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Improving Equity and Access: Understanding School-Based Mental Health Models, Contexts, and Outcomes in the United States

Katrina A. Jean
University of Arizona

Lia D. Falco
University of Arizona

School-based mental health models vary considerably, and extant research spans many disciplines, examines a range of services, and measures a variety of outcomes. For school-based mental health (SBMH) services to be effective, it is important to understand how they are implemented and how they affect outcomes for children in schools. Although SBMH programs have expanded nationwide, there is a lack of comprehensive research examining how these programs have been implemented across contexts. The purpose of this integrative literature review is to synthesize 23 years of research on implementation approaches, service delivery models, and associated outcomes that promote positive development for children and youth; with particular attention to those from historically underserved communities and demographic groups. Publications from 2000-2023 within the U.S. were identified through databases using an iterative keyword search and screened according to inclusion and exclusion criteria. The remaining 127 articles were reviewed and categorized according to the model, framework, context, and keys to implementation. The synthesis identified three main approaches used for facilitating SBMH services. Frequently cited keys to successful implementation were documented by frequency across articles. The findings suggest that SBMH services are implemented in a variety of ways and would benefit from adaptations based on cultural and contextual considerations. Implications for SBMH research, practice, and policy in the United States are discussed. The discussion includes suggestions for effective SBMH models and approaches given the contextual considerations and barriers schools may face.

Keywords: school-based mental health, outcomes, policy, equity, access

Introduction

Childhood mental health disorders affect an estimated 20-25% of children worldwide (Kase et al., 2017). According to the State of Mental Health in America report (Reinert et al., 2024), the prevalence of major depressive episodes for youth ages 12-17 has nearly doubled over the course of a decade, increasing from 8% to 16% between the years 2012 to 2022. There has been an increase in depression and anxiety worldwide with 25% of youth experiencing clinically elevated symptoms since 2020 (Racine et al., 2021). Other findings from recent studies reveal that other mental health indicators such as substance use and thoughts of suicide are rising among youth

Correspondence concerning this article should be addressed to Katrina A. Jean, University of Arizona, College of Education, 1430 E. 2nd Street, Tucson, AZ 85721. Email: katrinaf@arizona.edu.

between the ages of 6-21 years of age (Halladay et al., 2020; Young et al., 2023). These challenges have worsened in the wake of the COVID-19 pandemic (Samji et al., 2022; Zabek et al., 2023). Yet, most school-aged youth do not receive adequate care for their mental health conditions (Graaf et al., 2022; Kern et al., 2022) with 48% reporting an unmet need for treatment (Reinert et al., 2024).

For a variety of reasons — financial, environmental, personal, and cultural — children do not receive needed mental health services (Damian et al., 2022; Graaf et al., 2022; Toure et al., 2022). The 2024 State of Mental Health in America Report showed that nearly half of youth do not receive treatment and of those who did receive treatment, only 65% said it helped (Reinert et al., 2024). The 2022-2023 National Survey of Children's Health (Child and Adolescent Health Measurement Initiative, 2023) showed that families faced difficulties obtaining mental health care for children who were in need. Thirty one percent found it somewhat difficult, 19% found it very difficult, and 5% were not able to obtain care. In total, 56% of families faced challenges accessing care. For youth who do receive care most receive fewer than four sessions and, for youth in poverty, access is even more limited (Hoover & Bostic, 2021).

Overall, access to mental health care for youth in the U.S. remains limited (Mojtabai & Olfson, 2020), and youth from the most vulnerable demographic groups such as Black, Indigenous, People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) and low socioeconomic status (SES) are even less likely to receive care compared to their middle-class and white counterparts, even when faced with similar mental health problems (Gaias et al., 2022; Rider et al., 2018). Evidence of large unmet mental health needs for BIPOC and low SES status children and adolescents suggests that barriers to access, including cost and transportation, significantly impact the utilization of mental health services among these populations and other groups of underserved youth (Hoover & Bostic, 2021; Ofendu et al., 2017; Planey et al., 2019). This points to the need for more innovative approaches for service delivery to expand access and improve outcomes for young people who might not otherwise receive mental health care. When considering the number of children identified for services in comparison with those who do receive services, providing care in a natural environment such as a school could dramatically increase the number of children who are able to access mental health support (Hoover & Bostic, 2021; Merianos et al., 2017; Raviv et al., 2022).

School-Based Mental Health Services

Student mental health needs are increasing at a time when it is especially difficult to access mental health care in the U.S. (Hodgkinson et al., 2017; Mojtabai & Olfson, 2020; Zabek et al., 2023). School-based services can address these needs by providing timely and convenient access to mental health care for many children (Hoover & Bostic, 2021; Hess et al., 2017; Raviv et al., 2022; Storey et al., 2023). Schools provide a natural environment to facilitate early identification, prevention, and intervention (Duck et al., 2023; Kern et al., 2017; Storey et al., 2023). Moreover, school-based services reduce significant barriers to accessing care including cost, transportation and time (Murphy & Kim, 2023; Smith-Ramey et al., 2023). School-based mental health care can also reduce other barriers such as scheduling conflicts, provider availability, and stigma (Rossen & Cowen, 2014; Powers et al., 2013). The familiarity of school and ease of access can alleviate some of the stigma associated with help-seeking, and there is evidence showing that school based mental health literacy interventions can reduce stigmatizing attitudes and beliefs about mental

disorders (Ma et al., 2023). Schools can provide other supports that enable a more holistic system of care.

Purpose of this Review

While comprehensive services are increasingly implemented in schools across the United States, implementation frameworks vary and the impact on outcomes is difficult to surmise. At present, there is a robust yet disparate body of literature examining school-based mental health models and outcomes. As focus on youth mental health and school-based mental health services expands, there is a need to examine implementation approaches, populations served, and contextual factors to inform practice and policy to better understand links to student outcomes. Because extant research spans many disciplines, examines a range of service frameworks, and measures a variety of outcomes, there is a need to review the literature to better understand the possibilities and challenges associated with school-based mental health services. Therefore, this review synthesizes findings related to school-based mental health services to address the following questions:

1. What are the most frequently utilized implementation models and frameworks for school-based mental health services?
2. What are the cultural and contextual considerations for effective school-based mental health services?
3. What outcomes are associated with school-based mental health services?

This review will identify, summarize, and describe the models of school-based mental health service provision that are effective at supporting positive developmental outcomes, especially for children and youth from historically under-served communities and demographic groups. In doing so, we hope to bridge related areas of work and provide mental health practitioners, educators, researchers, and policymakers with an important resource for implementing school-based mental health services in the United States.

