

Where Do We Go From Here?

HOW K-12 SCHOOLS CAN SUPPORT THE MENTAL HEALTH OF STUDENTS AND EDUCATORS



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Executive Summary

America's children and adolescents are experiencing a mental health emergency. The U.S. surgeon general and major pediatric health care groups have sounded the alarm.¹

Of course, K-12 educators across the country recognized the mental health crisis long before the pandemic exacerbated the problems.²

A key question remains: What can schools do to help students and staff cope with this crisis?

Addressing high rates of anxiety, depression and other mental health challenges would prove demanding for schools in any environment. But budget limitations, teacher burnout and a severe shortage of mental health professionals raise the degree of difficulty.

Only about half of K-12 public schools feel they can “effectively provide mental health services to all students in need,” according to recent data from the U.S. Department of Education’s National Center for Education Statistics (NCES).³ But the latest research also reveals practical steps educators can take to strengthen their mental health supports.



This report looks at mental health care in K-12 schools to help educators make sense of the challenge and how best to tackle it. It reveals:

- The importance of school-based mental health professionals.
- How to provide educators with the mental health professional development they need.
- The many benefits of universal mental health screening.
- Why supporting students also means supporting teachers, mental health professionals and other educators.

Introduction

You've likely witnessed the effects of the mental health crisis in schools.

The statistics are alarming:

- Before the COVID-19 pandemic, about **one in five** children aged three to 17 had a mental, emotional, developmental or behavioral disorder.⁴
- During the pandemic, **37%** of high school students reported poor mental health.⁵
- **44%** had persistent feelings of sadness or hopelessness.⁶
- About **one in five** seriously considered suicide.⁷
- Nearly **one in 10** attempted suicide.⁸
- Among children aged 5 to 11, mental health–related emergency room visits increased **24%** early in the pandemic from the prior year.⁹

Educators, too, have suffered. In 2021, well over a third of teachers self-reported symptoms of generalized anxiety. More than a quarter reported symptoms of clinical depression.¹⁰

Many states have made strides to improve mental health services in K-12 schools. But all states have gaps, as revealed in a 2022 report by the Hopeful Futures Campaign, a coalition of national organizations focused on supporting mental health.¹¹

How can schools fill these gaps? How can they strengthen their mental health services to support students and educators?

A foundational piece of advice: Think big and start small.

Dr. Sharon Hoover, a licensed clinical psychologist and professor at the University of Maryland School of Medicine, serves as co-director of the National Center for School Mental Health. She warns of two mistakes schools must avoid.

On the one hand, school leaders and educators must not think that one step will solve the mental health crisis. “From the start, schools should think about a multi-tiered system of support — a comprehensive school mental health system,” Hoover says.

On the other hand, if schools try to execute that plan all at once, they will overwhelm educators, students and families. Hoover explains: “Schools should start small in terms of execution so they can do high-quality implementation. That might mean starting at one tier or with one strategy. That’s okay, as long as they’re mindful of the broader system they plan to create.”

Let’s look at critical elements of a comprehensive school mental health system — and at practical ways to institute them.

The push to bring more mental health professionals into schools

To support the mental health needs of all students, schools should have no more than 500 students for every psychologist, according to the National Association of School Psychologists.¹² But American schools fall far short of this standard.

U.S. Department of Education data reveals that as of the 2020–2021 school year:

- The national ratio stood at 1,151 students for every school psychologist — more than *double* the recommended ratio.
- Only one state (Connecticut) outperformed the standard.
- Five states (Alabama, New Mexico, Mississippi, Arkansas and Oklahoma) had ratios of greater than 4,000 to one.¹³

“The ratios are so astonishingly bad it’s almost inconceivable,” Angela Kimball, senior vice president of advocacy and public policy for the mental health nonprofit advocacy group Inseparable, told USA Today in early 2022.¹⁴

Selina Oliver is a certified school psychologist and senior assessment consultant at education publishing and assessments provider Pearson. She says: “School-based mental health services were already stretched before the chaos of COVID-19. During the pandemic, more students needed support when fewer human resources were available to meet those needs.”

