STUDENT MENTAL HEALTH:

Addressing Challenges When Schools are Closed

MAY 19, 2020
PROTOCOL FOR TODAY’S VIRTUAL MEETING

- Join us by video rather than by phone and add your full name on your tile
- Mute your audio unless you are speaking
- Virtually “raise your hand” to be recognized by today’s moderator
- Type your questions into the chat box on the right side of your screen
- Do not share your screen under any circumstances
- This meeting will be recorded. The archive and slides will be publicly posted: [https://www.ncsl.org/research/education/covid-19-virtual-meetings.aspx](https://www.ncsl.org/research/education/covid-19-virtual-meetings.aspx)
Type in the Chat Box:
- What state are you from?
- What is your top concern about student mental health when schools are closed?
AGENDA FOR TODAY’S MEETING

- Welcome
- Featured Speaker: Dr. Brandon Stratford, Child Trends
- Questions
- Featured Speaker: Aaron Ragon, Douglas County School District, Colorado
- Questions
- Federal Perspective: Austin Reid, NCSL
- Review of Upcoming Meetings
Brandon Stratford, Ph.D., is the Deputy Director of Education Research at Child Trends. Dr. Stratford has a strong background in youth mental health, having worked as a clinical social worker in community and school settings in the District of Columbia for over a decade. Since joining Child Trends, Dr. Stratford has worked on projects related to children’s mental health, youth violence prevention, and school-based interventions to support student wellness. Dr. Stratford has also led several policy-focused projects to better understand the role of policy in school health efforts. Currently, he co-leads the Leadership Exchange for Adolescent Health Promotion (LEAHP) through a cooperative agreement with the Centers for Disease Control and Prevention as well as a project funded by the Robert Wood Johnson Foundation to explore the experiences of state and district leaders in expanding Medicaid reimbursement for school-based health services. Dr. Stratford’s work emphasizes the importance of meeting the needs of the Whole Child through applying the Whole School, Whole Community, Whole Child (WSCC) approach.
Student Mental Health
Mental health prior to COVID-19

HEALTH OF HIGH SCHOOL STUDENTS: YOUTH RISK BEHAVIOR SURVEY RESULTS

Most students experience positive mental health. Adults can support students' mental health by watching for warning signs and linking students to help.

During the past year, almost 1 in 3 students persistently felt sad or hopeless.

Students who made a suicide plan.

Source: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf
Compared to how they felt prior to COVID-19 students:

§ Feel more *isolated* (54%)

§ Feel more *stressed* (51%)

§ Are more *concerned about their mental well-being* (38%)

Source: EVERFI 2020
Adverse experiences

The Pair of ACEs
Adverse Childhood Experiences
- Maternal Depression
- Emotional & Sexual Abuse
- Physical & Emotional Neglect
- Substance Abuse
- Divorce
- Mental Illness
- Incarceration

Adverse Community Environments
- Domestic Violence
- Homelessness
- Poverty
- Discrimination
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital
- Poor Housing Quality & Affordability
- Violence

Source: https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf
Not all adversity is experienced as trauma

- Adverse experiences and trauma are not the same

- Adverse experiences increase the risk that someone will experience trauma

- Positive experiences at school can reduce the risk that adversity will lead to trauma including:

  1. Caring relationships with supportive adults

  2. Opportunities to learn and practice coping skills
COVID and School Closure/Re-entry
Multi-Tiered Systems of Support

Tier 1: Universal  
- e.g., SEL programming  
Everyone

Tier 2: Targeted  
- e.g., early intervention small

Tier 3: Intensive  
- e.g., individual therapy

Mostly mental health and health professionals

Efforts to support students, families, & staff must be a TEAM EFFORT

Child TRENDS
A survey of 8,000 educators across 11 states found:
§ 98% believed educators should receive **training in trauma-informed classroom** practices
§ 70% of educators reported they are **not well-prepared to address trauma**

A survey of 10,000 educators nationwide found:
§ **Mental health was the #1 topic** for which educators wanted more training
§ Approximately half of educators **did not believe their school has the necessary resources** to support student mental health

Data from the CDC’s School Health Profiles found:
§ 55% of health educators had **received professional development** on emotional and mental health
§ 76% of health educators **wanted more professional development on emotional and mental health**
We lack compelling evidence about how to equip educators to address trauma and mental health.

§ There is a lack of evidence when it comes to effectively training educators on topics like mental health and trauma.

§ Schools should be supported in training educators and also collecting data to assess whether those trainings are effective.
Policy Landscape
This map shows states that have [●] comprehensive (24), [▲] moderate (26), and [●] low (1) coverage of social and emotional climate topics in statutes and regulations governing education.
States with policies addressing professional development related to mental health
State policies addressing staff wellness

This map shows states that have [ ] comprehensive (1), [ ] moderate (2), [ ] low (9), [ ] and no (39) coverage of employee wellness topics in statutes and regulations governing education.
Since CMS released updated guidance related to the free care rule in 2014, several states have expanded Medicaid reimbursement for health services at school.

10 states have received approval from CMS to expand the services that are covered and 2 more have amendments pending.

Several states have noted that a motivation for expansion is the ability to request reimbursement for behavioral health services not linked to an IEP.
No State Plan Amendment is required as long as the state plans to reimburse for telehealth services the same way/amount that they pay for face-to-face services.

