Serving Students’ Mental and Physical Health Needs

Results of a National Survey
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Executive Summary

As the prevalence and complexity of mental health, substance abuse, sexual health, and LGBTQ-related issues continue to rise among young people, schools have been tasked with an increasingly critical role in meeting students’ multifaceted needs.

To learn more about this topic, the EdWeek Research Center conducted a nationally representative survey of K-12 school health personnel, including school nurses and health teachers, between March 8th and 17th in 2023.

While most health workers report that their students face challenges with anxiety, depression, and substance abuse, most also believe that their schools or districts have the ability to meet students’ mental health, health care, and sex education needs.

Overall, the report underscores the need for increased professional development for school health personnel, particularly in helping young people cope with stress or anxiety and supporting LGBTQ+ students. It also highlights gaps in the sex education curriculum and the importance of community engagement in school health services.

Key survey findings include:

Mental Health Services and Training Needs: Schools are significantly involved in addressing student mental health challenges. However, 72 percent of health personnel indicated a desire for more professional development in helping students cope with anxiety. Additionally, 67 percent and 64 percent, respectively, thought they could benefit from more training to help students deal with stress and depression.

Equity in Sex Education: There’s a noticeable gap in the curriculum. While 60 percent of respondents said their schools or districts include anatomy and physiology in their sex education curriculum, only 30 percent reported that information on contraceptives is included. Just one-quarter said that information about gender identity and LGBTQ+ issues is incorporated.

Support for LGBTQ+ Students: The survey reveals an increase in students seeking support for gender transitioning, with 28 percent of school health employees reporting more such instances than in the past. Despite this, 44 percent of health workers said they had not received any professional development on working with LGBTQ+ students.

Community Response to Health Services: Community complaints about reproductive health services in schools appear to be low, with 94 percent of health personnel saying they received no complaints from parents or community members during the 2022-23 school year. However, this could be influenced by the fact that these services are not being provided in many areas.

Addressing Substance Abuse: Forty-seven percent of respondents report keeping Naloxone on hand to deal with potential opioid overdoses. Despite this, the majority (96 percent) have never had to administer it. Nonetheless, 64 percent of respondents report being comfortable with administering Naloxone if necessary.
Introduction

In the Spring of 2023, the EdWeek Research Center conducted a nationally representative survey of school health staffers to examine the health services and education provided within schools. The survey was conducted in response to widespread reports of increasing mental health challenges among students as well as controversies around state initiatives restricting sex education curricula.

To get a better sense of how these health challenges are being addressed and what health education currently looks like in schools, the Research Center analyzed survey responses from over 3,400 nurses, educators, directors, social workers, and other individuals who work in the health space in K-12 schools and districts.

As educators look to find ways to help students struggling with the lingering effects of social isolation caused by the pandemic and grapple with disagreements over social issues sometimes labeled as ‘culture wars,’ the survey results highlight strategies that school districts are using to address students’ mental and physical health challenges.

SURVEY DETAILS

Survey Administered: March 8th to 17th, 2023.

Sample: Nationally representative

Method: Online [Email invitations sent to an online survey]

Respondents: A total of 3,480 individuals participated in this survey. This includes 185 health teachers/educators, 2,314 nursing/health staff/school nurses, 245 psychologists, 351 social workers, 125 health/nurse services directors, 118 physical/health/sex education directors, 19 social work/psychology directors, and 123 individuals in other roles.

Demographics

The survey drew responses from a diverse range of school health personnel across the United States. The majority of participants were from the Midwest and Northeast, making up 32 and 27 percent of the total respondents, respectively. Nearly one-quarter (24 percent) hailed from the South and 18 percent were from the West.

In terms of school district size, 45 percent of the health personnel represented smaller districts with less than 2,500 students. Approximately one-third of the respondents came from districts with between 2,500 and 9,999 students. Nearly a quarter (24 percent) hailed from larger school districts with 10,000 or more students.

Forty-six percent reported less than half of the students in their districts qualified for free or reduced-price meals. Fifty-four percent reported that the majority of the student body received such support, a common indicator of family poverty.

A significant portion of the health personnel respondents (47 percent) described their employers as being located in rural or town environments. Thirty-seven percent worked in suburban settings and 17 percent served school districts in urban environments.

Sixty-six percent of the health personnel respondents worked as nurses or health staff. Another 10 percent worked as social workers, with 7 percent serving as psychologists and 5 percent working as health teachers. Four percent worked as
health/nurse services directors and four percent served in other roles. Three percent served as directors of physical, health, or sex education, and 1 percent identified as social work or psychology directors.

Roughly two-thirds of respondents (66 percent) reported serving one school. Another 17 percent supervised work in one school district, while 16 percent served multiple schools within the same district but did not serve all the schools in that district. A small number of respondents reported serving all schools in multiple districts or serving schools located in multiple districts but not serving all schools in any one school system.

