

American Academy of Pediatrics

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# Supporting Mental Health in Schools



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## The Supporting Mental Health in Schools Project



Concerning trends in rates of anxiety, depression, self-harm, and suicidality have brought the mental health of America's youth to the forefront. While an estimated 1 in 6 children and adolescents meet the criteria for a diagnosable mental health disorder, few receive needed treatment. Inequities and adverse childhood experiences (ACEs) exacerbate risks.

The COVID-19 pandemic has only served to increase the risk of mental health concerns for youth across the U.S. Facing continued uncertainties, stress related to family economic hardship, grief due to loss of loved ones to COVID-19, and a shifting landscape of "new normals," most young people have been disconnected from some of their most significant sources of emotional and behavioral support including friends, activities, and of particular importance, their school community.

There is growing reliance on schools to promote and support the mental health of their students. While the impacts and outcomes for schools and districts that have successfully incorporated a wide-reaching and inclusive approach to school-based mental health can be profound, many are challenged to provide more than basic levels of assistance. A comprehensive school mental health system (CSMHS) as defined by the National Center for School Mental Health (NCSMH) and partners provides *...a full array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness.*

Core features of CSMHS infrastructure include: 1) well-trained educators and specialized instructional support personnel, 2) family-school-community collaboration and teaming, 3) needs assessment and resource mapping, 4) multi-tiered systems of support, 5) mental health screening, 6) evidence-based and emerging practices, 7) data, and 8) funding.

To better understand what these core features look like when operationalized in schools and districts with high-quality, well-established CSMHSs and to capture lessons learned from their leaders, the American Academy of Pediatrics (AAP) in partnership with the NCSMH embarked on the [Supporting Mental Health in Schools Project](#). Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) support served as further impetus for this effort as a means to inform technical assistance to CDC-funded local education agencies, and identify practice-based evidence and gaps where additional research is needed.

The Supporting Mental Health in Schools Project interviews began with a goal to gather formative, in-depth information from a small number of school districts with recognized high-functioning CSMHS as a means to 1) raise up real-world guidance about what is needed to develop, implement, and sustain these systems and 2) identify opportunities for pediatricians and the pediatric community to partner with and further support CSMHSs.

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## CSMHS Core Features in Seven High-Functioning Districts

Common themes in district leadership descriptions of the CSMHS core features included:

**Staffing** (well-trained educators and specialized instructional support personnel). Models varied but all districts reported the availability of  $\geq 1$  school-employed mental health professional in each school. Shared insights regarding effective staffing centered on 1) efforts to better define/(re)define the role of school-employed support staff, 2) allowing specialists to work at the top of their licensure/credentials, 3) discouraging silos between school-employed and community employed, school-based support staff, and 4) professional development for all school staff, particularly regarding multi-tiered system of support (MTSS) Tier 1 mental health promotion.

**Family-School-Community Collaboration and Teaming** (committed stakeholders working together to address the interconnected academic, social, emotional, and behavioral needs of all students). District mental health leaders cited the importance of established relationships with at least one community mental health partner to deliver CSMHS services and supports, often, but not exclusively for students and families with the most intensive needs. By expanding the school mental health workforce, districts expanded access and accessibility of services and supports. Districts also meaningfully engaged families as team members in CSMHS planning and implementation in recognition of their roles as key stakeholders as well as their ability to foster community buy-in and decrease stigma.

**Needs Assessment and Resource Mapping** (systematic processes for identifying needs and priorities as well as existing services and resources). Experts agreed on the importance of these activities as foundational steps in developing their CSMHSs with each activity resulting in information to guide decision-making and educate stakeholders. Further, participants affirmed the need for periodic repetition as a means to identify system and program progress, strengths, and new or remaining gaps.

**Mental Health Screening.** While universal mental health screening implementation varied, districts that reported universal screening used results to inform MTSS Tier 2 and 3 referrals for children and adolescents, identify needed resources and supports for teachers, as well as highlight school- and district-wide strengths and opportunities.

