

## Prevalence of Mental Health Services Provided by Public Schools and Limitations in Schools' Efforts to Provide Mental Health Services

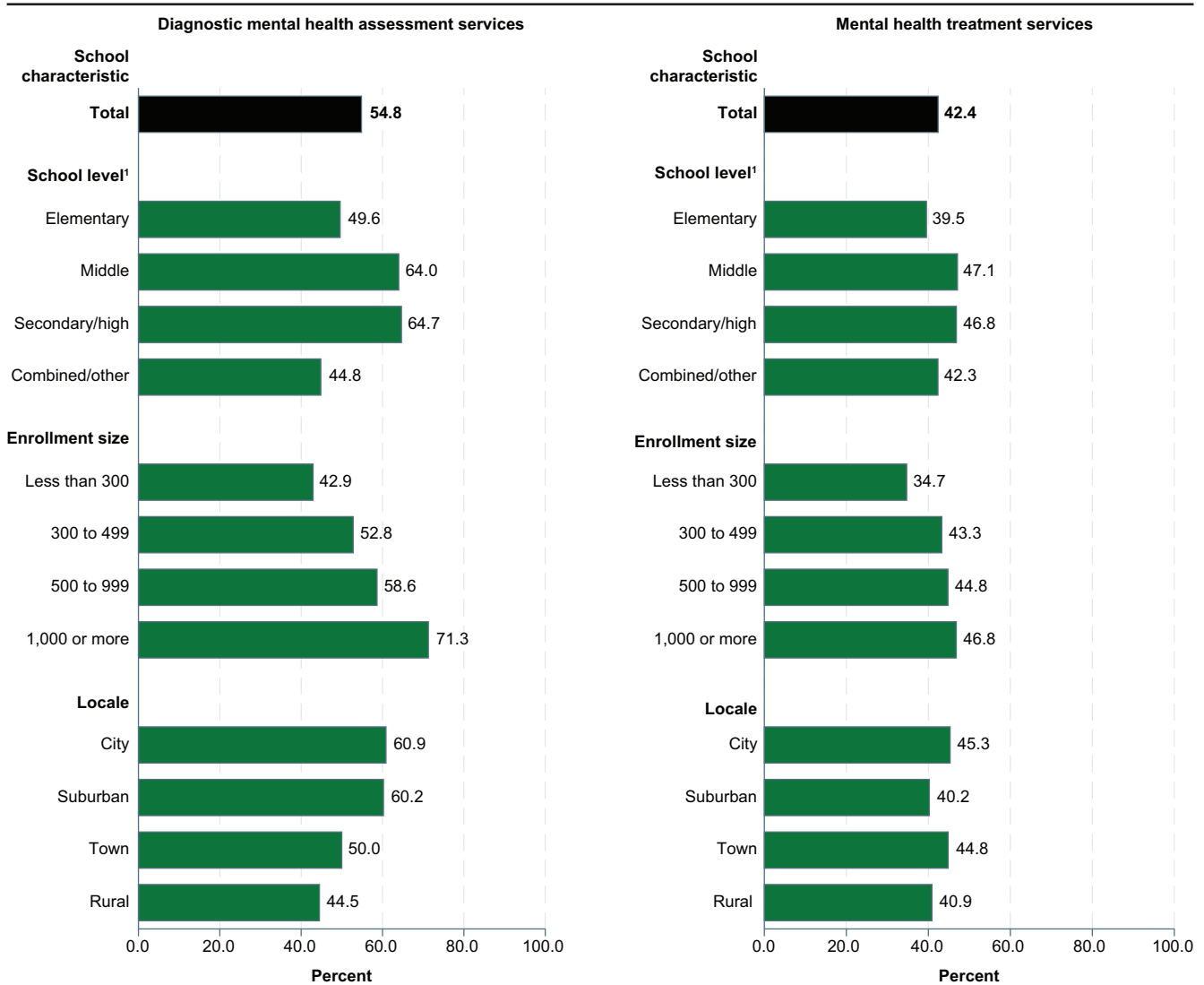
*During the 2019–20 school year, 55 percent of public schools (or 45,600 schools) reported providing diagnostic mental health assessments to evaluate students for mental health disorders. Forty-two percent of public schools (or 35,200 schools) reported providing treatment to students for mental health disorders.*

It is estimated that, among children under 18 years old in the United States, approximately 16.5 percent had at least one mental health disorder in 2016. Of these children, about 49.4 percent did not receive needed treatment or counseling from a mental health professional.<sup>1</sup> Studies also show that school mental health resources may facilitate mental health service use for children with mental health disorders.<sup>2</sup>

