

School-Based Counseling for Preteens in San Mateo County

A Study of Key Issues Affecting the Emotional
and Behavioral Health of Preteens
and an Examination of Available Services

Conducted by
CHERYL KATZ
Baldassare Associates

Commissioned by



November 2005

“My role has changed over [the] years, so that now I’m the only counselor in my school and I’ve become more sort of ‘crisis management.’ ... You can’t help the kids move to the school performance piece until you’re taking care of the wellness part.”

- San Mateo County School Counselor

The Lucile Packard Foundation for Children's Health, www.lpfch.org, is devoted exclusively to promoting, protecting, and sustaining the health of children, with a focus on San Mateo and Santa Clara counties in Northern California. The Foundation pursues its mission through three programs:

- Fundraising for Lucile Packard Children’s Hospital and the pediatric programs at the Stanford University School of Medicine.
- Community Grantmaking to promote the health and well being of children through partnerships with community organizations in San Mateo and Santa Clara counties.
- Public information and education to raise awareness about the state of children’s health, and encourage positive change in attitudes, behavior, and policy.

The Preteen Alliance, www.preteenalliance.org, was formed by the Lucile Packard Foundation for Children's Health in 2003. The Alliance is a broad coalition to promote the positive emotional and behavioral health of preteens in San Mateo and Santa Clara counties. The Alliance had approximately 325 members as of October 2005. Membership is open to anyone interested in contributing to this initiative. Members receive updates about news, data, and local programs regarding preteens, and have opportunities to meet and exchange information with fellow members. To join The Preteen Alliance or sign up for e-newsletters related to children's health, go to <http://www.lpfch.org/signup/>.

Baldassare Associates, a non-partisan, independent research firm, has provided a full range of public opinion research services to California clients since 1983. For more information, contact Cheryl Katz, vice president, at ckatz@baldassareassoc.com.

ACKNOWLEDGEMENTS

The Lucile Packard Foundation for Children's Health, The Preteen Alliance, and Baldassare Associates wish to thank all the school-based counselors and nurses who so generously gave their time and thought to this research effort. We especially want to thank Claire Goss, coordinator of student support services for the San Mateo County Office of Education, for her invaluable guidance and encouragement, and Dr. John Mehl, San Mateo County superintendent of schools, for his crucial efforts in advancing this project. We also express our gratitude to the San Mateo County district school superintendents; to Dr. Ramsey Khasho, director of training and clinical services for Youth and Family Enrichment Services; and to Amy Mayo, director of Project FOCYS, for encouraging staff participation in the project and responding to requests for information. Many thanks to Mercy Fernando-Walker and Linda Lau of the San Mateo County Office of Education, for preparing databases of school counselors and nurses, and to Wayne Dughi, of the California Department of Education's Educational Demographics Office, who provided statistics on school counselor staffing and trends. We also thank members of the Preteen Alliance Steering Committee, who offered guidance on the direction of the study.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
INTRODUCTION	1
METHODOLOGY	4
KEY FINDINGS	
Internet Survey	6
Focus Groups	14
In-Depth Interviews	20
CONCLUSIONS AND RECOMMENDATIONS	26

“We would like to have programs set up for every class, but our hours are limited. It always feels to us that we’re putting a band-aid on something, doing a quick fix...But we do see positive changes. Counseling works.”

- San Mateo County School Counselor

EXECUTIVE SUMMARY

The preteen years of ages 9 to 13 are a time of significant change, as a young person makes the transition from childhood to adolescence. For most preteens, school occupies the greatest part of their time spent outside the home, and school counselors are one of their most important sources of emotional health support and education. Developing positive behaviors in early adolescence can help prevent unhealthy behaviors later in life. Moreover, emotional health is essential for academic success. The Lucile Packard Foundation for Children’s Health commissioned this study of school-based counseling for preteens in San Mateo County, with guidance from The Preteen Alliance, in an effort to:

- Identify the key issues affecting preteens;
- Understand the ways in which school-based counselors promote preteen emotional and behavioral health;
- Create awareness of the services provided in local schools; and
- Gain information on ways to better support the emotional and behavioral health of young adolescents.

The study also examined the role of school nurses in supporting positive preteen behaviors. Conducted from January to June 2005, the study included three phases: one-on-one, in-depth interviews with 51 public and private school-based counselors and nurses; two focus groups with public school counselors; and an Internet survey of public school counselors in San Mateo County. This county was selected because it is part of the geographic focus area of the Lucile Packard Foundation for Children’s Health and The Preteen Alliance.

Highlights of the results include:

- **Most Pressing Issues in Preteen Emotional Health:** Family-related problems and stress and anxiety are the most pressing emotional and behavioral health issues among preteens in San Mateo County schools, according to school counselors. More than half of school counselors in the Internet survey rated these as the most urgent problems, affecting the largest numbers of students and presenting the greatest needs for additional effort and attention at their schools. Bullying or fighting, depression, and academic

problems also were rated as significant issues in many schools. Emerging problems mentioned by a number of counselors include “Mean Girls Syndrome,” in which girls harass other girls through gossip or social exclusion; and “Bright, Unmotivated Boys,” who are academically capable students, but are not engaged in their schoolwork.

- **The Role of the School Counselor:** School counselors provide a wide array of services to promote preteen emotional and behavioral health in San Mateo County schools. Survey respondents described their primary duties as identifying and treating student emotional and behavioral problems, and facilitating communication between students, faculty, and families. As for specific practices, all of the counselors said they conduct short-term, one-on-one counseling, and nearly all provide crisis intervention. Most provide group counseling, anger-management or conflict-resolution groups, and social-skills groups. More than half also speak to school classes on emotional health topics and conduct some type of family counseling. In general, school counselors are not able to provide ongoing therapy or treat the more serious problems. Students who need long-term counseling or have serious problems that require intensive therapy, such as eating disorders, are referred out to private therapists or community mental health services.
- **Staffing and Service Availability:** Staffing is a great concern to counselors working for public school districts in San Mateo County. Nearly three in four counselors responding to the Internet survey said their district’s staffing is less than adequate to provide services to students. Increasing the number of school counselors was the top recommendation for actions needed to promote preteen emotional and behavioral health in the county. Many said they are not able to provide all the counseling services that are needed because of a lack of time and resources. Among the services that counselors said are needed but not adequately available in county schools are emotional and behavioral health education, more opportunities for one-on-one counseling for students, and parenting education and counseling for families.
- **Service Gaps:** All San Mateo County school counselors participating in the study said that at least some of the students in their schools who need counseling are not receiving services. The Internet survey found one in five counselors saying that more than half of their students are not receiving the services they need. This perception is more widespread among counselors in elementary schools than in middle schools. The students seen as being least adequately served by the available school counseling services are “middle students” – those who are neither high-achieving students nor receiving special learning services.

