Are Districts the Nation’s Adolescent Mental Health Care Providers?

A Mandate to Support Seven Million Students in Crisis

District Leadership Forum
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The Adolescent Mental Health Crisis Is a National Epidemic

But Traditional K-12 Services Are Failing to Meet Rising Demand

Student mental health is a top-of-mind issue for every school district in the country. Recent surveys show superintendents in every state identify “adolescents in crisis” as a top-three concern in their schools, and serious mental-health-related crises now affect more than a third of adolescents in America.

Last year

Thirty-five percent

of students aged 14-18 experienced a mental health-related crisis, involving one or more of:

- Non-suicidal Self-Injury (18%)¹
- Suicidal Ideation (10%)²
- Attempted Suicide (7%)²

The number of students in crisis reflects worsening trends: rates of anxiety, depression, and suicide are on the rise among teens of all demographics and household income levels. While some question if the statistics merely indicate an increase in reporting, the prevalence of suicide and self-harm indicate that we are truly seeing a growing number of students experiencing crises.

17%  
Increase in the diagnosis of anxiety disorders in young people (aged 6-17) in the last 10 years³

80%  
Increase in the percentage of US adolescents reporting a major depressive episode⁴ per year, 2010-2018⁵

3,069  
Number of suicide attempts made on average each day by students in grades 9-12⁶,⁷

However, only 50% of US children with a treatable mental health disorder receive clinical care. Social stigma prevents teenagers from self-identifying or seeking help for their peers, and geographic limitations frequently prevent traditional mental health care providers from treating those who need their services the most.

Prevalence of Children with Mental Health Disorders Who Did Not Receive Care

Children aged 6-17, 2016

Social Stigma

Social stigma associated with mental health diagnoses prevents 50% of all Americans suffering from diagnosable conditions from seeking professional care

Geographic Gaps

Mental health providers often cluster, so access can vary significantly by location
# Districts Becoming the First Point of Care

**But Reactive, Uncoordinated Care Overwhelms Teachers and Staff**

**Districts are the adolescent mental health providers of necessity and choice.** Students often have nowhere else to go for mental health care. Even when external care is an option, data shows that students are far more likely to utilize school-based mental health services.

<table>
<thead>
<tr>
<th><strong>75%</strong></th>
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<td>Of children receiving mental health care <strong>received that care in a school setting</strong>²</td>
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<th><strong>21x</strong></th>
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<td>Youth are <strong>21 times more likely to visit a school-based health clinic</strong> for their mental health care than a community-based clinic⁶</td>
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<th><strong>8 in 10</strong></th>
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<td>Of people considering suicide <strong>give some sign</strong> of their intentions¹⁰</td>
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**Rapid access to mental health care is essential to student success.** When students struggle with psychological or emotional issues, they are more likely to be distracted in class, to be unable to attend school, or to drop out of school entirely. Districts today cannot afford not to take the lead in helping their students be well enough to engage in their education.

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<td><strong>Higher rate of emergency psychiatric visits during school weeks than non-school weeks</strong>¹¹</td>
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**If we don’t provide students with these services in school, who will?** Our community does not have these resources. As a superintendent in this school district, I have an obligation to help kids be well.”

*Superintendent, VA*

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<th><strong>50%</strong></th>
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<tr>
<td>Of students with serious mental health issues <strong>drop out of high school</strong>¹²</td>
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**There are various barriers to mental health support at schools, ranging from social stigma to inefficient care coordination.** These barriers prevent students, parents, and staff from responding to mental health challenges in a timely and effective manner, leaving many students vulnerable and unable to receive help when they need it most.

**The Mental Health Crisis Poses Various Challenges to Educators, Students, and Parents**

Parents

“I don’t want my child seeing a mental health counselor. They’ll just label my daughter and she’ll never fit in with the other kids!”

Teachers

“I overheard one of my students saying he wants to harm himself, but I’m not sure if I should confront them or talk to someone else first.”

Counselors

“I constantly have to cancel individual appointments to go help a student in immediate crisis, but these students I’ve cancelled on also need help.”

