

School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services

School psychologists are uniquely trained to deliver high quality mental and behavioral health services in the school setting to ensure all students have the support they need to be successful in school, at home, and throughout life.

School psychologists are uniquely positioned in schools to facilitate the development, delivery, and monitoring of prompt, effective, and culturally responsive mental and behavioral health services of prevention and intervention. As Hughes and Minke (2014) have observed, “school psychologists are situated in real time in the biopsychosocial system where children spend 35 hours or more a week” (p. 29). School psychologists’ broadly focused preparation as academic, mental, and behavioral health service providers, coupled with their engagement in and familiarity with schools’ organizational and cultural contexts, equips them to play a primary role in multitiered and responsive school-based mental and behavioral health programs.

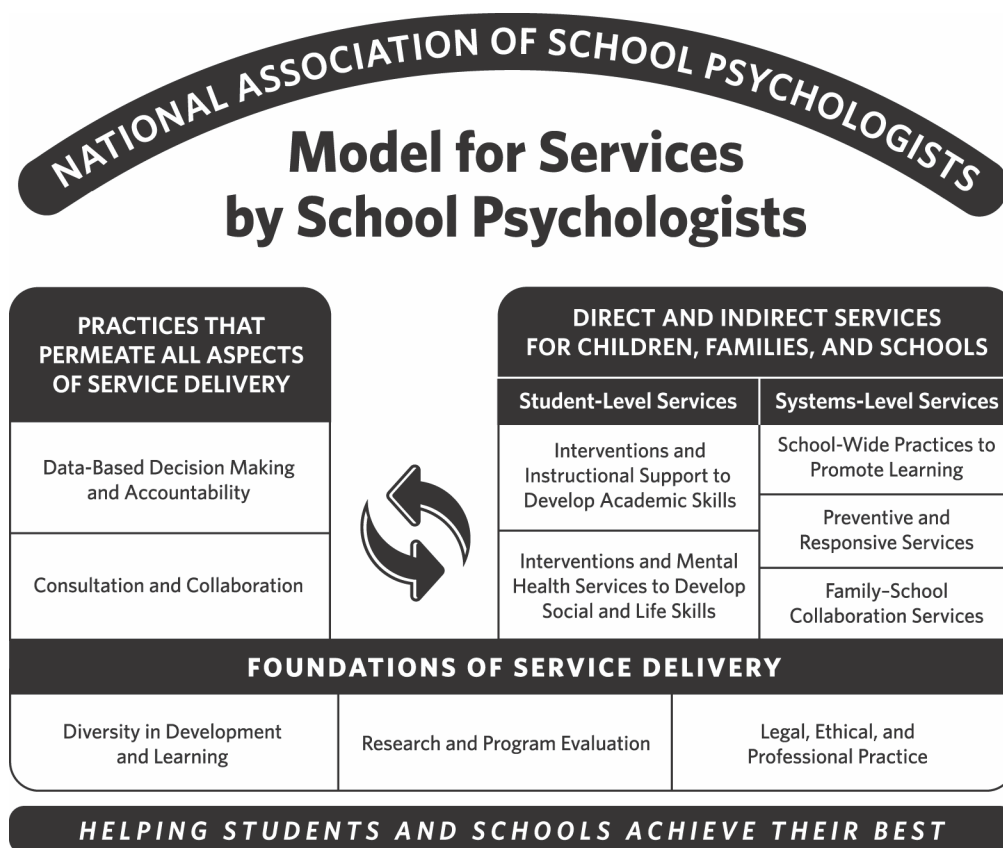
The mental and behavioral health of students is a necessary, appropriate, and critical focus of education for individuals birth to age 21. Mental and behavioral wellness is directly linked to overall positive student achievement, school climate, high school graduation rates, and the prevention of risky behaviors, disciplinary incidents, and substance abuse (Center for Health and Healthcare in Schools, 2014). These factors, in turn, are associated with such important life outcomes as improved interpersonal relationships, higher earnings, greater employment stability, and lower likelihood of involvement with the criminal justice system (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

School psychologists are uniquely positioned to provide mental and behavioral health services in schools.

Approximately 75% to 80% of children and youth in need of mental health services do not receive them because existing mental health services are inadequate (U.S. Department of Health and Human Services, 2001). Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools (Farmer, Burns, Philip, Angold, & Costello, 2003; Rones & Hoagwood, 2000). In fact, students were found to be 21 times more likely to visit school-based health centers for mental health concerns than community-based centers (Juszczak, Melinkovich, & Kaplan 2003). As such, schools have been identified as the natural and best setting for mental health prevention and treatment services (Anglin, 2003) and can provide comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities. For those students in need of more intensive services, school psychologists can help coordinate school-based services and community-based services to facilitate a wraparound system of care approach to support families.

