School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services

School psychologists are uniquely trained to deliver high-quality mental and behavioral health services in the school setting to ensure all students have the support they need to be successful in school, at home, and throughout life.

School psychologists are uniquely positioned in schools to facilitate the development, delivery, and monitoring of prompt, effective, and culturally responsive mental and behavioral health services of prevention and intervention. As Hughes and Minke (2014) observed, “school psychologists are situated in real time in the biopsychosocial system where children spend 35 hours or more a week” (p. 29). School psychologists’ broadly focused preparation as academic, mental, and behavioral health service providers, coupled with their engagement in and familiarity with schools’ organizational and cultural contexts, equips them to play a primary role in the delivery of multilayered and responsive school-based mental and behavioral health services.

The mental and behavioral health of students is a necessary, appropriate, and critical focus of education for individuals birth to age 21. Mental and behavioral wellness is directly linked to overall positive student achievement, school climate, high school graduation rates, and the prevention of risky behaviors, disciplinary incidents, and substance abuse (Center for Health and Healthcare in Schools, 2014). These factors, in turn, are associated with such important life outcomes as improved interpersonal relationships, higher earnings, greater employment stability, and lower likelihood of involvement with the criminal justice system (Aos et al., 2004).

Approximately 20% of adolescents experience some social–emotional and behavioral concern that warrants intervention throughout their school trajectory (Merikangas et al., 2010; Perou et al., 2013). Mental and behavioral health problems impact younger children as well; in fact, 1 in 6 U.S. children age 2–8 years had a diagnosed mental, behavioral, or developmental disorder (Cree et al., 2016), while behavior problems are most common among children age 6 to 11 years (Ghandour et al., 2019). Between 75% and 80% of children and youth in need of mental health services do not receive them due to a range of barriers including inadequate access, logistical barriers, stigma, and cost (Hanchon & Fernald, 2013; U.S. Department of Health and Human Services, 2001). Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools (Farmer et al., 2003; Rones & Hoagwood, 2000). In fact, students are much more likely to seek services in schools than in community-based centers (Juszczak et al., 2003), and among those who receive services in community settings, most receive fewer than four sessions of care (Hoover & Bostic, 2021). As such, schools represent the natural and best setting for mental health prevention and treatment services and can provide comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities. For those students in need of more intensive services, school psychologists can help coordinate school-based services and community-based services to facilitate a wraparound system of care approach to support families.

School psychologists who maintain competencies consistent with NASP standards are qualified providers of child and adolescent mental and behavioral health services. The National Association of School Psychologists (NASP) 2020 Professional Standards represent a unified set of principles that guide graduate education, credentialing, professional practice and services, and ethical behavior of effective school psychologists. Additionally, the standards define contemporary school psychology practice and promote comprehensive and integrated services. School psychologists who maintain competencies, knowledge, and skills across the 10 broad and
interrelated domains contained within these standards (see Figure 1) are qualified to provide mental and behavioral health services in schools. Such individuals include graduates of NASP-accredited/approved preparation programs, graduates of programs that have addressed NASP standards for graduate preparation, professionals recognized as holding the Nationally Certified School Psychologist (NCSP) credential, and individuals who obtain continuing professional development to augment their graduate training related to mental and behavioral health.

Figure 1. NASP Practice Model

Mental and behavioral health services exist on a continuum and are increasingly provided within a multitiered system of supports (see Figure 2). Comprehensive school mental and behavioral health services include a range of layered services and supports that promote mental and behavioral wellness among all students. Importantly, comprehensive systems include collaborative partnerships with community providers to serve students with long-term intensive therapeutic needs. Each of the following represents a mental and behavioral health service which may be provided by school psychologists within this model for both general and special education students.

Tier 1 (promotion of mental and behavioral wellness and prevention of mental and behavioral health problems):

- Universal screening for academic, behavioral, and emotional barriers to learning
- Design and delivery of culturally responsive curricula and interventions to help students develop effective social–emotional skills, build resiliency, and develop positive coping strategies, among other topics
- Implementation of trauma informed practices
- Consultation with teachers to promote infusion of social–emotional learning into classrooms and the curriculum
- Data collection and evaluation of the effectiveness of school-wide social and emotional wellness promotion programs
Figure 2. School Psychologists’ Role in Comprehensive School Mental and Behavioral Health Services

- **Intensive Community Interventions**
  - Coordination With School Providers
  - Family Counseling
  - Psychiatric Services
  - Long-Term Individual Therapy

- **Intensive School Interventions**
  - Coordination With Community Providers
  - Transition Planning
  - Direct Therapeutic Services
  - Suicide Intervention/Postvention

- **Targeted School Interventions**
  - Individual/Group Group Counseling
  - Crisis Intervention/Response
  - Psychological Assessments/IEP Planning
  - Functional Behavioral Assessments/Intervention Plans

- **Early Identification of and Support for Mental–Behavioral Health Concerns**
  - Small-Group Skills Building
  - Trauma Informed Services
  - Student Mentoring
  - Suicide Risk/Threat Assessments
  - School Staff/Family Consultation
  - Data Analysis to Address Disparities

- **Universal Wellness Promotion and Prevention**
  - Social–Emotional Learning
  - School Climate Programming
  - Psychoeducation
  - Positive Behavioral Supports
  - Universal Screening
  - Culturally Responsive Services

