

FEBRUARY 2023

THE CASE FOR SCHOOL MENTAL HEALTH



Rates of youth mental health problems are at historically high rates and rising.

- 1 in 5 youth have social, emotional, and behavioral problems that impair their learning (Fabiano & Evans, 2019; Merikangas et al., 2010).
- There has been a 33% increase in the rate of students reporting depression and anxiety since 2010. The most alarming trends are seen for students of color: suicide rates among Black youth, for example, have doubled since 2014.
- The COVID-19 pandemic exacerbated stressors for youth. Over one-third of Washington high school students reported feeling worried about friends and family contracting COVID-19, and over half felt depressed or sad “most days” in the year after returning to school (Kilmer et al., 2022).

The situation is even more dire in Washington than the country as a whole.

- Twenty percent of Washington adolescents 12-17 have a major depressive episode in a given year, compared to 16% nationally (SAMHSA, 2021).
- Washington’s Healthy Youth Survey data show one in 10 students in 8th, 10th and 12th grades attempted suicide in the past year, while four in ten students in the 10th and 12th grades felt so sad and hopeless that they stopped doing their usual activities (WA State Health Care Authority, 2022).

Providing comprehensive mental health services is critical to student academic success, school safety, and the well-being of our young people.

School mental health is associated with positive mental health outcomes for children and youth.

- A review of 43 studies found that school-based services are effective at decreasing mental health problems. Group (Tier 2) and individualized (Tier 3) services have been particularly successful (Sanchez et al., 2017).

Research shows that schools are the most common place young people seek and receive mental health services.

- Children and youth receive mental healthcare in schools more frequently than any other setting, more than mental health clinics or doctors’ offices (Duong, Bruns et al., 2020).
- Research shows school mental health services can close gaps in access for underserved and marginalized populations (Lyon et al., 2013).

School-based social-emotional learning and strong systems to promote a positive culture improve academic outcomes.

- A review of hundreds of studies found that school-wide social-emotional learning (SEL) programs improve academic progress among students by 13% on average (Durlak et al., 2011).
- The use of Positive Behavioral Interventions and Supports (PBIS) has been shown to return \$14 in savings from reduced school dropout for every dollar spent (Washington State Inst. on Public Policy, 2019).

School mental health services are essential to assuring our schools are safe.

- Increased access to mental health services and support in schools is vital to improving the physical and psychological safety of our students and schools. (Durlak et al., 2011).
- Comprehensive school mental health promotes a school culture in which students feel safe to report safety concerns, which is proven to be among the most effective school safety strategies. (Nickerson et al., 2019).
- Comprehensive school mental health plans include crisis response plans and suicide prevention and postvention plans that reduce risks to students and improve school climate and safety.



TAKING EFFECTIVE SCHOOL MENTAL HEALTH TO SCALE IN WASHINGTON

Washington State's schools and students need decisive action by its legislature and policymakers. These recommendations were identified in a [state auditor's report on K-12 Student Behavioral Health in Washington](#). This report's key finding was that few schools are able to adopt recommended core elements of effective school mental health. The report found Washington's current approach is **fragmented, with no single entity in charge or accountable**. Not only do Washington's school districts **lack adequate resources and staffing** to develop comprehensive behavioral health systems, they **receive little oversight, guidance, and training**.

2023 POLICY & FUNDING RECOMMENDATIONS

Designate a lead state agency in charge of ensuring student access to the full continuum of school behavioral health services. This entity can work with state, district, and ESD partners and other child-serving agencies, as well as higher education, community organizations, and family partners to build coalitions for positive policy, professional development, and funding changes.

Establish and resource a plan for providing consistent, high-quality training and technical assistance statewide on school mental health. A designated statewide training and TA lead organization would provide Washington schools, districts, and mental health providers with the training and guidance they need to implement effective school mental health strategies across the continuum from prevention to targeted intervention. Such an entity could also support accountability by monitoring progress and outcomes and aid in the development of effective local funding strategies.

Eliminate Isolation and Reduce Use of Restraint. Isolation and restraint are used far more often than necessary and have shown no compelling evidence for benefiting students. We support [House Bill 1479](#) / [Senate Bill 5559](#), which seek to eliminate isolation and reduce the use of chemical and mechanical restraints in schools.

Eliminate harmful disciplinary practices. Suspension, expulsion, public humiliation and shaming need to be replaced with culturally relevant, positive, proactive, instructional, equitable and restorative practices. Positive behavior supports reduce the need for exclusionary discipline while bolstering school climate and student mental health and well-being.

