Effectiveness of School-Based Mental Health Services for Children: A 10-year Research Review

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A review of the literature from 1985 to 1995 on school-based mental health services for children was conducted using a computerized data-base search. Of the 5,046 references initially identified, 228 were program evaluations. Three inclusion criteria were applied to those studies: use of random assignment to the intervention; inclusion of a control group; and use of standardized outcome measures. Only 16 studies met these criteria. Three types of interventions were found to have empirical support for their effectiveness, although some of the evidence was mixed: cognitive-behavioral therapy, social skills training, and teacher consultation. The studies are discussed with reference to the sample, targeted problem, implementation, and types of outcomes assessed, using a comprehensive model of outcome domains, called the SFCES model. Future studies of school-based mental health services should (a) investigate the effectiveness of these interventions with a wider range of children's psychiatric disorders; (b) broaden the range of outcomes to include variables related to service placements and family perspectives; (c) examine the combined effectiveness of these empirically-validated interventions; and (d) evaluate the impact of these services when linked to home-based interventions.

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Schools are the primary providers of mental health services for children. Among adults, general medical practitioners are the first line providers of mental health care to those in need of help, whereas for chil-

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dren the schools serve this function (Bums et al., 1995). In large measure, this is because children are required to attend school. While the medical system has been called the de facto mental health and substance abuse system for adults (Regier et al., 1993), for children the picture is very different. In the largest study of children’s mental health service use and psychopathology (Costello et al., 1996), of the 16% of children or adolescents receiving any mental health service, less than 25% received them through the general medical care sector, whereas 75% received them within the schools (Bums et al., 1995). This contribution of the schools to mental health care for children has been substantiated repeatedly (Bird et al., 1988; Leaf et al., 1996; McGee et al., 1990; Zahner, Pawelkiewicz, DeFrancesco, & Adnopoz, 1992).

The value of providing mental health services in schools was first recognized in this country at the turn of the century in Chicago. In 1898, the Chicago school board surveyed children to determine their physical and mental characteristics. In response to this survey, the school board authorized that a “psycho-physical laboratory” be opened on Saturdays in the central office of the Chicago school system, and 20 such school-based clinics were known to be in existence in this country by 1914 (French, 1990).

Although these clinics began under the auspices of the child study movement, which focused on the “normal” child, several reform movements began to narrow the scope of mental health services to identification of the intellectually “subaverage” child (Fagan, 1992). The combination of compulsory attendance, large numbers of immigrant children, and poor child health and hygiene increased the pressure on schools to provide psychological services. With the introduction of Binet’s intelligence tests and the continued flux of children from diverse backgrounds, psychological services became linked to testing and special education placement. In 1930, the Pennsylvania State Department of Education developed the model for certification of school psychologists for the primary purpose of designating pupils as candidates for special education. Psychological services at this time were primarily concerned with age-based cognitive assessments of the “abnormal” child (Fagan, 1992).

From the 1950s through the 1970s, school-based psychological services focused largely on assessments of children for special services. In 1975, the U.S. Congress enacted landmark legislation, the Education for All Handicapped Children Act (EHA-B), which mandated that all students were entitled to a free, public education. This was to include special education services, when needed, and those related services that facilitated learning. Students became eligible for supportive services that ranged from consultation with the child’s teacher, individual, group, or family counseling, and even placement of children in residential treatment programs.