

Slade, E. P. (2002). Effects of school-based mental health programs on mental health service use by adolescents at school and in the community. *Mental Health Services Research, 4*(3), 151-166.

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Proponents of school-based mental health programs claim that these services address unmet service needs in children and adolescents, especially among students with limited access to healthcare. Although a recent push toward expanding school-based mental health services has occurred, little is known about the use of school-based counseling programs and their effect on mental health counseling available outside the school.

Slade focuses on three empirical questions: (a) have school-based mental health programs increased adolescents' access to mental health counseling services; (b) do school-based programs complement, or substitute for, mental health counseling offered outside the school; and (c) how are school-based mental health programs impacting students from racial minority backgrounds who are more likely to have unmet mental health care needs?

This study is based on a secondary analysis of data collected for the National Longitudinal Study of Adolescent Health (Add Health). The Add Health sample for the current study contains information on a nationally representative sample of adolescents attending grades 7 through 12 in 132 geographically, ethnically, and economically diverse middle and high schools across the United States from 1995. The Add Health dataset includes information from school administrators regarding the availability of school-based mental health counseling services. For this study, the author also used the in-home sample ($n = 18,475$) of the Add Health data, which is comprised of data from the students as well as their parents. Students reported on their personal use of mental health counseling at school and elsewhere and parents reported on demographic data, health insurance status, adolescent functioning and special education status.

Results show that on-site mental health counseling is available for approximately three out of every five adolescents who attend school. However, among all adolescents, school-based mental health services are used less frequently than non-school-based mental health services (4.4% compared to 8.8%). As the author points out, this finding contrasts with the Great Smokey Mountain Study of Youth (GSMS), which reported greater usage of school-based mental health services among its participants (see *Data Trends* Summary No. 13). However, the Slade study and the GSMS may not be comparable due to differences in the study samples and mental health delivery systems.

In conclusion, Slade reports that when mental health programs were available at school, students were significantly more likely to have seen a counselor during the past year. Students at schools identified as offering on-site mental health counseling reported greater usage than students at schools not offering school-based counseling (5.4% compared to 3.2%). This suggests that students may receive informal counseling from teachers, school nurses, school coaches, and other school staff who are not paid to provide counseling. Additionally, results indicate that schools offering on-site mental health counseling did not significantly impact the use of mental health services outside of the school. Only a small number (0.7%) of all adolescents reported using services in both sectors during the previous year, which represents approximately 5.6% of adolescents who reported using services in any sector. Slade suggests that "because few adolescents receive counseling in both school and non-school sectors in a given year, the data suggest that the school-based and community-based service sectors operate essentially as two parallel systems" (p. 163). However, Slade points out that there is only weak evidence to suggest that school-based counseling services may substitute for non-school-based counseling among special education students who generally use more mental health services. Finally, the author found that access to school-based counseling did not differ significantly by race.

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These findings suggest that schools can and do have a significant positive impact on adolescent use of mental health counseling services. The author suggests future research should examine how limited school financial resources devoted to mental health services can best be used to complement existing mental health services in the community. This recommendation speaks to the importance of understanding and improving the relationship among mental health services provided inside and outside of schools. This study also highlights a need to better understand when and why school-based mental health services are used rather than non-school-based services.