

SCHOOL-BASED MENTAL HEALTH PROGRAMS: HOW THEY WORK AND SUCCEED

School-based mental health programs increase much-needed access to mental health support by eliminating barriers to care such as transportation, provider availability and proximity, and cost.

WHY DO WE NEED SCHOOL-BASED MENTAL HEALTH PROGRAMS IN GEORGIA?

73,495

Georgia students in grades 6-12 reported seriously considering attempting suicide¹

56%

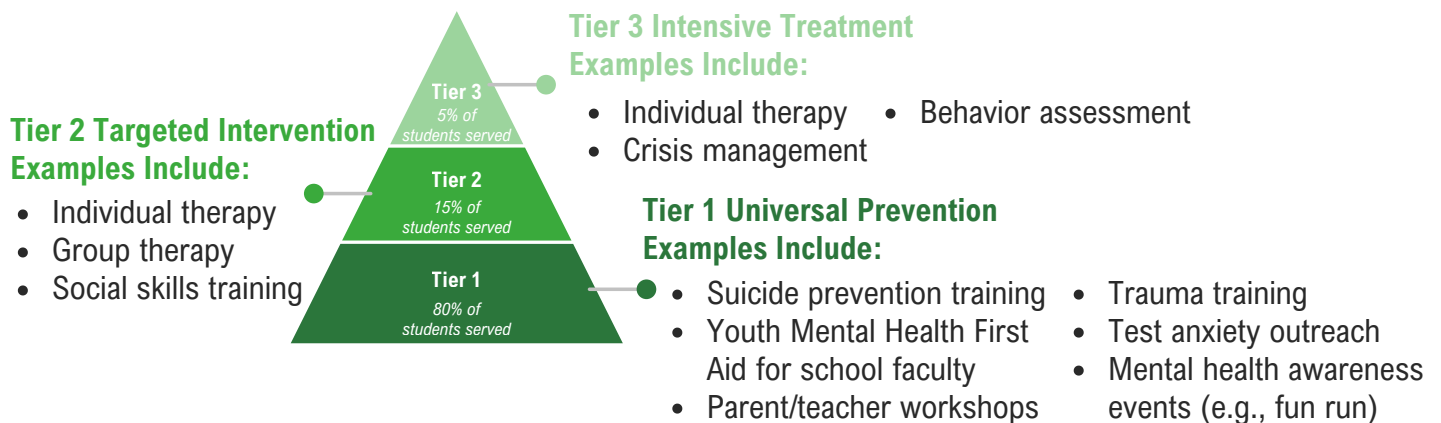
of children ages 3-17 had difficulty accessing or were unable to access needed mental health treatment and counseling²

1 in 4

children ages 3-17 has a diagnosed mental, emotional, developmental, or behavioral condition³

A MULTI-TIERED APPROACH

Comprehensive mental health services are most effective when provided through a multi-tiered system of supports (MTSS). **MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.**



Comprehensive SBMH systems address the full array of services and supports, including **universal prevention**, **targeted intervention**, and **intensive treatment**.

Tier 1 can be delivered by a **diverse group of student support professionals** (any school staff). **Tier 2** can be delivered by **counselors, social workers, or mental health providers**. **Tier 3** is limited to **licensed clinicians (or those seeking licensure and receiving supervision) only**.

Factors that Promote Program Success⁴

- Family-school-community collaboration
- Implementation of evidence-based and emerging best practices
- Needs assessment and resource mapping
- Well-trained and consistent staff, and specialized instructional support personnel



CHALLENGES EXPERIENCED BY PROVIDERS



Limited qualified workforce that will accept the salary*

**Salaries are typically lower than other jobs in the field*



Clinician burnout (e.g., heavy caseloads and secondary trauma)



Stigma around mental health treatment



Blurred roles in schools and extra demands on clinicians' time**

***This hinders billable time, which is important for program sustainability*



Lack of transportation for afterschool/summer services



Limited parental involvement

POLICY RECOMMENDATIONS

For State Agencies and Leadership:

- Continue to fund and expand the Georgia Apex Program, a statewide comprehensive SBBH model funded by the Georgia Department of Behavioral Health and Developmental Disabilities
- Allocate funding in the budget to continue improving the ratios of school counselors, social workers, and psychologists in K-12 congruent with national standards
- Extend telemedicine reimbursement provisions to support increasing access (including summer services) and family engagement
- Collect and share school-based mental health program outcomes annually
- Promote the integrated mental health and primary care model into school-based health centers
- Allocate additional funding to increase DBHDD and Medicaid Behavioral Health provider rates
- Ensure all provider types can be reimbursed by the appropriate payor (i.e., Medicaid or private insurance) for services delivered in school settings
- Leverage telehealth to increase access to SBBH supports and services, particularly in rural school districts

For Providers:

- Increase peer-to-peer support opportunities for youth and families (e.g., Sources of Strength, establishing family federation chapters)
- Support clinicians to ease the burden and prevent burnout (e.g., secondary trauma supports, billing programs to minimize administrative burdens)
- Promote free clinical supervision toward licensure and incentives, like federal loan forgiveness
- Partner with afterschool and summer learning programs
- Partner with Regional Education Service Agencies (RESAs), School Climate Specialists, and school Positive Behavioral Interventions and Supports (PBIS) coordinators

For Schools:

- Work with providers to submit community plans to draw down federal and philanthropic funding
- Leverage district- and school-level funds to support program costs
- Include providers in school meetings and groups (e.g., staff meetings, student support teams) and leverage providers for teacher trainings and professional development

SCAN BELOW TO SEE
FACTSHEET CITATIONS



REFERENCES FOR SCHOOL-BASED MENTAL HEALTH PROGRAMS: HOW THEY WORK AND SUCCEED

- 1 Georgia Department of Education: Georgia Student Health Survey (2024). Retrieved August 14, 2025 from [https://apps.gadoe.org/GSHSSurveyResults/GSHS State Reports/2024/State Report 2024.xls](https://apps.gadoe.org/GSHSSurveyResults/GSHS%20State%20Reports/2024/State%20Report%202024.xls).
- 2 Child and Adolescent Health Measurement Initiative. 2023 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved June 30, 2025 from www.childhealthdata.org.
- 3 Child and Adolescent Health Measurement Initiative. 2023 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved June 30, 2025 from www.childhealthdata.org.
- 4 Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine. Retrieved June 30, 2025 from https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf.