

Statement of Sheryl Kataoka, MD, MSHS
Before the Federal Commission on School Safety
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My name is Sheryl Kataoka. I am a professor and school-based mental health services researcher at the University of California, Los Angeles. I want to thank you for inviting me to speak on this panel today to describe strategies for improving access to mental health treatment. As a child psychiatrist, not only do I see patients at our hospital but I also evaluate students in a school-based health center where I see many students and their families who would not have access to mental health services if it weren't available in their school. For almost 20 years, I have consulted to the Los Angeles Unified School District, a district that serves over 600,000 students grades K-12. Through my work in schools, I have come to appreciate the importance of promoting the mental health and wellbeing of students through the school system. By providing these services in schools, we have an opportunity to decrease stigma associated with seeking mental health care, and we also can decrease many of the barriers to getting students help when they need it.

Improving access to mental health services through schools

Child mental health problems not only result in emotional distress but can lead to significant problems in school. Students with mental health problems have greater challenges with school than their healthy peers; they are more likely to have lower grades and higher rates of absenteeism and dropping out of school.^{1,2,3} Mental health problems in childhood can lead to worse adult outcomes such as higher rates of unemployment and marriage instability.⁴

¹Rockhill, Vander Stoep, McCauley and Katon. (2009). *Journal of adolescence*, 32(3), 535-553.

²Classi, Milton, Ward, Sarsour and Johnston. (2012). *Child and adolescent psychiatry and mental health*, 6(1), 33.

³Porche, Fortuna, Lin and Alegria. (2011). *Child Development*, 82(3), 982-998.

⁴Goodman, Joyce and Smith. (2011). *Proceedings of the National Academy of Sciences*, 108(15), 6032-6037.

Despite the fact that more than one in every five youth in the United States has a mental disorder⁵, less than half receive any services.⁶ Of those who do receive care for their mental disorders, they are more likely to receive that care in the school setting, more than in specialty mental health settings or primary care.⁶ In fact when my colleague Dr. Lisa Jaycox (2009) conducted a randomized trial to compare two effective treatments, one delivered in the schools and the other in community mental health clinics, what she found was striking. Over 90% of youth in the school-based intervention completed treatment but of those assigned to a community clinic, only 23% started and 15% completed treatment. In other words, only 9 of the original 60 youth who had been assigned to get care in a clinic finished treatment, compared to 53 of 58 students who had completed care in a school-based program. Providing onsite mental health services in schools can greatly increase access to needed care, especially in low-resourced communities where multiple barriers to care exist.

What models exist for integrating mental health services into schools?

One school-wide approach to build emotionally strong cultures in schools is the Multitiered System of Support (MTSS). With this model, there is an effort to align the school's supports and resources to promote students' academic, behavioral and social-emotional development across three tiers of services.⁷ If you picture a triangle, the bottom part of the triangle represents services that are provided for all students and is otherwise known as universal prevention services that include interventions that are designed to create a positive social and emotional school culture. One example of this universal approach is the PBIS or Positive Behavioral Intervention and Supports approach that this commission was exposed to at the site visit to Anne Arundel Schools in Maryland. A second example is Life Skills Training (LST), which is delivered in middle school and teaches self-management skills, social skills, and drug awareness and teaches students how to resist drug use. It has shown to be effective in decreasing drug and alcohol use and fighting and delinquent behaviors.^{8,9}

⁵ Merikangas, He, Burstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson and Olfson. (2011). *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(1), 32-45.

⁶ Costello, He, Sampson, Kessler and Merikangas. (2014). *Psychiatric Services*, 65(3), 359-366.

⁷ Eagle, Dowd-Eagle, Snyder and Holtzman. (2015). *Journal of Educational and Psychological Consultation*, 25(2-3), 160-177.

⁸ Botvin, Griffin, Diaz, Scheier, Williams and Epstein. (2000). *Addictive behaviors*, 25(5), 769-774.