The vast majority of respondents (90 percent) reported working in a public school district, network, or school. Five percent came from a private school network or school. Four percent identified other types of employers and 1 percent worked for a health system, hospital, clinic, or practice.

Overall, health personnel respondents most commonly worked directly with elementary school students. When asked about the grade levels they serve in their current job, 32 percent reported working exclusively with elementary grades (K-5). Twenty-two percent served all grade levels (K-12). Sixteen percent worked solely within the high school grades (9-12), 13 percent in elementary and middle grades (K-8), 10 percent in middle grades only (6-8), and 6 percent across middle and high school grades (6-12). Finally, 1 percent worked with elementary and high school grades (K-5 and 9-12).

Where do you work?

Percentages may not add up to 100 percent due to rounding.
Approximately how many students are enrolled in your school district?

- 24% Less than 2,500
- 45% 2,500-9,999
- 31% 10,000 or more

Which of the following best describes your school district’s percentage of students who qualify for free or reduced-price meals?

- 46% 50 percent or less
- 54% 51 percent or more
Which of the following best describes your employer’s location?

- Rural or town: 17%
- Suburban: 37%
- Urban: 47%

Percentages may not add up to 100 percent due to rounding.

Which of the following best describes your current job?

- Nurse/health staff/school nurse: 66%
- Social worker: 10%
- Psychologist: 7%
- Health teacher/educator: 5%
- Health/nurse services director: 4%
- Other, please specify: 4%
- Phys ed/health ed/sex ed director: 3%
- Social work director/psychology director: 1%

Percentages may not add up to 100 percent due to rounding.
Which of the following best describes your role?

- **I serve one school** 66%
- **I work in one school district—and I serve/supervise services for all the schools in that district** 17%
- **I serve multiple schools, all of them located in the same district, but I do not serve all the schools in that district** 16%
- **I serve all the schools in multiple districts** 1%
- **The schools I serve are located in multiple districts—but I do not serve 100% of the schools in any one district** 1%

Percentages may not add up to 100 percent due to rounding.

Who is your employer?

- **A public school district, network, or school** 90%
- **A private school network or school** 5%
- **A health system/hospital/clinic/practice** 4%
- **Other, please specify** 1%
What grade levels do you work with in your current job?

- Elementary grades only (K-5): 32%
- Middle grades only (6-8): 10%
- High school grades only (9-12): 16%
- Elementary and middle grades (K-8): 13%
- Elementary and high school grades (K-5 & 9-12): 1%
- Middle and high school grades (6-12): 6%
- All grade levels (K-12): 22%

Likelihood of Leaving Job or Profession

Career Changes in the Next Two Years

Survey respondents were asked about the likelihood that they will leave their current job within the next two years to pursue the same line of work but with a different employer. Twenty-one percent indicated they were ‘somewhat’ or ‘very’ likely to do so. However, the majority (79 percent) indicated they were unlikely to leave their current employer.

How likely is it that you will leave your current job in the next two years to pursue the same type of work but for a different employer?
A slightly higher percentage of health personnel respondents indicated they were likely to leave their current profession entirely in the next two years either to retire or pursue a different line of work in another field.

Twenty-nine percent reported they were likely to leave the profession entirely while roughly 7 out of 10 said they were ‘somewhat’ or ‘very’ unlikely to leave.

**How likely is it that you will leave your current profession entirely in the next two years to retire or pursue a different line of work/a different field?**

![Pie chart showing 29% likely to leave and 71% unlikely to leave.]

**Factors Influencing Career Decisions in School Health Services**

Survey results indicate that a mix of financial, institutional, and personal factors could contribute to turnover and retention challenges.

Results suggest that compensation could be a key factor in retaining these school health professionals. When asked about the reasons why they are considering leaving their current jobs within the next two years, school health staffers most frequently cited financial motivations, with 35 percent desiring a higher salary elsewhere.
If you are considering leaving your current job in the next two years for any reason, please explain why. Select all that apply.

- Higher salary elsewhere: 35%
- Other, please specify: 27%
- I am satisfied with my job but may leave for personal reasons: 21%
- I don't have enough support from district or school leaders: 21%
- My workload is too high: 18%
- I can't think of any reasons why I would leave my job: 18%
- My job feels too political these days: 13%
- I don't have enough resources to do my job well: 12%
- I don't have freedom to provide the services students need: 9%
- I've gotten too many complaints from parents/community members: 5%
- I fear for my personal safety: 5%
- My employer’s approach is not aligned with my political beliefs: 5%
- Funding for my position may run out: 5%
- Disagreement about what services are provided: 4%
- I don't feel that I am effective in this role: 4%
- My employer’s approach is not aligned with my religious beliefs: 2%
- I've gotten too many complaints or pushback from students: 1%
- I may be laid off: 1%
- I may be fired: 0%

More than one-quarter of respondents (27 percent) selected 'Other' indicating that they might leave their current jobs for a reason that wasn’t listed among the pre-defined answer options. Some mentioned problems with supervisors or impending retirement.