MULTI-TIERED SYSTEM OF SUPPORT (MTSS)

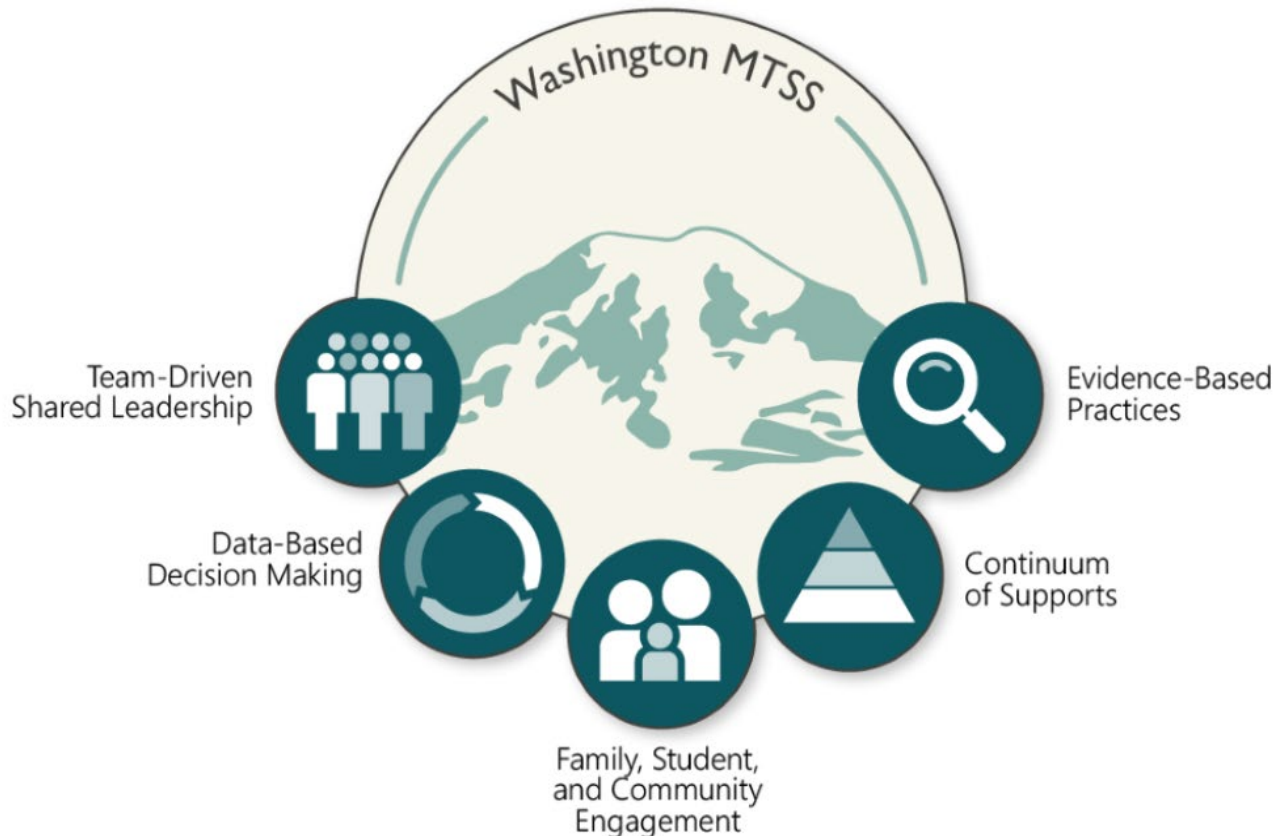


School mental health is most effective when provided through a multi-tiered system of supports (MTSS) that integrates effort from both school-employed and community mental health professionals.

An integrated MTSS covers the full continuum of student needs, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.

[The Interconnected Systems Framework \(ISF\)](#) is being implemented in Washington as an example of an evidence-based approach for installing school mental health within MTSS.

Learn more about MTSS on the [*Washington Office of Superintendent of Public Instruction's website](#).



REGIONAL RESOURCES

- [The University of Washington School Mental Health, Assessment, Research, and Training Center](#)
- [The School Mental Health Supplement to the Northwest Mental Health Technology Transfer Center](#)
- [Forefront Suicide Prevention Center](#)
- [Northwest PBIS Network](#)
- [Washington Office of Superintendent of Public Instruction: Multi-Tiered Systems of Support \(MTSS\)](#)
- [Washington Office of the Superintendent of Public Instruction: 2021–23 Biennial Operating Budget Decision Package \(DP\) on Supporting Students through Multi-Tiered Systems of Support](#)
- [Washington State Institute for Public Policy: Cost Benefit of School-Wide Positive Behavioral Interventions and Supports \(SWPBIS\)](#)
- [2018 Washington State Healthy Youth Survey - Data Brief: Mental Health](#)

- [2018 Washington State Healthy Youth Survey - Infographic](#)
- [Statewide Analysis of Forecasted Behavioral Health Impacts from COVID-19 - September Update](#)

NATIONAL RESOURCES

- [American Foundation for Suicide Prevention](#)
- [Center on Positive Behavioral Interventions and Supports](#)
- [Interconnected Systems Framework Implementation Guide](#)
- [National Alliance on Mental Illness](#)
- [National Alliance on Mental Illness: Mental Health Facts - Children and Teens](#)
- [The National Center for School Mental Health \(NCSMH\)](#)

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Produced by the SMART Center Policy Team, which focuses on developing, promoting, and evaluating tangible policy and fiscal strategies to take effective School Mental Health to scale in Washington State and all public systems.

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