Using data primarily from the 2019-20 School Survey on Crime and Safety (SSOCS), this indicator examines the prevalence of mental health services in schools, as well

as the limitations on schools' efforts to provide mental health services. SSOCS asked whether and where schools provided two types of mental health services: diagnostic mental health assessments<sup>3</sup> to evaluate students for mental health disorders<sup>4</sup> and treatment<sup>5</sup> for mental health disorders. SSOCS also asked about the extent to which various factors limited schools' efforts to provide mental health services to students.<sup>6</sup> For each factor, respondents could choose from the response options "limits in major way," "limits in minor way," and "does not limit." This indicator focuses on the responses indicating that a particular factor limits such efforts in a major way.

**Figure 1. Percentage of public schools providing diagnostic mental health assessments and treatment to students, by selected school characteristics: 2019–20**



<sup>1</sup> Elementary schools are defined as schools that enroll students in more of grades K through 4 than in higher grades. Middle schools are defined as schools that enroll students in more of grades 5 through 8 than in higher or lower grades. Secondary/high schools are defined as schools that enroll students in more of grades 9 through 12 than in lower grades. Combined/other schools include all other combinations of grades, including K–12 schools.  
NOTE: A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses. This is in contrast to an educational assessment, which does not focus on clarifying a student's mental health diagnosis. Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder. Schools were instructed to include only services provided by a licensed mental health professional employed or contracted by the school. Mental health professionals were defined for respondents as including providers of mental health services within several different professions, each of which has its own training and areas of expertise. The types of licensed professionals who may provide mental health services may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors. Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment.  
SOURCE: U.S. Department of Education, National Center for Education Statistics, 2019–20 School Survey on Crime and Safety (SSOCS), 2020. See *Digest of Education Statistics 2021*, table 233.69a.

During the 2019-20 school year, 55 percent of public schools (or 45,600 schools) reported providing diagnostic mental health assessment services to evaluate students for mental health disorders (hereafter referred to as “diagnostic services”). Fewer public schools (42 percent, or 35,200 schools) offered mental health treatment services to students for mental health disorders (hereafter referred to as “treatment services”). The percentages of public schools providing either diagnostic or treatment services were higher in 2019-20 than in 2017-18 (55 vs. 51 percent and 42 vs. 38 percent).<sup>7</sup>

The percentages of public schools providing either diagnostic or treatment services varied by some school characteristics in 2019-20. For example, greater percentages of secondary/high schools (65 percent) and middle schools (64 percent) than of elementary schools (50 percent) reported providing diagnostic services.<sup>8</sup> Similarly, greater percentages of middle schools and secondary/high schools (47 percent each) reported providing treatment services than did elementary schools (40 percent).

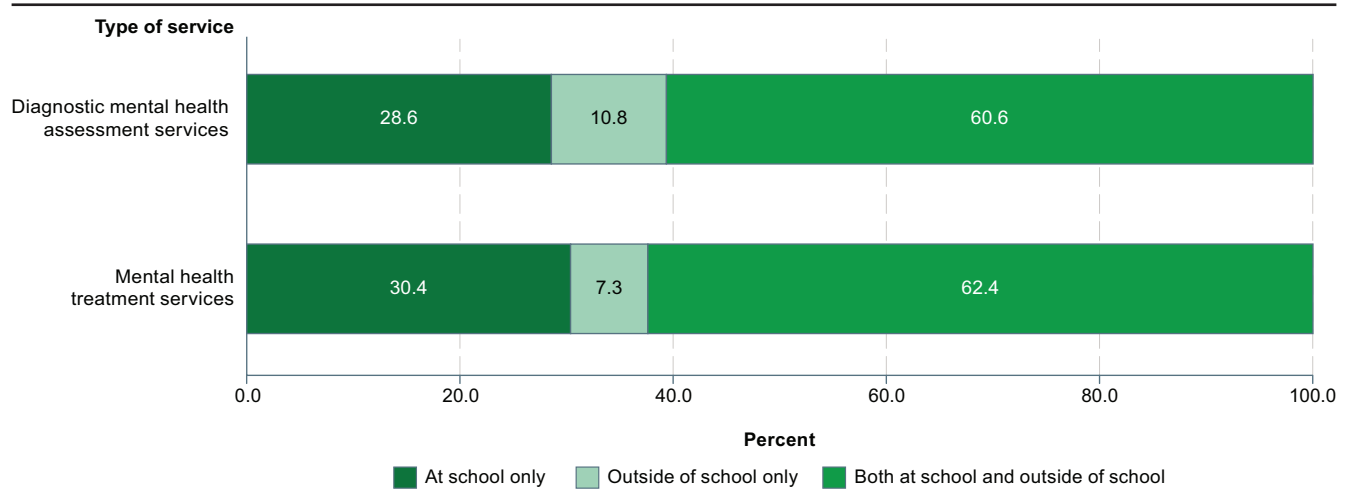
The percentages of public schools providing either diagnostic services or treatment services were often higher for schools with larger enrollment sizes in 2019-20. For example, the percentage of schools providing diagnostic

