Mental Health in Schools and Communities...
The Parent Perspective

Michigan Parent Opinions on
Mental Health Systems in Schools
and Communities

September, 2011

Table of Contents

Executive Summary…… 4

Background and Purpose…… 5

Methodology…… 5

Results…… 6

Attitudes about Mental Health in Schools…… 6

Do you feel someone at your child(ren)'s school advocates for or supports them in a way that helps them be mentally well adjusted?

Please rate the sensitivity of the school staff in regards to your child's MH needs.

Do you think training about MH would be beneficial for school staff?

Do you think training about MH would be beneficial for students?

Do you think training about MH would be beneficial for parents?

Would you support MH services being implemented in schools?

Prevalence of Mental Health Issues and Its Impact on the Child…… 12

Have you or anyone you know ever thought any of your children has a mental health (MH) issue?

Have any of your children received a MH diagnosis by a professional?

Have any of your child(ren)'s MH concerns impacted them socially?

Have any of your child(ren)'s MH concerns impacted them academically?

Have any of your child(ren)'s MH concerns impacted them in terms of their family life?

Have any of your child(ren)'s MH concerns impacted their extracurricular activities?

Table of Contents (continued)

Mental Health Services Access/Availability/Perceptions….. 18

Have you ever tried to access MH services for your child?

Do you know where to go for MH services?

Have you ever found that a MH provider was too far away?

Did you experience a long wait time for an appointment?

Have you ever had a MH provider not accept your insurance?

Did you experience a limit on the amount of MH insurance benefits available to your child?

Did you fear being labeled or stigmatized?

Did you have a concern about confidentiality?

Individualized Educational Program (IEP) 26

Did your child(ren) have an IEP based upon a MH need?

Were you offered support services by the school?

Did you receive a referral for additional MH or academic services?

Did you follow-up on the referral?

If you did not follow-up on a referral, what stopped you?
- *Hours of operation?*
- *It was too expensive?*
- *Limited or no transportation?*
- *Wasn't sure that the child(ren) needed the referral?*
- *Felt uncomfortable going to the referral?*
- *Just didn't get around to following up on the referral?*

Limitations and Conclusions 30

Appendix A: 2010 Parent Survey Results 32

Executive Summary

With funding from the Michigan Department of Community Health (MDCH) and the Michigan Department of Education (MDE) provided by the federal Title-IV Safe and Drug-Free Schools Program, a statewide telephone survey about parents' attitudes toward school and community mental health systems was conducted with a representative sample of 1,028 parents and guardians of children ages 5 to 26 years. Thirty-two questions were asked about five core areas: (a) attitudes about mental health in schools; (b) prevalence of mental health issues and its impact on the child; (c) access to and availability of mental health services; (d) quality of mental health services; and (e) the Individualized Educational Program (IEP). The survey was conducted by Public Policy Polling (Raleigh, NC) in July2010. Results for the entire sample have a margin of error of $\pm$ 3.0%.

The following are key findings from all respondents:

- **Most parents feel their child's mental health (MH) issues are important to address at school.** The majority also would support MH services being implemented in schools. These results did not differ significantly by any subgroup (e.g., region or ethnicity), suggesting a widely held belief about the importance of educating schools and other stakeholders about MH issues as well as providing MH services in schools.

- **Parents view schools as a positive support system for their child(ren)'s MH needs, by being sensitive to their child's MH needs as well as serving as an advocate to address those needs.**

- **Most parents felt MH issues affected their child(ren) in a variety of ways,** including their social life, academics, extracurricular activities, and family life.

The following key findings are from parents/guardians of children with a diagnosed MH issue:

- **The large majority of parents sought MH services for their children and knew where to access those services.**

- **Among those who sought MH services for their child(ren), few problems were experienced, except for limits on MH insurance benefits.**

- **Only a small percentage of children with a MH diagnosis also had an Individualized Educational Program (IEP) based upon a mental health need.**

- **The majority of children with an IEP based upon a MH need were offered services by the school, but referrals for additional services were low despite the fact that the large majority of parents followed up on such services.**

Differences in attitudes about support for MH in school, availability and access to MH services, the quality of MH services, and IEPs were found by ethnicity, education level, geographic region, and/or age of the child(ren), suggesting the need to learn how and why parent/guardian perceptions vary by these demographic characteristics, and how to improve these features of school and community mental health services for Michigan's children.

Background and Purpose

The Michigan Department of Education (MDE) utilized funds from the Federal Title-IV Safe and Drug-Free Schools Program in conjunction with funding from the Michigan Department of Community Health (MDCH) to identify needs for (a) strengthening partnerships with parents, (b) enhancing parents' ability to advocate for the adoption of effective mental health (MH) policies and programs in schools and communities, and (c) supporting parents in educating their children about MH issues. Lauren Kazee, the MDE MH Consultant, is liaison to the project and Barb Flis, Founder of Parent Action for Healthy Kids, is the contracted Project Coordinator.

This survey project was designed to collect from parents and guardians of school-age children their perceptions about mental health initiatives in schools; their support for such initiatives; school and community MH service availability, accessibility, and quality; and the Individualized Educational Program (IEP). The purpose of this report is to provide a snapshot of those perceptions based upon the statewide, representative survey conducted by Public Policy Polling in July 2010. This report will be used by the MDE and state partners, such as the Michigan Department of Community Health (MDCH), to inform the development and enhancement of policies, programs, and practices to improve MH systems in schools.

Methodology

A statewide, representative sample of adults participated in a survey about Michigan parent's attitudes about mental health systems in their schools and communities. Listed below are details about the methodology.

- Telephone survey of 1,028 parents and guardians of children ages 5 to 26 years.
- Conducted by Public Policy Polling (Raleigh, NC) in July 2010.
- Thirty-two questions about mental health involved five core areas: (a) attitudes about mental health in schools; (b) prevalence of mental health issues and its impact on the child; (c) access to and availability of mental health services; (d) quality of mental health services; and (e) Individualized Educational Program (IEP).
- Margin of error for entire sample is $\pm$ 3.0%.

Characteristics of the Respondents (n = 1,028)

Characteristic	%
Age of Children	
5 – 11 yrs	39%
12 – 14 yrs	27%
15 – 18 yrs	31%
19 – 26 yrs	
Age	
18 – 29	10%
30 – 39	24%
40 – 49	33%
50 – 59	24%
60 – 69	7%
70 or older	3%
Gender	
Female	54%

Characteristic	%
Ethnic Group	
Hispanic/Latino	4%
White	77%
African American	14%
Asian American	2%
Native American	1%
Mixed	1%
Something else	1%
Income Level	
Under 20K	18%
21K – 40K	22%
41K – 60K	20%
61K – 80K	15%
81K – 100K	11%

Characteristic	%
Educational Level	
Less than HS/GED	7%
HS/GED	24%
Some college	21%
Associate's degree	10%
Bachelor's degree	17%
Some grad. school	6%
Graduate/ Professional degree	15%

Characteristic	%
Region	
City of Detroit	7%
Detroit Suburbs	30%
Northern LP	14%
Upper Peninsula	6%
Western MI	26%
Central MI	18%

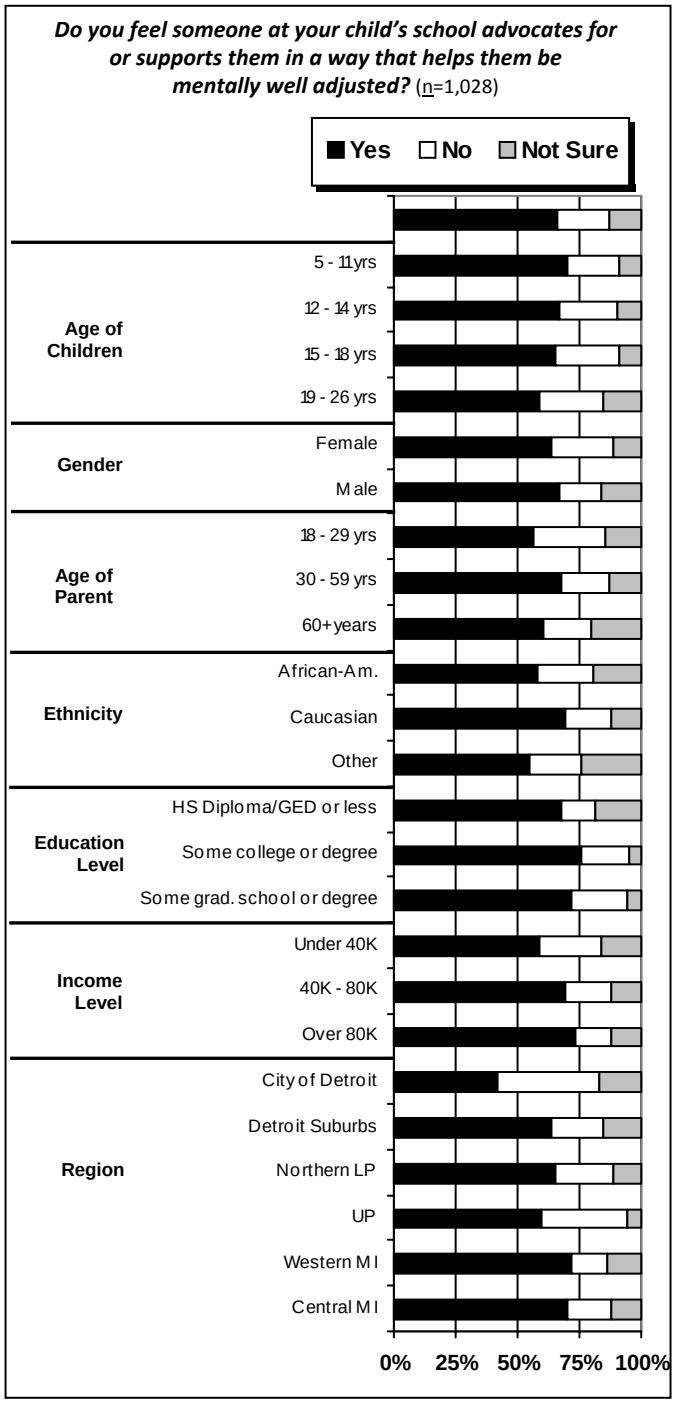
Characteristic	%	Characteristic	%	Characteristic	%	Characteristic	%
Male	46%	100K or more	14%				

Results: Attitudes about Mental Health in Schools

66% of Respondents felt someone at their child(ren)'s school advocates for or supports their children in a way that helps them be mentally well adjusted.

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents felt that someone at their school advocates or supports their child(ren) in a way that helps them be mentally well adjusted.
- Several subgroups were more likely to have this perception: Caucasian, college-educated, from Detroit suburbs, and an income of $40K or more.
- African-American respondents, those with lower education and income levels, and those from the City of Detroit were less likely to have this perception.



