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School Mental Health Professionals Identify Adolescent Mental Conditions as More Serious Problems than Violence and Interpersonal Conflict in High Schools

Most Schools Do Not Screen for Mental Health Problems

A recently completed national survey of over 1400 mental health professionals in public schools serving adolescents indicates that student depression and use of alcohol and illegal drugs are seen as serious behavior problems in high schools, even more serious than various forms of violence, including bullying, fighting and use of weapons.

Identifying adolescents in need of mental health counseling is a public health priority considering that about 20% of adolescents are estimated to have a diagnosable mental condition and that 10% have conditions that interfere with their daily functioning. Unfortunately, the Surgeon General's 2001 report on child and adolescent mental health concluded that less than half of young people with a serious mental health condition are referred to appropriate providers for care. Since school performance is adversely affected by poor mental health, this survey attempted to find out how schools are coping to provide treatment and counseling for students in need of such services.

More than two thirds of the high school professionals surveyed identified depression as a great (14%) or moderate (54%) problem in their schools. Similar overall levels of concern were raised about use of alcohol (71%) and illegal drugs (72%). In contrast, 54% of high school professionals identified bullying as a great (11%) or moderate (43%) problem. Even lower levels of concern were expressed about fighting between students (37%) and weapon carrying (6%) at the high school level.

The high school years are the period when many major psychiatric conditions first appear. It is not surprising therefore that unlike their counterparts in high schools, middle school professionals are more concerned about interpersonal conflict. Although high proportions of middle school professionals identify depression (57%) and use of alcohol (28%) and illegal drugs (37%) as at least moderate problems, bullying is seen as a problem by 82% of professionals and fighting by 57% of professionals in middle schools. Weapon carrying remains a concern among only 5% of professionals.

Although depression and other mental health conditions are major sources of risk for high school aged youth, professionals report that most schools do not have clearly defined procedures for identifying students with these problems so that they can be referred for treatment or counseling either at the school or in the community. Only 34% of high school professionals reported that their school had a “clearly defined and coordinated process for identifying students who may have a mental health condition.” Although most high schools did have such a process for *referring* students with mental health conditions to appropriate providers of care (66%), without a process for identifying students in need of help, most are likely to remain unrecognized.

The survey, conducted by the Annenberg Public Policy Center (APPC) as part of the Annenberg Foundation Trust at Sunnylands’ Initiative on Adolescent Mental Health, involved interviews with 725 high-school and 515 middle-school professionals knowledgeable about the mental health services in their schools. The margin of error for the high school component is +/- 3.7% and 4.4% for the middle schools.

Results are being included in a forthcoming Oxford University Press book, “A Call for Effective Treatments for Adolescent Mental Health.” Dr. Dwight Evans, chair of that project’s commission on depression and bipolar disorder and Chair of the Department of Psychiatry at the University of Pennsylvania School of Medicine, said that “the results of this survey underscore the serious crisis we face in failing to deliver care for adolescents in need of treatment for serious mental conditions such as depression.”

A similar situation exists in middle schools where only 42% of professionals reported having a clearly defined process for identifying students with mental conditions. Here as well, most of the professionals (66%) reported having a clearly defined process for referring students with mental health problems.

Depression is not the only mental health problem that can go undetected. Many high school professionals are also concerned about anxiety disorders (42%), eating disorders (22%), and various forms of self harm such as cutting (26%). Risk for suicide also increases with these forms of mental disorder.

Substance abuse, such as excessive use of alcohol, is often a co-occurring condition with other mental conditions either because adolescents attempt to “self-medicate” their problems or because the same factors that lead to mental health problems are involved in substance use. However, only 24% of school professionals say their high schools have counseling available for students with alcohol or drug dependence problems.

Some treatments for mental disorders may also help reduce interpersonal conflicts. Problem solving skills that are often taught in cognitive therapies can also help young people learn more socially acceptable and effective ways to communicate and negotiate with peers. It is quite likely that the high rates of interpersonal conflicts that are seen as problems in schools are also a reflection of poor coping with the same stresses that lead to mental health conditions.

Survey respondents’ evaluations of their school programs help explain the poor rate of treatment for adolescents with mental health problems. When asked what percentage of their students who might need counseling or treatment actually receive such services, only 7% of high school professionals said that all do and only 31% said that most do. The majority claimed that only half or fewer received the services they need. When asked the same question about receiving services on site at their school, the percentages were even lower: 6% said all do and 22% said most do.

The President’s New Freedom Commission on Mental Health advocates universal screening of all adolescents for mental health problems, a program that could be adopted by schools. At present only about 3% of the high schools in our survey employ universal screening. An additional 5% claim to screen most of their students. In the absence of screening or other programs to identify students at risk, many students will suffer without coming forward. Suicide risk increases greatly during the high school years, and screening has been shown to increase the detection of students at risk for this outcome.

Table 1. Percentage of school professionals saying that various student behaviors and conditions are moderate or great problems in their schools.

