Student Mental Health in California's K–12 Schools

School Principal Reports of Common Problems and Activities to Address Them

Julia Heath Kaufman, Rachana Seelam, Michelle W. Woodbridge, Lisa Sontag-Padilla, Karen Chan Osilla, and Bradley D. Stein

Improving the mental health of California's students is one of the main objectives of the California Mental Health Services Authority (CalMHSA). CalMHSA's statewide prevention and early intervention (PEI) activities, funded by California counties using resources from the Mental Health Services Act of 2004 (Proposition 63), promote a range of strategies and activities to help California's K–12 public schools better address the mental health needs of students. As part of an ongoing examination of CalMHSA PEI initiatives, RAND surveyed K–12 principals to take an inventory of student mental health in California's public schools, both in terms of the mental health and wellness needs of students and the types of programs schools are most often implementing to help students. Taking an inventory of student mental health needs and school initiatives to address them is important for two reasons:

1. Often the most meaningful effects of PEI programming cannot be detected immediately. As such, ongoing measurement is needed to lay the groundwork for assessing whether a complex, multi-level, and interactive set of PEI strategies is improving student mental health.

2. This information is vital for understanding population needs and informing future program planning. To our knowledge, this is the first systematic statewide effort in California to gather information about the range of PEI activities related to student mental health that is being implemented in K–12 schools.

In the spring of 2014, RAND sent an email invitation to all California K–12 public school principals for whom the California Department of Education listed a working email address. The email, sent on behalf of the California state superintendent of public instruction, encouraged principals to participate in an online survey about their students' mental health and wellness. We asked all principals to rate the severity of a range of school problems related to students' mental health and social well-being on a four-point scale (no problem, mild problem, moderate problem, severe problem), as well as indicate which PEI activities they were implementing or planning to implement at their schools related to these problems. We asked middle and high school principals about certain problems (for example, depression or attempted suicide) that we did not ask elementary school principals, as these problems were likely to be more relevant for older students. In the interest of better understanding the range of school-based PEI activities occurring statewide to inform an assessment of needs, we asked principals to report PEI activities related to student mental health that are supported from all sources, not just those funded by CalMHSA. The survey was open for one month, and no incentives were offered to respondents.

We received completed surveys from 1,272 California school principals (14 percent of the total population). Our response rate was comparable to the response rates of other surveys to school principals that do not offer incentives for survey completion. Schools of principals who participated in the survey were comparable on a number of dimensions with all schools in California. For example, approximately 55 percent of the principals who responded to our survey were from elementary schools, and 45 percent were from secondary schools and schools serving a combination of elementary and secondary students, percentages comparable to the percentages of elementary and secondary schools across California (Table 1). The average percentage of students receiving free or reduced-priced lunches was the same—60 percent—among schools of participating principals and all California K–12 principals (Table 1). Our findings focus on comparisons among responses of elementary, middle, and high school principals.

What are the most pressing student mental health and social problems facing K–12 principals in California? (See Figure 1.)
California K–12 school principals responded about the severity of a range of problems related to students' mental health:

- More than three-quarters of the principals who responded to the survey—across all school levels—cited students' "social,

Table 1
Principal Survey Respondent Schools and All California K–12 Public Schools

	Percentage of Principal Survey Respondent Schools	Percentage of All California K–12 Public Schools[a]
Elementary (e.g., K–5, K–6)	55	52
Middle (e.g., 6–8, 7–8)	13	15
High (e.g., 8–12, 9–12)	18	19
Elementary/middle (e.g., K–8, K–7)	8	10
Other combination (e.g., K–12, 6–12)	7	4
Free and reduced-priced lunch students	60	60

[a] The grade-span and free and reduced-priced lunch percentages for all California K–12 public schools are drawn from public data available at the California Department of Education website (www.cde.ca.gov).

emotional, and mental health" as a moderate or severe problem at their schools.

- More than 60 percent of high school principals and nearly one-half of middle school principals reported "student depression" as a moderate or severe problem among their students.
- One-quarter of high school principals and 16 percent of middle school principals reported "student attempted suicide" as a moderate or severe problem.
- High school principals indicated significant concern about alcohol, drug, and tobacco use, with more than one-half of high school principals reporting alcohol and drug use as a moderate or severe problem.

