A Proposal for Evaluating School Psychological Services on Long Island:
A "Mental Health" Report Card

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I

When the New York State Education Department began the innovative practice of reporting academic achievement data utilizing the widely publicized "school report card" system, it was believed that this user-friendly format would allow the public to decipher the complicated maze of data to better understand just how well one's home school district was performing in reaching the goals of its mission statement. Specifically, each district strives to turn out adult learners who are ready to compete in a global market place, develop the ability to relate to others in a productive and compassionate manner, and take their place as good citizens among their peers. The school report card, it was hoped, would give bragging rights to those districts who excelled in academic performance, while encouraging those at the lower end of the performance scale to reexamine district priorities, leadership, and utilization of financial and human resources. While the mission of encouraging voters to compare their home school district's performance with neighboring districts has been achieved with respect to academic excellence, the current school report card falls far short of measuring what schools do to nurture and develop the character, the spirit, and the sense of well-being which children universally require as a prerequisite to performing well in academic learning situations.

Each year, as Long Islanders prepare for school budget voting, one only need examine the publication of Newsday's school report cards in order to examine and compare individual school district. Included in these data are class sizes, percent of students passing the fourth and eighth grade English and Math assessments, percent passing NYS Regents exams, graduation rates, and the percentage of students receiving Regents diplomas and enrolling in four-year colleges. That is quite a mouthful of data, but with easy digestibility in terms of the general public's understanding of sometimes incomprehensible educational jargon.

The down side of this often quoted document has been its use solely to report so-called "hard data" on only one aspect of a total education; student achievement in terms of mastery of basic skills. However, it does not report on what research has often referred to as "the missing link" in education – social and emotional adjustment of students.

As school districts have struggled with a demand for lower school taxes and increased performance on the school report card, the issue of raising mentally healthy children has been, in some school districts, forced lower and lower on the priority list of how schools should be utilizing a shrinking economic base. Mental health does not simply mean the absence of a mental illness, but also refers to the development and nurturing of a child's social, emotional, proactive, and behavioral competencies. Competing demands for limited resources forces districts to make drastic decisions, and all too often, to relegate programs and services devoted to mental health to the back burner. In May, 2006, at least one Long Island school district had proposed the rolling back of full day kindergarten classes to half-day classes. Other districts were cutting back on remedial support classes for students, as well as advanced placement classes. This was occurring at the same time that the state was touting higher academic standards for all children in New York State. Preventive mental health services thus faces some stiff competition as school boards must decide what services to cut.

Three years ago, the first authors' daughter (then a third grader), was beginning to struggle in school academically, despite her good

(Continued on page 14)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 13)

intelligence and strong work ethic. It was suggested that a discussion with the district's school psychologist was warranted. The psychologist observed Katie in her classes, consulted with her teachers, recommended a formal educational evaluation, and eventually brought her case to the district's Committee on Special Education, where an Individual Education Plan was developed to address what was eventually diagnosed as a learning disability. Katie is not yet out of the woods by any means, but she is doing so much better now with the proper support services in place. The school district was applauded for its ability to hear the concerns of parents and teachers, to respond in a timely manner, and to do what any parent would expect their local school district to do; to help a child to learn to the best of his/her ability. It is wondered how Katie would have fared in a different school district, with more limited mental health resources.

Addressing childhood learning difficulties represents only one dimension of how children's mental health needs are addressed by the public school system. Broadly defined, mental health services within the public school sector are those supportive services that provide for the emotional, social, and interpersonal needs of children and adolescents. Unfortunately, many of these needs go unattended simply because of a lack of personnel and resources committed to prevention and early intervention with childhood mental health problems.

In a 1995 research report presented to the American Psychological Association, the following statement and accompanying data were reported:

"One out of every five students in America's public schools has significant mental health needs. They live with emotional distress that is painful, that threatens their life success, that diminishes their contributions to families and communities, and that ***leaves them unavailable for learning***."

In a typical elementary school of 1000 students, this article reported, epidemiological research predicted the following:

42 of these students would have serious conduct disorders - a behavior disorder which would disrupt the learning of every other student in the class.

64 students would have some form of attention disorder - fidgety, impulsive students who are frequently overactive and have difficulty focusing their attention on scholastic tasks for long enough periods of time for them to learn efficiently.

180 students would be likely to have serious anxiety disorders, phobic reactions that would prevent them from making friends, or taking tests, or even prevent them from talking out loud or coming to school at all.