Problem	Type of School			
	High School (N = 725)	Middle School (N = 515)	Other (N = 70)	Primary School (N = 92)
<u>Mental Health</u>				
Depression	68	57	64	55
Anxiety	42	45	44	45
Cutting	26	26	26	10
Eating Disorders	22	13	15	11
<u>Substance Abuse</u>				
Illegal Drugs	72	37	52	25
Alcohol	71	28	49	12
Drug Dealing	31	13	20	9
Prescription Drugs	23	7	11	4
<u>Violence and Truancy</u>				
Truancy	65	56	66	50
Bullying	54	82	62	80
Fighting	37	57	43	61
Weapons	6	5	1	7

Note: Schools that serve adolescents (at least in 7th grade) also include primary schools and others that may span the entire age range of school-aged children.

Table 2. Percentage of school professionals who reported that their schools had clear procedures to identify or refer students with mental health conditions.

Procedures to	Type of School			
	High School (N = 725)	Middle School (N = 515)	Other (N = 70)	Primary School (N = 92)
Identify Mental Problems	34	42	29	43
Refer Mental Problems	66	66	51	73

Table 3. Percentage of students in need of attention for mental health problems who received care either at school or elsewhere by type of school.

Received Service in Total	Type of School			
	High School (N = 725)	Middle School (N = 515)	Other (N = 70)	Primary School (N = 92)
All	7	8	7	5
Most	31	33	25	28
About half	29	32	40	29
About a quarter	18	14	16	21
Only a few	14	12	12	14
Do not know	1	1	0	2

Table 4. Percentage of students in need of attention for mental health problems who received care on site by type of school.

Received Service on Site	Type of School			
	High School (N = 725)	Middle School (N = 515)	Other (N = 70)	Primary School (N = 92)
All	6	10	12	6
Most	22	27	25	35
About half	20	23	25	19
About a quarter	19	16	15	16
Only a few	31	23	22	21
Do not know	2	2	1	4

Table 5. Sample Composition (N = 1402).

	N of Schools in Unweighted Sample	% of Students Nationwide	% of Schools in Unweighted Sample	% of Schools in Weighted Sample
Region				
Northeast	231	18	17	16
Midwest	356	24	25	25
South	490	36	35	35
West	325	22	23	24
Urbanity				
Urban	317	24	23	23
Suburban	636	46	45	45
Rural	279	18	20	19
Missing	170	12	12	12
School level				
Primary and other	162	13	12	11
Middle School	515	36	37	36
High School	725	51	52	53
Size of school				
Less than 500	217	16	16	15
500-1000	518	35	37	35
1001-1500	395	22	28	22
More than 1500	272	27	19	27

TABLE 6. Sampled professionals by title and demographic characteristics (N =1402).

Title	Characteristic				
	% of Sample	% Full-Time	% Masters Degree	% Female	% Under Age 50
School counselor/Guidance counselor	49.1	97.4	95.1	72.0	54.9
Psychologist	25.7	92.8	80.0	63.6	63.1
Social worker	11.2	96.2	90.4	84.7	66.2
Nurse/Nurse practitioner	3.0	90.5	35.7	97.6	64.3
Special educator	2.9	100.0	75.0	80.0	60.0
Principal/Assistant principal	2.8	100.0	79.5	46.2	51.3
Special Services/Student Services Director	2.3	100.0	71.9	81.3	56.3
Teacher	0.3	100.0	75.0	75.0	25.0
Other	2.8	95.0	70.0	80.0	55.0

Helpful References

President's New Freedom Commission. (2003). Accessed online at:
www.mentalhealthcommission.gov/reports/reports.htm.

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Accessed online at: www.hhs.gov/surgeongeneral/topics/cmh/childreport.htm

Sunnylands Adolescent Mental Health Initiative. Accessed online at:
www.sunnylands.org/amhi/.

Survey Methodology

Princeton Survey Research Associates International conducted the interviews by telephone from April 5 to May 28, 2004. A minimum of 20 attempts were made to contact a mental health professional at each school. Calls were staggered over different times of day and days of the week to maximize the chance of making contact with potential respondents. Prior to being called, the principal of each school was sent a letter introducing the research and explaining that a mental health professional in the school could expect a call to participate in the study in the coming weeks. In addition, the principals as well as the respondents were told that for their participation a \$20,000 charitable donation would be made in the name of all participating schools to an organization that works to improve mental health care among adolescents. The letter also gave an 800 number so that mental health professionals could call in and take the survey at their own convenience. The response rate for the survey was 72%.

The sample of schools contained 2,000 public schools drawn from the *Common Core of Data Public Elementary/Secondary School Universe 2002-2003*—a database of virtually all public elementary and secondary schools in the United States produced annually by the National Center for Education Statistics (NCES). The sample was selected to represent all schools that have at least 100 students and that have classes in at least one middle or high school grade. It is estimated that this sample frame represents more than 90% of all adolescent students in the US. The database is compiled from the administrative records provided by state education agencies.

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