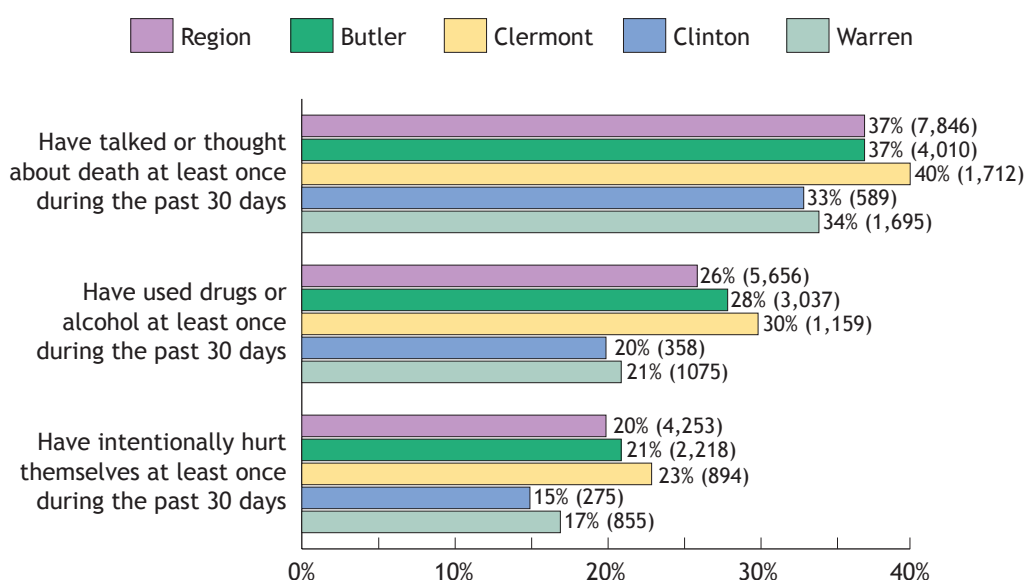
- talking or thinking about death in the past 30 days,
- using alcohol or other drugs in the past 30 days, and
- intentionally hurting themselves (cutting or scratching themselves or taking pills) in the past 30 days.

In the four-county region in the study, over 20% of the students reported experiencing at least one of the three Critical Items of Problem Severity at least once during the past 30 days (see Figure 2).

Figure 2: Students experiencing Critical Items of Severity at least once in the past 30 days, by county

In general, older students had higher rates of these critical problems of severity:

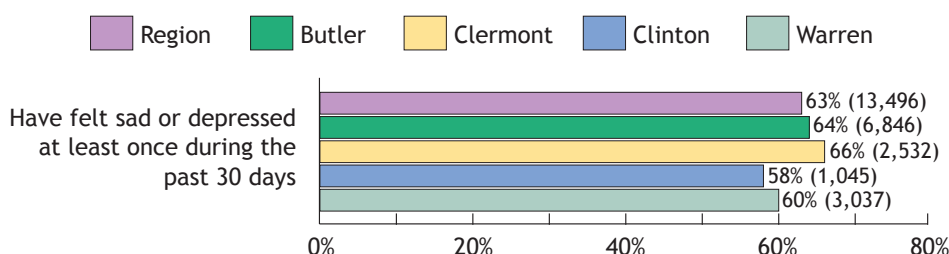
- Students in 10th and 11th grades reported slightly higher rates (42% and 40%, respectively) of talking or thinking about death at least once during the past 30 days.
- Almost half (48%) of 12th grade students reported using alcohol or other drugs at least once during the past 30 days. In addition, 10% of 12th grade students reported using alcohol or other drugs “all of the time.”
- Students in 9th and 10th grades reported higher rates (23%) of intentionally hurting themselves at least once in the past 30 days.



Feelings of Sadness or Depression

Over half (63%) of students reported feeling sad or depressed at least once during the past 30 days (see Figure 3). Older students reported higher rates of feeling sad or depressed, with 11th graders reporting the highest rates (70%). Students in 9th and 10th grades reported the highest rates (7%) of feeling sad or depressed “all of the time.”

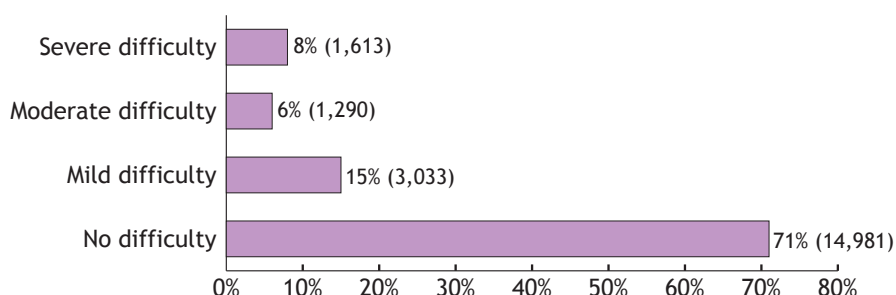
Figure 3: Students reporting feeling sad or depressed at least once in the past 30 days, by county



Difficulty in Functioning

The Ohio Scales also measure how much trouble youth have getting along with family and friends, developing relationships, keeping neat and clean, controlling emotions, being motivated, participating in extracurricular activities and hobbies, accepting responsibility, and other tasks of daily life. Students could answer that they had extreme troubles, quite a few troubles, some troubles, or were OK or doing very well for each item. Based on these answers, students were classified as having no problem functioning or mild, moderate, or severe difficulties in functioning. The majority of students in the region (71%) had no problems functioning. However, 14% reported moderate or severe difficulties in functioning in everyday tasks (see Figure 4).

