

Effects of School-based Mental Health Services on Youth Outcomes in Hennepin County

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers, educators, and other professionals engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful dialogue about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we were interested in understanding how the introduction of school-based mental health services (SBMH) in Hennepin County, Minnesota between 2001-2019 affected a range of student outcomes. We linked information on the adoption of SBMH in Hennepin County schools from 2001-2019 with administrative data on Medicaid mental health services use, academic outcomes, juvenile justice involvement, and child welfare involvement. We then assessed changes in outcomes after schools adopted SBMH. After schools implemented SBMH, mental health services utilization significantly increased, and in-school disciplinary actions decreased. There were no statistically significant improvements in juvenile justice involvement or test scores overall. Stronger and more-uniformly positive outcomes were found for students predicted to be "high risk" for mental health problems.

Discussion on Practice Implications

1. This study found that after schools adopted school-based mental health services, mental health service use increased and out-of-school suspensions decreased, though there were not significant effects on attendance, test scores, or juvenile justice involvement. Why do you think that there were not broader benefits of school-based mental health services in this study? Do these findings fit with your own professional experience?
2. This study found that the positive effects of school-based mental health services were most-consistently found for children and adolescents who were estimated to be at greatest risk of mental health problems. How well-targeted do you think school-based mental health services are in your own professional setting?
3. What are some ways that school-based mental health clinicians could further improve services and supports for students? Do they have the right amount of resources to effectively help students? What barriers exist to diagnosing and treating mental health problems in school settings?

Discussion on Agency- & System-Level Changes

1. Policies that support school-based mental health services may need improvement to more effectively meet the needs of students with mental health problems. What are the state policies that affect this in your community? Are there barriers to improvement that the state could address? What can be done to get the right set of resources in place to support student mental health most effectively?
2. What are other ways that we could support kids' and adolescents' mental health? What is the right balance between school-based services and community-based services? Are there changes to the school-based mental health services model that would make it more effective or equitable?