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MENTAL HEALTH IN SCHOOLS

By Kaitlyn Tran

INTRODUCTION

The U.S. Department of Health and Human Services reports that “one in five children and adolescents experience a mental health problem during their school years” (“Comprehensive School-Based Mental and Behavioral Health Services,” 2021). Especially within today’s context of social media usage, anti-LGBTQ+ educational laws taking effect, and the increasing number of school shootings, addressing mental health for youth in schools has become a critical – yet contested – issue for the U.S. Congress (Wall, 2022a). Despite schools increasingly directing their resources toward mental health and hundreds of millions of dollars in government grants allocated to schools specifically for mental health initiatives, only about half of public schools surveyed by the National Center for Education Statistics “moderately agree” or “strongly agree” that they can “effectively provide mental health services to all students in need” (“Roughly Half of Public Schools Report,” 2022).

Moreover, within the context of the U.S. public education system, where there exist stark disparities in the quality of education, safety of schools, and student support services, mental health becomes an even more complicated concern (Wright, 2022).

Additionally complicating the issue in recent times, the COVID-19 pandemic has also played a significant role in student mental health. More than one in three students at the high school level was reported experiencing poor mental health during the pandemic (Schaeffer, 2022). At the same time, the widespread negative impact of COVID-19 affecting student mental health has created a rush from politicians to propose solutions for post-COVID recovery, bringing the spotlight to a longstanding yet stigmatized issue that has persistently affected young adults and children.

This briefing aims to dive into the rooted problems behind poor mental health support in schools, explore past and present

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proposals to alleviate the youth mental health crisis, and flesh out the nuances of the debate around how politicians within the U.S. Congress believe that solving the country’s mental health crisis should most effectively be pursued.

EXPLANATION OF THE ISSUE

Historical Development

In the United States, administrative approaches towards providing mental health resources and education have shifted greatly over the course of history.

Progressive Era

Modern-day school-level mental health services can be traced back to the Progressive Era (1890s-1930s), where a diversion from the traditional method of schooling occurred in favor of an approach that acknowledged the differences in student backgrounds and learning styles. Some of the developments related to school mental health that were pioneered during this time were the idea of “mental hygiene” to promote student mental health, the creation of special education classes, and an overall shift of focus toward the child instead of the teacher within school structures (Flaherty and Osher, 2002).

20th Century Reforms

In the 1950s and 1960s, a “community mental health movement” arose, where consultation and education were promoted to better care for those with mental health concerns. Schools were viewed as optimal environments to implement these interventions. In the 1970s, mental health professionals were viewed as “consultants” who support community mental health efforts. The growth of community mental health centers would later lead to the creation of school mental health centers. A number of different approaches to providing mental health services in schools emerged in wake of these significant changes in approach. During the 1990s new resources such as school-based health centers, expanded school mental health programs, full-service schools, and comprehensive school and systemwide approaches took on new life (Flaherty and Osher, 2002).

Scope of the Problem

Much of the current conversation in schools surrounds the causes of deteriorating mental health, connecting to other debates within Congress like gun laws, content taught in schools, and discourse over how post COVID-19 recovery should be executed in

Progressive Education Movement – a child-centered approach to learning rooted in individual worth that represented a shift from traditional, rigid methods of teaching and learning.
Britannica

order to help bridge the learning gap that widened during the pandemic.

Socio-Economic Disparities in Education

Only 20% of surveyed educators working in low-income schools said they felt prepared to support students struggling.

The impact of poverty on education has been found to bleed into the issue of student mental health. According to a survey from First Book, an educational nonprofit, and the “On Our Sleeves” alliance from the Nationwide Children’s Hospital, 53% of students in low-income schools reported struggling with mental health issues, while only 20% of the surveyed educators said they felt prepared to support these students struggling (Wright, 2022). Moreover, lower socio-economic status has proven to have a strong link to mental health issues, with a study from the official journal of the American Academy of Pediatrics citing that poverty is linked to “poor health and increased risk for psychological disorders in children and adults that can persist across the life span” and that “few [families in poverty] gain access to high-quality mental health services” (“Diversity and Culture in Child Mental Health Care,” 2019). Schools, which exist centralized locations for various community needs, provide the perfect opportunity to offer more accessible mental health care (“Comprehensive School-Based Mental and Behavioral Health Services,” 2021). However, this access also varies from school to school and often depends on the budget that a school is allocated. Schools that are under-resourced struggle with mental health care related challenges like uneven health counselor to student ratios that block resources for students seeking help. Thus, delegates must grapple with how to combat the resource inequity within the school system to provide access to mental health resources for students who may otherwise not have alternative avenues for seeking care.