- **Recommendations:** According to study participants, the most important actions to promote preteen emotional and behavioral health in San Mateo County include:
 - Increasing the number of counselors employed by school districts so that counselors can provide more services, especially one-on-one counseling for students and counseling for families.
 - Including social and emotional health curriculum as part of the regular school day.
 - Providing families with practical information on parenting preteens and early adolescent development, especially in languages other than English.
 - Providing more after-school activities and mentors for preteens.
 - Making additional low-cost counseling services available to children and families.

In light of current research and policies related to children's emotional health, interested organizations also should:

- Implement the President's New Freedom Commission on Mental Health recommendation to screen students for mental health issues.
- Explore the feasibility of advocating for funds for counseling in schools from the recently passed Proposition 63, which created the Mental Health Services Act.
- Advocate for restoration of school nurses in every district as a resource for behavioral health education and problem intervention.
- Examine the effect that the current emphasis on academic achievement is having on student emotional health, and determine ways to alleviate pressure on students.
- Collect data to assess the prevalence of emotional and behavioral problems among preteens and children.

Local public and private organizations should continue to bring attention to the needs of preteens, as well as the services needed to support their positive development.

INTRODUCTION

Student emotional health is the foundation for academic success and is essential for the development of healthy adults. The preteen years are a critical stage in a child's growth, with the rapid physical and psychological changes experienced between the ages of 9 and 13 making this one of the most significant stages of a child's development, according to the Foundation for Child Development. Intense social changes, such as the increasing influence of peers, are under way at this stage, presenting numerous risks in the world of preteens today. In addition, preteens are making lifestyle choices and developing behavioral patterns that may persist into adulthood. The preteen years offer a key opportunity to promote healthy development and prevent risky behaviors.

The Importance of School Counseling

Research shows that school-based counseling plays an important role in promoting the positive development of young people and helping them to make responsible choices as they move into their teen years.ⁱ These frontline professionals are among the adults who have the most contact with preteen emotional and behavioral health problems in the school setting, and they are a primary source of help on these issues during the school day.ⁱⁱ Students in schools with counseling programs tend to have a more positive experienceⁱⁱⁱ and feel safer in their schools.^{iv} School counselors also have been effective at reducing bullying^v and helping children with family problems.^{vi} In addition, studies of middle schools with comprehensive counseling programs found that students earned higher grades, had more positive relationships with teachers, and felt more satisfied with their education.^{vii}

School Counseling in San Mateo County

Sixteen of the county's 20 elementary/middle school districts had school counselors on staff during the 2004-05 school year, while four did not. Several districts without staff counselors receive services provided by nonprofit community organizations, such as Project FOCYS and Youth and Family Enrichment Services. There are 28.2 full-time equivalent (FTE) elementary and middle school counselors in the county, which is one counselor for every 2,141 elementary and middle school students. This is well over the ratio of 250 students per counselor recommended by the American School Counselors Association (ASCA), although that recommendation encompasses high school as well as the lower grades. Average statewide student-to-counselor ratios are 486:1 for high schools with counselors, 665:1 for middle schools with counselors, and 3,009:1 for elementary schools with counselors on staff, according to the 2003 Report to the California Legislature on the AB 722 Study of Pupil Support Ratios, Programs, and Services.

While San Mateo County’s student-to-counselor ratio by grade level is not available, the county has 781 students for every counselor in grades K-12, according to the California Department of Education in 2004-05 (Table 1). San Mateo County has more students per counselor than Marin (749:1) and San Francisco (478:1) counties. However, San Mateo County has a better student-to-counselor ratio than the state (906:1), as well as Alameda (833:1), Contra Costa (1,194:1), and Santa Clara (1,375:1) counties.

Table 1. Ratio of Students to Counselors for Grades K-12, by Select Bay Area Counties, 2004-05

Geographic Area	Ratio
Santa Clara County	1,375:1
Contra Costa County	1,194:1
Alameda County	833:1
San Mateo County	781:1
Marin County	749:1
San Francisco County	478:1
California	906:1

Source: State of California, Department of Education, DataQuest.

<http://data1.cde.ca.gov/dataquest/> Retrieved 10/11/05.

Note: Ratios are based on the total number of counselors, rather than FTE counselors, which means the ratios may appear somewhat better than actuality. For example, a district with two half-time counselors would be counted as having two counselors, rather than one FTE.

The trend appears to be toward increasing the number of elementary and middle school counselors in San Mateo County. In the 1999-2000 school year, according to the CDE Educational Demographics Unit, there were 24.9 FTE elementary and middle school counselors in the county, or one for every 2,618 students (current figures show one counselor for every 2,141 elementary and middle school students, as noted). Student-to-counselor ratios improved in nine of the county’s 16 districts that have elementary and middle school counselors, while they worsened in three.

In several schools, counseling services for students in grades 4-8 are provided by nonprofit community agencies, including Youth and Family Enrichment Services, Project FOCYS, North Peninsula Family Alternatives, and the Pacifica Youth Service Bureau. Many of these counselors are interns from local clinical psychology training programs who have completed their coursework and are working to acquire the clinical hours needed to receive their license to practice; however, others are professional counselors with several years of experience. Interns and non-district employee counselors provide primarily one-on-one, ongoing psychological counseling with a small number of students, and are the main providers of this type of therapy in San Mateo County schools.

Study Overview

To gain insight into the key issues affecting preteens, garner advice on ways to support the emotional and behavioral health of young adolescents, and increase understanding of the services provided in local schools, the Lucile Packard Foundation for Children's Health engaged the research firm of Baldassare Associates to conduct a study of school-based counseling and nursing in San Mateo County. This study, conducted from January to June 2005, included one-on-one, in-depth interviews with 51 school-based counselors and nurses, two focus groups with school counselors, and an Internet survey of counselors in San Mateo County schools. The study sought to assess the role of school-based counseling and nursing in promoting preteen emotional and behavioral health, and to examine the resources, staffing, and services provided by local school counselors and nurses. In addition, the study sought their views on areas of greatest concern and actions that can be taken to better promote the positive development of young adolescents into healthy, successful adults.

METHODOLOGY

This study, conducted from January to June 2005, consisted of three research efforts. In the first phase, 51 one-on-one, in-depth interviews were conducted with school-based counselors and nurses in San Mateo County to define the issues and determine the directions for subsequent research phases. San Mateo County was the focus of the study, as it is part of the region served by the Lucile Packard Foundation for Children's Health and The Preteen Alliance. Although the study was focused primarily on school counselors as the staff working most closely with students on emotional and behavioral health issues, school nurses were included in the initial phase to examine these health professionals' contribution to promoting positive preteen behaviors. Interviewing was conducted in February and March 2005. Each interview took 30 to 45 minutes to complete. The study included 30 interviews with staff counselors who work with students in grades 4 to 8 in San Mateo County public and private schools; nine interviews with counselors who are not district employees but provide services in the public schools through community organizations; 10 interviews with elementary and middle school nurses who are school district employees; and two interviews with nurses providing health services to preteens in the public schools on a contract basis.

Participants were contacted from lists of school district employees in elementary and middle schools provided by the San Mateo County Office of Education; lists of counseling interns provided by Youth and Family Enrichment Services and Project FOCYS; and the California Association of Independent Schools directory for San Mateo County. Efforts were made to contact all listed school-based counselors and nurses in San Mateo County. The response rate was approximately 72 percent among staff school counselors and approximately 77 percent among staff school nurses. As there is no comprehensive list of counselors and counseling interns from all the community agencies providing school-based services, this response rate cannot be calculated. It should be noted that in-depth interviews are designed to measure specific opinions among a targeted group of individuals at a specific time. This approach provides comprehensive qualitative information on a small, select population. However, the sample is not random or large enough to constitute a statistically valid quantitative measurement.

The second phase included two focus groups with public school counselors in San Mateo County. The moderated group discussions probed the topics raised in the one-on-one interviews, and provided details and depth on the issues. A total of 17 counselors participated in the groups, which were held at a San Mateo County research facility on April 27, 2005. Two back-to-back groups were held: the first one included eight school counselors who worked with students in grades 4-6, and the second included nine counselors of students in grades 7-8. Each group lasted approximately 1½ hours, and both followed the same discussion guide. Participants were selected from a list of school-based counselors in San Mateo County, and included some who had participated in one-on-one interviews in the initial phase of

this research project and others who did not take part in the earlier phase. Group participants represented a mix of school locations, student body racial and ethnic compositions, and economic backgrounds. Both groups included a mixture of genders, ages, racial backgrounds, and experience levels. It should be noted that a focus group is designed to measure opinions among a targeted group of individuals at a specific time. In-depth probing is used to determine the motivations and values underlying expressed attitudes. It is important to understand that focus groups provide qualitative (as opposed to quantitative) information, and are not intended to be a statistically valid measurement.

The third phase of this project was an Internet survey of school counselors in the county, to provide quantitative information. Data collection took place between May 23 and June 6, 2005. An e-mail notice with a link to the survey website was sent to all 42 school counselors identified from lists provided by the San Mateo County Office of Education as working in San Mateo County public elementary and middle schools in the 2004-05 academic year. Three follow-up e-mails with survey links were sent to those who did not respond to the initial mailings. Thirty-three responses were received, yielding a response rate of 79 percent. As the total population of school counselors in San Mateo County is too small to be sampled by random probability sampling techniques, the margin of sampling error cannot be calculated for this survey. However, the high response rate indicates that the results are representative of the entire population of San Mateo County public elementary and middle school counselors.

Responses were received from 16 of San Mateo County's 20 elementary/middle school districts, which includes at least one response from all but one of the county's school districts listed by the California Department of Education as having a counselor on staff. All geographic regions of the county were represented. Twenty-one percent of the survey respondents worked primarily with elementary students (up to grade 6), 55 percent worked with middle school students (grades 7-8), and 24 percent worked with both groups in a K-8 setting. This is closely comparable to the known characteristics of the total population of school counselors in San Mateo County public schools. Twenty-seven percent of the respondents described their schools as serving primarily lower- to lower-middle income students; 30 percent were from schools serving mainly middle- to upper-middle income students; 18 percent said their school served mainly upper-income students; and 24 percent described their school's student body as a mixture of incomes. A mix of student body racial and ethnic compositions was represented.

For all phases, questionnaire design, interviewing and analysis were conducted by Baldassare Associates, an independent public opinion research firm specializing in research on children and family issues, in collaboration with the Lucile Packard Foundation for Children's Health. The Preteen Alliance Steering Committee advised the Foundation on the study.

KEY FINDINGS

INTERNET SURVEY

As noted, the Lucile Packard Foundation for Children's Health conducted an Internet survey of school-based counselors in San Mateo County to gain quantitative data on the key issues affecting preteens in San Mateo County and recommendations for ways to better support young people at this critical stage in their emotional growth. The survey explored issues raised in the study's earlier phases. Key findings are described below.

Most Urgent Preteen Issues

The emotional and behavioral health issues presenting the greatest need for help and attention among preteens in San Mateo County public schools are, in order of urgency, family problems (such as divorce), stress and anxiety, bullying and fighting, depression, and academic problems. When counselors were presented with a list of 13 issues with potential effect on preteens and asked to rate each in terms of prevalence, impact, and availability of related resources at the schools where they worked, these issues emerged as the most urgent needs for additional efforts.

Family issues were at the top of the list, with 73 percent of counselors saying family difficulties affected a sizeable portion of their school's student population (Table 2). Divorce or family instability were seen as the most prevalent type of family problem (55%), while 12 percent mentioned domestic violence, and 6 percent named parental substance abuse as one of the most urgent problems among preteens at their school.

Stress and anxiety were seen as the second most urgent emotional or behavioral health problem among preteens in San Mateo County schools, with nearly six in 10 counselors calling these urgent problems at their school. The significance of this issue, which encompasses academic pressure, social stress, and general tension and anxiety, mirrors a recent national study by the University of Pennsylvania's Annenberg Public Policy Center (July 2004), in which school mental health professionals at middle schools across the nation named anxiety as among the major student behavioral issues (as the question wording and respondent samples in that study are not identical to this one, only general comparisons can be made). Stress and anxiety were seen as significant problems among students in all regions and types of schools in San Mateo County.

Bullying/fighting follow closely as the third most urgent problem among preteens in San Mateo County schools, with 46 percent of counselors saying this is an urgent issue where they work (Table 2). Examples noted include students physically and verbally harassing other students, as well as gang behavior and schoolyard fights. This long-standing school problem is now showing manifestations which counselors describe as relatively new, such as students bullying their classmates over the Internet. Bullying and fighting also are among the top middle school behavioral problems nationwide, the Annenberg Center study found.

Depression and academic problems also are seen as significant concerns affecting preteens in San Mateo County, with approximately four in 10 counselors saying these are urgent issues among their school’s students. The Annenberg Center study did not ask about academic problems, but found depression to be a significant problem in middle schools nationwide.

Table 2. Most Urgent Emotional and Behavioral Issues Facing Preteens

Percentage of Counselors Saying Each Issue Is One of the Three Most Urgent Problems at Their School	
Family issues	73%
Stress, anxiety	58%
Bullying, fighting	46%
Depression	42%
Academic problems	39%

Note: Percentages reflect total mentions per issue (up to three mentions allowed).
 Survey question: *Which of the following emotional and behavioral health issues do you consider the three most urgent problems among the preteen students at the school(s) where you work?*

Other issues were less frequently named. Self-injury or “cutting,” while a serious problem when it occurs, is not seen as highly prevalent among area preteens, with 12 percent of counselors rating this among their school’s most urgent preteen issues. Suicidal behavior (including thoughts, ideation, and talk) and child abuse or neglect are each rated among the most urgent preteen issues by 9 percent of school counselors, while eating disorders are rated urgent problems by 6 percent. Student substance abuse and inappropriate sexual behavior are rated urgent issues by 3 percent of school counselors. While these are all considered to be important issues, they are not rated among the most urgent because they affect smaller numbers of students.

