

The Pennsylvania State University

The Graduate School

**THE MENTAL HEALTH CRISIS: A QUALITATIVE STUDY OF POLICIES RELATED
TO THE PROVISION OF MENTAL HEALTH EDUCATION AND SUPPORT
SERVICES IN U.S. SCHOOLS**

A Thesis in

Education Theory and Policy

by

Samantha Koon

© 2021 Samantha Koon

Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Master of Arts

May 2021

The thesis of Samantha Koon was reviewed and approved by the following:

Maithreyi Gopalan
Assistant Professor of Education and Public Policy
Thesis Advisor

David Gamson
Associate Professor of Education Theory and Policy

Kevin Kinser
Department Head, Education Policy Studies
Professor of Higher Education

ABSTRACT

Mental health education and support is becoming more recognized in schools and by state policymakers, but there remains a shortage of these resources, especially in K-12 public education. With each state enacting different regulations regarding mental health education and support, there is no comprehensive research that analyzes the nature of mental health education and support policies throughout the United States. This paper seeks to address the lack of research in this area through a qualitative analysis of existing mental health policies in schools by state. Findings from this research highlight significant state-level variation in the conceptualization and implementation of mental health education and support in schools across the country. Although descriptive, these patterns further emphasize the need to better understand the mental health support available to students in schools.

TABLE OF CONTENTS

LIST OF FIGURES	v
ACKNOWLEDGEMENTS	vi
Chapter 1 Introduction.....	1
Stigma Around Mental Health.....	3
Students At Risk	4
Chapter 2 Literature Review	7
Student Support Services.....	8
Community Resources.....	9
Mental Health Education	11
Professional Development.....	12
Chapter 3 Methods	14
Research Design	14
Research Questions.....	14
Research and Analysis Methods.....	15
Chapter 4 Findings	19
Tables.....	18
Themes.....	25
Mental Health Services for Students	25
Mental Health Education and Literacy	28
Educating Family, School Staff, and the Community	30
Eliminating the Mental Health Stigma	32
School Mental Health Funding.....	34
Chapter 5 Discussion	37
Chapter 6 Limitations	39
Chapter 7 Conclusion	42
References.	44

LIST OF FIGURES

Figure 1-1: Types of services provided to students in each state	21
Figure 1-2: Years that states have implemented mental health education programs	22
Figure 1-3: Links to each state's policies regarding mental health in schools.....	24

ACKNOWLEDGEMENTS

There is not nearly enough space or words to express my gratitude to those who have helped me complete this paper. First, I would like to acknowledge the Education Theory and Policy Department. I entered the Master's program with little idea of where I was headed, but the faculty immediately made me feel welcome. I have not only learned a great deal about how to further myself academically, but I have learned how to be confident in myself and continue my journey as a lifelong student. More specifically, I would like to thank Dr. Maithreyi Gopalan, my thesis advisor, and Dr. David Gamson for showing me how to dig deep in my research and explaining the value of studying a topic that holds true importance to myself, and I hope, others.

I would also like to express appreciation for Penn State. This university has not only given me a stellar academic education, but a well-rounded experience that has made me who I am now. If not for the relationships I have formed with the Education Student Council, Club Water Polo team, Division of Development and Alumni Relations, Camp Kesem, and THON, I would not nearly be the person I am today. I have come to realize the importance of philanthropy and showing gratitude, and I am so lucky that Penn State has given me the opportunity to give back to this community throughout my time here.

Last, I need to thank my family and friends. If not for my parents, grandparents, and other family members, I never would have been able to pursue a graduate degree. You have supported me in my dreams, and no matter how impossible they seemed, you always told me to follow them. Also, my friends have become the extension of my family that I never expected, but now could not live without. Penn State would not feel like home without my friends by my side, through thick and thin, and beyond our time at this university.

Chapter 1

Introduction

Mental health policy has a history of being ignored as a crucial part of public health policies across the world. In order to bring mental health into the current policy framework, “it is important firstly to identify and engage key agencies and stakeholders in the overall process,” which is why it is crucial to discuss the history of mental health legislation (Jenkins, 2005). The first time the federal government recognized the importance of mental health was in 1963, when President Kennedy passed Mental Retardation Facilities and Community Mental Health Centers Construction Act, which began a national campaign for mental health awareness. In a general sense, the act funded exploratory research and programs to assist those with mental disabilities and illnesses. With the first year of the act allotting \$35 million, individualized state initiatives had to be assessed and approved to receive the funding for community needs. Regarding schools, a much smaller budget was given to the education system to train teachers on how to provide for children with disabilities and mental health issues (Community Mental Health Act, 1963). In the Individuals with Disabilities Education Act (IDEA), which was most recently updated in 1997, the nation’s IDEA statute outlined the national goals for supporting students with disabilities (including mental health disabilities) through states partnerships and the expectation to provide mental health counseling and services as needed (U.S House of Representatives, 1997).

