ACT® Center for Equity in Learning

Supporting the Mental Health Well-Being of High School Students

MICHELLE CROFT, SHANNON HAYES, AND RAEAL MOORE

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AUTHORS

Michelle Croft, PhD/JD

Michelle Croft is a principal research associate in Policy, Advocacy, and Government Relations.

Shannon Hayes

Shannon Hayes is a senior policy analyst in Policy, Advocacy, and Government Relations.

Raeal Moore, PhD

Raeal Moore is a senior research scientist in ACT Research specializing in survey methodological research and research on education best practices in P-12 schools.

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Erin M.D. Lane, PhD, LPC, NCC
Western Illinois University

Laura Owen, PhD
American University

Tim Poynton, Ed.D., GCDF
University of Massachusetts-Boston

SUMMARY

Supporting students' mental health is imperative for their educational success. Research has shown that when the mental health needs of students are met, positive educational outcomes result.

The US Department of Health and Human Services reports that as many as one in four adolescents experience mental health challenges; however, as many as three out of four of this group do not receive the support they need.

To combat this lack of support for adolescents experiencing mental health challenges, schools have implemented prevention and treatment services for students. When such services are provided at school, students are more likely to seek help than if such services were provided only in the community.

SO WHAT?

Given the importance, ACT is conducting a series of studies investigating high school students' perceptions of their safety, including their perceptions of their physical safety at school, their opinions of safety measures, and their perceptions of available school-based mental health support. This report focuses on students' perceptions of the mental health services available to them at their schools.

NOW WHAT?

Schools have become a central place for implementing comprehensive mental health programs and services. The results of our survey suggest that more work is needed.

To that end, ACT offers several recommendations for policymakers to address issues students identified regarding access to and awareness of mental health services, particularly for students in rural areas and students of color.

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Introduction

Supporting students' mental health is imperative for their educational success. Research has shown that when the mental health needs of students are met, positive educational outcomes result. These include improved student achievement, increased likelihood of graduating from high school, and decreased likelihood of behavioral incidents and drug and alcohol use.[1] Likewise, focusing on students' mental health has been shown to improve overall school climate, making students feel safer and more connected to school staff, while also deepening peer-to-peer relationships.[2]

Mental health care encompasses support for mental illnesses such as depression, anxiety, and substance abuse, as well as maintenance of social, emotional, and behavioral health to cope with daily life. In this regard, with the everyday stresses of adolescence, many students need mental health support. Specifically, the US Department of Health and Human Services reports that as many as one in four adolescents experience mental health challenges; however, as many as three out of four of this group do not receive the support they need.[3]

To combat this lack of support for adolescents experiencing mental health challenges, schools have implemented prevention and treatment services for students. When such services are provided at school, students are more likely to seek help than if such services were provided only in the community.[4] To this end, ACT is conducting a series of studies investigating high school students' perceptions of their safety, including their perceptions of their physical safety at school, their opinions of safety measures, and their perceptions of available school-based mental health support.