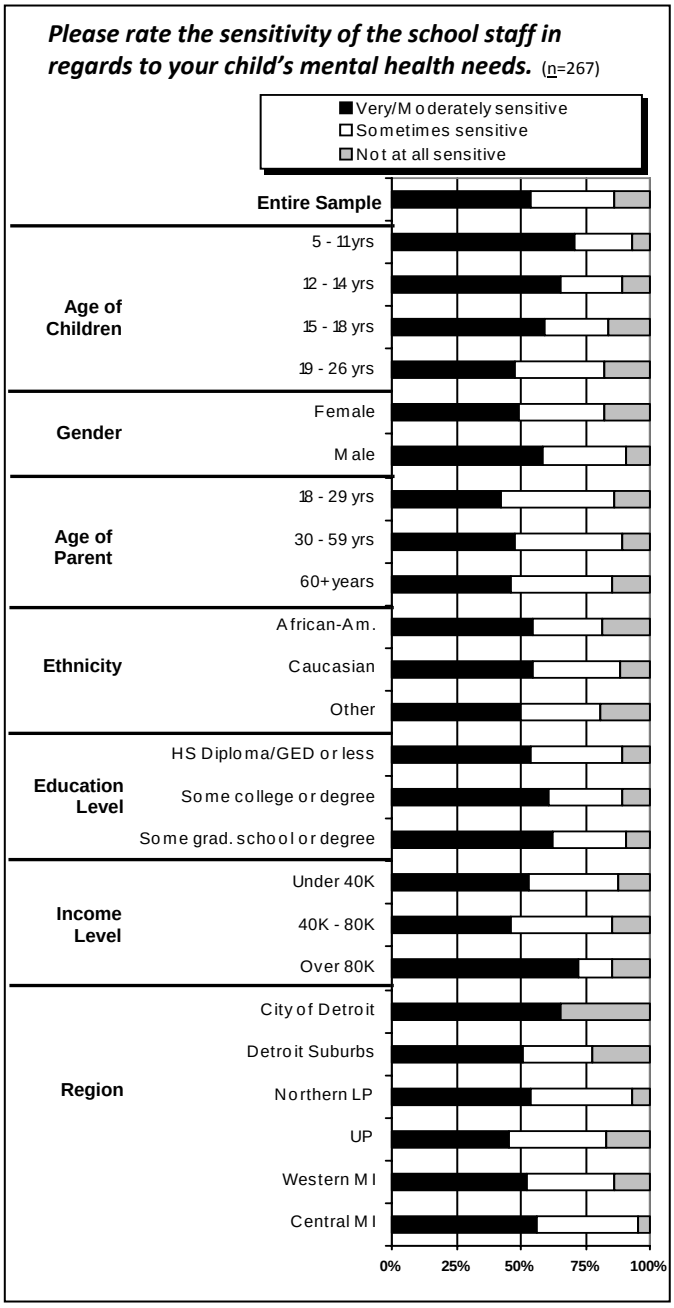
Results: Attitudes about Mental Health in Schools

54% with a child(ren) diagnosed with a mental health issue felt that school staff were either moderately sensitive (29%) or very sensitive (25%) toward their child(ren)'s mental health needs.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), the majority of respondents felt that school staff were moderately or very sensitive toward their child(ren)'s mental health needs.
- Several subgroups were more likely to believe school staff were sensitive to their child(ren)'s mental health needs: Respondents with children at/under age 18, with some college or professional school or a degree, who earned over $80K annually, and reside in Detroit.
- Subgroups that felt school staff were less sensitive to their child(ren)'s mental health needs included those with children over age 18, with a HS/GED or less education, who earned $80K or less, and reside in the Upper Peninsula.

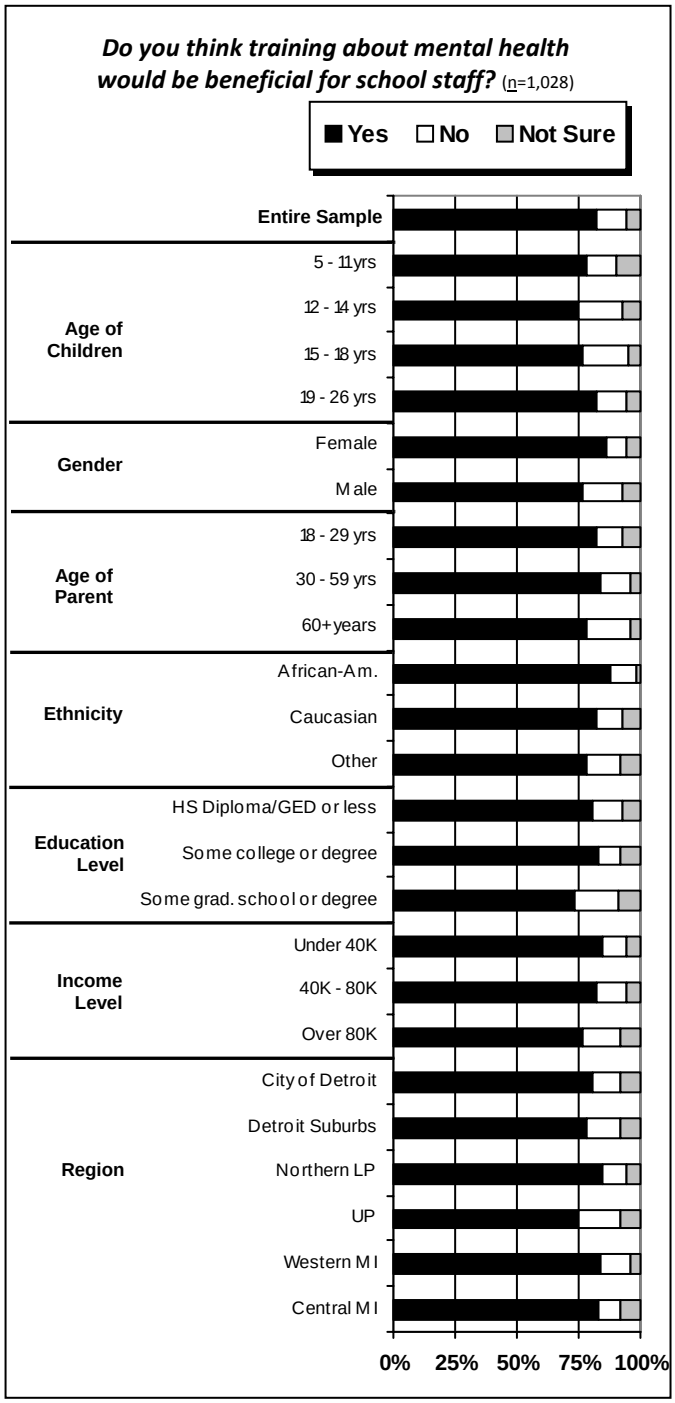


Results: Attitudes about Mental Health in Schools

82% felt that training about mental health issues would be beneficial for school staff.

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents felt that training about mental health issues would be beneficial for school staff.
- Females and African-Americans were more likely than males and other racial/ethnic groups to hold this belief.

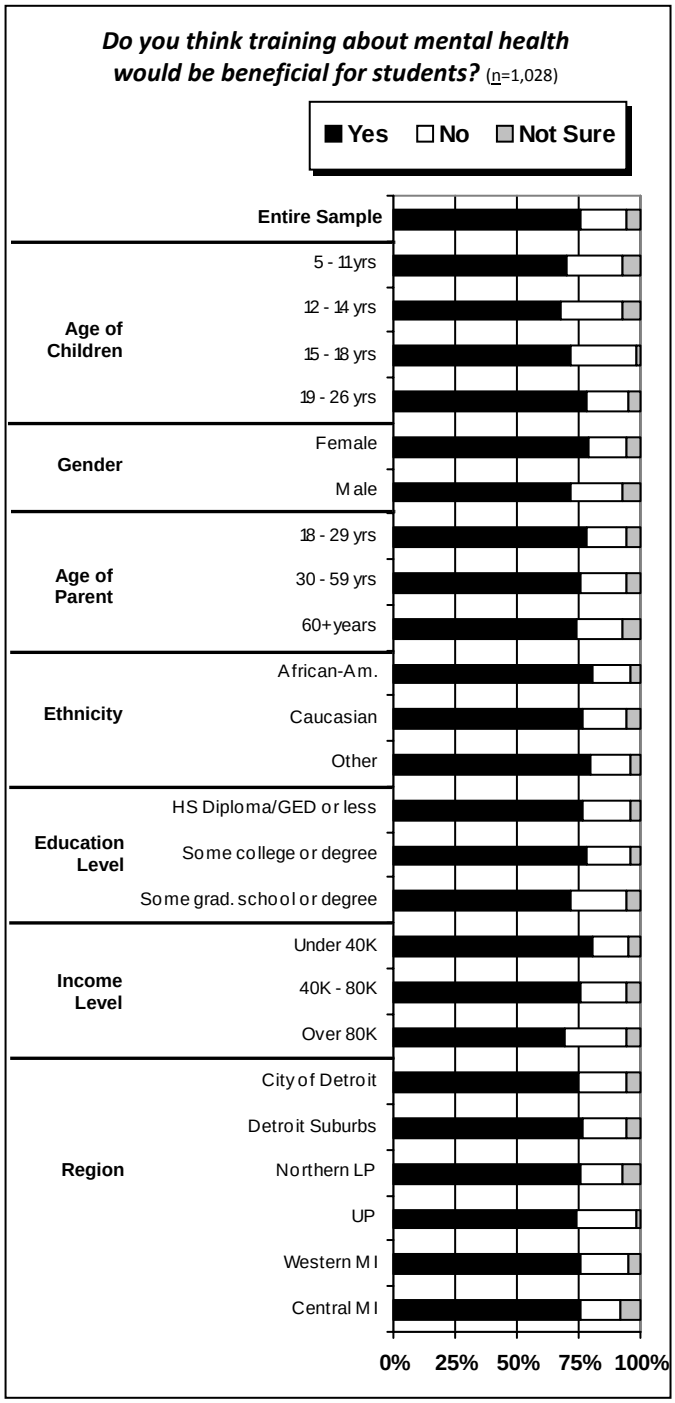


Results: Attitudes about Mental Health in Schools

76% felt that training about mental health issues would be beneficial for students.

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents felt that training about mental health issues would be beneficial for students.
- There are no differences in this belief between any subgroups.

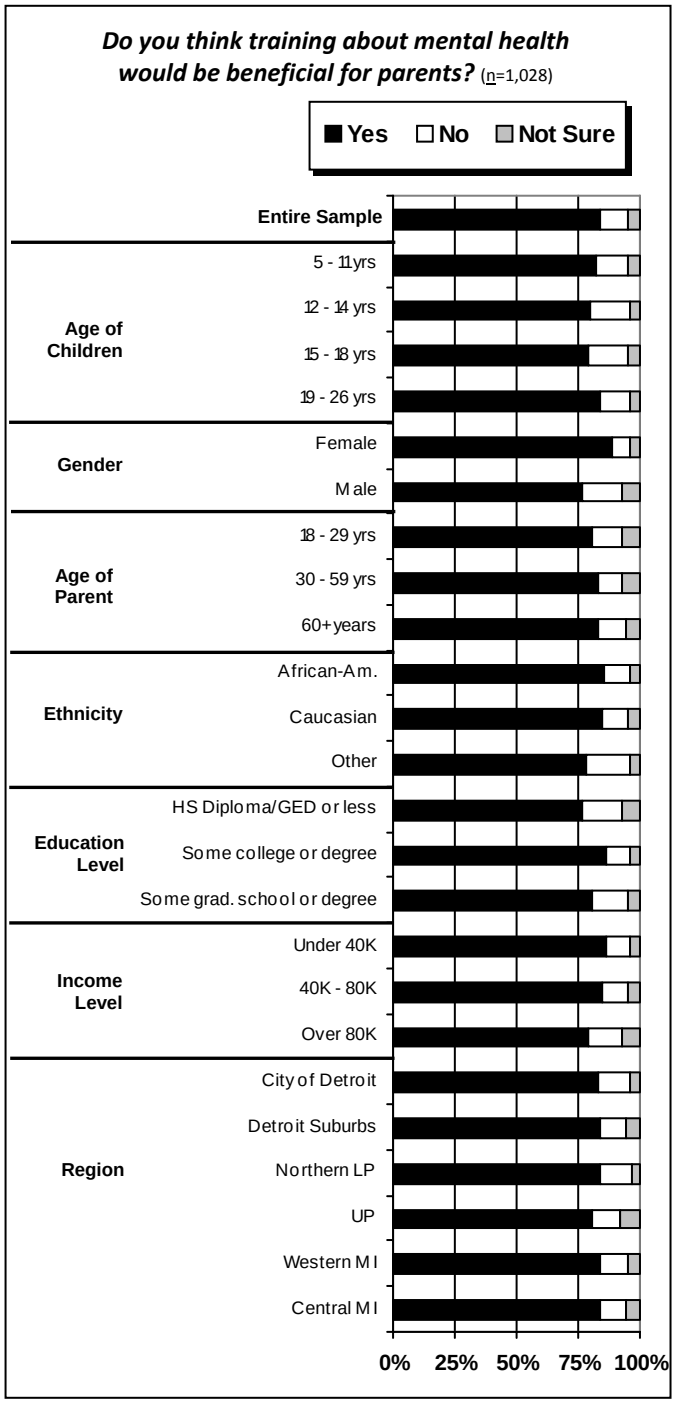


Results: Attitudes about Mental Health in Schools

84% felt that training about mental health issues would be beneficial for parents.

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents felt that training about mental health issues would be beneficial for school staff.
- Females, African-Americans, and Caucasians were more likely than males and other groups to hold this belief.