Before the 21st century, much of mental health policy was focused on students with disabilities. However, in the wake of the Sandy Hook school shooting, the U.S. government decided to take further action to enhance mental health awareness and support for all students. While the primary focus of the report is regarding gun and school safety, there is also a section

that addresses the nation's mental health needs following a tragedy. The mental health section in Obama's plan focused on Project AWARE (Advancing Wellness and Resilience in Education), which includes both teacher training and student referral services. The topic of covered health insurance also plays a large part in making these services available for students. However, the most prominent statement of the report is the request to "launch a national conversation to increase understanding about mental health" (Obama, 2013). The government's recognition of student mental health needs has led to more awareness and action from state boards of education as a result of Project Aware (Hofer, 2014).

Even though conversations around mental health have become more prevalent in education more recently, the number of students affected by mental illness continues to grow as well. Considering the increased pressure on students to succeed personally while remaining an active member of their peer communities, balancing mental health becomes more complex and lends to the large number of students who fail to receive help. For example, Wile Schwarz explains that although "approximately 20% of adolescents have a diagnosable mental health disorder... 70% do not receive needed care" (Wile Schwarz, 2009). Given that education in the United States is compulsory, schools should be responsible for mental health literacy—preventative and intervention aspects—as well as for providing access to mental health support services so that all students can receive equitable treatment. American students spend, on average, almost seven hours in school per day and are expected to be in attendance for 180 days a year (National Center for Education Statistics, 2008). Therefore, there is an increasing need for students to feel mentally supported from faculty and staff. With proper professional development for staff in schools, such as nurses, psychiatrists, and educators, and a dedication to best serving students' mental health needs, there is great potential for progress.

This paper aims to understand how different states conceptualize mental health education, support, and services by studying states' mental health policies and legislation in schools over the

past two decades when mental health became more of a priority on the national agenda. The recognition of the stigma surrounding mental health has led to further research and education on mental health since the 1990s and the introduction of national policies like Project Aware. Prior research has also identified groups of students who are more at risk for developing more mental health issues, such as students with learning disabilities and with varying identities, including race and gender. This analysis of each state's school mental health policies helps identify how schools are taking action to support and educate students in an effort to improve their health well-being.

Stigma Around Mental Health

Even before policymakers begin making changes in schools, the negative connotation surrounding mental health needs to be addressed. There remains a lack of awareness around the severity of mental health issues as struggling with mental illness is viewed as non-normative and the potential for being negatively judged leads to insecurity (Link et al., 2017). Thus, those affected by mental health issues are less likely to share their experiences, which has created a stigma that mental illness is abnormal and the fear of rejection has only led to more problems. However, mental illness is just as serious and can be just as impactful as any other physical condition. More recently, people have started to acknowledge mental health issues in American society and research has begun to emerge that further asserts the need for change. Prior to this shift in understanding and, and still now, “negative attitudes and beliefs toward people who have a mental health condition are common” (*Mental Health: Overcoming the Stigma of Mental Illness*, 2017). If American citizens still hold this mindset, children and teens may feel afraid to tell others about their mental difficulties and seek help. The lack of validation for those with mental illnesses is potentially very dangerous, which is why it is time for a greater shift towards acceptance of mental health in education.

Students At Risk

Though the mental health stigma remains prevalent, students from all backgrounds and all experiences are prone to mental health issues, but there are some populations who are more at risk. Specifically, groups of students who are perceived as different from the norm, such as those with Individualized Education Programs (IEPs) or other learning disabilities, are more likely to have mental health disorders. In a study from 2019, it was discovered that students with IEPs are more likely to have emotional and behavioral needs and develop anxiety disorders. On top of that, students who live in areas with low socioeconomic statuses or non-urban areas are even more susceptible (Kelchner et al., 2019). These students need targeted intervention to meet their unique educational needs, as their social and emotional needs are intertwined with their learning. As a result, mental health services are often included in their IEPs, but they need additional support in the classroom so that their peers are also aware of how to manage mental health issues (Yell et al., 2018). It is important to ensure that faculty can support students, but it is just as vital for students to know how to support each other in order to create a positive environment most conducive to learning (Alber, 2012). Also, considering that students with other learning difficulties are more likely to experience mental health issues, the stigma remains an issue. It is vital for state policymakers to recognize that, although certain populations are more at risk to develop mental health disorders, many students can benefit from a more comprehensive education on self-care as it “helps people live and work at their optimal performance” (Lawler, 2020).