Culturally Competent Care

Culturally Competent Care – *the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.*

Culturally competent care is one area that delegates can explore to learn more about the nuances around how effective mental health care can be implemented into schools. Mental health is personal and therefore reducing cultural barriers is an important step in removing the barriers to mental health resources. Providing culturally competent care involves being aware that culture “affects behavior, development, diagnosis, and treatment,” and finding mental health professionals that can accommodate for these needs (“Diversity and Culture in Child Mental Health Care,” 2019). More specifically, steps for cultural competence in healthcare can include providing interpreter services, hiring community health workers, and providing cultural awareness training. For precedence on culturally competent care in Congress, the Veterans’ Culturally Competent Care Act was introduced in 2021 which aimed to add

standards and regulations to train mental health providers to be equipped to work with veterans (Rep. Blunt Rochester).

COVID-19

Both of the aforementioned issues relate to COVID-19 in that the education gap grew wider through remote learning, which also negatively impacted mental health through the greater isolation and stress that affected students across the world. A survey conducted by the COVID-19 Consortium for Understanding the Public Policy's Preferences Across States found that "4 in 10 American adults know someone who died of COVID-19," reiterating how widespread the impact of COVID-19 has been and thus how pertinent its effect on mental health is (Cohn, 2022). The importance of identity in mental health also became a larger concern with the deepening of racial divisions in pandemic discourse, such as the rise in anti-Asian hate incidents and the murder of George Floyd. Having culturally competent care in schools would mean offering mental health support that would be aware and sensitive to how some students may have been affected by these events.

Congressional Action

Many congressional initiatives have attempted to tackle mental health in schools head on. Senator Tina Smith (D-MN) introduced S.1841 – Mental Health Services for Students Act of 2021. This bill targets "increasing the recruitment and retention of school-based mental health services providers." The Bipartisan Safer Communities Act (BSCA) in total has provided almost \$245 million in funding to address the youth mental health crisis, with the money being distributed across various initiatives such as mental health awareness training and school-based trauma-informed support services ("HHS Awards," 2023). The Mental Health Matters Act, requesting governmental action in increasing access to behavioral and mental care, passed the House but did not pass the Senate. The failure of the bill represents the potential difficulty in finding bipartisan and House/Senate agreement on this issue. The bill would have offered \$200M on an annual basis to increase the staffing of mental health providers in schools (Schnell, 2022).

Other Policy Action

Separate from the federal government, states have had state-specific policies introduced/referred or adopted to promote mental health reform in schools within their own jurisdiction. Some examples of state policies in 2023 include Illinois' resolution (HR0052) to provide access for one hour of mental health counseling for students per semester, legislation in Missouri (HB 1348) providing supplement from the state to hire school nurses and mental health professionals, and legislation in Minnesota (SF

1468) that proposes a mental health screening requirement for students. The Illinois resolution was adopted, while the latter two legislations were introduced and then referred to and have not yet been passed (Rivera, 2023).

IDEOLOGICAL VIEWPOINTS

Conservative View

Conservatives generally disagree with liberals on the causes and solutions to the mental health crisis, especially among youth. A large majority of Republicans (205 Republicans) voted against the Mental Health Matters Act of 2022, a bill that aimed to make mental health care in schools more accessible. Rep. Rick Allen, R-Georgia expressed his discontent with the bill saying that “This bill will only benefit trial lawyers and will lead to a reduction in mental health benefits as employers will have to divert money to pay attorneys’ fees.” Other Republicans have worked with Democrats on a bipartisan youth mental health bill, with 14 GOP members in the House and 15 in the Senate voting in favor of a bill for school safety and health (the Bipartisan Safer Communities Act) in response to the Uvalde, Texas elementary school shooting in 2022 (Wall, 2022b).