Method

Integrative review is a methodology used to organize and evaluate the extant body of evidence related to a particular topic. It is often utilized in medical and social science research where contemporary evidence-based practice is essential to inform research and policy decisions. According to Souza and colleagues (2010) integrative review is the preferred tool of evidence-based practice. It is the most comprehensive methodological approach of reviews because it includes a range of studies and publication types that combine data from theoretical, practical, and empirical literature (Souza et al., 2010; Toronto, 2020). An integrative review synthesizes and evaluates current knowledge of a topic to provide new insights therein (Torraco, 2005). Integrative reviews are central to a "sensemaking/sensegiving circle of scholarship" (Huff, 2009, p. 4). A comprehensive integrative review synthesizes the current state of knowledge of a topic and brings together multiple perspectives from various related disciplines. Integrative reviews provide scholars who are interested in a topic, an avenue to develop new research programs that might not have emerged from within a single community of practice (Cronin & George, 2020). According to Russell (2005) high quality, rigorous reviews can provide a significant contribution to a particular body of knowledge and, consequently, to policy, practice, and research. For this review, we followed the guidelines for conducting an integrative review (Beyea & Nicoll, 1998; Whitmore

& Knafl, 2005) with the goal of synthesizing theory, research, and practice related to the effectiveness of school-based mental health services.

Literature Search Strategy

Using the databases Academic Search Ultimate, JSTOR, ProQuest, PsycInfo, EBSCOhost, and the search engine Google Scholar we conducted an iterative keyword search (Wei, 2012) to locate articles for this review. Academic Search Ultimate, JSTOR, ProQuest, PsycInfo, and EBSCOhost databases were utilized because of their ability to locate full-text academic journal publications in multi-disciplinary social science records. Google Scholar was also utilized because of its ability to search multiple scholarly databases and to locate gray literature including technical reports, white papers, and other documents that are not published in academic journals but may be important sources of information.

An iterative keyword search (Wei, 2012) is optimal for maximizing search effectiveness of large data sets (including document and data base searches) by yielding a focused and accurate data set for review (Eames et al., 2010). This technique is considered an effective way to conduct a search that is comprehensive and precise, which is recommended for an integrative review (Beyea & Nicoll, 1998). Search terms included the following keywords or keyword combinations: school-based mental health, school-based mental health outcomes, school-based mental health intervention, and school-based mental health services. We employed the keyword search in each database and search engine until at least three duplicate records were identified. Publications were limited to the years 2000-2023, and only studies conducted in the U.S. were included because school systems and support services vary considerably by country. A total of 158 articles were identified by the authors using the search terms, and 127 were included for this review. Following the search, all records were uploaded into our reference management system and de-duplicated. Title and abstract screening was conducted independently by two reviewers using predefined inclusion criteria to maintain consistency. Inclusion criteria for articles were as follows: English written U.S. publications, school setting, embedded school-based services, school-employed or community-employed providers, universal screening and/or interventions, targeted mental health interventions (specific diagnosis), and 2000-present. Exclusion criteria were teacher delivered interventions, SEL curriculum, mental health promotion/prevention initiatives, mental health literacy programs, and studies conducted outside of the U.S. Full-text articles were subsequently reviewed for eligibility by the same reviewers. Inter-reviewer disagreements were addressed through discussion and consensus.

School-based mental health services were operationalized as interventions and supports delivered by trained mental health professionals (e.g., counselors, social workers, psychologists) that are integrated into the school system. In contrast, prevention and promotion initiatives such as social emotional learning curricula were excluded unless they were delivered by a mental health professional. Teacher delivered interventions were excluded to maintain a focus on clinically oriented services, whereas services delivered by community-employed providers were included if they were embedded within the school setting or coordinated with school personnel. Embedded school-based services were defined as services that were integrated into the school and part of a coordinated system of support. This includes collaboration with community-based therapy services that are provided on campus physically or virtually during school hours.

Table 1
Inclusion and Exclusion Criteria for Review

Publication Type	Frequency
Primary research (quantitative or qualitative) examining school-based mental health services or mental health interventions (targeted or universal) embedded in school settings, including reports and dissertations	53
Meta-analyses and literature reviews specific to school-based mental health.	7
Conceptual articles, books, and chapters on school-based mental health.	36
Practice articles (those that address school-based mental health in practice)	
Guidelines and policy papers (best practices and principles for school-based mental health)	22
Inclusion criteria: English written U.S. publications, school setting, embedded school-based services, school-employed or community-employed providers, universal screening and/or interventions, targeted mental health interventions (specific diagnosis), 2000-present	
	N = 127

Exclusion criteria: teacher delivered interventions, SEL curriculum, mental health promotion/prevention initiatives, mental health literacy programs

Articles were reviewed and categorized according to the model, framework, context, and keys to implementation. Approaches were documented accordingly by use in each study (see Table 2). The populations of focus were recorded as cited in each study (see Table 3). Key study characteristics important for implementation were documented in a summary matrix (see Table 4). In the following sections we will discuss the frameworks that have been put forth, approaches used within those frameworks, keys to implementation and common barriers to facilitation.

Public Health Approach

A public health approach is the foundation for many school-based services (Hess et al., 2017; Hoover et al., 2019; Hoover & Bostic, 2021; Nastasi et al., 2011) and was cited in 17 articles from this review as an important method for prevention and intervention (see Table 5). The public health perspective within a school-based service context can be defined as an approach that utilizes prevention methods like universal screening (Dowdy et al., 2010), emphasizes early intervention including psychoeducation (Boustani et al., 2020), offers tiered supports for mental health and behavioral problems (Hess et al., 2017), is a systemic way for implementing effective services

