



— ma\_rish/Stock/Getty

# Mental Health

## EDITOR'S NOTE

Mental health issues are increasing. This Spotlight will help you assess the stressors affecting student mental health; emphasize conversations around mental health; discover the benefits of suicide prevention programs; learn about mental well-being resources in schools; explore how training programs can guide students in supporting their peers; and begin feeling hopeful that you can make a difference.

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## Are the Kids All Right? What New Federal Data Say About Child Well-being

By Evie Blad

**R**ates of children's physical inactivity, misbehavior, and unmet health needs shot up during the first year of the COVID-19 pandemic alongside concerns about parental stress, according to a new analysis of federal data on child well-being.

Meanwhile, the numbers of children diagnosed with depression and anxiety stayed on pre-pandemic trendlines, growing steadily between 2016 and 2020.

In findings with significant implications for the work of schools, researchers at the U.S. Health Resources and Services Administration examined a trove of parent-reported data collected between 2016 and 2020. They analyzed five-year trends and looked for statistically significant increases between 2019 and 2020 in an effort to identify problems that may have been worsened by the pandemic and the continuation of troubling patterns that pre-date the national crisis.

Examining 36 different indicators of child well-being, researchers also saw increasing rates of parental job transitions during the first year of the pandemic.

"Today's study confirms what all too many of us know and feel in our daily lives: COVID-19 was an exceptional burden on the mental well-being of our nation's families, including kids," U.S. Health and Human Services Secretary Xavier Becerra said in a statement in response to the study, which was published Monday in *JAMA Pediatrics*, a journal of the American Medical Association.

But it's premature to draw a definite causal link between the changes in data and the pandemic, the authors wrote. The survey questions are fielded between June and January each year, researchers cautioned. And some questions, about issues like health care, asked parents to look back 12 months, which means their 2020 responses may reflect pre-pandemic experiences.

### Challenges in meeting student needs

The data come as school districts grapple with growing student needs by creating new mental health programs, connecting families to community resources like food pantries, and improving methods of identifying and supporting students experiencing homelessness. Schools are aided by an unprecedented infusion of federal relief aid, but district ad-

ministrators say they still face significant hurdles, like staffing challenges.

In his March 1 State of the Union Address, President Joe Biden pledged to ease some of those concerns by working with Congress to allow schools to bill Medicaid for mental health services and by cutting red tape on telehealth programs, which are used in an increasing number of schools.

The study's authors used five years of data from the National Survey of Children's Health, a nationally representative survey completed by parents and guardians of about 175,000 randomly selected children from birth to 17 years old in all 50 states and the District of Columbia.

"This analysis provides an opportunity to evaluate the nation's progress (or lack thereof) in improving the health and well-being of U.S. children and their families, including the first opportunity to use the [survey data] to investigate potential effects of the COVID-19 pandemic," the study's authors wrote.

### Among the key findings:

- Children's diagnoses of depression and anxiety continued to climb in 2020, keeping pace with a trend that emerged in the years prior to the pandemic. Between 2016 and 2020, the number of children diagnosed with anxiety grew by 29 percent, and the number diagnosed with depression grew by 27 percent.
- Despite those growing needs, the analysis detected no statistically significant uptick in the portion of children who received mental health treatment over the last five years. In 2020, 80 percent of children who needed mental health care received services, the survey found.
- The analysis found a 21 percent increase in children with behavior or conduct problems reported by their parents or caregivers between 2019 and 2020, echoing anecdotal concerns educators have shared with Education Week about students' social skills, self-control, and emotional maturity.
- The proportion of children who received preventive care visits dropped by 9 percent between 2019 and 2020 after remaining relatively stable the previous four years. Reports of unmet health-



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care needs also grew; 3 percent of respondents reported unmet needs in 2016, a number that stayed relatively stable until it spiked to 4 percent in the 2020 surveys, the analysis found.

- Children's physical activity continued a decline that started in the years prior to the pandemic. The number of respondents who say their children got an hour a day of physical activity decreased by 18 percent between 2016 and 2020.
- The number of parents who reported "coping very well with the demands of raising children" decreased in the years prior to the pandemic, but it dropped more significantly from 2019 to 2020. About 60 percent of respondents agreed with that statement on the 2020 survey, compared to about 67 percent in 2016. The most-recent survey was fielded as parents juggled remote work, employment disruptions, and closures of schools and child-care providers.
- The proportion of children whose parents "quit a job, declined a job, or changed jobs because of child-care problems" increased by 34 percent between 2019 and 2020.

### Caution on drawing a firm connection to COVID

But the study's authors raised some caveats in looking at the data.

"Cautious interpretation of the 2020 estimates is warranted, and additional years of data are needed to determine whether 2020 was truly a turning point for certain trends and how long the indirect effects of the pandemic may last," they wrote.

Still, the findings echo other data points and conversations among educators.

For example, on a national survey of educators administered by the EdWeek Research Center in January, 39 percent of respondents said that "compared to prior to the pandemic in 2019, the social skills and emotional maturity levels" of their current students are "much less advanced." Forty-one percent said their students' were "somewhat less advanced" in those areas, and 16 percent said they were "about the same" as their pre-pandemic peers.

Educators attributed those concerns to interruptions in in-person learning time, a divisive political climate among adults, and family stressors, like parental employment issues. ■

Published October 19, 2021

## Children, Teens Are in a 'Mental Health State of Emergency,' Child Health-Care Groups Warn

By Alyson Klein

**T**here's been a quieter, parallel pandemic happening alongside COVID-19: a spike in significant mental health problems among young people, spurred by isolation, uncertainty, fear, and grief.

Mental health emergency visits among children are on the rise. Between March and October of 2020, they increased 24 percent for children ages 5 to 11, and 31 percent for kids ages 12-17. There was also a more than 50 percent spike in visits for suspected suicide attempts among girls ages 12 to 17 in early 2021, compared to the same period in 2019.

That boils down to a "mental health state of emergency" for children and adolescents, according to an Oct. 19 statement from three organizations that represent child health-practitioners: the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association.

"We really have been raising the alarm about this throughout the pandemic and for many years before as we've been seeing increasing rates of mental health concerns in children and adolescents," said Dr. Lee Savio Beers, the president of the American Academy of Pediatrics and a professor of pediatrics at the Children's National Hospital. "Part of the reason why we came together now is that we're continuing to see real increases in mental health concerns, and tremendous increases in visits to pediatricians' offices, [as well as] in child and adolescent psychiatry offices and in hospital emergency departments. And at the same time, we're not seeing good movement around increasing the access to the services that students need."

