

State Approaches to Addressing Student Mental Health

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Educational outcomes and overall health and wellness are [inextricably linked](#). Education is considered a [social determinant of health](#), or a “[condition](#) in the place where people live, learn, work, and play that affects a wide range of health risks and outcomes.” Educational attainment is [linked to](#) higher employment and earnings over time, leading to better overall health outcomes.

At the same time, students’ mental health and wellness is an [indicator](#) of educational engagement and academic success. [Studies have shown](#) that school-based behavioral health interventions result in improved educational outcomes. In addition, [research shows](#) that access to [school-based health centers](#) increases student participation in mental health services and may improve overall child wellness, including health and education outcomes.

In a time when approximately 7.7 million children ages 6 to 17 experience a mental health disorder each year and students consistently [report](#) high levels of stress, depression and anxiety, and youth suicide rates [continue to rise](#), effective [school-based interventions](#) can have a positive impact on student outcomes. Despite the presence of these mental health challenges among school-age youths and the benefits of mental health services, [estimates suggest](#) that most students do not receive the treatment they need. Of the students who access treatment, [the vast majority](#) begin receiving support services, or are identified as needing additional support, at school — underscoring the crucial role education systems can play in addressing students’ mental health needs.



Mental health and wellness are a critical part of the overall health and well-being students bring with them into the classroom.

At least [70%](#) of students who access mental health services begin doing so in a school-based setting.

State policymakers are addressing student mental health in a variety of ways with more than 30 states [enacting at least 72 bills](#) in the last few years.

For these reasons and more, student mental and behavioral health has been a priority of state education leaders in recent years. This Policy Brief highlights how the COVID-19 pandemic has exacerbated student mental health challenges, illustrates a common framework for student mental health services and summarizes state legislative trends in supporting students to prevent, identify and address student mental health in schools.

State Policy Trends

Since the beginning of 2019, Education Commission of the States has tracked more than 600 bills related to student mental and behavioral health across nearly every state. More than 30 states [enacted](#) at least 72 bills. In that same period, [governors](#) across the country have identified student mental health and wellness as emerging or priority issues for their states. There are many ways to support student mental health in educational settings across the multi-tiered continuum of services, from promotion of positive mental health and wellness to treatment services (see box on page 3). Recent state action has focused primarily on the following areas:

- Mental health and wellness curricula.
- Suicide prevention programs and services.
- Staff training and professional development.
- Mental health screening.
- Mental health professional staffing ratios.
- School-based mental health programs and services.

MENTAL HEALTH AND WELLNESS CURRICULA

[Many states](#) include mental and emotional health and wellness in health education curricula across elementary, middle and high schools. [Teaching](#)

Within the Context of COVID-19

While student mental health and wellness concerns are not new, the global COVID-19 pandemic, school closures and social isolation have exacerbated these challenges in unprecedented ways. For example, a recent study shows a [25%-30% increase](#) in mental health-related emergency department visits among children under the age of 18. Further, [60% of parents](#) in a family well-being study indicated that their child had recently experienced mental or emotional health challenges, including anxiety, depression or suicidal thoughts.

The ways and extent to which increased mental health challenges facing students will present themselves over the next few years are unknown. Still, state education leaders are focusing on how to address students' needs in remote, hybrid and in-person learning environments. During summer 2020, as states began planning for schools to reopen, at least [43 states](#) included social and emotional learning and/or mental health and wellness in reopening plans and guidance to districts. The plans addressed teacher training and professional development, providing services and referrals to community resources, encouraging schools to identify a services approach, and screening students and staff for mental health and wellness upon returning to the classroom.

Education Commission of the States' [annual analysis](#) of governors' State of the State addresses showed that, in 2021, at least 18 governors mentioned students and staff's health and wellness and noted the pandemic's impact. Some governors also highlighted current or future efforts to address student mental health as a response to the pandemic.

[students about mental health and wellness](#) may [reduce stigma](#), help students recognize issues within themselves and others, and provide tools for students when they need to reach out for help.

States continue to refine curricular requirements through legislation and state board policy. **South Carolina** enacted [H.B. 3257](#) in 2020 requiring the board of education to revise existing age-appropriate standards and concepts that address mental, emotional and social health at the next cyclical review of health standards.