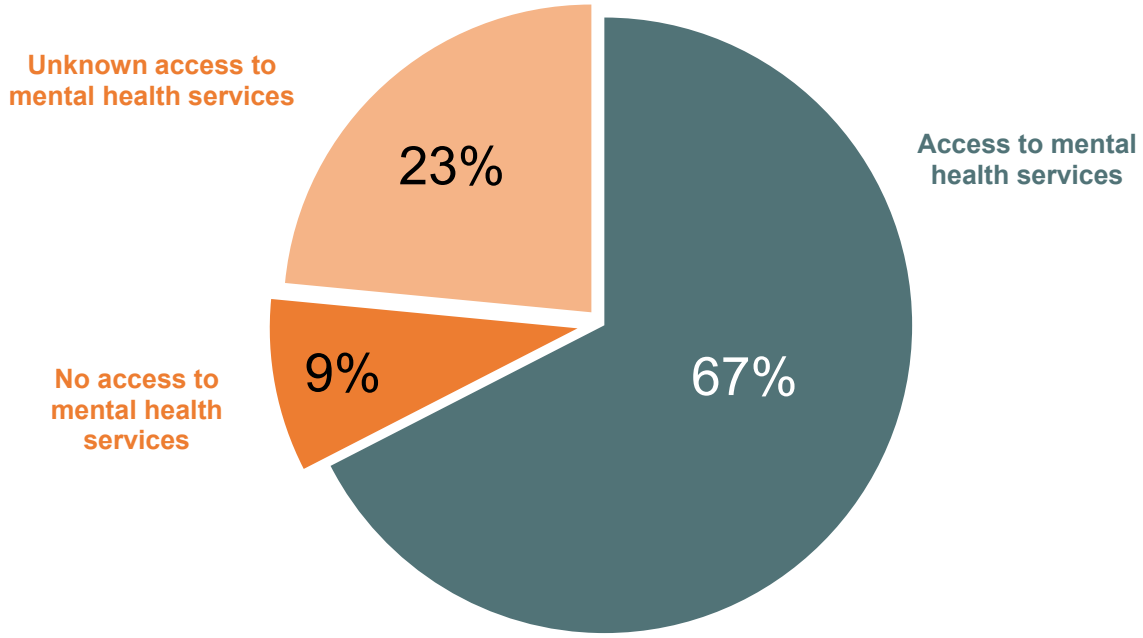
This report focuses on students' perceptions of the mental health services available to them at their schools. Students who took the ACT® on the February 2019 national test date were sent a survey that explored their access to mental health services and professionals at their schools. Approximately 5,300 students responded to the survey.[5]

Below, we highlight three school-based mental health areas that the survey results suggest are in need of improvement. For each area, we also present promising practices and interventions identified from across the country—often via the US National Library of Medicine repository hosted by the National Institutes of Health and the US Department of Health & Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA)—with a focus on those where evaluations demonstrated positive impact.

Area 1: Awareness of the Availability of Mental Health Services in School

The vast majority—97%—of students surveyed said that they had access to some type of health professional at their school, such as a school counselor, social worker, or nurse. However, when asked about specific types of mental health services that those professionals could provide, only 67% said that these individuals were available for basic mental health services such as addressing drug and alcohol abuse, managing anger, or addressing bullying (Figure 1). More importantly, 23% of students did not know if their school offered help for these issues, and 9% said that their school did not offer that type of help.

Figure 1. Access to Mental Health Services at School



This discrepancy—between having staff who can help students with mental health issues and students' awareness that this help is available—may explain in part why only 44% of the respondents in a previous survey on student safety responded that their school provides mental health services to students who need them.[6] Similarly, it may be the case that inadequate staffing levels result in services being technically available but not easily accessible.[7]

Promising Practice: Mental Health Awareness Education

In 2018, New York became the first state to require mental health education for all K-12 students as part of the health curriculum, including instruction on how mental and physical health are connected and a focus on improving students' knowledge, attitudes, and actions regarding mental health.[8] New York State Mental Health Advisory Council recommendations promote instruction on "what, when, where and how to ask for help for self and others."[9]

Research shows that similar schoolwide mental health awareness programs can improve students' knowledge about mental health issues, attitudes towards seeking help, and intentions to seek, or knowledge about seeking, help for themselves or friends.[10]