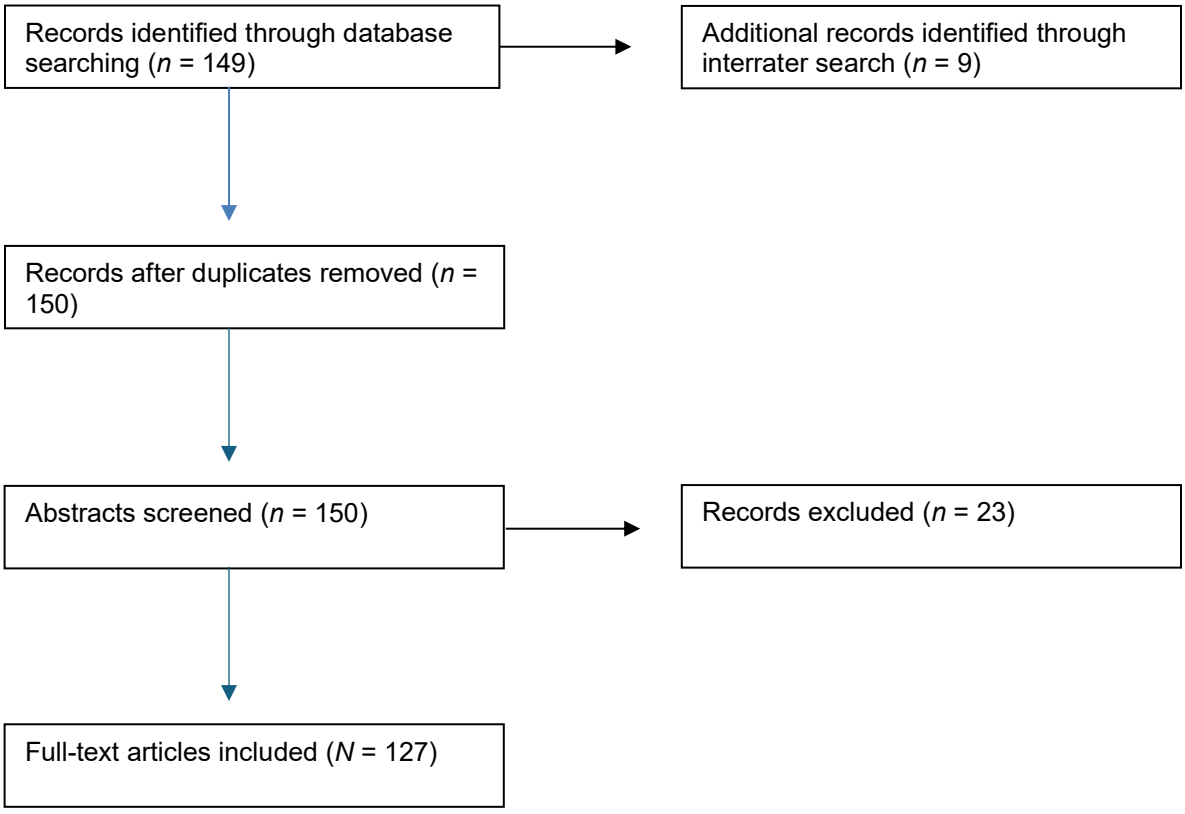

Figure 1. Review Process

(Friedrich et al., 2010),and is a guide for equipping school-based systems of care following disasters (Nastasi et al., 2011). A public health approach that situates mental health services in schools is an effective way to deliver services because of its ability to respond to a variety of needs using one point of access (Hoover & Bostic, 2021).

School Based Mental Health (SBMH) services are the most common approach to facilitating mental health care services for children (Arora et al., 2019; Smith-Ramey et al., 2023). SBMH care is a population-based approach that draws from public health and prevention science models. This approach facilitates access to mental health services that children would not otherwise seek or be able to access outside of school (Arora et al., 2019; Hoover & Bostic, 2021). Children and adolescents spend most of their time in school and so it is a natural setting to screen and deliver services, furthermore; families are familiar with the school and perceive less stigma, mental health professionals are embedded in the environment where many challenging behaviors occur and are better able to integrate interventions (Doll et al., 2017). Considering these factors, the government and many organizations have identified elementary and secondary schools as optimal places to provide mental health care services (Hoover & Bostic, 2021; Walter et al., 2019). Students are more likely to receive mental health care through school-based systems and typical barriers such as transportation, stigma, and provider availability are reduced, thereby increasing accessibility to services (Hoover & Bostic, 2021; Smith-Ramey et al., 2023; Stephan et al., 2007). For students in rural areas or for those living in poverty, school-based

services are often the only feasible option for receiving care (Rossen & Cowan, 2014; Smith-Ramey et al., 2023).

SBMH services offer multiple benefits, including increased access to care through providers with behavioral and mental health expertise. SBMH services improve accessibility to care through services that are embedded within schools, becoming part of the community's comprehensive system of care (Doll et al., 2017; Hoover & Bostic, 2021; Frey et al., 2022). Services are provided by school employees who are familiar with the school community, and who also provide guidance to personnel that interact with students in need of support. Furthermore, schools are often the place where children's behaviors become challenging and where interventions are most needed. Lastly, schools are situated to better integrate interventions, they are a place that families are familiar with, and ultimately a place to promote wellness within communities (Doll et al., 2017). Indeed, Atkins and colleagues (2010) posit that education and mental health have a reciprocal agenda. They suggest a change in the fundamental framework of education in the U.S. where the goal of mental health includes effective schooling, and the goal of effective schools includes the healthy functioning of students.

Table 2
Approaches to Facilitating SBMH Services

Approaches	Definitions	Frequency
ESMH	Expanded School Mental Health, a continuum of services for prevention and intervention.	7
MTSS	Multitiered Systems of Support, a continuum of support using universal prevention for tier 1 and targeted interventions for tier 2 and tier 3.	38
SBHC	School-based Health Center, primary health care, behavioral health, dental, and vision services.	23

Multitiered Systems of Support

Multitiered Systems of Support (MTSS) is the most common approach to deliver SBMH services, with at least 38 articles using it as an approach for facilitation (see Table 2) and has become integrated in many states as part of the general education framework (Kern et al., 2022). MTSS grew out of the 1990s model known as Response to Intervention. Beginning in the 2000s, Response to Intervention merged with an educational orientation toward positive behavioral support and became MTSS (Jimerson et al., 2015) thereafter, the expansion of MTSS across the U.S. was funded by grants from the U.S. Department of Education.

MTSS is situated as a public health approach for several reasons. It focuses on prevention by using universal screening to identify students in need of intervention; services are tailored according to need, it is a systemic method of service implementation, and it is designed to monitor outcomes associated with social determinants of health (Boustani et al., 2020; Hess et al., 2017). Thus, many scholars who have studied school based mental health systems of care have promoted the use of the MTSS framework as a public health approach and method of service delivery (Arora

et al., 2019; Capella et al., 2008; Christner et al., 2007, Connors et al., 2022; Dowdy et al., 2015; Hess et al., 2017 Hoover & Bostic, 2021).

The MTSS framework operates on a continuum tailored to need and facilitates promotion, prevention, and tiered level interventions. There are three tiers within the framework, beginning with tier one instruction, known as universal instruction, continuing with tier two instruction designed for smaller groups of students who need additional support; and, lastly, tier three interventions designed for the smallest group of students who need the most specialized support. MTSS is implemented in numerous ways depending on the context, school site, and staff availability. However, the tiered system is always oriented towards behavior support, social support, and academic support. In this framework positive behavioral supports are considered foundational (Weist et al., 2022).The success of an MTSS approach is determined by several key factors, including the use of culturally responsive practices, community engagement, interagency collaboration, continuous evaluation and data-based decision making, an ecological framework, and the integration of universal screening and programming within the general curriculum (Arora et al., 2019; Battal et al, 2020; Capella et al., 2008; Choi et al., 2022; Connors et al., 2022; Hoover & Bostic, 2021; Kern et al., 2017).