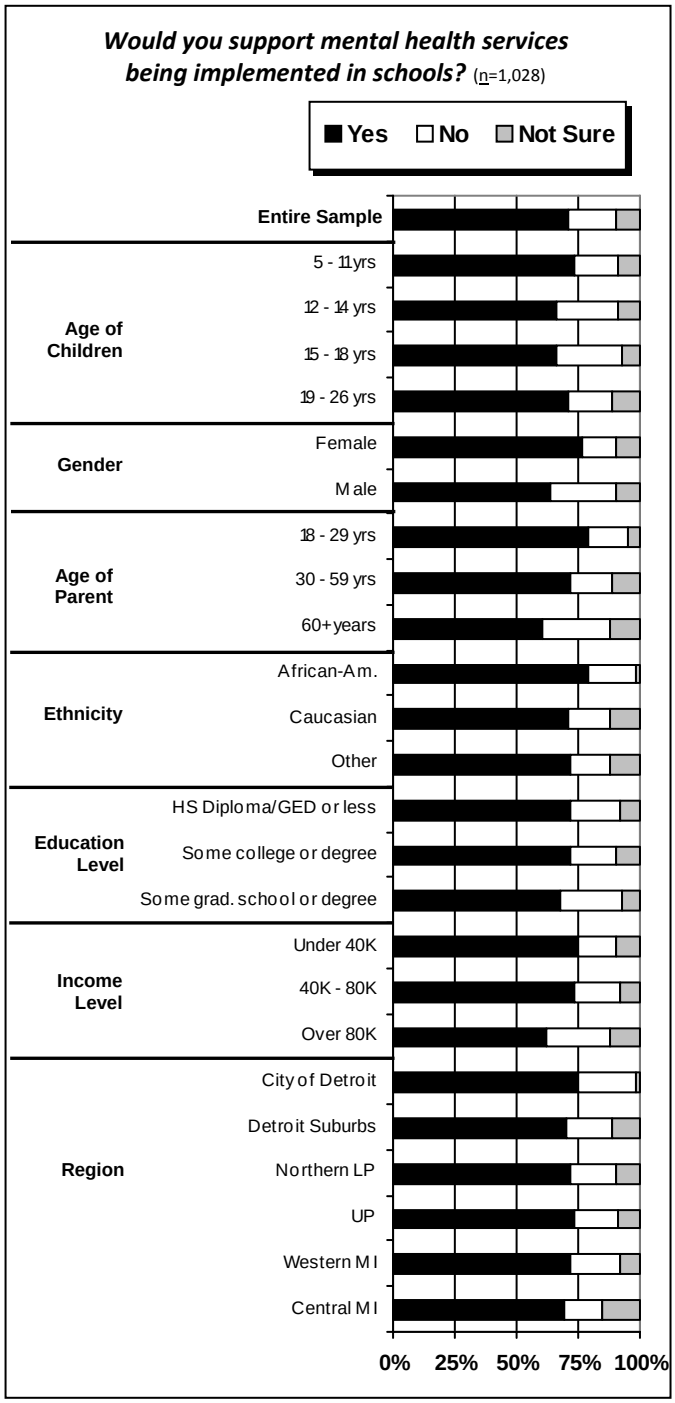


Results: Attitudes about Mental Health in Schools

71% said they would support mental health services being implemented in schools.

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents would support mental health services being implemented in schools.
- Several subgroups were more likely to support mental health services implemented in schools: Females, those under age 30, and those earning less than $80K annually.
- Subgroups less likely to support mental health services implemented in schools were: Males, those over age 60, and those earning over $80K annually.

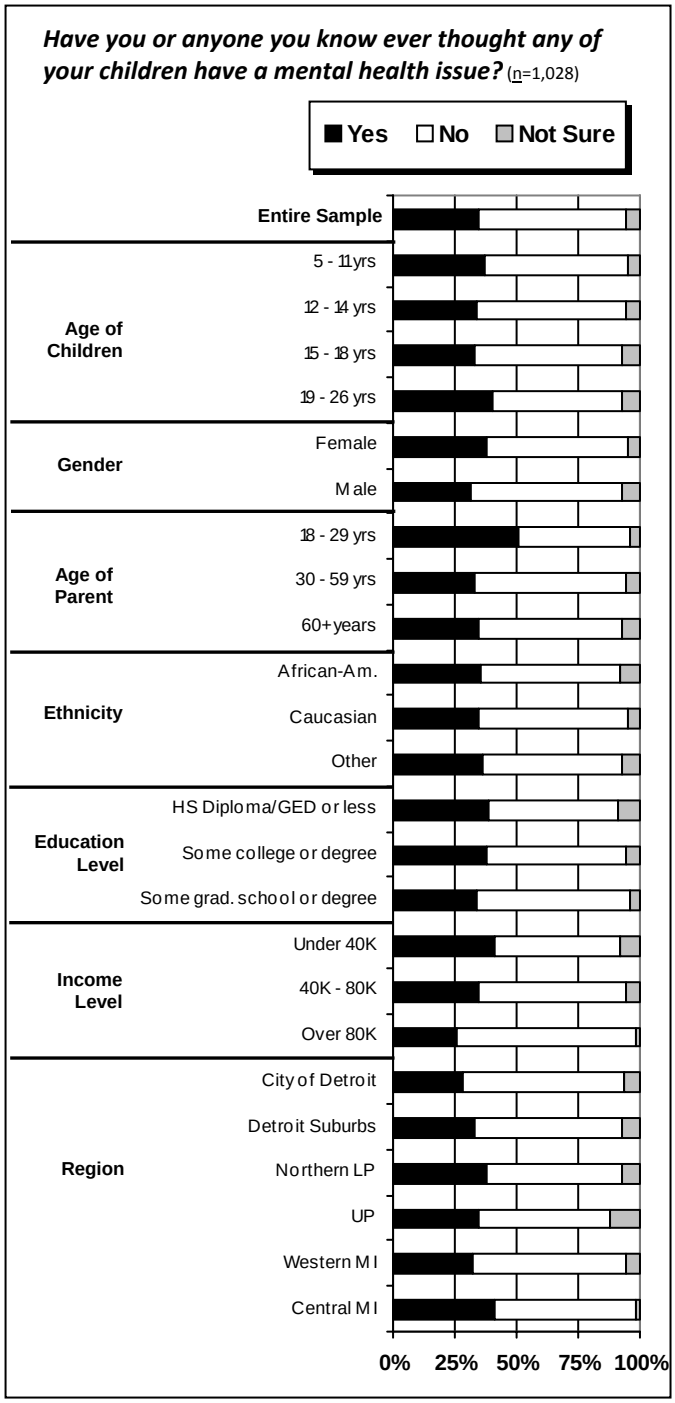


Results: Prevalence of Mental Health Issues and its Impact on the Child

35% reported that they or somebody else thought their child(ren) has a mental health issue.

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), about 35% reported that they or somebody else thought their child(ren) has a mental health issue.
- Respondents under age 30 or who were female were more likely to report they or somebody else thought their child(ren) has a mental health issue, compared to those over age 30 or males.

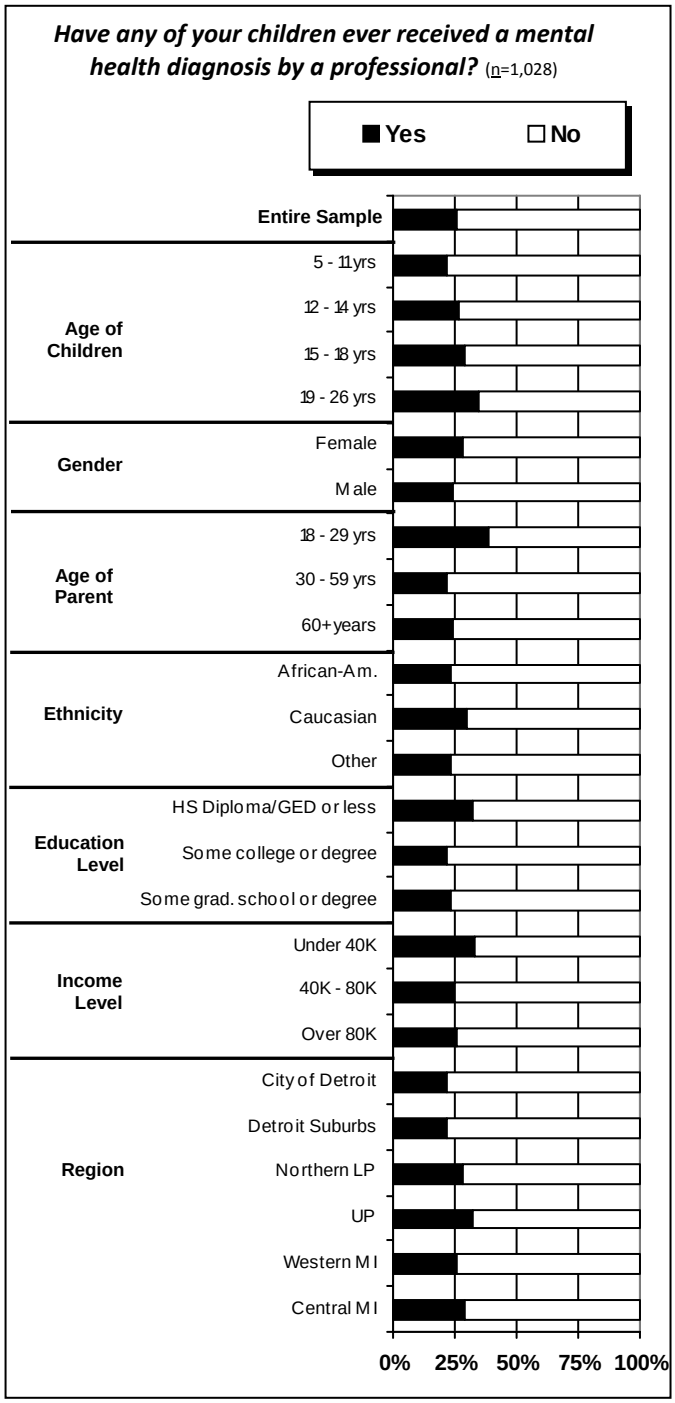


Results: Prevalence of Mental Health Issues and its Impact on the Child

26% reported that their child(ren) received a mental health diagnosis by a professional.

Survey results (see chart, right), show the following:

- For most subgroups (e.g., gender, age), about 25% reported that their child received a mental health diagnosis by a professional. These results are similar to rates reported in national, large-scale studies.[1]
- Some groups reported a higher-than-average rate of mental health diagnosis for their child(ren): parent under age 30 and an income of less than $40K.



[1] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 1999.

