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EXAMINING THE IMPACT OF STUDENT SOCIOECONOMIC STATUS AND SCHOOL ATTITUDES ON SCHOOL-BASED MENTAL HEALTH PARTNERSHIPS

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INTRODUCTION

• An estimated one in five youth ages 13-18 has a diagnosable mental health problem; 75-80 percent do not receive required services.

• School-based mental health (SBMH) programs are a proven strategy for minimizing barriers to accessing services and to help address behavioral health issues that negatively influence a student's ability to thrive in school and life.

• Strong partnerships and collaboration between mental health providers and schools are essential factors in the success of implementation and sustainability of SBMH programs.

• Since its inception in 2015, 29 community-based Georgia Apex Program (GAP) providers funded by the GA Department of Behavioral Health and Developmental Disabilities have partnered with more than 200 schools to provide access to SBMH services to approximately 4,000 student learners.

• SBMH funders and providers need to understand school contextual factors that contribute to strong partnerships, including student socioeconomic and demographic indicators, to support sustainable implementation of SBMH programs.

STUDY DESIGN

The intent of this analysis is to inform providers about elements to consider when choosing school partners for the expansion of SBMH services. Specifically, we examine relationships between school demographic and community-level socioeconomic indicators and levels of collaboration between community mental health providers and their school partners using publicly available statewide school data and the Mental Health Planning and Evaluation Template (MHPET).

RESULTS

Results indicate that in a SBMH initiative in Georgia, levels of partnership and collaboration between school and community mental health providers and funders were significantly associated with increased levels of partnership over time including sociodemographic characteristics such as higher percentage of non-white minority students and lower percentage of children living in poverty. Providers should consider school attributes such as student demographics and county socio-economic indicators in determining where to place their services, as they may have a predictive effect on the increase in perceived levels of partnership throughout the year. Strong partnership has been shown to be an important factor in successful SBMH programs.

IMPLICATIONS FOR POLICY AND PRACTICE

To promote positive recovery and resiliency outcomes in children’s mental health, policy makers, administrators, providers, and funders, should factor in considerations beyond clinical and therapeutic mental health treatment. Mental health programs that operate in a vacuum and do not take into consideration social determinants, particularly as they relate to the school environment, may have a limited impact. Policies and programs must take into consideration socio-economic determinants of health that influence children’s mental health including parental employment, transportation, poverty levels, and health literacy. As our findings indicate, SBMH programs foster partnerships that support schools, especially those that are under-resourced. States and communities may use evidence from this analysis and similar evaluations to better identify how they may better support under-resourced schools through a systems of care approach to improving children’s mental health.

REFERENCES


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Table 1: Descriptive Statistics for Variables in Model

Table 2: Single Linear Regression Coefficients for Each Unique Predictor of MHPET Scores at Follow-Up

Table 3: Multiple Linear Regression Model for All Predictors of MHPET Scores at Follow-Up

Table 4: Multiple Linear Regression Model Summary