Other moderate or severe problems cited by one-third to one-half of principals across all levels included disruptive behavior, harassment and bullying, and family violence and abuse.

What prevention and early intervention activities are California K–12 schools currently implementing? (See Figure 2.)

School principals reported that their schools are currently implementing or planning to implement the following PEI activities:

- More than 80 percent of principals across all school levels indicate that they were implementing prevention and intervention activities "to identify, support, and/or refer students with social, emotional, and mental health issues."
- The percentage of principals who reported implementing prevention and intervention activities to address disruptive student behavior and harassment/bullying between students was also high (more than 75 percent across all school levels).
- For prevalent middle and high school problems, high school principals generally reported prevention and intervention efforts at a much higher rate than middle

school principals. About two-thirds of high school principals, compared with just under one-half of middle school principals, reported implementing activities to address drug and alcohol use. High school principals were about 10 percent more likely than middle school principals to report activities related to depression and suicide, and they were almost twice as likely as middle school principals (50 percent versus under 25 percent, respectively) to report activities related to awareness and acceptance of lesbian, gay, bisexual, transgender, and queer (LGBTQ) students.
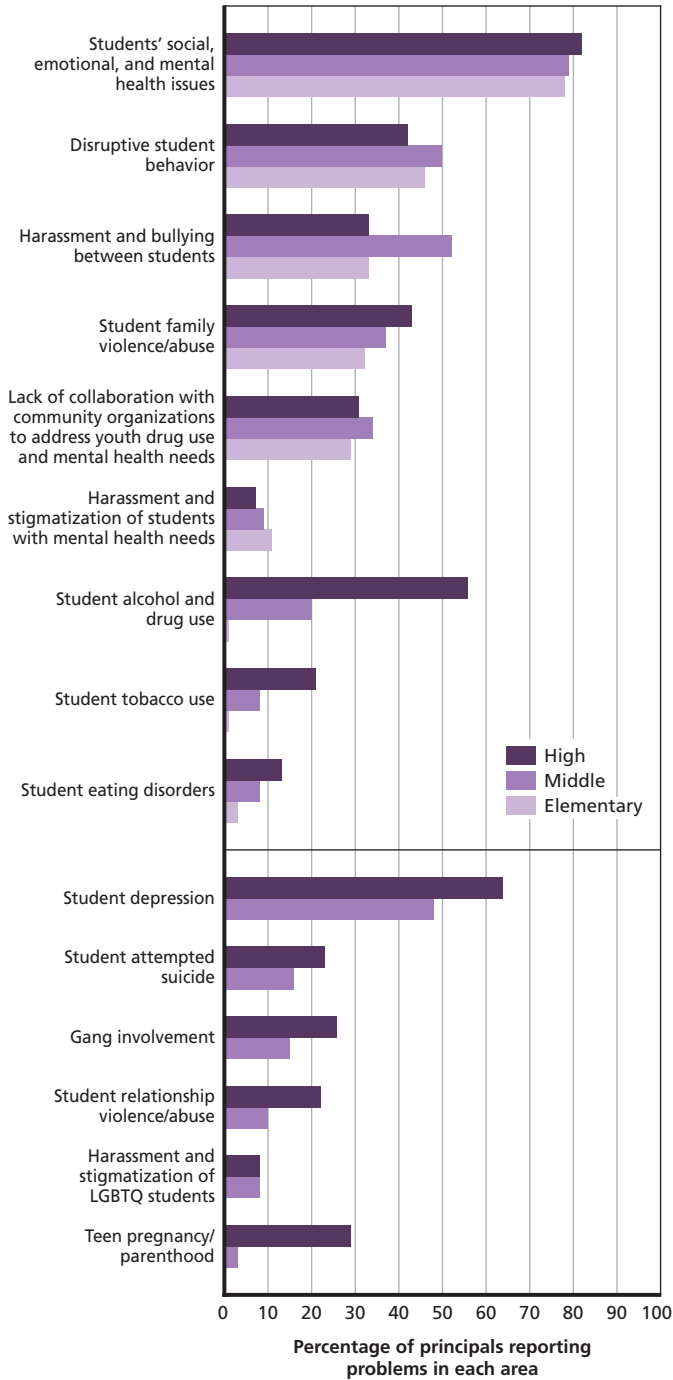
- Only between one-quarter and one-third of principals across all levels reported implementing efforts to address violence and abuse in students' families or relationships.