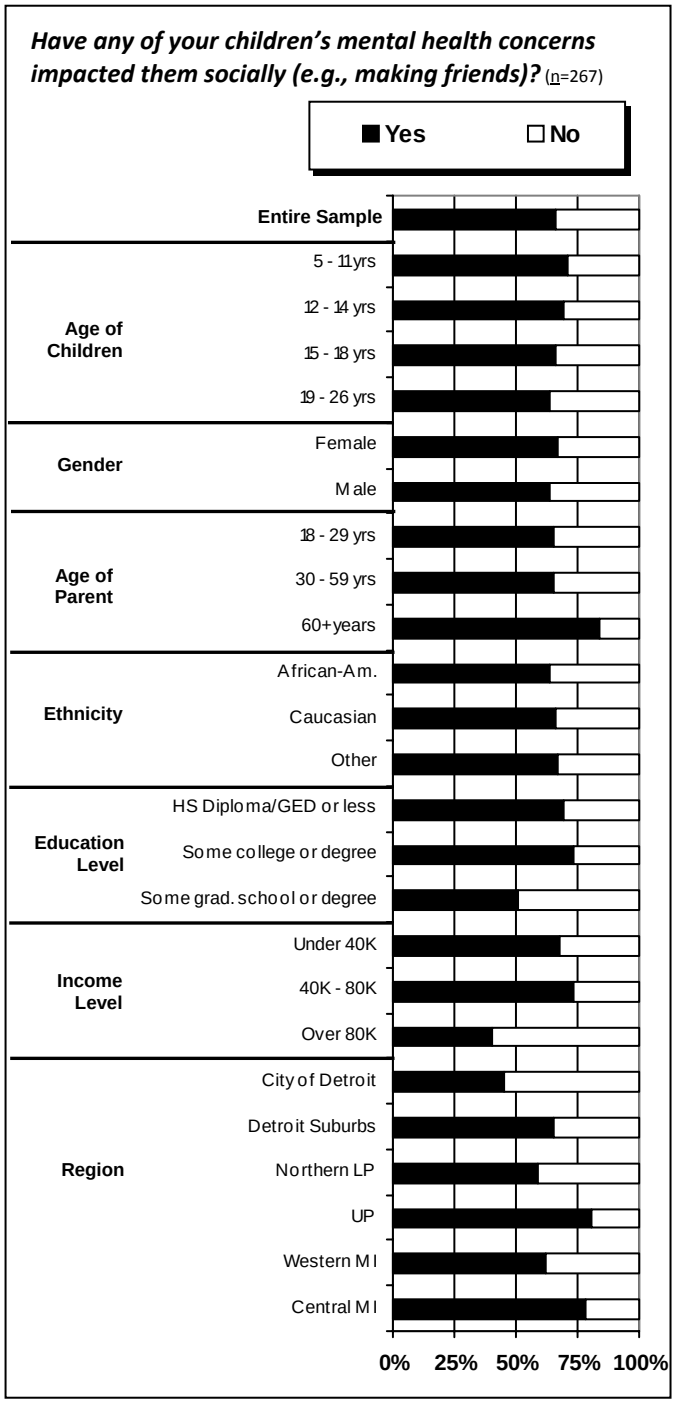
Results: Prevalence of Mental Health Issues and its Impact on the Child

66% reported that their child(ren)'s mental health concerns impacted the child(ren) socially.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), the majority of respondents felt that their child(ren)'s mental health concerns impacted the child(ren) socially.
- Several groups reported at higher levels that their child(ren)'s mental health concerns impacted their child(ren) socially: parent age 60+, less than graduate school or professional degree, income of $80K or less, and reside in the Upper Peninsula or Central Michigan.
- Several groups reported at lower levels that their child(ren)'s mental health concerns impacted their child(ren) socially: graduate school or professional degree, income of over $80K, and reside in the City of Detroit.



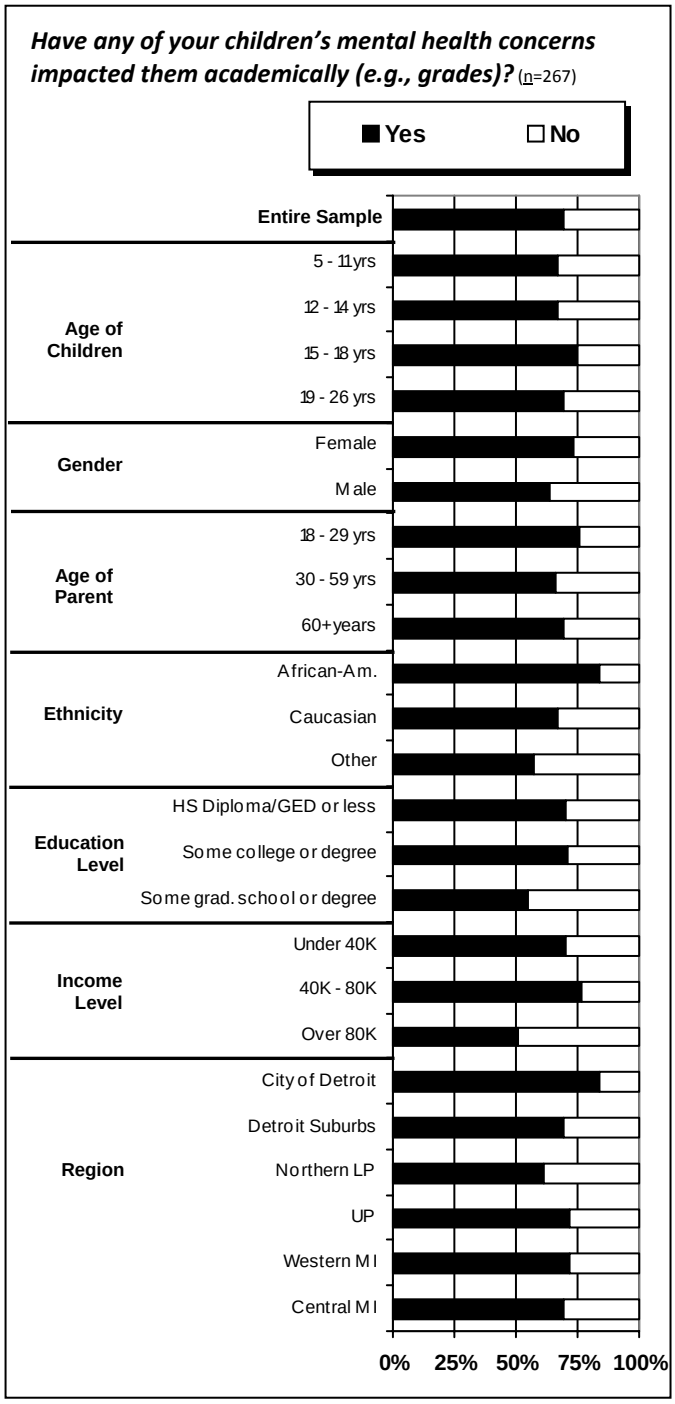
Results: Prevalence of Mental Health Issues and its Impact on the Child

69% reported that their child(ren)'s mental health concerns impacted the child(ren) academically.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents felt that their child(ren)'s mental health concerns impacted the child(ren) academically.
- Several groups reported at higher levels that their child(ren)'s mental health concerns impacted their child(ren) academically: African American, less than graduate school or professional degree, income of $80K or less, and reside in the City of Detroit.
- Several groups reported at lower levels that their child(ren)'s mental health concerns impacted their child(ren) academically: "Other" ethnic groups, graduate school or professional degree, and income of over $80K.



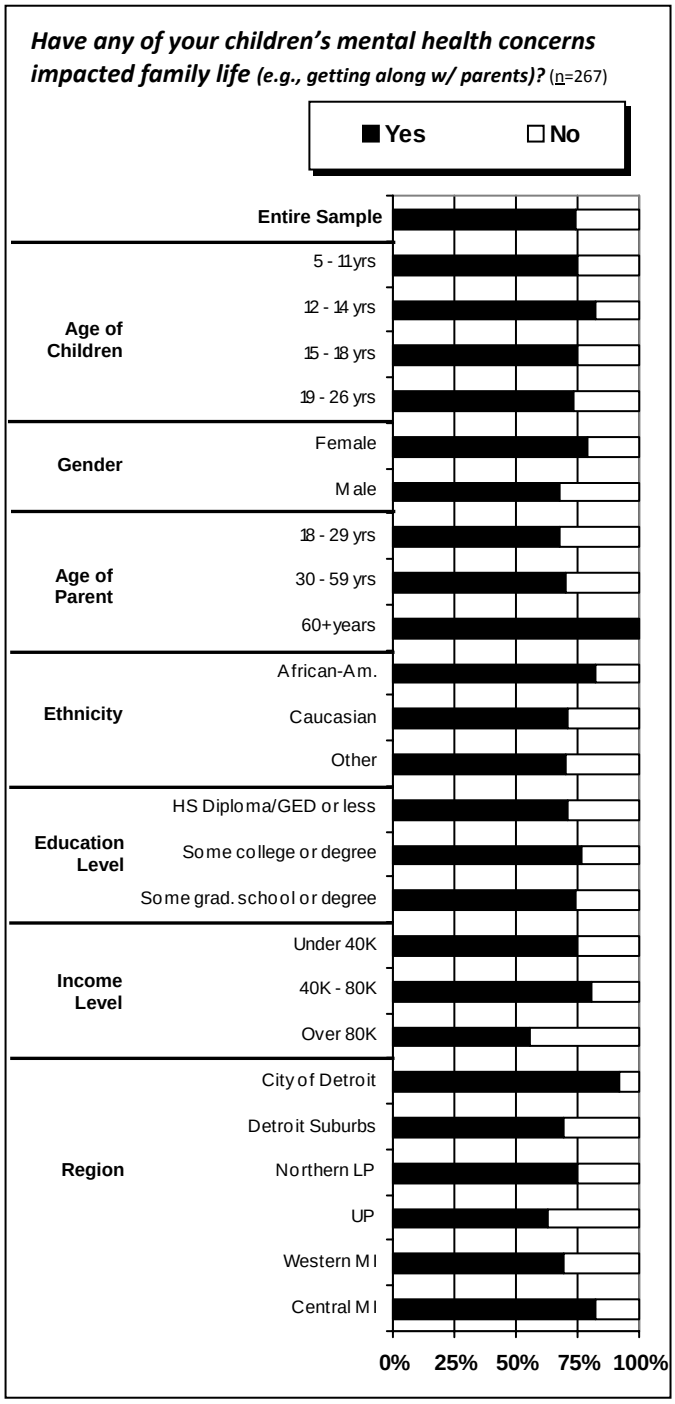
Results: Prevalence of Mental Health Issues and its Impact on the Child

74% reported that their child(ren)'s mental health concerns impacted the child(ren)'s family life.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents felt that their child(ren)'s mental health concerns impacted the child(ren)'s family life.
- Several groups reported at higher levels that their child(ren)'s mental health concerns impacted their child(ren)'s family life: Female, parent age 60+, African American, and reside in the City of Detroit
- Some groups reported at lower levels that their child(ren)'s mental health concerns impacted their child(ren)'s family life: Male and reside in the Upper Peninsula.



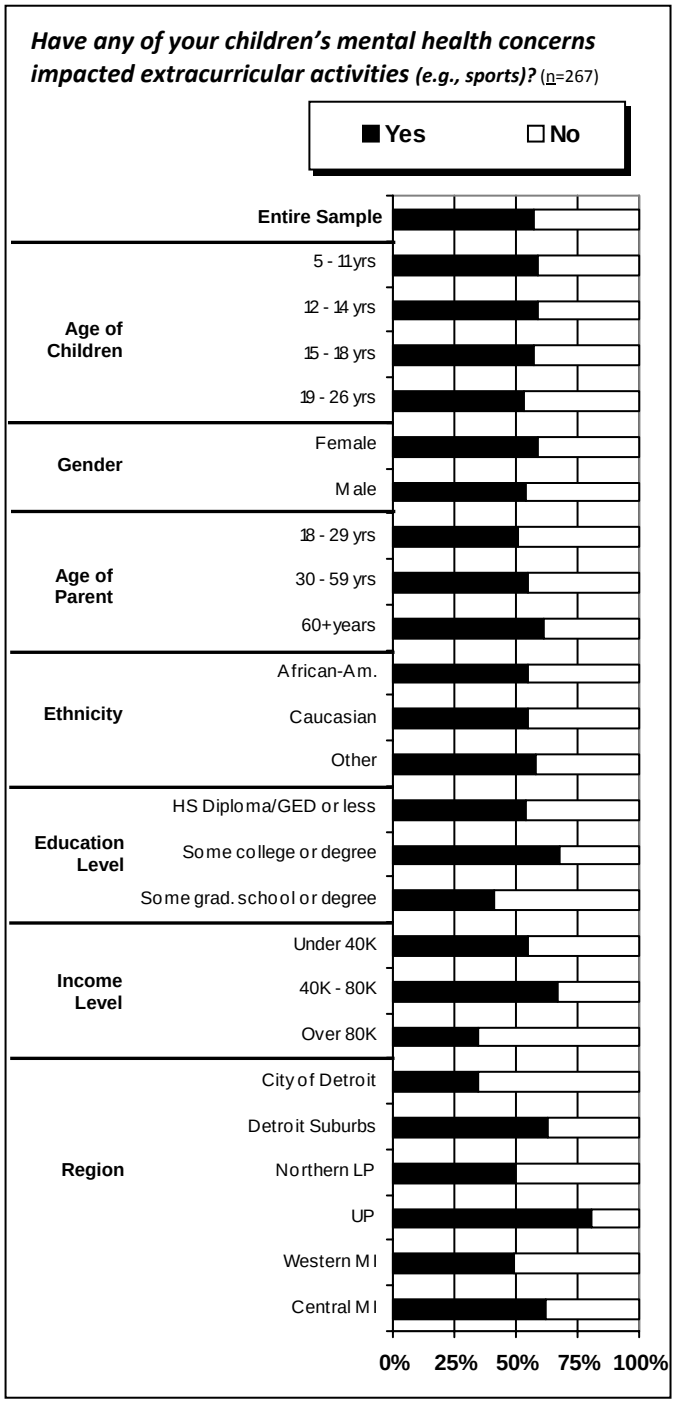
Results: Prevalence of Mental Health Issues and its Impact on the Child

57% reported that their child(ren)'s mental health concerns impacted the child(ren)'s extracurricular activities.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), the majority of respondents felt that their child(ren)'s mental health concerns impacted the child(ren)'s extracurricular activities.
- Several groups reported at higher levels that their child(ren)'s mental health concerns impacted their child(ren)'s extracurricular activities: some college or college degree, income of $40K-$60K, and/or reside in the Upper Peninsula.
- Several groups reported at lower levels that their child(ren)'s mental health concerns impacted their child(ren)'s extracurricular activities: some graduate school or degree, income of over $80K, and/or reside in the City of Detroit.