The health-care organizations are calling on policymakers to take steps including increasing federal funding for mental health services, bolstering access to telemedicine, supporting school-based mental health care, stepping up integration of mental health in primary care pediatrics, and intensifying efforts to reduce the risk



of suicide in children and adults.

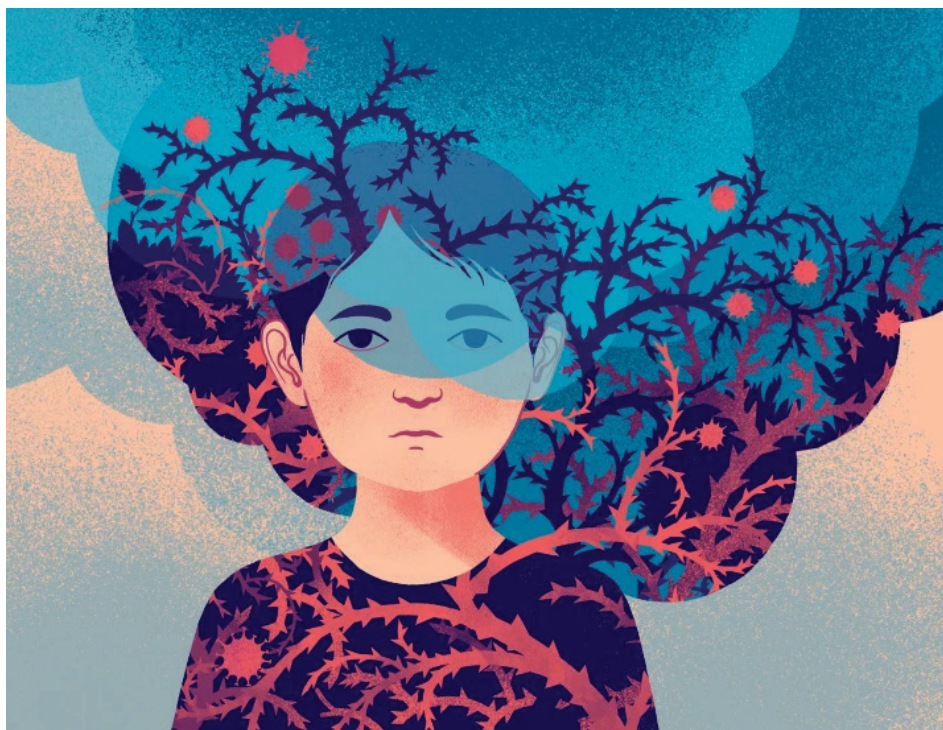
State policymakers have already taken modest steps toward addressing the crisis, with respect to the spike in teen suicide attempts.

For instance, in 2020 and 2021, at least nine states passed legislation requiring suicide hotline numbers to appear on student identification cards for K-12 and in some cases, college, including Arkansas, Arizona, Illinois, Kentucky, Michigan, South Carolina, Texas, Washington, and Wisconsin, according to an analysis by the Education Commission of the States. Some of those measures also call for the information to be included on school district websites.

What's more, at least three states approved broader pieces of legislation aimed at teen mental health and suicide prevention, ECS found. For instance, Arizona approved a measure calling for social workers and school counselors to receive training in suicide awareness and prevention. Washington passed legislation approving a grant program to support suicide prevention. Wisconsin also approved grants for peer-to-peer suicide prevention programs in high schools.

"I think the conversations that are happening around student mental health have increased a little bit in this last year," said Meghan McCann, a senior policy analyst at ECS. That could be because "we're seeing more emphasis in some states around students as whole [people] who come into the classroom with various experiences," including trauma at home. ■





—Kasia Bogdanska for Education Week

Published March 1, 2022

## Suicide Is Rising Among Younger Students. Here's How Schools Can Prevent Tragedy

By Sarah D. Sparks

**I**f you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or contact the Crisis Text Line by texting TALK to 741741.

In the Wolcott public schools in Connecticut, a tiny therapy dog named Gizmo provides a path for elementary students to talk about something adults often find unthinkable: children experiencing thoughts of suicide.

Teachers use a curriculum built around the dog to lead 5th graders through discussions of mental health, signs that they may have unhealthy feelings of sadness or hopelessness, and ways that they can both self-calm and find help for themselves or friends.

The program, launched in 2019, is one of the few in the nation focused on suicide prevention and mental health for the youngest students. It's a crucial but often missing piece of mental health support in schools, experts say. While rates of suicide among children 5 to

11 have risen on average 15 percent a year from 2013 to 2020, school districts often provide less support at the elementary and middle school levels to help students with serious mental health issues, including severe depression, suicidal thoughts, and self harm.

"A lot of adults view elementary school-aged kids as incapable of experiencing the level of emotional distress that could lead someone to consider suicide, but we know very objectively that's not true," said John Ackerman, a clinical pediatric psychologist and the suicide-prevention coordinator with the Center for Suicide Prevention and Research at Nationwide Children's Hospital.

While risk of suicide and suicidal ideation rises with age, and most suicide-prevention programs in schools focus on teenage suicide, as of 2020, suicide has become the second leading cause of death for those 10 to 14 and the 10th leading cause of death for those ages 5 to 9, according to the most recent data from the Centers for Disease Control and Prevention.

Suicidal behavior among children can look

significantly different from that among adolescents.

"Research shows now that young kids, as young as 5 or 6, understand that killing oneself leads to death, but they don't always understand the permanence of that," Ackerman said. "We know that young kids absolutely can be in deep, emotional pain. They can have a desire to die but not always fully understand the implications of that. So their behavior can be a lot more impulsive; moving from thought to action happens more swiftly."

Children with attention deficits or depression had a higher risk of suicide, but the National Institute of Mental Health found less than a third of children who die by suicide had a previously diagnosed mental illness. By contrast, about 40 percent of the children had family instability such as divorce, parent depression, or substance abuse, and a third of the children had experienced school disruptions—both problems that have worsened during the pandemic.

"Along with school shutdowns, ... the pandemic disrupted [parents'] livelihood, employment, and that family stability that younger children really need in their lives," said Ellyson Stout, the director of the Education Development Center's Suicide Prevention Resource Center. "So, you know, I think there's a lot of added stressors for younger populations."

Those stressors have heightened both the need and impetus to boost mental health supports and training for children and preadolescents, who historically have fewer school-based mental health supports than students in high schools. For example, in the first eight months of the pandemic alone, the CDC found the share of mental health emergencies—including suicide attempts, self-harm, and serious panic or depressive episodes—jumped by about a quarter for children 5 to 11 and nearly a third for those 12 to 17.

