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Article 85

The Role of Mental Health Collaborations in Dropout Prevention Efforts: Recommendations for School and Community Counselors

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Reports suggest that every nine seconds, a student makes the life-changing decision to drop out of school (Children's Defense Fund, 2002). These students disappear from the educational systems, with the majority never being recovered, which leads to other more serious consequences for that individual as well as society. Dropouts are reported to have higher incarceration rates, higher unemployment, earn less money, and have poorer healthcare, which in turn increases the likelihood for these individuals to remain in poverty (NGA Center for Best Practices, 2009) and increases the likelihood for other problems. These consequences are often major stressors in these individual's lives, and in turn have an impact on an individual's physical, mental, and emotional well-being.

The goal of our schools is to educate all students, but for many this is not happening. There was a time when dropouts weren't tracked and they just disappeared, never to be heard from again. But because of present mandates and policy changes within the educational system, this can no longer continue. Because of the economic impact of the dropout epidemic on society, as well as on individuals and their families, it has become imperative for schools to develop systemic remedies that will decrease dropout rates among these youth. One way to address the problem is to form collaborations between school and mental health professionals to assist these students and their families.

Reasons Why Students Drop Out

The decision to drop out is not one that is made overnight, but rather a process that one leads up to. Much of the literature has identified reasons why students are dropping out of school. There are a number of complex factors that influence a student's decision to drop out. These influences occur within the context of home, school, and the community (Christenson, Sinclair, Lehr, & Hurley, 2000; Orfield, 2004). Many of these students often have difficulty with academic success as well as other factors such as absenteeism, behavior problems, retention, lack of engagement, and low self esteem. Along with these issues, students also may have a feeling of alienation from the school

environment (Rumberger & Larson, 1998). Strong predictors of factors highly linked to dropout can be predicted by attendance patterns, math and reading achievement, and behavior as early as the 6th grade (Balfanz & Legters, 2004). Also, for minority students, issues such as poverty, low academic achievement, lack of motivation, pregnancy, low expectations, and disengagement have also been reported in the literature as being causes for drop out (Hess, 2000; Velez & Saenz, 2001).

In a report done among dropouts from the National Education Longitudinal Study, students gave specific reasons for dropping out of school which included: failing school, not liking school, inability to get along with teachers, becoming a parent, unsupportive family, caring for a family member, and need for employment and having a job (Berkold, Geis, & Kaufman, 1998). Other reasons mentioned in the literature include: not having enough credits for graduation, lack of parental support, dysfunctional family life, having more than a part-time work week, addiction to alcohol or other drugs, discipline problems at school, not fitting in at school, being a young parent, pressure from peers, and high rates of transitioning.

Getting more specific, certain social, emotional, and behavioral factors have been identified to be related to higher incidences that will lead to likely dropout. Children with mental health problems such as anxiety and depression and those with aggressive and delinquent behaviors were reported for being at a greater risk for premature school departure (Fortin, Royer, Marcotte, Yergeau, 2004; Marcotte, Fortin, Royer, Potvin, Leclerc, 2001; Newcomb et al., 2002). Youth who display behavioral issues related to opposition and defiance, such as adjudicated youth are also at higher risk for dropout. According to the U.S. Office of Juvenile Justice and Delinquency Prevention (2005), these individuals fail to re-enter school because of poor academic performance, reenrollment processes, truancy, and the need for special education services. It is reported that 8 in 10 of these juveniles in the justice system have some type of learning disability. These students also have substance abuse and mental health problems that so often go unaddressed by the educational systems (National Center on Addiction and Substance Abuse, 2005).

