Memo for Implementation of a School-Based Mental Health Program

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NSG 602

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TO: John Scholtens, Superintendent of Schools, Petoskey, MI

FROM: Emilee Moeke RN BSN, Rush University Graduate Student

DATE: October 16th, 2017

SUBJECT: Implementation of a mental health program in Petoskey Middle School as an intervention to help prevent emergent mental health issues and missed days of school

**Significance of Mental Health Issues in School Aged Children**

Mental Health issues, which can include depression, anxiety, and social/emotional health struggles, represent a major concern for youth in today’s society. “Approximately one in every four to five youth in the U.S. meets criteria for a mental disorder with severe impairment across their lifetime” (Merikangas et al. 2010). Per the 2017 Children’s mental health report “Nearly one in three adolescents (31.9%) will meet criteria for an anxiety disorder by the age of 18.” Additionally, per the CDC 2013-2015 report, 5.7% of children age 5-17 are known to have serious emotional or behavioral difficulties, and numbers only appear to be growing. Despite the growing prevalence of mental health issues affecting youth, most schools are not prepared to help these students. A recent study by the National Institute of Mental Health found that nearly 80% of adolescents aged 6-17 years old that suffer from mental health issues do not receive mental health care from their schools (<https://www.ncbi.nlm.nih.gov/pubmed/12202276>). What’s most concerning about this statistic is that adolescents spend the majority of their time (5 days a week) in the school systems. Without effective treatment programs, these children are more likely to miss significant class time, which leads to poor academic performance that can set them back from their peers. Additionally, students suffering from mental health often have disruptive behavior which can negatively impact the educational experience for other students as well. Given the prevalence of mental health issues in our youth, it is important that we establish programs in our school systems to provide those suffering from this illness with the support they need.

**Proposed Mental Health School Program Intervention**

Mental health programs within school systems can provide the necessary care to improve both the mental health and educational achievement for the many people suffering from mental health illness of some sort (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/>). Unfortunately, the majority of schools across our country lack any level of mental health support and these students effectively go untreated. Implementing a program to provide support for these students can significantly impact their social and emotional wellbeing, as well as their classroom performance. Research published in the Harvard Review of Psychiatry provides evidence that school-based mental health interventions lead to good mental health and related outcomes, including reductions in anxiety, improved academic performance, and fewer school suspensions (reference noted below).

The implementation of a mental health program in Petoskey Middle School would provide students struggling with mental health issues the support they need to help manage the disease and improve outcomes in both school and life. A suggested program to implement is Positive Behavioral Interventions and Support (PBIS), which offers a mutli-tiered approach to social, emotional, and behavior support. This system focuses on three tiers of support: (1) Universal support, which provides primary prevention for all students in the school (2) Targeted support, which provides targeted support for at-risk students (3) Intensive support for students with serious or chronic mental health issues. As part of this program, teachers would be tasked with conducting a screening process to identify the students that need Tier 2 support. Teachers would use the “Student Risk Screening Scale for Internalizing and Externalizing Behaviors.” Based on results of this screening, students would be placed into different tiers and be subject to different treatment plans.

**Cost/Benefit Analysis of Mental Health Program Implementation**

There would be several costs associated with implementing a Positive Behavioral Interventions and Support (PBIS) program at Petoskey Middle School. The majority of costs would be from training the teachers on how to get them up to speed on how to provide the necessary care across each tier of support. All teachers would be trained so that a consistent level of care and support can be maintained across different classrooms. There would need to be three one-day workshops per year, at a cost of $4,000 per workshop, or $12,000 per year. We expect that one of these trainings would occur before the school year, while students are on summer vacation. However, the other two trainings would likely occur during the school year and thus would require the use of substitute teachers. This cost is estimated at $1,350 per training day, or $2,700 for the year (see appendix for calculations). Additionally, the school would need to form a leadership team that would effectively be the internal PBIS experts and would advise other teachers when necessary. An 8 person leadership team is recommended by PBIS. There would be a separate, four-day onsite training for these teachers in advance of the school year, at a cost of $9,600 total (appendix). Outside of training, the only major costs would be $400 for a data system to manage the student records. Altogether, the costs of implementing this program would be $24,700 in year one. Costs would significantly decrease in subsequent years as there would be minimal training requirements.