In comparing responses between counselors in elementary and middle schools, family issues were more likely to be seen as urgent problems by elementary school counselors, with 86 percent calling divorce and family instability one of the top three issues at their school, compared to 50 percent of middle school counselors. Likewise, 43 percent of elementary school counselors mentioned child abuse or neglect as a significant problem, compared to no middle school counselors. Those

who work with middle school students, by contrast, were more likely than elementary school counselors to name depression (56% vs. 14%), suicide (17% vs. 0%), self-injury (17% vs. 0%), and academic problems (50% vs. 29%) among the most urgent issues in their schools. Stress or anxiety (50% vs. 43%), and bullying or fighting (39% vs. 43%) were mentioned about equally among middle school and elementary counselors.

The Role of the School Counselor

School counselors provide a wide array of services to promote preteen emotional and behavioral health in San Mateo County schools. Counselors described their primary role as identifying and treating student emotional problems and facilitating communication between teachers, students, and parents. Seven in 10 said these duties together take up most of their work time. Another one in six said they spend most of their time on paperwork or administrative tasks, while fewer than one in 10 named other activities.

As for counseling services provided, all counselors participating in the survey said they do individual counseling with students, and nearly all provide crisis intervention at the schools where they work (Table 3). More than eight in 10 also conduct group counseling sessions and teach anger-management or conflict-resolution skills, while 79 percent lead social skills groups. Somewhat fewer (but still more than six in 10) hold in-class discussion groups on emotional health topics, and provide family counseling services.

Table 3. Emotional and Behavioral Health Services Provided By Counselors

Percentage of Counselors Providing Each Service:	
Individual or one-on-one counseling	100%
Crisis intervention	97%
Group counseling	82%
Anger-management or conflict-resolution groups	82%
Social skills groups	79%
In-class discussion groups on emotional health topics	64%
Family counseling	61%

Survey question: *Which of the following emotional and behavioral health counseling services do you provide in the school(s) where you work?*

Elementary school counselors were more likely than those in middle schools to provide group counseling, social skills groups, in-class discussions, and family

counseling. Middle school counselors were more likely to say they provide crisis intervention.

Staffing and Service Delivery

Most San Mateo County school counselors responding to the survey work at one school (78%). However, 18 percent reported working at two to four schools, and 3 percent work at five schools or more. Elementary school counselors (14%) were somewhat more likely than those who work in middle schools (6%) to cover more than one school.

Among districts represented in the survey, more than four in 10 have no elementary school counselors on staff, while all have at least a part-time middle school counselor. One in five districts has less than one full-time equivalent (FTE) counseling position, while 38 percent have one or two FTE elementary school counselors, and 62 percent have the same number of middle school counselors. No districts were reported as having more than two FTE elementary school counselors on staff, while 19 percent have three or more middle school FTE.

Current staffing levels fall well short of what counselors think is needed in their districts. Nearly three in four respondents (73%) said there should be at least three full-time elementary school counseling positions in their districts, even though no districts reported having more than two full-time elementary school counselors. Similarly, 44 percent recommended having three or more full-time middle-school counselors, while only 19 percent of districts have such staffing levels.

Asked to rate the adequacy of counselor staffing in their school district, nearly three in four (73%) described it as less than adequate, including 52 percent calling it *much* less than adequate (Table 4). Only 27 percent said their district's staffing is adequate (18%) or more than adequate (9%) to meet student needs.

In addition, two in three school counselors (67%) said that more than 10 percent of the students in their schools are in need of counseling but are not receiving services, including one in five counselors (21%) saying more than half of their students are not receiving the services they need. Among the services counselors said are needed but not adequately available in county schools are emotional and behavioral health education, more opportunities for one-on-one counseling for students, and counseling for families.

Table 4. Adequacy of Counseling Staff Levels for Serving Preteens

Percentage of Counselors Rating the Adequacy of Their District's Counseling Staff Levels for Providing Services	
Much more than adequate	6%
Somewhat more than adequate	3%
Adequate	18%
Somewhat less than adequate	21%
Much less than adequate	52%

Survey Question: *Is the number of counselors on staff in your district adequate to provide services?*

Working with Families

The most frequent ways in which school counselors interact with students' families are having conferences with parents, sending letters to students' homes, and asking parents for permission to treat their child, with more than seven in 10 saying they do all of these (Table 5). A majority of counselors also hold office hours for parents to call or come in, and conduct counseling sessions with students and their families. More than half also conduct parent education programs, either outside of school hours (39%) or during the school day (18%). One in four counselors also noted other types of interactions with student families, including attending Student Study Teams and Individual Education Program meetings,¹ and making referrals to outside sources of help. Elementary school counselors were more likely than those working in middle schools to interact with parents in getting permission to treat their child. Middle school counselors were more likely to send letters to a student's home and hold office hours for parent calls and questions.

An overwhelming 88 percent of counselors said they would like to be able to do more to help families support their preteens' emotional and behavioral health. As for specific services they would like to provide, responses were mixed, with the biggest proportion involving parenting classes and education about preteen development (34%), and having better resources for making referrals to outside sources of help (17%). Other suggestions included home visits, mentoring, and general family support.

¹ Student Study Teams (also called Student Success Teams or SSTs) are site-based, collaborative teams of teachers, specialists, parents, and students who meet to focus on the needs of students at risk of failing in school. Individual Education Programs (IEPs) are a set of unique academic goals and accommodations developed for every student with a disability to guide the delivery of special education supports and services.

Table 5. Types of Counselor Interactions with Students' Families

Percentage of Counselors Interacting with Families in the Following Ways	
Have conferences with parents about their child	97%
Send letters to student's home	76%
Get parents' permission to treat their child	73%
Have office hours for parent phone calls and questions	64%
Conduct family counseling sessions	58%

Survey question: *In what ways do you interact with students' families as a school counselor?*

Services Provided by Nonprofit Community Agencies

According to respondents, nearly seven in 10 San Mateo County school districts represented in the survey (69%) had some school counseling services from non-staff counselors and interns provided by nonprofit community agencies. Elementary and middle schools were equally likely to receive some counseling services provided by local nonprofit agencies.

Of those whose districts have counselors funded by nonprofit community organizations, 37 percent said the non-district staff provides more than 20 hours of student counseling a week, while 46 percent said they provide up to 20 hours of service in their school district. The rest were uncertain about the hours provided.

Further Actions Needed to Promote Preteen Emotional Health

When counselors were asked to select from a list of possible actions that would be most important for promoting preteen emotional and behavioral health in their schools, three clear choices emerged. At the top of the list, nearly eight in 10 respondents (79%) named increasing the number of counselors employed by school districts as one of the most important actions (Table 6). Having a social and emotional health curriculum as part of the regular school day was second, with 64 percent calling this important. Third was providing families with practical information on parenting preteens and early adolescent development, called an important effort by 58 percent of school counselors.