**SCHOOL PSYCHOLOGISTS PROVIDE CRITICAL SERVICES AT ALL TIERS**

**Key.**
- School Support
- Community Support
- School & Community Collaboration
Consultation on effective discipline policies and practices, especially to ensure culturally responsive practices and avoid disproportionate application to specific populations
Development of evidence-based bullying and violence prevention policies and practices
Participation on crisis prevention and intervention teams
Professional development for staff and families related to mental health problems
Data collection and analysis to improve equity across services and outcomes

Tier 2 (direct and indirect services to address emerging mental and behavioral health problems and prevent risky behaviors):

- Suicide risk and behavioral threat assessment and management
- Protocols for responding to bullying
- Individual and group counseling
- Skill-building groups (e.g., social skills training, anger management, stress reduction)
- Assessment and interpretation of mental and behavioral health data to monitor response to interventions
- Classroom-based consultation
- Development and monitoring of individual student behavior intervention plans
- Solution-focused counseling groups
- Mentorship of students or establishment of peer mentorship programs
- Facilitation of educator–family collaboration to address mental and behavioral health problems
- Facilitation of collaboration among family, school, and community to address mental and behavioral health problems and understand the impact of cultural issues

Tier 3 (direct and indirect services to address identified mental and behavioral health problems):

- Direct therapeutic services to all students in need, including individual and group counseling, even in the absence of a clinical diagnosis or identified educational disability
- Cognitive–behavioral therapy, behavior therapy, dialectical behavior therapy, and other manualized direct treatment protocols
- Psychological assessment of social, emotional, and behavioral problems
- Suicide intervention and postvention
- Crisis intervention and crisis response
- Facilitation of collaboration among school providers with community agencies and other outside mental and behavioral health providers

Importantly, services provided by school psychologists at all levels are considered mental and behavioral health services. The provision of these services is sometimes affected by school districts’ organizational characteristics (e.g., school psychologist to student ratio, demands for other school psychological services, administrative approval and support, division of roles with other school-based mental health professionals) or the need for additional professional development to ensure competent practice (Hanchon & Fernald, 2013). Therefore, it is the responsibility of school districts to ensure that key organizational principles are in place so that comprehensive and integrated school psychological services can be provided by school-employed professionals. The NASP Professional Standards provide specific organizational principles for school districts, and these principles contain guidance on appropriate conditions for the provision of these services (NASP, 2020). Furthermore, the importance of continuing professional development to cultivate and maintain appropriate mental and behavioral health intervention skills is critical to ensure competent practice. The NASP standards can be accessed at https://www.nasponline.org/2020standards
School mental and behavioral health services in the context of education and healthcare reform.

Congress has authorized and approved appropriations for various federal programs (e.g., Elementary and Secondary Education Act, the Individuals with Disabilities Education Improvement Act, The Patient Protection and Affordable Care Act, and the Medicaid School Supportive Health Program) further highlighting the importance of school-based mental health services in overall student learning and development. School psychologists are recognized as “school-based mental health service providers” in the No Child Left Behind Act (20 U.S.C Sec 4155 et seq). Furthermore, school psychologists are explicitly recognized in the Patient Protection and Affordable Care Act of 2010 (ACA).

Title V of the ACA. The purpose of this title is to improve access to and the delivery of healthcare services for all individuals and to increase the health and mental health workforce. The ACA authorizes the Health Resources and Services Administration (HRSA) to award “Mental and Behavioral Health Education and Training Grants” to support the recruitment of students in “accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in school psychology.” Importantly, HRSA has affirmed school psychology graduate education programs at either the specialist or doctoral level are eligible to receive these funds.

Statutory language within the ACA specifies school psychologists “licensed or certified at the doctoral and/or specialist level” are recognized as “qualified health professionals” (Public law 111-148, Section 5203, Subpart 3, Sec. 775) and “mental health service professionals” (Public law 111-148, Section 5002, Definitions). School psychologists who are licensed by their state boards of psychology (or other state agencies that regulate the practice of psychology), and school psychologists who are certified or licensed by their state education agency are legally considered mental health service professionals.

Despite statutory recognition of school psychologists as mental health professionals, some state Medicaid plans and other relevant programs do not recognize school psychologists as qualified mental health professionals. This situation prevents some children and youth from being able to access high-quality school mental health services. When considering the best way to address the mental and behavioral needs of students, school policy makers should consider the extent to which they can utilize (and seek funding support for) the services of school psychologists currently employed by school districts, while also incorporating the contributions that can be made by community-based providers.

SUMMARY

NASP advocates for coordinated, comprehensive, and culturally responsive school mental health services delivered within a multitiered system to address the mental and behavioral health needs of all students. These services include wellness promotion, prevention, early intervention, and therapeutic supports for emerging problems and concerns, as well as intensive therapeutic services for students with the most severe needs. School psychologists also are uniquely trained to bridge the gap that exists between schools and community resources and should be key facilitators of communication and collaboration with community agencies and related professionals on behalf of individual students and families. School psychologists whose graduate preparation, credentialing, and continuing professional development qualifies them as providers of child and adolescent mental and behavioral health services and should be involved in the development, delivery, and evaluation of school-based mental and behavioral health services.

RESOURCES


REFERENCES


Please cite this document as: