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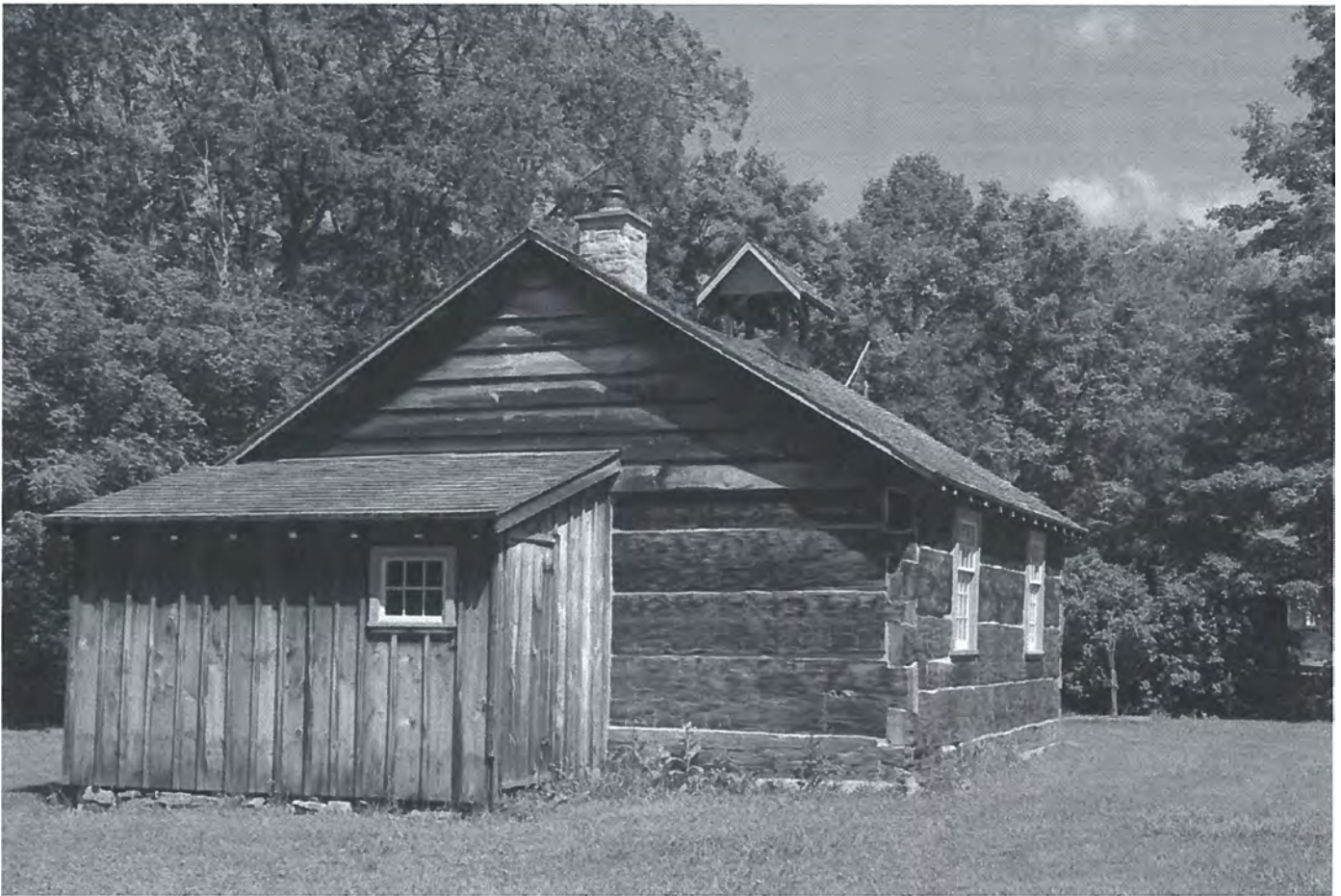
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# RURAL SCHOOLS' MENTAL HEALTH NEEDS

## Educators' Perceptions of Mental Health Needs and Services in Rural Schools

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*Rural schools often can not provide the same access to mental health service as schools in larger population areas can.. Understanding the implications of these sometimes limited services is important in overcoming barriers to adequate services for those in rural areas. This study surveyed a national sample of (n = 80) teachers, administrators, and other school professionals serving rural schools about their perceptions of mental health needs, available services, and barriers to services. The results indicate that respondents perceive needs as generally met, although available services across a variety of areas are not readily accessible. Barriers to meeting those needs include staff turnover rate and lack of funding. Suggestions for addressing these issues are considered.*

Recommendations from the New Freedom Commission on Mental Health (NFC): Achieving the Promise: Transforming Mental Health Care in America (2003) included promoting the mental health of, and improving and establishing the need for mental health services to children and adolescents. Assessing the need for mental health services in the schools is an important pre-

requisite to providing services (Fenell & Hoverstadt, 2005; Mills, Stephan, Moore, Weist, Daly & Edwards, 2006). By assessing and identifying the needs of schools, public attention via funding and community awareness can support schools in effectively serving students with mental health needs (Mills, et al, 2006). A student's mental health can have a direct impact on her

academic performance. Stoep, Weiss, Kuo, Cheney & Cohen (2003) found that psychiatric disorders may be linked to failing to complete secondary school in nearly 50% of dropout cases. The mental health needs of children and youth that live in rural areas of the United States are understudied, and may differ significantly from those of their urban and suburban counterparts

(Weist, Myers, Danforth, McNeil, Ollendick & Hawkins, 2000). Therefore, it is important to identify and be responsive to the shifting needs of this population. Regular mental health needs assessments are required to guide the delivery of services (Fenell & Hoverstadt, 2005). Research shows that challenges related to mental health services in rural areas do have many commonalities such as low population density, self-sufficiency and fewer resources (Mulder, Kenkel, Shellenberger, Constantine, Steigel & Sears, 2000). For example, in rural areas, lowered population density and denser social networks contribute to a higher degree of stigma and more hesitance to seek mental health services (Harowski, Turner, LeVine, Schank & Leichter, 2006). The available research indicates the mental health needs of rural populations are heterogeneous and shift on the basis of an array of changing socioeconomic factors, including isolation, lack of insurance, and poverty. As refugees and immigrants enter the rural community landscape, their needs introduce further complexity, such as culture differences and language barriers. (Harowski et al., 2006). Schools staff report being more concerned about mental health services than they are about physical health services; yet regardless of geographical location, more public health services related to physical health are available for students than are mental health services (Weist et al, 2000). Studies have shown that mental health services for children and adolescents are predominantly sought through the schools (Angold et al., 2002) making the school the de facto system for the provision of mental health services to children and adolescents in the United States (Burns, et al., 1995; Gonzalez, Nelson, Gutkin & Shwery, 2004). Further, it has been argued that the mental health needs of children living in rural areas should be garnered from multiple informants, especially school personnel, who serve children and youth daily and have a normative view of the needs of their students and their communities (Weist, et al., 2000). Teachers, administrators, counselors, and other school personnel have the

opportunity to work with students on a daily basis as they engage in a wide variety of tasks across individual, small, and large group settings. School staff may be able to form a more comprehensive view of the mental health of a student by seeing him in a variety of situations and making normative comparisons based on a larger group of similar aged students than are adults with a more individualized experience with a student, such as his parents. While prior research has investigated the mental health service needs of schools in particular geographies (Weist, et al 2000), little research exists regarding the needs of rural schools at a national level. Additionally, in past educational research, only administrators have been surveyed regarding their schools' mental health needs, without the input of other school personnel who have regular interactions with a wider student population base. Thus, the need to obtain a more thorough assessment of the needs for mental health services in rural school districts led to this research.

### ***The following research questions were examined in this study:***

- 1. What are the mental health needs, service availability and issues in rural areas as perceived by educators?***
- 2. Are community population size, distance from a large population center, and other related issues (e.g., finances, technology, isolation, staff availability) significantly related to educators' perceptions of mental health service availability?***

## **Method**

### ***Sample***

The sample (n=80) was drawn from a national solicitation of K-6 teachers, school counselors, psychologists, social workers and administrators who live in rural areas via an internet survey. The solicitation was stratified by region of the United States and by role (60% teachers, 14% each school counselors and psychologists and 6% each of school social workers and administrators). The participation rate was slightly

over 3% of the 2,389 that were invited. Seventy-eight percent of the sample was female, predominantly Caucasian (95%) and full-time employees (95%). The sample was composed mainly of teachers (65%) but also included administrators (12%), school psychologists (15%), and school counselors and social workers (6%). Seventy-one percent of the sample had over 10 years of school experience and sixty-nine percent lived over 25 miles from a population center of greater than 50,000.