Tiered Continuum of Services and Supports

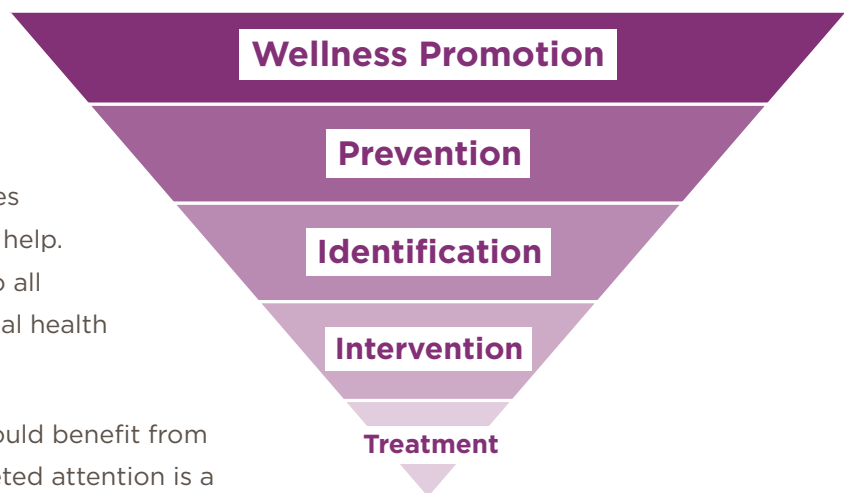
Student mental health services and supports may be provided along a continuum of care, often called a multi-tiered system of support. This tiered system includes universal prevention strategies for all students (wellness promotion and prevention), targeted support to a smaller group of students (identification) and intensive services to specific students (intervention and treatment) identified through screening and referrals. According to the [Health Policy Database](#) from the National Association of State Boards of Education, all 50 states, the District of Columbia and Guam have statutes or other policies to implement a multi-tiered system of support. One common model is called “Positive Behavioral Intervention and Support,” which focuses on positive behaviors to prevent mental and behavioral health issues in all students.

Wellness promotion

and **prevention** aim to get ahead of mental health crises by educating students to recognize mental health challenges and how to address them or seek help. They can generally be provided to all students, whether a specific mental health challenge is a concern or not.

Identification of students who would benefit from additional supports or more targeted attention is a critical step in the continuum between prevention and intervention. This is generally provided to a smaller group of students who would benefit from more targeted support.

Intervention and **treatment** are generally provided to few students who have been identified in need of more targeted support and services.



States have also sought to make the connection between physical and mental health in general health education curricula. **Maine** enacted [S.P. 303](#) in 2019 requiring that health education curricula in elementary, middle and high schools address the relationship between physical and mental health to reduce stigma and enhance students' understanding of, attitudes toward and behavior relating to mental health. Other states are exploring new wellness promotion curricula through pilot programs. **Mississippi** enacted [H.B. 1283](#) in 2019 directing the state department of education to establish pilot programs in school districts to provide K-5 students with skills to manage stress and anxiety through an evidence-based curriculum.

SUICIDE PREVENTION PROGRAMS AND SERVICES

[Many states](#) have adopted policies intended to help prevent student suicide through programs that include awareness, intervention, support services, training and partnerships. For example, **Oregon** and **Utah** took a statewide approach to planning and implementing suicide prevention, while **Wisconsin** created a grant program for individual schools.

The **Utah** State Board of Education's [youth suicide prevention program](#) is a collaboration between the state board and the departments of health and human services to establish, oversee and provide model policies and programs for districts and training for parents. In 2019, **Oregon** enacted [S.B. 52](#) requiring school districts to develop comprehensive plans on suicide prevention for K-12 students. The plans must include procedures for suicide prevention, intervention and activities that promote healing after a suicide; and to identify school officials responsible for responding to reports of suicide risk. The plans must also describe school employee training related to suicide prevention and indicate methods for addressing the needs of high-risk student groups, among other requirements. **Wisconsin** enacted [A.B. 528](#) in 2020 requiring the department of public instruction to establish a grant program to implement or maintain peer-to-peer suicide prevention programs in public, private and tribal high schools.

In addition, some states are requiring districts and schools to include contact information for suicide lifelines and crisis text lines on student identification cards. In 2020, **Arizona** enacted [S.B. 1446](#) requiring student identification cards to include information on suicide prevention resources, local crisis centers or emotional support services for all high school students.

STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

Enacting policies that require staff [training and professional development](#) is one of the most common approaches states have taken to support student mental health in recent years. While [more than half](#) of states have some training requirements, in

[one national survey](#), only 65% of teachers reported receiving training about how to support students' social and emotional well-being. Fewer than half of respondents rated the training they received as “very effective” — demonstrating the need for effective staff support in this area. State legislation generally focuses on requiring training on specific topics, such as trauma-informed care, mental health awareness, social and emotional wellness, and suicide prevention.