**Multi-Tiered System of Support (MTSS)** A multi-tiered system of support includes 3 tiers. Tier 1 typically represents activities offered to all children and youth with a focus on mental health promotion and primary prevention. Positive school climate and social-emotional learning programs are often categorized under Tier 1. Tier 2 includes targeted or secondary prevention and early identification designed to check emerging concerns. Tier 3 includes individualized, intensive intervention services and supports.

*Tier 1- Mental Health Promotion.* Within the districts interviewed, Tier 1 activities typically focused on social and emotional learning (SEL) and positive school climate/culture. Tier 1 service delivery varied by district but characteristically included some combination of student support specialists (eg, counselors, social workers), health education teachers, and/or general education teachers. Regardless of the specific program(s) used, districts uniformly described SEL as embedded in their academic curriculum and woven into school culture. Fidelity concerns, funding gaps, and costs associated with proprietary screening tools were among the most commonly reported challenges associated with Tier 1 provision.

*Tier 2- Targeted Mental Health Prevention.* Descriptions of Tier 2 implementation illustrated an array of services designed to address diverse student needs. Tier 2 approaches ranged from one-on-one supports to cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) groups to aid students with internalizing symptoms. Districts noted several challenges associated with Tier 2 provision including loss of academic instruction time associated with pull-out services and workforce shortages. Tier 2 facilitators included use of standardized screeners to identify internalizing behaviors.

*Tier 3- Mental Health Treatment Services and Supports.* Among districts interviewed, Tier 3 treatment services and supports included interventions for students and families with the most intensive needs. All districts offered individual therapy; group and family therapy was accessible on-site or at a centrally located school in some districts. Other activities categorized under Tier 3 include care coordination and case management, transition for youth who have experienced extended out-of-school time, help for parents in navigating support outside the school setting, and school safety. Tier 3 challenges included confidentiality concerns for youth in crisis who see both a school-employed mental health professional and a community-based therapist. Experts noted availability of Tier 3 services and supports for all students, not only those receiving special education services.

**Evidence-Based and Emerging Practices** (research-based interventions and best practices to increase likelihood of youth access to effective interventions matched to strengths and needs). Participants affirmed their district's commitment to the provision of evidence-based mental health programs and practices at every tier as a means to foster stakeholder buy-in and respond to diverse student populations. Strategies to support and successfully implement evidence-based practices and programs included initial surveying of school mental health staff capacity to provide proven modalities such as CBT or DBT, identifying professional

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development needs, and seeking promising practices from other cultural perspectives.

**Data** (data outcomes, data systems, data-driven decision-making). All participants acknowledged the power and critical importance of data to their district's efforts and described how different types of data – collected and shared at systems, district, and individual levels – power their CSMHSs.

**Funding** (financial and non-financial resources). While no two districts described identical funding models, a theme common to CSMHS fiscal support was the importance of a diverse or “blended” approach. No district relied on a single source of funding, but rather constructed (and continue to construct) a patchwork of supports for infrastructure and tiered services. Several experts underscored their district's non-financial contributions (eg, office space), particularly to support partnerships with community mental health agencies and their school-based professionals.

## Guidance and Considerations for Advancing CSMHSs

Learning from the experience of seven high-performing districts was an opportunity to capture insights that may help others interested in developing or enhancing their own CSMHS. Because the experts interviewed represent districts at different places in CSMHS development, they provide guidance useful to programs along a continuum of readiness, development, and implementation. The common themes reflected in their remarks are summarized here.

### Program Beginnings – Start Small but with Big Commitment

Particularly among districts that took part in quality improvement efforts, the focus on continuous quality improvement and learning from small tests of change early on was a driver for innovation and success. Rather than instituting district-wide changes in a screening tool or curriculum, districts started small – very small by some reports – with a few students or a few teachers at a time, to assess what worked and what didn't before moving to broader implementation.