Promising Practice: Teacher Training

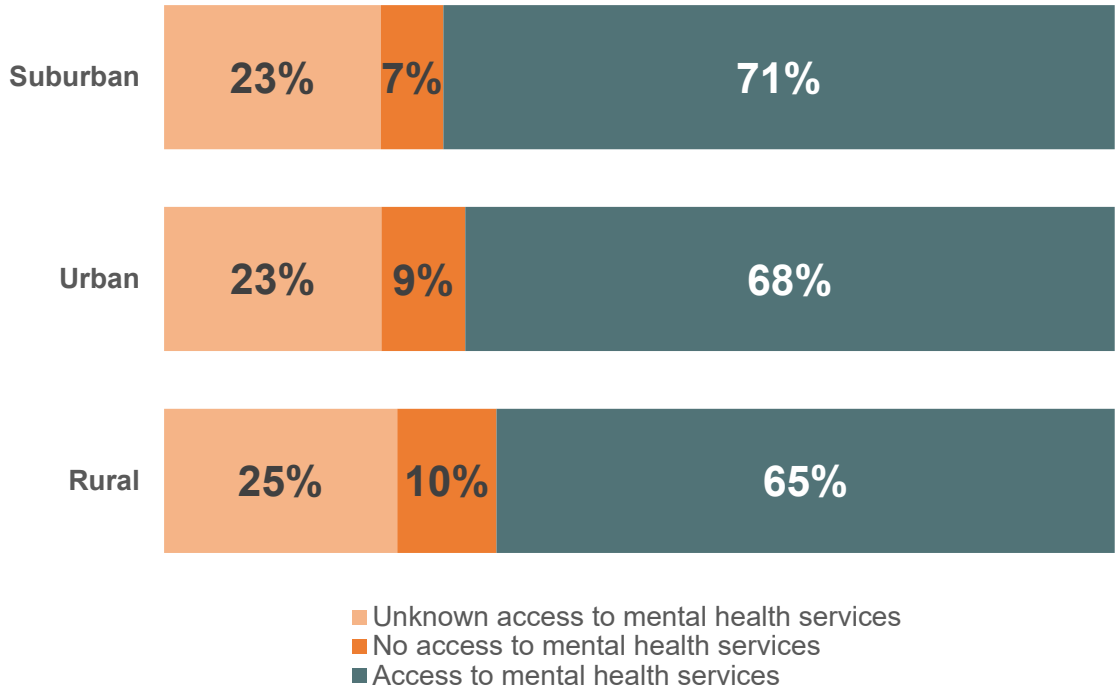
Teachers want what is best for their students but may not always be equipped to connect them with mental health services that could help. A recent *Education Week* survey found that only 14% of teachers felt "extremely" or "very" confident in their readiness to deal with student mental health issues, likely due in part to the fact that only 29% reported receiving mental health training.[11]

To better equip teachers to make students aware of the mental health resources available to them, Indian Lake School District in Ohio has provided every staff member with Youth Mental Health First Aid (MHFA) training. This training gives participants the tools to act in a variety of mental health situations (similar to the first-aid training many receive for physical injuries or illnesses).[12] MHFA has been demonstrated to improve trainees' ability to provide nonjudgmental assistance and referrals to those in need of mental health services, ensuring that students (or others) in need of help are able to receive it.[13]

Area 2: Access to School-Based Mental Health Services for Rural Areas

Students who attended schools in rural areas[14] reported less access to basic school-based mental health services compared to students in suburban or urban locations (Figure 2). Seventy-one percent of suburban students, compared to only 65% of rural students, can access a school-based professional to talk about certain mental health issues.

Figure 2. Access to School-Based Mental Health Services by School Location



Promising Practice: Increasing School Counseling Capacity through Additional Staff and Partnerships

Oklahoma is using an $8.6 million grant from SAMHSA to fund Project AWARE, which targets three rural districts in the western part of the state.[15]

Though this project is ongoing, it includes components with strong evidence bases and is designed to address the mental health needs of rural school districts in two specific ways. First, it increases school-counseling capacity by hiring additional counselors and providing professional development opportunities for current school counselors. Although the American School Counselor Association recommends a ratio of 250 students per one counselor, the national average was 455-to-1 and Oklahoma's 439-to-1 in 2017,[16] so this focus on capacity building is important. Second, participating districts partner with area nonprofit mental health providers, ensuring that their students have access to mental health services even if they lack access to a school counselor.[17]