There has been some progress, however. The national ratio of students to school psychologists decreased by nearly 5% from the 2019–2020 to 2020–2021 school years. About three-quarters of states improved their ratios during that period.¹⁵ And between March 2020 and December 2021, states passed 92 laws to strengthen schools’ mental health supports.¹⁶

More resources are on their way to help schools make mental health professionals available. The federal Bipartisan Safer Communities Act allocates hundreds of millions of dollars to add school-based mental health providers.¹⁷



“The ratios [of school psychologists to students] are so astonishingly bad it’s almost inconceivable.”

Angela Kimball
of the mental health nonprofit advocacy group Inseparable in USA Today

As promising as these developments are, school leaders must take care not to regard new hires as a magic fix. For starters, three in five public schools say inadequate access to qualified mental health professionals limits their ability to provide mental health services to all students who need them.¹⁸

Hoover, of the National Center for School Mental Health, advises schools to develop a mental health strategy before rushing to create new positions. After all, federal funding will eventually run out. “What do we do with these new staff positions at that point?” she asks. “Many schools don’t have a sustainability plan.”

School leaders should take a “proactive, preventative approach” to mental health, Hoover says. “Ask yourself: What are other solutions? How do we better equip everybody in the school building to support mental health? How do we ensure we’re not simply responding to each crisis as it arises?”

Understanding the shortage of school-based mental health professionals

Nine in 10 public schools in a recent survey don’t strongly agree that they can effectively provide mental health services to all students who need them.¹⁹ Their biggest limiting factors are:

61%

Too few mental health professional staff for their school’s caseloads

57%

Inadequate access to licensed mental health professionals

48%

Inadequate funding

Training the first responders: professional development for educators

Building out your team of mental health professionals is necessary for building a comprehensive school mental health system — but it’s not sufficient.

Many students won’t ask for help. A recent national survey shows that nearly a third of students have opted against seeking help from a school-based mental health professional.²⁰

In any case, Hoover says, “the mental health and well-being of our students can’t fall on one or two specialists at a school.” Educators play an important role in an effective support system. One school superintendent likened teachers and staff to “first responders” when it comes to student mental health.²¹ Hoover agrees, noting that educators “are the ones who interact with our young people the most, outside of families.” And they carry the added advantage of interacting with “a broad range of students every single day,” Hoover adds.

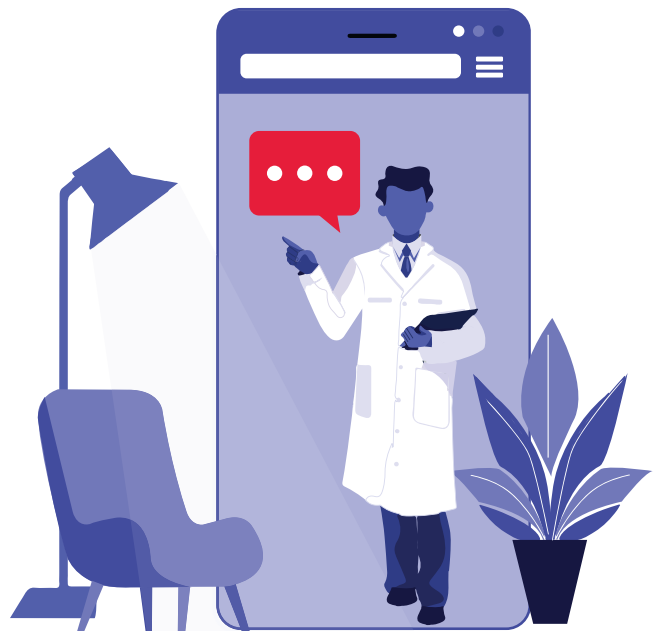
That’s why leading organizations like the Centers for Disease Control and Prevention (CDC) and the Hopeful Futures Campaign call for providing educators with regular mental health training.²²

“

“Educators don’t have to fix the problem, but they need to understand the best referral option to help students in need.”

