Mental Illness in Schools: A Three-Tiered Model Approach of Prevention and Intervention

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Abstract

Mental illness has become a primary health concern for youth in America, where approximately one in five adolescents experience impairments due to symptoms of psychological disorders (Merikangas et al., 2010). The potential for early-onset symptoms and likelihood of daily functioning being disrupted calls for a broad approach to prevention and intervention (Ghandour et al., 2019). The natural proximity to students of all age levels places schools in an ideal position to foster mental health, identify warning signs, and mediate effects of mental illness. The public health model takes an all-encompassing approach through the use of both prevention and intervention measures. In schools, a multi-tiered system of support is a method utilized for organizing access to intensifying levels of support based on students' presentation of need. This paper will discuss and evaluate programs at the primary prevention, secondary prevention, and tertiary intervention levels for supporting the mental health demands of a school population. In addition, the paper will discuss the role of school psychologists within each tier and implications for future research and practice.

Mental Illness in Schools: A Three-Tiered Model Approach of Prevention and Intervention

As stated by the Centers for Disease Control and Prevention, one in six children aged two to eight has a diagnosis of some form of a mental health disorder. This number increases as children age and then heightens in adolescence (2019). Mental illness can alter a child's capacity to learn and develop in a healthy manner, both academically and socially. Due to the potential adverse outcomes associated with mental illness, schools need to implement evidence-based prevention and intervention programs. According to Flett and Hewitt (2013), the percentage of students who are receiving mental health services is significantly lower than the rate of students who are suffering from psychological disorders. Therefore, it is crucial for schools to increase supports for mental illness as well as employ preventative measures that promote mental health. Programs of this nature will be researched and evaluated within this paper to identify effective programs for students who have mental illness in schools according to a three-tiered model.

Adverse Outcomes Associated with Mental Illness

In a representative study of adolescents in the United States aged 13 to 18 years old, an overall prevalence rate for severe impairment associated with mental illness was 22.2% (Merikangas et al., 2010). This statistic indicates that about one in four to five adolescents in the United States have been affected by some form of mental illness such as anxiety, depression, substance abuse, or Attention-Deficit Hyperactivity Disorder (ADHD). Along with this, the Center for Disease Control and Prevention reports that every demographic group is affected by mental illness, although prevalence rates do differ across groups (Perou et al., n.d.). The adolescent years are considered the most vulnerable time for the development of psychological disorders and the onset of mental illness is typically before the age of 25. This stage in the

development of an individual contains inherent challenges in multiple facets of life (Lee et al., 2014).

As one might expect, there are more negative outcomes associated with untreated mental illness than there are positive ones. Arguably the most infamous and fatal result of mental illness is suicide. According to Miller (2011), the most predictable risk factor associated with suicide in young people is the presence of a mental health disorder. While most individuals who have lost their lives due to suicide had a mental health disorder at the time of their death (about 90%), most youth who suffer from mental illness will not die by suicide. Related to suicide, Kiekens et al. (2018) found that 80.7% of individuals who participated in non-suicidal self-injury also met the criteria for mental health disorders. Additionally, the stigma associated with mental illness can act as a barrier to seeking treatment in youth due to unwarranted negative perceptions of psychological disorders. The effect of stigmatization is especially salient in male populations (Kaushik et al., 2016).

Role of the School System

According to Azar (2018), about seven million children in the United States suffer from severe mental disturbance, and the school setting offers many opportunities for identifying the effects on youth. The majority of children spend more supervised time at school than they do with their families or other caring adults. This places the schools in a unique position to identify signs of mental illness and to provide services to those students. While some schools are implementing and bolstering mental health promotion, the current system contains several barriers to universal prevention. These barriers may include funding, the commitment of staff, and time constraints (Flett & Hewitt, 2013). Despite these barriers, many schools have maintained their efforts to promote mental health through prevention and intervention services.

The National Association of School Psychologists (NASP) position statement regarding mental health services specifically calls for the delivery of multiple tiers of planned, culturally competent, and evidence-based services to students in schools (NASP, 2015). Along with this, schools are the most common entry point into mental health services. Children are 21 times more likely to receive mental health care in a school setting as opposed to obtaining services in the community (Juszczak et al., 2003).