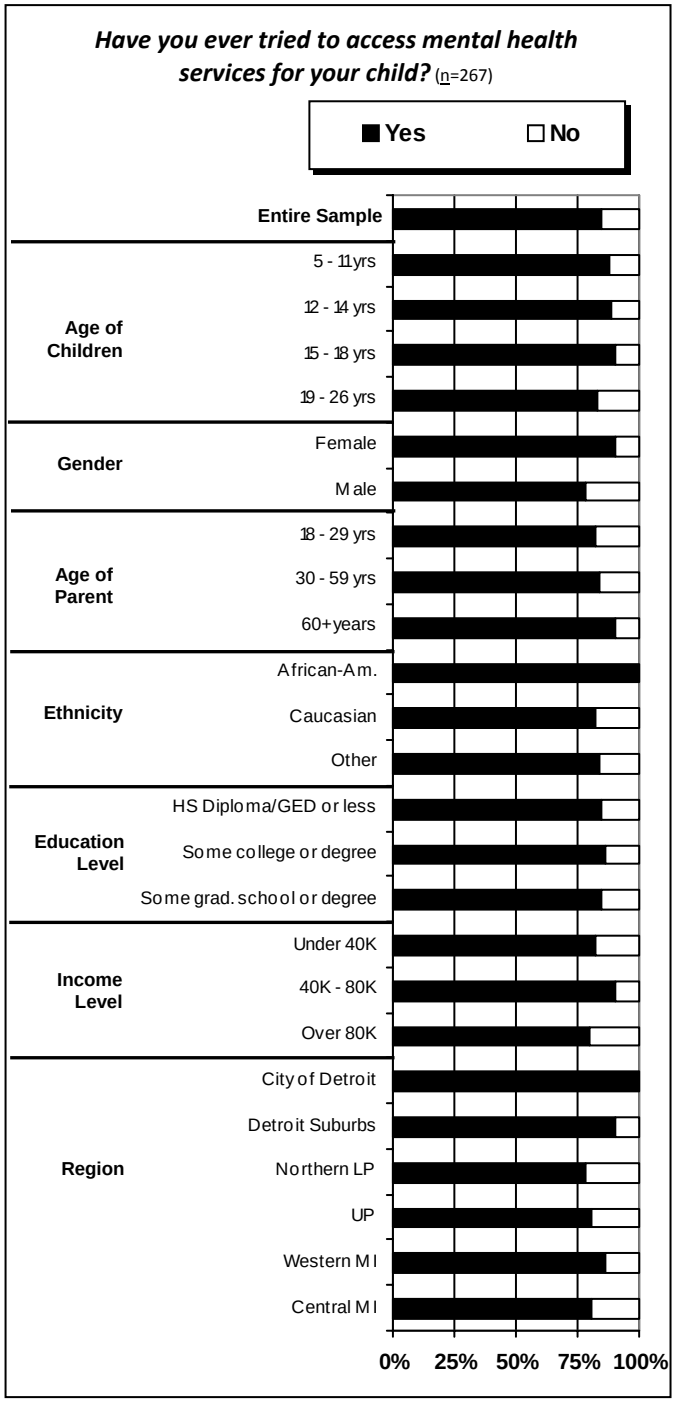
Results: Mental Health Services Access/Availability/Perceptions

*85% have tried to access mental health services for their child(ren).**

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents tried to access mental health services for their child(ren).
- Several groups reported at higher levels that they tried to access mental health services for their child(ren): Female, parent 60+ years old, African American, and reside in the City of Detroit or Detroit Suburbs.



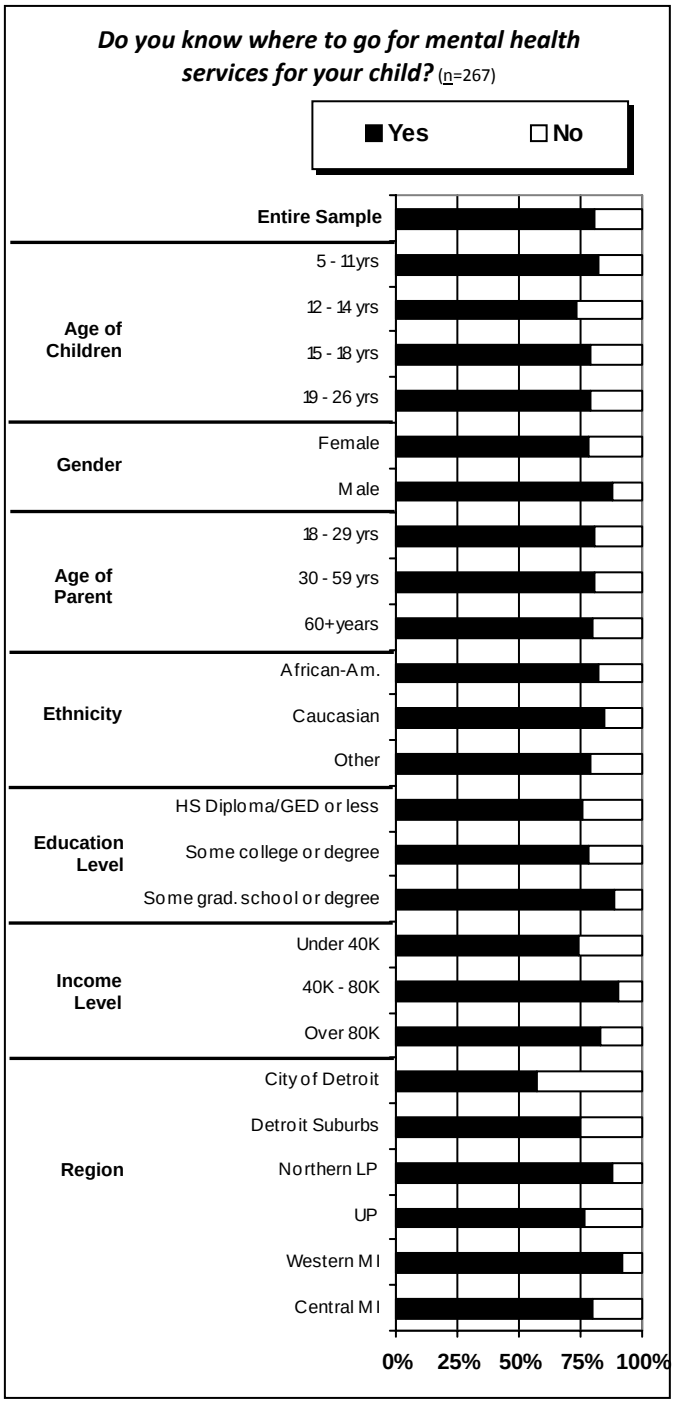
Results: Mental Health Services Access/Availability/Perceptions

*81% who sought mental health services for their child(ren) knew where to go.**

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For all subgroups (e.g., gender, age), the majority of respondents knew where to go to access mental health services for their child(ren).
- Some groups reported at higher levels that they knew where to go to access mental health services for their child(ren): Male, some graduate school or degree, income of $40-$60K, and live in the Northern Lower Peninsula or Western Michigan.
- Some groups reported at lower levels that they knew where to go to access mental health services for their child(ren): HS diploma/GED or less, under $40K, and reside in the City of Detroit.



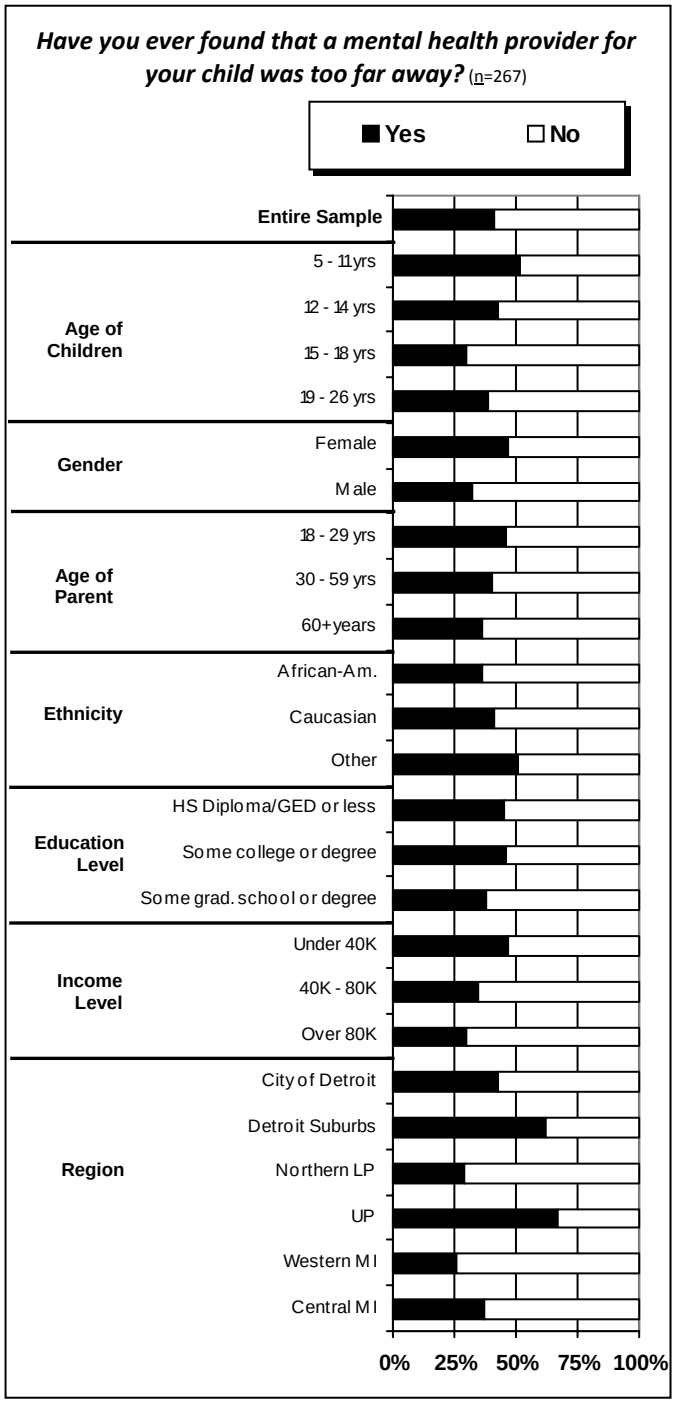
Results: Mental Health Services Access/Availability/Perceptions

41% who sought mental health services for their child(ren) felt the provider was too far away.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), less than 50% of respondents felt their child(ren)'s mental health provider was too far away.
- Several groups reported at higher levels that their child(ren)'s mental health provider was too far away: Children age 5 – 11 years, Female, "Other" ethnic groups, income under $40K, and reside in the Detroit Suburbs or Upper Peninsula.
- Several groups reported at lower levels that their child(ren)'s mental health provider was too far away: Children age 15 – 18 years, Male, African American, some graduate school or degree, income over $80K, and reside in Northern Lower Peninsula or Western Michigan.



