



SUPPORTING THE MENTAL HEALTH AND EMOTIONAL WELL-BEING OF STUDENTS IN NORTH CAROLINA SCHOOLS

SEPTEMBER
2019

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INTRODUCTION

The safety and well-being of students is a top issue for policymakers across the United States. The February 2018 school shooting in Parkland, Florida and other incidents of school-based violence across the nation have brought the issue of safety for children in schools to the forefront. In 2018, the North Carolina General Assembly (NCGA) appropriated funds for a \$35 million School Safety Grants program to provide funding for School Resource Officers (SROs), safety equipment, school safety training, services for students in crisis, and for mental health personnel.¹ Continuing the trend of legislative action the NCGA has proposed several bills during the 2019-2020 legislative session to provide support for school safety, with a substantial focus on increased funding for mental health services.² An increased focus on mental health in schools is driven by the belief that, with appropriate mental health services in place, potential perpetrators of violence could be identified and receive needed intervention services.^{3,4} Additionally, these mental health services can provide critical support to mitigate the short- and long-term effects of school violence.⁵

In addition to the concern about violence in schools, ensuring that students with mental health issues receive treatment is important because of the detrimental impact untreated mental illness may have across the lifespan. Poor mental health is among the most significant threats to the lifelong well-being and health of youth.⁶ Mental health issues affect students' daily functioning, learning,

relationships and interactions with others, and increase risk of self-harm.^{7,8} Half of all mental health problems begin by the age of 14, and, left untreated, mental health issues early in life often persist to adulthood.^{8,9} Despite the many adverse outcomes of untreated mental health issues, many children and teens do not get the treatment they need. One study estimates 72.2% of children with mental health disorders in North Carolina do not receive treatment or counseling, making it the highest in the nation.¹⁰ Though state-level practices play a role in health care utilization, it is unclear which policies contribute to this percentage.¹¹

When compared to other states, North Carolina ranks last in the number of youth receiving needed mental health treatment, with less than half of youth with a diagnosable mental health issue receiving treatment.^{11,12} The number of youth in North Carolina who do not receive needed mental health treatment is particularly concerning in light of rising rates of youth suicide in North Carolina. According to the 2019 North Carolina Child Health Report Card, the rate of attempted youth suicides in North Carolina has nearly doubled over the past decade and is the second leading cause of death for youth ages 10-17.¹³ Having a mental health condition greatly increases risk for suicidal thoughts and suicide attempts.⁸

¹ North Carolina General Assembly. Carry Forward Tip Line App. Funds. House Bill 74. Session 2019. February 13, 2019. ; North Carolina General Assembly. School Mental Health Screening Study. House Bill 75. February 13, 2019.; School Safety Omnibus Bill. House Bill 76. Session 2019. February 13, 2019.; North Carolina General Assembly. Compt-Based Assess. & Mental Hlth/Teen Violence. Senate Bill 476. Session 2019. April 2, 2019.; North Carolina General Assembly. School-Based Mental Health. Senate Bill 601. Session 2019. April 3, 2019.

Teachers and other school personnel are important partners in efforts to identify youth with mental health needs and direct them to appropriate services. In fact, many students in North Carolina receive mental health services at their school through school counselors, social workers, and mental health therapists.⁷ In North Carolina public schools, Specialized Instructional Support Personnel (SISP), including nurses, counselors, psychologists, and social workers, provide access to mental and behavioral health support and services for approximately 1.4 million students.¹⁴⁻¹⁶

Shortage of SISP In North Carolina Schools

Despite the importance of these professionals for the emotional and mental well-being of students, there is a shortage of SISP in North Carolina.¹⁶ Many schools across North Carolina do not have the adequate number of SISP to effectively serve the needs of their students, with ratios of SISP to students falling far below the national recommendations. These shortages may create gaps in service delivery for students.¹⁶⁻¹⁸ Shortages of SISP across North Carolina are primarily the result of the lack of funding for SISP personnel.¹⁶⁻¹⁸