Promising Practice: Mental Telehealth Care

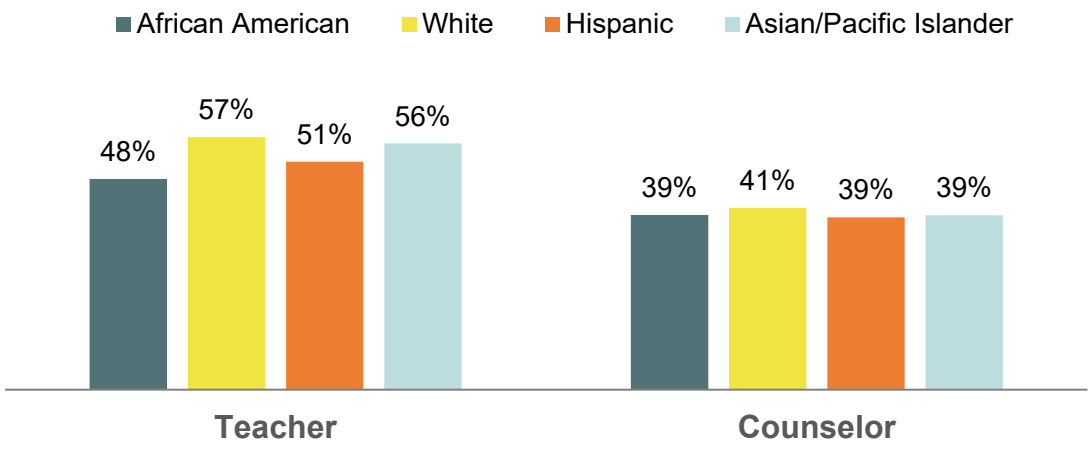
Studies have shown that telepsychiatry and other mental health services conducted with trained mental health professionals via telephone or videoconference can be just as effective as in-person treatment.[18] Telehealth care therefore greatly expands the availability of mental health providers for rural students—provided that these rural areas have access to the internet and other telecommunications services.[19]

In North Dakota, the rural Dickinson Public School District is using telehealth care to link students with psychiatrists hundreds of miles away, augmenting the services provided by school counselors.[20] Similarly, the Indiana Rural Schools Clinic Network provides telehealth-care equipment to partner schools so that students can receive mental health care through their insurance or Medicaid without leaving the building.[21]

Area 3: Ability of Students—Particularly Students of Color—in Need of Mental Health Support to Reach Out to a Teacher or Another Trusted Adult

Teachers, or other trusted adults at school, such as counselors, often have relationships with students that are close enough to help direct them to appropriate mental health services. Generally, a little more than half (54%) of the students stated that they could reach out to a teacher, and less than half (40%) responded that they could reach out to a school counselor (Figure 3). Students of color were less likely to say that they could reach out to a teacher or counselor if they needed mental health support. For example, only 48% of African American students (compared to 57% of White students) reported being able to reach out to a teacher.

Figure 3. Ability to Reach Out to a Teacher or Another Trusted Adult for Mental Health Support by Race/Ethnicity



Promising Practice: Grow-Your-Own Programs

The research is clear that having same-race teachers helps students of color on several social, emotional, and academic levels.[22] However, while students of color have become the majority of the US student population, the teaching workforce is still predominantly White.[23]

States and districts across the country have launched "Grow Your Own" (GYO) programs[24] to recruit and train students and community members of color to become teachers. For example, Washington's GYO initiative includes Wahluke School District's Academia Bilingüe de Wahluke. The district recruits current bilingual (English and Spanish) students to return as teachers and counselors, making its teaching workforce more reflective of its student population.[25] Nebraska's ROOTS program recruits American Indian paraprofessionals, who are trained as teachers in order to work in their home communities as educators.[26]

"Homegrown" teachers have strong connections in their schools[27] and with their students. Research shows that the risks for mental illness in students of color are reduced when the students experience a positive school environment and high levels of social support,[28] and same-race teachers with similar backgrounds positively contribute to these factors.

Promising Practice: Cultural Competency Training

The National Education Association, American School Counselor Association, and National Association of School Psychologists each advocate for culturally responsive practice in their respective fields of teaching, counseling, and psychology.[29] It is particularly important that school-based mental health providers are culturally competent so that they can meet their ethical obligation to best provide care for all patients and increase use of mental health services by people of all backgrounds, including people of color.[30]

Ideally, cultural competency is included as part of preservice training programs for teachers[31] and school-based mental health providers[32] using evidence-based models. Inservice professional development in cultural competency is also becoming more common.[33] For example, in Washington, teachers and other staff members are required to meet professional-development benchmarks addressing cultural sensitivity and competence.[34] To meet these benchmarks, Washington is training facilitators in each district to conduct trainings on cultural and linguistic competency for educators, administrators, and other school staff.[35]

The evidence to date shows that culturally responsive teaching can improve a variety of student outcomes, including student behavior, but that implementation and effectiveness may vary and more research is needed.[36] One promising study in Virginia, recently awarded a grant by the Institute of Education Sciences, will develop a School-Based Action Research Team (SBART) model for culturally responsive teaching, and then study the model's impact on teachers' professional growth and cultural responsiveness, as well as the impact of teacher participation on their students' learning outcomes.[37]

Recommendations

Adolescents cope with complex personal and social challenges that often require mental health support.[38] When such support is provided, students flourish behaviorally, socially, emotionally, and, in turn, academically.[39] As such, schools have become a central place for implementing comprehensive mental health programs and services. The results of our survey suggest that more work is needed to improve access to and awareness of these services, particularly for students in rural areas and students of color. The following recommendations suggest some direction for this work.