While schools may vary in their approach to mental health services, there are several key individuals in schools, such as school psychologists, school counselors, and school social workers that might provide these services. Schools may also hire outside licensed professionals such as Marriage and Family Therapists to assist in the provision of services. This paper will specifically address the role of the school psychologist as they employ unique qualifications such as their dual training in the integration of education and psychology along with highly developed skills in the construction of prevention and intervention programs. Whereas other positions might support various parts of the multi-tiered process, the school psychologist's expertise allows them to engage in all aspects of the process.

Multi-Tiered Systems of Support

As the negative impacts of mental illness continue to present themselves in the school setting, it has become essential for schools to adopt systems of supports for their students. A public health model is an ideal approach for addressing mental illness in schools due to its comprehensive view that includes support ranging from preventative to intensive interventions. According to research by Stiffman et al. (2010), the public health model for promoting mental health requires an ecological view that recognizes the importance of students' environment, which includes their family, school, community, and society as a whole. To address mental

illness from a public health perspective, schools have begun to adopt Multi-Tiered Systems of Support (MTSS) that targets a school's population based on the level of supports needed for each student.

The implementation of MTSS is typically a three-tiered approach for the following levels of support: universal (primary prevention), targeted (secondary prevention), and intensive (tertiary intervention). Universal supports, or primary prevention, are designed to address the needs of a school as a whole, including students, teachers, and staff. This level of support should be useful in promoting mental health for about 80% of students. For students who require more targeted supports, MTSS employs methods for secondary prevention, which may include group instruction or counseling. Secondary prevention measures are estimated to be sufficient for 15% of the student population. The placement of the remaining 5% of students is at the tertiary intervention level, where they receive intensive and individualized supports. Proper implementation of MTSS requires data-based decision making for moving students through the different levels of support. Along with this, another essential component of MTSS is the use of evidence-based programs for prevention and intervention at each level of support (August et al., 2018).

Methods

The researcher conducted a literature review to gather information about mental illness in schools along with prevention and intervention programs targeting mental illness in youth. The research accumulation process utilized the EBSCOhost and ProQUEST databases through the Chapman University Library website as well as reference lists from articles that were relevant to the topic. Common keywords used in the search included: "mental illness in schools," "mental illness prevention," "mental illness school intervention program." Setting search parameters only

to generate articles published in the last ten years (from 2009-present) narrowed the research results. However, to ensure a comprehensive analysis, the researcher included some items preceding 2009. The literature will be organized based on where the research fits in the three-tiered model of intervention and analyzed based on the efficacy of the program.

Primary Prevention

While some students may be predisposed to mental illness, and a majority will experience school-related stress at some point during their development, schools possess a unique position that is ideal for implementing preventative measures regarding mental health. The goal of primary prevention is to shift the reactive nature of services to proactive and preventative measures universally (Dowdy et al., 2010). This shift allows all students in a school population to benefit from some level of services while reserving higher-level supports for students with more intensive needs. In studies of universal supports for mental health, the efficacy of social and emotional learning programs is extensive and widely supported (Brock, 2015). While there has been less research regarding the outcomes associated with mental health literacy and awareness, evidence has shown promising results in this area.

Social and Emotional Learning Programs

Evidence has suggested that implementing social and emotional learning (SEL) programs in schools can enhance social adjustment as well as decrease levels of psychological distress (Taylor et al., 2017). SEL, as defined by the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2020) is the "process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" ("What is SEL?"). In other words, five competencies are targeted in SEL programs: self-management, self-awareness, social

awareness, relationship skills, and responsible decision making. Research has shown a link between the promotion of these skill areas during youth and positive well-being into adulthood (Jones et al., 2015). A key factor of SEL programs is their ability to be taught by classroom teachers. A meta-analysis of SEL effectiveness showed that programs implemented by classroom teachers were successful in promoting positive outcomes in all categories (Durlak et al., 2011). The ability of a program to be performed with fidelity by teachers is highly instrumental in the delivery of universal supports for students.

While there are many programs for teaching SEL, one example of an evidence-based SEL program for preschool through eighth-grade students is Second Step. The goal of Second Step is to facilitate the transformation of a school into a supportive environment that ensures the ability of a child to flourish (Second Step, 2020). Direct instruction of skills is a central component of the Second Step program, which should be followed by opportunities for practice and reinforcement. Within the program, the four units include Brain Builders, Skills for Learning, Empathy, Emotion Management, and Problem Solving (Second Step, 2020). Low and colleagues studied the effectiveness of the program and found that it was most useful for students presenting with higher levels of existing problem behaviors. Their areas of improvement consisted of peer problems, social skills, SEL skills, and emotion management. Students with average to low average levels of problem behaviors did not exhibit as much improvement as their peers (Low et al., 2015). Another significant finding of the study outlined improvements in empathy and peer problems as a function of increased positive classroom management.