Often, when a SISP professional is not available to deal with a student’s mental health crisis, administrators and teachers will call upon available school resource officers (SROs). A minority of SROs have attended workshops like Mental Health First Aid and Crisis Intervention Training that raise awareness of how to help youth experiencing mental health or addiction challenges and resources available in the community.¹⁹ However, most are law enforcement officers with no mental health training. While SROs may be called on to help, their skills, training, and role in schools as law enforcement means they do not have the skills and training needed to substitute for SISP for handling students mental health needs.²⁰

To address the shortage of SISP, several of the school safety bills being considered during the 2019-2020 legislative session of the NCGA would fund additional school counselors, psychologists, and nurse positions across North Carolina^b. In addition to services provided by SISP professionals, other school-based strategies for promoting mental health in North Carolina schools include school districts partnering with Local Managed Entity-Managed Care Organizations (LME-MCOs)^c, using telecommunications and digital communication technologies to connect students with providers remotely (telehealth), utilization of school health centers, and the development of trauma informed-schools.

TABLE 1
SISP RECOMMENDED AND ACTUAL RATIOS

SISP Professionals	Nationally Recommended Ratios	North Carolina Ratios
School Counselors	1:250	1:367
School Nurses	1:750	1:1050
School Psychologists	1:500-700	1:2088
School Social Workers	1:250	1:1427

Sources: Makor, Lynn. "Educating the Whole Child: Specialized Instructional Support and the Role of School Psychology. Presentation to North Carolina Governor's Commission on Access to Sound and Basic Education", 2019. <https://ec.ncpublicschools.gov/instructional-resources/school-psychology>. National Association of School Nurses. "School Nurse Workload: Staffing for Safe Care (Position Statement)". Silver Springs, MD, 2015. <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-workload>.

^b North Carolina General Assembly. Carry Forward Tip Line App. Funds. House Bill 74. Session 2019. February 13, 2019.; North Carolina General Assembly. School Mental Health Screening Study. House Bill 75. February 13, 2019.; North Carolina General Assembly. School Safety Omnibus Bill. House Bill 76. Session 2019. February 13, 2019.; North Carolina General Assembly. Compt-Based Assess. & Mental Hlth/Teen Violence. Senate Bill 476. Session 2019. April 2, 2019.; North Carolina General Assembly. School-Based Mental Health. Senate Bill 601. Session 2019. April 3, 2019.

^c Public entities that receive state and federal funds to manage mental health, developmental disability, and substance use services for individuals in their regions, LME-MCOs are required to plan, develop, implement, and monitor services for consumers. LME-MCOs are expected to meet certain outcomes within a set funding amount. LME/MCOs manage services for the Medicaid population, uninsured, and underinsured. Each LME/MCO contracts with North Carolina's Division of Medical Assistance when providing services to the Medicaid population, and North Carolina's Division of Mental Health, Developmental Disabilities and Substances Abuse Services when providing services to the non-Medicaid population

OVERVIEW OF SERVICES PROVIDED BY SISPP PROFESSIONALS

School Psychologists

Trained in both psychology and education, school psychologists provide system- and student-level social-emotional and mental health services to students. Student-level services provided by school psychologists include individual and group counseling, social-emotional learning programs, and behavioral coaching. At the school system level, school psychologists play a key role in the development and implementation of school- and district-wide policies that enhance learning, mental health, and well-being for all students. In addition, they conduct evaluations and analyses to inform the instructional practices of educators, and collaborate with families and community-based providers to effectively match supports to student need.^{16,21}

FIGURE 1
SERVICES PROVIDED BY SCHOOL PSYCHOLOGISTS



School Social Workers

School social workers are licensed mental health professionals who provide mental and behavioral health services to students at risk or in crisis. These services aim to help students cope with stress, family issues, grief/loss issues, and mental health or psychiatric problems and may include crisis intervention and individual counseling. In addition to student services, school social workers may also provide services to students’ families. School social workers may conduct home visits and interview family members to assess issues affecting a student. They can also connect families with community resources. Additional services provided by school social workers include school-wide services such as special education assessments, assisting teachers and other staff with their student’s behavioral issues, and connecting schools with additional support from social and mental health agencies.^{22,23}