§ CMS has developed a toolkit (see resources list)

§ The Center for Connected Health policy tracks state health policy changes related to COVID. 
https://www.cchpca.org/
Opportunities
§ When planning, *involve diverse perspectives* with particular attention to elevating the voices of communities that have historically been excluded/marginalized.

§ *Increase access to mental health treatment in school*, especially for students that experience systemic barriers. Consider community partnerships and telehealth.

§ Prioritize *staff training and staff wellness* to strengthen Tier 1 Universal supports. In the absence of strong evidence, *rely on trusted sources* and encourage schools to *collect data* to identify professional development approaches that are effective.

§ Consider unintended consequences and *avoid reinforcing stereotypes and perpetuating mental health stigma*. 
Responding To Trauma Through Policies That Create Supportive Learning Environments

Introduction

Trauma can significantly undermine a student's ability to learn and thrive in school. Studies estimate that 50% of all children have experienced one or more adverse childhood experiences, such as physical or emotional abuse, neglect, or witnessing violence. These experiences can lead to physiological changes in the brain and body, affecting cognitive, emotional, and behavioral development. Adverse childhood experiences can have long-term effects on health, education, and lifelong outcomes.

Recent research has highlighted that schools play a critical role in addressing these challenges. Schools can create supportive learning environments that help children who have experienced trauma to heal and thrive. By implementing policies and practices that support the well-being of all students, schools can help to mitigate the negative effects of trauma and promote a positive learning environment for all.

What is trauma?

Children who suffer from childhood trauma share a common experience: they have been exposed to one or more traumatic events. These events can range from physical or sexual abuse, to neglect, to witnessing violence. Trauma can significantly impact a child's development, affecting their ability to learn, their ability to form relationships, and their overall health.

Adverse childhood experiences can include:
- Abuse and neglect
- Psychological trauma
- Natural disasters
- Community violence
- Medical trauma
- Major life changes (e.g., divorce, death, deployment)

Supporting children who have experienced trauma requires a multi-faceted approach that addresses their emotional, social, and academic needs. Schools can play a critical role in providing the necessary support to help these children heal and succeed.

Source: National Center for Child Trauma stove.org
- A Child Trends brief on the differences between ACEs and Trauma: https://www.childtrends.org/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why
- An article about school-based, trauma-focused interventions: https://link.springer.com/article/10.1007/s12310-020-09368-9
- Policy Framework for addressing trauma in schools: https://www.childtrends.org/publications/responding-to-trauma-through-policies-that-create-supportive-learning-environments
- More information on the state policy data that were presented: https://www.childtrends.org/publications/using-policy-to-create-healthy-schools
- Healthy Students Promising Futures (Medicaid in schools): http://healthystudentspromisingfutures.org/topics/free-care-policy
- Center for Connected Health Policy’s state telehealth changes tracker: https://www.cchpca.org/resources/covid-19-related-state-actions
Thank you!

Brandon Stratford, Ph.D.
Deputy Director of Education Research

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QUESTIONS: TYPE THEM IN CHAT BOX OR UNMUTE YOUR LINE TO ASK
Aaron Ragon is the lead counselor for Douglas County School District in Colorado and in this role, he supports nearly 200 counselors that work with K-12 students. He has worked as a school counselor for 13 years. He has a master's degree in counseling and psychology, principal licensure and is a Licensed Practicing Counselor.
QUESTIONS: TYPE THEM IN CHAT BOX OR UNMUTE YOUR LINE TO ASK
COVID-19 FEDERAL RELIEF FUNDING FOR MENTAL HEALTH:

- Governors Education Relief Fund: can provide “social and emotional support” to schools
- Elementary and Secondary School Relief Fund: can be used to “provide mental health services and supports”
- Project Serv: $100 million to help schools deal with violence or trauma that disrupts learning environment
- $425 million to the Substance Abuse and Mental Health Services Administration (SAMHSA) for mental health and substance use disorders as a result of the COVID-19 pandemic
- Of that overall funding, certified community behavioral health clinics will receive $250 million
- SAMHSA gets $50 million for suicide prevention, and $100 million in flexible funding to address mental health, substance use disorders and providing resources to youth and the homeless during this time
UPCOMING EDUCATION COVID-19 VIRTUAL MEETINGS

- No Virtual Meeting on Friday, May 22 – Happy Memorial Day!
- Learning Loss and Approaches to Summer Learning - Tuesday, May 26
- Guidance for Schools Reopening in the Fall – Friday, May 29
- Lessons Learned from Around the World – Tuesday, June 2
- Stories from the Districts: A Discussion with School Leaders – Friday, June 5
- The Pandemic’s Impact on the Teacher Workforce: Recruitment & Preparation – Tuesday, June 9
- The Pandemic’s Impact on the Teacher Workforce: Supports for Classroom Teachers – Friday, June 12
- Pandemic Impact on Early Learning – Tuesday, June 16
- Assessing Student Learning in the Fall – Friday, June 19
- State Revenue Forecasts and Tracking Federal and State Ed Spending – Tuesday, June 23
- Evidence-Based Policymaking – Friday, June 26

See NCSL’s Ed COVID page for the recording and materials from previous meetings.