Communities of color and low-income communities have experienced disproportionate illness and financial instability during the pandemic and historically have had less access to mental health support. Suicides among children of color have risen disproportionately quickly both before and during the pandemic, prompting congressional concern. Compared to teenagers, preteens and younger children who die by suicide are more likely to be Black or male.

### Averting early mental health issues

Nine states have enacted new suicide-prevention legislation involving schools since 2019, according to the Education Commis-

sion of the States, but only a few apply to younger children. Mississippi now requires all elementary and middle school teachers to receive training in children's mental health every two years, while Illinois, Washington, and Wisconsin require public schools to include contact information for suicide prevention on all student-identification cards. Several states have also moved to allow students to take excused mental health days.

"I do think early-childhood screenings should be asking about self-harm and suicide," said Deanna Barch, a professor and the chair of psychological and brain sciences at Washington University. "Asking can reveal the need for intervention and supports for a child with such thoughts even when they might not appear to be clinically depressed."

Barch and her colleagues found that is often the case; adults typically only know about a quarter of the times children have suicidal thoughts.

A study by the National Institute of Mental Health finds that nearly 80 percent of 5- to 11-year-olds who died by suicide between 2013 and 2017 had mentioned killing or harming themselves in the past, but only about 1 in 10 of them talked about killing themselves close to the time they did so.

"Not surprisingly because of their age, children tend to be less able to verbalize thoughts of not wanting to be alive," Ackerman said. "A lot of times, younger kids think they're going crazy. It's a source of shame for them that they've even had [a suicidal] thought. They don't understand what's going on and so they hide this."

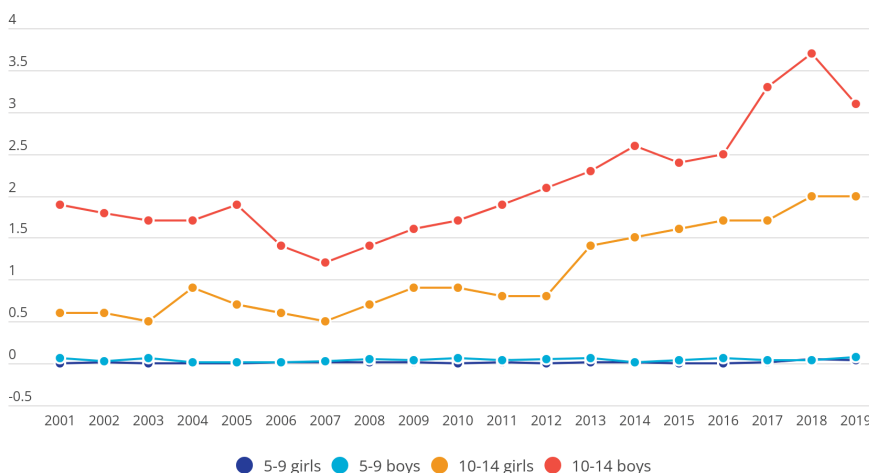
Children experiencing suicidal ideation may talk about "not wanting to be around anymore" or "going away and not coming back" rather than explicitly mentioning hurting or killing themselves, he said. Even more often, they may say nothing at all but instead show themes of violence or death in play or experience somatic behaviors like anxiety and irritability, stomachaches, and headaches.

"In a school setting, and certainly in an elementary school setting, mental health distress or stress can come out in certain behavioral issues in those students," Stout said. "And we know from the evidence that that kind of acting out often receives some more-punitive response if the young person is a person of color."

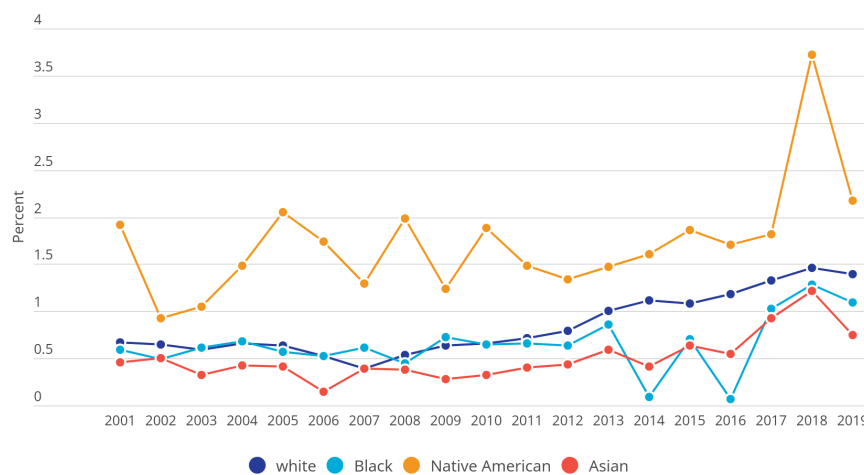
Moreover, Stout noted that many teachers have experienced trauma, stress, and burnout in the last few years and "teachers who also have experienced trauma, I'm not sure they're as equipped to bring a trauma-informed lens

## Suicide Risk Varies By Age and Race

Death rate by suicide ages 5-14



Death rate by suicide ages 5-14 by race



NOTE: Racial categories include both Hispanic and non-Hispanic

\*\*indicates unstable values

SOURCE: Centers for Disease Control and Prevention

to their work with kids.... So for kids acting out, the adults in the school may not be prepared to respond as constructively as they need to."

### Experts say adults need to talk about mental health risks

Training adults to be more comfortable discussing suicide, self-harm, and other severe mental health challenges can help avoid

such problems as children get older. Prior research has found that children who attempt to kill themselves are six times more likely to try again as adolescents.

If conversations are held in a developmentally appropriate and sensitive way, "it's not distressing for children to have an adult ask about [suicide], but typically adults avoid this topic. So if an adult is willing to be a trusted support, then it allows children to not hide

these thoughts,” Ackerman said.

That’s why, in addition to providing suicide-prevention curriculum to elementary and middle school students, the Wolcott district trained all staff, from teachers and para-professionals to bus drivers and custodians, on how to recognize signs of depression and suicidal ideation among children and ensure every student has a “trusted adult” at school listed in case of emotional distress.

“It’s a gatekeeper program. If a student comes up and has suicidal ideation or is talking about self-harm, [staff] are not really doing the counseling, but it’s for the staff to recognize some of the language and the concerns and then refer to a counselor or a school psychologist,” said Kevin Hollis of the Wolcott public schools.

“You should train anybody that kids have access to, because kids don’t necessarily go to a teacher,” Hollis said. “They may feel more comfortable and have a relationship with a custodian or somebody in the cafeteria or the bus driver.”

In a nationally representative survey of school and district leaders conducted in January and February, 1 in 4 told the EdWeek Research Center that their districts have begun or expanded suicide-prevention training for staff and teachers since the start of the pandemic.