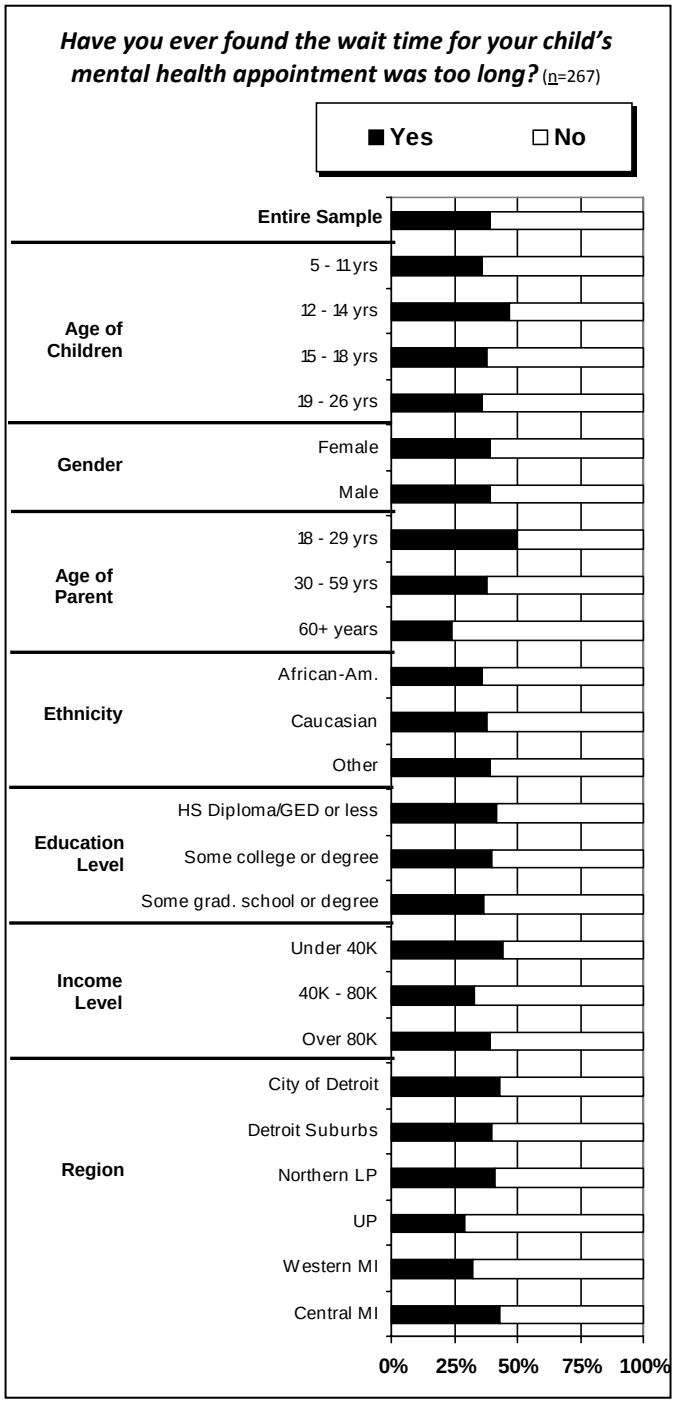
Results: Mental Health Services Access/Availability/Perceptions

39% who received mental health services for their child(ren) felt the wait time for an appointment was too long.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), less than half of respondents felt the wait time for a mental health provider appointment for their child(ren) was too long.
- There were no differences in this belief between any subgroups.



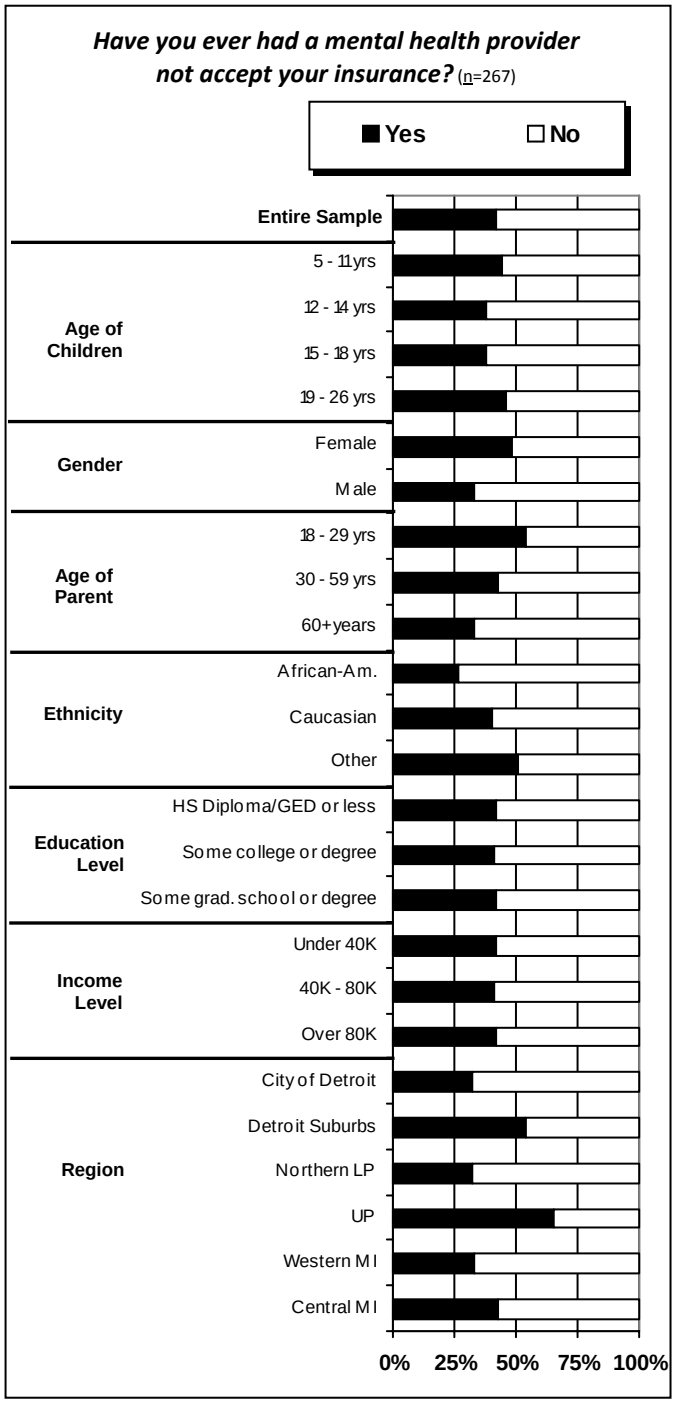
Results: Mental Health Services Access/Availability/Perceptions

42% who sought mental health services for their child(ren) had a provider decline insurance.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), less than 50% of respondents who sought mental health services for their child(ren) had a provider decline insurance.
- Several groups reported at higher levels that their child(ren)'s mental health provider declined insurance: parent age 18 – 29 years, "Other" ethnic groups, income under $40K, and reside in the Detroit Suburbs or Upper Peninsula.
- Several groups reported at lower levels that their child(ren)'s mental health provider declined insurance: Male, African American, and reside in the City of Detroit, Northern Lower Peninsula or Western Michigan.



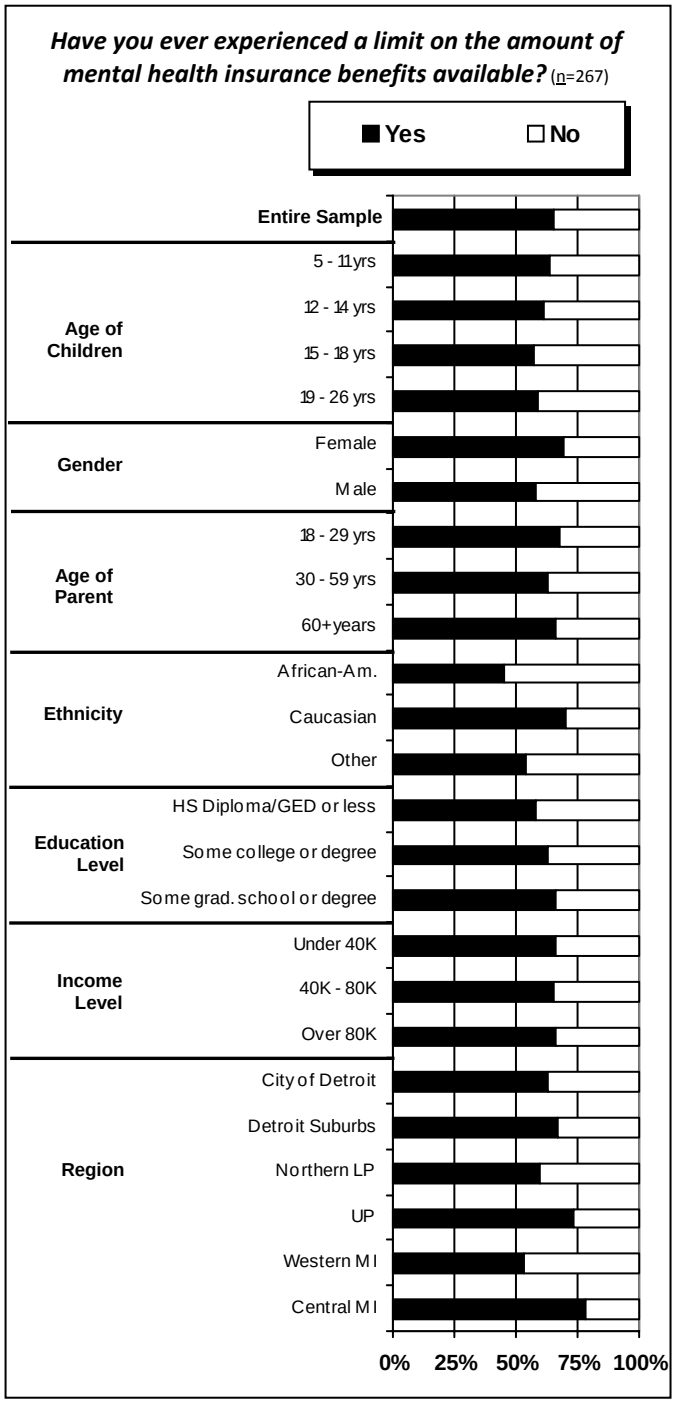
Results: Mental Health Services Access/Availability/Perceptions

65% who received mental health services for their child(ren) had experienced a limit on insurance benefits available.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), the majority of respondents who received mental health services for their child(ren) experienced a limit on available insurance benefits.
- Some groups reported at higher levels that they experienced a limit on available insurance benefits: Female, Caucasian, and reside in the Upper Peninsula or Central Michigan.
- Some groups reported at lower levels that they experienced a limit on available insurance benefits: African American, and reside in Western Michigan.



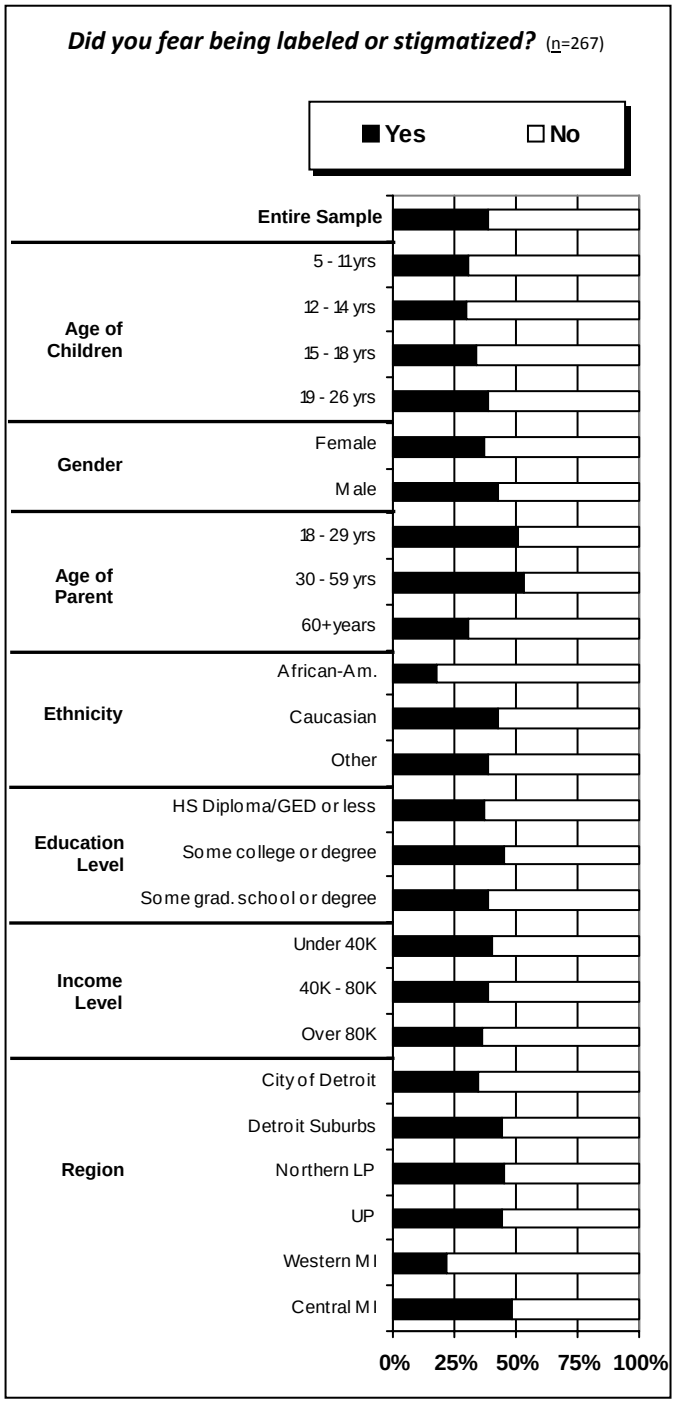
Results: Mental Health Services Access/Availability/Perceptions

39% who received mental health services for their child(ren) feared being labeled or stigmatized.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), less than half of respondents who received mental health services for their child(ren) feared being labeled or stigmatized.
- Some groups reported at higher levels that they feared being labeled or stigmatized for their child(ren) receiving mental health services: parent under age 60 and reside in Central Michigan.
- Some groups reported at lower levels that they feared being labeled or stigmatized for their child(ren) receiving mental health services: parent age 60+, African American, and reside in Western Michigan.