School Counselors

School counseling usually consists of three domains: academic, career, and social/emotional. Often, when students come to school counselors regarding their social and emotional concerns, the counselor is the first mental health professional students have spoken with—occasionally, counselors are the only professional they speak with.²⁴

In 2008, the North Carolina State Board of Education set standards for school counseling including promoting a respectful environment for a diverse group of students, enhancing learning for all students, and facilitating and understanding the implementation of comprehensive school counseling programs.²⁵ These standards involve being receptive to the needs of each individual student and addressing barriers to academic success. In 2013, the NCGA passed legislation outlining the duty of school counselors to include **(1)** delivering a school guidance curriculum, **(2)** guiding individual student planning, **(3)** providing responsive services through consultation with students, families, and staff.^{d, 26}

^d North Carolina General Assembly. *Duties of school counselors. NCGS 115C-316.1: Duties of school counselors. Session 2013*

School Health Nurses

School nurses play an integral role in promoting positive behavior and addressing mental health concerns through mental wellness promotion, screening, and early intervention.²⁷ A 2016 study of nursing services in NC public schools found that the scope and complexity of the school nurse role has greatly increased in recent decades.¹⁰

Most notably, the school nurse role has expanded to include “health counseling,” a comprehensive term that refers to any encounter with a student related to direct service, instruction, and advice for health promotion, improvement and maintenance. Of the 460,953 counseling sessions, approximately 4.5% of all counseling encounters in 2017-2018 involved depression, suicide ideation, or other mental health issues.²⁸ These services also include cases related to opioids and other substance use. School nurses reported treating approximately 2,000 students for drug abuse, including 638 incidents that required EMS response or immediate care by a physician, and/or loss of 1.5 or more days of school.²⁸

TABLE 2
HEALTH COUNSELING SESSIONS PROVIDED BY SCHOOL NURSES

2017-2018	
Total Number of Health Counseling Sessions	460,953
Depression	5,482
Suicide Ideation	2,162
Other Mental Health Issues	13,207

Sources: North Carolina Healthy Schools; North Carolina Department of Health and Human Services. “North Carolina Annual School Health Nurses Brochure”, 2018. <https://www2.ncdhhs.gov/dph/wch/stats/>.

Of students that visited the school nurse for mental/behavioral health needs in North Carolina between 2017-2018, 74% experienced an improvement in student-specific health and educational outcomes.²⁹ General outcome measures and student goals are outlined in Table 3, but nurses are at liberty to develop new goals specific to student needs. A recent evaluation by the NCGA’s Program Evaluation Division suggests that meeting nurse staffing standards set forth by the State Board of Education or National Association of School Nurses could cost up to \$79 million annually.¹⁰

TABLE 3
EXAMPLES OF MENTAL & BEHAVIORAL HEALTH OUTCOMES

<ul style="list-style-type: none"> Consistently verbalized recognition of feelings, behaviors, and/or physical complaints associated with diagnosis/condition
<ul style="list-style-type: none"> Consistently documented compliance, or improved compliance, with provider treatment plan
<ul style="list-style-type: none"> Regularly reported examples of increased quality of life and/or enjoyable activities
<ul style="list-style-type: none"> Regularly reported examples of perceived increased ability to function satisfactorily at school
<ul style="list-style-type: none"> Improved grades
<ul style="list-style-type: none"> Decreased number of absences

Sources: North Carolina Healthy Schools; North Carolina Department of Health and Human Services. “North Carolina Annual School Health Nurses Brochure”, 2018.