Universal screening is a particularly important component of MTSS with 15 articles citing this practice as an important key to implementation. Battal et al. (2020) describes how universal screening provides schools with accurate data that represents student need across domains. Another study documented the logistical challenges associated with screening and proposed strategies to develop tailored and scalable screening processes in schools (Connors et al., 2022). DeBoer et al. (2022) suggest conducting culturally responsive assessments and interpreting screening data with the acknowledgment of the impact of deficit-based ideologies. Hoover & Bostic (2021) explain how universal screening, progress monitoring, early identification and intervention are all fundamental components in MTSS. These processes enable data-based decision-making and are promoted as strategies for promoting health and well-being post COVID (National Academies of Sciences Engineering and Medicine, 2021).

Table 3
Populations of Focus in Research

Populations	Frequency
Communities in poverty	23
Historically Marginalized	20
High Risk	6
Immigrant	7
LGBTQ+	3
Rural	5
Students with Disabilities	6
Urban	12

Several scholars explain that the universal tier one component of an MTSS framework can promote equity-based school services (DeBoer et al., 2022) or detract from equity (Moore et al., 2023) and contribute to systemic racism. For example, teachers and staff may hold implicit biases that affect how students are referred for services or focus too much on behavior rather than addressing systemic issues that reinforce stereotypes (Lazarus et al., 2022). There are many

positive outcomes associated with effective MTSS programs, but there is still progress to be made in implementing culturally responsible programming that embodies equity in service delivery.

Interagency Partnerships

Service provision can be limited by the capacity of school personnel, and so interagency partnerships were cited as a key to implementation in 61 articles from this review. Interagency collaboration is a method for facilitating wrap-around services by coordinating services between the school, local mental health agencies, academic institutions, and other organizations to provide an effective continuum of care (Bruns et al., 2016; Duck et al., 2023; Smith-Ramey et al., 2023; Walter et al., 2011). Community partnerships vary in the type of services offered, with some facilitating tier two or tier three support. Interventions and treatment are enhanced through this approach because schools facilitate connections between families in need of care to agencies they would not have otherwise accessed. Collaboration among school-based mental health providers, community mental health providers, and community participants is a key focus of interagency collaborations (Weist et al., 2006). Hess and colleagues (2017) explain that school personnel such as school psychologists and school counselors are key change agents in this model because they collaborate with students, families, and colleagues, and they build community connections, access resources, and advocate for services. Telehealth service is another approach that enhances access to tier three service provision. This approach has increased following the COVID-19 pandemic. Telehealth, as a modality, can decrease barriers schools typically face to facilitating services. It provides greater access to care for underserved youth, it can help with parent engagement since sessions can be conducted at home, and it helps reduce negative stigma associated with therapy (Storey et al., 2023). Within the scope of tier three service provision, these services can bridge the gap between limited school capacity and providing comprehensive care.

Community partnerships are not limited to tier three intervention supports. Another model to enhance community partnerships was proposed by Raviv and colleagues (2022) through the expanded school mental health model. The model encompasses community-academic partnerships and formal community partnerships which support implementation, continuous improvement, model development, training consultation, technical assistance, bridging the research-to-practice gap, and building capacity to sustain practices with fidelity. Within this framework, a behavioral health team uses evidence-based practices like interagency collaboration, data-based decision making, action planning, regular team meetings, regular assessment, quality improvement, and tailored programming for specific population needs. They report that schools utilizing this model showed improvement in facilitating and sustaining an effective behavioral health team, signifying the feasibility, utility, and acceptability of the model in facilitating services. The model is designed to resolve typical barriers to school-based mental health services such as staff capacity, lack of coordination, low focus on tier two and tier three programming, and limited funding, to create a well-functioning team.

Smith-Ramey and colleagues (2023) document the challenges that rural communities face when accessing mental health care services (i.e. provider shortages, transportation challenges, stigma around treatment) and offer an embedded partnership approach using a transdisciplinary mental health team. Their partnership was initiated in 2018 between a public school system and a community behavioral health agency. Through this partnership, they developed a coordinated referral process. It was expanded in 2019 to include two outpatient counselors embedded in the

schools, then expanded again in 2022 to include a clinical supervisor, case manager, family peer recovery specialist, and additional counselor. Results showed that this partnership increased access to mental health services for students in the community. The authors suggest using feedback to drive programming, engaging families, creating goal consensus, utilizing continuous communication at all organizational levels, and leveraging the history of community collaboration (Smith-Ramey et al., 2023).

Kang-Yi et al. (2023) describe the benefits of public-academic partnerships as an avenue for generating actionable evidence for policy, program design, and improving implementation in SBMH delivery. Their evaluation examined the impact of SBMH programs on Medicaid

Table 4
Frequently Cited Keys to Implementation

Implementation Keys	Definition	Frequency
Community engagement	Build on local strengths, involve members of the community (clergy, coaches, relatives) participating in community events (i.e. health fairs, homecoming parades, resource drives).	28
Continuous progress monitoring	Evaluating programs at the group level and individual level to measure progress, utilizing evidence-based assessments.	16
Culturally responsive	Affirm cultural identities, curricula reflective of diversity, positive behavior supports, emphasize students' strengths, an inclusive environment that values diversity.	30
Ecological lens	Used as a theoretical foundation for program development and implementation.	19
Evidence based practices	Assessments, instruments, interventions, and programs that are research based.	18
Family engagement	A partnership between the school, the child and family to identify strengths and problem solve challenges, establish a mutually trusting relationship, actively reducing barriers to engagement.	21
Interagency	Interagency collaboration as a method for facilitating wrap around services by coordinating efforts between the school and local mental health agencies, academic institutions, governmental organizations, clinics, etc.	61
Policy	Identified the need for policy to support funding and implementation of services.	13
Public health	Identified SBMH services as a population-based method for prevention and promotion of emotional well-being for all students.	17
Sustaining funding	The need for diverse funding streams such as federal, state, private foundations, and professional organizations to sustain programming.	19
Universal screening	Providing schoolwide screening for mental health needs.	15

*****_Note_: when an article mentioned a concept as a key to implementation or recommendation for future studies, it was recorded. There are other keys to implementation and recommendations from articles that are not featured in this table.

expenditures, crisis response centers, psychiatric hospitalizations, children's behavioral health functioning, absences, suspensions, and provider performance. Key findings that support successful partnerships involve aligning expectations and resolving challenges in data collection and analysis examining outcomes to improve processes and disseminating findings.

School-Based Health Centers

School-Based Health Centers (SBHC) are part of the broader public health framework and were utilized in 23 articles from this review (see Table 2). They facilitate access to primary care, behavioral health, vision, dental and other services through partnerships (School-Based Health Alliance, 2023). Bains and Diallo's (2016) systematic review of SBHCs found that over 70% of these clinics provided mental health services, and between 9-30% of all visits were for mental health issues. Students who experienced mental health problems were more likely to use the SBHC and had an average of 6-10 visits each. A large proportion of visits were accounted for by mental health issues and most of those accessing services had no insurance or public insurance. Additionally, students with suicidal ideation were more likely to seek services, with one school reporting 80% of mental health visits related to suicidal ideation and risk.