Additionally, some Republicans believe that mental health care should be placed in the responsibility of parents and not schools (Wall, 2022b). It is also to be noted that Republicans have often pointed to mental health as the problem behind school shootings, and not gun laws.

Liberal View

The vast majority of liberals favor initiatives to support access to and expanded resources for mental healthcare in schools. Democrats generally believe that more funding should be allocated to develop a more extensive and robust range of mental health services and that student wellbeing and mental and physical health is a priority within equitable and high-quality education (Schnell, 2022). Hence why, in the aforementioned Mental Health Matters Act, 220 Democrats voted in favor.

AREAS OF DEBATE

This section will summarize some of the potential solutions that have been proposed or have been a large talking point within the conversation around mental health in schools. They cover both solutions directly related to student mental health (ex: staffing

Socio-Emotional Learning – the process of developing the self-awareness, self-control, and interpersonal skills for school, work, and life success.
Committee for Children

The Bipartisan Safer Communities Act being signed into law by President Joe Biden on June 25, 2022.
Associated Press

increases) or solutions tangentially related through being a cause for student mental health (ex: gun safety laws). The following is not an exhaustive list of the potential solutions, and thus delegates are encouraged to keep thinking of their own solutions to effectively pursue mental health reform.

Mental Health Professional/Counseling Staff Increases

Expanding the number of mental health professionals or the size of counseling staff is one of the most suggested solutions to mental health in schools. This solution helps to resolve the shortage of mental health professionals and/or counselors to decrease the backlog in receiving mental health support and allow for more individualized, robust care for students. The solution is implemented by providing additional grant funding to schools for the purposes of hiring more staff to provide mental health support.

Arguments in favor of staffing increases would argue that expanding the number of mental health providers in schools would increase the likelihood that students' mental health needs are properly and thoroughly addressed. Arguments against staffing increases could involve debate over the funding amount and that the funding could be better used elsewhere, that mental health stigma is a greater issue and will still prevent students from reaching out for support, or that mental health is a family problem, not a school problem.

Political Perspectives on this Solution

The liberal view supports an increase in mental health professional staffing. The conservative view is somewhat more complex, as there is often divided support on bills that propose mental health professional or counseling staff increases. Republicans have previously voted against mental health support bills on certain terms of the bills not requiring parental consent (and there lies the argument of undermining parents' rights), or on a related note, that mental health should be a parental responsibility (Wall, 2022).

Increasing Telehealth

Telehealth, like increasing the number of mental health professionals or counseling staff, would be implemented to address the continuing issues of barriers to access to mental health care. Through telehealth, students are able to more readily communicate with an expansive network of providers (Llamas and Joyce, 2022). This helps to alleviate issues like staffing shortages and could increase the likelihood that a student could find a suitable mental health professional. The solution would be to provide grants to fund the purchase of equipment and hiring of staff to implement the

telehealth program. The H.R. 1689: Connecting Students with Mental Health Services Act largely consists of an expansive proposal for telehealth programs, especially in high-poverty and rural schools. Arguments in favor of adopting this solution would argue that telehealth is a more accessible resource that can combat status quo issues (again, such as shortages). Arguments against telehealth may insist that the care is not as effective compared to in-person care or turn back to general arguments about how telehealth should not be under the guidance of the school.

Political Perspectives on this Solution

Telehealth is generally supported by both liberals and conservatives, although individuals may disagree on the specifics of implementation of telehealth. Democrat Abigail Davis Spanberger of Virginia proposed the aforementioned H.R. 1689, and Republicans on the House Ways and Means Committee in 2020 spoke strongly in support of expanding telehealth and outlined a plan for such an expansion (“Ways and Means Republicans Unveil New Vision,” 2020). Therefore, telehealth has proven to potentially be a solution that both parties have generally had consensus on.