Studies do show that one suicide can raise the risk of other suicides among children and teenagers who knew or identified with the person in the community. Experts say it is important for educators and school leaders to actively respond to the death and give students the chance to grieve and discuss it.

“The fear of [suicide] contagion often causes schools to sort of go silent after there’s a suicide death in the community,” Stout said. While experts say memorials should be brief and not sensationalize the way a student died, “the best response is to act as you would if a young person had died of a car crash or cancer; allow the collective grieving.”

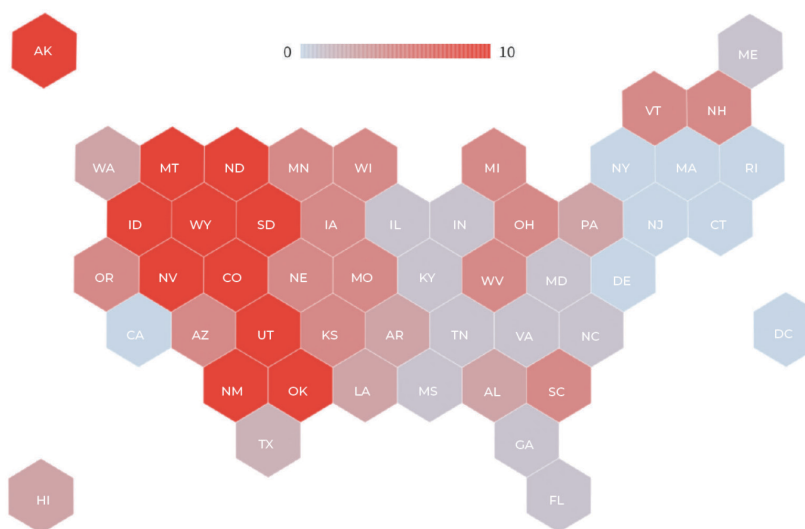
Educators also can take the opportunity to make students aware of how they can get help if they have similar feelings of hopelessness.

“Young people who are in that level of distress usually feel a lot of relief at being able to talk about suicide. So asking, ‘Are you thinking about ending your life?’ it opens a door to a young person being able to express what they’re going through,” Stout said. “I think we all intuitively don’t want to go there and are worried that we might be introducing the concept, but talking about suicide does not cause suicide.” ■

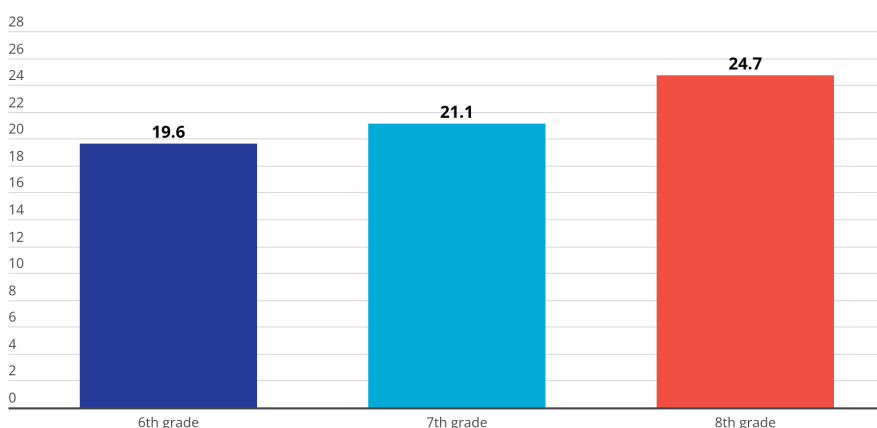
## Suicide Risk Varies By Age and Race

(Continued)

Concentration of Suicides by state, 2019, ages 5-14



Percentage of middle school youth who ever seriously thought about killing themselves



SOURCE: CDC, 2019





Troy Stolt/Chattanooga Times Free Press via AP

Published April 21, 2022

## As Teen Mental Health Worsens, Schools Learn How to Help

By Christine Vestal, Stateline.org

*If you or anyone you know is struggling with thoughts of self-harm or suicide, you can get help by calling the confidential National Suicide Prevention Lifeline at 800-273-TALK.*

**T**een mental health already was deteriorating before the coronavirus pandemic. In the two years since, the isolation, grief and anxiety created by school closures, deaths and loss of family income have led to even steeper declines in children's mental health, experts say.

Awash in federal pandemic relief money—roughly \$190 billion in education and health grants over the next four years—states are responding.

Last year, 38 states enacted nearly 100 laws providing additional resources to support mental well-being in K-12 schools, according to the National Academy for State Health Policy, a Portland, Maine-based policy research group. Dozens of additional school mental health bills became law this year in at least 22 states, according to the group.

“That’s a huge increase in legislative activity over anything we’ve seen in recent years,” said Tramaine EL-Amin, client experience officer at the National Council for Mental Wellbeing, a nonprofit that represents mental health providers.

“The pandemic shined a spotlight on our children’s mental health,” she said. “There’s no question that it’s something we need to

pay attention to and that we need to act pretty quickly so that things don’t get worse.”

Broadly, the new state laws aim to upgrade school mental health resources and create comprehensive plans to prevent teen suicides and promote child mental well-being.

A central theme in many of the pandemic-inspired new laws is mental health training.

At least 16 states, from Alaska to Massachusetts, plus the District of Columbia, now require K-12 teachers and other school staff to take training courses on how to recognize mental distress in students and what to do when they see it.

California, Connecticut, Illinois, Kentucky, Rhode Island, Utah and Washington enacted new laws recommending high school students take mental health training courses so they can help their friends, family and classmates.

“Teachers are critical to identifying students who need mental health supports,” said Nancy Lever, co-director of the National Center for School Mental Health at the University of Maryland School of Medicine.

“But we also need to make sure that parents and other school staff who interact with students are trained to recognize mental health crises and understand how trauma affects children’s mental health and learning,” she said.

In addition to laws aimed at training teachers, bus drivers, and security and lunchroom staff, states also are providing money to help schools meet recommended ratios of students to mental health professionals, including counselors, psychologists and social workers.

In some states, new laws provide money for mental health screening and data col-

A Soddy Daisy high school student arrives late to his first class on Thursday, Aug. 12, 2021, the first day of the 2021-2022 school year in Hamilton County, Tenn.

lection tools that schools can use to develop long-range mental health strategies and measure their progress. Other laws require school boards to develop evidence-based plans for protecting the mental health of K-12 students.

“This is not new territory,” Lever said, “but it’s important territory that schools need to plan for so they can promote the mental well-being of all students and staff, and at the same time, identify and care for those in crisis.”