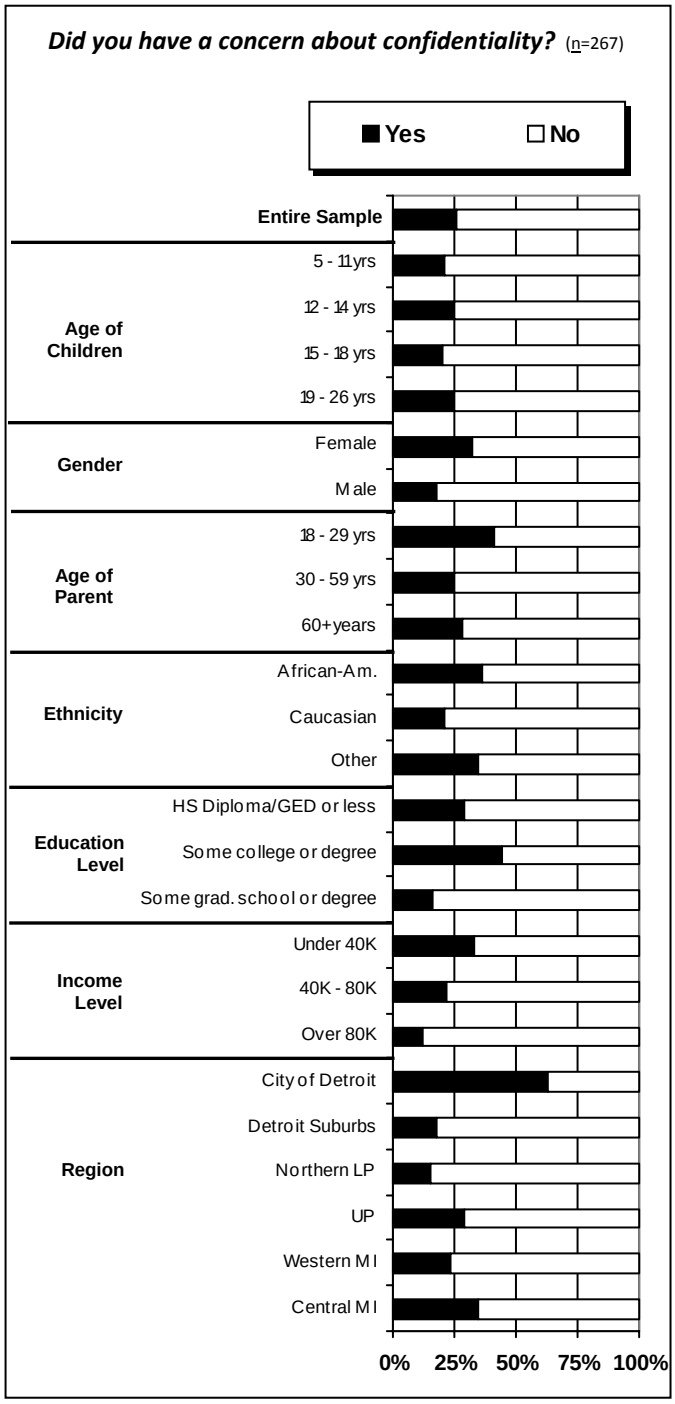
Results: Mental Health Services Access/Availability/Perceptions

26% who received mental health services for their child(ren) felt concerned about confidentiality.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), less than 50% of respondents who received mental health services for their child(ren) felt concerned about confidentiality.
- Several groups reported at higher levels that they felt concerned about confidentiality in their child(ren)'s mental health provider: parent age 18-29 years, some college or degree, income under $40K, and reside in the City of Detroit.
- Several groups reported at lower levels that they felt concerned about confidentiality in their child(ren)'s mental health provider: parent age 30 or older, some graduate school or degree, and reside in the Detroit Suburbs or Northern Lower Peninsula.



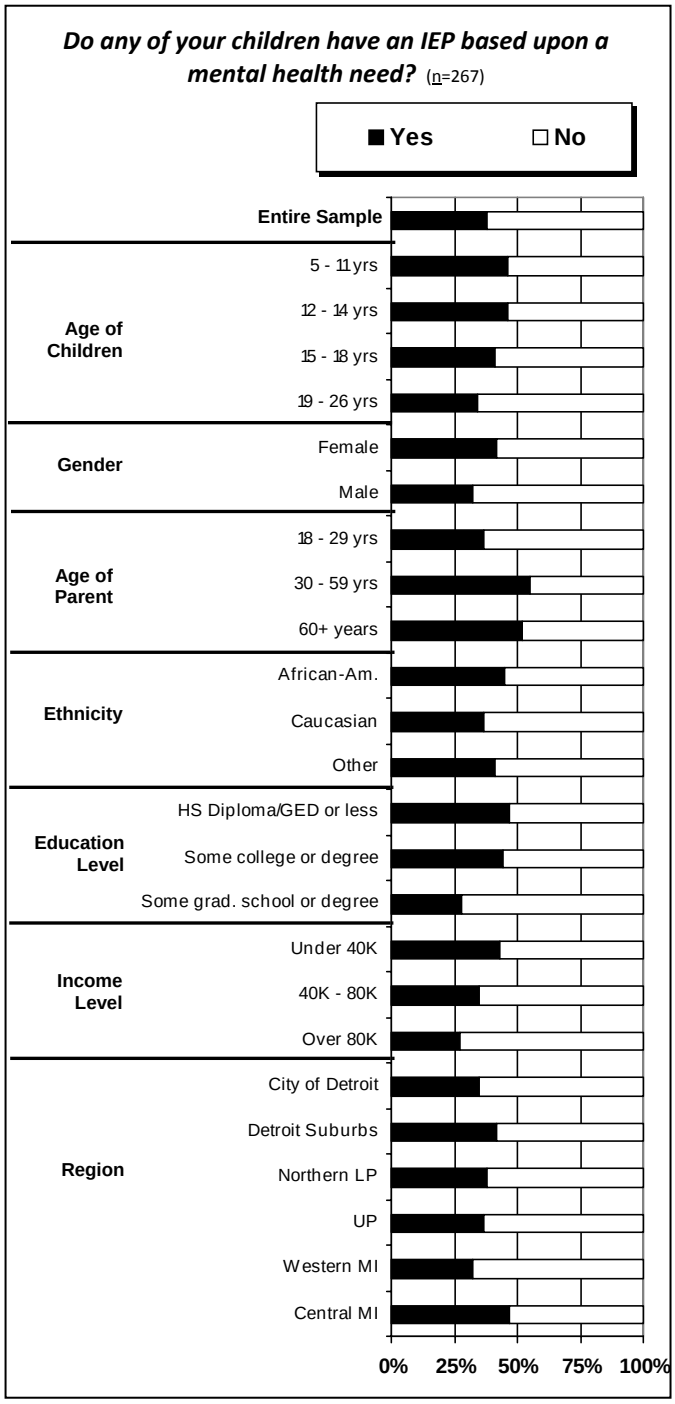
Results: Individualized Educational Program (IEP)

38% of child(ren) diagnosed with a mental health issue had an Individualized Educational Program (IEP) based upon a mental health need.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), less than 50% of respondents with child(ren) diagnosed with a mental health issue had an IEP based upon a mental health need.
- Respondents age 30 or older reported at higher levels that they have a child diagnosed with a mental health issue who also has an IEP based upon a mental health need.
- Several groups reported at lower levels that they have a child diagnosed with a mental health issue who also has an IEP based upon a mental health need: Income over $80K, some graduate school or degree, and reside in Central Michigan.



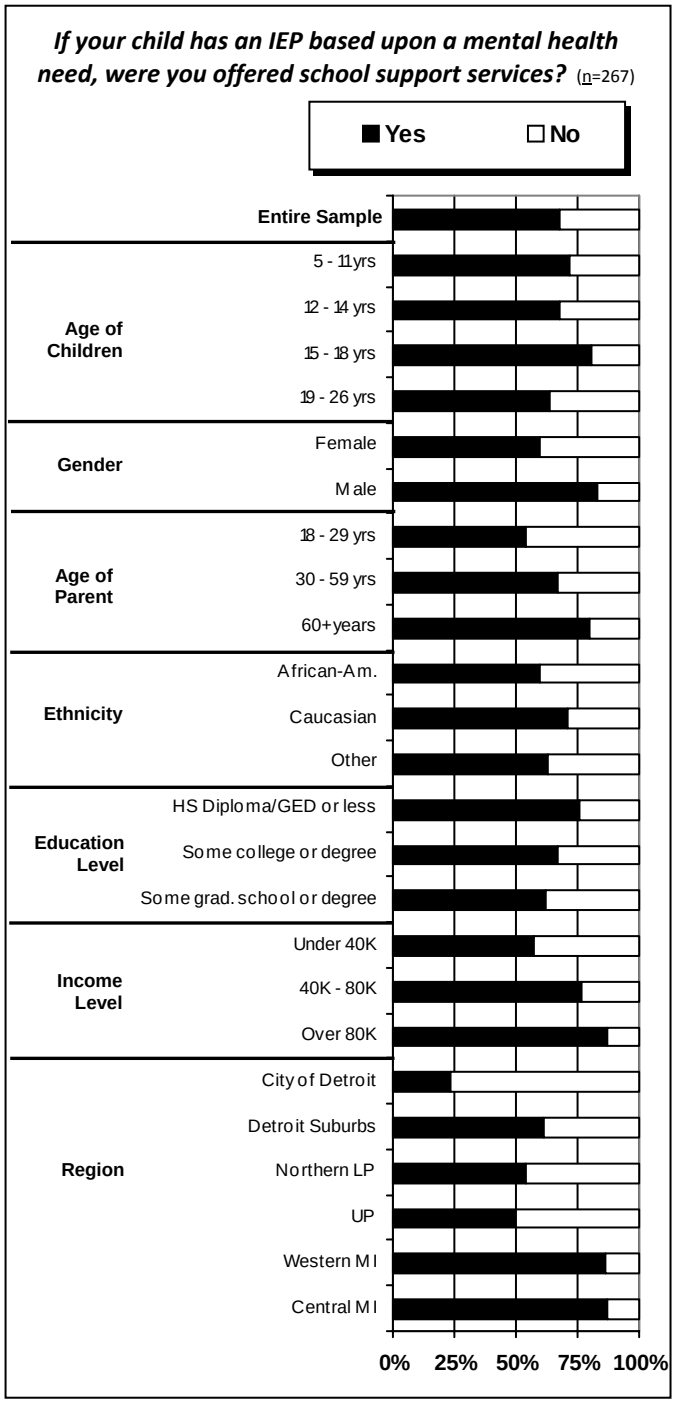
Results: Individualized Educational Program (IEP)

68% of child(ren) with an Individualized Educational Program (IEP) based upon a mental health need were offered support services by the school.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), more than half of respondents who had a child with an IEP were offered support services by the school.
- Several groups reported at higher levels that they were offered support services for their child(ren) by the school: children age 15-18 years, male, parent over age 60, income over $80K, and reside in Central or Western Michigan.
- Some groups reported at lower levels that they were offered support services for their child(ren) by the school: parent age 18-29 years, income under 40K, and reside in the City of Detroit, Northern Lower Peninsula, or Upper Peninsula.