About one in four (24%) also said creating a centralized Student Study Team of school counselors and mental health workers to consult on the most critical cases would be among the most important possible efforts. (This would differ from the Student Study Teams or Student Success Teams currently in place at many schools, in that it would be centralized to the district and would bring in experts from throughout the district and community to collaborate on working with the most

difficult students.) One in five (21%) said having nonprofit agencies provide social workers at local schools would be an important effort. Although somewhat lower, sizeable numbers also said that having nonprofit agencies increase the capacity of community mental health services (18%) and number of counseling staff they provide to schools (18%), and having a central source of information on counseling techniques (18%), are important actions to promote preteen emotional and behavioral health.

Table 6. Most Important Actions to Promote Preteen Emotional and Behavioral Health in Schools

Percentage of Counselors Naming Each of the Following Actions as Among the Most Important Ways to Promote Emotional and Behavioral Health in Their School	
Increase the number of school counselors employed by school districts	79%
Include social-emotional learning in the school day	64%
Provide families with practical information on parenting and preteen development	58%
Create a centralized Student Study Team of school counselors and mental health workers collaborating on critical cases.	24%
Provide social workers at schools, employed by nonprofit agencies	21%

Note: Percentages reflect total mentions per item (up to three mentions allowed).

Survey question: *Which of the following do you think are the three most important actions that would help promote the emotional and behavioral health of preteens in your school(s)?*

Positive Trends in Preteen Emotional Health

Counselors were asked in an open-ended question to describe any recent positive trends they had seen in preteen emotional and behavioral health (Table 7). The biggest group, 30 percent, said that students and their families seem more receptive to counseling and discussing emotional health problems today. Another 13 percent said there is more awareness of emotional health issues in general. A drop in the number of students using drugs, alcohol, or tobacco, and a decline in bullying or fighting on campus, were each mentioned by one in 10 counselors. Another 10 percent said that the inclusion of character education in their school’s curriculum had improved student emotional and behavioral health.

Table 7. Positive Trends in Preteen Emotional and Behavioral Health

Percentage of Counselors Mentioning Each Trend	
Categories of open-ended responses:	Percent
Students/parents more open to counseling	30%
More awareness of emotional health issues	13%
Less drug/alcohol/tobacco use	10%
Less bullying/fighting	10%
Character education	10%
Increase in self-esteem	7%
Students learning conflict resolution	7%
No improvements	7%

Survey question: *In what ways is preteen emotional and behavioral health improving? Please describe any positive trends you have seen as a school counselor. [Open-ended]*

FOCUS GROUPS

As noted, two focus groups were conducted with school-based counselors from public schools in San Mateo County. One group included eight school counselors who worked with students in grades 4-6, and the second included nine counselors of students in grades 7-8. These focus groups, which provided qualitative as opposed to quantitative information, were conducted to further explore the themes raised in the in-depth interviews, and to provide greater detail and context for the subsequent Internet survey. This summary presents the highlights of the focus group discussions, with examples given in respondents' own words.

Key Issues in Preteen Emotional Health

Among the topics addressed in the focus group sessions was a discussion of issues that take up the greatest amount of counselors' time in working with preteen students in San Mateo County schools. The discussion centered on three main themes: family problems, social problems, and academic problems.

Family issues were described as a significant factor affecting students in elementary and middle school. Counselors described numerous types of family problems that they see among preteens, including divorce or unstable homes, loss of a parent, and poor parenting. Family issues were viewed as an underlying cause of many of the problems counselors see among their preteen students. As one counselor described it:

“Most of the kids I see... more often than not it's because of something that's going on with their parents... something that's happening at home with the family structure.”

Dealing with social problems also took up a substantial portion of counselors' time. The types of social problems the counselors said they see among preteen students include verbal and physical bullying, social acceptance and exclusion, and peer pressure. Social problems were described as especially common among girls. As one counselor said:

“With the girls, it's social issues. They're being horrible to each other.”

A third group of issues centered on academic pressure, stress, and anxiety. These issues were seen as very widespread problems throughout San Mateo County schools, which some counselors attributed, at least in part, to increased focus on student testing and achievement. Counselors described preteen students as being overwhelmed with schoolwork and outside activities, and already feeling pressured about getting into high school or college. In the words of one counselor:

“There’s huge academic pressure to achieve at very high levels -- by not only parents but by the marks set by other students.”

Other issues mentioned as problems among preteens in some schools include depression, truancy, cultural issues, substance abuse, eating disorders, self-mutilation, and suicide. Generally, these were not seen as widespread problems throughout the county’s schools, but were considered very serious when they did occur. Here is what some counselors had to say:

“Full blown-depression, and suicidal ideation... Seems like somebody’s always grieving at my school.”

“It’s really hard to see a child refer to themselves as being depressed.”

Most and Least Adequately Addressed Issues

When asked about the preteen emotional health needs they felt their school was most able to address adequately, several counselors said it was simply having someone there with whom the children could talk. Some felt their school did a good job of addressing bullying, conflict resolution, and academic problems, while others said their schools did not do an adequate job in these areas.

As for the least adequately addressed issues, mental illness emerged as a main theme, described by counselors as hard to deal with because of the stigma and legal concerns. A second major theme was the lack of counseling staff, which some said made it hard to address all the issues. Participants in both focus groups also described dealing with some families as problematic. One counselor pointed out that parents often do not follow through with the recommended actions. Another said that a lack of local, low-cost family counseling resources made it hard to address family issues. Here are some representative statements:

“When there are high-needs kids, we do a good job with contacting families. We recognize who are the most acute... And we do our best. We stay with it for two, three weeks, maybe a month, and then we peter out, because if the family doesn’t connect, then you wait it out until the kid’s in crisis again. And it becomes a cycle.”

“One of my biggest problems is reaching the families... The families aren’t willing or are in denial... Nor do we have something awesome to offer them to help. There are things that cost money, or time, so that’s least addressed.”

Demographic Differences in Student Issues

In general, school counselors do not see consistent differences between racial and ethnic groups in the emotional health issues affecting preteens. Some counselors said they noticed Asian students as being under more academic pressure. Others felt these issues were consistent in all groups. Counselors at schools where lower-income minority students were bused in to primarily middle-income, white schools said the minority students felt excluded and looked-down upon, causing social stress.

As for differences between income groups, the counselors said that economics affected a child's self-image because a student who could not afford the "right" clothes, etc., would feel he or she did not fit in. Some also noted that children from lower-income backgrounds were more likely to have parents working multiple jobs, with less time for their families.

The main gender differences noted were that boys tended to have more problems with classroom behavior and academic issues, and girls tended to be more affected by social and body-image issues. However, in the older group, it was noted that behavior problems among girls appear to be increasing. As one counselor described the trend:

"There is actually an increase in female assault now... It used to be more common for boys to be disruptive in class, but there's also now an increase in girls causing scenes... It's good that they're using their voices, but it's how they're using their voices that's a challenge for us."