A key to schools’ success will be building in sustainability so the programs can go on when the funding ends, she added.

The COVID-19 pandemic exacerbated an already growing crisis in adolescent mental health. Last year, a group of pediatricians, child psychiatrists and children’s hospitals declared a state of emergency for children’s mental health.

In 2019, a national survey conducted by the federal Substance Abuse and Mental Health Services Administration showed that the percentage of young people ages 12 to 17 who reported experiencing a major depressive episode in the past year had nearly doubled over the past decade, increasing from 9% or 2.2 million children in 2004 to 16% or 3.8 million children in 2019.

By 2021, more than a quarter of U.S. parents reported their adolescent had seen a mental health specialist, with 59% doing so in the past year, according to a survey published last month by the C.S. Mott Children’s Hospital at the University of Michigan.

Suicide is now the second leading cause of death among children 10 to 14, according to the federal Centers for Disease Control and Prevention.

In 2020, emergency room visits for suspected suicide attempts by girls 12 to 17 jumped 51% compared with 2019, according to CDC data.

This month, the federal health agency reported that in the first half of 2021, more than 4 in 10 high school students surveyed said they had “persistent feelings of sadness or hopelessness” in the prior year, which was one of isolation and school closures for most teens.

“These data echo a cry for help,” CDC acting Principal Deputy Director Dr. Debra Houry said in a news release. “The COVID-19 pandemic has created traumatic stressors that have the potential to further erode students’ mental wellbeing. Our research shows that surrounding youth with the proper support





## SUCCESS STORY

# Denver Public Schools

### Using behavioral screening to chronicle student progress

The COVID-19 pandemic posed countless challenges for students, parents, teachers, administrators, and educational support staff. This on-demand webinar, a collaboration between Denver Public schools and Pearson, examines how the school district used Review360®, a web-based Universal Behavioral System, to supply their students a means to report the impact that school separation and the current crisis has on their emotions, behavior, and mental state.

### Comparing pre-pandemic and current data

To chronicle the progress of students and the effectiveness of the re-engagement process in their return to school, added behavioral screening data was collected during the fall of 2020 and compared to the spring 2020 data — the start of the COVID-19 pandemic.

### Three perspectives on use of data to support students

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# A simple step-by-step approach to remediating **behavior issues**



## Meet **Chris Huzinec**

Over the past few years, students have had their lives disrupted and many are facing traumatic experiences that can impact their well-being, often leading to mental, emotional, and behavioral challenges. As educators reengage with students, information about their behavioral strengths and areas of need play an important role in how students are supported. Comprehensive behavioral support systems like the **BASC-3**, **SSIS SEL**, and **Review360** provide ways for teachers to overcome these barriers and help their students return to a path of wellbeing. *These products can be used in-person or remotely and are ideal for virtual or hybrid instructional situations alike.*



**Because of the scope and variety of challenges students are facing, using a step-by-step approach can help support them on their journey forward.**

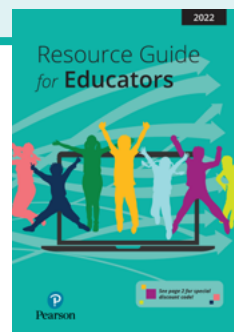


1. Use universal screeners such as **aimswebPlus** and **Review360** to identify all students' behavioral and social-emotional learning (SEL) strengths and areas of need.
2. Follow up with students who are identified as "at risk" using a comprehensive set of rating scales like the ones found in the **BASC-3**, which provide input from school (teachers), home (caregivers), as well as a personal perspective from students to help determine their needs.
3. Use the information you've collected to guide interventions and supports. Many of our solutions are aligned with these assessments and screeners and include interventions for specific behavioral and mental health issues, a proactive behavioral and emotional skill building guide for all students, and an SEL curriculum. For additional support, the **BASC-3 Intervention Guide** provides **tip sheets** and **videos** that you can share with your students' caregivers.
4. Use progress monitoring tools such as those included in the **SSIS SEL** or **BASC-3 Flex Monitor** to track your students' improvements and overall wellbeing (and the effectiveness of the chosen interventions!). This allows you to provide supports that best meet the needs of your students.

All the best, *Chris*

## Behavior Toolkit

Screen	Assess	Intervene	Monitor
BASC-3 BESS on Q-global or Review360	BASC-3 TRS, PRS, SRP	BASC-3 Behavior Intervention Guide	BASC-3 FLEX Monitor
SIBS/SEBS on Review360	BASC-3 PRQ	BASC-3 Behavioral and Emotional Skill-Building Guide	SSIS SEL Progress Monitoring on Q-global or Review360
SSIS SEL Screener	BASC-3 SDH	Review360	aimswebPlus
SSIS SEL Brief Scales and/or Brief Scales + Mental Health (Choice)	SSIS SEL Rating Scales	SSIS SEL CIP	
SSIS Performance Screening Guide on Review360	Brown EF/A Scales		
Review360 SSIS SEL Solution			
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can reverse these trends and help our youth now and in the future.”

But mental health experts say schools, which are often the only place troubled youth can look to for help, are not prepared to address the growing adolescent mental health crisis.

Historically, most states have failed to meet national minimum standards for the number of students served by mental health professionals, including school psychologists, counselors, and social workers.

Only Idaho and the District of Columbia meet the recommended ratio of one school psychologist for every 500 students. At the bottom of the list, Georgia schools employ only one psychologist for every 6,390 students, according to America's School Mental Health Report Card, published in February by a coalition of mental health organizations.

No state meets the nationally recommended ratio of one social worker for every 250 students. Farthest behind, West Virginia employs one social worker for 15,433 students. And only New Hampshire and Vermont meet the standard of one counselor for every 250 students.

The number of K-12 schools signing up for one of the most commonly used mental health training programs, called Mental Health First Aid, jumped 17.5% since the end of last year, according to the National Council for Mental Wellbeing, which administers the course.

“Every state in this country has adopted youth mental health first aid in some schools in some way,” the council’s EL-Amin said. “This year’s surge in legislative activity is helping get the word out.”

Developed and tested in Australia, the roughly 32-hour training program was adopted in the U.S. in 2008 by the council in collaboration with the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health.

With 25,000 instructors, the evidence-based curriculum has been used to train 2.7 million Americans in a variety of professions. Offered online and in person, the course teaches people to recognize the signs of a mental health or substance use problem, respond to someone in crisis rather than turn away and urge the person to talk to a mental health professional.

In the U.S., about 1 million people have completed a specialized version of the course designed for teachers, parents and others who interact with adolescents. More than half work in K-12 schools.