In addition to students with learning disabilities, students from minoritized races and ethnic background also have strong mental health needs. These students are disproportionately represented in low-income groups and are less likely to have the resources to seek help (Alegría et al., 2003). With social conditions being major inputs to mental health status, there is even more

to take into account when considering the consistent lack of support systems available for those in disadvantaged and ethnically diverse areas. With communities of low socioeconomic statuses struggling to balance school with their home lives, many of the students need to find other ways to support their families financially and seeking mental health services may not be at the top of their priorities.

Those who are part of the LGBTQ community have also shown more prevalence of adverse mental health outcomes as a result from stigmatization (Proulx et al., 2019). It becomes easy for students to alienate those who are not part of the majority and this separation from the rest of their community lowers adolescents' levels of self-efficacy. Especially in areas with a low population of same-sex couples, the lack of awareness and exposure to those in the LGBTQ community results in higher levels of isolation. Integrating gender identity curriculum into schools can lead students to a better understanding of what some of their peers are experiencing, but "the need for LGBTQ-specific programs remain a pressing issue given persistent mental health inequities for LGBTQ young people" (Fish, 2020). Not only is there a lack of information on how LGBTQ people are affected by mental health needs, but there is a drastic lack of action taken in the areas where these youths are targeted for bullying and other behaviors that put them at risk. While intervention remains an important part of treating mental health, prevention is emerging as a method to stop the development of mental illness.

When taking a closer look at the mental health needs of disadvantaged students, schools have a responsibility to support their students during the school day instead of expecting that students have the time and means to get help outside their formal education. Racial and gender minorities, as well as those with varying degrees of learning disabilities, have a history of being discriminated against. Compounding their management of self-identity issues and personal mental health shows a need for schools to take greater action to support these students. By taking steps toward integrating mental health education and services into schools, students can become

more aware of their mental health and take preventative actions to lessen the likelihood of developing major illnesses.

Chapter 2

Literature Review

It has become clear that students need more support for their mental health and it has become even more apparent that schools can do more to provide for their students. Right now, there is minimal research on mental health policies in schools. The National Association of State Boards of Education has some helpful materials in their state policy database with preliminary data on legislation, but their documents and data are not completely up-to-date and there is no other formal research on the most current policies in the U.S. by state and as a whole (National Association of State Boards of Education (NASBE), 2021). However, there are some relevant resources that help build a foundation for this study. For example, the Education Commission of the States' policy brief explains the breakdown of funding in each state, but does not discuss the services available to students (Evans et al., 2021). In the same way, there are many papers available about student health generally, like the American School Health Association's Executive Summary (Jones, 2008). My research, instead, analyzes the main themes highlighted in state mental health education policies, which can provide a more deeper understanding of what mental health education/support services are available in schools across the country.

My study reveals that, although each state has varying mental health policies for schools, there are a few similar threads in the way that states are supporting students. The most common method of supporting mental health is through services in schools, which includes counselors and other support staff. These counselors are responsible for "offering instruction that enhances awareness of mental health appraisal and advisement addressing academic, career and social/emotional development; short-term counseling interventions; and referrals to community resources" (Collins, 2014). While the counselor role encompasses a broad range of support, it has also become a trend for schools to partner with other services in their community to provide more

long-term and specialized care. Hill describes some of the issues with referral systems, especially in inner-city areas, but still expands by explaining that “many schools will not be able to provide intensive services, which points to the needs for all stakeholders...to join in an effort” (Hill et al., 2001).

Beyond counselor support services and partnerships with community mental health resources, states like New York and Virginia have begun incorporating mental health education and literacy in their curriculum in 2018. The World Health Organization (WHO) explains that health literacy is a vital outcome of health education, which should take a greater role in general health promotion in schools (World Health Organization, 2019). However, in order for teachers to be prepared to educate students on this topic, these staff members must also be knowledgeable. As a result, there has been a wave of professional development regarding mental health. State-provided health teacher training in mental health has led to “higher levels of implemented mental health policies and practices” (Guerra et al., 2019). Each state has differing levels of training and requirements, but the combination of trained staff, mental health curriculum, and in-school and out-of-school support for students is a comprehensive way to approach the current student mental health issues. I briefly review these, in turn, below.