services was higher for those with an enrollment size of 1,000 or more students (71 percent) than for those with 500 to 999 students enrolled (59 percent), 300 to 499 students enrolled (53 percent), and less than 300 students enrolled (43 percent).

In 2019-20, diagnostic services were more prevalent in schools in cities and suburban areas than in towns and rural areas. Specifically, 61 percent of schools in cities and 60 percent of schools in suburban areas reported providing diagnostic services to students, compared with 50 percent of schools in towns and 44 percent of schools in rural areas. However, the percentages of schools reporting treatment services did not vary measurably by locale.

Generally, in 2019-20, the percentages of public schools providing diagnostic or treatment services did not vary measurably, either by percentage of students of color enrolled<sup>9</sup> or by percentage of students eligible for free or reduced-price lunch (FRPL). The only exception was that the percentage of public schools providing diagnostic services was lower for schools in which 25 percent or less of their enrollment was students of color (50 percent) than for schools in which 76 percent or more of their enrollment was students of color (60 percent).

**Figure 2. Among public schools providing diagnostic mental health assessments and treatment to students, percentage providing them at school and outside of school: 2019–20**

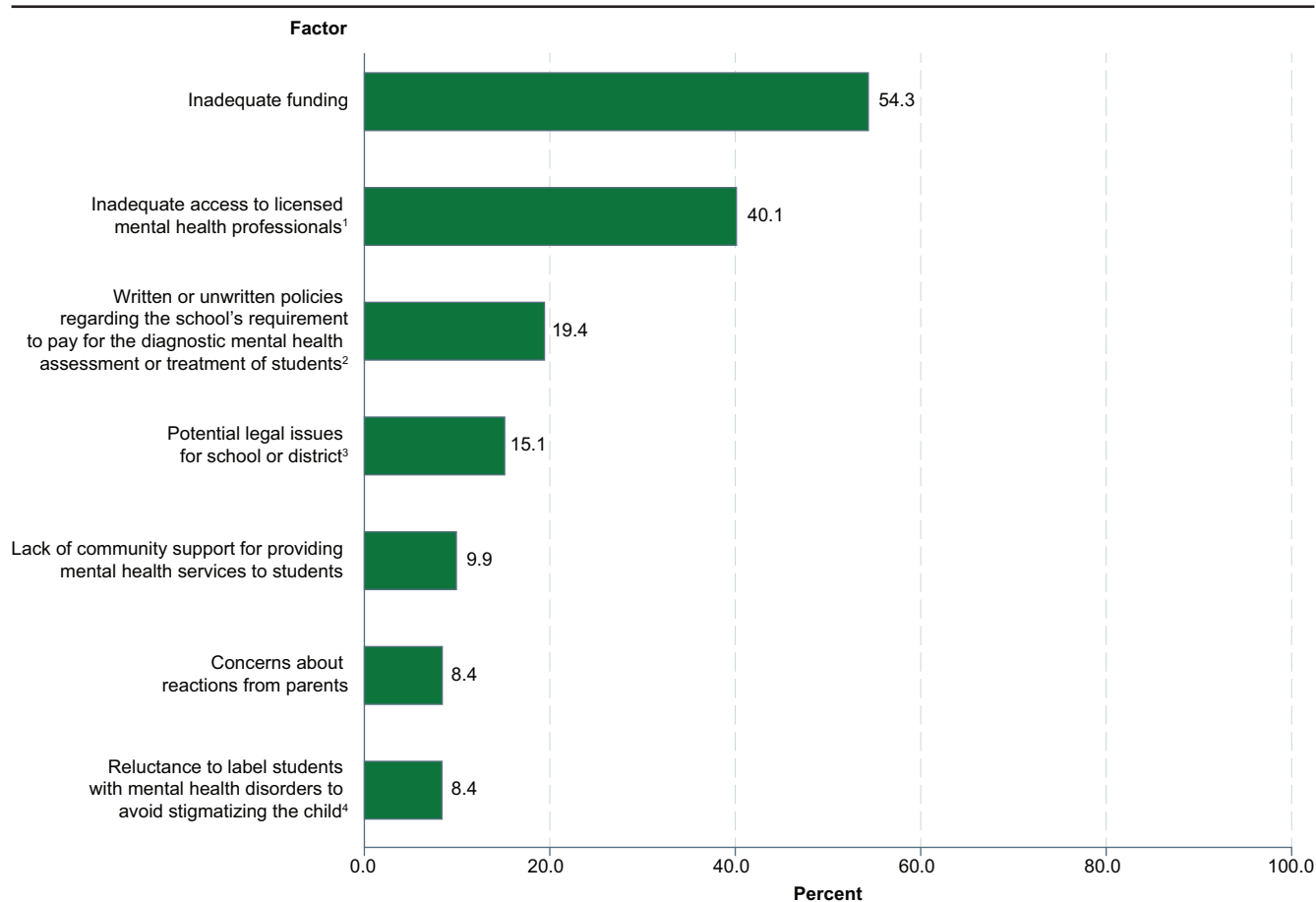


NOTE: A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses. This is in contrast to an educational assessment, which does not focus on clarifying a student’s mental health diagnosis. Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder. Schools were instructed to include only services provided by a licensed mental health professional employed or contracted by the school. Mental health professionals were defined for respondents as including providers of mental health services within several different professions, each of which has its own training and areas of expertise. The types of licensed professionals who may provide mental health services may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors. Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment.  
SOURCE: U.S. Department of Education, National Center for Education Statistics, 2019–20 School Survey on Crime and Safety (SSOCS), 2020. See *Digest of Education Statistics 2021*, table 233.69a.

SSOCS also collected information on where schools provided mental health services. Among schools providing diagnostic services in 2019–20, about 61 percent provided diagnostic services both at school and outside of school. A higher percentage of schools provided diagnostic services at school only (29 percent) than outside of school only

(11 percent). Similarly, among schools providing treatment services, 62 percent provided treatment services both at school and outside of school. A higher percentage of schools provided treatment services at school only (30 percent) than outside of school only (7 percent).

**Figure 3. Percentage of public schools reporting that various factors limited in a major way their efforts to provide mental health services to students: 2019–20**



<sup>1</sup> Licensed mental health professionals may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors.

<sup>2</sup> A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses. This is in contrast to an educational assessment, which does not focus on clarifying a student's mental health diagnosis. Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder.

<sup>3</sup> Examples of legal issues provided to respondents were malpractice, insufficient supervision, and confidentiality.