According to Taylor et al. (2017), the effects of SEL programs do not cease once the intervention is over. Positive outcomes were present from about one to four years post-program participation. Along with this, data from the study also indicated that not only were students set

up for success but that their training served as a protective factor against future obstacles such as emotional distress. Therefore, the implementation of SEL programs exhibits both in the moment and prospective benefits for students. A survey of kindergarten through twelfth-grade teachers found that educators are now endorsing the need for SEL in their classrooms. Teachers hope that schools would be able to afford them with more opportunities to integrate this learning into their current curriculum (Bridgeland et al., 2013).

Mental Health Literacy

According to Salerno (2016), there is an association between a lack of knowledge surrounding mental health and stigmatization with difficulties in treating mental illness in the teenage years. Boosting mental health literacy to reduce negative stigmatization is a critical factor in improving the trajectories of students who are currently suffering from mental illness or who may suffer from mental illness in the future. Mental health literacy consists of enhancing knowledge and understanding of both biological and psychosocial factors that can lead to mental illness, dispelling myths, and promoting help-seeking behaviors (Milin et al., 2016). Once again, schools possess unique access to students that allows for mental health curriculum to be embedded and normalized through their education. A meta-analysis of universally distributed mental health awareness programs by Salerno (2016) demonstrated that implementation had positive effects on knowledge, attitudes, and help-seeking behaviors.

The development of the MasterMind: Empower Yourself With Mental Health program facilitates a healthy environment for discussions revolving around mental health, expands knowledge of mental health problems, and works to equip students with "tools" for cultivating their mental health. The curriculum called for 80 minutes of instruction per week for six weeks, covering topics such as self- esteem, media literacy, strengthening relationships, depression and

suicide, and ways to destress (Tacker & Dobie, 2008). Similarly, the goals of The Mental Health and High School Curriculum Guide (The Curriculum Guide) were to augment the understanding of mental illness, to lower levels of stigmatization of mental illness, and to increase help-seeking behaviors. To accomplish these goals, lessons include the acknowledging and challenging the stigma of mental illness, understanding mental health, specific mental illnesses, seeking support, and the importance of positive mental health (Milin et al., 2016). According to both studies, the materials were engaging, incited high participation rates, and were successful in increasing understanding of mental health. Students who received the MindMatters program exhibited increases in the identification of coping mechanisms, available supports, and signs of mental illness (Tacker & Dobie, 2008). The Curriculum Guide also resulted in lower levels of stigmatization towards mental illness, which was associated with higher levels of knowledge of the topic (Milin et al., 2016). Overall, both programs were efficacious according to their goals in improving mental health literacy.

The literature on mental health literacy programs signifies that the implementation of such programs is feasible and effective in improving knowledge and attitudes towards mental health. However, note that mental health literacy programs are not meant to be interventions for mental health issues in the classroom, but are to be informational, setting the stage for continued healthy development (Wei et al., 2013). The more successful schools become in integrating mental health literacy into their curriculum, the more students will feel comfortable accessing further supports, recognizing the signs of mental illness in others, and promoting their mental health through healthy habits.

Role of the School Psychologist

At first glance, the role of school psychologists in the implementation of primary prevention programs for mental health may not be apparent. However, their expertise in evidence-based prevention and intervention will be instrumental in the selection and implementation of these programs. According to the National Association of School Psychologists Practice Model, Domain four calls explicitly for the school psychologist to be prepared to implement and evaluate services related to mental health. An example of this in practice would be "facilitating the design and delivery of curricula to help students develop effective skills, such as self-regulation, planning, organization, empathy, social skills, and decision making" (NASP Practice Model, 2019). There is a clear link between this domain and the goals of the implementation of a SEL curriculum.

As classroom teachers typically deliver primary prevention efforts, school psychologists must act as a resource and support system. The importance of preventative programs should be addressed and stressed to facilitate staff buy-in. Because tier one supports are intended to be distributed universally and should be effective for about 80% of students, programs should be implemented with fidelity to ensure optimal results. School psychologists play an integral role in establishing teacher practices that align with specific program guidelines. The Second Step program specifically outlines the part of the school psychologists in the implementation in all classrooms. While the instructions were intended for their program specifically, they may able to be generalized to all tier one curriculum programs. As stated previously, Low et al. (2015) stress that accurate implementation facilitates the increased impact of a curriculum. Along with this, engagement with materials and ensuring breadth of topic coverage should be the focus for classroom instruction by teachers. Teacher training and frequent performance feedback by the

school psychologists will assist in this process (Low et al., 2015). Finally, data collection and review for the identification of students in need of additional supports is a central role for the school psychologist.