For example, **Virginia** enacted [H.B. 74](#) and [S.B. 619](#) in 2020, requiring each school board to adopt and implement policies that require teachers and other relevant personnel to complete a mental health awareness training or similar program. The law requires school boards to provide the training, either via contract with the department of behavioral health and developmental services, a community services board, a behavioral health authority, a nonprofit organization, other certified trainer or an online module. Also, **Washington** enacted [S.B. 5082](#) in 2019 establishing a committee to promote and expand social and emotional learning. The bill also requires incorporating social and emotional learning and mental health literacy into the standards for teachers, principals and paraeducators and providing professional development resources.

MENTAL HEALTH SCREENING

Screening for early identification and needs assessments provide an opportunity to connect specific students to targeted supports and services. Screening strategies include [universal screening](#), high-level statewide surveys of student experiences and behaviors, and evaluation of individual students to identify specific needs. In 2020, **Utah** enacted [H.B. 323](#) to allow for the implementation of an evidence-based mental health screening program. It outlines requirements for participation, including parental consent.

MENTAL HEALTH PROFESSIONAL STAFFING RATIOS

Some states focus their policies on providing more effective services and supports to students, schools and families by increasing the number of professionals who are available to students. [Professional organizations](#) for these roles recommend one school counselor for every 250 students and one school psychologist for every 500 to 700 students. In 2019, **Colorado** enacted [H.B. 19-1017](#) directing the department of education to create a pilot program to provide dedicated mental health professionals to up to 10 high-need elementary schools. If a grade has more than 250 students, mental health professionals must be added to maintain an approximate 250-to-1 ratio. The department is required to evaluate the pilot program based on several indicators. That same year, **Maryland** enacted [H.B. 844](#) requiring local school systems to report their ratio of students to school

psychologists and strategies to reach or maintain ratios of no less than one psychologist per 700 students. A school system's report must include approaches to decrease wait times to see school psychologists and increase recruitment and retention of these professionals.

SCHOOL-BASED MENTAL HEALTH PROGRAMS AND SERVICES

Increasingly, states are expanding mental and behavioral health services provided at or closely linked to schools. Some state's policies take a holistic approach that incorporates multiple programs and services to support student mental health, including [community schools](#) and [whole child approaches](#).

The programs might include [trauma-informed approaches](#), interventions and referral services, and telehealth. In 2019, **Kentucky** enacted [S.B. 1](#) directing schools to adopt a trauma-informed approach for addressing students' learning needs. The department of education must create a toolkit for schools that may contain guidance, strategies, behavioral interventions, practices or techniques for developing a trauma-informed approach. As funds become available, each district must employ at least one school counselor for every 250 students. The law also summarizes the roles of school counselors and school-based mental health providers to support students and implement relevant programs. In 2020, **Iowa** enacted [S.F. 2261](#) allowing school districts and schools to provide behavioral health services via telehealth to students on school premises. The bill also details the privacy and parental consent requirements for provision of these services.

In addition, state policymakers may establish task forces or commissions to help inform their strategies to address student health and well-being. Others have taken similarly high-level approaches to addressing parts of the multi-tiered continuum to provide comprehensive school mental health services. For example, **Texas** enacted [S.B. 11](#) in 2019 requiring the state education agency to develop a mental health rubric that identifies resources for training to support student mental health; school-based prevention and intervention services; and school-based mental health providers, among other components. The agency is also required to develop a statewide plan for student mental health, including goals for increasing access to school-based interventions.

Final Thoughts

Student mental health and wellness is a complex issue involving various [concepts](#), [funding streams](#) and stakeholders at the federal, state and local levels. The overall goal is to provide all students with the services necessary to support their mental health and well-being, while also providing targeted supports to individual students in need.

Providing student mental health services and supports has been a focus for state education leaders for many years. States have addressed student mental health across the continuum to promote positive behavioral health, prevent mental health challenges, identify students in need, and provide school-based intervention and treatment to support students.

Resources From Education Commission of the States



- [Glossary of Student Mental Wellness Concepts](#)
- [State Funding for Student Mental Health](#)
- [Glossary of School Health Professionals](#)
- [Education Policy Approaches to Trauma-Informed Practices](#)
- [Student Mental Health Policy Snapshot](#)
- [Student Health and Wellness Key Issue page](#)

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