Twenty-one percent reported being satisfied with their job but indicated they might leave for personal reasons.

Another 21 percent reported a lack of sufficient support from district or school leaders which suggests that there are potential structural or communication challenges within the school system.

Nearly one-fifth (18 percent) of respondents said they might leave because their workload is too high suggesting that they face staffing issues, a high student-to-staff ratio, or an increase in health-related needs within schools. Eighteen percent couldn't think of any reasons why they would leave their job.

For some school health employees, conflicts stemming from disagreements over social issues sometimes labeled as ‘culture wars’ could be contributing to challenges on the job. Thirteen percent of respondents said they might leave...
because their jobs have become too political. Five percent of respondents said they could exit because their employer's approach is not aligned with their political/ideological beliefs.

Only 4 percent of health personnel respondents said they might leave because they did not think they were effective in their role.

Just 1 percent said they might be laid off. Almost no one expected to leave because they may be fired.

**School District Capacity to Address Student Health Needs**

School health personnel respondents highlight anxiety, depression, substance use, and physical health issues, such as obesity, as prevalent challenges in schools.

The majority of survey respondents rate their school or school system’s ability to meet students’ mental health, health care, and sex education needs as excellent or sufficient.

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**How would you rate your district or school's ability to meet students' mental health, health care, and sex education needs?**

| Ability to meet physical health/healthcare needs | 12% | 71% | 16% |
| Ability to meet student mental health needs | 24% | 65% | 10% |
| Ability to meet students' sex education needs | 29% | 57% | 6% |

*We do not try to meet these needs at all*  
*Somewhat/very insufficient*  
*Somewhat/very sufficient*  
*Excellent/above and beyond*

Percentages may not add up to 100 percent due to rounding.

When asked about their school or district's ability to meet physical/healthcare needs, 88 percent rated it as excellent or sufficient. Three-quarters said the same about meeting students’ mental health needs. That share drops to 63...
percent for meeting students’ sex education needs. Nearly 2 out of 5 school health staffers said their school or district did not try to meet students’ sex education needs or did not have sufficient capacity to do so.

A quarter of health personnel respondents thought their school or district’s ability to meet the students’ mental health needs was insufficient, but almost none said they do not try to meet these needs at all. Only 12 percent of school health employees thought their school systems’ capacity to meet physical health/healthcare needs was insufficient; only 1 percent said they do not try to meet those needs at all.

When school health personnel were asked to assess students’ challenges related to mental health and substance use or abuse within their schools, mental health concerns topped the list, with anxiety and depression being perceived as the most significant.

When it comes to the students in your district or school, how challenging are the following issues related to mental health and substance use/abuse?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not present</th>
<th>Somewhat/very minor challenge</th>
<th>A challenge or major challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>12%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>19%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Vaping, smoking, and/or chewing tobacco products</td>
<td>13%</td>
<td>20%</td>
<td>67%</td>
</tr>
<tr>
<td>Marijuana use</td>
<td>17%</td>
<td>27%</td>
<td>55%</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>9%</td>
<td>60%</td>
<td>31%</td>
</tr>
<tr>
<td>Opioid use</td>
<td>29%</td>
<td>48%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Percentages may not add up to 100 percent due to rounding.

Eighty-seven percent of school health employees perceived anxiety as a challenge or a major challenge among their student populations. Similarly, depression was perceived as a significant issue, with 80 percent of respondents identifying it as a challenge or a major challenge. These perceptions underscore the concern among school health professionals about the mental well-being of students and the potential need for increased mental health support within schools.

Beyond mental health, substance use is also perceived as a significant issue, particularly the use of vaping, smoking, and chewing tobacco products. Sixty-seven percent of respondents viewed use of those products as a challenge or a major challenge. Marijuana use was perceived as a challenge by 55 percent of respondents.

By contrast, alcohol use, eating disorders, and opioid use were viewed as less severe challenges. While 40 percent of health workers perceived alcohol use as a challenge or a major challenge, the majority perceived it as a minor or nonexistent issue. Sixty-nine percent viewed eating disorders as minor issues or as challenges that were not present in their schools or districts. Similarly, more than three-quarters (77 percent) saw opioid use among students as a minimal or nonexistent problem.
Some physical health conditions were still seen as significant challenges by a substantial share of school health employees but were generally perceived as less severe compared to mental health and substance use.