What prevention and early intervention activities are being implemented in California K–12 schools with moderate or severe problems? (See Figure 3.)

Finally, we examined implementation of PEI activities among the subset of principals reporting moderate or severe problems in an area related to those activities:

- Among principals who reported moderate or severe problems with disruptive behavior; harassment and bullying; and students' general social, emotional, and mental health, the majority—roughly 80–90 percent across all school levels—said that they were implementing prevention and intervention activities to address these issues.
- However, less than one-half of all principals who reported school problems with eating disorders and family violence and abuse—as well as less than one-half of middle and high school principals who reported problems with tobacco use—were implementing efforts to address these issues.

Figure 1
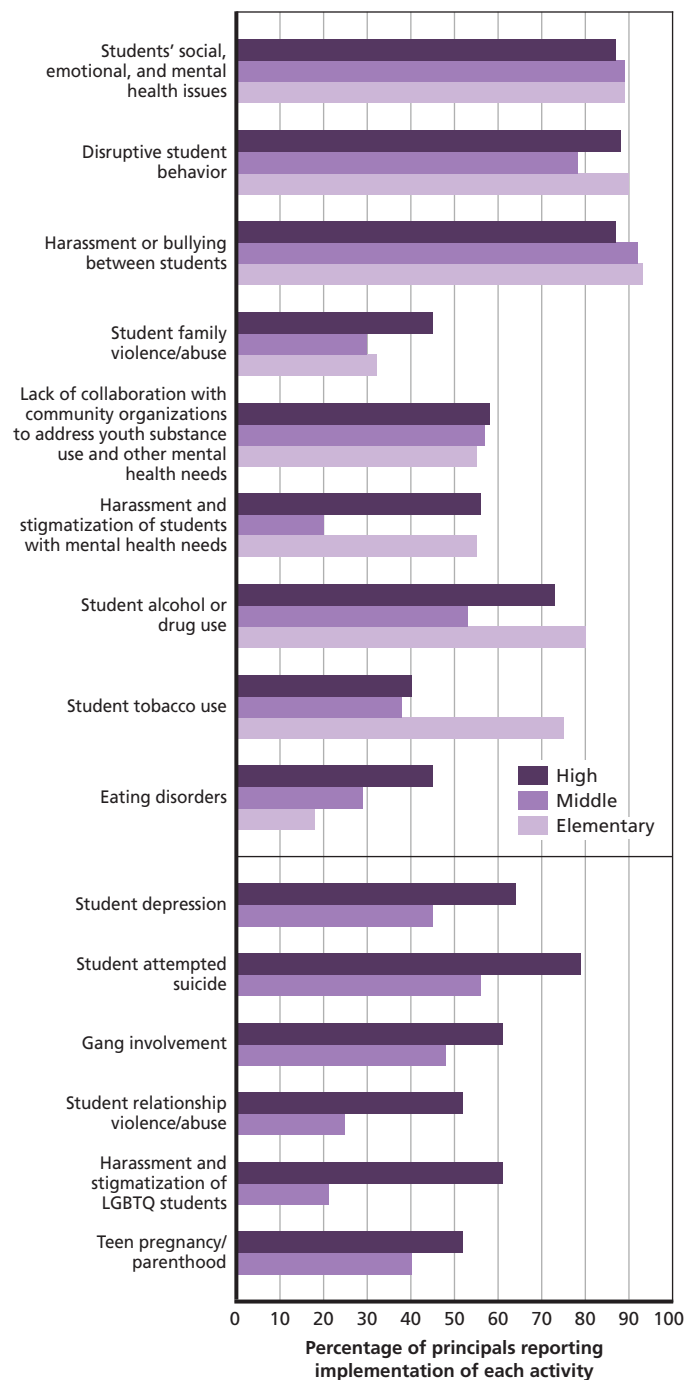**Principals' Reports of Moderate/Severe Problems at Their Schools**

NOTE: Problems and PEI activities listed below the horizontal line in the middle of the chart were included in the middle and high school principal surveys only (i.e., not the elementary school survey).