*...this was new and novel and we didn't necessarily always know what we were doing...a small test of change that fails is not going to have the same level of impact as if we decided that tomorrow we're going to screen every kid at the high school for depression and see what happens.*

Foundational to those small, thoughtful changes were big commitments – commitment to better mental health supports for students in need, commitment to mental health promotion for all students, and commitment to the time and resources required to establish and maintain partnerships central to successful CSMHSs.

*...you have to commit enough time to form a relationship and to form a practice in every school. You cannot go in thinking that you can develop an effective partnership by just being on-site and providing services to a couple kids for two or three hours a week. Just because you go on-site to provide a service to a kid does not mean you are forming a relationship with that school and its faculty and administration.*

District experts spoke to the importance of CSMHS champions at multiple levels. Having a champion among administrative leadership creates a *trickle down* effect to individual school buildings but experts also recognized the need for one or more champions at the ground level – those who are integrally involved in the work – educating, providing resources, and listening.

*You need to have a district lead. And we've always had that person who's championing it within the district at a fairly high level so that they can educate up about the importance of this and then also have the relationship with the school buildings and the principals to help make strategic decisions about expansion and who's ready.*

### Develop, Value, and Nurture People, Roles, and Partnerships

As a core feature of CSMHSs, collaboration and teaming requires the development and maintenance of relationships within and beyond school walls. Success strategies included continuous and open communication between stakeholders as well as regular meetings and touchpoints. Based on their experiences working with community partners, additional guidance addressed the importance of:

- Codifying agreements prohibiting cross-recruitment of mental health professionals between the school district and partner community mental health organizations.
- Acknowledging differences in provision of mental health services in the school versus community setting and defining roles, particularly for school-employed and school-based mental health professionals concerned about position elimination.

*...we're bringing in clinical treatment services from these agencies but we're very clear about who was doing what work and that they weren't there to impede or infringe on or take away school-employed staff's work...that was very intentional in our model and was an important communication piece in the beginning because there was some of that fear, "What's going on here? This is what I do." And then we evolved into, "This is what we all do."*



- Exploring language and developing a shared vocabulary between school and community providers.
- Establishing relationships with community agencies and organizations that understand school-based billing for public and private payers.
- Implementing robust professional development programming. Ongoing professional development contributes to buy-in.
- Valuing the well-being and SEL of educators as well as students. Notably through Tier 1 programs, districts' recognized the importance of teacher well-being in its own right. Supporting teachers contributes to the overall school climate and further supports students. Teachers have been particularly affected as the impacts and uncertainties of COVID-19 continue to reverberate through the school community.

#### Data (...Gets Things Done)

Purposeful data collection, analysis, and dissemination yielded multiple benefits as noted above under discussion of Core Features. The districts interviewed used data in a number of ways to support their CSMHS. Districts with robust data collection systems described the power of linking mental health and academic data sources for even greater impact.

#### View CSMHSs Through an Equity Lens

With a comprehensive vision of school mental health, these seven exemplar districts began viewing their system through an equity lens and incorporating culturally responsive approaches long before the current attention to inequalities that disproportionately and negatively impact people of color. The civil unrest that unfolded in the summer of 2020 and efforts such as Black Lives Matter, however, underscored and magnified the urgency of this work.

Districts described equity principles as a critical component – similar to SEL – interwoven through all that encompasses their CSMHS. Expert remarks identified the critical need to move beyond awareness to action evidenced among their school communities by the formation of equity teams and diversity councils, mindful staffing selections, seeking input from and listening to families and other community members, offering all-staff professional development and trainings, reflecting on what anti-racist mental health service provision looks like, and investigating evidence-based practices resonant with different cultural perspectives.

*...we can serve a lot of students well, but if we're not serving all students as well as we can, then it's just an incomplete picture. I don't want to be number one for some...I want to be really good at this for everybody.*

*...we are talking about planning some PD in August for mental health teams and really coming together to talk about 'What does it mean to be an anti-racist mental health team?'*

#### District interview process

In consult with the NCSMH, the AAP identified and interviewed representatives from seven school districts with high-quality CSMHSs between June-July 2020. Interview participants (1-4 key informants per district) represented numerous professional roles ranging from administration to credentialed school-employed and school-based mental health service providers. Districts exemplified diversity in location, size, and program longevity.