The course also has been adapted so

teens can help each other, and more than 125,000 students in 700 schools and youth groups have completed it since 2020.

Graduates of the course say they’re able to use what they learned to help someone within an average of three months, EL-Amin said.

Emma Bap, who took the first aid course last year at Bellows Free Academy High School in St. Albans, Vermont, told the council that the program gave her “more confidence to reach out to someone who seems to be struggling—and quite possibly save a life.”

Mental health training courses typically offer scripts for what to say and what not to say to teens who may be thinking about ending their life. The training also emphasizes that teens should report to a teacher or another adult any potential suicide concerns they may have about a friend or classmate.

Separate training programs for adults and youths spell out ways to intervene in a potential suicide, underscoring that suicide is preventable.

But training alone is not enough to prevent suicides and ensure that kids experiencing mental illness get the care they need, said Julie Goldstein Grumet, an expert in suicide prevention.

“Schools need to create a safe and open culture where kids know it’s OK to talk about suicide and mental illness,” said Grumet, vice president of the Boston-based Education Development Center, a policy research group.

They also need to develop and sustain strong mental health community partners they can rely on to help their at-risk students, she added.

“Training is great and important, but it has to be embedded in a comprehensive approach where it’s not ‘one and done,’” Grumet said. “Schools shouldn’t be saying ‘we did the training,’ but rather ‘we transformed the entire culture around suicide prevention and mental health.’” ■

Published March 1, 2022

## Students Train To Spot Peers With Mental Health Struggles And Guide Them To Help

By Catherine Gewertz

**T**he COVID-19 pandemic has amplified the mental health struggles that were already proliferating among young people. Many schools are trying to expand their rosters of adult specialists who can provide support. But some are tapping an additional source, too: the students themselves.

School districts are training teenagers to spot early signs of mental health problems in their peers and connect them with adults who can help.

The practice isn’t new: It has its roots in long-standing work to prevent suicide and school shootings and foster emotional and physical safety at school. But training young people to help spot trouble, in close partnership with adults, is being embraced anew as the pandemic ladles unprecedented demands onto school psychologists, social workers, and counselors.

Sofia Mendoza is one of the students who’s trained to play this role for her classmates. She does her work as part of a “Hope Squad” run by her school, Hilliard Davidson High, outside Columbus, Ohio. Sofia said it’s rewarding to serve as such an important resource for her peers.

“Some students won’t get help because they’re just afraid to ask for it,” said Sofia, a senior at Davidson. “But if a peer knows, and if their struggle is seen and heard, then they’re able to say, OK, yes, I do need the help. And we can get them to go to an adult themselves.”

### Students as eyes and ears on the ground

In the Hilliard City district, dozens of students are trained to serve on Hope Squads in each building that serves students in 6th through 12th grades. They watch for signs like social isolation or feelings of hopelessness, and persuade those students to get help from

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# EdWeek Update

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The graphic features a blue background with a white smartphone in the foreground. The phone screen displays the EdWeek Update app interface, which includes a header with the EdWeek logo and a main article titled "Building a Community for Black Male Teachers" with a photo of a man in a suit.



trusted adults in the school. They also learn to monitor their own emotions and take care of themselves, seeking support from adults when they need it. Each squad gets guidance from a team of trained adults, said Mike Abraham, the district's director of student well-being.

The district began the Hope Squad work four years ago, along with an array of other social and emotional support programs, when its leaders saw a spike in suicides, depression, and anxiety, Abraham said. The squads have provided important support during the pandemic.

Hilliard refers far more students to a nearby children's hospital for psychiatric support than other nearby districts of its size, a statistic Abraham cites with pride. "It means they're getting the help they need," he said.

Nationally, one of the best-known programs that trains people to spot mental health struggles, Mental Health First Aid USA, has seen a spike in demand for its programs during the pandemic. Millions of adults—from firefighters and hospital staff to former first lady Michelle Obama—have taken its courses, which were designed 20 years ago by Australian researchers and adapted in the United States by the National Council on Mental Wellbeing.

More than 550,000 K-12 staff members have taken its 6- to 8-hour courses, which focus on noticing signs of mental illness or substance abuse in other adults or in young people, and more than 125,000 teenagers have taken the "teen" training, said Tramaine EL-Amin, who leads MHFA USA's strategic initiatives.

Trainees learn to use what's known as the "ALGEE" protocol—Assess for risk of suicide or harm, Listen nonjudgmentally, Give reassurance and information, Encourage professional help, and Encourage self-help and other support strategies.

Research on these early-spotter programs generally focuses on how the training affects those who take it. Studies find that the programs can improve trainees' ability to recognize mental illness and build their confidence in helping those who need support. In a study set for publication this year, Johns Hopkins University researchers found that more than two-thirds of the students who take the MHFA teen training report that they use the skills to manage their own stress and to help peers who are in need, EL-Amin said.

### Asking students to notice the signs: an undue burden?

Research is thinner on how much the trainees' intervention helps those in distress. One 2018 analysis, conducted by researchers who



Kasia Bogdaniska for Education Week

collaborate with the Australian founders of Mental Health First Aid, found a "small improvement" in the amount of help provided to those with a mental health problem. A 2018 study on the Hope Squad program found that more than one-quarter of students who sought help from their counselors for suicidal feelings had been referred by Hope Squad members.

Some administrators express doubt about the wisdom of involving students in identifying young people with mental health struggles. The Paterson, N.J., schools have been stepping up their early-warning-signs training of adults in the last few years: More than 600 staff members have been trained, said Cheryl Coy, the district's assistant superintendent for special education and services. But she wouldn't extend the training to students just yet.

"I think it's too much of an additional layer to add on," she said. "Many students don't realize the level of stress they're under right now. It's like a soda bottle: Shake it up, and when you take the cap off, it explodes."

Suzanna Davis, the vice president of operations and programs at Grant Us Hope, which partners with Hope Squad to provide training to 175 schools in Ohio and Indiana, said she had the same hesitation when she was a high school principal and was considering adopting the program.

"I asked students, is this too much to take on?" she said. "But I realized that they're having these conversations with their peers on a daily basis. In the absence of formal training, they very much carry the weight on their shoulders that they have to fix their friends' problems. If we're not engaging them and giving

them the right tools and training to engage in those conversations, we're missing the boat."

### Strong adult support: key to program success

Experts, and district leaders who have opted to train teenagers, caution that key conditions must be in place to ensure the programs provide appropriate support for everyone involved.

Schools must make sure there are enough trained adults to provide a skilled, supportive team for students to lean on. Schools that wish to use MHFA's training for teenagers must commit to training 10 percent of their adult staff, EL-Amin said. To do Hope Squad training, schools must partner with a mental health provider in their community, Davis said.