8 - 14 of the students in our hypothetical school would struggle with clinical depression, a mood disorder causing irritability or lethargy serious enough to warrant consideration for some type of medication intervention. Even sensitive adults, it is suggested, may not sense the profound misery that depressed students struggle with and their pervading sense of worthlessness.

This article goes on to state that if our typical school were a middle or high school, the number of conduct disordered students would double and the rate of clinical depression would soar, leading to the following predictions:

57 cases of clinical depression

34 cases of eating disorders

85 suicide attempts

In a more recent (2004) article in the American Psychological Association Monitor, it was reported that the above numbers are growing at alarming rates. Witness the astronomical growth in just one clinical marker of adolescent dysfunction --the number of teens who engage in Self-Injurious Behavior (SIB), such as cutting themselves, or in some other way inflicting physical injury to cope with underlying psychological pressures. Five years ago, school psychologists were rarely asked to see a child who was cutting; the phenomenon was relatively unknown.

Currently, the topic of Self-Injurious Behavior has been receiving considerable attention in both the scientific and popular media. It is not at all uncommon to hear whispers among students in the hallway that a peer is a "cutter". The current topic is very serious, as it so accurately pertains to the lives of children and adolescents in today's culture. At a recent conference on Self Injurious Behavior held in March of 2006, the following "cycle of emotions and behaviors" was described as often being present:

(Continued on page 15)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 14)

1. Negative emotions: alienation, frustration, rejection, anger, isolation, depression, sadness
2. Tension: inability to control emotions, thoughts of SIB
3. Dissociation: coping mechanism to reduce tension and later to mask physical pain
4. SIB act: cutting, burning, hitting, etc.
5. Positive effects: endorphins present, tension and negative feelings reduce
6. Negative effects: shame, guilt, depression
7. Negative emotions: alienation, frustration, rejection, anger, isolation, depression, sadness

It was recently reported by the Associated Press that SIB was evidenced in 17% of students surveyed at Cornell and Princeton. These behaviors may have been a maladaptive attempt at stress reduction or a method to make emotional distress visible. In either case the physical results are the same. This leads one to wonder if the incidence of SIB in this population would have been reduced had there been supports during these students' earlier academic experience. Sadly, it has also been reported that there are hundreds of websites in existence that glorify SIB. It appears that our inability to act when these students were younger has not only had a negative outcome, but major media outlets are now reporting the failure to adequately deliver mental health services.

These data strongly suggest a need for interventions, as well as the development of effective alternatives, for any individual engaging in acts of self-injurious behavior. In order to provide the appropriate support and help to those so-called "silent screamers" who walk around wounding themselves, we first need to have mental health providers who are competent in such ways of offering alternatives, self soothing strategies, and, above all, enabling these individuals to better care for themselves. Barry Anton, Ph.D., chair of the 2003 American Psychological Association's Task Force on Psychology's Agenda for Child and Adolescent Mental Health stated in this report, "There is a more universal recognition that we face an epidemic of children's mental health needs in this country, and with it, the awareness that we need an action plan to address this epidemic and get children and families the help they need."

At a recent conference sponsored by the NYS Office of Mental Health, the following additional data were offered:

1. It is estimated that almost 21% of U.S. children ages 9 to 17 have a diagnosable mental or addictive disorder associated with at least minimum impairment.
2. 79% of children aged 6 to 17 with mental health disorders do not receive mental health care.
3. Suicide remains the third leading cause of death of youth aged 15 to 24 in New York State.
4. 74% of students who drop out of school and who are classified as emotionally disabled are arrested within five years of dropping out.
5. 1 in 10 children in New York State have an emotional disorder.
6. Only 30% of emotionally disabled children over age 14 graduate from high school.
7. 66% of boys and almost 75 % of girls in juvenile detention have a least one mental disorder, according to one study.

These data indicate quite clearly that more than one fifth of our state's student body requires intervention. Given the number of available personnel in the schools, one cannot help but question why additional staffing is not available to provide preventative services. When one is placed in the reactive role, many times the damage may be contained, but rarely is it eliminated.

II

Levels of staffing required for mental health needs fall with rising budget costs, and this represents the real tragedy. It is true that school costs are outpacing the cost of living. The reasons for this state are many. There are those costs that are outside the control of the public school system. Thankfully, there are costs that can be reduced using a prevention rather than reaction model.

Remedial and special education costs continue to rise. The demands of No Child Left Behind require no less. With one in ten children in our state having an emotional disorder and almost 80% of these children going without needed mental health assistance, one must ask what would happen to school budgets and academic

(Continued on page 16)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 15)

achievement if that number were halved. It is our contention that the number of students placed under the special education umbrella and the number of students failing to perform on a satisfactory level using state benchmarks will fall given the appropriate mental health interventions.

