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School-based mental health services can help identify, refer, and provide mental health counseling for troubled adolescents. Yet few nationally representative studies have investigated the extent to which schools offer on-site mental health counseling services to their students. This study identifies local-level factors associated with the availability of in-school mental health counseling and other health care services for students in grades 7-12. Results suggest that approximately half of all schools surveyed offer mental health counseling. Large schools, schools in urban areas, and schools with high percentages of students enrolled in Medicaid were more likely to provide mental health services than other schools.

For this study, a nationally representative sample of 125 middle and high schools was selected from the National Longitudinal Study of Adolescent Health database, Add Health (see *Data Trends* #70). Results of two surveys adapted from the Add Health database, county-wide demographic data (i.e., state funding, poverty rates, household income), and school characteristics (e.g., size, location) were also used in this analysis. In addition, school administrators were asked four questions about whether their school provided: (a) on-site counseling for emotional and behavioral problems, (b) on-site physical exams, (c) substance abuse counseling, or (d) all of the above. Using these data, multivariate estimates explored the extent to which mental health counseling, physical examinations, and substance abuse counseling are available in schools throughout the U.S. Selected results of the study are summarized below.

**All three services**
- About 1 in 10 schools offered all three services to their students.
- Larger schools, urban schools, and schools having a high percentage of students enrolled in Medicaid or without insurance were the most likely to offer all three services.
- Schools having a large percentage of minority students were much less likely to offer all three services; small schools and schools in the South were also unlikely to offer these services when compared to other schools.
- No association was found between the availability of state funding for mental health services, physical examinations, or substance abuse counseling.

**Mental health counseling**
- Overall, 48% of schools surveyed provided mental health counseling.
- Schools with a high percentage of minority students were likely to provide mental health counseling (this relationship approached significance, with $p = .103$), and some schools reported up to 80% minority representation. Most schools having a large percentage of minority students were located in urban areas.
- Students attending schools in the Northeast and in the West were more likely to receive mental health counseling if they lived in an urban area. Regardless of urbanicity, schools in these areas provided more mental health counseling than did Midwestern and Southern schools; 86% of schools in the Northeast and 69% of schools in the West provided mental health counseling. In comparison, 46% of schools in the South, and 28% of schools in the Midwest provided this service.
• Coming from an economically disadvantaged home (i.e., low annual income, uninsured children) was not significantly associated with the availability of mental health counseling in schools.
• A significant, positive association was found between urbanicity and Medicaid enrollment and the availability of mental health counseling.

Physical examinations
• Slightly more than half (53%) of the schools in this study offered physical examinations.
• Sixty-three percent of suburban schools, and 50% of rural schools offered physical examinations.
• Schools with a high percentage of uninsured students were significantly less likely to offer physical examinations.
• Urbanicity was not significantly related to physical examinations.

Substance abuse counseling
• About 40% of schools offered substance abuse counseling.
• Suburban schools were less likely to offer mental health counseling, and more likely to offer counseling for substance abuse problems.
• Medium-size schools were unlikely to offer substance abuse counseling.
• Urbanicity was not significantly related to substance abuse counseling.

In conclusion, the strongest positive association found was between mental health counseling and the percentage of students on Medicaid. Another strong, positive association became evident for students with no health insurance and the provision of all three services. Thus, schools with high proportions of students on Medicaid or who are uninsured are making strides toward providing students with mental health services. However, the costs associated with in-school health services may discourage school administrators from establishing on-site clinics or programs for students. This reluctance among school administrators may be explained by the complex and lengthy process involved in becoming a Medicaid provider.

While this study provides further insight into the disparities that exist among schools and on-site mental health counseling, findings regarding mental health and substance abuse counseling programs should be interpreted with caution. Administrators who reported on their school’s mental health and substance abuse counseling programs may have had different ideas about what constitutes “counseling” for students (e.g., part-time social worker v. an in-school clinic). Further, the data in this study do not provide insight into the type and quality of services provided in schools. Nonetheless, the author raises new questions about in-school services and the student populations they serve, and calls for further research into the type and quality of in-school services and their funding sources.