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Culturally Competent Care

Culturally competent care is meant to address the issue of inequalities in healthcare due to health professionals being unaware of how to care for members of a certain minority group, which can involve under- or over- diagnosing patients of this group. Specifically, within mental health, culturally competent care allows for mental health professionals —who are sensitive to or can personally relate to the culture of the patient — more accurately provide them with effective care. This would be implemented through providing funding to train mental health professionals on cultural competence and interpreter services, as well as encouraging efforts to recruit minority staff (“Cultural Competence in Health Care, n.d.). Arguments in favor of this solution would include evidence around racial inequality, minority discrimination, etc in health care and how cultural competence could help combat that through increased sensitivity and awareness training, that students are more likely to reach out to mental health services if they believe that the mental health provider will understand their issue. Arguments against the solution could say that cultural competence training has the potential to paint certain groups in a stereotypical light, or that cultural competence is not a dire issue that prevents students from reaching out to mental health services and therefore funding should not be “wasted” for trainings and hirings under this context.

Political Perspectives on this Solution

Liberals are generally in favor of this solution. An example on the state-level of cultural competency is Oregon’s House Bill 2611, which “provides that certain boards may adopt rules under which [they] may require ... cultural competency continuing education” and was proposed and widely supported by Oregon Democrats (“Legislative Research: OR HB2611,” 2023).

From the limited data available, Republicans do not seem to have many public statements for or against cultural competence. For example, Oregon’s HB 2611 passed with bipartisan support, but an earlier version of the bill was previously unsupported by Republicans when there were stricter mandates for mental health professionals to engage in cultural competency training courses.

Social Media Regulations

Due to social media’s impact on youth mental health, implementing social media regulations could provide a solution by alleviating a large stressor on students. A study published in the *Journal of the American Medical Association (JAMA)* found that adolescents on social media for more than three hours a day “may be at heightened risk of mental problems, particularly internalizing.” In 2018, Pew Research Center surveyed teens in the U.S. and found that one in six teenagers have experienced a form of Internet harassment such as name-calling, physical threats, or spreading false rumors (“Impact of Social Media,” n.d.).

Proposed solutions encourage varying levels of regulation: from holding social media companies accountable to flag and delete offensive content to greater regulatory standards — requiring parental permission up to 18 years old in order to sign up for a social media platform. Other possible actions could be promoting media literacy lessons in schools.

Arguments for this solution would depend on how strict an approach is deemed necessary, but generally, the idea that protecting youth from widespread causes of stress would be a priority and therefore, reduce the harm and strain on their mental health. Opponents could argue that the bill would not be effective because young users would find loopholes to legislation blocking social media and that some social media regulations could threaten First Amendment rights.

Political Perspectives on this Solution

Depending on the extremity of the regulations, this issue seems to be relatively bipartisan, with past bills such as the “Protecting Kids on Social Media Act” and the “Kids Online Safety Act” being introduced with bipartisan support. The former proposes banning

children under 13 years old from social media.(SOURCE) The latter proposes “directing social media platforms to prioritize the well-being of users under age 17 and protect them from harmful content.”(SOURCE) However, in cases such as with the Kids Online Safety Act, advocacy groups such as the American Civil Liberties Union (ACLU) and the LGBT Technology Partnership have argued against these bills believing that increased parental monitoring would prevent kids from receiving information on topics such as gender and sexual identity and health (Poritz and Vittorio, 2023).

Gun Safety Legislation

Some legislation around gun safety, specifically bills which have been introduced in response to school shootings, have provided large funding amounts for school mental health and safety. These bills are intended to create a safer environment for students to reduce stress and to also more quickly identify when a student needs professional mental health care. An example that has been mentioned throughout this briefing is the Bipartisan Safer Communities Act that expands background checks, funds mental health expansion programs, and makes it easier for school mental health services to bill Medicaid (Blad, 2022). Arguments in favor of this solution urge reform around gun legislation to increase the barrier to accessing guns for those at a young age and/or facing mental health struggles, decreasing the potential for gun violence. Arguments against this solution worry that restrictions around gun purchase and usage will threaten Second Amendment rights and can sometimes argue that problems like school shootings should be solely resolved by mental health expansion instead.