Figure 4: Students experiencing difficulties in functioning



For specific items of functioning, the following rates were reported:

- 19% reported having some degree of trouble getting along with adults outside of their families, such as teachers and the principal;
- 30% reported having some degree of trouble getting along with their families; and
- 28% reported having some degree of trouble controlling their emotions and staying out of trouble.

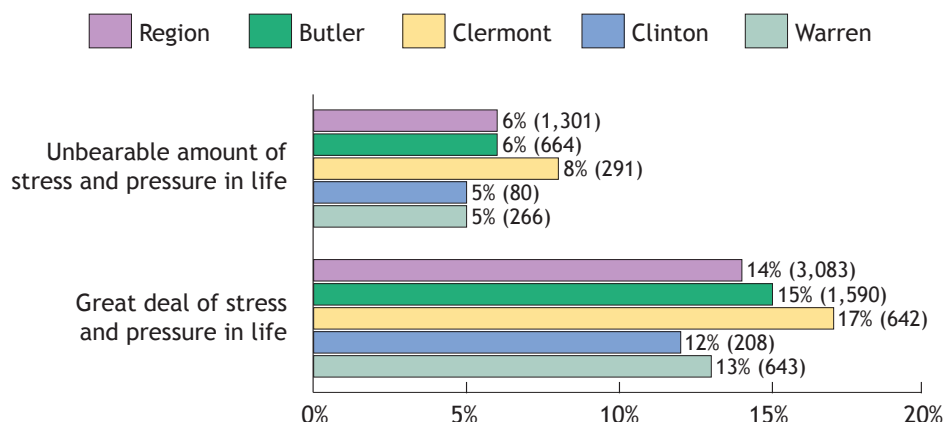
Feelings of Hopefulness

The Hopefulness section of the Ohio Scales measures how satisfied students are with their lives, how energetic and healthy students feel, the amount of stress and pressure in their lives, and how optimistic they are about the future. The majority of students in the region scored high in the Hopefulness section, with:

- 63% of students being moderately or extremely satisfied with their lives,
- 69% considering themselves to be moderately or extremely healthy, and
- 63% being optimistic that their future will be “very or somewhat bright.”

However, 20% of all students reported having high levels of stress and pressure in their lives right now (see Figure 5). Students in 10th grade and students reporting lower grades in school (all or some Cs or all Ds and Fs) reported the highest amounts of “unbearable amounts of stress.”

Figure 5: Students reporting having an unbearable or great deal of stress and pressure in their lives, by county



School and Family Attachment

The Network Orientation Scale of Vaux, Burda, and Stewart measures how attached a student is to his or her school and family by asking if the student feels a part of the school or family, feels that teachers and family care about the students, and feels happy at school. In general, students in the region became less attached to school and family as they got older, with 12th graders feeling less attached to both school and family than 5th graders.

Although about half of the students in the four-county region (54% and 49% respectively) felt that the statements “I feel like I am a part of my school” and “I am happy to be at my school” were always true or true most of the time, over one-fourth of students (25% and 29%, respectively) felt that these statements were hardly ever true or not at all true. At the same time, 59% of students in the region reported that the statement “Teachers in my school care about me” was always true or true most of the time, but only 16% reported that this statement was hardly ever true or not true at all. So, although students may not feel connected to school, there is a sense that teachers care about the students.

Social Connectivity

The social connectivity portion of the survey was adapted from the Network Orientation Scale and measures how connected students are to a social network and how much support they get from their peers. Questions include those about trusting other people, asking other people for their opinions or advice, talking to friends about problems, and borrowing things or getting help from friends. The answers to these questions determine how socially connected a student is.

In general, older students in the region were less socially connected, with 12th graders being less connected than 5th graders. Students reporting getting lower grades in school (all or some Cs or all Ds and Fs), students who reported they had been suspended, and students reporting average or below average financial situations were also less socially connected.