Student Support Services

The most common method that states are supporting students’ mental health is through the professionals that are accessible in the school buildings to provide student support services. However, these professionals serve different roles in schools, so this section describes the literature on the various approaches to mental health-related student support services offered in schools. It is widely believed that adolescents who receive mental health services are most likely to gain access through their schools (Stephan et al., 2007). These school-based services are considered to be more accessible to racial minority groups than out-of-school and private services

and meant to create a more equitable environment within and between schools. In order for these services to reach their full potential, however, “educational reforms have for the most part focused on grades and test scores... with no attention to the mental health and well-being of students” (Stephan et al., 2007). Unless mental health becomes more of a priority on state legislative agendas, it becomes difficult to receive federal funding and other types of support for these in-school services.

More specifically than just general services, counselors have begun playing an even more significant role in the growth of mental health support. Now, the responsibility of counselors has transitioned from just career preparation to comprehensive services, including all health needs. In many schools, counselors are tasked with assisting students in multiple ways, but they are only “positioned within the school system to provide short-term clinical-based interventions to improve child and adolescent health” (Collins, 2014). This system allows counselors to understand the students’ background, experiences, and other factors in their decisions, but it also puts added obligations on the role, which is why many states have begun supporting services available outside of schools as well.

Community Resources

Even with the growth of counselors, they might not be able to provide the long-term care that some students need, which is why some states are turning to school-based health centers (SBHCs), which are community-based centers usually sponsored by local health care organizations to provide comprehensive health services. According to Love, 13% of public school students have access to SBHCs and that states continue to expand access, although currently they are primarily focused in areas where there is a deficit of available health services. They “help youth and their families overcome access barriers” and offer multidisciplinary services for students as well as the rest of the community (Love et al., 2019). Mental health services are

considered an integral part of these SBHCs, with approximately 75% of them offering these services on site (Keeton et al., 2012). The ease of access between schools and these centers also helps with their effectiveness, as opposed to schools referring students to outside providers. The current growth of SBHCs in minority and underserved communities is promising, but there remains an alarming number of youth who still have no access to mental health services.

In a study on mental health services at SBHCs in Denver, Colorado, it was found that these centers are providing sustainable and effective care to students. After taking a close look at all students enrolled in Denver Public Schools, those who visited a SBHC for mental health services were more likely to return than those who receive help from a primary care provider (Stempel et al., 2019). A similar study done with California public schools showed comparable results and adds that the students who received services were also able to develop meaningful and impactful relationships with adults and other healthcare providers (Hodges et al., 2021). Although SBHCs might not know the intricacies of student lives, as they exist outside of the school buildings, their direct link to their schools allows for clear communication between the organizations and is great resource for serving disadvantaged communities.

For schools that do not have access to a SBHC, many of them still have connections to services outside of their school system where they can refer students. The mental health professionals in schools often need to connect students with services outside of the building and may have lists of therapists, psychiatrists, or rehabilitation centers available in their communities. Based on a pilot study in Baltimore, about 70% of those who are referred to outside services are satisfied with their experience (Hill et al., 2001). However, that means there is still a large amount of students and families who remain dissatisfied with their services and it is important to consider the potential inequity in access. Right now, there are “variations in the type of care that adolescents receive” based on zip code (Cuddy & Currie, 2020). Constraints like health insurance, appointment times, and transportation make it difficult for less affluent families to take

advantage of out-of-school mental health support (Hootman et al., 2003). These barriers only lead to greater disparities between high and low socioeconomic communities.

Mental Health Education

In addition to mental health support, some states have implemented mental health literacy as part of their curriculum. While literacy refers to the understanding of mental health, mental health education refers to the act of teaching about mental health, and the current state legislation describe teaching about preventative measures, managing symptoms of illnesses, and related drug abuse. Just in 1998, the WHO added that health literacy includes the “cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health” (Kanj & Mitic, 2009). Even though the WHO added emotional wellness to their health literacy definition, there seems to be a lack of research on mental health education. One study, which claims to be the first of its kind, in 2019, demonstrated that “teacher-led program[s] can have significant effects on the improvement of MHL in pre-teens” (Ojio et al., 2019). Although teaching about mental health has been shown to be effective, there is still very slow growth in mental health education and literacy in the United States.