Staffing shortages currently plaguing schools during the pandemic can complicate that picture. The ratios of mental-health specialists to students were already insufficient before the pandemic. On average, there is only one school psychologist for every 1,200 students, far from the 1-to-500 ratio recommended by the National Association of School Psychologists. There are currently 427 school counselors for every student, but the American School Counselor Association recommends one per every 250 children.

Ratios like those, while many mental-health vacancies in schools are also going unfilled, don't bode well. They suggest that schools risk relying on insufficiently trained adults to provide support for children in distress and to supervise teenage student men-

tal-health trainees, said Kelly Vaillancourt, the NASP's director of policy and advocacy.

The community mental health groups that partner with districts are strained past capacity too, noted Kelly Davis, the associate vice president of peer and youth advocacy for Mental Health America. So while there's been a big upsurge in the need for services, and in interest in youth-training programs, there is a danger that children who are struggling "could be referred to nothing," she said. Policymakers must redouble efforts to staff schools and feed the pipeline of trainees for mental health professions, she said.

Abraham, from the Hilliard district, urged districts to pair teen training with the purchase of an after-hours notification system. At night or on weekends, if his teenage spotters need to report a friend in serious trouble, or frightening comments from a peer on social media, they know to call the Safe School Helpline, which connects them with appointed employees in their district who can take swift action.

In Collier County, Fla., the district operates a suite of interlocking programs designed to support students emotionally. Some are exclusively carried out by adults, who form communication webs about students' attendance and well-being. In others, the students lead, with teams of adults backing them up.

One program trains elementary students to be "friendship ambassadors" who check specially painted "buddy benches" in their playgrounds for kids who seem to need a companion. Another taps middle school students to ensure that no one's eating alone in the cafeteria. These students aren't trained to spot early signs of mental illness, but their work aims to build connections that can help when a student is in distress.

"Sometimes we forget how our students can help" complete the picture of support at their own schools, said Kamela Patton, Collier County's superintendent of schools. ■

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## OPINION

Published March 20, 2022

# What Can Schools Do as Trauma Continues to Rear Its Ugly Head?

By Lisa Meade

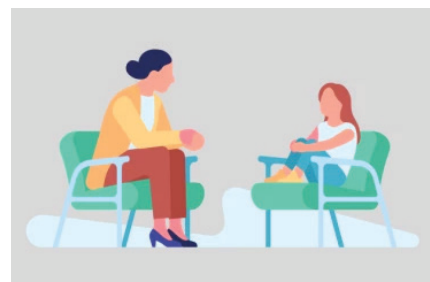
I first remember hearing the term "trauma-informed practices" while watching *Paper Tigers*. The documentary followed Principal Jim Sporleder's efforts to turn an alternative high school around. As a principal, I was always seeking stories of inspiration to keep me on the path of doing good work. In this movie, we meet so many students facing incredible challenges. Their obstacles require Jim's school to think outside the box and understand the impact of adverse childhood experiences on a student's trajectory through school. This would be the first time I had heard of the Adverse Childhood Experiences Study.

The ACES showed that *"the more traumatic experiences the respondents had as children (such as physical and emotional abuse and neglect), the more likely they were to develop health problems later in life—problems such as cancer, heart disease, and high blood pressure."*

The study went on to show that *"there was also a troubling correlation between adverse childhood experiences and prevalence of drug and alcohol abuse, unprotected sex, and poor diet. Combined, the results of the study painted a staggering portrait of the price our children are paying for growing up in unsafe environments, all the while adding fuel to the fire of some of society's greatest challenges."*

While many educators express concern over the learning loss we see due to the COVID pandemic, I can't seem to effectively remediate what we see in the area of trauma. Our counseling team meets every two weeks to brainstorm interventions and strategies for students facing too much for adolescents to bear on their own, but they still do. Some of our students are juggling so much more than should be dealt with at their age.

A student moves from friend to friend to avoid living in their family's home. Another student is admitting alcohol addiction. A young lady fears another fight with her boyfriend, who lives in her dad's house with her father's permission. Still, there are students who are hungry and worried about how their



— DeWitt - Canva

“We can choose to rely on traditional forms of punishment or look at the misconduct as a symptom of a more significant need to be examined collaboratively.”

**JENNIFER BASHANT**

Author, *Building a Trauma-Informed Compassionate Classroom*

parents will pay the bills they hear them discussing in other rooms. Some of my students look at me like I am from another planet when I try to bring up their grades and attendance for review. It's as if that stuff even matters to them at that moment or will ever. The pain is front and center, instead.

In Jennifer Bashant's book, *Building a Trauma-Informed Compassionate Classroom*, she reminds educators that our mindset around interpreting a challenging student and their behavior will impact the path chosen to address that misbehavior. We can choose to rely on traditional forms of punishment or look at the misconduct as a symptom of a more significant need to be examined collaboratively.

That student that just stormed out of

the building calling the principal every swear word he could muster is most definitely disrespectful. Yet that same student is sending a clear message of how he is feeling at that very moment: angry, unheard, trapped, and maybe even misunderstood. At this moment, it is so very important that the leader not take the words personally. We must remember words are words and behavior is always sending a message. Our better approach is to find a time when that student is de-escalated to discuss the event. Acknowledge what happened but don't stop there. Help the student to express the root cause of their frustration. This will take time.

Schools need a more explicit definition of what school discipline means and what the purpose of it is. If it is to punish misbehavior, traditional suspension methods fit that crime. If it is to teach and remediate wrongdoing, we will need more tools and permission to do things differently.

These tools could include having honest conversations with students to help them express what they are feeling and accepting restorative practices by a school community. Instead of jumping to traditional consequences, start a conversation (Amstutz, 2015):

- What happened?
- What were you thinking at the time?
- What have you thought about since?
- Who has been affected by what you have done? How?
- What do you think you need to do to make things right?

Start there instead of with a punishment. This will require time for conversation and listening. We can't force trauma and pain out of a student. We have to find ways and safe spaces to help them deal with whatever is standing in their way at that moment. Practicing forgiveness has to be OK. Can a leader decide to impose a nontraditional consequence as part of a plan to repair it? Will that be supported by the colleagues and community they work within?

We can't take away the hardships that our students are facing. But we can do a better job at acknowledging that the pain is real, exists, and impacts behavior. Things haven't gotten any easier for our students, our children, especially over these last few years. ■

*Lisa Meade is a principal in upstate New York. She has previously served as an assistant superintendent, pupil-personnel services director, and special education teacher. Lisa was NASSP's/SAANYS 2015 Principal of the Year.*

## OPINION

*Published March 27, 2022*

# Mental Health Crises Are Bombarding Our Schools. Here's What We Can Do

By Daniel Coles, Tala Manassah & Cassie Schwerner

**E**ntering year three of the COVID-19 pandemic, we are seeing a cascade of crises in our schools. Students and educators are feeling overwhelmed, anxious, despondent—and, too often, isolated and unheard. The crisis is most acute in hard-hit communities of color.