So how does all this tie together with school report cards? The answer is a simple and straightforward one: the school report card in its current form tells parents nothing about the mental health "wellness" of their school district. As all adults know, one's ability to function successfully on the job is a direct manifestation of one's mental health. On a "good mood" day, life is sweet and work is productive; on a "bad mood" day, the reverse is true. If we simply translate this universal truth to the world of school-age children, the road is clear: in order for our children to become efficient and effective learners, we must do our best as parents and school professionals to provide for their mental health. A very tall order in a world at war and one in which the mental health of many adult citizens is in question. However, address it we must, with our schools and our school psychologists on the front lines of the struggle for childhood mental health every single day.

In May of 2005, Long Island school districts faced the defeat of a record number of 45 school budgets. When residents in those districts voted a second time, as is provided for under state law, they still rejected 21 school budgets. With a passage rate of only 64%, that resulted in almost one third of Long Island school districts operating on reduced contingency budgets for the 2005-2006 school year, the highest number since 1978. In the wake of being forced to cut programs and services in order to deal with this mandate from voters, school boards are forced to continually evaluate what can be reduced or eliminated entirely from school budgets. It is no surprise that in the mindset of those who fashion school budgets that school psychologists, as well as other support staff such as guidance counselors and school social workers are sometimes unfortunately "the first to go". In the April, 2006 issue of The New York Teacher, it was reported that 44% of the school counselors, social workers, and psychologists in the Yonkers school district have lost their jobs in the last three years. This very sobering number results in a qualified mental health staff that can only function within a reactive rather than proactive mode.

As the political and economic landscape of these times unfolds with the public demanding the most from every one of its tax dollars, it behooves the professional guild associations of school mental health providers to applaud those school districts who have recognized the long term positive impact of preventive childhood mental health services. While no one can argue the long research trail extolling the benefits of small class size, the size of the class may ultimately prove not as good a predictor of adult adjustment and happiness.

Daniel Goleman, in his book Emotional Intelligence, details the research that indicates that an individual's ability to get along with others, solve problems, and cope with emotional challenges is a better predictor of adult success than academic grades and achievement. Those districts who "fight the good fight" to provide a wide range of preventive mental health services, as well as a timely set of interventions that will prevent small interpersonal and family problems from mushrooming into full blown crises, are making an investment in their children and in the future of their communities.

In an effort to expand the utility of the traditional School Report Card, we offer a new spin -- that of creating a School Mental Health Report Card that would permit interested citizens the opportunity to compare school districts on an entirely different dimension than merely academic achievement statistics. As a crude rubric for the development of such a reporting system, the data at the end of this article are offered which compare the total student enrollments of Long Island, New York (Nassau and Suffolk) county school districts with the number of full-time school psychologists employed in each district. This information was obtained from the NYS Education Department web page for Elementary, Middle, Secondary and Continuing Education, Information and Reporting Services, under the link for Teacher and Professional Staff (July, 2005). Professional staffing information forms part of the annual data supplied by every public school educator via the NYS Basic Educational Data System (BEDS), and it is this data that formed the basis of our analysis of school psychological staffing.

(Continued on page 17)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 16)

Interested readers may access this information for any school district within New York state by visiting www.emsc.nysed.gov/irts. Under the middle column entitled Data Reporting, scroll down to Teacher and Professional Staff. Click on the Personal Master file for the desired year and scroll down to the Professional Staffing Ratio link at the bottom of the page to locate the district of your choice. One may take account of the number of administrative staff, teaching staff, and pupil personnel staff such as guidance counselors, nurses, and school psychologists.

For purposes of this article, only the number of Long Island school districts with enrollments in excess of one thousand students were reported. Only eleven Suffolk County districts and one Nassau County district reported enrollments of less than one thousand students.

The data in these tables offer some interesting food for thought. An analysis of those school districts with the most favorable student per psychologist ratios would indicate that in some school districts there has been an executive decision by the superintendents and the boards of education to provide a strong safety net that will hopefully provide for all of the mental health needs of its children. In those school districts with higher student per psychologist ratios, more time needs to be spent in a review of the priority given to preventive mental health.

Standards regarding staffing ratios were first adopted by the National Association of School Psychologists during its 1984 convention, calling for at least one full-time school psychologist for each 1,000 children in most settings served by an LEA (Local Educational Agency). At that time, the role of the school psychologist was far more limited than today. In the early 1980s the primary role function for most school psychologists was that of "tester", sometimes referred to as the "gatekeeper" function to assess children's eligibility for special education services. Additional roles, subject to the time constraints of children awaiting testing, included crisis intervention, counseling, CSE participation, parent conferences (usually related to testing results), and child study team participation.