At a family level, risk factors that are most frequently reported in the research are lower socioeconomic status (Ekstrom, Goertz, Pollack, & Rock, 1986; Alexander, Entwistle, & Horsey, 1997; Battin-Pearson et al., 2000) and functionality and/or dysfunctionality of families (Lessard et al., 2008). In this case, research supports the hypothesis that there is an association between poverty and mental illness. Impaired families, familial conflicts, lack of cohesion and little communication, and familial support are other reasons that appear to affect increased risk for dropout (Potvin et al., 1999; Rumberger, 1995; Fortin et al., 2004). These things that occur in the home environment often directly and indirectly affect what takes place in the school environment. Too often these issues are ignored, but there is a need for them to be addressed so that the student will have an opportunity to be more successful in the school environment.

Consequences of Dropping Out

Personal

Dropping out of school affects a person's life in many different ways. One's inability to complete high school combined with other internal and external factors and forces greatly reduces the odds for them to become productive adults. Research has shown that students who do not complete high school are more likely to experience negative outcomes such as unemployment, underemployment, poverty, and incarceration. Five years ago, it was reported that the average yearly income for a high school graduate was slightly over \$26,000 while the yearly income for a high school dropout was slightly under \$18,000 (Balfanz & Fox, 2009). Nationally, individuals who drop out of high school are 72% more likely to be unemployed and earn 27% less than high school graduates (U.S. Department of Labor, 2003). In essence, dropouts earn less and experience a poorer quality of life than those who graduate. Another repercussion is that children of dropouts are far more likely to be weak in school, perform poorly, and drop out themselves, thus continuing the vicious cycle.

On Society and the Community

The dropout problem not only affects these students' life outcomes, but affects society as a whole. "The economic and sociocultural health of a nation is often inextricably linked to the importance of education" (Gunn, Chorney, & Poulsen, 2009, p. 17). While the nation is facing an economic crisis, if the dropout rate continues to increase, it is predicted that the problem will cost the country even more money. This dropout problem will cost the nation over \$3 trillion in public healthcare costs, unemployment, welfare, and criminal justice system involvement if these numbers remain unchanged (NGA Center for Best Practices, p .2). Statistics show that there continues to be correlations between "educational attainment", in this case, the lack of, and employment, health status, socioeconomic status/poverty, and crime.

In the age of recession, budget cutbacks throughout the nation, and a competitive labor market, it becomes hard for individuals without a diploma to gain employment and provide the basic necessities for themselves as well as their families. These individuals are finding it harder to find jobs, which leads to increased involvement in the welfare system and other social funding sources. During times of unemployment, individuals also may began to feel desperate to provide, which may lead to involvement in illegal activities, therefore becoming tied to the criminal justice system and to incarceration. Incarceration then results in more complicated family relationships and also makes it harder for these individuals with records to gain future employment.

Rationale for Collaborations

Because of the prevalence of this issue, schools and communities can no longer point the finger and give complete responsibility to the student for making the decision to drop out. Schools must now have plans in place to address more supportive environments for students on the verge of dropping out. Knesting (2008) urges systems to examine factors that occur in the school setting that have possible influences on students' decisions to drop out. Rather than push students out the door, schools should be places

where students feel welcomed, accepted, and motivated to continue their learning. This can happen in comprehensive settings in which the school prioritizes the need to nurture the ‘whole’ student, not just academically, but socially, physically, and behaviorally as well.

Not only are students dropping out in significant numbers, the numbers of youth with mental, emotional, and behavioral difficulties have also significantly increased. Although many of these youth will be affected by mental health problems, a greater number of them will display some type of behavioral difficulty during their childhood. One author states the importance of school involvement by saying: “Promoting children’s mental health within schools has important educational payoffs” (Department for Education and Skills, 2001, p. 7). Addressing these factors might help reduce the numbers of dropouts and also increase the resilience among these youth. Therefore, in order to make a difference in the lives of these youth, schools and communities must begin to offer better support systems by providing new models of care.