RAND *RR1129-1*

Figure 2
Principals' Reports of PEI Activities Being Implemented in Their Schools
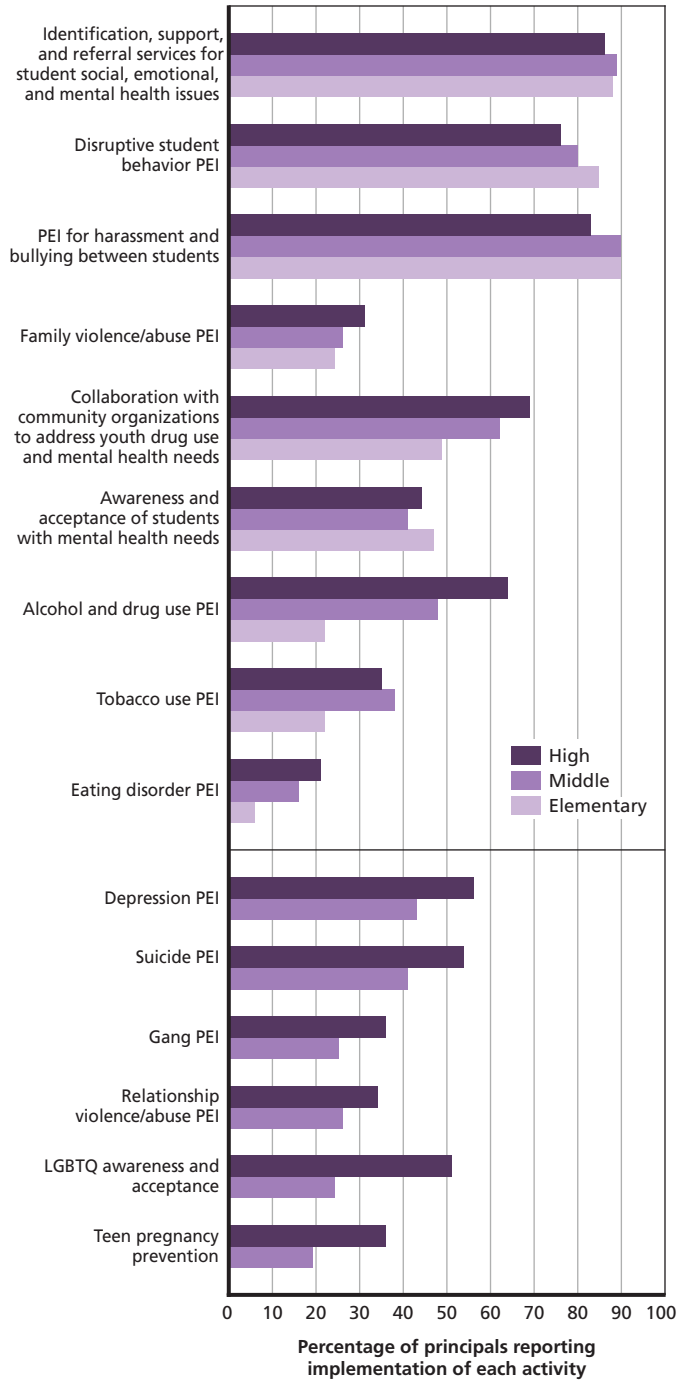
NOTE: Problems and PEI activities listed below the horizontal line in the middle of the chart were included in the middle and high school principal surveys only (i.e., not the elementary school survey).

RAND *RR1129-2*

Figure 3
PEI Activities Being Implemented in Areas Where Principals Noted Moderate or Severe Problems

NOTE: Problems and PEI activities listed below the horizontal line in the middle of the chart were included in the middle and high school principal surveys only (i.e., not the elementary school survey).

