School-Based Mental and Behavioral Health Services to Promote Psychological Well-Being and Prevent Mental Illness

The National Association of School Psychologists (NASP) is committed to school-based mental and behavioral health services that include high-quality, evidence-based programs to foster students’ psychological well-being, improve their positive socioemotional development, prevent or mitigate mental illness, and maximize their success in schools, communities, and families. NASP views mental and behavioral health not simply as the absence of mental illness but also as encompassing social, emotional, and behavioral wellness and the ability to cope with life’s challenges. The NASP Professional Standards (NASP, 2020b) establish that intervention, preventive, and promotive school psychological services can be delivered within multitiered systems of support (MTSS; Doll et al., 2021). Schools are ideal places for providing mental and behavioral health services because schools are readily accessible, are less stigmatizing settings, and are the primary providers of mental health services for children and adolescents (McDaid et al., 2019).

RATIONALE FOR SCHOOL-BASED PREVENTION AND WELLNESS PROMOTION

Services that prevent mental and behavioral health problems and promote psychological well-being are essential for school-age children and adolescents. In 2011, the greatest U.S. national healthcare expenditure for children involved the treatment of mental, emotional, or behavioral disorders (Soni, 2014). Despite this expenditure, 1 in 5 five school-age children experiences mental illness in a given year (Bitsko et al., 2022), and most do not receive adequate mental health care (Ghandour et al., 2019; Zablotsky & Terlizzi, 2020). Although there has been increased national attention paid to the inequitable distribution of mental health services, access to mental health care is even more limited for students who are racially and ethnically minoritized (Louie & Wheaton, 2018; Worrell, 2014). Of school-age children who receive mental health services, 70%–80% receive them at school (Simon et al., 2015). Children’s access to school mental and behavioral health services is critical because early unaddressed signs of distress are associated with subsequent difficulties in educational, social, and occupational accomplishments in adulthood (Masten et al., 2021). Wellness promotion programs build students’ psychological resilience by strengthening relationships, inducing more intense and more frequent positive emotional experiences, and fostering students’ human agency and self-determination (Suldo & Doll, 2021). Early intervention programs address early symptoms of maladjustment before students meet diagnostic criteria for a mental disorder. By reducing the prevalence and severity of mental and behavioral health problems in children and youth and fostering their psychological well-being, early intervention, prevention, and wellness promotion interventions can be more effective and less costly than remedial interventions (McDaid et al., 2019).

It is critical that schools assess and identify the needs of student populations and tailor school mental and behavioral health services to meet those needs (Longhi et al., 2021). In particular, children experiencing multiple social adversities (e.g., economic stress, parental health problems, or community violence) are at significantly higher risk for maladjustment (Masten et al., 2021). Alternatively, children who have access to caring adults, effective schools, high-quality parenting, and supportive community services are more likely to be resilient in the face of adversity (Zolowski & Bullock, 2012). Preventive and promotive school mental and behavioral health services can mitigate environmental adversities, acknowledge student trauma, and provide students with supports that foster social health and psychological wellness (Lazarus et al., 2021). Schools provide evidence-based, multitiered preventive and promotive youth mental and behavioral health services (McDaid et al., 2019; Sanchez et al., 2018). School’s daily and sustained contact with students makes broad, multiyear prevention programs feasible and cost-effective. Providing youth mental and behavioral health services in schools reduces costs of services, minimizes the stigma associated with services in unfamiliar places, facilitates transportation to and from services, and reduces family–work scheduling challenges (Doll et al., 2017). Prevention and wellness promotion efforts that are coordinated with families and communities are likely to be more effective than stand-alone programs that are disconnected from other social systems (Sheridan et al., 2017). School–
community partnerships that effectively link school mental health professionals with community-employed providers improve the continuity of services, engage families more completely, and extend opportunities for consultation to teachers and other educators (Haines et al., 2015). Ultimately, school–community partnerships enhance students’ access to critical mental health prevention, intervention, and wellness-promoting supports (Smith et al., 2020).

MULTITIERED MENTAL AND BEHAVIORAL HEALTH SERVICES

Schools have the capacity to implement multitiered models of mental and behavioral health support in which a continuum of services (i.e., universal, targeted, intensive) are provided to address the needs of all students (Doll et al., 2021; NASP, 2020a). At the universal level, schools can work to create safe and supportive school climates so that all students have the chance to experience school success. Evidence in support of the effects of universal social–emotional learning curricula on student outcomes is growing, with positive effects documented for academic outcomes, social behavior, conduct problems, and emotional distress (Collaborative for Academic, Social, and Emotional Learning, 2013; Cook et al., 2015). Universal screenings make it possible for students with more significant mental and behavioral health needs to receive increasingly targeted and intensive interventions. Targeted and intensive interventions strengthen psychosocial competence; ameliorate risk in students who need additional support to succeed socially, emotionally, or behaviorally; and remediate the effects of mental disorders in students with substantial internalizing or externalizing symptoms (Moore et al., 2019). Examples include check-in/check-out programs that coach students to work towards self-set goals or positive psychology interventions to promote student happiness (Suldo, 2016).

