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TECHNICAL REPORT

Interventions to Improve Student Mental Health

A Literature Review to Guide Evaluation of California's Mental Health Prevention and Early Intervention Initiative

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Sponsored by the California Mental Health Services Authority



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The research described in this report was prepared for the California Mental Health Services Authority and was conducted within RAND Health, a division of the RAND Corporation.

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Summary

Mental health problems are common among children and adolescents; approximately 25 percent of children experience a mental health disorder annually, and 40 percent of adolescents meet lifetime diagnostic criteria for multiple mental health disorders (Merikangas et al., 2010a; Merikangas et al., 2010b; Kessler et al., 2005). Mental health disorders can greatly affect children and adolescents' functioning in multiple domains, including at school, in the home, with friends, and in communities (Kovacs and Goldston, 1991; Renouf, Kovacs and Mukerji, 1997; Asarnow et al., 2005; Jaycox et al., 2009).

Given the high prevalence of mental health disorders among children and adolescents, schools have developed programs to meet students' mental health needs. These student mental health (SMH) programs can range from universal to highly targeted. Universal programs are designed to increase awareness of and sensitivity to mental health issues in students—for example, by supporting students coping with stress and encouraging student help-seeking behaviors. The more-targeted programs are designed to provide staff or faculty skills to identify and respond to specific mental health issues or populations (e.g., suicide prevention, substance use). Evaluating the diverse array of SMH programs is critical to improving their effectiveness.

In this document, we provide an overview of selected scientific literature related to the evaluation of SMH programs. This review was conducted to inform RAND's evaluation of the California Mental Health Services Authority (CalMHSA) Prevention and Early Intervention (PEI) initiatives. CalMHSA is an organization of county governments working to improve mental health outcomes in the state of California. SMH is one of three key initiative areas, and we focused our review on research that is most relevant to the CalMHSA evaluation.

First, we review data on the prevalence of youth mental health disorders, as well as on the use of mental health services provided by schools and campuses. In addition, we describe the role of schools in addressing student mental health concerns. We outline a conceptual model for guiding the evaluation of SMH programs. We also touch on issues related to the evaluation of cross-system collaborations that can influence students' access to resources and services. Finally, we review some of the challenges associated with evaluating SMH programs.

The literature on evaluating SMH programs suggests that such programs can be effective. Evaluations examining short-term changes in knowledge, skills, and attitudes resulting from SMH programs have consistently shown that such programs can improve staff, faculty, and student knowledge of mental illness; skills for identifying and referring students with symptoms; and attitudes toward mental illness (Kelly et al., 2011; Rodgers, 2010; Reis and Cornell, 2008; Ward, Hunter and Power, 1997; Wyman et al., 2008). A number of studies show that SMH programs can result in intermediate positive changes in staff, faculty, and student behaviors (e.g., Horner, Sugai and Todd, 2005; Sumi, Woodbridge and Javitz, 2012). Evaluation of the long-term effects (e.g., student mental health service utilization, improved student mental health, lower dropout rates) of SMH programs on mental health are less common, but the programs that do show effects (e.g., Botvin et al., 1995; Botvin et al., 2001; Ellickson et al., 2003; Greenberg

et al., 1995; Horner, Sugai and Todd, 2005) are commonly more comprehensive and intensive, of longer duration, are well structured, and attend to key components of implementation.

In addition to reviewing design and measurement issues related to evaluating SMH programs, we also highlight the continuing need for research exploring a full range of outcomes of SMH programs. Although evaluations may often consider structure, process, and short-term outcomes (e.g., knowledge, attitudes, skills), often these are not linked to intermediate student outcomes, such as increased student help-seeking or increases in student referral for mental health services, or long-term student outcomes, such as decreased mental health symptoms. Linking these different outcomes would provide a more comprehensive understanding of the effects of SMH programs.