Causes of Preteen Emotional and Behavioral Problems

Counselors of both older and younger students, and from all types of schools, saw the two main factors behind most preteen emotional and behavioral problems as stress, primarily caused by academic pressure, and family problems or lack of parental support.

Among the family-related issues noted were students with poor coping skills and being unable to advocate for themselves, either because their parents were over-involved and controlling, or because they were under-involved and spent little time with their children. In the words of one school counselor:

"I'm always amazed when I say [to parents] 'Just spend some special time with your child every night,' and they say, 'How much?'"

Other parenting issues mentioned as factors behind many preteen problems at school were family instability or divorce, frequent moving, and children being in non-parental care, such as living with grandparents.

Academic issues discussed included pressure over competition for high school and college acceptance, anxiety over the state-mandated STAR test, overworked or under-prepared teachers, and the switch from one main teacher in elementary school to multiple teachers in middle school. Several counselors said they felt that academic pressure was increasing, and that the recent focus on performance testing was making teachers reluctant to let students out of class for counseling. As one described it:

“I find it difficult sometimes to pull a child out of class because the teacher feels so much stress that if they don’t give this lesson to that child, they’re going to miss it and they won’t get a good test score.”

Other factors mentioned as driving a significant portion of preteen emotional and behavioral problems included the natural physiological changes of adolescence, electronic communications causing distractions and poor focus, the media promoting negative values, and children being so overscheduled with extracurricular activities and lessons that they had no time to relax. In one counselor’s description:

“Over-programmed kids. They’re wondering how they’re going to get their homework done between their violin lesson and their polo match or whatever the activities may be.”

However, counselors from less affluent districts said children in those areas were more likely to suffer from a *lack* of after-school activities. Those counselors described preteens as getting into trouble because they spend too much time unsupervised.

Main Focus and Changing Role

In describing what they viewed as the main focus of their job, counselors’ responses clustered into four areas. Several mentioned crisis intervention or dealing with the urgent issues that arose each day as their primary role. Others saw their job as mainly prevention and education, accomplished by providing an emotional health curriculum, and supporting faculty and administration. A third area involved facilitation, including coordinating communication between the student, home, and school, and finding outside sources of help for students in need of further treatment. A fourth major area was academic advising, mentioned primarily by counselors who worked with older students, and those in more affluent districts.

Counselors were asked about the way their role has changed over time. Some of those with several years of experience said that staffing reductions and budget cuts had increased the number of students they were responsible for and made it harder to give individual attention to students. As one counselor noted:

“My role has changed over [the] years, so that now I’m the only counselor in my school and I’ve become more sort of ‘crisis management’. ... You can’t help the kids move to the school performance piece until you’re taking care of the wellness part.”

Biggest Challenges

As for the biggest challenges in their work with preteens, the main issue counselors in all types of schools mentioned was the difficulty of working with limited time and resources. Several noted that this made it difficult for them to go as deeply into a problem or provide help as frequently as needed at their schools. As one put it:

“I can’t expect to change a child’s life by seeing them for 25 minutes once a week.”

Dealing with problems at home and trying to help families with poor parenting skills also were discussed as significant challenges for school counselors.

“For me, it’s that when they go home, the impact that you have in working with them for 50 minutes can be washed away in five minutes.”

Service Gaps

Participants were asked about counseling service gaps in their schools. In discussion of the reasons some preteen emotional and behavioral health issues were not being adequately addressed, two major themes emerged. The first centered on a lack of institutional emphasis on student emotional health, with some counselors commenting that schools stressed academics at the expense of other student needs. The second reason given for service gaps was a lack of time and funding, and competition for resources from limited school budgets.

Asked about which groups of students were being least well-served by the counseling services available in their schools, counselors from both groups and from all types of schools agreed that it was the “middle students” – those who were neither high-achievers nor receiving special services, such as help for learning differences. One noted that both high-achievers and low-performing students were so demanding of counselors’ attention that there was little time left over for the middle students. Along these lines, some counselors mentioned that students from homes where there were problems (but not acute enough to trigger interventions from social services, law enforcement or county agencies) were not receiving adequate services. Some also suggested that quiet students tended to be overlooked. One counselor described them as:

“Kids who fly under the radar... They don’t excel so they don’t stand out, and they don’t misbehave so they don’t get sent to the principal’s office. But there are underlying problems that don’t get picked up until maybe middle school or high school.”

Program and Resource Needs

The main suggestions for additional efforts needed to fill the service gaps centered on more school counselors and other pupil support staff, including social workers, school nurses, and assistant principals. Mentors, including volunteers from the community, also were seen as an effective way to reach preteen students by giving them one-on-one time with a caring adult. When asked what would be on their wish list for ways to better address preteen emotional and behavioral health needs, one counselor responded:

“If I had one wish, it would be to have a mentor for every kid in my school.”

Other suggestions for additional programs and resources included time for counselors to teach classes on emotional health topics; providing family therapy at school; and more academic support for students who did not qualify for special education services. One counselor recommended lengthening the school day or year to provide time to teach emotional skills. As another counselor put it:

“A piece of the school day to incorporate emotional intelligence and conflict resolution and counseling kinds of issues for all kids in a preventive, proactive kind of way, instead of just putting out fires.”

IN-DEPTH INTERVIEWS

The initial phase of the study consisted of one-on-one, in-depth interviews with 51 public and private school-based counselors and nurses to help identify the major issues concerning the emotional health of preteens in San Mateo County, as described in the Methodology section. The in-depth interviews were designed as a preliminary exploration to guide subsequent research phases. A summary of key findings follows.

School Counselors

In most schools, the job of school counselors primarily involves short-term treatment for students with emotional, social, or academic problems who are referred to them by faculty, staff, parents, peers, or by the students themselves. In addition to working with students, counselors consult with parents, teachers, and administrators. Some also conduct programs or teach classes on emotional and behavioral health issues. Most school counselors have graduate training in psychology and have taken at least one course in cultural competence.

In general, counselors are happy with their jobs and feel they are effective in helping students. Here is how some described it:

“Our job is to get these kids through school in the most positive way possible -- in a healthy, ‘take-ownership’ kind of way.”

“It’s just incredibly gratifying. I’m enjoying the work so much and feeling that even in a small way it makes a difference.”

However, most expressed concerns about low staffing levels and tight school budgets. Many worried that schools would be forced to lay off counselors and have teachers take over counseling duties. As some said:

“... Counselors are a dying breed... Once again students are going to get short-changed.”

“The constant talk about cutting counselors to save money. What this tells the kids is that we’re not valued.”

School-Based Services

The main service provided by counselors in San Mateo County schools is short-term therapy, either one-on-one or in small groups. Students who require long-

term, ongoing counseling are generally seen by counselors or interns provided in some schools by nonprofit community organizations. Overall, counselors say one-on-one counseling is the most effective way to reach preteens. Several also say small group sessions work well.