In addition to these roles, today's school psychologist engages in far more prevention activities, consultation, behavioral supports development (including observations, data collection, and data analysis), student accommodation plan development, post-secondary planning for students with disabilities, and in-service and teacher development presentations.

Given the additional roles of the psychologist in the 21st century, it is abundantly clear that ratios of the magnitude suggested over twenty years ago no longer apply. In order for school psychologists to perform effectively, a smaller ratio of psychologists to students would clearly appear to be more than advisable. If a reduced ratio were to apply, then school psychologists would be able to allocate more time to consultation, prevention, and the direct implementation of mental heath intervention programs for those students who did not respond to earlier efforts.

Psychologists engaging in consultation can reduce the number of students referred to or placed in special education. In addition, school psychologists will have additional time to focus on the mental health needs of the students which will also lead to a reduction in the number of students that are referred. Ultimately, students' academic achievement will increase, the ultimate goal for all students under the No Child Left Behind (NCLB) legislation.

There may be those who voice the concern that our analysis are counter-productive, and possibly self-destructive, to the aims of the profession should lower student to psychologist ratios and student achievement not correlate. However, student achievement is never a simple one-factor approach. It is the hypothesis of the authors that while the goals NCLB are admirable, there can be no simplistic solutions. The authors of this article believe that a lower student to psychologist ratio is but one means to the achievement end. If schools address mental health needs of students within the school, then those students most at risk for school failure or poor performance on mandated testing will perform better than if schools did not address these issues. There is ample research, which will not be addressed in this article, that supports the connection between student achievement and the implementation of programs which support social-emotional learning (SEL).

(Continued on page 18)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 17)

III

The issue of increasing social-emotional learning in general and mental health prevention services within the school setting needs to be understood not just from the mental health point of view, but also, as we often fail to do, from the economic point of view.

In essence, parents care about their children's welfare. But many are also driven by the value of their property and the reputation that their district carries. To that extent, real estate agents are most interested in continuously raising the price of homes as a means to make the neighborhood more affluent. To do so, they will tout information such as school district test scores, and in fact, often point directly to the New York State School Report Card. The average school district newspaper will show from cover to cover the commendable achievements of its students such as the following: graduating class college profiles, various awards won based on academic performance, students involved in the arts and the wonderful productions put on by the orchestra or the drama club, and of course, all of the victories and honors of various school athletes.

While these milestones should be recognized and applauded, precedence is often given to accomplishments of a relatively small percentage of students. In the average school district with 4,000 to 5,000 students, certainly only a few will participate or succeed in such events. Yet, school papers routinely focus on them. How often does one see headlines and photos regarding the accomplishments from the self-contained class students who struggled, prepared, and passed their state mandated competency exams? How often are pictures of Downs Syndrome students featured, succeeding with Behavior Improvement Programs designed and supported by the school psychologist? How often are the accomplishments of Limited English Proficiency students reported or the efforts of African American students to attend extracurricular or academic support services highlighted? How many students who are referred to their school psychologist are assisted each year in overcoming the loss of a relationship, the stress of applying to college, the despair and hopelessness of a period of suicidal thinking? The reality in most districts is that issues that do not tout academic achievement, sports, or theatrical entertainment are not as newsworthy.

The struggle is not with the State Education Department, but with our society. We do focus on, and advocate for, more sports teams, active participation in the arts, and the like. Average homeowners want to build more value in their homes and want more opportunities for their children to excel, particularly in the direction of attending competitive colleges. In the bigger picture of life, mental health becomes a "soft issue." It is not as important. By nature, as individuals, as districts, or as a society, it has been taboo to talk about the social problems and challenges faced by our children. It is not surprising then, that only a few selected, well-educated and open-minded individuals listen to the needs of the less fortunate.

Perhaps this is a somewhat pessimistic position to take, but it is the reality that needs to be confronted. The challenge for school psychologists is to find the time to convince parents and school administrators of the advantages of discussing at-risk behaviors with students as a means to get to know them, identifying those in need, and ensuring that all students meet, and have an opportunity to develop a relationship, with mental health professionals in the school. Let the school newspapers report the plans and dreams of students who have overcome personal challenges in their lives. Let the headlines speak of the adults in the system that were an inspiration to children through some difficult years. Let those students who were once disconnected from the system tell us how to welcome those who do not feel as though they are even a part of the school community. Report on those school districts who reach out to autistic students or develop a mentoring program for slow learners. Educate the realtors that the value of one's home and community is greatly enhanced by school mental health professionals well-trained in dealing with depression, suicide, drug avoidance, alcohol abuse, unexpected pregnancy, destructive and assaultive behavior, and so on.

