Oregon Health Authority

Insights From Rural School Mental Health

Since 2014, legislative funding has allowed Oregon Health Authority (OHA) the opportunity to provide direct funding to 16 counties in rural areas of Oregon with limited to no access to mental health services. The funds assist these counties provide mental health services in 36 school districts which include 81 schools.

- Services are available to any student, regardless of income or insurance status and are person-centered, strengths-based and trauma-informed.
- SBMH providers are master's level therapists or qualified mental health professionals, are available on school campuses or via telehealth and provide brief, short-term individual, group and family therapy along with care coordination, suicide prevention and crisis services.

During fall of 2023, a representative from Health Systems Division's Child and Family Behavioral Health Unit visited 12 out of 16 of the OHA-funded community mental health programs[1] (CMHPs), partner schools and districts and participating youth and families to learn more about the strengths, impacts, and needs of these programs.

- Participants included students, parents/caregivers, superintendents, principals, school counselors, school-based mental health (SBMH) providers and their agency leadership.
- Counties visited with these existing school-community partnerships included: Benton, Clatsop, Columbia, Coos, Gilliam, Klamath, Lake, Malheur, Morrow, Union, Wallowa and Wasco.

Student mental health needs remain high

The most cited reasons students are seen for SBMH services are

- anxiety
- depression
- suicidal ideation
- self-harm
- bullying, including social media bullying
- gender, sex, and race discrimination

> "These services help minimize the gap, fewer students fall through the cracks, they reduce the need for more intensive treatment. We would not have had access to services or capacity to link youth to services without agency support."

Themes shared by school and agency staff, youth and families

Four primary themes emerged during the visits: workforce shortages, school staff/provider exhaustion, high mental health acuity, and the need for additional training of school staff.

School administrators and their CMHP partners noted staff exhaustion and burnout. Many SBMH providers and school MH staff commute from larger cities, travel long distances to schools and battle their own housing and economic struggles. They noted having full caseloads and implementing wait lists three weeks into the school year. Many rural schools struggle with their own staffing shortages, do not have the capacity to provide therapy or intensive services and rely on their community partners.

[1] Some programs indicated limited bandwidth and/or declined to participate in a visit.

This widens the gap between adequate workforce capacity and adds strain to local agencies, schools and districts. While community support largely exists for these programs, there is currently not enough workforce to meet the ever-growing need.

Service Success

"Because clinicians are readily able to see students at the time of their crisis, they can actively triage community-based supports, thus keeping the level of care appropriately matched to the need and preventing an emergency department visit."

Despite the many challenges, the visits demonstrated an overwhelming desire to strengthen school-community partnerships. SBMH providers are helping school staff connect to families they couldn't before. According to school officials, having these programs on-site has positively impacted coordination of care and significantly reduced the number of exclusionary discipline events and emergency room visits. Many students and families have not come up against the typical barriers to mental health care, such as transportation costs, insurance eligibility, and time away from work because services are available during the school day onsite.

Building Capacity

Multiple needs were identified to strengthen the school mental health continuum, particularly regarding diversifying the community-employed school mental health workforce:

- **Increase number and diversity of existing mental health staff able** to provide culturally relevant mental health services.
- Increase trainings for **school staff**: mental health literacy, de-escalation, suicide prevention, trauma-informed practices, culturally relevant mental health services.
- Create **trauma-informed (physical) spaces** in schools for mental health supports.
- Locate a care coordinator at **each school.**
- **Engage peer leaders** at secondary schools.
- Partner with **nearby community colleges** to offer paid internships for skills training.
- Increase **supports for staff wellness.**

While best practices are integral to a robust school mental health system, it is evident that each school has its own set of needs. Simply put, one size does not fit all. OHA can assist with capacity building by responding to feedback and ensure programs are funded equitably and support a broad array of helping professionals to team with SBMH therapists, such as Qualified Mental Health Associates (QMHAs) and youth peer support specialists.

"Having someone I know I can talk to has kept me from hurting myself."

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