### CSMHSs are Greater than a Sum of Parts

Experts' remarks conveyed the importance of conceptualizing CSMHSs beyond a compilation of programs and services. For these seven sites, CSMHSs were woven into the district and school fabric, no longer something the district does but part of what and who they are. With this stance comes recognition of the interconnections between mental health and academic success and the adoption of a whole child approach.

### The Work is Never Done

All districts interviewed were clear that, despite their progress and accomplishments, much work remains. No district conveyed sentiments that their work was finished; rather each described, with enthusiasm, plans to continue growing and strengthening their CSMHSs while staying flexible and adapting to the ongoing uncertainties posed by COVID-19.

## Opportunities for Pediatricians and the Pediatric Community

Because a large proportion of pediatric patients are also students, AAP commitment to improving the health and well-being of all children recognizes the primacy of partnerships with the educational system. District leaders acknowledged that pediatricians are allies and suggested ways that pediatricians and the pediatric community could better support efforts towards CSMHSs.

### Glossary

**Comprehensive School Mental Health Systems (CSMHS)** - A multi-tiered system of support that provides a full array of supports and services that promote positive school climate, social emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness. CSMHSs are built on a strong foundation of district and school professionals, in collaboration with students, families, and community health and mental health partners.

**Social and Emotional Learning (SEL)** - the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

**School-Employed Mental Health Professionals** - Staff employed by the school system specifically dedicated to supporting the social, emotional, and behavioral health of students. School-employed professionals, also known as student instructional support professionals (SISPs), include school psychologists, school social workers, school counselors, school nurses, and other school health providers.

**Community-Employed, School-Based Mental Health Professionals** - Mental health professionals who are not employed by the school system but who provide services and supports directly in schools, often augmenting existing school supports.





## ACTION STEPS FOR PEDIATRICIANS AND THE PEDIATRIC COMMUNITY

### **To improve communication between pediatricians and school districts**

- Create and cross-promote shared professional development opportunities
- Encourage pediatrician outreach to local school districts to learn more about services provided, including mental health services
- Develop resources to establish a common language for key areas of mutual concern, including special education

### **To enhance care coordination efforts between pediatricians and district mental health providers**

- Develop template Memoranda of Understanding (MOU) and information releases to facilitate sharing of student screening results and other key mental health-related data between schools and pediatric providers
- Encourage pediatricians to endorse school-based mental health resources, services and supports to patients or families that disclose mental health concerns

### **To increase advocacy for mental health parity**

- Urge local pediatricians, state AAP Chapters and AAP National to work with insurers to resolve the lack of reimbursement parity between public and private payers for school-based mental health services, a disparity that puts additional financial burden on families and may ultimately deny young people beneficial and needed services

# Conclusions



As the country, communities, and families continue to deal with the uncertainties of COVID-19 and ultimately move toward life beyond the pandemic, schools will likely be called upon to play an even greater role in student mental health promotion, prevention, and treatment. The experiences and insights of seven school districts highlight the challenges and benefits associated with successful development and implementation of high-quality CSMHSs. Interview learnings underscore the multiple commitments required to create and sustain a district culture that goes beyond executing a set of programs to one that embraces interconnected relationships between mental health, academic achievement, and youth development. Time, resources, and data are needed to build and enhance infrastructure; training and professional development are essential to equip a school staff ready to meet the existing and emerging needs of students and educators through use of evidence-based practices; community connections – including mental health partners and families – are key to improving access, reducing stigma, and increasing engagement and uptake. Fundamental to all of the above, a dedication to racial equity and cultural responsiveness is imperative if CSMHSs are to meet the needs of all students.

For more information about the organizations and resources included in this summary, visit:

[American Academy of Pediatrics](#)  
[National Center for School Mental Health](#)  
[School Health Assessment and Performance Evaluation System \(SHAPE\)](#)

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