



## MEETING THE MENTAL HEALTH NEEDS OF MICHIGAN YOUTH WITH SCHOOL-BASED HEALTH SERVICES

### Key Takeaways

1. Children and adolescents in Michigan are facing increasing behavioral health challenges and conditions, but Michigan lacks adequate prevention efforts and access to treatment.
2. Untreated behavioral health conditions diminish opportunities for academic, social, and occupational success and often follow youth into adulthood.
3. Youth behavioral health may be addressed through school health personnel, school-based health centers, teacher and staff training, and various other school-based interventions and services.

### Summary

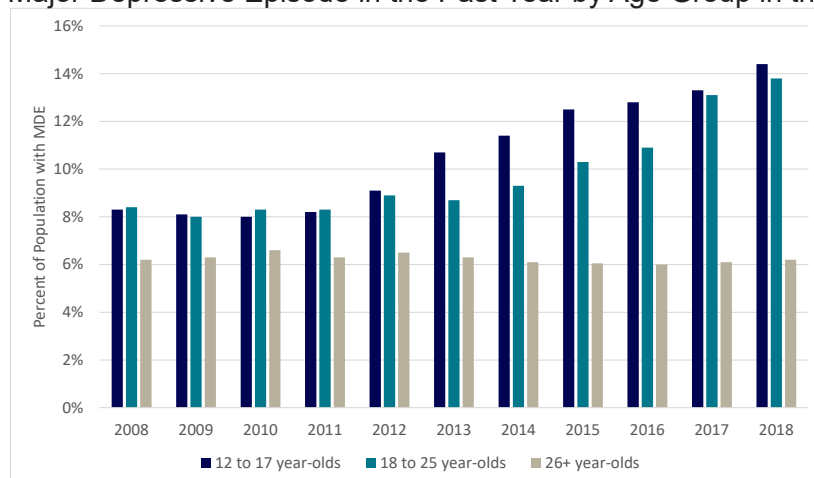
Children and adolescents in Michigan and throughout the U.S. are experiencing alarming increases in the prevalence of mental, emotional, and behavioral health conditions. Although mental health concerns have been rising at a rapid pace while the nation contends with COVID-19, this trend (along with its underlying causes and risk factors) was underway long before the coronavirus pandemic began.

Mental, emotional, and behavioral disorders are a major source of morbidity for children and adolescents and have become the most common illnesses

that children experience. Approximately one in five youth have a diagnosable mental health disorder, resulting in significant impairment for one in ten youth. The problem is not only large, but also growing, with increasing rates of anxiety, depression, and suicidal ideation in America's youth. The number of adolescents and young adults experiencing a major depressive episode (MDE) has nearly doubled over the last decade (see **Chart A**). At the same time, suicide has risen to the second leading cause of death for adolescents and young adults, surpassed only by motor vehicle fatalities.

### Chart A

Major Depressive Episode in the Past Year by Age Group in the U.S., 2008-2018



Data Source: National Survey on Drug Use and Health (NSDUH)

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Despite this serious and growing problem, many children and adolescents are not able to access needed treatment. Among Michigan’s youth experiencing any mental illness, more than a third are not receiving care (with even larger gaps for substance use disorders). The problem of access is complex, due in no small part to both provider shortages and a maldistribution of services. Stigma and other social factors coupled with uncertainties about care seeking, transportation, and payment also create barriers for youth in need of behavioral health services.

The tragedy that is unfolding is hardly *a fait accompli*; the tides can be shifted with a public health approach that prioritizes multiple levels of prevention and facilitates treatment for those in need. Mental health disorders and substance abuse disorders are both treatable and preventable, as are suicides. Steps can be taken to prevent damage from adverse childhood experiences (ACEs) and other sources of youth trauma.

Just because a problem is solvable, however, does not mean there is a simple solution; indeed, addressing treatment and prevention will require Michigan to examine a wide range of economic, so-

cial, and legal structures at the state level and in each community. Treatment and prevention depend on society as much as the individual.

A strategy that coordinates health care, public policies, and community-based interventions has the best chance of success for enhancing treatment and prevention in Michigan. Given the rapidly growing problems facing our youth, the future well-being of our state may very well be dependent upon mounting a sizable, multifaceted response.

Schools are uniquely suited to assist youth with mental health concerns. Youth spend a substantial amount of time within school buildings, providing a greater chance for the identification of a mental health concern and referral to treatment.

Despite the growing mental health needs of students, Michigan has a dearth of health professionals working in schools. Michigan falls short of recommended ratios of health professionals to students employed in schools, and, in most cases, falls far behind the national average (see **Table A**).

To address existing student needs, and to provide multitiered approaches to prevention and student

**Table A**  
Recommended and Actual Ratios of Health Professionals to Students in Michigan Schools

	<b>Recommended</b>	<b>U.S.</b>	<b>Michigan</b>
<i>School Counselors</i>	1:250	1:464	1:744
<i>School Social Workers</i>	1:250	1:2,106	1:1,051
<i>School Psychologists</i>	1:500	1:1,211	1:1,521
<i>School Nurses</i>	1:750	1:936	1:4,199

Data Sources: National Association of School Psychologists, Education Trust Midwest, American Civil Liberties Union

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support, it is essential that schools increase the number of nurses, social workers, psychologists, and counselors.

In tandem with school health professionals, school-based (and school-linked) health centers offer further opportunity to bolster student health and address youth behavioral health needs. School-based health centers are clinics located within or adjacent to schools that provide a wide array of medical and behavioral health services. These centers may be operated by health systems, federally qualified health centers, or by governmental entities (i.e., local public health departments). School-based health centers can provide economical, and easy access to behavioral health services for youth, and can facilitate destigmatization and foster treatment-seeking behaviors throughout the formative years for children and adolescents.

While collocation of health care providers and school campuses offers a proven way to improve access to and utilization of behavioral health services, school-based health centers also offer schools a valuable partner for collaboration on population-level interventions within school buildings and/or districts. School-based health centers may be used as a catalyst and resource to foster health-improving innovations to school operations and curricula, offering a means to proactively improve youth mental health while also fostering resilience and health-enhancing behaviors that will follow students into adulthood.

As places centered around learning, schools are also an ideal milieu to deliver information about mental health and teach social and emotional skills that foster resilience. Because schools are also

venues of socialization and psychological development, they are important venues for dismantling stigma and normalizing treatment-seeking behaviors, as well as encouraging positive behaviors while reducing bullying and discrimination. To be successful, these efforts require both engaged school health personnel and training for teachers in social and emotional learning (SEL), as well as various domains of behavioral health.

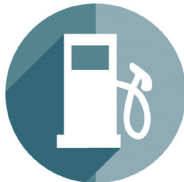
Aspirational solutions to Michigan's youth mental health crisis would consider collaborative efforts to center school environments on individual/community well-being as a prerequisite for academic and student success. This means increased opportunities for quality nutrition and physical activity, as well as investment in music and the arts as vehicles of community-building and social/emotional enrichment, expression, and healing. In contrast, providing students with base levels of access to school health professionals and behavioral health treatment is not aspirational – it is the fundamental starting point for addressing the growing youth mental health crisis.

For Michigan to have successful students who graduate into healthy and productive workers and community members, the state must invest in strategies to bolster health and prevent disease within schools and communities throughout the state. The usual incremental approach to policy change in schools and government will not keep pace with the growing behavioral health needs in our state; swift, multi-faceted actions are needed. Given the long-term social and economic costs of inactivity, swift investment is not only essential but justified.

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