Among the first states to implement universal mental health education through teacher-led programs were New York and Virginia in 2018, but strategies between the two states are vastly different. New York’s comprehensive guide on mental health requirements seems exhaustive on first look, but the requirements at each level of education remains vague and confusing. For example, explaining that high school students should be “mentally healthy and have positive self-esteem” does not detail any teaching strategies across the board and remains vague (NYSED, 2019). These ill-defined mental health standards are not specific enough to

provide students with the tools they need to self-manage their mental health or take necessary preventative action for their own safety.

On the other hand, Virginia mental health education only provides guidelines until grade ten and only requires learning about essential health concepts such as making healthy decisions, and advocacy and health promotion (“Health Education Standards of Learning for Virginia Public Schools,” 2020). Although Virginia does have some more defined requirements, there are not any resources on implementation or any kind of standardization across the state. The lack of actual lesson examples means that teachers are given the additional responsibility of educating themselves and creating their own curriculum, which also means students across the state are receiving inconsistent information. In order for schools to take action, there must be a comprehensive plan for curriculum, with enough flexibility for schools to cater to their student demographics. Although New York and Virginia are the leaders in implementing statewide policies in 2018, there is a lack of data demonstrating the programs’ effectiveness. With these programs only existing for a few years and no clear form of measurement, there is no way to tell if current policies are making tangible difference.

Professional Development

The emergence of these mental health education programs also means more preparation for teachers. Considering that teachers have an opportunity to educate and identify students who are struggling with mental health issues, it is vital that they are equipped with the resources they need to recognize students who need help and then understand the next steps. Right now, many training programs for educators are focused around a specific illness, but these sessions are not very comprehensive. Further, many schools have a decline in implementation of teacher reporting after these trainings, which questions the validity of professional development in this area. However, one study did find that “as many as 90% of teachers were more likely to share the

information they gained from the training with a colleague after the training,” which demonstrates some level of effectiveness (Ohrt et al., 2020). It is becoming more important that teachers feel equipped to support their students’ mental health needs and the increase in professional development has potential to lead to better preparation for pre-service teachers. It is the responsibility of all people in school buildings and the community to ensure that students feel supported in their mental health needs, and state policies are the best way to initiate this change.

Chapter 3

Methods

Research Design

Expanding on the belief that all people are responsible for mental health, especially schools, I analyze the various states' mental health policies in schools. In order for this study to be truly comprehensive, I review the most updated laws, bills, statutes, and acts included in this study. Although a large undertaking, all of these documents were closely analyzed to ensure that all elements of mental health policy in schools were included, with those described in the literature review used as a starting point. The analysis also revealed some unexpected methods of support that are included in the themes. There is a current lack of research on mental health policy in schools, especially considering the growth in policies over the past few years. With mental health support services becoming more developed with counselors' responsibilities continuing to evolve, the increase in SBHCs, and the recent innovations in mental health education and literacy, there is not much research on the recent changes regarding mental health in schools. This study is meant to provide a general overview of the state of mental health policies in schools today through a qualitative analysis of existing legislation. Although there needs to be more research on these programs' effectiveness and the details of what is happening in each school, this research gives a preliminary snapshot of the state-level expectations for the provision of mental health support in schools. Specifically, I have two research questions that guide this study. They are:

Research Questions

How have mental health legislation, both student support services and education in schools grown over the past two decades?

How do the legislation regarding mental health education and services for students vary across states?

Research and Analysis Methods

All states were individually researched to find the current laws, bills, statutes, and acts that include mental health in schools. This research project utilized primary data sources from state government and education websites to compile the most up-to-date data. The most recent legislation mentioning mental health education were included to reflect the most updated information on each state's requirements. The documents had to be original state legislation created by the state policymakers and officially enacted to be included as part of the research. With states that had multiple documents pertaining to mental health, like separate initiatives regarding funding allocation and health education, each document was analyzed separately. Every document directly addressed mental health for students and papers that only described general health or general support services for students were omitted. Each document was analyzed based on the most recent revisions, but the original published date was used to create the charts for the results.

Document collection was initiated by looking at the school-based or school-linked mental health services page of the National Association of State Boards of Education website, which outlines most state legislation on mental health broken down by state. However, the list was not found to be as exhaustive as expected, so the results were triangulated by also looking elsewhere on state websites to find missing and updated documents regarding mental health as part of state education standards. By going through state education websites, there was an in-depth search of the health standards and student support legislation passed by each state by ensuring that each legislation was legitimate and the most recent documentation by checking through multiple websites. These items were compiled into one document to consolidate all relevant information.