**Common Sense
Gun Laws** –
*restrictions on guns
that many Democratic
politicians argue are
“common sense,” such
as expanding
background checks
and raising the
minimum age to 21 to
buy a semi-automatic
rifle.*

Political Perspectives on this Solution

Liberals generally have the common point of view of wanting increased restrictions around gun access, while Conservatives feel that increased restrictions impede Second Amendment rights. A few Republicans, however, have stepped away from party lines to vote for gun restriction bills. For example, 5 Republicans voted in favor of the Protecting Our Kids Act (Schnell, 2022). As for interest groups, the National Rifle Association (NRA) plays a significant role in lobbying GOP politicians, which therefore helps pressure Republican politicians against voting for greater gun restrictions.

BUDGETARY CONSIDERATIONS

Below, find information regarding past funding allocation amounts that were proposed. In February 2023, the Department of Education announced that it would allocate \$188M to 170 grantees

The Bipartisan Safer Communities Act provided \$188M and the American Rescue Plan Act provided \$160M in large part to fund mental health efforts in schools.

across 30 states – funding that was received from the Bipartisan Safer Communities Act (BSCA) (“U.S. Department of Education Announces More Than \$188 Million,” 2023). The American Rescue Plan Act in 2021 provided \$160M to “propel academic and mental health recovery for K-12 students across the country” (“U.S. Department of Education Announces Over \$220 Million Dollars in Investments,” 2022).

Given this information, it’s important to also note that finding a solution to this topic is highly funding-dependent, as the solutions of hiring more professionals and expanding resources all depend on large amounts of money. However, with large amounts of money comes strengthened opposition and the potential for a further partisan divide on the broader issue of education.

CONCLUSION

For solutions to this issue, delegates will need to find areas of compromise and try to pursue new advancements that have not already been passed in Congress. In addition, partisanship has been quite prominent in discussions around schooling, and thus, representatives should find ways to navigate this tension and effectively pass solutions that prioritize the affected group (students) first and foremost. Mental health is an issue that both parties have discussed as needing further reforms and support, especially for youth within schools. Mental health is connected to education, which has proved to be controversial in the past due to discussions around cultural competence and socio-emotional learning related to mental health. Notably, many also weigh mental health care and gun safety legislation as being potential solutions to gun violence in America.

Mental health is a critical issue now in the post-COVID era and school environments are uniquely equipped to provide consistent and sustained mental health support for students when properly executed. As a final note, many of these solutions can and have historically been combined to create effective policy for mental health reform in schools. The above areas of debate are again not exhaustive, and I implore delegates to research creative and innovative solutions beyond those listed.

GUIDE TO FURTHER RESEARCH

I think research on Congressional issues should always begin with an examination of the status quo, and thus I advise delegates to firstly investigate past bills that have been proposed on this issue. I would also investigate the reasons for why these bills have not yet

been passed and in what ways delegates may be able to break through the gridlock to convince the opposing party to support their bill(s). I would also advise delegates to think very carefully about the short and long term on this issue — what can be implemented immediately to alleviate the youth mental health crisis and how can progress be sustained over the next few years or decades? For any evidence-based data, medical research journals that have conducted studies on student mental health would be helpful. Also, look for websites about education such as the National Education Association.

GLOSSARY

Progressive Education Movement — a child-centered approach to learning rooted in individual worth that represented a shift from traditional, rigid methods of teaching and learning.

Socio-Emotional Learning — the process of developing self-awareness, self-control, and interpersonal skills for school, work, and life success.

Telehealth — use of digital information and communication technologies to access health care services remotely and manage your health care.

Media Literacy — a 21st century approach to education that provides a framework to access, analyze, evaluate, and create messages in a variety of forms.

Common Sense Gun Laws — restrictions on guns that many Democratic politicians argue are “common sense,” such as expanding background checks and raising the minimum age to 21 to buy a semi-automatic rifle.

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