THE ROLE OF THE SCHOOL PSYCHOLOGIST

School psychologists are highly qualified to design and implement school-based mental and behavioral health services to promote student wellness and prevent or address the development of mental disorders (Brock, 2015). They have knowledge of resilience and risk factors in learning and mental health. Additionally, they are skilled collaborators with other school-based mental health professionals, school leaders, families, and community members in the development of effective school-wide programs. Consistent with the NASP Practice Model (NASP, 2020b), school psychologists use a multitiered, dual-factor prevention and promotion model to: (a) recognize risk and protective factors, (b) implement a variety of services promoting students’ psychological well-being and resilience, (c) implement a variety of preventive and responsive intervention services for students with symptoms of disorders, (d) identify students who may require more individualized mental health support, (e) access resources, and (f) collaborate with other caregivers in the school and community. Comprehensive school psychological services are related to higher school attendance, better academic performance, higher rates of school completion, and stronger school belongingness (Allen et al., 2021; Kase et al., 2017).

SUMMARY

NASP affirms that the promotion of psychological well-being and the prevention of and early intervention for mental disorders are essential in promoting student behavioral and mental health, and that school systems must provide these services. NASP is committed to strengthening the infrastructure for culturally responsive school-based prevention and wellness promotion programs, and it advocates for the use of multitiered prevention, early intervention, and wellness promotion models that devote school mental and behavioral health services to the needs of all students through increasingly intensive levels of support. School psychologists are qualified to play important roles in implementing these programs, including: (a) leading school teams; (b) facilitating the development, delivery, and evaluation of wellness promotion, early intervention, and prevention programs; and (c) involving other caregivers, educators, and community members as partners in these efforts.

STATE AND LOCAL POLICY RECOMMENDATIONS

- Ensure state policy explicitly recognizes school psychologists as school mental and behavioral health providers.
- Ensure that the state Medicaid plan:
  - Takes full advantage of the Free Care Rule Reversal to support expansion of comprehensive school mental and behavioral health services, and

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• Explicitly includes school psychologists, credentialed by the state department of education, or relevant regulatory body, as qualified providers of school-based Medicaid services.
• At the state and local education agency levels, ensure the role and function of the school psychologists is aligned with the NASP Practice Model.
• Set mandatory staffing ratios and local funding allocations, that support ongoing efforts to achieve NASP’s recommended ratio of 1:500.
• Ensure state and local budgets prioritize efforts to address the shortages in school psychology.
• Promote collaborative community partnerships to increase access to comprehensive school mental and behavioral health services that:
  ▪ Effectively utilize school psychologists in collaboration with community partners to deliver comprehensive services to students,
  ▪ Include clear delineation of roles and responsibilities of school and community providers, and
  ▪ Supplement, not supplant, existing school services and personnel.
• Implement universal screenings to identify needs for school-wide interventions and to identify individual students who may be in need of social, emotional, mental, or behavioral health support.
• Oppose any effort that prohibits the delivery of social–emotional learning curriculum or the delivery of school mental and behavioral health services.
• Provide ongoing, job-relevant professional development to support student wellness and facilitate timely referrals and service delivery to students.
• Support increased opportunity for family engagement and education to increase their knowledge about the importance of comprehensive school mental health services, school based supports available to students, and how to request help for individual students. Facilitate improved family–school partnerships to support student wellness.
• Provide guidance and technical assistance to support effective implementation of comprehensive mental and behavioral health services (including trauma-informed practices and social–emotional learning). This guidance should include information on the importance and effective use of school-employed mental health professionals (e.g., school psychologists) in school-wide initiatives and in direct service delivery with students.

**FEDERAL POLICY RECOMMENDATIONS**

• Provide ongoing and robust investments for the Mental Health Service Professional Demonstration Grant and the School-Based Mental Health Services Grant Program, both of which address the shortages in school mental health services and increase access to comprehensive school mental health services.
• Continually update and disseminate guidance and technical assistance to support effective implementation of an MTSS framework that includes both academic and mental and behavioral health services (including trauma-informed practices and social–emotional learning). This guidance should include information on the importance and effective use of school-employed mental health professionals (e.g., school psychologists) in school-wide initiatives and in direct service delivery with students.
• Future authorizations of the Elementary and Secondary Education Act and the Individuals with Education Act should incentive comprehensive school mental health services, including:
  ▪ universal screening and other early identification efforts;
  ▪ ongoing professional development for educators, school-employed mental health professionals, families, and other relevant parties to improve the capacity of the community to identify students in need and refer them for services; and
  ▪ efforts to support effective and collaborative school–community partnerships in which school psychologists are integral members of all efforts.
• NASP opposes any effort that:
  ▪ limits or prohibits the use of social–emotional learning curricula or makes the receipt of federal funds contingent on the abolition of social–emotional learning practices;
  ▪ exacerbates disparities in access to qualified educators among minoritized students; or
  ▪ promotes lower standards for the credentialing of educators.
REFERENCES


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