The main benefit of implementing this program would be the improvement in overall wellbeing of the students that suffer from mental health disease, as well as a resulting increase in overall productivity of the student body due to fewer behavioral distractions. While it is difficult to quantify this benefit, we can look at improvements in attendance records for potential dollar savings. Researchers have found that a child’s unwillingness to go to school was associated with depression, separation anxiety disorder, generalized anxiety disorder, disruptive behavior disorder, and oppositional defiant disorder (<http://www.attendanceworks.org/wordpress/wp-content/uploads/2014/10/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf>).

Many states currently offer schools funding based on daily attendance records and thus schools are negatively impacted when students miss school. Although Michigan is not currently operating under this model, it’s certainly possible that they could in the near future. Given that approximately 20% of youth suffer from mental health disease, it can be estimated that 136.6 of Petoskey Middle Schools’ 683 students suffer from mental health disease and approximately 109.28 are not getting effective treatment in school, given that 80% of youth with mental health disease do not get treated. As mentioned earlier, often times students with mental health disease often have chronic absenteeism, which is missing 10 or more school days per year. The cost of education per student works out to $48.15 per day (see appendix). If these 109.28 students each miss 10 school days per year as a result of their mental illness, the school would be subject to lose out on $52,618.32. It’s likely that implementing a mental health program in school, such as the PBIS could lead to significant reduction in the number of absences amongst these children. Estimating that 80% of absences could be eliminated with the implementation of a mental health program in school, the total benefit would equal $42,095.

Every missed school day costs school districts money, although Michigan is not yet on the Daily Attendance funding as many states are, it appears most states in the country are moving towards this model. It can be estimated in the near future that every missed school day by a student will cost the school district an estimated $48.20 (<https://www.michigan.gov/documents/budget/Michigan_Education_Finance_Study_527806_7.pdf)>. When students' mental health needs are met, they are less likely to be absent and more likely to be engaged in and have a sense of connectedness to school.

Kids are more likely to drop out of school, which would lose school districts money

**Appendix**

|  |  |
| --- | --- |
| **Cost of Implementing Program** | **Value** |
| Workshop Cost |  |
| *# of workshops* | 3 |
| *Cost per workshop* | $4,000 |
| **Total cost of workshops** | **$12,000** |
| Substitute Teacher Cost |  |
| *Training days requiring substitutes* | **2** |
| *# of substitute teachers needed* | 15 |
| *# of hours per teacher* | 6 |
| *Cost per hour* | $15 |
| **Total cost of substitute teachers** | **$2,700** |
| Leadership training Cost |  |
| *# of teachers involved* | 8 |
| *Cost per teacher per day* | $300 |
| *# of days of training* | 4 |
| ***Total Leadership Training Cost*** | **$9,600** |
| Miscellaneous Costs |  |
| ***Data System Cost*** | **$400** |
| **Total Costs of Implementation** | **$24,300** |
|  |  |
| **Estimating the Educational Funding Per Day** | **Value** |
| *Annual Educational Cost per student* | $8,667 |
| *Days per school year* | 180 |
| *Avg. daily educational cost per student* | $48.15 |
|  |  |
| **Potential Benefit of Implementing Program** | **Value** |
| # of students at Petoskey Middle School | 683 |
| Percentage of students that suffer from mental health disease | 20% |
| # of students at Petoskey Middle School that suffer from mental health disease | 136.6 |
| % of students suffering from mental health disease that go untreated or unidentified | 80% |
| # of students at Petoskey Middle School that are not getting treated for their mental health disease | 109.28 |
| # of days missed for people with chronic absenteeism | 10 |
| Total days missed | 1092.8 |
| Total potential lost education dollars due to absences resulting from mental health disease | $52,618.32 |
| Potential reduction in absences from implementation of program | 80% |
| **Total Benefit of Implementation** | **$42,095** |
|  |  |
| **Cost-Benefit Ratio** | **Value** |
| Total Benefit of Implementation | $42,095 |
| Total Cost of Implementation | $24,300 |
| **Total Benefit / Total Cost** | **1.73** |

References

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