Duck et al. (2023) offer lessons learned from an interagency partnership that integrated primary and behavioral health care in SBHC's. They cite the importance of sufficient behavioral providers, academic practice partnerships, improving consent to care return rate, and automating data collection processes. They also describe their screening assessment process and provide recommendations for including screening as a practice in SBHC's integrated programming.
Partnerships are an important structure for facilitating mental health support because they expand access to care, they encompass a variety of interventionists (Duck et al., 2023; Hess et al., 2017), they offer researchers and providers in training a better understanding of community needs (Kang-Yi et al., 2023), they can be tailored to specific contexts (Capella et al., 2008; Stein et al., 2002), and they provide more diverse streams of funding for sustainability. This interagency approach enhances the network of connections between SBMH providers and community agencies, which in turn connects families to more prevention services. Interagency collaborations and partnerships continue to be cited as key to addressing children and youth mental health problems. See figure 2 for a conceptual framework.

Overall, each model or framework for school-based mental health improves access to and utilization of services for school-aged children (Raviv et al., 2022; Smith-Ramey et al., 2023; Swick & Powers, 2018; Williams & Chapman, 2015). MTSS is a model based within schools and is typically facilitated through school staff at tier one (through universal programming) followed by SBMH providers such as counselors, social workers, and psychologists for tier two and three interventions. However, when a school does not have the capacity to provide tier two and three interventions, they can reach out to community agencies and form partnerships to create a continuum of services for students (Raviv et al., 2022). Interagency partnerships can include community agencies, governmental agencies and academic institutions to improve SBMH services through collaboration, evaluation, funding sustainability, and capacity building (Smith-Ramey et al., 2023). SBHC's offer a broader continuum of care that encompasses primary care as well as behavioral and mental health care. Each model differs in the range of services provided; however, all utilize a public health approach to meet the mental health needs of students. SBMH programs vary widely depending on factors like funding, policies, and provider availability. Thus, each

model varies in terms of improving access to effective treatment and care; this is especially true depending on how well interventions are tailored to meet the specific needs of the community.

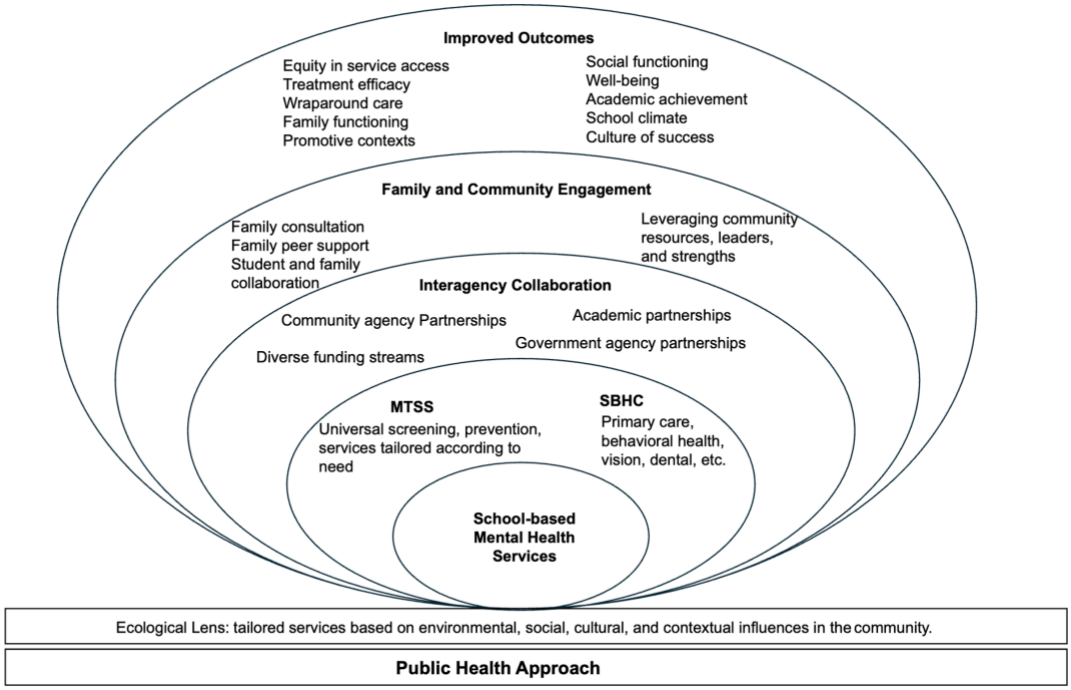

Figure 2.Improving Equity and Access to Mental Health Care for Youth
***Note.* MTSS is abbreviated for Multitiered System of Support. SBHC is abbreviated for School-based Health Center.**

Cultural and Contextual Considerations

Cultural and contextual considerations were cited in 30 different articles as critical for program selection, implementation, engagement, efficacy, and sustainability. Within the literature on SBMH models of care, many publications explore specific populations such as immigrant children, Black adolescent males, students with disabilities, or LGBTQ+ youth (see Table 3). The majority examine SBMH provision within the context of high poverty communities which is likely due to the intersectional nature of poverty, race, mental health (i.e., social determinants), and the ability to access care.

Specific Populations

Culturally and contextually responsive services directly influence help-seeking and service utilization (Guo et al., 2015). These types of services are crucial for student populations such as students with disabilities, BIPOC, LGBTQ+, immigrant, and economically disadvantaged students. Policy changes and funding initiatives are still playing catch-up in terms of the mental

health needs for specific populations. Several studies provide evidence of the effectiveness of tailored or targeted mental health interventions for lowering suicide risk and the psychological effects of post-traumatic stress disorder that are prevalent among youth from vulnerable populations (i.e., immigrant youth, LGBTQ+ youth) (Ross et al., 2020), while also reducing stigma and improving help-seeking for Asian immigrant youth and Black adolescent males (Guo et al., 2014; Williams et al., 2023). However, there continue to be gaps in SBMH provision for students with disabilities (Skaar et al., 2021). Disparities in SBMH provision in rural areas and high poverty schools is an ongoing challenge (Moore et al., 2023). Moreover, chronic poverty can increase exposure to violence, crime, and residential instability, all of which contribute to chronic stress (Bains & Diallo, 2016). Thus, these specific populations are at a higher risk for mental health issues, yet they face additional challenges in receiving care (i.e. cost, insurance, transportation, etc.).