Although school and community mental health counselors have worked in separate settings in the past, findings from previous research imply the need for collaborations among school and mental health professionals as well as other support personnel, such as social workers and case managers, in order to help support improved academic, familial, and behavioral functioning among these individuals. The present mandate is for educational systems to make progress toward increasing school completion rates for these students. Recent literature reviews on school completion and dropout prevention have identified a variety of promising practices including increasing academic engagement, developing psychosocial skills, providing mentoring opportunities, and delivering parent/teacher behavior management training (Prevatt & Kelly, 2003), as well as empirical support for the use of cognitive-behavioral interventions and strategies (Cobb, Sample, & Alwell, 2006). While these practices are available, implementing these practices in a scale sufficient to build capacity to decrease dropout and increase school completion are less well examined.

The literature also provides evidence-based support for a variety of secondary transition practices that promote school completion and/or dropout prevention such as: completing vocational education coursework; including career awareness, career exploration, generic and occupationally-specific coursework, and paid employment (Corbett, Sanders, & Clark, 2002; Kemp, 2006); involving students in their program planning process; changing program structure (Kortering & Brazier, 2002); reducing class sizes; and increasing alternative education programs. The focus on evidence based practices, student development, interagency collaboration, and family involvement conveys a clear need for a multiple services approach to transition related interventions to provide opportunities that will keep students in school and prepare them for a productive adulthood.

Role of School Counselors

School counselors are in a very unique position to identify and service these students. Because children spend such a great amount of time at school, the school is often the initial contact in establishing support services. Teachers may be less likely to get involved when students present with non-academic issues because of their various

roles and responsibilities and accountability demands. Therefore, school counselors are in the ideal position to step in and provide interventions for these youth that need greater support systems.

School counselors are usually the initial contact in identifying problems among these at-risk students and can be the first contact in initiating support services. Therefore, their role can be very critical in the management of referrals and gaining access to much needed assistance for these students. Not only is it a part of the school counselor's professional responsibility in serving every student, but they are also accountable for student success and or failure. Counselors should have an open-door policy for at-risk students who are known to have behavioral concerns or unique family situations. They should be on the lookout for students who experience special situations such as the death of a loved one, teen parents, involvement in criminal activities and the juvenile justice system, those with retentions, behavioral problems, and those who have problems fitting in. An open-door policy should be implemented for students who are known to have behavioral concerns and follow-up should be done with students who get suspended.

In one of their many roles, counselors also must be willing to serve as an advocate for students who are at higher risk for dropout. Counselors must also realize the importance of continuing to enforce anti-bullying policies and promote the acceptance of respect and diversity among all students. Students often feel left out and don't feel like they fit in because of visible and not so visible differences. Counselors who work with students who are at higher risk for dropout must realize that these students have similar needs as those students with disabilities, whether learning or behavioral. Milsom (2002) recommends that counselors assist them with transition planning and career counseling, help establish and implement behavioral plans, work with parents, and make referrals to outside specialists when needed.

Role of Mental Health Counselors

Many studies related to dropout prevention literature have surveyed students on what specific factors influenced their dropping out. Many of these individuals often report some significant life event that had an impact on their mental health and often resulted in a negative behavioral response. These more extensive problems can be addressed by mental health counselors because of their specific training in behavioral interventions and knowledge of disorders. School counselors may not be able to effectively respond to these specific needs because of time restrictions, roles, and other responsibilities. Another significant factor is that school counselors do not often have significant experience and training in dealing with more severe issues. A lack of response among school counselors does not imply that they are unconcerned, but because there might be a lack of knowledge about a specific disorder. A benefit of involving mental health counselors in the support of these students is that they have more training in identifying and intervening with more serious disorders. Community mental health counselors can more appropriately address problems that may range from mild disorders, such as anxiety and depression, to more severe disorders.

Community mental health counselors may also be helpful in providing assistance in other areas as well. For example, in previous studies, many of the students also reported problems with the infrastructure of the family system, lack of support in the

family system, and ongoing problems in the family environment. This led to feelings of isolation and dysfunction for some, which resulted in involvement with other groups such as gangs, in search for a sense of connection. This can call for the implementation of family counseling as well as individual counseling to address certain types of related issues. Another emerging problem among these individuals was the reported involvement in drug related activities, whether by means of selling drugs or using them. When an issue like this becomes a problem, substance abuse treatment may be necessary for certain individuals before academic changes can even be addressed.