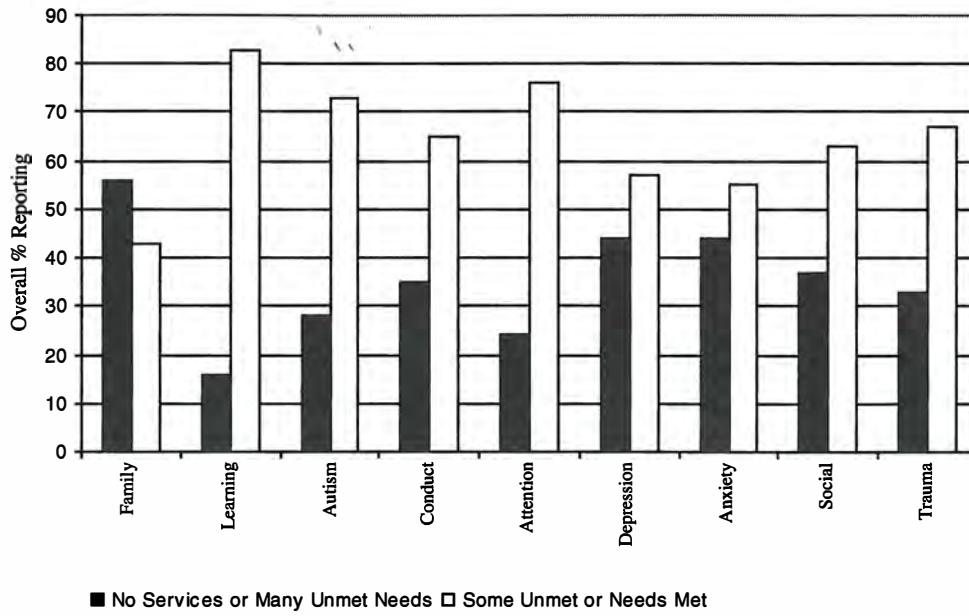
## **Instrument**

The Rural Schools Mental Health Needs & Services Survey (RSMHNSS - Lee & Lopez, 2002) is composed of 56 items and was developed based on several studies of school mental health needs (Weist, et al., 2000; Barry, Doherty, Hope, Sixsmith & Kelleher, 2000). The online survey included questions regarding demographic information, population size of the area in which the respondent worked, distance to cities of greater population, and professional development activities. There are three subsections within the RSMHNSS designed to assess Mental Health Needs, Mental Health Services Available, and Barriers to Mental Health Services.

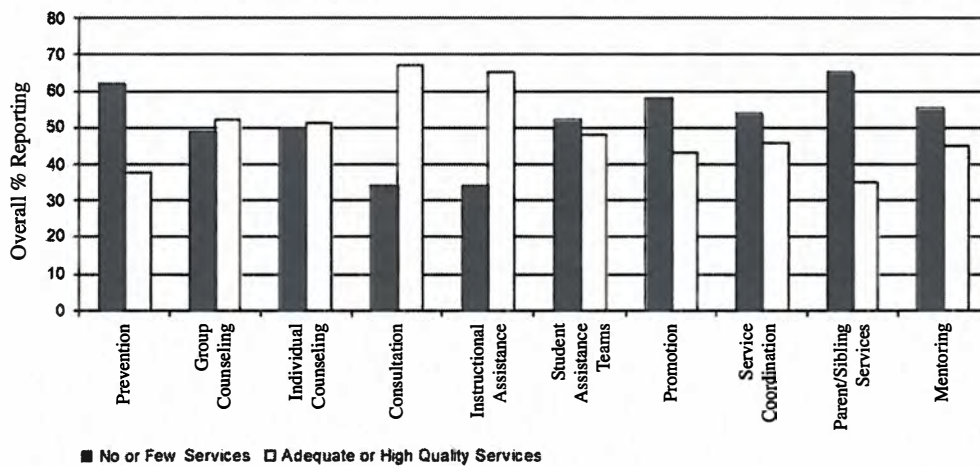
The Mental Health Needs section was designed to assess the extent to which the school system meets children's mental health and counseling needs in several different areas of importance. The scale ranged from 1 (no services) to 4 (needs met). The items included information about family problems, learning problems, autism spectrum disorders, conduct problems, attention/hyperactivity problems, depression problems, anxiety problems, social problems, and trauma.

The Mental Health Services Available section was designed to assess the extent to which school services are available for different mental health needs of students. The scale ranged from 1 (no services/programs) to 4 (many high quality services/programs). The mental health services assessed were divided into three categories,

**Figure 1. Mental Health Needs by Category**



**Figure 2. Availability of Mental Health Services**



Mental Health Services (prevention programs, school group counseling, school individual advising, and mental health promotion), Instructional Services (teacher and/or parent consultation, instructional assistance, student assistance teams, and mentoring programs), and Community Services (coordination of services with community agencies and services for parents and siblings).