Secondary Prevention

Secondary prevention, or tier 2 supports, are implemented for students who are at-risk for more serious mental health issues. Just as school nurses continually screen vision and hearing, the use of universal mental health screenings can identify students with higher need levels than the general population. Tier two prevention utilizes early identification and immediate interventions to lessen the chances of problem escalation (Brock, 2015). Services at this level meet the needs of about 15% of the school's population. Secondary prevention services are typically provided in group settings or for a group of students exhibiting similar levels of risk (Miller, 2011).

Check and Connect

According to Miller (2011), students who feel as though they are not connected to school or other individuals in their life present a higher risk for mental health issues. One way to increase positive connectedness in schools is through the Check and Connect program (Anderson et al., 2004). Evidence shows a strong, negative correlation between increased school connectedness and mental health outcomes through reports of lower levels of mental illness symptom presentation as school connectedness increases (Shochet et al., 2006). According to DuBois et al. (2002), the effectiveness of mentoring programs increases when the program is rooted in evidence and theory, the stronger the relationship is, and for at-risk youth. The combination of these factors point to the effectiveness of the Check and Connect program on youth as a form of mental health prevention.

The program's roots lie in the theory that promoting engagement in school can be increased through relationships that foster resilience. Engagement leads to better attendance, attention, participation, and feelings of respect and connectedness to the school environment. Each student participating in the Check and Connect program is assigned a "monitor," responsible for facilitating a positive relationship with the student, their family, and the school. The role of this individual is to mentor and be actively involved in the student's life, advocating for their success. The checking process consists of using data to determine engagement levels by looking at attendance, behavior referrals, and grades. The connect portion supports the student's individual needs through rallying their family and teachers to increase engagement (Anderson et al., 2004; Check & Connect, 2020).

Group Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy (CBT) is a widely used and researched intervention for a variety of mental illnesses and can be applied and utilized in the school setting (Creed et al., 2011). The basis of CBT is the cognitive model, which outlines the connection between automatic thoughts, emotions, behaviors, and triggering events. The basic premise of the model is that individuals have different reactions (automatic thoughts or images) to events, which lead to emotions that then fuel behaviors, causing the cycle to repeat itself again and again. The role of the therapist is to disrupt this cycle by challenging automatic negative thoughts and replacing them with more beneficial and positive ones (Creed et al., 2011). The research behind CBT is extensive and exhibits strong effects on treating depression, anxiety, panic disorders, and social phobia (Beck, 2005). Modifications to specific programs have increased their applicability for use in school settings.

Students who are anxious might experience many school-based incidents that can be triggering and thus interfere with their ability to function at school (Mychailyszyn et al., 2011). Coping Cat and its adaptation, Cool Kids, are CBT-based anxiety treatments that have demonstrated meaningful decreases in youth anxiety symptoms (Mychailyszyn et al., 2011; Mychailyszyn, 2017). Both programs emphasize psychoeducation and skills for managing anxiety, not finding the elusive "cure" for anxiety. Similarly, depressive symptoms can interfere with daily functioning (Merikangas et al., 2010). The Creating Opportunities for Personal Empowerment (COPE) program is a manualized CBT treatment delivered in a group format, targeting youth with symptoms of depression and anxiety (Melnyk et al., 2014). Teaching topics included coping skills such as positive self-talk, relaxation techniques, emotion regulation, and strategies to improve communication. The study by Melnyk et al. (2014) demonstrated positive outcomes for students and included students' ability to apply their knowledge to their everyday life.

While specific CBT programs are efficacious in their implementation in schools, the integration of components of CBT into therapy sessions is also an option. Creed et al. (2011) outlines the efficient use of cognitive techniques into school-based therapy. Sessions of this nature will include five minutes dedicated to a quick check-in and summary of agenda items, followed by a 20-minute discussion of topics decided on by the therapist and student, and finally, five minutes for any homework assignments and session feedback. The book outlines psychoeducation related to the cognitive model, cognitive and behavioral techniques, and strategies for implementing CBT within a school setting, making it an excellent resource on the topic.