It becomes a matter of convincing the public that there is a great deal to gain from having the best-trained professionals working in the schools. The issue of enhanced student performance, academically and socially, requires an ongoing education campaign, a large part of which could be assisted by the evolution of a school mental health report card. Additionally, by encouraging

(Continued on page 19)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 18)

the participation of the business community, additional mental health prevention programs and sources of revenue could be brought into the schools, with yet another "gold star" to be added to the mental health report card of those districts savvy enough to form such school-community partnerships. The homeowners and real estate community will, as a consequence, follow. Prestige for a community will develop based on both the quality and diversity of both the academic offerings of a district as well as the availability of highly trained school mental health professionals.

Most importantly, the profession must become its best advocate. There needs to be an element of sales with regard to the services offered. This requires school and community visibility. This happens when the professionals involved attempt to go beyond expectations by developing and running programs for early intervention and by targeting at-risk students. Concurrently, the growing number of glorified "behavior" and "autism" consultants, many with training in fields other than psychology and most with training equivalent to what better trained professionals obtained as undergraduates, needs to be addressed promptly. Private businesses have found their way into the schools by selling services that look impressive by targeting parents of certain disability groups. Ironically, many are failing to recognize that the well-trained school psychologist has had ample training in behavior modification and is able to do essentially the same, if not a better, job. Unless school psychologists better advertise the wares of the field, jobs will continue to be sold to less talented people who present as the lowest bidder (economics, again).

There are clearly those who believe that addressing the mental health issues of children should not be the work of the public schools, but rather of public mental health clinics or each family's private health insurer. Whether we like it or not, schools must provide mental health services to children and adolescents, not just because of federal and state mandates, but because it is the right thing to do. Ask any teacher who has a child in his or her class who is not meeting the benchmarks of the curriculum to whom they turn for assistance. The answer will frequently be "The School Psychologist". Whether that child and family may be seen within a day or within a week or within a month will be determined, in large measure, by the number of school psychologists on staff. In districts where school psychologists are assigned to multiple buildings within a district, that wait will most certainly be longer than shorter. When it comes to your child and perhaps a crisis in his/her life, on which end of these numbers would you rather your school district be?

RECOMMENDATIONS:

1. The establishment of a New York State School Mental Health Report card is an idea whose time has come. The traditional school report card has served the purpose of presenting a wealth of information on the academic achievement of our students. Informed citizens want to know what schools are doing to foster character education programs, build young hearts and minds who are caring and mindful of each others' mental health and knowledgeable about accessing resources to assist when emotional problems get in the way of good school performance;

2. There exists a need for greater dissemination of web sites which serve the needs of promoting SEL programs in the schools. Sites such as the UCLA School Mental Health Project (http://smhp.psych.ucla.edu/), the Collaborative for Academic, Social, and Emotional Learning (www.casel.org) , the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services (www.samhsa.gov), and the Character Education Partnership (www.character.org), to name a few, will greatly enhance a school districts' ability to locate a starting point for a local needs analysis. Programs may also be listed in a school mental health report card which will demonstrate how prevention efforts are being provided across grade levels to address childhood anxiety disorders, mood disorders, and disruptive behavior disorders, the most common mental disorders among children. This effort is already being spearheaded by the cutting edge organization known as the Long Island Social Emotional Literacy Forum (LISELF). Their historic and groundbreaking efforts may be viewed online at www.sel.eboard.com;

3. In an effort to recognize and applaud those school districts with the lowest student to psychologist ratios, it is suggested that the Nassau

(Continued on page 20)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 19)

and Suffolk County Psychological Associations provide an annual award at an appropriate public ceremony to commend the efforts of those districts that have sought to provide the most immediate access to preventive mental health services by advocating for mental health staffing ratios that are realistic given the needs of our children and youth in these difficult times. In these days of limited mental health insurance coverage, it is increasingly the schools to whom parents turn for assistance with developmental and crisis behavior in their children. Recognitions may also be awarded for innovative attempts at publicizing SEL programs via school district web sites. An exemplary effort by a Long Island school district of what may be done to publicize mental health and prevention may be seen by visiting the SEL Resources web page developed by the Jericho Middle School Library (www.bestschools.org/ms/library/sel.htm);

4. It is suggested that parent associations, professional mental health organizations, and the NYS Office of Mental Health increase their communications and advocacy in order to present a united front and better educate the public with regard to the cost effectiveness of adopting a preventive model for mental health services within the public schools. The solution we seek is not simply the hiring of additional school psychologists, which would be self-serving at best and miss the intended mark on a more global scale. What we seek is a total change in the public perception of mental health.