Selina Oliver

Certified school psychologist and senior assessment consultant at Pearson



Professional development helps educators:

- Identify mental health warning signs:** “Professional development gives school districts a common language about mental health issues,” Pearson’s Oliver explains. “Everybody comes away with a litmus test of what should and should not be flagged.”
- Respond appropriately:** Educators want professional development in mental health, as many studies have shown.²³ Teachers who participated in one recent study reported that their “lack of training and mental health literacy” led them to feel “unprepared to manage [negative] behaviors while simultaneously managing other students’ needs in the classroom.”²⁴
- Connect students with support:** Professional development does not require all teachers to become mental health experts. “They don’t have to fix the problem,” Oliver says, “but they need to understand the best referral option to help students in need.”
- Understand their responsibilities:** Many school mental health programs fail to set clear “expectations for teacher collaboration and support,” research shows.²⁵ Oliver says effective training “allows districts to set and manage expectations about the responsibilities of teachers and other educators.”
- Promote well-being:** “Beyond being the first responders,” Hoover says, “educators are promoters of mental health.” She adds: “It’s not just about identifying problems. Training can help them promote well-being and prevent mental health challenges from worsening.”

Educators value the mental health training they receive. In a study conducted in a public elementary school, nine out of 10 teachers found the professional development program helpful.²⁶

Schools have more opportunities than ever to give educators effective mental health training. Since the pandemic began, at least 16 states and the District of Columbia have required K-12 educators to receive mental health training.²⁷ Districts also have access to billions in federal funding through the Bipartisan Safer Communities Act, the American Rescue Plan and the Elementary and Secondary School Emergency Relief Fund (ESSER), among others.

Schools that face budget or staff limitations still have options. The federal government has funded a free, five-hour online training program, Classroom WISE (Well-Being Information and Strategies for Educators).²⁸ Oliver also suggests partnering with a college or university or another organization that provides mental health services as part of its charter.

Moreover, Hoover says, schools that prioritize mental health and well-being can look at the time and funding they already devote to professional development and reallocate some of it toward mental health.

The impact of universal mental health screening

No matter how good educators become at identifying potential mental health issues in students, they can't carry that responsibility by themselves.

Experts recommend incorporating universal mental health screening, which brings many benefits. For example, the Hopeful Futures Campaign calls for annual well-being checks for all K-12 students.²⁹ The U.S. Preventive Services Task Force recommends that all children between ages eight and 18 be screened for anxiety³⁰ and those between ages 12 and 18 for depression.³¹

But many schools don't provide universal screening. Only 55% of U.S. public schools conducted diagnostic mental health assessments of any kind during the 2019–20 school year, according to data from the U.S. Department of Education's NCES.³² The share of schools offering universal screening appears to be far lower. For instance, a 2022 survey of PreK-12 principals in four Midwestern states revealed that only 15% conducted universal mental health screening.³³

The good news is that districts have access to a variety of state and federal funding.³⁴ Hoover mentions, for example, how districts have funded well-being checks by applying for state funding that is available but not mandated.



Both Hoover and Pearson's Oliver emphasize the importance of engaging parents and community stakeholders before rolling out a screening program. Communicate with parents. Inform them about the benefits of universal screening for their children. Listen to their questions and concerns. Work with them on an implementation plan they can get behind — for instance, by ensuring they can opt out for their children.

Starting small can be a good option. Hoover explains: "We recommend that school districts start with screening a classroom or maybe a grade level. Then maybe it's one school. Eventually, you may move out across the district."

6 benefits of universal screening

- 1. Enables early identification:** Half of all lifetime cases of mental illness start by age 14.³⁵ With mental health challenges on the rise, universal screening can help identify and address issues early, when they are easier to manage.³⁶
- 2. Improves academic outcomes:** “A child who is anxious or disruptive is not available for learning,” Pearson’s Oliver says. Identifying mental health issues and connecting students with support helps. A 2021 study found that doing so leads to “better school attendance, lower risk for social and emotional problems, fewer disciplinary actions, and better academic outcomes overall.” Even students with severe needs improve academically.³⁷
- 3. Is reliable and data-driven:** Schools have traditionally been better at flagging students’ hyperactivity, disruptiveness, noncompliance and other externalizing behaviors than recognizing internalizing mental health issues, such as anxiety and depression.³⁸ Universal screening overcomes such problems. Educators and mental health professionals can use data to supplement their observations.
- 4. Is equitable:** Screening everyone ensures that no at-risk students fall through the cracks. Helping students secure mental health or social-emotional support can reduce disruptive behaviors. Such behaviors often result in disciplinary action, which research shows is subject to racial and cultural bias.³⁹ Support and treatment can offer a better approach.
- 5. Is efficient:** “In most cases, an entire classroom can be screened in less than half an hour,” Oliver says. “Universal screening offers a really good return on your investment of time.”
- 6. Saves money:** Understandably, some school leaders wonder about the costs of implementing universal screening or being proactive about mental health in general. But adopting a preventative approach can produce both short-term and long-term cost savings. One study found that the savings can reach as much as \$4,500 per elementary school student and \$860 per high school student.⁴⁰

Helping educators manage their mental health

Educators need support, too.

