

Improving Educational Outcomes for Young People with Mental Health Disorders



Since the early 1990s, national surveys have tracked the educational outcomes of transition-aged young people receiving special education services. The first round of reports from the National Longitudinal Transition Study (NLTS) published in 1991-92 had particularly discouraging findings regarding outcomes for high school students who had been identified as being affected by emotional disturbance (ED).^{1,2} These young people were found to be disengaged from school, often did not receive a high school diploma, and generally did not enter post-secondary education. Disconnected young people who had not completed high school were also linked with unemployment and involvement in the criminal justice system.³

More recently, advances in special education policy and practice have increased the access of these young people to general education and transitions services and improved school accountability. In a report using NLTS-2 data collected between 2001 and 2010, Wagner and Newman painted a more encouraging picture of high school completion.⁴ Young people receiving special education under an ED designation graduated from high school at about the same rate (78.1%) as their peer group (76.1%). However, transition-aged young people with ED were significantly less likely to enroll in post-secondary education (53.0%) than peers in general education (67.4%).

Another approach to examining educational outcomes for young people affected by ED is to analyze data gathered in treatment settings. Young people engaged in treatment may not be identified for special education services, but may have their educational outcomes affected by mental health difficulties, without the benefit of supports in their school settings. Recently Manteuffel, Stephens, Sondheimer, and Fisher examined the characteristics, service use, and outcomes of 8,484 youth between the ages of 14 and 18, find-

ing older youth needed greater access to services and had less positive mental health outcomes compared to younger adolescents.⁵

Building on this work, we used data from the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program to explore relationships linking school attendance, service outcomes, and school functioning with school performance and completion for older youth and young adults.⁶ This study reports on interview data (gathered at intake, 6 months, and 12 months) from 248 transition-aged youth and their caregivers who were served in systems of care sites between 2002 and 2006. Youth were ages 17 to 22 who were still receiving services one year after intake. Most young people were 17 years of age (67.7%), followed by 18 (18.5%), and 19 or older (13.7%). Participants were 52.3% male and diverse: 25.2% African Americans, 3.6% Asian Americans/Pacific Islanders, 30.2% non-Hispanic European Americans, 27.4% Hispanics/Latinos, 10.1% Native Americans, and 2.8% multiracial. The majority of young people were living with their caretakers (83%) and 71.5% of the families were living below the poverty line for a family of four.

Twelve months after entering services, only 57 (23%) of the young people had attained a high school diploma, and were no longer in school. Another 78 (31%) were still in school, and were reporting grades of C or better. The majority (54%) of the young people being served attended school or completed their secondary education. Unfortunately, at the time of intake for services, 40 young people (16%) had already left school without getting their diploma or GED. A year later, an additional 31 had dropped out, making 29% of those in treatment disengaged from school, and without a diploma.

Why did fewer young people with mental health diffi-

culties complete their high school education by age 18 than those in the NTL-2 study? One potential answer may lie in the fact that relatively few of the transition-aged youth received special education services and supports. At the time of intake, only 38% of those who were in school had received special education services in the past six months, and just 42% had an Individual Education Plan (IEP). After 12 months of mental health treatment, the rate of those still in school who were in special education had risen to 44%, with 43% having an IEP.

Encouragingly, as the students remained in treatment, caregivers reported that they improved in both school attendance and behavior. At enrollment to treatment, caregivers indicated that 38% of students missed school regularly at the rate of three times a month or more, and 67% of caregivers stated that emotional or behavioral problems were a cause of school absence. At the 12-month interviews, caregivers reported that the young people who were still in school were regularly absent from school at a reduced rate (30%), and only 37% of their caregivers attributed their absences to emotional or behavioral problems. In addition, caregivers reported reductions in youth school disciplinary actions in the past six months: 10% at 12 months vs. 31% at intake.

When looking into the factors that might be associated with successful performance in school, we found that those reporting better attendance and more culturally sensitive services in the treatment setting were more likely to do well in school (school engagement and achieving grade C or better). We then examined factors that might predict whether the young people in school at intake would finish school during the twelve months following intake. Interviews with young people revealed that the degree to which they believed that they performed well in school and their rating of the helpfulness of their mental health services distinguished those who successfully graduated or got their GED from those who had not.

Preliminary findings for educational outcomes from a diverse group of young people receiving treatment in systems of care are somewhat encouraging. Culturally relevant and effective mental health services increased youth confidence in their own school functioning. Further, support for school attendance may possibly contribute to positive education outcomes. That said, even with the support of comprehensive mental health treatment, substantial numbers of youth had not graduated from high school by age 18, and nearly 30% had dropped out of school at the time of the study. Young people with serious mental health difficulties may require additional supports in the educational setting, such as those received when they qualify for special education services.

Young people who have been identified as having emotional difficulties in their educational settings benefit from improvements in their schools' climate in terms of acceptance by other students and school staff. When school settings avoid stigmatizing these young people, adopt culturally and linguistically competent practices, and achieve flexibility of processes and curricula based on youth needs, educational outcomes can continue to improve.⁷ As others have noted, when young people with serious mental health conditions have support across the domains of their lives,

there is increased hope for both their recovery and successful participation in education.⁸

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