When it comes to the students in your district or school, how challenging are the following health-related issues?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Somewhat/very minor challenge</th>
<th>A challenge or major challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/obesity</td>
<td>46%</td>
<td>52%</td>
</tr>
<tr>
<td>Untreated dental problems</td>
<td>8%</td>
<td>51%</td>
</tr>
<tr>
<td>Asthma</td>
<td>59%</td>
<td>39%</td>
</tr>
<tr>
<td>Allergies/allergic reactions</td>
<td>64%</td>
<td>34%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8%</td>
<td>58%</td>
</tr>
<tr>
<td>Unaddressed problems with vision</td>
<td>9%</td>
<td>59%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>41%</td>
<td>48%</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>42%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Percentages may not add up to 100 percent due to rounding.

Respondents most commonly identified student obesity or difficulties with being overweight as health-related problems in their schools or districts. Fifty-two percent of respondents saw those issues as a challenge or a major challenge. Untreated dental problems came next, with 41 percent of respondents identifying them as significant issues. Asthma, diabetes, and allergies were identified as challenges by more than one-third of respondents.

One-third of respondents identified unaddressed vision problems as a challenge or a major challenge, suggesting a need for improved vision screening and access to corrective lenses in schools.

By contrast, substantial shares of respondents considered some health-related conditions to be nonexistent in their schools or districts. Forty-two percent of respondents said that sexually transmitted diseases were not present. Similarly, 41 percent said challenges around student pregnancies were not present—perhaps because some respondents only work with elementary school students.

Changes Since 2019-20

From its onset in early 2020, the coronavirus pandemic caused widespread stress and social isolation for students whose in-person schooling and everyday lives were disrupted by remote learning and social distancing intended to curtail the
spread of the virus. Those sudden and dramatic changes may contribute to mental health challenges for the nation’s young people.

School health employees have observed an increase in the number of students grappling with mental health and substance use challenges since 2019. Anxiety and depression lead the list, with 93 percent and 90 percent of respondents noting an increase in those conditions, respectively.

### Since 2019, has the number of your students facing the following mental health/substance use challenges decreased, remained about the same, or increased?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Decreased</th>
<th>No change</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>6%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>10%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Vaping, smoking, or chewing tobacco</td>
<td>15%</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Marijuana use</td>
<td>27%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Alcohol use</td>
<td>4%</td>
<td>52%</td>
<td>44%</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>55%</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Opioid use</td>
<td>55%</td>
<td></td>
<td>41%</td>
</tr>
</tbody>
</table>

Percentages may not add up to 100 percent due to rounding.

More than 8 in 10 respondents cited an increase in the use of vaping, smoking, or chewing tobacco products. Seventy-two percent pointed to an escalation in the number of students facing challenges due to marijuana use.

Most respondents reported that the number of students facing challenges due to alcohol use, opioid use, and eating disorders had remained stable since 2019. For example, 55 percent saw no changes in challenges from opioid use and eating disorders while 52 percent reported student difficulties stemming from alcohol use had not changed.
### Since 2019, has the number of your students facing the following health challenges decreased, remained about the same, or increased?

<table>
<thead>
<tr>
<th>Health Challenge</th>
<th>Decreased</th>
<th>No change</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/obesity</td>
<td>45%</td>
<td>54%</td>
<td>1%</td>
</tr>
<tr>
<td>Untreated dental problems</td>
<td>58%</td>
<td>39%</td>
<td>4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4%</td>
<td>61%</td>
<td>36%</td>
</tr>
<tr>
<td>Asthma</td>
<td>62%</td>
<td>36%</td>
<td>2%</td>
</tr>
<tr>
<td>Allergies/allergic reactions</td>
<td>66%</td>
<td>32%</td>
<td>2%</td>
</tr>
<tr>
<td>Unaddressed problems with vision</td>
<td>4%</td>
<td>65%</td>
<td>31%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>9%</td>
<td>79%</td>
<td>13%</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>4%</td>
<td>83%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Percentages may not add up to 100 percent due to rounding.

With respect to physical health challenges, survey respondents most commonly saw increases in the number of students who were overweight or obese with 54 percent reporting an increase since 2019.

For health conditions like diabetes, allergies, asthma, untreated dental problems, and unaddressed vision problems, fewer respondents reported an increase. Just 36 percent observed an uptick in diabetes and asthma cases, while 39 percent noted more untreated dental problems.

Only 12 percent and 13 percent of respondents, respectively, reported an increase in sexually transmitted diseases and student pregnancies. Most respondents reported that the number of students facing those challenges has remained stable.

### Health Strategies in Schools

School health staffers use a variety of strategies to address student mental wellness and substance use challenges. Fifty-nine percent of respondents indicated that their districts or schools provide mental health care through community partnerships, demonstrating a collaborative approach to tackling these issues.
What is your district or school doing to address students’ mental health/substance use challenges? Select all that apply.