Students

“Since coming back from the hospital, all my friends have been acting strange around me and I have so much homework to make up…”

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Four Preventable Barriers to K-12 Mental Health Impact

Research Reveals Persistent Stigma, Fragmented Services Result in Too Little, Too Late

**Persistent Stigma Around Mental Health Prevents Referrals**
While mental health issues have become more visible, continued stigma hinders identification, referrals, and support efforts. Districts must move beyond "Mental Health Month" and instead promote year-round awareness campaigns that reach both students and their families.

**Students in Crisis Are Identified Too Late**
Current efforts to identify students of concern allow too many students to remain unnoticed and unsupported until they end up in crisis. Districts must develop a "safety net" of processes and protocols to identify students in need and quickly refer them to the services that they require.

**Access to Care Is Inconsistent and Uncoordinated**
Districts do not use all available avenues to deliver in-house care effectively, and coordination with community mental health resources is often inconsistent. Delivering scalable access to clinical care and establishing joint standards of practice between the district and community are the first steps that every district should be taking to ensure that the right supports are available to every student.

**Ineffective Transitions Hamper Care Management**
Poor information-sharing and lack of coordination between districts and external care providers harm student outcomes. Successful reintegration of students into a school post-crisis is perhaps the greatest area of weakness in the provision of mental health care for districts across the country.

Innovators Are Repositioning Mental Health as Wellness and Leading Coordination of Care
Nationwide, a handful of innovative districts have developed replicable and scalable practices that address each of these four barriers. EAB researchers have forged these practices into a roadmap that any district can use to build a coordinated cascade of mental health services that will effectively support students in crisis. The following pages detail one practice from each of the four critical action areas outlined below.

To learn more about the rest of this research, please contact us at eabk12communications@eab.com.

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**I Reduce Mental Health Stigma via Year-Round Student and Family Engagement**

1. Ongoing Peer-to-Peer Student Education and Mentoring
2. Campaign to Share Experiences Overcoming Mental Health Struggles
3. Wellness-Focused Family Workshop Series

**II Broaden and Strengthen Your Crisis Identification and Referral Network**

4. Quick-Access Crisis Reference Card
5. First Responder "Handle with Care" Notification
6. Online Monitoring to Identify Students of Concern

**III Coordinate and Scale Access to Internal and External Mental Health Care**

7. Group-Model Cognitive Behavioral Therapy
8. Joint District-Community Standards of Practice
9. District-Led Community Mental Health Service Allocation
10. Tech-Enabled Mental Health Support

**IV Improve Coordination and Support During Care Transitions**

11. External Referral Coordination Program
12. Post-Discharge Case Management
13. Coordinated Reentry Process
Develop Ongoing, Wellness-Focused Campaigns

Most districts across the US already make efforts to engage students and educators in the broader mental health conversation. Stigma-reduction campaigns, mental health awareness events, and staff trainings are important components of recognizing and responding to the ongoing crisis.

However, these efforts tend to be focused around specific campaigns and events, which makes it difficult to sustain their impact. Districts need to engage the broader school community in an ongoing dialogue that normalizes mental health issues, encourages conversations about individual struggles and asking for help, and ultimately enables both students and adults to accept help without hesitation or shame.

Significant Opportunity Exists to Engage Students and Families

Districts Focus on Enabling Teachers to Recognize Symptoms, Identify Risk...

...But Limited Outreach to Students and Families Is One-Directional, Reactive

Districts educate staff with mental health-specific training

67% of college students tell a friend they are feeling suicidal before telling anyone else

50% of parents of adolescents who thought of killing themselves were unaware

Peer-to-peer mental health outreach strategies remain underutilized

Information is shared on a one-off basis (e.g., mental health awareness week)

Student and family engagement begins after a mental health crisis has occurred
**Practice Spotlight:** Ongoing Peer-to-Peer Student Education and Mentoring

Hamilton Southeastern Schools, IN

**Practice in Brief:** Student-led mental health club that utilizes student voice to create an ongoing mental health educational campaign and to provide peer-to-peer support across the school. Aided by educators, the club becomes an effective source of information and support for the entire student body.

**Solution**

Mental Health Club Equips Students with Skills to Speak Openly About Mental Health and to Encourage Help Seeking

- **Monthly Meetings**
  Discuss perceptions, experiences of mental health in their school and opportunities to positively impact student mental health and wellness

- **Resources on Display**
  Create multimedia resources; organize awareness campaigns displayed throughout the school

- **Presentations and Events**
  Lead school-wide informational sessions and community events to educate and raise awareness about mental health topics

- **Middle School Education Sessions**
  Give presentations and lead activities with middle school students about mental health, stigma, and suicide

**Key Elements**

How to Establish a Peer-to-Peer Mental Health Club

1. **Host an initial interest session**
   Engage students through email, flyers, social media, and word-of-mouth campaigns

2. **Select 1-2 staff advisors**
   Look to student services or other passionate staff members who are positively connected with students

3. **Identify 3-5 student leaders**
   Aim for student leaders across grade levels to ensure sustainability of the new club beyond the first year

4. **Connect with national networks**
   Register with a national organization to access implementation supports and technical assistance

5. **Hold weekly club meetings**
   Discuss opportunities to raise awareness, reduce stigma, and represent student voice in school decisions impacting mental health

6. **Plan activities, events to engage wider school community**
   Aim for one major event per term (e.g., speaker/panel discussion, movie screening, 5K run, stress-relief activity)

**Results**

Formalizing Club Structure Ensures Lasting Impact

*Number of Students Assessed for Suicidal Ideation at Hamilton Southeastern Schools*

- **2016-17:** 118
- **2017-18:** 253
- **2018-19:** 215
Realizing that prevention is the best response to any crisis, districts have established early warning systems that help schools identify students at risk before a crisis has occurred. These typically include staff referrals, crisis tip lines, and most importantly, universal screenings for mental health issues.

But while those systems have been successful, districts should continue to find ways to both expand and strengthen their safety net. Efforts such as cooperation with local first responders and improved monitoring of concerning online behavior ensure that districts have broader, more effective, and more immediate early warning mechanisms.

### Life Events May Require Immediate Ways to Identify Students at Risk

**October**
First universal screening

**November**
Student talks about self-harming on school bus after her older sister dies of overdose

Bus driver may not yet have been trained or may not recall what to do

**December**
Middle schooler witnesses a shoot-out with police in neighborhood

Educators may not know about interactions with law enforcement

**February**
Second universal screening

**April**
Sophomore attempts suicide after being bullied online by a classmate

Online threats could have been detected immediately by district
**Practice in Brief:** ‘Handle with Care’ is an initiative that ensures educators receive prompt communication when a student is involved in (or witnesses) an incident in the community. First responders send a simple notification to the district with no incident details, alerting school staff to monitor the student and respond accordingly if needed.

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**Solution**

**“Handle with Care” Initiative Ensures Students in Oklahoma City Are Identified and Supported Early**

<table>
<thead>
<tr>
<th>Program Launch</th>
<th>Current Status</th>
<th>Upcoming Expansion</th>
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<tbody>
<tr>
<td>Initiative starts at one district; coordinator triages cases to schools</td>
<td>Program expands to 12 districts served by Oklahoma City Police Department; retains single triage point</td>
<td>Partnership currently under consideration by Oklahoma City Fire Department</td>
</tr>
<tr>
<td>Link to district coordinator’s email added to officer laptops</td>
<td>Notification a mandatory dropdown field in police computers if case involves a minor</td>
<td>Anonymous public HWC tipline set to pilot in Oklahoma City Public Schools next year</td>
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<tr>
<td>District received 80 notifications during 2018-2019 school year</td>
<td>Coordinator has received 200 notifications during first 9 weeks of 2019-2020 school year</td>
<td>Ongoing review by State Legislature for potential statewide expansion</td>
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**Key Elements**

**“Handle with Care” First Responder Notification Program**

**Police Notification Informs Educators of Potential Concern**

1. Officer speaks to student at scene of incident, records school they attend
2. Police notifies designated district staff with “Handle with Care” message
3. Notification contains no incident details, only name and school of student

**School Monitors Students and Intervenes if Necessary**

1. School notifies teachers and support staff that student may need attention
2. Educators observe student for signs of trauma
3. Additional support provided if student shows signs of distress