Both school and mental health counselors have a responsibility to effectively intervene with these youth and their families, but just may use different approaches. Problems with peers, feelings of low self worth, lack of motivation, and daily life problems these students face calls for the integration of social skills training, self-esteem enhancement, stress and anger management techniques, as well as interventions that stress inner motivation. Both counselors might offer individual and group counseling, while the school counselor's approach may be through the use of solution focused brief therapy, the community mental health counselor might offer more extensive longer term treatment. A school counselor's group session might include topics such as career awareness and study skills, while a mental health counselor's topics might include sessions on self-esteem and transition planning. The school counselor may assist in the implementation of behavior plans, while the mental health counselor might be responsible for the development of behavior plans. The school counselor usually serves on multi-disciplinary teams with teachers, administrators, and special education personnel, while the mental health counselor may serve on the treatment team with physicians, psychologists, and case managers.

While the two groups may offer different ways of delivering services, this does not stop them from working together to provide more specific services to teachers and parents. These students who are diverse in many ways, some with exceptionalities, some with differing ways of learning, usually begin by falling behind in learning for various reasons, with most resulting from psychosocial and psycho-educational challenges that impact their learning, growth, and achievement. It is a reality that teachers receive little or no training in dealing with mental health issues, developing behavioral plans, or working specifically with students with disabilities. Both school and mental health counselors can offer workshops to teachers and parent training on how to work more effectively with these groups and also explain different disorders. For this population, it can also be important that teachers and families understand the importance of modeling caring classrooms, more caring attitudes, and more caring home environments. Oftentimes teachers and parents are not aware of how their expressions and verbalizations influence children's feelings of acceptance, which may impact their decisions to actively engage or disengage in any setting, including the classroom. When students feel that others care, they are more apt become involved and work harder. Parents and teachers need to be educated on how to better interact with these youth, before it is too late. Counselors can play a major role in aiding this understanding among parents and teachers.

Recommendations

Some overall recommendations for more effective collaborations among school and mental health professionals include the development and implementation of prevention and intervention plans specifically for those for high risk of school dropout. Just as schools are developing and implementing crisis intervention plans, a model for dropout intervention should be available as a guide to use with students who meet certain criteria such as high truancy and behavioral, emotional, and learning difficulties. Another important component is the engagement in open consultative collaborations. Just as students and parents should feel welcomed in their educational environments, so should community organizations. Schools should also have an open door or ongoing relationship with community mental health organizations and services that offer plans for more effective relationships with students. In the past, some of these collaborations have been unsuccessful because of the power struggles and misunderstanding of roles, but when these roles are explained at the establishment of the relationship, the focus should be on a more comprehensive model of treatment and success for the students involved.

Another very important component of any effective collaboration is communication. Since personal contact such as telephone calls and meetings is often a barrier to collaboration, an efficient way for more individuals to communicate is by having a district or school wide database that monitors and tracks students as well as keeps updated information on contacts, resources, and interventions that can be useful for students considered to be at-risk for dropping out. Students need to be monitored and brief records must be available on the status of students in order to better meet their needs. Finally, the reality is that schools must now be a one-stop shop. Because of the myriad of problems facing today's youth, the schools must become the central point in which all needs can be met. Whether these needs are behavioral, financial, academic, or medical, students' external and internal issues must be addressed before focus can be put on academic needs. The educational settings must offer quick access to resources in order to catch these students before they keep falling through the cracks.

Conclusion

The decision to drop out is often affected by certain life events, need for financial resources, and disengagement from the academic environment. Collaborations among school and mental health counselors can play an integral part in meeting the diverse needs of students at a high likelihood for dropping out. In order for the educational and community systems to effectively reach these youth, multiple intervention strategies and options must be made available to re-engage these students in the educational process. These collaborations between school and mental health professionals can not only positively influence the individual's life, but also could have positive implications on society as well.

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