The Barriers to Mental Health Services section consisted of items that were designed to assess the barriers that may pose a challenge to the availability of mental health services. The items

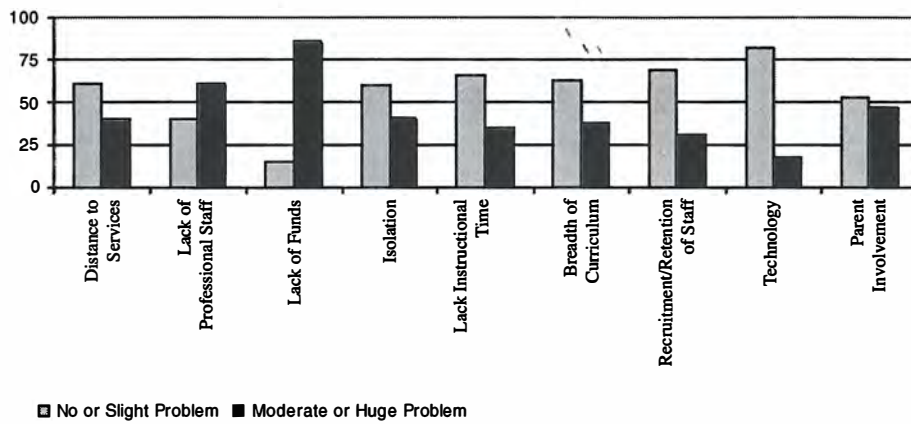
were scored on a scale of 1 (no problem) to 4 (huge problem). Barriers assessed were distance between school and services, lack of available professional staff, lack of funds, isolation, lack of instructional time for students, breadth of curriculum, recruitment/retention of school staff, computer technology access, and parent involvement.

## Results

### *1. What are the mental health needs, service availability and issues in rural areas as perceived by educators?*

Figure 1 shows the results of the categories of the Mental Health Needs portion of the RSMHNSS as reported by rural educators. Generally, more mental health needs are met than unmet. Specifically, needs related to learning, autism, conduct, and attention related problems seem to be fairly well met within the sample. On the other hand, needs related to families were rated as unmet by 55% of the respondents, which may indicate that while needs directed towards children are generally being met in the schools, the needs of the family are not being given the attention that may be necessary by school professionals.

Figure 3. Barriers to Mental Health Services



While respondents indicated that many mental health needs were mostly met in several areas of concern, Figure 2 presents the results of the Mental Health Services Available section of the RSMHNSS. Consistent with the Mental Health Needs portion of the survey, the services for Parents and Siblings were less available than other services. There also appeared to be a lack of services for prevention, mentoring, and promotion. However, a large percentage of respondents indicated that adequate services are available in the areas of consultation and instructional assistance. Fifty percent of the sample viewed the lack of mental services or programs in the schools as occurring across the spectrum of services from mental health prevention and promotion activities, to individual and group counseling and coordination with outside agencies.

The results of the Barriers to Mental Health Services section of the survey are shown in Figure 3. Staff retention and availability, as well as lack of funds are the primary issues that affect the quality of mental health services in this sample. Technology did not appear to be a major barrier, with 82% of the respondents indicating that technology was either a slight or no problem. While parent involvement was not indicated as the most severe barrier, close to 50% of the respondents indicated that it is a moderate to huge problem, and this is consistent with the previous sections of the survey where mental health needs met and services available for families were concerns.

**2. Do community population size, distance from a large population center, and other pertinent issues (e.g., finances, technology, isolation, staff availability) correlate significantly with educators' perceptions of mental health service availability?**

To determine if relationships exist between the availability of mental health services and possible barriers to services, subsections of the Mental Health Services Available section (e.g. mental health, instructional, and community services) were correlated with each of the items in the Barriers to Mental Health Services section. Table 1 shows the relationships between barriers to and needs for mental health services. Distance to a large population center was not significantly correlated with the perceived need for mental health services, which indicates that distance or population does not appear to be related to the availability of mental health services in rural areas. The availability of mental health services was negatively related to the lack of funds, parent involvement, and staff retention. This suggests that fewer mental health services are available in schools where financial issues, difficulty with parent involvement, and staff retention are a problem. Instructional services were negatively related with lack of funds, parent involvement, technology access, instructional problems, and staff retention. These findings suggest that in addition to financial and staff retention barriers, a lack of parent involvement, access to technology, and lack of instructional

time for students also pose a barrier to instructional services in the school. Finally, availability of Community Services was negatively related to all barriers examined except distance problems, which indicates that coordination of services within the community is impacted by many factors.