**Results**

**Initiative Helps Oklahoma Schools Adjust Perception and Response to Student Behavior**

<table>
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<tr>
<th>Before</th>
<th>After</th>
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<tr>
<td><strong>Comes to school without homework</strong></td>
<td><strong>Received a “0”</strong></td>
</tr>
<tr>
<td><strong>Falls asleep in class</strong></td>
<td><strong>Allowed to rest in Nurse’s office</strong></td>
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<td><strong>Did not bring permission slip for field trip</strong></td>
<td><strong>Parents called; child allowed to go upon verbal confirmation</strong></td>
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While districts need to be at the center of a coordinated system of mental health care, they cannot provide clinical expertise equivalent to that of community health care providers. This poses a critical challenge for educators: What can they do to overcome the limited availability of resources in the community?

Though accessing geographically limited resources is a major problem, emerging technologies provide effective support for students regardless of time or location. Chief among them is telemental health, which remains underutilized among schools despite its proven clinical effectiveness.

Across Locales, Districts Struggle to Provide Mental Health Care at the Right Time

**District Locale**
- **Urban**: Multiple providers available but coordination between agency, schools, and families is difficult.
- **Suburban**: Uneven Distribution. Community providers are limited, leaving some schools well-served and others under-resourced.
- **Rural**: Provider Deserts. Few community providers available, creating lengthy travel times and waitlists for care.

**Telemental Health Provides Multiple Ways to Overcome Access Barriers**

**Expanding Virtual Access to Clinical Providers**
- Increases availability and choice of providers
- Speeds up care delivery
- Significantly reduces logistical barriers
- May include up-front technology costs (e.g., 1:1)
- Students may be reluctant to use

**Using AI-Powered Mental Health Support**
- Eliminates logistical barriers
- Provides instant 24/7 support
- Reduces stigma fears
- Provides comprehensive, tiered access to services:
  - Ongoing well-being and stress management
  - AI-led, evidence-based clinical treatment
  - Direct connection to humans, depending on need
Practice Spotlight: Telemental Health Support

Smithville School District, MO

Practice in Brief: Districts can contract with a mental health provider to provide telepsychiatry and virtual treatment as an option for all students. Schools reserve dedicated space for virtual meetings, aid students whose insurance may not cover care, and collect data and feedback to continually adjust service provision.

Flexible Structure Allows Virtual and In-Person Meetings, Modifies Service According to Student and District Needs

Smithville’s Telemental Health Model

- Adopted Teletherapy as an Option for All
  Contracted with a mental health professional to deliver teletherapy to middle school and high school students

- Addressed Coverage Depending on Student Needs
  Clinician accepts and bills most insurance provided in the area; district finds additional resources to help students who cannot afford service

- Tailored Service to Include In-Person Meetings
  First meeting with students always in person; subsequent consultations may be in person or online; majority of high school students prefer online option

- Adapts Service Provision According to Outcomes
  Clinician sends quarterly reports to district, communicating what works, changes needed, number of referrals, students who no longer need service

Creating a Safe and Effective Telemental Health Space at Schools

- Dedicated, tech-equipped room allows for secure, confidential conversation between patient and therapist

- Staff member can see inside room and intervene or call crisis team if necessary

- Student can choose whether they like teletherapy or would like to switch to in-person care

Results

Research Shows Telemental Health Is a Proven, Effective Way to Support Students

“...Advantages of school telemental health (TMH) include greater efficiency, the capacity for higher volume, and increased access to care for many students who would be unlikely to reach traditional community mental healthcare because of barriers such as transportation and healthcare coverage.”

Reduce Inefficient Transitions Between Providers

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<th>I</th>
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<th>III</th>
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<tr>
<td>Reduce Mental Health Stigma via Year-Round Student and Family Engagement</td>
<td>Broaden and Strengthen Your Crisis Identification and Referral Network</td>
<td>Coordinate and Scale Access to Internal and External Mental Health Care</td>
<td>Improve Coordination and Support During Care Transitions</td>
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While many districts have developed protocols and processes to effectively manage crises, few have established similarly detailed and robust practices to reintegrate students after a crisis. This is particularly important for supporting students returning from mental health related hospitalizations or leaves of absence.