Culturally Responsive Services

Evidence suggests there is a strong cultural influence on mental health care utilization (Castro-Olivo, 2017; Planey et al., 2019). For many individuals from diverse demographic groups, there is a high degree of stigma associated with mental health problems which is in turn associated with a lower likelihood of help-seeking and service utilization. There is also mistrust based on historically negative experiences with medicine and mental health care services (Planey et al., 2019). Key elements to culturally responsive school-based mental health practices in differing contexts include leveraging home support, tailoring interventions to community needs, creating partnerships with community participants, capitalizing on community strengths and resources, and offering culturally responsive supports (Edyburn et al., 2021). Furthermore, professional development and preservice teacher programs that prepare educators to be responsive to different populations are also cited as key to promoting equitable practices (Edyburn et al., 2021; Moore et al., 2023; Sailor et al., 2021).

When school-based mental health services are not culturally responsive or tailored to population needs, it can have an adverse effect and negatively impact students. Thus, when considering effective service delivery models, an ecological perspective is highlighted as an approach to understanding the cultural context for school-based supports (Farahmand et al., 2011; Hoagwood et al., 2007; Michael & Jameson, 2017; Rojas-Andrade & Bahamondes, 2019; Sanchez et al., 2018).

DeBoer and colleagues (2020) discuss the importance of incorporating culture into the conceptualization of universal mental health practices in schools and the associated challenges. They emphasize the need for school systems to be aware of systemic racism and use practices such as MTSS as proactive frameworks to address both externalizing and internalizing behaviors that are often mischaracterized as behavior problems, especially for minoritized youth. Lazarus and colleagues (2022) highlight the importance of culturally responsive school-based mental health practices by considering the ways in which racism and inequality permeate aspects of public education in the U.S. This plays out in white, male-centric norms, policies, and expectations that often lead to exclusionary or zero-tolerance discipline that, in turn, have negative effects on BIPOC student well-being. They argue that disparities in mental health provision for racially minoritized students can be reduced through school-based delivery by improving access to care, reducing stigma, and – more importantly – focusing on positive, strengths-based, and culturally appropriate approaches.

Lazarus and colleagues (2022) advocate for a dual factor model of mental health service provision in schools. In this model emphasis is placed on well-being, cultural strengths of minoritized communities, systemic structures that contribute to disparities, the importance of cultural responsibility, accessibility of services for all students, and a population-based approach. They argue that school psychological services ignore subjective well-being when considering mental health, which can range in presentation. The traditional model emphasizes services that are deficit focused, are provided to students with disabilities and disorders, and are based on a single factor model of mental health (Lazarus et al., 2022). In their proposed Culturally Responsible Dual- Factor Model, mental health is viewed through a cultural lens that acknowledges the context of inequity and systemic racism. It focuses on cultural attributes of the community and ecologies (Lazarus et al., 2022).

Poverty

Communities in poverty were the population of focus in 23 articles from this review. SBMH services are particularly important for communities in poverty and can be modified based on ecological and public health principles that are tailored to specific community needs. Capella and colleagues (2008) call for an approach that uses an ecological model to integrate mental health programs into specific contexts, such as high poverty communities. They explain that leveraging support from home, the community, and the school can better meet the needs of students within these contexts. Doll and colleagues (2017) emphasize a collaborative approach that supports team planning, implementation, and data-based decision-making. This approach engages school personnel and community agencies, fostering partnerships that are responsive to the cultural and ecological contexts of the school while leveraging existing strengths and resources within the community.

Atkins and colleagues (2006) describe an approach for serving high-poverty urban communities that emphasizes the importance of accessibility, effectiveness, and sustainability of services. More specifically, for accessibility, they explain the need to actively engage families through extensive outreach, to reduce barriers to involvement, and collaborate with community members in the recruitment process. Through the lens of ecological systems, school-based mental health services can strengthen connections between agencies, create new partnerships, and promote synergistic collaborations that are tailored to community needs and promote access to mental health care through these networks (Holt & Grills, 2015).

Overall, findings suggest that any school-based mental health service framework, model, or intervention must account for culture and context by addressing serious barriers to access such as poverty, acculturation, language differences, and family structure and that an ecological model is an effective framework for implementing culturally responsive services.

Outcomes

There is a dearth of publications reporting outcomes associated with school-based mental health services. This suggests that there is a considerable gap between school-based mental health as a concept and the evidentiary base in support of school-based mental health services in practice. However, the extant findings do indicate that school-based mental health services are effective at improving access to care for diverse populations, improving symptoms of specific mental health disorders, lowering suicide risk, and bolstering academic success.

Utilization of Services

Several studies provide strong evidence of the effectiveness of school-based mental health care for improving access and utilization of services (Hodges, 2021; Stempel et al., 2019; Stuenkel et al., 2023). A common theme emerged suggesting that school-based services dramatically increase access and help-seeking, especially for students living in underserved communities, and these results are attributed to the ways in which SBMH services and SBHCs reduce cost and transportation barriers. Two reviews (Bains & Diallo, 2016; Werlen et al., 2020) and one process evaluation (Ambrose et al., 2013) found that school-based mental health services improve accessibility to mental health care and that most K-12 students reported they would not otherwise seek services outside of the school. Adolescents reported they were 21 times more likely to use SBHCs for mental health care services versus community-based clinics reporting that they valued the services because they were accessible and trusted the providers (Bains & Diallo, 2016). Adolescents who had suicidal ideation were more likely to have seen a therapist through the clinics and, in one clinic, 80% of the visits were comprised of students who had suicidal ideation (Bains & Diallo, 2016).

Mental Health Disorders

The Arora et al. (2019) systematic review of MTSS based depression interventions found 57 programs among 119 studies that showed tier one interventions had a 76.7% efficacy rate, with effect sizes ranging from small to very large, tier two interventions were identified as 77.5% effective with similar effect sizes, and lastly tier three interventions were 78.9% effective with similar effect sizes as well. Age was found to be a predictor of efficacy with participants that were older than thirteen showing better response to the intervention.

Beehler and colleagues (2012) conducted a collaborative study of Cultural Adjustment and Trauma Services (CATS), a comprehensive, school-based mental health program for traumatized immigrant children and adolescents. This program was an interagency collaboration between a community agency and a local school district, with funding put forth by the Substance Abuse and Mental Health Services Administration. Program effectiveness was assessed by testing whether client functioning, and post-traumatic stress disorder (PTSD) symptoms improved as a result of seven separate service elements. Results indicated greater quantities of cognitive-behavior therapy and supportive therapy increased functioning, while greater quantities of coordinating services decreased symptoms of PTSD. Similarly, Werner-Seidler and colleagues' (2017) review and metanalysis demonstrated the effectiveness of school-based mental health prevention programs at improving symptoms of depression and anxiety in children and adolescents.