Role of the School Psychologist

The role of the school psychologist becomes more pronounced in secondary prevention efforts. Whether the school psychologist has a position that includes a counseling caseload or not, monitoring of students receiving tier two supports is necessary. Universal screenings provide information regarding which students require additional supports. From there, the role of the school psychologist and possibly a multi-disciplinary team (MDT) is to use data to determine services for these students. According to Splett et al. (2013), the school psychologist must then research and implement supports for small groups, as well as either support or administer the interventions. The delivery of the Check and Connect program should be by a staff member that is not employed by one school. Therefore, the school psychologist would take on a supervisory and supportive role. Alternatively, many school psychologists take on counseling as a part of their job description, so they are more likely to take part in the delivery of CBT to students. However, if they are not performing the sessions themselves, they must take on some type of supervisory role where they can assess student progress and maintain communication with the student's support system.

Tertiary Intervention

The delivery of the highest and most intensive level of supports is through tertiary, or tier three, interventions. Schools use these interventions for students demonstrating a high level of need or chronic behavior that is considered problematic. According to estimates, about one to five percent of a school population will be unresponsive to services at tiers one and two and require more intensive strategies. Along with this, tertiary interventions require individualization to the student and their unique needs. While it is possible to meet some needs within the school

setting, the extent of mental health services needed may be better addressed by providers within the community.

Referral to Outside Providers

The NASP Position Statement on mental and behavioral health services (2015) states that a large part of providing effective and exhaustive services for mental health is referral and communication with outside providers. As reported by Weist et al. (2006), the collaboration between schools and community-based services is one that should benefit all parties involved, mainly the student. Additionally, Mellin and Weist (2011) note that this partnership has the potential to achieve better outcomes than if either party were to attempt intervention alone. In order to bridge services from the school to outside providers, Mellin and Weist (2011) recommend to state expectations and to define roles for each entity, ensuring that the collaborative relationship is as successful as possible. As stated by Langley et al. (2010), there may be difficulties in delivering evidence-based practices in schools because school-based interventions tend to be time and resource-limited. Community supports can effectively fill the positions that schools may not be able to (Brock, 2015).

The National Association for School Psychologists, in partnership with the Institute for Educational Leadership and the Coalition for Community Schools, outlines effective relationships with community-based providers and encourages the collaboration to provide students with access to the highest quality educational and life opportunities. The partnership between schools and their community to provide services that meet the needs of students is the definition of a community school. To become an effective community school, the NASP calls for the formation of a leadership team bridging members of the school and the community. This team may include school administrators, specialized educational personnel, families, and leaders

in the city. Appointing a liaison between schools and the community to assist in communication efforts will be beneficial for all parties involved. From there, schools and communities must jointly assess student needs, and subsequently, goals for addressing areas of need, including plans for the long-term provision of services. Clearly stating the part of each entity will ensure a system of high-quality service delivery that is dynamic and productive. Along with this, each partner of the community school must maintain their professional development efforts, including staying up-to-date on best practices for collaborative relationships between communities and schools. With any intervention services, there must be periodic evaluation of the effectiveness of services and their ability to meet the needs of the student. Finally, it is crucial to keep lines of communication open regarding successes and trials associated with the partnership and treatment of students (Roche & Strobach, 2019).

Special Education for Emotional Disturbance

One way to provide individualized and intensive supports is through an Individualized Education Plan (IEP). The Individuals with Disabilities Education Act (IDEA) Emotional Disturbance category makes special education and related services available for youth who qualify. To qualify, one must exhibit one or more of the following: an inability to learn that is not due to health, sensory, or intellectual deficits, inability to maintain relationships, display behavior or emotions that are inappropriate for the context, depression, or propensity to develop somatic symptoms associated with fears. Whereas other disability categories have undergone revisions to demonstrate current knowledge, the criteria for ED have not received the same treatment, which is cause for some concern (Hanchon & Allen, 2018).

The outcome for the majority of students placed in special education programs for ED is dismal, including increased probability of juvenile delinquency, limited academic improvement

and growth, and higher rates of dropout (Hanchon & Allen, 2018). However, for students who are severely impacted by mental illness, this placement may be the most a school has to offer. Therefore it is important to consider best practice and evidence-based practices for these students. According to the North Dakota Department of Public Instruction (NDDPI, 2016), classroom strategies that utilize Positive Behavior Supports and Interventions (PBIS) are effective for students with emotional and behavioral challenges. Predictable routines, clearly stated expectations, high rates of opportunities to respond, use of specific praise, and prompting of desired behaviors are some facets of PBIS in the classroom setting (Simonsen et al., 2015). These placements should also include some form of mental health education in which students learn social skills, communication of feelings, and coping strategies (NDDPI, 2016). This paper addressed two tier one prevention strategies, SEL, and mental health literacy, that can also be used within this setting.