Students returning to school after hospitalization or a prolonged absence are at increased risk of experiencing academic and social issues and, ultimately, ending up in crisis all over again. They need continued and careful support, with a special focus on the critical first few weeks.

Following Leave of Absence for Mental Health Treatment, Vulnerable Students Disproportionately Face Emotional and Academic Challenges

5-9% of teens require hospitalization or prolonged absence from school due to mental health issues

20-30% of youth require rehospitalization in the year following hospital stay for a mental health issue

Reintegration into School Routine Frught with Challenges

- **Schoolwork**: Homework, tests, projects pile up and become overwhelming
- **Social Isolation**: Students face unwanted attention, questions from peers
- **Care Coordination**: Lack of coordination between external providers, school, families

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Practice in Brief: Dedicated back-to-school transition program that combines clinical care, academic support, and family engagement to ensure students returning from an inpatient hospital stay fully reintegrate into the academic process and do not relapse into a crisis.

Practice Spotlight: Coordinated Reentry Process

The Public Schools of Brookline, MA

Bridge for Resilient Youth in Transition (BRYT) Provides In-School Support for Students Recovering Following a Hospital Stay

BRYTs Integrated Framework...

Dedicated Program Leads

Clinician/Program Coordinator
Licensed professional tailors clinical support to each student

Academic Coordinator
Liaises with faculty to ensure academic progress

Formalized Reentry Meeting

Typical Participants
BRYT program leads, student, guidance counselor, school administrator, teachers, parents, school nurse

Meeting Agenda
Plan student’s reentry, delineate staff responsibilities, and set dates for monitoring student progress, follow up

...Coordinates Essential Wraparound Support

Clinical Care
- Coordinating with community providers
- Providing clinical care on-site
- Monitoring student progress

Academic Support
- Organizing and completing assignments
- Discussing workloads with teachers
- Scheduling tutoring sessions

Family Engagement
- Arranging meetings between family and school personnel
- Communicating student progress with family

Designing a Successful Transition Room

Space dedicated solely for transition program use

Staffed all day by clinician/program coordinator, academic coordinator

Varied spaces include workspace, informal seating, computers

Connected to an office for family and student meetings

Near a building exit enabling students to enter, leave discretely

Program Yields Results, Expands Rapidly

<10% of students require rehospitalization

82% of program participants graduate on time

137 BRYT programs started since 2004
Each Cabinet Member Has an Important Part to Play

Focus Areas and Collaboration Priorities for District Leaders

Superintendent

- Elevates mental health as a key district-wide priority and ensures adequate support for all educators
- Negotiates collaborative partnerships between the district and local care providers
- Reduces stigma around mental health through shaping the narrative within their community

Assistant Superintendent of Instruction

- Ensures district-wide mental health strategy and initiatives are executed at individual buildings
- Balances instructional time in the schedule with time for social emotional learning and mental health
- Supports educators and students by seeking out opportunities to minimize school-related stressors

Director of Student Services

- Identifies, establishes, and supports appropriate mental health training for all staff
- Maintains and strengthens relationships and protocols with community mental health care providers
- Assesses the effectiveness of current district-wide approaches to addressing the mental health crisis

Chief Technology Officer

- Implements and monitors an early warning mental health system
- Helps district improve information and data sharing with community providers in compliance with the law
- Sets up new care solutions, such as telepsychiatry, remote everyday support
- Develops online behavior monitoring protocols and procedures

Critical IT Responsibilities for Best-in-Class K-12 Mental Health Care

- Vet different software vendors and ensure their offerings comply with district data standards
- Ascertain what investment is needed to support additions to the network
- Determine how 1:1 availability can support district-wide mental health efforts
- Establish seamless and secure communication systems between educators and community stakeholders

To learn more about how EAB supports the work of Chief Technological Officers, please contact us at eabk12communications@eab.com

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4. Characterized as suffering from depressed mood for two weeks or more, a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, worthlessness.


6. Indicates deaths per 100,000 people.