Academic Achievement

In a study of a school-based mental health program grounded in a systems of care framework, students demonstrated significant improvements in both math and literacy scores over the course of the school year, with average scores increasing each quarter (Swick & Powers, 2018). Students in the sample were considered at-risk due to their mental health needs. The program also demonstrated significant benefits for students classified as exceptional, who showed gains in math and literacy over the school year. Together, these outcomes suggest that school-based mental

health services that utilize an ecological framework, promote students' academic success, emphasize early interventions, and strengthen students' psychological wellness. Such services minimize school, community, and family adversity and maximize protective factors. They attend to school and classroom ecologies that maximize students' engagement in classroom learning (Gruber et al., 2023; Kang-Yi et al., 2013; Kronsberg & Bettencourt, 2020; Walker et al., 2010).

Other studies focused on the effects of specific diagnoses or treatment modalities within SBMH frameworks. Findings suggest that targeted, or tier two interventions are generally effective at improving symptoms of depression and anxiety and reducing suicide risk among adolescents (Paschall & Bersamin, 2018; Zhang et al., 2023). In addition to reducing aggression and violence victimization in middle school (Morgan-Lopez et al., 2020). A handful of other studies and program evaluations of SBMH services also suggest good evidence of its effectiveness to support student retention, improve attendance, reduce academic and behavioral referrals, and improve reading outcomes (Gruber et al., 2023; Walker et al., 2010; Wegman et al., 2017; Whitaker et al., 2018). Sanchez and colleagues (2018) conducted a meta-analysis of the effectiveness of school-based mental health services for elementary aged children and found that, overall, school-based services demonstrated a small-to-medium effect in decreasing mental health problems with the largest effects found for targeted intervention. Strong effects were found for mental health services integrated into classroom instruction, those targeting externalizing problems, those incorporating contingency management, and those implemented multiple times per week.

Positive outcomes in effective MTSS models were facilitated through programs like the Comprehensive Behavioral Health Model (Battal, 2020), the Multitiered System of Mental Health Support (Hoover & Bostic, 2021), and the Comprehensive School Mental Health system (Hoover et al., 2019). Results from a study on the Comprehensive Behavioral Health Model showed that at risk students such as those with internalizing behaviors and a demonstrated level of risk had improved outcomes (Battal, 2020). Other data from the Multitiered System of Mental Health Support showed improved psychosocial functioning, improved academics, and a reduction in outcomes like school failure and mental illness (Hoover & Bostic, 2021). Hoover and colleagues (2019) reported on nationwide SBMH provision best practices. They found effective programs showed improvements in attendance, academic success, school climate, school safety, social and emotional behavioral functioning, and a reduction in exclusionary discipline practices. Other studies demonstrated the effectiveness of school-based mental health services in reducing aggression and violence in middle schoolers (Morgan-Lopez et al., 2020) and improving student attendance (Gruber et al., 2023). However, Hoagwood and colleagues' (2007) review emphasizes the dearth of school-based mental health outcome research and the ongoing need to assess educational outcomes associated with such services.

Barriers

Barriers and facilitators to implementation were documented as part of many research studies seeking to expand and enhance school-based mental health services (Atkins et al., 2003; Ambrose et al., 2013; Borntrager & Lyon, 2015; Doll et al., 2017; Langley et al., 2010; Powers et al., 2013; Swick & Powers, 2018; Weist & Christodulu, 2000). Challenges remain in implementing SBMH services. Stigma surrounding mental health as well as a distrust of mental health professionals from historically marginalized groups persists. It is important to engage in positive relationships with families to enable trust and work towards the specific needs of each student. Ensuring privacy is a key component to maintaining trust and protecting sensitive student information. Continuous

and transparent progress monitoring help all involved parties understand student needs and work towards a shared goal. Moving forward, graduate training programs that embody cultural humility, community engagement, and a dual-factor model of mental health are recommended to meet the disparities that exist within communities across the country. Disparities in the implementation of SBMH support acutely impact mid-high poverty schools, rural schools, and elementary schools. Training school staff to effectively identify and intervene with students experiencing behavioral health problems is a continued challenge. Promoting mental health awareness through teacher training and school programming reduces stigma as well as punitive punishment measures, while supporting and improving school climate. Creating a supportive community network within the school and between the community is an important way to build trust and raise awareness about mental health.

Workforce shortages are a continued issue that result in less access to SBMH care services, thus building staff capacity is an avenue for ensuring provision. Building staff capacity includes creating sustainable funding streams for continued SBMH provider employment. It also involves adhering to the most effective roles and functions of providers. When providers are tasked with non-mental health related duties, staff capacity for addressing mental health issues is diminished. Working to coordinate and align the expertise of different SBMH providers is essential for optimizing service provision. When internal staff capacity needs are not met, schools can partner with local community agencies, academic institutions, or local government institutions to maintain a continuum of support for families. Academic partnerships offer service-learning opportunities for students in training, continuous evaluation and progress monitoring, implementation of evidence-based practices while facilitating systemic initiatives that promote health in the schools and communities.

Discussion

Summary of Findings

Three consistent themes emerged from this review: the variety of ways SBMH services are implemented, the importance of cultural and contextual considerations within the models, and limited findings from research on school-based mental health outcomes. The criticality of cultural and contextual factors within interventions is especially noteworthy. Contextual factors like high poverty account for different stressors like exposure to community violence, high teacher turnover, food instability, employment instability, and housing instability. Thus, school-based mental health interventions and services need to be tailored to environments the students are navigating. Rural communities continue to face barriers to mental health care due to provider shortages and stigma associated with mental illness, and school-based services are often the only point of access for these families (Smith-Ramey et al., 2023). The needs of specific cultural groups such as immigrant and BIPOC students also appeared in multiple articles, explaining the unique acculturative stressors that they face (Gaias et al., 2022; Planey et al., 2019; Stein et al., 2002). Mental health supports for immigrant children and other ethnic minority groups are crucial for promoting bicultural adjustment and attachment in host schools; and, in alignment with an ecological perspective, factors within the school can positively shape the formation of self- esteem, personality, adaptive coping mechanisms, and ultimately mental health (Gonzalez-Ramos & Gonzalez, 2013).

Strategies for implementing SBMH programs can create equity and promote a broader reach. For example, implementation strategies can be tailored to the context which can enhance equity, improve the fit of the intervention in the context, and reduce outcome disparities (Gaias et al., 2022). Interagency partnerships are key for facilitating SBMH services. They can be tailored to need and effectively provide a continuum of services for students, they enable authentic practicum experiences for master's and doctoral level SBMH providers in training (Doll et al., 2017; Eklund et al., 2013; Storey et al., 2023), and they are an important avenue to diversify funding streams that sustain programs (Choi et al., 2022; Heinrich et al., 2023; Kang-Yi et al. 2023; Skaar et al., 2021).