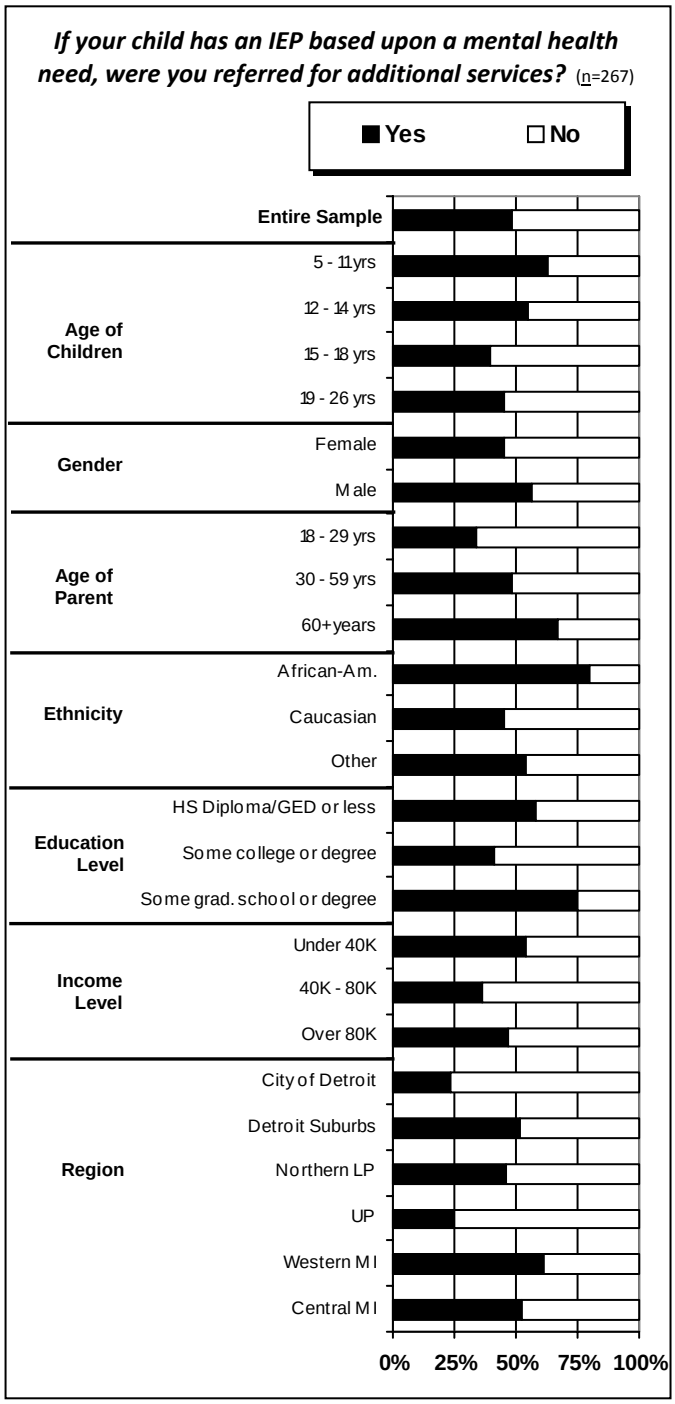
Results: Individualized Educational Program (IEP)

48% of child(ren) with an Individualized Educational Program (IEP) based upon a mental health need received a referral for additional mental health or academic services.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For most subgroups (e.g., gender, age), less than half of respondents who had a child with an IEP were referred by the school for additional mental health services or academic services for their child(ren).
- Several groups reported at higher levels that they were referred by the school for additional mental health services or academic services for their child(ren): children age 5-11 years, respondent age 60+ years, African American, some graduate school or degree, and reside in the Detroit Suburbs, Central Michigan, or Western Michigan.
- Some groups reported at lower levels that they were referred by the school for additional mental health services or academic services for their child(ren): parent age 18-29 years, income $40K-$80K, and reside in the City of Detroit or Upper Peninsula.



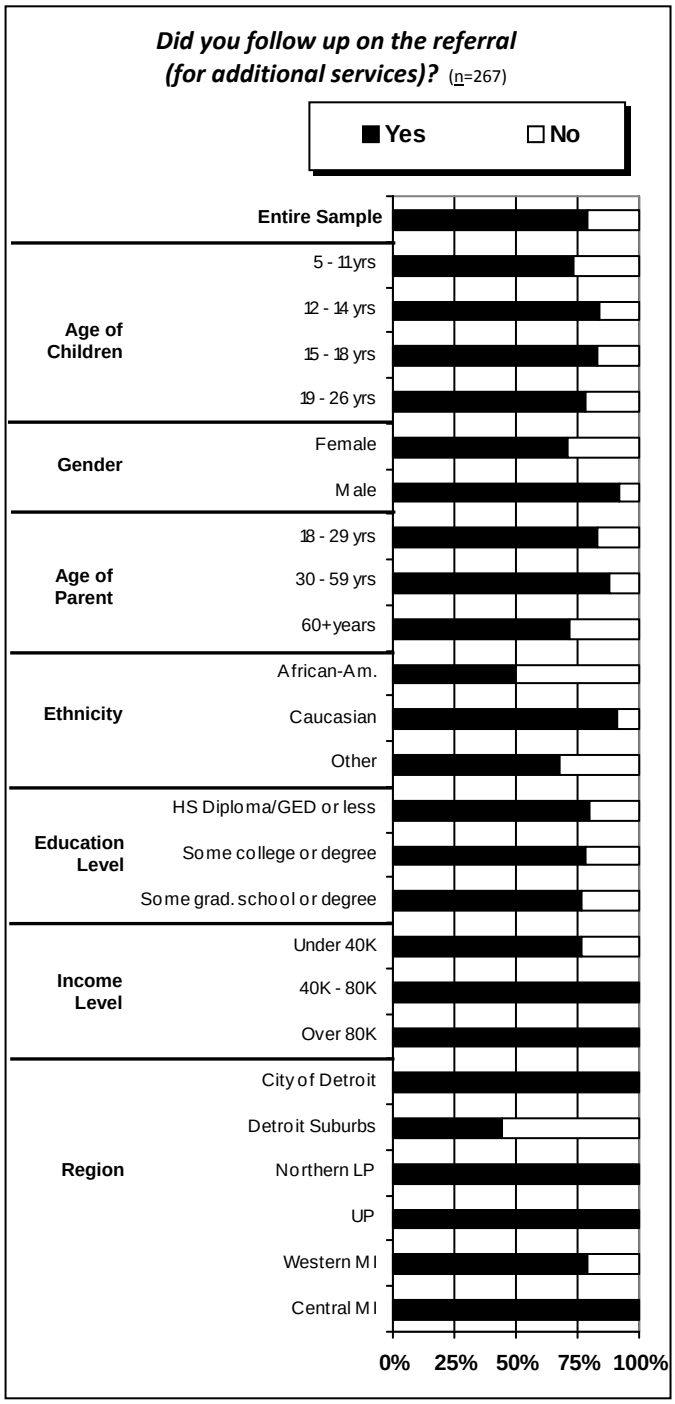
Results: Individualized Educational Program (IEP)

79% of child(ren) with an Individualized Educational Program (IEP) based upon a mental health need followed up on referrals for additional mental health or academic services.*

***Of those who have a child with a professional mental health diagnosis (n = 267)**

Survey results (see chart, right), show the following:

- For virtually all subgroups (e.g., gender, age), more than half of respondents who had a child with an IEP followed up on additional services referred by the school.
- Several groups reported at higher levels that they followed up on additional services referred by the school: Male, Caucasian, income of $40K or more, and reside in the City of Detroit, Northern Lower Peninsula, Upper Peninsula, or Central Michigan.
- Some groups reported at lower levels that they followed up on additional services referred by the school: African American and those who reside in the Detroit Suburbs.
- Reasons for not following up on the referral were (in order of prevalence):
    - Limited or no transportation: 61%
    - Too expensive: 46%
    - Hours were not convenient: 30%
    - Not sure child(ren) needed referral: 24%
    - Uncomfortable with referral: 15%
    - Didn't get around to following up: 15%



Limitations and Conclusions

Limitations

- Phone surveys limit sample to those who have land lines, which biases the results toward older respondents.
- Survey results disaggregated by subgroups with small sample sizes (e.g., those age 60 or older) may not be representative of those subgroups.

Conclusions

Parents feel their child's mental health (MH) issues are important to address at school. Most agreed that training in mental health awareness and issues would be beneficial for school staff, students, and parents (82%, 76%, and 84%, respectively). Most also would support MH services being implemented in schools (71%). These attitudes did not differ significantly by any subgroup (e.g., region or ethnicity), suggesting a widely held belief about the importance of educating all stakeholders about MH issues as well as providing MH services in schools.

The prevalence of MH issues reported by parents is similar to that found in national studies. Twenty-six percent said their child(ren) received a mental health diagnosis by a professional, which is consistent with national data on childhood prevalence of MH problems.[2] Thirty-five percent reported that they or somebody else thought their child(ren) has mental health issues.

Parents view schools as a positive support system for their child(ren)'s MH needs. The majority (67%) of parents believe their child(ren)'s school is an advocate for and supportive of their child's mental health needs. Most (54%) also felt school staff members are sensitive toward their child(ren)'s mental health needs. Differences were found by ethnicity, education level, region, and age of children; suggesting the need to learn how and why perceptions of school support vary by these demographic characteristics, and how to improve school support for MH.

Most parents felt MH issues affected their child(ren) in a variety of ways. They reported that MH issues affected their child(ren)'s social life (67%), academics (69%), extracurricular activities (54%), and family life (74%). That the highest prevalence was found for impact on family life may reflect parents' greater familiarity with that area of their child(ren)'s life than other areas surveyed (e.g., academics) as well as the personal impact that children's MH issues have on their parents and other family members.

The large majority of parents sought MH services for their child(ren) with a MH diagnosis (85%) and knew where to access those services (81%). Although prevalence was very high across groups, differences by gender, age, ethnicity, and region were found and should be studied further to determine the need and ways to improve access to services for certain groups and/or regions.

Among those who sought MH services for their child(ren), few problems were experienced, except for limits on MH insurance benefits. The minority of parents reported problems with providers, including travel distance, time to wait for an appointment, confidentiality, and stigma. In addition, a minority (42%)

[2] U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 1999.

reported that their provider declined MH insurance, but most (65%) experienced limits on MH coverage. Differences were found mostly by region and ethnicity, which should be studied further to determine the need and ways to improve access to services for certain ethnic groups and/or regions.

Only a small percentage of children with a MH diagnosis also had an Individualized Educational Program (IEP) based upon a mental health need. The low prevalence of MH-based IEPs reflects, in part, the fact that an IEP must include a physical disability that interferes with learning, which does not apply to most MH issues or diagnoses. Other reasons for a low percentage of MH-based IEPs include access to reliable, valid assessment and diagnosis; and the lack of awareness among parents that IEPs can have a MH basis. Nevertheless, differences were found by income level, education level, and region and should be studied further to determine the need and ways to improve the IEP process for certain groups and/or regions.

The majority of children with an IEP based upon a MH need were offered services by the school (68%). However, less than half (48%) of parents reported receiving referrals for additional services, despite the fact that the large majority (79%) followed up on the referred services. The reason for the low percentage of referrals should be explored in light of the high percentage of parents who follow up on such services. Given the lack of MH services in most schools, it is unlikely that schools have the capacity to address MH issues without utilizing referrals. The low percentage of referrals may reflect limited access to community MH services, such as location, insurance benefits coverage, and non-participating insurance providers. In addition, differences in referrals and parent follow-up were found for parent age, ethnicity, income, and region, which should be studied further in order to determine the need to improve the process for referral and increase parent follow-up, including the role of school-based/linked health centers.

Appendix A

2010 Parent Survey Results:
Item-Level and Selected Crosstabulations