

Mental Health Report for the Madison Metropolitan Public Schools. Funded by the UW – Medical School (PI: Solberg, V. S., NIH Funding; 2008).

## Overview

The purpose of this study was to look more closely at extent to which MMSD students may be experiencing potential mental health challenges. The district gathered mental health data from student services teams during the 2006-2007 school year. Student services teams consisted of school nurses, psychologists, and social workers, all of whom are involved in supporting students in the domains of academic, social/emotional, and mental health development. All of the individuals on these student services teams have received training relevant to mental health issues, particularly as they relate to children and adolescents. The team from each school worked together to review all enrolled students in their school and provided information about those students who they perceived to have potential mental health concerns. This screening did not include gathering information from the students themselves, their parents, or any other individuals who may have information about the student's mental health status. Furthermore, the data reported by the student services teams does not reflect formal mental health diagnoses. Rather, the student services staff identified students as having a potential mental health concern using the following criteria: their professional judgment (which was based on their work with the student and/or his or her family), observations of the student within the school context, and recorded information that had been previously gathered from the student and/or the parent(s). In many cases, one or more members of the student services teams had previously worked directly with these identified students and/or were presently working closely with them to provide support within the school. It is also possible that when a student services team member had received parental permission, they may have been provided with diagnostic information from the child's physician or therapist in the community.

The information provided by the student services teams that was recorded as follows: a) the type of primary potential mental health concern (i.e., anxiety, depression, eating disorders, alcohol and other drug abuse (AODA), anger, attention, extreme mood change, hyperactivity, impulsivity, trauma, hallucinations/delusions, self-harm behaviors, suicidal ideations, and other mental health-related issues as identified by the student service staff); b) if applicable, the type of secondary, or additional, potential mental health concern; c) whether or not the youth was receiving school-based services and if so, what kind of services (i.e., direct and indirect services, direct and collaborative services, indirect services only, collaboration only, and no school-based services); and d) whether or not the student was receiving community-based service(s). Direct services are defined by the student services staff being involved in purposeful action on behalf of the student. Types of direct services include: assessment, counseling, participating in planning or problem solving meetings about the student, managing, developing or implementing interventions, and monitoring progress. Indirect service are defined by student services staff consulting with or providing information to others (e.g., school based or community providers) who are providing direct service to the student. Types of indirect services include: parent education, parent consultation, monitoring of a student for a community provider without providing direct services. For the purposes of this report, collaboration is defined as school staff working in concert with community providers/agencies to provide for the MH needs of the student. However, this is *not* defined by collaboration for staff within a particular school. Collaboration only services are when the school staff are working with the community based

therapist/agency, but there are no specific school-based services that are provided outside of community services. Community-based services are defined by students receiving community-based services that the school is aware of, but school staff is not providing.

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### Completed Reports

Department of Student Services Madison Metropolitan School District (2009). Report on the Mental Health Concerns among Students in the Madison Metropolitan School District. Report available from the Center on Education and Work, University of Wisconsin, Madison, Wisconsin. Funding Provided by the National Institutes of Health, National Center for Minority Health and Health Disparities (Grant #MD000506)

### Executive Summary

This report describes the results of a district-wide screening of potential mental health concerns among 24,318 students attending the Madison Metropolitan School District (MMSD) during the 2006-2007 academic year. A total of 15% of the MMSD student population was identified as having a potential mental health concern.

- Among the 15% of the students identified as having a potential mental health concern, the following were overrepresented in comparison to their population percentage:
  - Students from lower income backgrounds
  - Males
  - African American males
  - Students receiving special education services
- Among students identified as having a potential mental health concern, 52% of the primary indicators were for emotional/behavioral issues and 39% were for mental health issues that could indicate a formal mental health diagnosis.
- Among students from lower income backgrounds, 61% who were identified as having a potential mental health concern were for emotional/behavioral issues while for students from higher income backgrounds, 48% who were for mental health issues.
- Among students from African American backgrounds identified as having a primary mental health concern, 65% were identified as having emotional/behavioral issues while 43% of students from White backgrounds with a primary mental health concern were identified as having emotional/behavioral issues.

- The majority of students receive primary mental health services from school (95%) with 71% receiving a combination of direct services and indirect services.
- Among students who are not receiving community (n = 882) or school services (n = 180), the primary reasons centered around family being resistant to treatment (38%) or family issues interfering (29%).
- Students identified with a potential mental health concern and were from higher income backgrounds were more likely (73%) to receive services from community sources than students from lower backgrounds (54%).
- Students identified with a potential mental health concern and who were from African American backgrounds were least likely (61%) to receive services from community sources than all other groups.
- High school age students identified with a potential mental health concern were more likely to be for mental health issues that could indicate a DSM-IV diagnosis (60%) compared with students from grades K-2 (26%), 3-5 (32%), and 6-8 (36%), respectively.
- Implications and Recommendations include:
  - Enhance MMSD professional development for addressing mental health concerns
  - Improve quality of mental health services being provided by MMSD
  - Strengthen the collaboration and coordination of mental health services among community and state agencies
  - Continue to conduct ongoing evaluations and data collection of mental health needs and services