Role of the School Psychologist

When utilizing outside providers for service provision, school psychologists should form a partnership with the professional who is delivering services to the student. Constant and efficient communication will ensure that the student's needs and skills can transfer from the community support to the school setting. Along with this, as outlined by Roche & Strobach (2019), assessment and monitoring of progress by the school psychologist will safeguard the student from reaching a standstill in their treatment. School psychologists may also be a part of the community school team, where they can advocate for the needs of their students.

The role of the school psychologist in placement in special education programs for emotional disturbance is much more complicated. Hanchon & Allen (2018) provide guidelines for best practices regarding students with mental illness and their potential placement into ED

programs. First, they call for school psychologists to advocate for an updated and improved definition of emotional disturbance that reflects current research and knowledge. Next, it is essential to consider information from multiple sources and to evaluate all areas of or related to the student's potential disability. This is also a Principle of Professional Practice according to the NASP. An assessment for special education should not be focused solely on eligibility and should include areas for intervention. For this purpose, Gable et al. (2014) encourage using a Functional Behavioral Analysis as a part of the assessment process. When making decisions about eligibility, school psychologists should also remain aware of their preconceptions and biases and strive to remain impartial. Hanchon & Allen (2018) also call for MDT teams, including the school psychologist, to carefully consider the effect of their placement decisions on the student and family, as there is a possibility of significant stigmatization that could follow the student for the rest of their lives.

Discussion

Mental illness in youth has gained recognition as an area requiring improvements in access to and effectiveness of treatment. Experiences during development can add to psychological distress, and if a student's coping strategies are lacking, their daily functioning may suffer a negative impact. Due to the amount of time youth spend in schools, the identification of adverse effects of mental illness is likely to occur in a school setting. Therefore, schools should bear the responsibility of implementing preventative and responsive measures for the promotion of mental health. The design of MTSS that includes primary prevention, secondary prevention, and tertiary intervention to provide increasing levels of support is ideal for addressing mental health in schools.

Primary prevention includes universal supports to be delivered to the entire school population, such as social and emotional learning and mental health literacy. The goal of this level of support is to provide each student with learning opportunities surrounding mental health and its promotion. SEL programs specifically address areas of need, including empathy, positive relationships, and responsible decision making. Mental health literacy curriculums address knowledge regarding mental illness, stigmatization of mental health disorders, and encouragement of help-seeking behaviors. School psychologists should take part in selecting evidence-based programs and ensuring their implementation is accurate.

Secondary prevention, or targeted supports, are made available to students who are at-risk for developing mental illness. To identify students in need, schools can use universal mental health screenings. One possible intervention is the Check and Connect program, whose goal is to provide students with mentoring and social connectedness through a caring adult relationship. For students with counseling needs, Cognitive Behavioral Therapy is an evidence-based strategy that takes place in a group or on an individual basis.

Finally, tertiary interventions, the highest level of supports, are accessed by students presenting with a high degree of need or students who were unresponsive to lower levels of support. Therapeutic interventions of high intensity are more challenging to deliver within a school setting, so referral to community-based providers is a way to integrate more intensive services for a student. Another option is assessment for special education in the emotional disturbance category. However, adherence to ethical and best practice guidelines for placement in special education is essential.

This paper discussed a select few of the many prevention and intervention programs for mental health. While there is evidence for interventions across all tiers, future research should

aim to develop a comprehensive examination of services for provision at each level. A document of this nature would serve as a resource for school systems in their implementation of MTSS for mental health. Along with this, tertiary supports for mental illness are lacking compared to services at lower levels. This is problematic due to the high need for feasible and effective interventions for those students who need intensive supports.

Practicing school psychologists have the opportunity to play a significant role in the implementation of MTSS to address mental illness in schools. Their role will include research, training, supervision, counseling, and assessment. MTSS applied to mental health in schools will ensure that each child receives a level of support that will foster their future success. As mental health disorders become more and more prevalent among youth, school psychologists must serve as a resource at their sites to help these students.

References

Anderson, A. R., Christenson, S. L., Sinclair, M. F., & Lehr, C. A. (2004). Check & Connect: The Importance of Relationships for Promoting Engagement with School. *Journal of School Psychology*, *42*(2), 95–113.

