For his first job out of college, psychologist Mark Weist went to work at a mental health center, splitting his time between providing services at the center and a local school. The differences in the two settings were dramatic.

“At the mental health center, people weren’t showing up,” Weist, a professor of psychology at the University of South Carolina, said during a presentation at this year’s Midwestern Legislative Conference Annual Meeting. “We’d be scheduled to see six or seven families in a day, for example, and only somewhere between one and three showed up.

“But in schools, there was this tremendous pent-up need for services.”

That experience nearly 30 years ago has led Weist to become a national leader in efforts to bring the mental health system into the schools, allowing community practitioners to work alongside school psychologists, nurses, social workers and counselors. He listed multiple benefits of school-based mental health: better identifying students in need, improving service access and use, and reducing barriers to learning.

Research in the field backs Weist’s anecdotal experience from early in his career: When compared to clinical settings, school-based mental health services better reach students, both in terms of initial enrollment and follow-up treatment.

And many students need the help. Nationwide, about 20 percent of young people have significant mental health needs. This problem has received more attention in state legislatures in recent years, particularly after the mass shooting at a Florida high school in early 2018. In the Midwest, for example, Wisconsin lawmakers agreed this year (as part of a $100 million school-safety initiative) to fund training on how school personnel can address the needs of students impacted by trauma and adverse childhood experiences.

In Kansas, as part of the Legislature’s new education-funding formula (SB 423), mental health intervention teams will be established in select local schools. Minnesota has an existing grant program to fund school-linked mental health services.

During the July session, which was presented by the MLC Education Committee, Weist also urged lawmakers to push for systematic or universal mental health screenings, which better identify students in need of services (as opposed to simply relying on the observations of school staff).

“[Schools] are avoiding screenings because the thought is, ‘If we screen, we’re going to identify students that we can’t treat [due to a lack of resources],’” said Weist. “But then we’re not attending to their needs.”

This is especially true of young people whose emotional problems are “internalized.”

“Students who act out tend to get attention and, therefore, receive services,” he said. “But students who don’t act out — the depressed ones, the anxious ones, the traumatized ones — are less likely to receive services.”

Last year, Illinois legislators passed a bill (SB 565) that will require social and emotional development to be evaluated as part of students’ routine health exams.

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