<sup>4</sup> Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

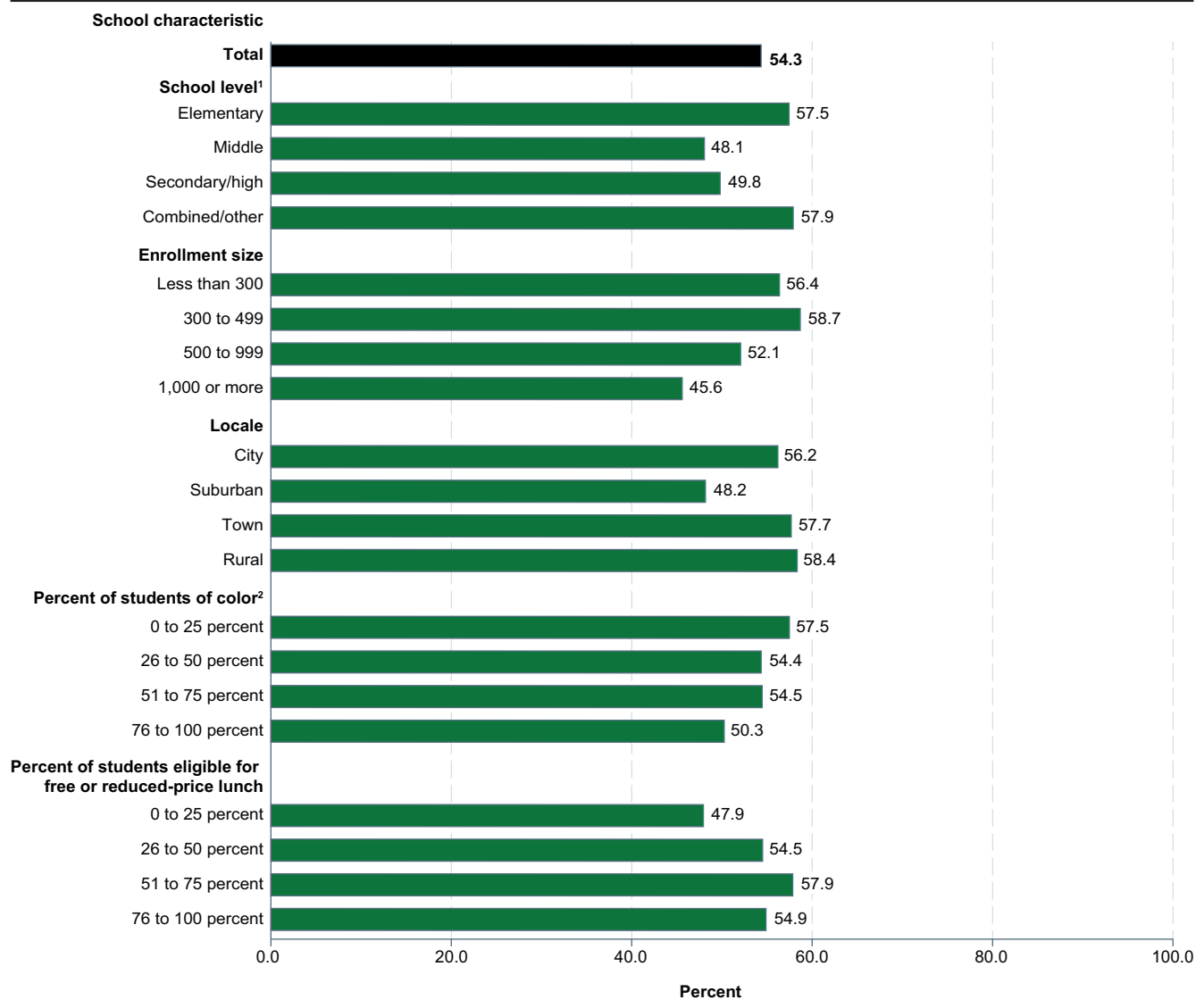
NOTE: Respondents were asked to indicate the extent to which each factor limited the school's efforts to provide mental health services to students. For each factor, they could select "limits in major way," "limits in minor way," or "does not limit." Estimates in this figure represent only those schools reporting that a factor limited their efforts in a major way. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment. Although rounded numbers are displayed, the figures are based on unrounded data.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 2019–20 School Survey on Crime and Safety (SSOCS), 2020. See *Digest of Education Statistics 2021*, table 233.69b.

Providing mental health services in a school setting can be difficult. The 2019-20 SSOCS collected data on limitations in public schools' efforts to provide mental health services regardless of whether the school provided mental health services. The majority of schools

(54 percent) reported that their efforts to provide mental health services to students were limited in a major way by inadequate funding. Forty percent reported inadequate access to licensed mental health professionals as a major limitation.

**Figure 4. Percentage of public schools reporting inadequate funding limited in a major way their efforts to provide mental health services to students, by selected school characteristics: 2019–20**



<sup>1</sup> Elementary schools are defined as schools that enroll students in more of grades K through 4 than in higher grades. Middle schools are defined as schools that enroll students in more of grades 5 through 8 than in higher or lower grades. Secondary/high schools are defined as schools that enroll students in more of grades 9 through 12 than in lower grades. Combined/other schools include all other combinations of grades, including K–12 schools.

<sup>2</sup> The term “students of color” is being used synonymously with “minority students,” the latter of which appears in *Digest* table 233.69b. Students of color include those who are Black, Hispanic, Asian, Pacific Islander, American Indian/Alaska Native, and of Two or more races.

NOTE: Respondents were asked to indicate the extent to which each factor limited the school’s efforts to provide mental health services to students. For each factor, they could select “limits in major way,” “limits in minor way,” or “does not limit.” Estimates in this figure represent only those schools reporting that a factor limited their efforts in a major way. Schools were instructed to include only services provided by a licensed mental health professional employed or contracted by the school. Licensed mental health professionals may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment. Although rounded numbers are displayed, the figures are based on unrounded data.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 2019–20 School Survey on Crime and Safety (SSOCS), 2020. See *Digest of Education Statistics 2021*, table 233.69b.

