

MENTAL HEALTH & SCHOOL-AGED YOUTH

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Many American schools continue to face systemic challenges associated with meeting the mental health needs of all students, and mental health problems remain a leading cause of disability among children and adolescents with estimates suggesting they affect between 10%- 20% of youth worldwide (Kieling et al., 2011). De-stigmatizing mental health problems and promoting help-seeking while also working to improve access to services is necessary to help reduce the risk of mental health problems for all individuals across the lifespan, and it is especially important for school-aged youth. The COVID-19 pandemic has created many new stressors for school-aged youth and their families. The impact of the pandemic has led to increased stress and anxiety among the general population, and mental health problems remain serious among youth during this crisis (Lee, 2020). Mental health concerns among youth, in general, are growing and, at the same time, many new mental health concerns are emerging or compounded as a result of the COVID-19 pandemic (Tang, Xiang, Cheung, & Xiang, 2020). Caregivers, schools, and even entire communities need solutions for providing timely and responsive services to support students' mental health.

School-Based Mental Health Services: “Talk it Out”

Barriers to access, including cost and transportation, significantly impact the utilization of mental health services among school-aged youth. Embedding mental health services in school settings can help reduce barriers and increase the utilization of mental health services (Merianos, Vidourek, & King, 2016). Creating practicum experiences for pre-service mental health counselors in schools can improve social equity in schools that need additional systems of support.

Created in partnership with the Tucson Unified School District in 2019, Talk it Out began from the clearly identified need to provide mental health services to students and families in the community who might otherwise encounter significant barriers to access.

By embedding the programming in the district's Family Resource Centers, Talk it Out services are community facing and designed to reduce stigma and improve help-seeking.

The use of telehealth in Talk it Out has been designed to address barriers and limitations via provision of timely, accessible, no-cost services for an array of presenting problems and mental health concerns.



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Program evaluation is ongoing and guided by a structure-process-outcome framework for assessing access to and quality of care for clients and effectiveness of training and supervision for practicum students. The practicum training model (including telehealth services) is intended to directly improve access to mental health counseling services and enhance the quality of services provided in a school-based community setting. The direct effects are expected to have a positive impact on the utilization of mental health counseling services, the social-emotional wellbeing of students, and academic outcomes for PreK-12 students as well as graduate counseling students.

Three primary sources of data address the research questions related to program implementation and outcomes:

1

Referrals provide data on types of services being requested, by whom, and how often.

2

Client exit surveys provide data on access to services and student/family experience of care.

3

Practicum student exit surveys provide data on practicum student experiences of training and supervision.

Data summarized here were collected for one academic year (2020–2021) which includes three practicum cohorts.

Referrals

- 65 referrals
- 58% were for social-emotional or adjustment issues
- 22% were related to COVID-19 (including death of a loved one, isolation/loneliness, decreased school attendance and academic decline, increased conflict and communication issues within households).
- 16% were for learning challenges
- 3 % were not specified

Client Exit Surveys

65 clients completed exit surveys (100% response rate)

- 92% indicated that they were more likely to seek services from the program because of the available referrals and services
- 67% indicated that they were more likely to make use of the program because of familiarity with the school district's staff and the local family resource centers
- 91% indicated that they or their child benefited from program services

Practicum Student Exit Surveys

13 practicum students completed exit surveys (48% response rate)

- 100% of students agreed (n = 2) or strongly agreed (n = 11) that they received adequate training, site supervision, and university supervision for in-person counseling and via telehealth.

Overall, responses to the practicum student exit survey indicated that practicum students felt a high degree of confidence in their ability to provide counseling services in-person and via telehealth.

Even with limitations, program evaluation data suggests the following implications:

Implications for Counselor Training

- Telehealth provides a unique opportunity for experiential learning and clinical supervision while students are not able to provide services in-person.
- By providing greater access to mental health treatment, students engage in social justice and advocacy within their community.

Implications for Schools

- Telehealth reduces barriers such as transportation and the need for physical space; therefore offering greater flexibility for scheduling.
- Offering no cost services available through the district improves accessibility and quality of services for students and families seeking mental health care.

References:

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