Obstacles to Providing Services

A shortage of time and staff are the main obstacles to providing more emotional and behavioral health services in the schools. Nearly all counselors said they did not have the time or resources to work as closely with students or offer all the programs they would like. Many said they would like to do more group counseling and one-on-one therapy with students, but did not have enough time because of their high caseloads. Others noted that they only work part-time, or travel to several school sites, so are not available to the students every day. This means that most counselors' focus is on treatment, rather than prevention. As one put it:

"I always have a pervasive feeling of inadequate time... Our ability to take the time that a kid needs on a particular topic... doing 'social autopsies' on a particular problem are limited, especially now that the schools' emphasis on standards makes teachers reluctant to let kids out of class."

Others noted:

"There's one of me one day a week. To see someone on a regular basis is very difficult."

"The biggest obstacle is the schedule... students are overbooked and overcommitted and it's really difficult to think that in a 40-minute period they'll come into my office and go deep into a subject and then the bell rings and they go to math class."

"We would like to have programs set up for every class, but our hours are limited. It always feels to us that we're putting a band-aid on something, doing a quick fix...But we do see positive changes. Counseling works."

Immigrants and Special Populations

Most counselors feel their schools are doing an adequate job of meeting the counseling needs of immigrant students and English Learners. Eighteen counselors reported that they speak Spanish or another language, or that their schools have interpreters on staff. Others said that most of their students are able to communicate in English. Counselors did note difficulty in communicating with parents of these

students, either because of language difficulties or cultural differences that make the families not interested in counseling.

Hard-to-Reach Students

Asked which students they have the most difficulty working with as counselors, the biggest group said it is students whose parents are either too busy to communicate with the school or are unwilling to have their child receive counseling services. Reasons seen for this include cultural differences, parental substance abuse problems or legal troubles, religious views, and a reluctance to see their child as having problems. As one described it:

“Some of the kids who have ‘power parents’ – it’s difficult to work with them because the parents are really running their show... and if they do something and you do need to work with the parents, it’s just impossible.”

Other groups of students described as hard-to-reach include non-motivated students, whom one counselor called “the able-bodied non-performers.” Students who are quiet or withdrawn, children who are defiant or mistrusting of adults, Asian students, some of whom may be unwilling to ask for help, and boys also were seen as harder to get into counseling. As one counselor summarized the problem in reaching this latter group:

“The boys, they don’t self-refer.”

As for the preteen emotional and behavioral health issues that are the hardest to address in the school setting, counselors say it is problems that require ongoing therapy, which they are unable to provide. This includes issues such as family problems, eating disorders, substance abuse, and depression. As some explained:

“The hardest thing for me would be entrenched family issues that we have little impact on.”

“We’re like a triage team. We’re here to get the kids a quick fix.”

Changes in Issues Over Time

School counselors who had several years of experience were asked whether their job, and the student issues they deal with, had changed over time. A variety of trends were noted, including more serious problems at an earlier age, a rise in student stress, a decline in parenting skills, more family problems, and an increase in economic disparity in the community. Some representative statements include:

“It seems like they’ve gone from being more juvenile/teen issues to more adult issues.”

“I’m seeing more behavior problems in the lower grades.”

“Our community has changed... the discrepancy between our top kids and our bottom kids is growing.”

“I think parents are feeling less and less confident in their ability to parent, so they’re not setting limits, they’re not setting boundaries.”

“A lot more kids being left alone, having no activities or community resources to go to after school.”

“A change in the sense that there seems more intensity of kids feeling less happy or having fun. So much stress coming from everywhere.”

“It kind of seems like there’s a lot more pressure on kids these days to be perfect. They’re overcommitted, and everything they do is supposed to be perfect.”

Community Resources and Needs

When they need to refer a student out for treatment, school counselors said they turn first to private therapists, psychiatrists, or pediatricians if the child has insurance coverage. Other resources mentioned for students needing more intensive care than can be provided at school include: Peninsula Family YMCA’s Project FOCYS or North Peninsula Family Alternatives; Youth and Family Enrichment Services; the San Mateo County Family Service Agency; local hospitals or the Lucile Packard Children’s Hospital; San Mateo County Mental Health Services and Child Protective Services; Pyramid Alternatives for substance abuse treatment; Kara for grief counseling; the Children’s Health Council; and Catholic Charities.

Asked if they felt that the students they referred out usually received the help they needed, counselors were divided in their response. As one put it:

“The kids I refer out have probably needed the psychiatric services for quite a while... and sometimes they still ignore it.”

Several said that, while services were available, there are often long waits for an appointment. Others mentioned cost and distance as preventing some families from getting outside help. The counselors said they generally do not have the time or authority to follow up and make sure the child receives care. As one said:

“All I can do is refer out and keep my fingers crossed that the parents will make the call.”

As for additional community resources needed, after-school programs topped the list. Parent education or parenting classes also were mentioned as a critical need, especially:

“Some kind of parenting class for parents of preteens who are out of control. I think a lot of parents feel very powerless... Either they’re feeling overwhelmed, or they don’t know what to do.”

Family counseling centers and preteen support groups on a variety of issues also were frequently mentioned, as well as low-cost, local counseling services for children, mentoring programs, more counseling services in Spanish and other languages, and more community health clinics for teens and preteens.

The Role of School Nurses

The role of the school nurse today is primarily concerned with conducting state-mandated vision, hearing and scoliosis screenings, and making sure that student immunizations are up-to-date. Most nurses in San Mateo County cover several schools. Of the 10 elementary and middle school staff nurses interviewed, five covered three or four schools, four covered seven to 10 schools, and one covered an entire district of more than a dozen schools. The average caseload for school nurses in San Mateo County is 4,022 students, and six of the county’s 20 elementary and middle school districts have school nurses on staff, according to CDE Educational Demographics Unit statistics for the 2003-04 school year. Districts without school nurses on staff contract with independent-contractor nurses for health screening. These nurses typically go to a school solely for screenings, and provide services for many different schools and districts.

Because of their large caseloads, school nurses’ ability to support preteens’ emotional and behavioral health is limited. Most of the nurses interviewed said they are not able to provide any emotional or behavioral health services for students. As one school nurse described it:

“I do hardly anything to support kids. All I do is the state mandated stuff... Screenings... immunization checks... I rarely see the kids except for the testing that I have to do.”

However, some nurses said they do provide emotional and behavioral support, even though their time is tight. Among the services they mentioned were teaching students about body changes as part of the Family Life curriculum,

instructing students on hygiene, providing information on nutrition, speaking with parents, and helping families find health resources in the community.

Nurses who had been on the job many years said their role has changed significantly over time, from one in which they were on site and knew every student, to one in which their contact with students is limited to a few minutes in the course of conducting screenings. One nurse said she used to have an office at the school and knew every student by name. Now, her contact with each student is limited to the approximately four minutes it takes to conduct a vision or hearing test.

“I used to be able to go into the classroom, give science lessons, health education... It’s changed.”

