

JUNE 2011

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Students' Mental Health and Wellness: Charting Catholic Schools' Efforts to Meet Student Needs

THE NOTRE DAME MENTAL HEALTH AND WELLNESS SURVEY

ALLIANCE FOR CATHOLIC EDUCATION

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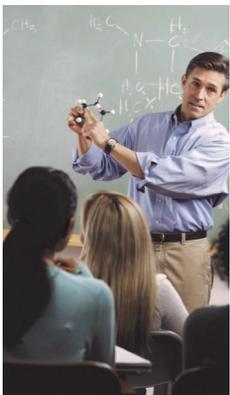
In the fall of 2009, principals representing over 400 schools—across 12 dioceses—participated in the Alliance for Catholic Education's Mental Health and Wellness Survey.

The purpose of the study was to examine data from a national sample of Catholic elementary and secondary schools in order to shed light on patterns of mental health service provision, staffing, needs, and barriers (Frabutt et al., 2010).

These descriptive data represent one of the first attempts to chart Catholic schools' current efforts to meet the psychosocial and mental health needs of students. The following discussion frames these findings by reviewing several germane contextual considerations: comparison with public schools, funding of mental health services and supports, and strategic assessment and action planning.

Comparison with Public Schools...

This investigation was not cast as a comparative exercise between public and private education. However, using public schools as a reference point for understanding the nature of mental health services in Catholic schools is edifying. A few differences and similarities were striking.



First, in assessing staff positions that deal with mental health issues in schools, nine positions were listed, and for every staff position, a higher proportion of public schools than Catholic schools listed at least one staff member who filled that position. These differences were not slight, with public schools reporting the presence of the staff position at levels ranging from 1 percentage point to 39 percentage points higher than Catholic schools. For example, across all grade levels, there were stark differences when comparing public school versus Catholic school staffing rates for school nurses (69% vs. 47%), school counselors (77% vs. 45%), school psychologists (68% vs. 29%), and school social workers (44% vs. 16%) (Foster et al., 2005, Appendix C, School Table 9). Similarly, schools were asked to report whether or not they provided a range of mental health services. Eleven services were listed and in every instance, a higher proportion of public

Comparison with Public Schools (cont'd)...

schools compared to Catholic schools offered the given service. In a similar vein, schools were asked whether or not they provided certain prevention and early intervention programs. Seven programs were listed, as well as a self-reported “other” category. Of the seven listed programs, a higher proportion of public schools than Catholic schools offered the program in every case.

Second, while Catholic vs. public school staffing patterns were markedly different in some cases, there was great consonance among Catholic schools and public schools in describing the types of student psychosocial/mental health issues that were most common (Foster et al., 2005, Exhibit 6.2, p. 52). Three issues were the most commonly dealt with for male students (i.e., social, interpersonal or family problems; aggressive/disruptive behavior, bullying; behavior problems associated with neurological disorders). Public and Catholic schools also reported the same three issues as among the most commonly dealt with for female students (i.e., social, interpersonal or family problems; anxiety, stress, school phobia; adjustment issues).

Third, an interesting pattern emerged regarding the series of items probing both the degree of difficulty in providing services and the barriers to providing services. When describing the degree of difficulty in providing mental health services, eleven categories were listed, and in 10 of them, Catholic schools found providing each service more difficult than public schools (Foster et al., 2005, Exhibit 2.7, p. 22).

The one exception was “referral to specialized programs/services for emotional/behavioral problems/disorders.” However, schools were asked to assess the degree to which certain factors were a barrier to providing mental health and wellness services to their students. In this case, ten categories were listed, and nine of them were bigger barriers for public schools than they were for Catholic schools. The one exception was “stigma associated with student receiving mental health services.”



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Funding of Mental Health Services & Supports...

Within the public school sector, issues of funding, fiscal capacity, and budgetary priorities come to the forefront in any discussion of school-based mental health service delivery for students. The same is true in private schools. Often amidst competing school improvement priorities, coupled with a funding model wherein tuition only partially covers the cost to educate a student, Catholic schools face considerable challenges in financing mental health services and staffing. There appear to be clear capacity differences in mental health service provision between the public and private education sectors.

The relatively diminished focus on mental health staffing and services in Catholic schools relative to public schools is no doubt linked to the funding model of these schools. Drawing upon National Catholic Educational Association sta-

Funding of Mental Health Services & Supports (cont'd)...

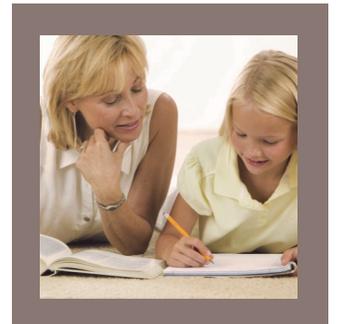
tistics (McDonald & Schultz, 2010), scholars have noted the growing gap between the funds that private school tuition generates and the actual costs to operate the school. For example,

In 2000, the average tuition charge at a Catholic elementary school was \$1,787 while the national average cost to educate a child was \$2,823, meaning that tuition covered 63% of the total cost to educate. In 2009, the average tuition charged at a Catholic elementary school had increased to \$3,159, but the average cost to educate a child had more than doubled to reach \$5,870, meaning that current tuition covered only 54% of the total cost to educate. (Nuzzi, Frabutt, & Holter, in press)

So, in private schools where administrators and other interested stakeholders must turn to development, institutional advancement, fundraising, and benefaction, student support needs may be treated as marginal—as a useful but ultimately non-essential add-on. Faced with the demands of meeting a constrained school budget, one apparent observation is that Catholic schools first meet instructional needs (i.e., teachers, educational aides, and other faculty) and are less likely to have dedicated funding for student support services.

Given the harsh reality of limited school finances, Catholic school administrators' budgetary triage often places student support and mental health services as a less critical component of school vitality. Drawing upon the framework of Adelman and Taylor (2006, 2010), in many cases Catholic schools attend primarily to their instructional and managerial needs, and provide a secondary/marginalized focus to addressing barriers to learning and teaching (i.e., a learning supports component).

One domain of financing student mental health and wellness efforts in schools that holds promise for Catholic schools is accessing federal funding to support such efforts. Recent scholarship (Perla et al., 2009) has shed light on this issue, noting that among Catholic schools, "more than 51 percent of schools serve children who qualify for services under ESEA's Title I program..." (p. 7). Moreover, "The current authorization of ESEA, known as the No Child Left Behind Act, maintains the long-standing policy that children and teachers in private schools must be provided with equitable participation in most programs authorized under ESEA" (p. 7). Focus groups with Catholic



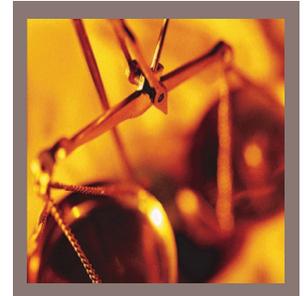
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Funding of Mental Health Services & Supports (cont'd)...

school superintendents around the country, however, portrayed the challenges and elusive equity that Catholic schools face in tapping their share of federal funds, which must be accessed via the local public education agency. In fact, findings indicated that

despite the clear intent of Congress for private school students and teachers to participate equitably in many ESEA programs, equitable participation has not been experienced by most Catholic schools...Despite the law's intent for these programs to be student-centered, collaborative, and transparent, nearly every Catholic school superintendent who participated in the listening sessions reported that this is not the case in practice. (Perla et al., 2009, p. 6)

Thus, one critical avenue through which Catholic education can better serve students' educational needs and mental health is through sustained and systematic determination to identify and access their equitable share of federal services.



Strategic Assessment and Action Planning

“...schools must carefully examine student needs and devise staffing patterns that can most efficaciously meet those identified needs”

Diocesan- and/or school-level strategic assessment and action planning—expressly focused on student behavioral health as part of overall school improvement—is sorely needed within the Catholic education sector. Given the constraining financial climate in which many Catholic schools operate, administrators and school leaders have to be selective, targeted, and supremely strategic in discerning how best to meet the needs of the children and families that they serve. It is a fiscal reality that Catholic schools, on the whole, may never be able to offer staffing and mental health services to the breadth and depth of the public sector. For that very reason, schools must carefully examine student needs and devise staffing patterns that can most efficaciously meet those identified needs.

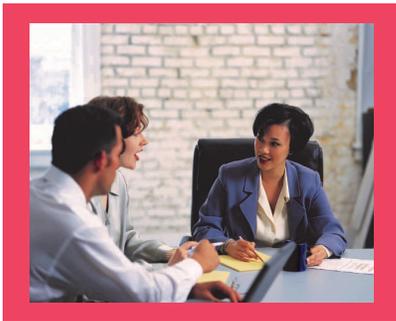
Catholic institutions of higher education have an especially important role to play in any revitalization efforts in Catholic schools, and certainly those that address strategic planning and action to support student mental health and wellness. For example, the Center for Catholic School Effectiveness at Loyola University Chicago already partners with the Archdiocese of Chicago to implement Response to Intervention (RtI) strategies and Positive Behavior Interventions and Supports (PBIS) at several schools.

The University of Notre Dame has assisted in training and consultation for Catholic schools seeking to establish Strategic Intervention Teams, small groups of faculty and staff collaborating to holistically address student learning and socio-emotional needs. These are

Strategic Assessment and Action Planning (cont'd)...

but a few exemplars; more higher education outreach and engagement with Catholic schools indeed exists, but as the survey data showed, there is great need. Catholic institutions of higher education may be poised to provide even more strategic assistance not only to increase the effectiveness of schools' efforts to support mental health and wellness, but a concomitant willingness to "meet them where they are" in doing so.

Conclusion



Catholic schools have a long and storied history of providing a sound private educational option in the United States. These schools strive to provide an integrative, faith-based approach to education that is steadfastly committed to education of the whole child. Without question, a commitment to holistic education requires acknowledgment that students cannot reach their full academic potential when their social, emotional, and psychological needs remain unmet.

This study provided deeper insight regarding who is dedicated to providing mental health services in Catholic schools and what services they do provide. In addition, the study gauged the barriers and challenges inherent in the delivery of such services. However, as this investigation demonstrated, there is great variability in the scope and degree to which Catholic schools are explicitly meeting the mental health and wellness needs of students. Continued focus on the necessity of providing these services, strategically planning for and implementing them, and a dogged efforts to surmount the barriers—financial and otherwise—that impede them is necessary.

References and Acknowledgment

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