Much in the same way as the Response To Intervention (RTI) model has offered an alternative to the "wait and fail" discrepancy system for the identification of learning disabled children that has existed since 1975, there already exist programs that seek to address the system-wide analysis of children with behavioral and/or emotional difficulties and their often comorbid pattern of academic failure. An excellent mental health prevention model which would serve as a good starting point for interested readers would be the program known as Positive Behavioral Interventions and Supports (PBIS), and may be accessed via the web at www.pbis.org;

5. The private sector has created many innovative means to improve the social-emotional learning of students across the grades. One such model program is the Citigroup Success Fund, administered jointly by the Citigroup Fund and by the Mentoring Partnership of Long Island. Over $35,000 will be distributed during the 2006-2007 school year to thirty-five different schools across Nassau and Suffolk counties for the purpose of developing innovative projects that will enhance the curriculum and learning for those students most at risk. These programs need to be more widely publicized and catalogued in web pages that are routinely accessed by school districts on a regional and statewide basis. The Mentoring Partnership of Long Island may be contacted at www.mentorkids.org;

6. School psychology training programs are encouraged to educate graduate school psychology interns about the issue of understaffing of school psychologists in some school districts. Interns require a broad experience in the many facets of school psychological services as part of their internship experiences, and should not be utilized merely as "testers" to clean up the backlog of special education re-evaluations. These efforts address only a small segment of the school population and hold little value for the child's overall well-being. Many students undergoing re-evaluations come to the assessment environment often seeking emotional support and in need of social skills training. These needs are not always met due to time constraints to complete only the minimum requirements as set forth by the by New York State special education regulations;

7. The time has come in education for implementation of a coordinated program that addresses the academic, social, emotional, and behavioral development of children. This can be addressed in a coordinated fashion much like a Comprehensive School Health Program, although such a formalized structure may not be necessary. It is important, regardless of the program adopted, that every Long Island school district makes an attempt to adopt a similar program and consistently implement it within their respective buildings. The Center for Disease Control suggests specific components to a school health program which include: health education, physical education, health services, nutrition services, counseling, psychological, and social services, healthy environment, healthy staff, family and community involvement. By providing these services, school districts will slowly move towards a mental health model that appropriately

(Continued on page 21)

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card (Continued from page 20)

addresses their students' social-emotional needs.

As this article is being written, school health and mental health issues are being discussed by the New York State Board of Regents and the State Education Department. This discussion is in part taking place, in part due to national studies indicating that young people are less healthy and less prepared than their parents to take their places in society.

Whereas the major health issues facing children in past generations have been physical diseases with specific causes, today's major health risks to children are rooted in social, behavioral, or environmental conditions which are preventable. Many of today's behavioral problems arise out of a lack of social or communicative skills and are readily addressed with positive social skills and strategies.

In the end, we all want what is best for our children. As with all things, if one's family has not been touched by issues brought on by a parent's or a child's mental health crisis, we would not understand this need in the same way as those who have seen its destructive face. However, in this day and age, it is becoming almost impossible to find an individual or a family who has not come into contact with a friend, relative, teacher, employer, or other significant person who has suffered some mental health problem. The choices will not become less difficult as our culture moves forward, only more so. It will be up to those of us who have developed a deep appreciation for the value of prevention to lead those who have not yet come to understand. We face many critics, skeptics, and naysayers, but as mental health professionals, we have also looked into the eyes of children and seen the spark of hope among the ashes of despair. It is our calling and our destiny to kindle that hope and to hold out the promise for a better world. If one can read at or above grade level, compute percentages without the use of a calculator, and debate about national and world politics, that will be some well-cherished icing on the cake of our collective mental health.