August, G. J., Piehler, T. F., & Miller, F. G. (2018). Getting "SMART" about implementing multi-tiered systems of support to promote school mental health. *Journal of School Psychology*, *66*, 85–96.

Azar, A. (2018). *Put Mental Health Services In Schools.* Retrieved from https://www.hhs.gov/about/leadership/secretary/op-eds/put-mental-health-services-in-schools.html

Beck, A. T. (2005). The current state of cognitive therapy: A 40-year retrospective. *Archives of General Psychiatry, 62,* 953-959.

Bridgeland, J., Bruce, M., & Hariharan, A. (2013). The missing piece: A national teacher survey on how social and emotional learning can empower children and transform schools. Washington, DC: Civic Enterprises.

Brock, S. E. (2015). Mental Health Matters. *Communique (0164775X)*, *43*(7), 1.

Centers for Disease Control and Prevention. (2019). *Data and Statistics on Children's Mental Health.* Center for Disease Control and Prevention. https://www.cdc.gov/childrensmentalhealth/data.html

Check & Connect Student Engagement Intervention. (2020). *The components and elements of Check & Connect.* Check & Connect Student Engagement Intervention. http://checkandconnect.umn.edu/model/components_elements.html

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2020). *What is SEL?*. Collaborative for Academic, Social, and Emotional Learning. https://casel.org/what-is-sel/

Creed, T. A., Reisweber, J., & Beck, A. T. (2011). *Cognitive therapy for adolescents in school settings*. Guilford Press.

Dowdy, E., Ritchey, K., & Kamphaus, R. W. (2010). School-Based Screening: A Population-Based Approach to Inform and Monitor Children's Mental Health Needs. *School Mental Health*, *4*, 166.

DuBois, D. L., Holloway, B. E., Valentine, J. C., & Cooper, H. (2002). Effectiveness of Mentoring Programs for Youth: A Meta-Analytic Review. *American Journal of Community Psychology*, *2*, 157.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child development*, *82*(1), 405-432.

Flett, G. L., & Hewitt, P. L. (2013). Disguised Distress in Children and Adolescents "Flying under the Radar": Why Psychological Problems Are Underestimated and How Schools Must Respond. *Canadian Journal of School Psychology*, *28*(1), 12–27.

Gable, R. A., Park, K. L., & Scott, T. M. (2014). Functional Behavioral Assessment and Students at Risk for or with Emotional Disabilities: Current Issues and Considerations. *Education and Treatment of Children*, *37*(1), 111.

Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children. *Journal of Pediatrics*, *206*, 256.

Hanchon, T. A., & Allen, R. A. (2018). The Identification of Students with Emotional Disturbance: Moving the Field toward Responsible Assessment Practices. *Psychology in the Schools*, *55*(2), 176–189.

Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness. *American Journal of Public Health*, *105*(11), 2283–2290.

Kaushik, A., Kostaki, E., & Kyriakopoulos, M. (2016). The stigma of mental illness in children and adolescents: A systematic review. *Psychiatry Research*, *243*, 469–494.

Kiekens, G., Hasking, P., Boyes, M., Claes, L., Mortier, P., Auerbach, R. P., ... & Myin-Germeys, I. (2018). The associations between non-suicidal self-injury and first onset suicidal thoughts and behaviors. *Journal of Affective Disorders, 239*, 171-179.

Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., & Jaycox, L. H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School Mental Health*, *2*(3), 105-113.

Lee, F. S., Heimer, H., Giedd, J. N., Lein E. S., Šestan N., Weinberger D. R., & Casey B. J. (2014). Adolescent mental health—Opportunity and obligation. *Science*, *346*(6209), 547.

Low, S., Cook, C. R., Smolkowski, K., & Buntain-Ricklefs, J. (2015). Promoting social–emotional competence: An evaluation of the elementary version of Second Step®. *Journal of School Psychology*, *53*(6), 463–477.

Mellin, E. A., & Weist, M. D. (2011). Exploring school mental health collaboration in an urban community: A social capital perspective. *School Mental Health*, *3*(2), 81-92.

Melnyk, B. M., Kelly, S., & Lusk, P. (2014). Outcomes and feasibility of a manualized cognitive-behavioral skills building intervention: Group COPE for depressed and anxious

adolescents in school settings. *Journal of Child and Adolescent Psychiatric Nursing*, *27*(1), 3–13.

Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*(10), 980-989.

Milin, R., Kutcher, S., Lewis, S. P., Walker, S., Wei, Y., Ferrill, N., & Armstrong, M. A. (2016). Impact of a Mental Health Curriculum on Knowledge and Stigma Among High School Students: A Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *55*(5), 383–391.

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. Guilford Press.

Mychailyszyn, M. P. (2017). "Cool" youth: A systematic review and comprehensive meta-analytic synthesis of data from the Cool Kids family of intervention programs. *Canadian Psychology/Psychologie Canadienne*, *58*(2), 105–115.

Mychailyszyn, M. P., Beidas, R. S., Benjamin, C. L., Edmunds, J. M., Podell, J. L., Cohen, J. S., & Kendall, P. C. (2011). Assessing and treating child anxiety in schools. *Psychology in the Schools*, *48*(3), 223–232.

National Association of School Psychologists [NASP]. (2015). *NASP Position Statement: Mental and Behavioral Health Services*. Bethesda, MD: Author.

National Association of School Psychologists [NASP]. (2019). *NASP Practice Model 10 Domains.* Retrieved from https://www.nasponline.org/standards-and-certification/nasp-

practice-model/nasp-practice-model-implementation-guide/section-i-nasp-practice-model-overview/nasp-practice-model-10-domains

National Association of School Psychologists [NASP]. (2016). *School-Based Mental Health Services: Improving Student Learning and Well-Being.* Retrieved from https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services

North Dakota Department of Public Instruction [NDDPI]. (2016). Guidelines for Serving Students with Emotional Disturbance in Educational Settings. In *North Dakota Department of Public Instruction*. North Dakota Department of Public Instruction.

Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., Crosby, A. E., Visser, S. N., Schieve, L. A., Parks, S. E., Hall, J. E., Brody, D., Simile, C. M., Thompson, W. W., Baio, J., Avenevoli, S., Kogan, M. D., & Huang, L. N. (n.d.). Mental Health Surveillance Among Children - United States, 2005-2011. *MMWR-Morbidity and Mortality Weekly Report*, *62*(2), 1–35.

Roche, M. K., & Strobach, K. V. (2019). Nine Elements of Effective School Community Partnerships to Address Student Mental Health, Physical Health, and Overall Wellness. *Coalition for Community Schools*.

Salerno, J. P. (2016). Effectiveness of Universal School-Based Mental Health Awareness Programs among Youth in the United States: A Systematic Review. *Journal of School Health*, *86*(12), 922–931.

Second Step. (2020). *What is Second Step?.* Second Step. https://www.secondstep.org/what-is-second-step

Shochet, I. M., Dadds, M. R., Ham, D., & Montague, R. (2006). School Connectedness is an Underemphasized Parameter in Adolescent Mental Health: Results of a Community Prediction Study. *Journal of Clinical Child and Adolescent Psychology*, *35*(2), 170–179.

Simonsen, B., Freeman, J., Goodman, S., Mitchell, B., Swain-Brady, J., Flannery, B., Sugai, G., Gerorge, H., & Putman, B. (2015). *Supporting and responding to behavior: Evidence-based classroom strategies for teachers.* Office of Special Education Programs (OSEP), IDEAs that Work, Washington, D.C.

Splett, J. W., Fowler, J., Weist, M. D., McDaniel, H., & Dvorsky, M. (2013). The Critical Role of School Psychology in the School Mental Health Movement. *Psychology in the schools*, *50*(3), 245–258. https://doi.org/10.1002/pits.21677

Stiffman, A. R., Stelk, W., Horwitz, S. M., Evans, M. E., Outlaw, F. H., & Atkins, M. (2010). A Public Health Approach to Children's Mental Health Services: Possible Solutions to Current Service Inadequacies. *Administration and Policy in Mental Health and Mental Health Services Research*, *1–2*, 120.

Tacker, K. A., & Dobie, S. (2008). MasterMind: Empower Yourself with Mental Health. A Program for Adolescents. *Journal of School Health*, *78*(1), 54–57.

Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting Positive Youth Development through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-Up Effects. *Child Development*, *88*(4), 1156–1171.

Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., & McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Intervention in Psychiatry*, *7*(2), 109–121.

Weist, M. D., Grady Ambrose, M., & Lewis, C. P. (2006). Expanded school mental health: A collaborative community-school example. *Children & Schools*, *28*(1), 45-50.

Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *The American Psychologist, (6)*, 628.