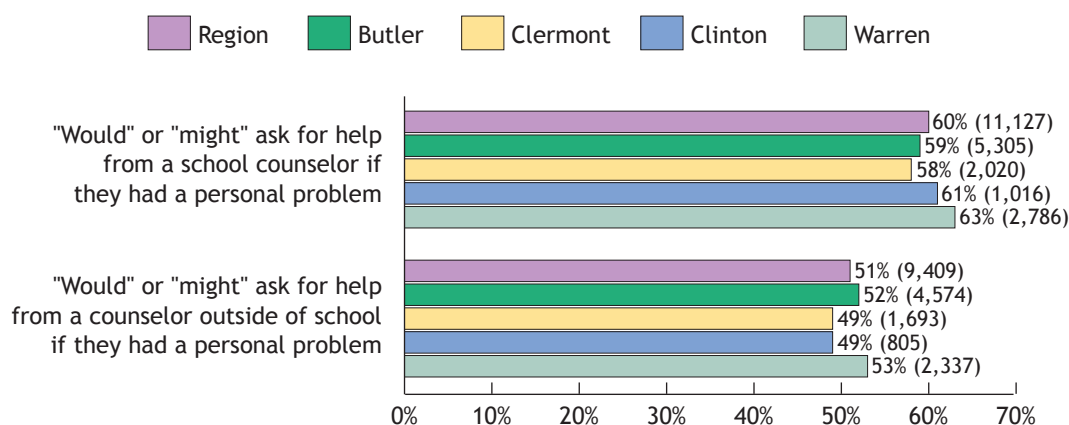
Help-Seeking Behaviors

Finally, students were asked if they had sought help or assistance in the past from personal sources (family or friends) or professional sources (teachers, counselors, or medical personnel) when they were upset or had personal problems. Students were also asked if they would seek help from these sources in the present or future.

When students were asked if they had sought help in the past from specific sources—both personal and professional—one optional answer was “no such person available.” Younger students were more likely to report that there was no such professional source, while older students were more likely to report that there was no such personal source. Also, students reporting lower grades in school (all or some Cs or all Ds and Fs) were more likely to report that no such person was available, either personal or professional.

Students in the region reported that in the past, they sought help from personal sources more often than from professional sources. And, in general, the students reported that they would be more likely in the present or future to seek help from personal sources than from professional sources. However, the students were open to seeking help from school counselors or counselors outside of school if they had a personal problem (see Figure 6).

Figure 6: Person from whom students might or would seek help if they had a personal problem, by county



Final Thoughts

National data provided by the U.S. Surgeon General (2001) show that about 5% of all children experience extreme functional impairment. In addition, national data show that 3–5% of school-aged children are considered to have serious emotional or behavioral problems (Rones & Hoagwood, 2000). However, locally, students are experiencing higher rates of problems than national rates: 8% of local students surveyed indicated severe functioning difficulty and 6% indicated having severe emotional or behavioral problems.

The President's Subcommittee on Children and Families (2003) concludes that, "Emotional problems in children often are both serious and long lasting, and can lead to tragic consequences: poor academic achievement, failure to complete high school, substance abuse, involvement with the correctional system, lack of vocational success, inability to live independently, health problems and suicide." Furthermore, "youngsters with emotional problems not only have diagnosable disorders but also show significant impairments in important life domains, such as family, education, peers, work and community."

Nationally and locally, services are not available to meet current need. Research shows that 76% of children with an identified mental health need do not receive treatment or services (Sturm et. al., 2001). Data also suggest that 70–80% of children who do receive services receive them in the schools (Burns, et al., 1995). School-based and school-linked mental health practices have shown positive results. Resources and energy directed toward such services have produced benefits that far exceed the cost (Chorpita et al., 2002). Local needs assessments in this four-county region have verified that there are many children with unidentified or unmet needs. School-based or school-linked mental health services may be one way to solve this problem.

Recommendations

Based on the findings from this survey and from their experiences with the school and behavioral health systems, the three Boards offer the following recommendations to help improve behavioral health services to school-aged children:

- Schools, families, and mental health professionals should collaboratively shape and align policies, practices, and strategies that develop comprehensive approaches to children's well being.
- Schools and mental health professionals should work together to develop a more effective strategy for the identification of children with mental health needs.
- Multiple systems should share the responsibility to build the capacity necessary to effectively serve children in a continuum of care in the least restrictive environments.
- Systems should challenge existing ideas of traditional mental health services and education.

It is the goal of the three Boards that through continuing and enhanced partnerships among mental health professionals, schools, and families, they can strengthen their systems of care and support to promote good mental health and enable every child to succeed.

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Acknowledgments

The Butler County Mental Health Board, the Clermont County Mental Health and Recovery Board, and Mental Health Recovery Services of Warren & Clinton Counties would like to acknowledge the following people for their assistance with this study:

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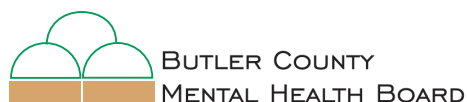
For More Information

The Need for Behavioral Health Services for School-Age Children is a collaborative publication of the Butler County Mental Health Board, the Clermont County Mental Health and Recovery Board, Mental Health and Recovery Services of Warren & Clinton Counties, and The Health Foundation of Greater Cincinnati.

The data from this survey are archived on-line and are available for further analysis at:

- the Health Data Archive, <http://www.ihphsr.uc.edu/hfgc/welcome.cfm>
- the Online Analysis and Statistical Information System (OASIS), <http://www.oasis.uc.edu>

Copies of *The Need for Behavioral Health Services for School-Age Children* with additional county-specific information are available by contacting the boards in the appropriate counties:



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