An additional interesting finding shown in Table 2 indicates that in the absence of these professional services, 86% of the 52 teachers in the sample provide more than one hour per week of counseling services. However, counseling services were not specifically defined in the survey, so it is difficult to determine if the counseling services that are provided by teachers refer to more systematic methods of counseling for mental health needs or services such as mentoring or other mental health services assessed by the current survey.

**Discussion**

Fenell and Hovestadt (2005) have noted that accessibility to services is an important issue in the provision of mental health services in rural communities. These results from a national sample of educators indicate that neither the size of the community nor the distance to a large population center are related to the availability of mental health services. Benson (2003) pointed out that 60% of people living in rural areas were underserved. Our results showed that internalizing problems (i.e., anxiety and depression) were among the highest unmet needs. These results are similar to a study by Weist et al. (2000) who found that worrying/anxiety related problems were the largest behavior problem in an elementary population as reported by school administrators. Furthermore, family-related problems were found as the largest underserved need in this study. Again, similar findings were noted in Weist, et al. (2000). Burns, et al., (1995) that the schools are the de facto mental health system for children and adolescents but speculated that in rural areas school personnel with limited training in providing mental health services

**Table 1.** Relationships between Needs and Barriers to Mental Health Services

	Lack of Funds	Parent Involvement	Technology Access	Distance Problems	Instructional Problems	Staff Retention
Mental Health Services (e.g. prevention, promotion and counseling)	-.363**	-.268*	-.166	-.110	-.195	-.384**
Instructional Services (e.g. consultation, student assistance teams)	-.395**	-.324**	-.248*	-.101	-.316**	-.333**
Community Services (e.g. coordination, services for parents/siblings)	-.297**	-.396***	-.299**	-.121	-.250*	-.296**

\*Denotes correlations at the  $p < .05$  level  
 \*\*Denotes correlations at the  $p < .01$  level

may be providing services. Our study confirmed that limited funding as well as staff availability and retention were significant barriers to service provision. Furthermore, eighty-six percent of teachers are reportedly providing more than one hour per week of counseling services, although those services are undefined.

### Limitations

Limitations of this study include a small sample size that was limited to the K-6 population of educators and respondents were predominantly white females. It would be interesting to obtain more responses from mental health professionals (eg: school psychologists, social workers, counselors) and others trained in identifying mental health needs in the schools. Understanding perceptions of a variety

of staff members could inform ways to address identified needs, as well as provide a well rounded representation of needs, service availability, and barriers. In addition, psychometric properties of the Rural Schools Mental Health Needs & Services Survey (RSMHNSS) need further investigation. Studies that can match the perceived needs and issues of educators with actual diagnosed mental health problems and services rendered would add depth and corroboration to studies of this sort.

### Future Directions

Further research is needed to investigate the psychometric properties of the Rural Schools Mental Health Needs & Services Survey (RSMHNSS). Obtaining data from a sample with a larger proportion of mental health

professionals, trained in identifying mental health needs could provide data for comparison and further understanding of perceived mental health needs in schools. Additionally, comparing the current needs, availability, and barriers to mental health services in rural school settings to those in larger population areas will help researchers focus on the specific needs that tend to occur in rural areas. Further research should investigate how districts might address needs related to staff turnover and funding limitations found in this and other research (e.g. Weist, et al, 2000). A particular area to be investigated is the finding that many teachers report providing counseling services. Understanding what those services entail, or how teachers perceive counseling, could inform measures designed to address mental health needs in schools.

**Table 2. Primary Role by Hours Spent Counseling per Week**

	Total	On the average, how many hours do you spend per week counseling students (group or individual)?				
		0	1-5	6-10	11-20	20+
	N=80	14	48	9	4	5
Teacher	52	7	36	7	1	1
	65.0%	50.0%	75.0%	77.8%	25.0%	20.0%
Counselor	3	0	0	0	0	3
	3.8%	0.0%	0.0%	0.0%	0.0%	60.0%
Social Worker	2	0	0	0	2	0
	2.5%	0.0%	0.0%	0.0%	50.0%	0.0%
Psychologist	12	4	6	1	0	1
	15.0%	28.6%	12.5%	11.1%	0.0%	20.0%
Administrator	10	3	5	1	1	0
	12.5%	21.4%	10.4%	11.1%	25.0%	0.0%
Other, Please	1	0	1	0	0	0
	1.3%	0.0%	2.1%	0.0%	0.0%	0.0%

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