1 Promote awareness of the availability of existing mental health services.

Students in our survey were unaware of the availability of specific mental health services within their school despite stating that they had access to some type of mental health professional. Therefore, school staff should work to promote awareness about the existence of available services.

2 Provide access to universal mental health screenings.

In addition to better promoting services, school staff should proactively identify and reach out to students who may need services. Universal mental health screenings in schools allow educators to identify potential or actual mental health disorders in students and tailor interventions to each student's unique needs; they also decrease the likelihood that students' mental health issues are overlooked and provide school-wide data for data-driven approaches to the delivery of interventions.[40] Universal screenings have such positive outcomes that the National Association of School Psychologists now recommends school-wide universal screenings for behavioral and mental health issues,[41] and various government grants have funded research-based resources for schools on how to implement universal screening processes, including how to identify which screening instrument to use and how to administer, collect, store, and analyze data.[42]

For both of the preceding recommendations, inadequate staff capacity can be a barrier to implementation. As a result, building mental health services staff capacity in schools is paramount. Therefore, we also recommend:

3 Increase efforts to recruit and provide ongoing professional development for school counselors.

In some cases, it may be that students state they lack access to specific services because there are not enough available mental health professionals to meet students' needs, or that available staff are ill-equipped to meet adolescents' rapidly changing mental health needs. Therefore, initiatives should focus on recruiting trained school counselors and providing continual learning through well-designed, research-based professional development.

Recruitment efforts must address the limited number of master's-level school counselors, especially in urban, poor, and economically and racially diverse schools.[43] Additionally, the mental health needs of and interventions for children and adolescents are rapidly changing as society changes and the body of research grows. Up-to-date professional development is needed so that counselors are best equipped to help the students they are serving.

4 Increase state and federal funding for school-based mental health support.

Building capacity to effectively provide these services is always a challenge, especially when schools are being asked to be responsible for more with less funding. Therefore, increasing capacity also means providing schools with the financial resources necessary to deliver needed mental health services. This might mean increasing the amount of money available to schools through existing funding sources, such as the Every Student Succeeds Act (e.g., Title I, Title II, and Title IV), or through the creation of new state and federal funding sources.

5 Provide mental health services through community partnerships.

School leaders should also consider increasing capacity by seeking out community partnerships, especially with nonprofit organizations, where partners can provide trained mental health staff to augment the services available from school-based employees. As Oklahoma's Project AWARE illustrates, doing so can increase access to mental health services for students in geographic areas where it may be difficult to recruit or retain school-based professionals.

6 Establish competitive grant programs to evaluate program effectiveness.

As highlighted in our discussion of professional development, not all programs have a rigorous evaluation component to help policymakers and practitioners better understand the program's effectiveness. As states and districts investigate new models for providing or expanding services, competitive grants could be established at the state or federal level so that schools can experiment with different programs and services while also contributing to a growing body of effectiveness research.

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ACT's Center for Equity in Learning focuses on closing gaps in equity, opportunity and achievement for underserved populations and working learners. Through purposeful investments, employee engagement, and thoughtful advocacy efforts, the Center supports innovative partnerships, actionable research, initiatives, campaigns, and programs to further ACT's mission of helping people achieve education and workplace success.

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Policy, Advocacy, and Government Relations is dedicated to positioning ACT as a thought leader at the national and state levels to inform and influence education and workforce policymaking, and it is made up of interrelated units staffed by experts in policy development and federal and state government relations. Together, Policy, Advocacy, and Government Relations provides insights and resources to states, workforce and education entities, and other organizations to help individuals navigate their education and career pathways.

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