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Student Enrollment - **Suffolk County School Districts** - Number of School Psychologists

Total Student Enrollment	Name of District	No. of School Psychologists	Total Student Enrollment	Name of District	No. of School Psychologists
1,012	Southold	2	4,203	Huntington	11
1,207	Port Jefferson	Not Available	4,308	Deer Park	8.6
1,389	Center Moriches	2	4,663	South Country (Bellport)	7
1,581	Mattituck- Cutchogue	2.6	4,751	Riverhead	5
1,657	Southampton	3	4,896	West Babylon	6
1,711	Westhampton Beach	3	4,911	Copiague	6
1,752	Hampton Bays	3	5,159	North Babylon	7
1,956	East Hampton	3	5,328	East Islip	9
1,981	Babylon	2	5,811	Bay Shore	8
2,132	Cold Spring Harbor	3	5,885	West Islip	6.8
2,192	Wyandanch	4	6,138	South Huntington	13.5
2,403	Huntington	11	6,329	Central Islip	9
2,437	Mt. Sinai	3	6,475	Northport - East Northport	11
2,537	Bayport- Blue Point	5	7,116	Connetiquot	11.6
2,606	Elwood	2.4	7,482	Lindenhurst	10.6
2,702	Shoreham - Wading River	5	7,561	Commack	10
2,759	Amityville	5	8,004	Three Village	10
3,104	Miller Place	2.4	9,078	Patchogue- Medford	10
3,535	Sayville	5	9,745	Longwood	12.6
3,617	Rocky Point	4	9,974	Half Hollow Hills	16.4
3,636	Islip	4	10,191	William Floyd	11.75
3,639	Eastport- South Manor	4.5	10,508	Smithtown	15.6
3,662	Harborfields	6.6	10,902	Middle County	10
3,946	Brookhaven - Comsewogue	6.4	15,548	Sachem	28.7
4,129	Kings Park	5	17,041	Brentwood	22
4,160	Hauppauge	5			

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card

Suffolk County School Districts Students Per Psychologist

Name of District	Students Per Psychologist	Name of District	Students Per Psychologist	Name of District	Students Per Psychologist
Huntington	382.1	Half Hollow Hills	608.2	Eastport - South Manor	808.7
South Huntington	454.7	Connetiquot	613.4	Mt. Sinai	812.3
Deer Park	500.9	Brookhaven - Comsewogue	616.6	West Babylon	816.0
Southold	506.0	East Hampton	652.0	Copiague	818.5
Bayport - Blue Point	507.4	South Country (Bellport)	666.1	Kings Park	825.8
Shoreham - Wading River	540.4	Smithtown	673.6	Hauppauge	832.0
Sachem	541.7	Center Moriches	694.5	West Islip	865.4
Wyandanch	548.0	Central Islip	703.2	William Floyd	867.3
Amityville	551.8	Lindenhurst	705.8	Rocky Point	904.3
Southampton	552.3	Sayville	707.0	Patchogue - Medford	907.8
Harborfields	554.8	Cold Spring Harbor	710.7	Islip	909.0
Westhampton Beach	570.3	Bay Shore	726.4	Riverhead	950.2
Hampton Bays	584.0	North Babylon	737.0	Babylon	990.5
Northport - East Northport	588.6	Commack	756.1	Elwood	1,085.8
East Islip	592.0	Longwood	773.4	Middle County	1,090.2
Mattituck -Cutchogue	608.1	Brentwood	774.6	Miller Place	1,293.3
		Three Village	800.4	Port Jefferson	Not Available

Suffolk County Towns Students Per Psychologist

Name of Town	Students Per Psychologist	Name of Town	Students Per Psychologist	Name of Town	Students Per Psychologist
Southold	563.7	Babylon	684.7	Brookhaven	776.9
Huntington	578.5	Smithtown	710.5		
Southampton	648.8	Islip	718.7		
East Hampton	652	Riverhead	745.3		

Nassau County School Districts Students Per Psychologist

Name of District	Students Per Psychologist	Name of District	Students Per Psychologist	Name of District	Students Per Psychologist
Bellmore	273.1	Long Beach City	524.8	Merrick	647
Hewlett-Woodmere	373.2	Oyster Bay-East Norwich	532	Wantagh	653.6
Lawrence	402.7	Mineola	538.6	East Meadow	664.3
North Bellmore	411.2	Syosset	542.8	Levittown	665.6
Malverne	415.8	Hicksville	549.2	Freeport	666.9
Great Neck	419.2	Roslyn	554.3	Herricks	679.5
East Rockaway	422	Plainview-Old Bethpage	555.4	Garden City	702
Valley Stream 13	465.9	Roosevelt	560.2	Valley Stream 24	726.7
Island Trees	473.3	Locust Valley	571	Carle Place	732.5
West Hempstead	473.8	Manhasset	575.3	New Hyde Park- Garden City Park	755.6
Lynbrook	475.8	Massapequa	596.6	Valley Stream Central	767.3
Elmont	478.2	Hempstead	602.8	Uniondale	791.1
Oceanside	486.4	Glen Cove	603.2	Jericho	803.8
Farmingdale	487.5	Baldwin	609.1	Plainedge	889.5
Port Washington	488.8	Seaford	610.8	Sewanhaka Central	958.9
Valley Stream 30	496.3	East Williston	611	Floral Park-Bellerose	971.3
North Merrick	504.6	North Shore	612.2	Bellmore-Merrick Central HSD	1174.2
Bethpage	515.5	Westbury	636		
Rockville	517.4	Franklin Square	642.3		