School psychologists who maintain competencies consistent with NASP standards are qualified providers of child and adolescent mental and behavioral health services. The 2010 National Association of School Psychologists (NASP) standards represent a unified set of principles that guide graduate education, credentialing, professional practice and services, and ethical behavior of effective school psychologists. School psychologists who maintain competencies, knowledge, and skills across the 10 broad and interrelated domains contained within these standards (see Figure 1) are qualified to provide mental and behavioral health services in schools. Such individuals include graduates of NASP-accredited preparation programs, graduates of programs that have addressed NASP standards for graduate preparation, professionals recognized as holding the Nationally Certified School Psychologist (NCSP) credential, and individuals who have obtained continuing professional development to augment their graduate training related to mental and behavioral health.

Figure 1. NASP Practice Model



Mental and behavioral health services exist on a continuum and are increasingly provided within a multitiered system of supports. School-based mental and behavioral health services encompass more than the intensive therapeutic supports provided to students who are identified with psychiatric disorders and are often served by community-based providers. Comprehensive school-based mental health services delivered within a multitiered system of supports (MTSS) include a range of layered services and supports that promote mental and behavioral wellness among *all* students. This includes, but is not limited to, students dealing with depression and anxiety, emotional and behavioral disorders, trauma, loss and grief, family problems, and stressors due to influences such as poverty and homelessness. Each of the following

represents a mental and behavioral health service which may be provided by school psychologists within this model for both general and special education students.

Tier 1 (promotion of mental and behavioral wellness and prevention of mental and behavioral health problems):

- Universal screening for academic, behavioral, and emotional barriers to learning
- Classroom lessons on resiliency building skills
- Consultation with teachers to promote infusion of social–emotional learning into classroom/curriculum
- Development and implementation of school-wide positive behavior interventions and supports with a focus on creating a positive school climate
- Data collection and evaluation of the effectiveness of school-wide social and emotional programs
- Consultation on effective discipline policies and practices, especially to ensure culturally responsive practices and avoid disproportionate application to specific populations
- Development of evidence-based bullying/violence prevention policies and practices
- Participation on crisis prevention and intervention teams
- Staff development related to mental health problems

Tier 2 (direct and indirect services to address emerging mental and behavioral health problems and prevent risky behaviors):

- Suicide risk/threat assessment
- Protocols for responding to bullying
- Evidence-based mental and behavioral health programs (e.g., Check-In Check-Out)
- Skills group counseling (e.g., social skills training, anger management, stress reduction)
- Assessment and interpretation of behavioral data to monitor response to interventions
- Development and monitoring of individual student behavior intervention plans
- Solution-focused groups
- Mentoring of students
- Facilitation of educator–family collaboration to address mental and behavioral health problems
- Facilitation of collaboration among family, school, and community to address mental and behavioral health problems and understand the impact of cultural issues

Tier 3 (direct and indirect services to address identified mental and behavioral health problems):

- Direct therapeutic services to all students in need, including individual and group counseling, even in the absence of a clinical diagnosis or identified educational disability
- Cognitive–behavioral therapy, behavior therapy, and dialectical behavior therapy
- Psychological assessment of social, emotional, and behavioral problems
- Suicide intervention and postvention
- Crisis intervention/crisis response

- Facilitation of collaboration among school providers with community agencies and other outside mental and behavioral health providers

Importantly, services provided by school psychologists at *all* three levels are considered mental and behavioral health services. The provision of these services is sometimes affected by school districts' organizational characteristics (e.g., school psychologist to student ratio, demands for other school psychological services, administrative approval and support, division of roles with other school-based mental health professionals) or the need for additional professional development to ensure competent practice (Hanchon & Fernald, 2013). Therefore, it is the responsibility of school districts to ensure that key organizational principles are in place so that comprehensive and integrated school psychological services can be provided by school-employed professionals. NASP standards provide specific organizational principles for school districts which contain guidance on appropriate conditions for the provision of these services (NASP, 2010). Further, the importance of continuing professional development to cultivate and maintain appropriate mental and behavioral health intervention skills is critical to ensure competent practice. The NASP standards can be accessed at http://www.nasponline.org/standards/2010standards/2_PracticeModel.pdf.

School mental and behavioral health services in the context of education and healthcare reform.

Congress has authorized and approved appropriations for various federal programs (e.g., Elementary and Secondary Education Act, the Individuals with Disabilities Education Improvement Act, The Patient Protection and Affordable Care Act, and the Medicaid School Supportive Health Program) further highlighting the importance of school-based mental health services in overall student learning and development. School psychologists are recognized as “school-based mental health service providers” in the No Child Left Behind Act (20 U.S.C Sec 4155 et seq). Furthermore, school psychologists are explicitly recognized in the Patient Protection and Affordable Care Act of 2010 (ACA).