If we go back to our triangle, the middle part of the triangle represents Tier 2 or indicated prevention for those students identified as at risk for a mental health disorder. For example, our district leaders in Los Angeles identified that 40% of 6th graders reported exposure to violence involving a knife or gun, and we found that those students with more violence exposure had a greater likelihood of school suspensions and absenteeism.¹⁰ In response to this pervasive problem, our district has implemented a Tier 2 intervention that helps groups of students manage the impact of this traumatic exposure. In collaboration with school-based clinicians, we created a brief group intervention for students at risk for posttraumatic stress disorder called CBITS, the Cognitive Behavioral Intervention for Trauma in Schools.¹¹ We found that students who received this program improved in posttraumatic stress and depressive symptoms compared to those students who did not receive the program, with some improvement in grades also seen for those who got the program early in the school year.^{12,13}

Now, considering the tip of our Triangle, Tier 3 treatments, are necessary for those few 1-5% of students who need individual diagnosis, treatment, family therapy or psychiatric care. Treatment services can be provided through a variety of school based mental health models. Mental health treatment can be integrated together with general health services in a school-based health center. Students who access school-based health centers have been shown to have improved grades and school attendance^{14,15} and have also had improved health and mental health outcomes.^{16,17} Mental health clinicians can also provide consultation to individual students, teachers, or whole schools, either as a district employee, as a consultant co-locating onto a school campus from a community clinic or practice, or through a university-district partnership. These models can include a team with a psychiatrist and other clinicians such as psychologists and specialty trained clinical social workers and marriage and family counsellors. Additionally there are models which

⁹ Botvin, Griffin and Nichols. (2006). *Prevention Science*, 7(4), 403-408. doi:10.1007/s11121-006-0057-y

¹⁰ Ramirez, Wu, Kataoka, Wong, Yang, Peek-Asa and Stein. (2012). *The Journal of pediatrics*, 161(3), 542-546.

¹¹ Jaycox, Marshall and Schell. (2004). *Psychiatric Services*, 55(4), 415-420.

¹² Stein, Jaycox, Kataoka, Wong, Tu, Elliott and Fink. (2003). *JAMA*, 290(5), 603-611.

¹³ Kataoka, Jaycox, Wong, Nadeem, Langley, Tang and Stein. (2011). *Ethnicity & disease*, 21(3 0 1), S1.

¹⁴ Strolin-Goltzman, Sisselman, Melekis and Auerbach. (2014). *Health & Social Work*, 39(2), 83-91.

¹⁵ Walker, Kerns, Lyon, Bruns and Cosgrove. (2010). *Journal of Adolescent Health*, 46(3), 251-257.

¹⁶ Juszczak, Melinkovich and Kaplan. (2003). *Ibid.*, 32(6), 108-118.

¹⁷ Robinson, Harper and Schoeny. (2003). *Clinical Psychology: Science and Practice*, 10(4), 491-504.

successfully use telemedicine so that children in rural schools can access expert treatment and consultation more efficiently.

In summary, mental health problems are common and can deeply affect school performance on a number of key indicators. Mental health is a critical ingredient for educational success and is an essential component to the educational mission. As the National Academy of Sciences documents in their report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People* (2009)¹⁸, fortunately, a number of evidence-based universal and indicated school prevention programs exist. Unfortunately, few schools deliver them.

In order for every child to have access to a Multi-Tiered System of Support (MTSS), ranging from universal interventions for all students, indicated interventions for some students, and to actual diagnosis and treatment for few students in school settings, I recommend that the Commission consider the following:

- 1) **Expand the mental health workforce in schools.** This can be accomplished in a number of ways including linking community behavioral health agencies with school campuses, creating more school-based health centers that have behavioral health as a component, and increasing the number of onsite clinicians especially in low-resourced schools and communities where unmet need is greatest. This expanded workforce includes school counselors, clinical social workers, psychologists, and child psychiatrists who could then care for children earlier in their course of illness instead of waiting for them to show up in our offices, often too little too late, and after failing in school.

- 2) **Provide training and technical assistance for school based clinicians.** This workforce will need to be trained in the prevention and treatment interventions that have been studied and found to be effective. Resources such as those by the National Academy of Science, as well as registries of evidence-based prevention programs such as Blueprints for Healthy Youth Development can point schools to the types of interventions proven to

¹⁸National Academies of Sciences. (2009).

help promote healthy development in children and decrease their risk for mental disorders.

- 3) **Assure that all stakeholders in the school environment are equipped to understand and support the social and emotional development of children.** This includes not only educating parents and family members, teachers and administrators, but also bus drivers, coaches, cafeteria workers, and school resource officers. The school community has a critical role to play in ensuring that our young people thrive and that to the extent possible, we all work toward preventing mental disorders and suicide from impacting our children.

Thank you for this opportunity to speak to you today about ways to improve the access to mental health services in schools as one part of your larger plan to address school safety.