- Among high school principals reporting school problems with suicide and depression, almost 80 percent reported implementing efforts to address suicide, and 64 percent reported efforts to address depression. In contrast, among middle school principals reporting problems with suicide and depression, implementation rates in these areas were much lower: 56 percent (for suicide) and 45 percent (for depression).
- Among principals reporting school problems with alcohol and drug use, high school principals were also more likely than middle school principals (73 percent compared with 53 percent, respectively) to report alcohol and drug prevention and intervention efforts.

Conclusions

Overall, our findings suggest that prevention and intervention efforts currently in place in California's K–12 schools are targeting some of the most common and pressing mental health needs of California students, including those related to students' disruptive behavior; harassment and bullying; and general social, emotional, and mental health issues. Our findings also underscore areas in which prevention and intervention efforts could be more robust—for example, middle and high school activities to address moderate or severe problems with tobacco use and family violence and abuse. That said, the survey did not provide information about the specific PEI programs taking place in schools and, thus, cannot provide evidence on the quality and scope of any prevention and intervention efforts. Additionally, survey responses reflect only the school principal's perspective and may not provide a comprehensive assessment of student problems and needs related to student mental health and wellness. Nonetheless, this survey, the first statewide measurement of the strengths and weaknesses of mental health PEI efforts in California's K–12 schools, will help inform CalMHSA's future efforts to improve student mental health and will help ensure that CalMHSA's PEI initiatives are aligned with the mental health and wellness needs of students in California.

Bibliography

Burnam, M. Audrey, Sandra H. Berry, Jennifer L. Cerully, and Nicole K. Eberhart, *Evaluation of the California Mental Health Services Authority's Prevention and Early Intervention Initiatives: Progress and Preliminary Findings*, Santa Monica, Calif.: RAND Corporation, RR-438-CMHSA, 2014. As of April 17, 2015: http://www.rand.org/pubs/research_reports/RR438.html

Collins, Rebecca L., Elizabeth Roth, Jennifer L. Cerully, and Eunice C. Wong, *Beliefs Related to Mental Illness Stigma Among California Young Adults*, Santa Monica, Calif.: RAND Corporation, RR-819-CMHSA, 2014. As of April 17, 2015: http://www.rand.org/pubs/research_reports/RR819.html

Collins, Rebecca L., Eunice C. Wong, Jennifer L. Cerully, and Elizabeth Roth, *Racial and Ethnic Differences in Mental Illness Stigma in California*, Santa Monica, Calif.: RAND Corporation, RR-684-CMHSA, 2014. As of April 17, 2015: http://www.rand.org/pubs/research_reports/RR684.html

Corker, E., S. Hamilton, C. Henderson, C. Weeks, V. Pinfold, D. Rose, et al., "Experiences of Discrimination Among People Using Mental Health Services in England 2008–2011," *British Journal of Psychiatry*, Vol. 202, No. s55, 2013, pp. s58–s63.

Corrigan, P., K. Kosyluk, and N. Rusch, "Reducing Self-Stigma by Coming Out Proud," *American Journal of Public Health*, Vol. 103, No. 5, 2013, pp. 794–800.

Corrigan P. W., S. B. Morris, P. J. Michaels, J. D. Rafacz, and N. Rusch, "Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies," *Psychiatric Services*, Vol. 63, No. 10, October 2012, pp. 963–973.

Dietrich, Sandra, Roland Mergl, Philine Freudenberg, David Althaus, and Ulrich Hegerl, "Impact of a Campaign on the Public's Attitudes Towards Depression," *Health Education Research*, Vol. 25, No. 1, 2010, pp. 135–150.

Evans-Lacko, S., E. Brohan, R. Mojtabai, and G. Thornicroft, "Association Between Public Views of Mental Illness and Self-Stigma Among Individuals with Mental Illness in 14 European Countries," *Psychological Medicine*, Vol. 16, 2012, pp. 1–13.

Evans-Lacko, S., C. Henderson, and G. Thornicroft, "Public Knowledge, Attitudes and Behaviour Regarding People with Mental Illness in England 2009–2012," *British Journal of Psychiatry*, Vol. 202 (supp. 55), 2013, pp. s51–s57.