Between the start of the pandemic and the end of the 2021–2022 school year, about 300,000 public school teachers and staff left K-12 education.⁴¹ That figure accounts for nearly 3% of the sector’s workforce. And almost three-quarters of teachers in a national survey said they had considered leaving their job at that time.⁴²

School leaders want to help educators avoid (or cope with) burnout. Developing a stronger mental health system for students also helps teachers. One recent study found that student mental health is one of the most significant predictors of teacher morale.⁴³ After all, seeing students struggle with their mental health only adds to teacher stress. Dealing with disruptive behaviors does, too.

At the same time, supporting educators’ mental health can help students. Teacher burnout hurts student academic achievement and motivation. Teacher stress is also linked to higher cortisol levels in students — a biological indicator of stress.⁴⁴

School leaders who are concerned about the well-being and performance of their students and educators should support teachers and staff. Pearson’s Oliver observes that professional development in mental health can help educators attend to themselves and to their students.



“When educators learn about coping strategies and red flags to watch for, they can use that information for their own mental health.”

Selina Oliver

Certified school psychologist and senior assessment consultant at Pearson

In addition, K-12 schools should include educators in annual well-being checks, according to the Hopeful Futures Campaign. This recommendation echoes a longitudinal study of teacher burnout that suggested measuring teachers’ well-being indicators and burnout levels at the start of the school year.⁴⁵

“We often think about how to support educators’ well-being in two buckets,” Hoover says. The first involves helping educators focus on their own mental health. Programs in mindfulness, meditation and coping with trauma fall into this bucket. The second bucket takes in organizational factors that affect educators’ well-being.

Hoover encourages school leaders to ask questions like: “Can we make the work climate more appealing? Can we give educators more opportunities to provide input into school policies? Can we give them more flexibility and autonomy at work?”

Mental health professionals benefit from both approaches. Even before the pandemic, 90% of school psychologists sometimes experienced job burnout.⁴⁶ However, those who practiced self-care “experienced considerably less burnout than those who did not,” according to a 2020 analysis.⁴⁷

Self-care isn’t a cure-all, however. As Dr. Rebecca Branstetter, a school psychologist who specializes in burnout prevention, writes for the National Association of School Psychologists:

School psychologists are “implicitly told to ‘Self-Care Sunday’ our way out of stress,” as if “one relaxing bubble bath or a trip to the gym is going to counteract the daily stress of working in underresourced school systems where school psychologists are frequently tasked with doing so much more with less time and fewer resources every single day.”⁴⁸

That’s why school support matters. Branstetter suggests mental health professionals in schools “eliminate and streamline bureaucracy,” break the cycle of “tending to the crisis du jour” and carve out time for small passion projects that improve the school’s mental health supports.

School leaders can help in all these areas by providing mental health professionals with the autonomy and flexibility they need to advance their work while tending to their own well-being.

Looking out for the mental health of educators

A 2021 CDC report on teachers reveals:

37%

Met the clinical criteria for anxiety

27%

Reported symptoms consistent with clinical depression

19%

Started or increased alcohol use to deal with stress and emotions

Source: “Mental Health Impact of the COVID-19 Pandemic on Teachers and Parents of K-12 Students,” CDC Foundation.



CONCLUSION

Now is the time to address student and educator mental health

The mental health crisis will have profound consequences for students and educators for years to come. The problems schools confront appear daunting, no doubt.

Remember, though: **Think big and start small.** You can't build a comprehensive school mental health system overnight. You can, however, plan out the various tiers of support your students and educators need to thrive.

More research than ever is available to guide your decision-making and implementation. And you can tap new federal and state funding to make the changes happen. As alarming as the mental health crisis may seem, now is the time to tackle it.

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