- Providing mental health care through community partnerships: 59%
- In-school one-on-one therapy: 56%
- Training teachers and other staff to flag issues: 55%
- Training teachers and other staff to offer support: 51%
- Keeping Naloxone on hand: 47%
- In-school group therapy: 33%
- Referrals to substance abuse treatment: 31%
- Peer mentorship/support program: 27%
- Offering mental health days to those who need it: 20%
- Assistance with tobacco/vaping cessation: 18%
- Therapy animals: 16%
- Telehealth: 11%
- Other, please specify: 8%
- We aren’t doing anything to address mental health/substance use: 3%

Direct mental health support within schools also plays a significant role with 56 percent of health personnel respondents reporting the use of in-school one-on-one therapy. More than half said their schools or districts train teachers and other staff to flag mental health issues (55 percent) and offer emotional support to students (51 percent).

Nearly half of respondents (47 percent) indicated that their schools or districts keep Naloxone, a medication used to counter the effects of opioid overdose, on hand. Roughly one-third of health workers also reported the provision of in-school group therapy (33 percent) and referrals to substance abuse treatment (31 percent). Only 3 percent reported that their schools or districts aren’t putting any strategies in place to address students’ mental health or substance use challenges.

In addition to efforts to assist students in need of mental health support, health care providers also have to manage a broad range of medical services. School health workers employ various strategies to manage student health challenges with a significant emphasis on screening and emergency preparedness.

Nearly 9 in 10 said their schools or districts conduct vision screenings (89 percent), making it the most common service. Screenings for hearing loss or hearing challenges are also common with 81 percent of respondents reporting their schools or districts provide this service.

Readiness for emergencies also ranks high on the list. Most respondents said their schools or school systems keep epinephrine on hand (79 percent) and maintain automated external defibrillators (77 percent).
What is your district or school doing to address students’ health challenges? Select all that apply.

<table>
<thead>
<tr>
<th>Health Intervention</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision screenings</td>
<td>89%</td>
</tr>
<tr>
<td>Screening for hearing loss/challenges</td>
<td>81%</td>
</tr>
<tr>
<td>Keeping epinephrine [epi pens] on hand for emergencies</td>
<td>79%</td>
</tr>
<tr>
<td>Providing automated external defibrillators</td>
<td>77%</td>
</tr>
<tr>
<td>Keeping inhalers on hand for emergencies</td>
<td>48%</td>
</tr>
<tr>
<td>Dental screenings</td>
<td>45%</td>
</tr>
<tr>
<td>Providing healthcare through community partnerships</td>
<td>37%</td>
</tr>
<tr>
<td>Assisting students with healthy eating</td>
<td>36%</td>
</tr>
<tr>
<td>Banning certain foods from the school due to student allergies</td>
<td>26%</td>
</tr>
<tr>
<td>School-based health clinics</td>
<td>25%</td>
</tr>
<tr>
<td>Dental treatment</td>
<td>24%</td>
</tr>
<tr>
<td>Keeping insulin on hand for emergencies</td>
<td>22%</td>
</tr>
<tr>
<td>Providing eyeglasses</td>
<td>22%</td>
</tr>
<tr>
<td>Treatment for hearing loss/challenges</td>
<td>15%</td>
</tr>
<tr>
<td>Telehealth</td>
<td>9%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>5%</td>
</tr>
<tr>
<td>Assisting students with weight loss</td>
<td>3%</td>
</tr>
<tr>
<td>We are not doing anything to address students’ health challenges</td>
<td>1%</td>
</tr>
</tbody>
</table>

Some health interventions are less common. Roughly one-fifth of respondents said eyeglasses and insulin for emergencies are available in their schools or districts. Roughly one-quarter reported that dental treatment is available and that school-based health clinics exist. Only 3 percent of respondents said their schools or districts provide students assistance with weight loss. Only 1 percent of respondents said their schools or districts do not take any steps to address students’ health challenges.

More respondents pointed to efforts to use certain approaches to address physical health conditions than to provide specific interventions the survey examined connected to mental health and substance abuse.

For example, 89 percent of respondents said their schools or districts perform vision screenings while only 59 percent reported that they provide mental health care through community partnerships.

Similarly, 79 percent of respondents indicated their schools/school systems keep epinephrine on hand for emergencies while just 56 percent said they provide in-school one-on-one therapy for mental health support.
Naloxone in Schools

While most school health workers have not administered Naloxone to anyone at school or during school-related activities, a majority expressed a level of comfort in administering this medication, which is used to counteract opioid overdoses.

Ninety-six percent said they had not administered Naloxone to anyone at school or a school-related activity.

Even though the overwhelming majority of health personnel have never administered Naloxone, 64 percent said they were somewhat or very comfortable administering it at school or a school-related activity if needed.

When asked to identify health and mental health-related areas where they could benefit from more professional development, 35 percent cited drug use and overdose prevention.

Although many respondents are comfortable administering Naloxone, additional training for some school health employees could help to ensure that all are equipped to respond effectively in the event of a potential overdose.

What is your level of comfort administering Naloxone at school or a school-related activity—if need be?