Evans-Lacko, S., E. Malcolm, K. West, D. Rose, J. London, N. Rusch, et al., "Influence of Time to Change's Social Marketing Interventions on Stigma in England 2009–2011," *British Journal of Psychiatry*, Vol. 202 (supp. 55), 2013, pp. s77–s88.

Hoffman, J. I., "The Incorrect Use of Chi-Square Analysis for Paired Data," *Clinical and Experimental Immunology*, Vol. 24, No. 1, 1976.

Jorm, Anthony F., Helen Christensen, and Kathleen M. Griffiths, "The Impact of Beyondblue: The National Depression Initiative on the Australian Public's Recognition of Depression and Beliefs About Treatments," *Australian and New Zealand Journal of Psychiatry*, Vol. 39, No. 4, 2005, pp. 248–254.

Jorm, Anthony F., Helen Christensen, and Kathleen M. Griffiths, "Changes in Depression Awareness and Attitudes in Australia: The Impact of Beyondblue: The National Depression Initiative," *Australian and New Zealand Journal of Psychiatry*, Vol. 40, No. 1, 2006, pp. 42–46.

Kessler, R. C., P. A. Berglund, M. L. Bruce, J. R. Koch, E. M. Laska, P. J. Leaf, et al., "The Prevalence and Correlates of Untreated Serious Mental Illness," *Health Services Research*, Vol. 36, No. 6 (part 1), December 2001, pp. 987–1007.

Link, B. G., J. C. Phelan, M. Bresnahan, A. Stueve, and B. A. Pescosolido, "Public Conceptions of Mental Illness: Labels, Causes, Dangerousness, and Social Distance," *American Journal of Public Health*, Vol. 89, 1999, pp. 1328–1333.

Noar, Seth M., "A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go from Here?" *Journal of Health Communication*, Vol. 11, No. 1, 2006, pp. 21–42.

Pescosolido, B. A., J. Monahan, B. G. Link, A. Steuve, and S. Kikuzawa, "The Public's View of the Competence, Dangerousness, and Need for Legal Coercion of Persons with Mental Health Problems," *American Journal of Public Health*, Vol. 89, 1999, pp. 1339–1345.

RAND Corporation, "Statewide Prevention and Early Intervention Evaluation Strategic Plan," California Mental Health Services Authority, November 9, 2012. As of April 17, 2015: http://calmhsa.org/wp-content/uploads/2011/12/Statewide-PEI-Evaluation-Strategic-Plan-FINAL-rev2-11-09-12.pdf

See Change, "Irish Attitudes Towards Mental Health Problems," 2012. As of May 1, 2015: http://www.seechange.ie/wp-content/themes/seechange/images/stories/pdf/See_Change_Research_2012_Irish_attitudes_towards_mentl_health_problems.pdf

Sharac, J., P. McCrone, S. Clement, and G. Thornicroft, "The Economic Impact of Mental Health Stigma and Discrimination: A Systematic Review," *Epidemiologia e Psichiatria Sociale*, Vol. 19, 2010, pp. 223–232.

U.S. Census Bureau, "State and County QuickFacts: California," updated March 31, 2015. As of April 27, 2015: http://quickfacts.census.gov/qfd/states/06000.html

U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, Md., 1999.

Wang, P. S., M. Lane, M. Olfson, H. A. Pincus, W. B. Wells, and R. C. Kessler, "Twelve-Month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication," *Archives of General Psychiatry*, Vol. 62, No. 6, June 2005, pp. 629–640.

Wyllie, Allan, and James Lauder, *Impacts of National Media Campaign to Counter Stigma and Discrimination Associated with Mental Illness: Survey 12: Response to Fifth Phase of Campaign*, Auckland, New Zealand: Phoenix Research, June 2012.

www.rand.org

Support RAND

Browse Reports & Bookstore

Make a charitable contribution

For More Information

Visit RAND at www.rand.org

Explore the RAND Corporation

View document details

Research Report

Limited Electronic Distribution Rights