The American Academy of Pediatrics has declared the state of children's mental health to be a "national emergency." In addition to social isolation, it notes that more than 140,000 children—1 in 500—have lost a caregiver, with youth of color disproportionately impacted. Suspected suicide attempts by adolescents have jumped 31 percent, the CDC reports.

Teachers tell us that their students are behaving in ways they've never seen before. Two out of 3 educators say students are "misbehaving" more than they did in 2019. After all the blows that families have sustained, this is a signal that children need help. We must act now and we must act boldly to mitigate the negative impact of the devastation or risk a spiraling crisis for years to come.

Teachers say they know why their students are acting out. Nothing in teacher education programs has prepared them for the mental, emotional, physical, and spiritual demands they now face. An EdWeek survey found teachers were "sacrificing their lunch periods to cover unsupervised classrooms, monitor lunch lines, and get behind the wheel of school buses." They often can't do the work they went into the profession to do. A principal told us that his teachers would love to dive into rich explorations during Black History Month, but "there's absolutely no bandwidth for that."

Principals themselves are feeling besieged. A National Association of Secondary School Principals survey found that 42 percent of principals had accelerated their plans to leave the profession. With teachers, students, and families in crisis, some principals find their jobs have become unrecog-

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An EdWeek survey found teachers were “sacrificing their lunch periods to cover unsupervised classrooms, monitor lunch lines, and get behind the wheel of school buses.”

nizable. One assistant principal told us that all he did in December and January was COVID contact tracing.

Addressing these crises requires new priorities. We need to make school a place that prioritizes connection, community, and joy. It's time to adopt what Shawn Ginwright calls a "healing-centered" approach. Rather than viewing trauma as an isolated experience, a healing-centered approach is holistic and collective: It calls on us to work together to address harms and make positive change. Moments of crisis can also be moments of opportunity when properly seized. The pandemic, while affecting us each differently, is a uniquely shared experience. This is a teachable moment: We can bow our heads and submit to the devastation or we can honor those who have been lost by using this as a moment to double down on teaching our children what our society is most in need of: generative connection, deep empathy, and skill building around collective action and mutual aid.

Prioritizing community and healing is a necessary prerequisite for academic learning. This crisis has demonstrated that the mental health—and academic progress—of young people depends on the caring relationships they build at school. We humans



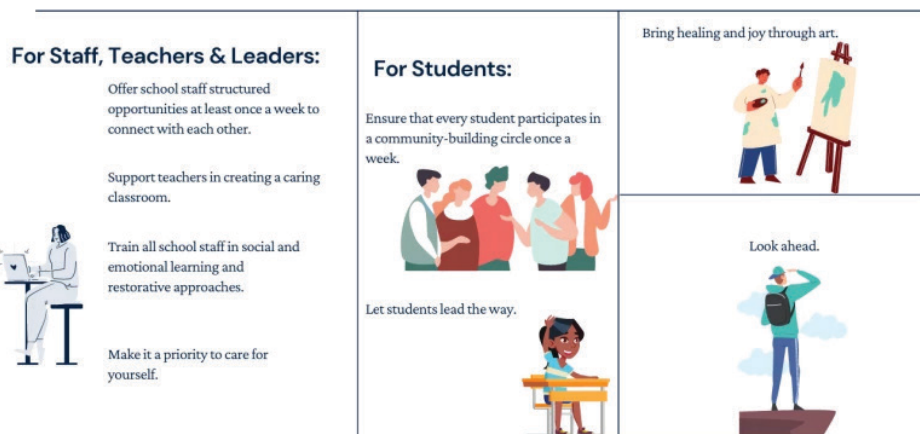
are evolved to be part of a community, to be interdependent and interconnected. Without community, we cannot thrive.

Building community begins with the clear intention and action of district and school leaders.

Here are eight strategies district and school leaders can use to build community and facilitate healing.

- **Offer school staff structured opportunities at least once a week to connect with each other,** share thoughts and feelings, collaboratively problem solve, practice strategies to bolster their mental health, and find joy. Just like students, teachers need to be seen, heard, and cared for.
- **Support teachers in creating a caring classroom.** Teachers need time to connect with students. Listening, being present, and naming and normalizing students' feelings can help them process. A caring classroom also includes creating community agreements and values, making time for play, and using culturally sustaining practices so that every child belongs.
- **Ensure that every student participates in a community-building circle once a week—at least.** Here, students can listen to each other and reflect on what is happening for them. They can practice strategies that can sustain them over their lives, such as mindfulness and feelings identification.
- **Let students lead the way.** Encourage students to facilitate their own structured gatherings where they and their classmates can share, problem solve, affirm each others' cultures and lived experiences, and practice skills they find helpful. In the process, students can gain a sense of agency within the school community.
- **Bring healing and joy through art.** Dancing, singing, drama, painting, woodworking ... The evidence shows that engaging in the arts—simply for the experience and pleasure of it—is therapeutic. Yet many schools, especially in underresourced communities, have extinguished this opportunity. Make art a regular part of every child's school experience.
- **Train all school staff in social and emotional learning and restorative approaches.** SEL skills like active

## 8 Strategies to Build Community & Facilitate Healing



SOURCE: MORNINGSIDE CENTER

listening, empathy, and conflict resolution are helpful in interactions among students, families, and colleagues as we collectively cope with loss and uncertainty.

- **District and school leaders need support, too.** Make it a priority to care for yourself. Gather regularly with a few colleagues with the explicit purpose of mutual support. This community can become a source of inspiration and rejuvenation for you.
- **Look ahead.** The hardship we are experiencing—and our disconnection from each other—obviously goes far beyond the school walls. Support staff, students, and fellow school leaders in looking at the big picture—and envisioning the life, the community, the world, that you would like to see. As Ginwright notes, the ability to dream and imagine are key in maintaining our hope and sense of well-being. Hope enables us to take urgently needed action. “In this unfolding conundrum of life and history, there is such a thing as being too late,” said the Rev. Martin Luther King Jr. “This is no time for apathy or complacency. This is a time for vigorous and positive action.” ■

*Daniel Coles is the senior program manager at Morningside Center for Teaching Social Responsibility. Tala Manassah is the deputy executive director at Morningside Center, and Cassie Schwerner is the executive director.*

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