- Comfortable: 64%
- Uncomfortable: 36%
# Reproductive Services and Sex Education in Schools

## Services Provided by Schools

In the survey, school health employees were asked about reproductive health services and sex education in schools, including birth control options, testing services, and responses to community concerns.

Most school employees said their schools or districts do not provide the types of birth control examined on the survey or refer students to external providers. More than 6 in 10 said school staffers do not provide or refer students to outside providers for condoms, oral contraceptives, emergency contraceptives or morning-after pills, IUDs, contraceptive injections/patches, diaphragms, or advice on birth control methods based on menstrual cycle timing.

Roughly 3 in 10 said those forms of birth control are not available at school but school staffers can refer students to external providers for those services.

Just 8 percent of school health employees said that their schools or districts provide condoms and only 6 percent said they provide advice on birth control methods based on menstrual cycle timing.

To some extent, these results may reflect the differing grade levels that respondents serve. Respondents working with students in the early elementary grades might provide different services than school health employees working with older students.

When asked about the availability of pregnancy or STD testing and services for students, the majority of school health employees reported that their schools or districts do not provide or refer students to these services.

### How—if at all—is the following type of birth control provided to students in your district or school?

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided by school-based health clinic and/or district/school employees</th>
<th>Not available at school but school personnel can refer students to outside providers for this</th>
<th>School staff does not provide or refer students to this service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>8%</td>
<td>27%</td>
<td>65%</td>
</tr>
<tr>
<td>Advice on birth control methods based on the timing of the menstrual cycle</td>
<td>6%</td>
<td>27%</td>
<td>66%</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>31%</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Contraceptive injections/patches</td>
<td>29%</td>
<td></td>
<td>69%</td>
</tr>
<tr>
<td>Emergency contraceptives/morning after pill</td>
<td>27%</td>
<td></td>
<td>72%</td>
</tr>
<tr>
<td>IUDs</td>
<td>29%</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>Diaphragms</td>
<td>28%</td>
<td></td>
<td>71%</td>
</tr>
</tbody>
</table>
How—if at all—are the following services provided to students in your district or school?

Roughly 40 percent of respondents said they could guide students to outside providers for those services. Only a small number of respondents reported that their schools or districts directly offer these services. Only 6 percent said they provide pregnancy testing while only 3 percent provide prenatal care, STD testing, and STD treatment.

Since the majority of respondents indicated that their schools or districts do not provide or refer students to services connected to birth control and pregnancy, it may be that the Supreme Court decision overturning Roe v. Wade in June 2022 did not have an impact on the types of services that existed where they work.

Survey respondents were asked whether their districts stopped providing any services to students as a result of concerns related to that ruling. Almost all (99 percent) said their districts had not done so.

Parent or Community Feedback

Most survey respondents (94 percent) said that parents or community members have not complained about any reproductive counseling options that they offered during the 2022-23 school year. The lack of complaints may, at least in part, reflect the fact that many respondents reported that their schools or districts did not offer such services.
During the current school year, have any parents or community members complained about any reproductive counseling options you offer?

![Yes 6% No 94%](image)

Survey respondents reporting that there had been complaints were asked to identify the specific counseling options that caused the concerns for parents and community members.

Nearly half selected “Other” indicating that their responses were not one of the pre-defined answer options. Those respondents were then asked to specify and described a wide range of complaints related to sex education in general.

Their responses included community and parent objections to teaching sex education curriculum and discomfort with discussions of sex and gender issues in schools. Some respondents expressed the belief that sex education should be the responsibility of parents. Responses also pointed to complaints about LGBTQ-related curriculum.

Among the pre-specified answer options, respondents most commonly (43 percent) cited complaints around counseling and information about birth control.
What reproductive counseling options have parents or community members complained about during the current school year? Select all that apply.

- Other (Sex-Ed), please specify: 49%
- Providing counseling and information about birth control: 43%
- Providing a referral to a physician or for services off-site: 14%
- Dispensing condoms: 8%
- Dispensing oral contraceptives: 6%
- STD testing and treatment: 4%
- Contraceptive follow-up visits: 3%
- Dispensing emergency contraceptives: 3%
- Pregnancy testing: 1%
- Prenatal care: 1%

When asked what happened when parents or community members complained about reproductive counseling, respondents most often (42 percent) said that nothing occurred in response to the complaints.

When parents/community members complained about reproductive counseling, what happened? Select all that apply.

- We increased our commitment to providing the service: 42%
- We stopped offering the service permanently: 11%
- We stopped offering the service temporarily: 10%
- Other, please specify: 8%
- Nothing: 37%
Twenty-one percent said they either temporarily or permanently stopped offering the service. Only 8 percent reported that they increased their commitment to providing the service.