A Proposal for Evaluating School Psychological Services on Long Island:

A "Mental Health" Report Card

Student Enrollment - **Suffolk County School Districts** - Number of School Psychologists

Student Enrollment - **Suffolk County Towns** - Number of School Psychologists

Total Student Enrollment	Name of Town	Number of School Psychologists
83,831	Brookhaven	107.9

Total Student Enrollment	Name of District(s)	Number of School Psychologists
1,207	Port Jefferson	Not Available
1,389	Center Moriches	2
2,497	Mount Sinai	3
3,617	Rocky Point	4
3,946	Brookhaven - Comsewogue	6.4
4,663	South Country (Bellport)	7
8,004	Three Village	10
9,078	Patchogue- Medford	10
9,745	Longwood	12.6
10,191	William Floyd	11.75
10,902	Middle County	10
15,548	Sachem	28.7

Total Student Enrollment	Name of District(s) Not Included	Number of School Psychologists
780	East Moriches	0

Total Student Enrollment	Name of Town	Number of School Psychologists
1,956	East Hampton	3

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
1,956	East Hampton	3

Total Student Enrollment	Name of District(s) Not Included	Number of School Psychologists
11	Wainscott	Not Available
93	Amagansett	Not Available
366	Montauk	1
559	Springs	1
934	Sag Harbor	1

Total Student Enrollment	Name of Town	Number of School Psychologists
61,378	Islip	85.4

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
2,537	Bayport- Blue Point	5
3,535	Sayville	5
3,636	Islip	4
160	Hauppauge	5
5,328	East Islip	9
5,811	Bay Shore	8
5,885	West Islip	6.8
6,329	Central Islip	9
7,116	Connetquot	11.6
17,041	Brentwood	22

Total Student Enrollment	Name of District(s) Not Included	Number of School Psychologists
46	Fire Island	Not Available

Total Student Enrollment	Name of Town	Number of School Psychologists
7,453	Riverhead	10

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
2,702	Shoreham- Wading River	5
4,751	Riverhead	5

Total Student Enrollment	Name of District(s) Not Included	Number of School Psychologists
95	Little Flower	1

Total Student Enrollment	Name of Town	Number of School Psychologists
8,759	Southampton	13.5

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
1,657	Southampton	3
1,711	Westhapton Beach	3
1,752	Hampton Bays	3
3,639	Eastport/ South Manor	4.5

Total Student Enrollment	Name of District(s) Not Included	Number of School Psychologists
11	Sagaponack	0.2
115	Quogue	Not Available
152	Bridgehaptom	1
178	Remsenburg- Speonk	1
324	Tuckahow	0.2
458	East Quogue	1

Total Student Enrollment	Name of Town	Number of School Psychologists
2,593	Southold	4.6

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
1,012	Southold	2
1,581	Mattituck- Cutchogue	2.6

Total Student Enrollment	Name of District(s) Not Included	Number of School Psychologists
10	New Suffolk	Not Available
55	Fishers Island	Not Available
107	Oysterponds	1
679	Greenport	1

Total Student Enrollment	Name of Town	Number of School Psychologists
33,688	Babylon	49.2

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
1,981	Babylon	2
2,192	Wyandanch	4
2,759	Amityville	5
4,308	Deer Park	8.6
4,896	West Babylon	6
4,911	Copiague	6
5,159	North Babylon	7
7,482	Lindenhurst	10.6

Total Student Enrollment	Name of Town	Number of School Psychologists
42,751	Huntington	73.9

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
2,132	Cold Spring Harbor	3
2,606	Elwood	2.4
3,662	Harborfields	6.6
4,203	Huntington	11
6,138	South Huntington	13.5
6,475	Northport- East Northport	11
7,561	Commack	10
9,974	Half Hollow Hills	16.4

Total Student Enrollment	Name of Town	Number of School Psychologists
14,637	Smithtown	20.6

Total Student Enrollment	Name of District(s) Included	Number of School Psychologists
4,129	Kings Park	5
10,508	Smithtown	15.6