According to the Affordable Care Act, school psychologists who are credentialed at the licensed or certified level are considered mental health service professionals.

Title V of the ACA. The purpose of this title is to improve access to and the delivery of healthcare services for all individuals and increase the health and mental health workforce. The ACA authorizes the Health Resources and Services Administration (HRSA) to award “Mental and Behavioral Health Education and

Training Grants” to support the recruitment of students in “accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in school psychology.” Importantly, HRSA has affirmed school psychology graduate education programs at either the specialist or doctoral level are eligible to receive these funds.

Statutory language within the ACA specifies school psychologists “licensed or certified at the doctoral and/or specialist level” are recognized as “qualified health professionals” (Public law 111-148, Section 5203, Subpart 3, Sec. 775) and “mental health service professionals” (Public law 111-148, Section 5002, Definitions). School psychologists who are licensed by the state board of psychology (or other state agencies that regulate the practice of psychology), and school psychologists who are certified or licensed by the state education agency are legally considered mental health service professionals.

Despite statutory recognition of school psychologists as mental health professionals, some state Medicaid plans and other relevant programs do not recognize school psychologists as qualified mental health professionals. This situation prevents some children and youth from being able to access high quality school mental health services. When considering the best way to address the mental and behavioral needs of students, school policy makers should consider the extent to which they can utilize (and seek funding support for) the services of school psychologists currently employed by school districts, while also incorporating the contributions that can be made by community-based providers.

SUMMARY

The National Association of School Psychologists advocates for coordinated, comprehensive, and culturally responsive school mental and behavioral health services delivered within a multitiered system to address the mental and behavioral health needs of all students. These services include wellness promotion, prevention, early intervention, and therapeutic supports for emerging problems and concerns, as well as intensive therapeutic services for students with the most severe needs. School psychologists also are uniquely trained to bridge the gap that exists between schools and community resources and should be key facilitators of communication and collaboration with community agencies and related professionals on behalf of individual students and families. School psychologists whose graduate preparation, credentialing, and/or continuing professional development qualifies them as providers of child and adolescent mental and behavioral health services should be involved in the development, delivery, and evaluation of school-based mental and behavioral health services.

RESOURCES

- National Association of School Psychologists. (2008). *The importance of school mental health services* [Position statement]. Bethesda, MD: Author.
- National Association of School Psychologists. (2009). *Appropriate behavioral, social, and emotional supports to meet the needs of all students* [Position statement]. Bethesda, MD: Author.

REFERENCES

- Anglin, T. M. (2003). Mental health in schools. Programs of the federal government. In M. D. Weist, S. W. Evans, & L. Lever (Eds.), *Handbook of school mental health: Advancing practice and research* (pp. 73–86). New York, NY: Kluwer.
- Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from <http://www.wsipp.wa.gov/Reports>
- Center for Health and Health Care in Schools. (2014, May). *The impact of school-connected behavioral and emotional health interventions on student academic performance. An annotated bibliography of research literature*. Washington, DC: Author. Retrieved from <http://www.healthinschools.org/en/School-Based-Mental-Health/Revised-Annotated-Bibliography.aspx>
- Farmer, E. M., Burns, B. J., Philip, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services, 54*, 60–67. doi:10.1176/appi.ps.54.1.60

- Hanchon, T. A., & Fernald, L. N. (2013). The provision of counseling services among school psychologists: An exploration of training, current practices, and perceptions. *Psychology in the Schools, 50*, 651–671. doi:10.1002/pits.21700
- Hughes, T., & Minke, K. (2014). Blueprint for health-service-psychology education and training: School psychology response. *Training and Education in Professional Psychology, 8*, 26–30. doi:[10.1037/tep0000019](https://doi.org/10.1037/tep0000019)
- Juszczak L., Melinkovich P., & Kaplan, D. (2003). Use of health and mental health services by adolescents across multiple delivery sites. *Journal of Adolescent Health, 32*(6 Suppl.), 108–118. doi:[10.1016/S1054-139X\(03\)00073-9](https://doi.org/10.1016/S1054-139X(03)00073-9)
- National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services, NASP practice model overview*. Retrieved from <http://www.nasponline.org/standards/practice-model/>
- Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148 (2010).
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review, 3*, 223–241. doi:[10.1023/A:1026425104386](https://doi.org/10.1023/A:1026425104386)
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity. A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: Author. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK44243/>

© 2015, National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814, 301-657-0270, www.nasponline.org

Please cite this document as:

National Association of School Psychologists. (2015). *School psychologists: Qualified health professionals providing child and adolescent mental and behavioral health services* [White paper]. Bethesda, MD: Author.