Thirty-seven percent of respondents chose “Other” indicating a response that wasn’t included in the pre-specified selections. Some noted that they listened to concerns raised by parents or community members and provided them with explanations. Others mentioned clarifying curriculum content and discussing state laws governing reproductive health education. Some health workers mentioned allowing opt-out options for students whose parents objected to sex education.

**Sex Education Curriculum**

When asked about the topics included in their school or district’s sex education curriculum, most health employees pointed to puberty (71 percent) and anatomy/physiology (60 percent).

**What is included in your district or school’s sex education curriculum? Select all that apply.**

- **Puberty** 71%
- **Anatomy and physiology** 60%
- **Information on abstinence** 41%
- **Interpersonal relationships/dating** 41%
- **Consent** 39%
- **Interpersonal violence** 33%
- **STDs, testing, and treatment** 32%
- **Information on contraceptives** 30%
- **Information on pregnancy, prenatal care, childbirth** 28%
- **Information on gender identity and expression/LGBTQ issues** 25%
- **We don’t have sex-education courses at our school** 19%
- **Other, please specify** 10%

Less than 4 in 10 cited information on consent (39 percent); interpersonal violence (33 percent); STDs, testing, and treatment (32 percent); contraceptives (30 percent); pregnancy, prenatal care, or childbirth (28 percent); or gender identity and expression/LGBTQ issues (25 percent). Nearly one-fifth of respondents (19 percent) said they don’t have sex education courses.
Although survey responses may reflect the fact that some respondents work with younger students, the results might also suggest potential gaps in curriculum and equity issues if topics like consent, interpersonal violence, and LGBTQ issues are not being addressed in many schools.

**Rating School or District Sex Education Curriculum**

When health workers were asked to rate the ability of their school or district’s sex education curriculum to provide students with the information they need to know, their evaluations varied.

**How would you rate your district or school’s sex ed curriculum’s ability to provide students with the information they need to know?**

More than half (52 percent) rated their curriculum as excellent or somewhat/very adequate. Three in 10 labeled the curriculum as somewhat or completely inadequate. Nearly one-fifth (18 percent) said their schools or districts do not teach sex education.

**Topics That Should Be Included or Excluded From Curriculum**

When health workers were asked to identify areas that should be included in their school or district’s sex education curriculum but are not currently addressed, they pointed to a broad spectrum of topics.
In your view, what areas should be included in your district or school’s sex ed curriculum but are NOT currently addressed? Select all that apply.

- Information on contraceptives: 43%
- Interpersonal relationships/dating: 43%
- Interpersonal violence: 42%
-STDs, testing, and treatment: 42%
-Information on pregnancy, prenatal care, childbirth: 40%
-Consent: 40%
-Information on gender identity and expression/LGBTQ issues: 36%
-Puberty: 34%
-Information on abstinence: 34%
-Anatomy and physiology: 33%
-None—our curriculum covers everything students need to know: 19%
-Other, please specify: 13%

Forty-three percent of respondents believe that information on contraceptives and interpersonal relationships/dating needs to be incorporated. Additionally, 42 percent identified the need for the curriculum to address interpersonal violence and STD testing/treatment.

Similarly, 40 percent of the respondents expressed the need for information on pregnancy, prenatal care, childbirth, and the issue of consent to be included in the curriculum. Thirty-six percent said information on gender identity and expression/LGBTQ issues should be included. Nearly one-fifth of respondents believed that their curriculum covers everything students need to know.

A large majority of health personnel respondents (67 percent) couldn’t identify any content that they believed should be excluded from their school or district’s sex education curriculum.

Nearly one-quarter (23 percent) thought information on gender identity and expression/LGBTQ issues should be excluded.
In your view, what areas should be **EXCLUDED** from your district or school’s sex ed curriculum? Select all that apply.

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can’t think of anything that should be excluded from the curriculum</td>
<td>67%</td>
</tr>
<tr>
<td>Information on gender identity and expression/LGBTQ issues</td>
<td>23%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>6%</td>
</tr>
<tr>
<td>Information on pregnancy, prenatal care, childbirth</td>
<td>4%</td>
</tr>
<tr>
<td>STDs, testing, and treatment</td>
<td>3%</td>
</tr>
<tr>
<td>Information on contraceptives</td>
<td>3%</td>
</tr>
<tr>
<td>Information on abstinence</td>
<td>3%</td>
</tr>
<tr>
<td>Interpersonal relationships/dating</td>
<td>2%</td>
</tr>
<tr>
<td>Consent</td>
<td>1%</td>
</tr>
<tr>
<td>Interpersonal violence</td>
<td>1%</td>
</tr>
<tr>
<td>Puberty</td>
<td>1%</td>
</tr>
<tr>
<td>Anatomy and physiology</td>
<td>1%</td>
</tr>
</tbody>
</table>

Fewer respondents recommended excluding other specific areas. These include topics like information on pregnancy, prenatal care, or childbirth (4 percent), information on contraceptives (3 percent), information on abstinence (3 percent), and interpersonal relationships/dating (2 percent). An even smaller fraction, just 1 percent, suggested excluding topics such as consent, interpersonal violence, puberty, or anatomy and physiology.