**TABLE 4
SPECIALIZED INSTRUCTIONAL SUPPORT PERSONNEL PROFILE**

Profession	Education/Certifications	Services Provided
School Social Workers	Completion of an approved program in school social work at the bachelor’s level or above in a regionally accredited college or university.	<ul style="list-style-type: none"> • Crisis Intervention • Home Visits • Needs Assessment • Individual and Group Counseling
School Psychologists	Completion of an approved master’s level program in school psychology in a regionally accredited college or university. To be licensed, must pass the NTE/Praxis school psychology licensure exam.	<ul style="list-style-type: none"> • Mental Health Assessment/Counseling • Instructional/Academic Support • Behavioral Coaching
School Nurses	Completion of bachelor’s level program in nursing in a regionally accredited college or university. Required to hold a school nurse certificate from the American Nurses Association (ANA) or the National Association of School Nurses (NASN). Registered nurses without ANA or NASN may be employed provisionally and must complete licensure requirements within three years.	<ul style="list-style-type: none"> • Mental Wellness Prevention Screenings • Health Counseling • Substance Abuse Treatment • Promotion Of Positive Behaviors
School Counselors	Completion of an approved master’s degree in a counselor education program in a regionally accredited college or university.	<ul style="list-style-type: none"> • Academic, Career, And Social/Emotional Counseling • Promote Learning For All Students • Facilitate And Implement Comprehensive School Counseling Programs

OTHER MENTAL HEALTH SERVICES

Partnerships with Mental Health Providers

Some schools seek to improve access to services for students with mental health issues through partnerships with local providers who then provide mental health services in schools. In North Carolina, some schools contract with their LME-MCOs to bring mental health professionals into schools while others work directly with provider organizations. For example, Buncombe County schools have collaborated with their local provider community and LME-MCO to bring services into schools for more than 20 years. The most common service provided is outpatient therapy based in the school setting, where therapists can meet with students individually or in groups to provide mental health counseling and support. Outpatient therapy can also be provided in the school setting using telehealth^e. In rural Western North Carolina, the Center for

Rural Health Innovation provides telehealth services to 33 schools in Burke, McDowell, Mitchell, and Yancey counties through its Health-e-Schools program.^{30,31} Students at schools served by the Health-e-Schools program can receive behavioral health treatment remotely.³¹

Services from non-school mental health providers, as well as some school-based services, are paid for primarily through the student’s insurance (e.g., Medicaid, NC Health Choice, or private insurance coverage). For the uninsured, schools and local providers work with the regional LME-MCO to seek state funding for services. Collaborating with local/regional mental health providers is one way schools can provide more mental health services when budgets do not allow for more SISPs.

^e Telehealth is the use of telecommunications and digital communication technologies for the delivery and facilitation of health care and health related services. Examples of telecommunications technologies used in telehealth include live video conferencing, mobile health apps, and remote patient monitoring. Services provided through telehealth can include mental health treatment, medical care, health information services, and provider and patient education.

North Carolina School-Based Health Centers

More than 30,000 students in North Carolina receive care from over 90 school-based and school-linked health centers (SBHCs) across the state.³² Most SBHCs are located on middle or high school campuses, although one-third of SBHCs are exclusively providing telehealth services³³, similar to the Health-e-Schools model. SBHCs provide preventive medical care, behavioral health services, nutrition services, and dental care in school settings, utilizing partnerships with community health organizations to provide services and promote health equity.^{34,35} All SBHCs provide primary care and 65% provide behavioral health services.^{33,36} SBHC staffing models vary based on the needs of the community, availability of community resources, and type of center.³⁷ SBHCs receive funding through a combination of sources, including public funds and private philanthropy.³⁸ In 2018, the top two reasons students were seen in a SBHC in North Carolina were health counseling and mental health. That year, behavioral health visits represented 29% of all SBHC visits, a percentage that has steadily increased from 19% since 2014.³⁹

TABLE 5
TOP 3 REASONS FOR SBHC VISIT

- 1. HEALTH COUNSELING**
- 2. MENTAL HEALTH**
- 3. HEALTH EXAM**

Source: Dodge, Kristin, Colleen Ehatt, and Carol Tyson. "North Carolina School Health Center Program Annual Report", 2018. <https://publichealth.nc.gov/wch/doc/aboutus/NorthCarolinaSHC-AnnualReport-FY2013-2018-WEB.pdf>.