These limiting factors to providing mental health services were more common for certain types of schools than others. In 2019-20, the percentage of public schools reporting that inadequate funding limited their efforts in a major way was higher for elementary schools (57 percent) than for secondary/high schools (50 percent) and middle schools (48 percent). A similar pattern can be observed for the percentage of schools reporting limitations due to inadequate access to licensed mental health professionals. A higher percentage of elementary schools (43 percent) than of middle schools (35 percent) and secondary/high schools (34 percent) reported that this factor limited their efforts in a major way.

In 2019-20, lower percentages of schools with enrollment of 1,000 or more students reported either inadequate funding or inadequate access to licensed mental health professionals as a major limitation compared with schools with smaller enrollment sizes. For instance, 46 percent of schools with 1,000 or more students enrolled reported inadequate funding, compared with 56 percent of schools with less than 300 students enrolled, 59 percent of schools

with 300 to 499 students enrolled, and 52 percent of schools with 500 to 999 students enrolled. In addition, a lower percentage of schools in suburban areas (48 percent) reported inadequate funding as a major limitation than did schools in cities (56 percent), towns (58 percent), and rural areas (58 percent). A lower percentage of schools in suburban areas (33 percent) reported inadequate access to licensed mental health professionals as a major limitation than did schools in cities (43 percent) and rural areas (47 percent).

In 2019-20, the percentage of public schools that reported limitations to providing mental health services generally did not differ by the percentage of students of color enrolled. Considering school poverty, the percentage of schools that reported inadequate access to licensed mental health professionals as a major limitation was lowest for schools where 25 percent or less of students were eligible for FRPL (32 percent). In schools where a higher percentage of students were eligible for FRPL, the percentage of schools reporting this limitation ranged from 40 to 44 percent.

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**Endnotes:**

<sup>1</sup> Whitney, D.G., and Peterson, M.D. (2019). U.S. National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatrics*, 173(4): 389-391. Retrieved January 12, 2022, from <https://doi.org/10.1001/jamapediatrics.2018.5399>.

<sup>2</sup> Green, J.G., McLaughlin, K.A., Alegría, M., Costello, E.J., Gruber, M.J., Hoagwood, K., Leaf, P.J., Olin, S., Sampson, N.A., and Kessler, R.C. (2013). School Mental Health Resources and Adolescent Mental Health Service Use. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(5): 501-510. Retrieved January 12, 2022, from [https://www.jaacap.org/article/S0890-8567\(13\)00150-0/fulltext](https://www.jaacap.org/article/S0890-8567(13)00150-0/fulltext).

<sup>3</sup> A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses.

<sup>4</sup> Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

<sup>5</sup> Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder.

<sup>6</sup> These seven limiting factors were included in the survey: inadequate access to licensed mental health professionals; inadequate funding; potential legal issues for school or district; concerns about reactions from parents; lack of community

support for providing mental health services to students; written or unwritten policies regarding the school's requirement to pay for the diagnostic mental health assessment or treatment of students; reluctance to label students with mental health disorders to avoid stigmatizing the child.

<sup>7</sup> The coronavirus pandemic affected the 2019-20 data collection activities. The change to virtual schooling and the adjusted school year may have impacted the data collected by SSOCS. Readers should use caution when comparing 2019-20 estimates with those from earlier years. For more information, see *Crime, Violence, Discipline, and Safety in U.S. Public Schools in 2019-20: Findings From the School Survey on Crime and Safety* (NCES 2022-029; forthcoming).

<sup>8</sup> Elementary schools are defined as schools that enroll students in more of grades K through 4 than in higher grades. Middle schools are defined as schools that enroll students in more of grades 5 through 8 than in higher or lower grades. Secondary/high schools are defined as schools that enroll students in more of grades 9 through 12 than in lower grades. Combined/other schools include all other combinations of grades, including K-12 schools.

<sup>9</sup> The term “students of color” is being used synonymously with “minority students,” the latter of which appears in *Digest* tables 233.69a and 233.69b. Students of color include those who are Black, Hispanic, Asian, Pacific Islander, American Indian/Alaska Native, and of Two or more races.

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**Reference tables:** *Digest of Education Statistics 2021*, tables 233.69a and 233.69b

**Related indicators and resources:** N/A

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**Glossary:** At school; Free or reduced-price lunch; Locale codes; Public school or institution; Racial/ethnic group