The comparison of views on the inclusion or exclusion of gender identity/LGBTQ issues in the curriculum reveals differences regarding this topic. While 36 percent said those topics aren’t included but should be, 23 percent said they shouldn’t be.

**LGBTQ Student Support and Staff Training**

School health employees interact with LGBTQ students, including those transitioning to a different gender. This section highlights their responses to those interactions, their existing professional development on working with LGBTQ students, and the areas they identify for further training.

Health employees were asked if they had encountered a student or students seeking counseling or support about transitioning to a different gender in the past two years.
When asked about their experiences over the past two years, 56 percent of respondents reported they had not encountered students seeking counseling or support about transitioning to a different gender. Twenty-eight percent had encountered such students and noted an increase in such cases compared to the past. Thirteen percent reported the amount had remained about the same and 2 percent observed a decrease.

School health personnel who had interacted with students seeking support about transitioning to a different gender had diverse responses.

Seventy-seven percent said they listened in a neutral manner and 74 percent reported using the student’s requested name and pronouns.

Nearly half (49 percent) advocated for students and staff to address the student by the requested pronouns and name. Forty-seven percent took it upon themselves to learn more about transitioning. Thirty-three percent expressed support for the students’ desire to transition and 26 percent advocated for the students to use restrooms matching the gender of their choice.

Forty-one percent referred the student to a provider or counselor who could assist with the psychological aspects of transitioning. Five percent referred the student to a provider that could assist with medical interventions associated with transitioning.

One percent each shut down the conversation because they did not feel comfortable discussing this topic, referred the student to conversion therapy, or shut down the conversation because their employer did not permit them to discuss this topic. None of the school health employees said they expressed distaste for the students’ desire to transition and almost none tried to persuade the student not to transition.
How have you reacted when encountering a student or students seeking counseling or support about transitioning to a different gender? Select all that apply.

- Listened in a neutral manner: 77%
- Used the student’s requested name and pronouns: 74%
- Advocated for students/staff to address student by requested pronouns/name: 49%
- Educated myself about transitioning: 47%
- Referred the student to a provider/counselor who could assist with psychological aspects of transitioning: 41%
- ExpRESSED support for the student’s desire to transition: 33%
- Advocated for student to use restrooms matching the gender of that student’s choice: 26%
- Informed administrators: 22%
- Informed the student’s teachers: 17%
- Other, please specify: 11%
- Informed the student’s parents/guardians: 6%
- Referred the student to a provider that could assist with medical interventions associated with transitioning: 5%
- Shut down the conversation because your employer does not permit you to discuss this topic: 1%
- Referred the student to conversion therapy: 1%
- Shut down the conversation because you personally did not feel comfortable discussing this topic: 1%
- Tried to persuade the student not to transition: <1%
- Expressed distaste for the student’s desire to transition: 0%

School health staffers were also asked to describe the professional development they have received on working with LGBTQ students.

Forty-four percent said they have not received any and another 29 percent rated it as fair or poor. Roughly one-quarter (27 percent) rated it as good or excellent.
Professional Development Needs in Health Education

School health employees more commonly identified a need for professional development on mental health than on other health-related topics.

Seventy-two percent of respondents said they could benefit from more professional development on helping students cope with anxiety.

More than 6 in 10 said the same about aiding students in managing stress (67 percent) and assisting students in coping with depression (64 percent).

Half of the respondents expressed a need for professional development in addressing bullying.

Other significant areas include suicide prevention (43 percent); helping students to stop smoking, vaping, or chewing tobacco (37 percent); and working with LGBTQ students (37 percent).

Less than one-third of respondents said they could benefit from additional training to assist students with weight loss (28 percent), diabetes management (25 percent), and asthma management (22 percent).

Respondents less often pointed to a need for professional development on CPR and first aid training (18 percent), counseling or providing services to pregnant students (17 percent), and reproductive counseling (15 percent).
In what health and mental health-related areas could you benefit from more professional development? Select all that apply.

- Helping students cope with anxiety: 72%
- Helping students cope with stress: 67%
- Helping students cope with depression: 64%
- Helping students deal with bullying: 50%
- Suicide prevention: 43%
- Helping students stop smoking/vaping/chewing tobacco: 37%
- Working with LGBTQ students: 37%
- Drug use and overdose prevention: 35%
- Counseling students about gender identity/transition issues: 32%
- Assisting students with weight loss: 28%
- Assisting students with diabetes management: 25%
- Helping students manage asthma: 22%
- CPR/first aid: 18%
- Counseling or providing services to pregnant students: 17%
- Reproductive counseling: 15%
- Won’t benefit from any health or mental health-related professional development: 5%
- Other, please specify: 5%