Lastly, this review highlights strong but limited evidence of the effectiveness of school-based mental health services at supporting important student outcomes. This includes studies exploring the effects of school-based mental health interventions on outcomes ranging from suicide risk to reading and literacy (Hoagwood et al., 2007; Walker et al., 2010; Wegmann et al., 2017). Such outcomes are crucial, not only for the lives of those impacted by the need for mental health care access, but for building the evidentiary base for school-based services. Research that measures specific outcomes is crucial for driving data-based decision making and implementing best practices that are evidence-based.

Policy Implications for School-Based Mental Health Programs

Given that schools serve as a primary context for prevention and early intervention, policy frameworks must prioritize equitable access, interprofessional collaboration, and long-term funding to strengthen the mental health infrastructure within educational settings.

Integrating Mental Health into Educational Policy

A central policy implication involves embedding mental health into the broader educational accountability framework. Federal legislation such as the Every Student Succeeds Act (ESSA, 2015) emphasizes academic outcomes but offers limited explicit guidance regarding social-emotional and mental health supports. Policymakers could strengthen ESSA implementation by requiring states to include school climate and mental health indicators in accountability systems, thereby incentivizing local education agencies to invest in evidence-based SBMH initiatives (Perkins, 2025). Additionally, integration with the Individuals with Disabilities Education Act (IDEA, 1975) and Section 504 of the Rehabilitation Act (1973) can ensure that students with neurodevelopmental disabilities and emotional and behavioral challenges receive appropriate accommodations and services.

Funding and Sustainability

Sustainable funding remains one of the most significant barriers to effective SBMH implementation. Although short-term grants from federal or philanthropic sources (e.g., Project AWARE, SAMHSA) have expanded mental health services in some districts, these programs often lack mechanisms for long-term sustainability (Green et al., 2013). Policy reform should include dedicated federal and state funding streams for comprehensive mental health programs, comparable to those supporting academic interventions. Embedding mental health expenditures

within state education budgets or Medicaid reimbursement systems would enhance stability and reduce inequities across districts, particularly those serving high-poverty and rural populations.

Workforce Development and Interprofessional Collaboration

Policy action is also required to address workforce shortages and improve interdisciplinary collaboration. Many schools operate with counselor-to-student ratios far exceeding the American School Counselor Association's (ASCA, 2025) recommended 250:1 ratio. Federal and state initiatives could incentivize the recruitment and retention of qualified school counselors, psychologists, and social workers through tuition assistance, loan forgiveness, and residency programs. Furthermore, policies promoting integrated service delivery—linking schools with community-based mental health providers—would foster continuity of care and mitigate service fragmentation (Weist et al., 2020).

Equity and Access Considerations

Equity must be central to SBMH policy development. Students of color, those living in poverty, and those in rural or under-resourced districts disproportionately lack access to culturally responsive and linguistically appropriate services (Castro-Olivo, 2017). Policies should require the use of culturally informed assessment tools, family engagement strategies, and staff training in anti-racist and trauma-informed practices. Additionally, funding formulas could be revised to prioritize schools serving historically marginalized populations to ensure equitable mental health support across communities.

Evaluation

Finally, policy frameworks must include mechanisms for ongoing evaluation and accountability. States and districts should be required to collect and report data on student mental health outcomes, service utilization, and program effectiveness, disaggregated by demographic variables. Such data systems would enable continuous improvement, support transparency, and ensure that investments in mental health yield measurable outcomes for student well-being and learning (Bohnenkamp et al., 2023).

Implications for International Contexts

Although this review focused on school-based mental health (SBMH) implementation within the United States, the findings have several important implications for international contexts. Across countries, schools represent one of the most accessible and equitable settings for delivering mental health supports to children and adolescents, particularly in regions where community mental health infrastructure is limited (Margaretha et al., 2023). The variation in implementation approaches identified in this review suggests that SBMH models may be most effective when they are adapted to align with local educational systems, cultural norms regarding mental health, and available workforce capacity.

International applications should consider how cultural beliefs about mental health, help-seeking behaviors, family involvement, and stigma may influence service utilization and effectiveness. Programs developed in U.S. contexts may require adaptation to reflect local

languages, culturally grounded understandings of wellbeing, and community priorities. This is particularly important in low- and middle-income countries, where westernized mental health frameworks may not fully align with indigenous or community-based conceptualizations of wellness.

The review also underscores the importance of flexible service delivery models. The three primary approaches identified in the literature suggest that there is no single "best" model; rather, effectiveness depends on how well services fit within existing school structures and resources. In international settings, this may involve task-shifting approaches (e.g., training teachers or paraprofessionals to provide Tier 1 and Tier 2 supports), partnerships with community organizations, or integration with public health initiatives. Such flexibility may be especially important in countries facing shortages of trained school psychologists or counselors.

Third, the implementation factors identified in this review, including interdisciplinary collaboration, leadership support, sustainable funding, and ongoing professional development, appear highly transferable to international SBMH efforts. However, policymakers and practitioners outside the U.S. may need to consider how differences in governance structures, funding mechanisms, and educational policy environments affect feasibility. For example, countries with centralized education systems may be able to scale SBMH more rapidly through national policy initiatives, whereas decentralized systems may require more localized implementation strategies.

Finally, this review points to the need for more cross-national SBMH research to better understand how implementation strategies function across diverse sociocultural and economic contexts. Future research would benefit from comparative international studies that examine how similar SBMH frameworks are adapted across countries, as well as research emerging from the Global South, which remains underrepresented in the literature. Such work could contribute to the development of more globally relevant implementation frameworks and promote bidirectional learning between U.S. and international SBMH efforts.

Limitations

Several limitations should be considered when interpreting the findings of this review. First, the inclusion criteria limited articles to those published in the United States, which may restrict the generalizability of findings to international contexts or educational systems with different policy, funding, and service delivery structures. Second, as an integrative review of existing literature, the findings are dependent on the methodological quality and reporting practices of the included studies, which varied considerably in design, implementation detail, and outcome measurement. This variability may limit the ability to draw definitive conclusions about the comparative effectiveness of specific SBMH models. Additionally, publication bias may be present, as studies reporting positive outcomes or successful implementation efforts are more likely to be published than those describing null findings or implementation challenges. Finally, although efforts were made to systematically categorize implementation approaches and key factors, differences in terminology and conceptual definitions across disciplines may have resulted in some overlap or ambiguity in how models and strategies were classified. Future research using more standardized implementation frameworks and reporting guidelines would strengthen the comparability of SBMH research

Conclusion

In summary, advancing equitable, sustainable school-based mental health systems requires a coordinated policy approach that integrates funding, workforce development, equity, and accountability. By embedding mental health within the educational policy infrastructure, federal and state agencies can ensure that all students have access to the supports necessary for both academic success and psychological well-being.

ORCID ID
Katrina A. Jean https://orcid.org/0009-0006-5101-1289

Lia D. Falco https://orcid.org/0000-0003-1185-1348

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