Trauma-Informed Schools

Trauma is the result of "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening,"^f often in the form of abuse, neglect or household dysfunction, and can also include community-level violence such as school shootings.^{40,41} Trauma may impact school performance through poor grades, frequent school absences, failure to graduate, suspensions, or expulsions. Trauma can also interfere with concentration and memory, impair learning, and result in feelings of intense frustration and anxiety.⁴² Specific experiences of trauma and adversity that occur during childhood are known as Adverse Childhood Experiences (ACEs). ACEs trigger a toxic stress response that leads to disrupted neurodevelopment, an increased risk for cognitive impairment, and other poor health outcomes.^{43,44} In addition to increasing the risk for depression, anxiety, and suicide, ACEs are also linked with lower GPAs, a higher rate of school absences, increased suspensions and expulsions, and difficulty in concentration and memory.⁴² Factors such as food insecurity, homelessness, and poverty can lead to similar outcomes⁴⁵.

Survey data show that more than one in five children in North Carolina have experienced two or more ACEs.⁴⁶ However, the impact of trauma can be buffered and reversed by developing resilience in children.^{47,48} On a systems level, resilience can be built via trauma-informed practices, or practices that involve understanding, recognizing, and responding to various kinds of trauma, how behavior and coping skills are impacted by the experience of trauma, and helping survivors regain a sense of control and empowerment.⁴⁹ Additionally, trauma-informed systems are designed to provide understanding, compassion, and safety, as well as build resilience.

Trauma-informed practices in schools include providing increased access to behavioral and mental health services, engagement of families and community members/organizations, efforts to increase feelings of physical, social, and emotional safety among students, and the promotion of culturally-appropriate policies and practices to increase school connectedness.⁵⁰ Early research findings suggest that trauma-informed school models decrease office referral and suspension rates and symptoms of student depression. Studies also demonstrate an increase in test scores, school attendance, and self-esteem.⁵¹

^f Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Some schools and districts across North Carolina are leading innovative work to build trauma-informed schools under the Compassionate Schools Initiative. This initiative aims to make schools more supportive of all children, particularly those who have experienced trauma. The initiative includes training staff about the impact of trauma on children's development, the definitions and importance of self-care, and techniques to help students identify triggers and cope with stress.^{52,53} Both the Buncombe and Watauga school districts are implementing the Compassionate Schools Initiative. Similarly, the Public School Forum of North Carolina is piloting the North Carolina Resilience and Learning Project in six school districts (20 elementary and middle schools) with the aim of creating school environments that foster the social and emotional well-being of children impacted by trauma.⁵⁴ While it is too early to understand the impact of these new initiatives, the goal is to create compassionate classrooms and foster supportive attitudes of school staff so that children who have experienced ACEs are understood and supported in school.

Conclusion

Recent national events, such as several recent school shootings, alongside the alarming percentage of children needing but not receiving mental health services or experiencing symptoms of depression and suicidality, have made school safety and mental health a priority for lawmakers. Increased funding and support for mental health services in schools, including critical efforts to increase the number of SISPs, is a priority for legislators who want to improve school safety and prevent violent events. Other strategies to increase mental health services and supports for students include school/community partnerships, use of telehealth technologies, and school-based health center models. The expansion of trauma-informed practices in school settings can also contribute to improved mental health for students. As lawmakers continue to look for ways to increase school safety and address students' mental health needs, there are many effective strategies that can be supported to ensure that students receive services and education appropriate to their mental health needs.



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This issue brief was prepared for the NCIOM Legislative Health Policy Fellows Program, supported by the Blue Cross and Blue Shield of North Carolina Foundation, Cone Health Foundation, the Duke Endowment, and the Commonwealth Fund.

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