Several nurses interviewed for this study said that, while they would like to be able to work with students on behavioral and emotional health issues, the primary obstacle preventing them from doing so is a lack of time to spend with the students. Several also felt they were impeded by a lack of visibility, because they are not at the same school site every day and do not have an office where students can see them. All the nurses interviewed felt that school districts do not have enough nursing staff to allow them to provide emotional and behavioral health support in addition to their screening duties. Other obstacles to nurses’ ability to provide emotional and behavioral health support include difficulty in getting parents to follow up on their children’s health issues, and too much time spent on reporting requirements and other paperwork. In the words of one school nurse:

“We do screening in 20 schools: vision and hearing, scoliosis.... All we do is follow-ups and letters, it’s more like clerical and doing what the state wants us to do... It’s mass production.”

School nurses also pointed out that a shortage of nursing staff – triggered in part by nurses' reluctance to work in schools because of low pay and the constant threat of layoffs due to budget cuts – makes it hard for school nurses to play a greater role in promoting preteen behavioral health. As one said:

“It used to be that we did a lot of health education... I had three schools assigned so I could get to every school every week... see every child... But now there’s a shortage of trained staff, so even if the schools had the money [to hire more nurses], they wouldn’t have a sufficient pool of trained staff... because of job insecurity... That’s a lot of years of schooling and money to spend on education and then to think that you might get cut... And the pay is not good... You can make a lot more working in a hospital.”

CONCLUSIONS AND RECOMMENDATIONS

The most pressing emotional and behavioral health issues among elementary and middle school children in San Mateo County are family problems, and stress and anxiety. Bullying or fighting, depression, and academic problems also plague significant numbers of students at many San Mateo County schools. While these are not generally headline-grabbing issues, they are the kind of ongoing trauma that damages a child's well-being and diminishes his or her ability to learn and thrive.

School-based counselors have been shown to be a crucial source of education, prevention, and intervention regarding these emotional and behavioral health issues for school-aged children and their families. The counselor's role is especially important during the preteen years, when students are beginning the transition from childhood to adolescence, and are developing the character and behaviors that will guide them in adult life. Young people at this age are subject to intense pressure from school, peers, and family, and they are also undergoing major physical and cognitive changes. Access to a caring mental health professional providing guidance on emotional and behavioral issues as part of their regular school environment is highly beneficial for many children.

Yet in today's school budgetary climate, counselors are all too often a lower priority, despite the clearly established connection between emotional health and academic success. Staffing in San Mateo County, as throughout California, is low and student-to-counselor ratios are high. While the importance of school counselors is widely recognized in the county, and there have been modest gains in staffing over the past five years, most schools still do not have enough counselors to provide services to all the students who need them. Among the services that counselors say are needed but not adequately available in county schools are emotional and behavioral health education; more opportunities for one-on-one counseling for students; and education and counseling for families.

Local nonprofits provide counseling services to help fill the gap in a number of San Mateo County schools, primarily in the least-affluent areas. Some districts have become very adept at applying for grants and forming partnerships with community agencies to receive services at low or no cost. But this approach takes time and expertise that may not be available in all districts. In addition, such funding sources can be variable, and it is difficult to rely on them from year to year.

The counselors and nurses who participated in this study suggested the following actions to promote the emotional and behavioral health of preteens in San Mateo County:

- Increase the number of school counselors. At a minimum, every school district should have at least one full-time elementary and middle school counselor. Bringing student-to-counselor ratios in line with the American

School Counselor Association recommendation of 250 students per counselor should be a long-term goal.

- Include social and emotional health education as part of the regular school curriculum. This would include topics such as character development, social skills, and conflict resolution.
- Provide more community resources for parents to get advice and receive practical information on early adolescent development and how to parent preteens. Local parenting classes, especially in languages other than English, would be valuable.
- Provide more after-school activities and mentors for preteens.
- Increase the amount of low-cost counseling services available for children and families.

Additional recommendations that should be considered, based on the literature and the current policy climate, include:

- Develop better indicators to identify and track emotional and behavioral problems in preteens as well as children of all ages.
- Survey parents, teachers, and preteens themselves to obtain data on the incidence of behavioral and emotional problems.
- Implement the recommendation in the President's New Freedom Commission on Mental Health to screen students for possible mental health concerns. Use these data to advocate for additional treatment services, if the data indicate a need.
- Specifically examine the effect that the current emphasis on academic rigor is having on student stress and anxiety levels, and determine how to mitigate academic pressure.
- Explore the feasibility of advocating for funds for schools from the recently passed Proposition 63, which created the Mental Health Services Act. This Act will generate additional funding for county mental health departments through a new income tax on California's wealthiest residents. Information is available on San Mateo County's website at http://sanmateo.networkofcare.org/mh/home/prop63_sanmateo.cfm.
- Advocate for restoration of school nurses in every district as a resource for behavioral health education and problem intervention. School nurses' large caseloads currently prevent them from playing a larger role in promoting

preteen health. Districts also should explore creative ways to fund school nurses, and schools may benefit from working more closely with county health department nurses.

While some of these recommendations are long term and require substantial policy changes and funding, The Preteen Alliance, Lucile Packard Foundation for Children's Health, and other interested organizations should continue to play a role in bringing these issues to public attention and convening agencies and individuals to advocate for needed changes. While the preteen years are naturally a time of upheaval as children begin the transition to adulthood, efforts should be made to make sure that the transition is as smooth and supported as possible.

ⁱ McGannon, W., Carey, J. and Dimmitt, C. (2005). *The Current Status of School Counseling Outcome Research*. Center for School Counseling Outcome Research. Research Monograph No. 2.

ⁱⁱ Brigman, G. & Campbell, C. (2003). Helping students improve academic achievement and school success behavior. *Professional School Counseling*, 7(2), 91-98.

Gysbers, N. C. (2004). Comprehensive guidance and counseling programs: The evolution of accountability. *Professional School Counseling*, 8(1), 1-14.

ⁱⁱⁱ Sink., C. A. & Stroh, H.R. (2003). Raising achievement test scores of early elementary school students through comprehensive school counseling programs. *Professional School Counseling*, 6(5), 350-364

^{iv} Hernandez, T. J. & Seem, S. R. (2004). A safe school climate: A systemic approach and the school counselor. *Professional School Counseling*, 7(4), 256-262.

^v Ibid.

^{vi} Whitson, S.C., & Sexton, T.L. (1998). A review of school counseling outcome research: implications for practice. *Journal of Counseling & Development*, 76, 412-426.

^{vii} Brigman, G. & Campbell, C. (2003). Helping students improve academic achievement and school success behavior. *Professional School Counseling*, 7(2), 91-98.

Gysbers, N. C. (2004). Comprehensive guidance and counseling programs: The evolution of accountability. *Professional School Counseling*, 8(1), 1-14.

McGannon, W., Carey, J. and Dimmitt, C. (2005). *The Current Status of School Counseling Outcome Research*. Center for School Counseling Outcome Research. Research Monograph No. 2.