This document included resources from each state that mentions mental health in education legislation as well as all helpful links found during research.

All of the legislation were read through the first time just to get a foundational understanding of the documents. Then, the second time reading, comments were made on certain phrases and words of interest relating to mental health education. Reading the documents again helped with identifying the parts that clearly demonstrated their state's goals relating to mental health. For example, in a section regarding in-school support services, the text would be highlighted and a comment would be added to summarize the section. The initial set of comments were used to pare down the details of each state's legislation and to identify the main points and additional comments were added to point out particularly interesting information, details regarding mental health services and education, and ideas that were repeated multiple times. These comments were meant just to help with my comprehension, but they were also then given identifiers to better distinguish groups with similar ideas. This process was tedious, as it required reading through every legislation at least three to four times, but it also meant that nothing of importance was missed in the analysis and lends to more valid results.

The comments on the legislation were compiled and then moved to a separate Word document to review all main ideas in one place. These comments were analyzed by highlighting recurring points across documents and identifying outliers in the information. Further analysis was made easier by the simple initial comments done on the final read-through of the legislation. The ideas and comments were grouped based on their general topic (e.g. in-school support, out-of-school support, mental health education, etc.). The recurring points were put under umbrella themes that demonstrated general findings from the papers. These more general themes only pointed out actual actions that states have required schools to take in order to support student mental health. For example, "Eliminating the Mental Health Stigma" acts as an overarching theme, then the specific ways that schools are combating the stigma, like through media

campaigns and promotions of self-worth, fall under this section. These umbrella themes demonstrate major ideas that run throughout most of the legislation.

However, these themes do not provide much insight on how these programs were initiated and the details of each state's expectations. Therefore, the actual actions taken from each state were added as sub-themes and a note was made of the outlying information to include in the explanation of the sub-themes. The sub-themes, which are indicated by the italicized titles, give a lot more information past just what states are expected to provide for students by explaining the implementing process and reasoning behind the changes. After finding preliminary themes, all documents were read again to ensure that the themes encapsulated the goals of each legislation and state.

These themes and sub-themes originated from the literature review, which provided an overview of what state legislators are focusing on regarding mental health in schools. As explained in the literature review, in-school support services, community resources, mental health education, and professional development are the most widely researched, which is why they served as the starting for the themes. However, an in-depth document analysis of the legislation and state policies revealed more themes and the qualitative analysis grew from the four initial ideas into a more complete view of school policies. The recurring ideas in the legislation, which I labeled as themes, were "Mental Health Services for Students," "Mental Health Education and Literacy," and "Eliminating the Mental Health Stigma". On the other hand, the themes "Educating Family, School Staff, and the Community" and "School Mental Health Funding" were not necessarily recurring, but emerged as significant elements of the analysis, which is why they were added as themes. The analysis is structured by the general themes, which are the five distinct ways that schools approach mental health based on the legislation. These themes are then pared down into the sub-themes, which are specific ways that states are mobilizing these

approaches. While the sub-themes are the actions described in the legislation, the umbrella themes are a way to group them in a more organized manner.

To provide an example, mental health education and literacy has been studied in the past, but after reading the legislation it became apparent that teaching students how to create positive relationships to combat mental health was common. Therefore, “Positive Relationships” became a sub-theme. Yet, this process was not the same for each theme, because after deciding on the most important elements of each legislation, using the original four themes in the literature review were not necessarily the best way to organize the analysis. While some of the original themes in the literature review, like professional development, fit better as sub-themes, SBHCs were put under a new, more general theme of “Mental Health Services for Students.” The revision process evolved through the analysis to create more of a structure that has more general ideas as the primary themes with the actionable steps to achieving the goals as the sub-themes.

The themes are meant to reflect the overarching ideas contained in the legislation as well as the details about how states are planning on supporting students individually to create results that encompass the growth of mental health support and education as a country. After, these themes were further analyzed in Excel by creating figures and tables that allowed the researcher to look at the ideas from an overarching standpoint to better understand the trends that were being researched. Although these themes do not necessarily encompass everything in the legislation, they are meant to give readers an understanding of states’ goals for mental health in education.

Chapter 4

Findings

Tables

In order to best demonstrate the growth of state mental health policies, these tables show, in chronological order, how these states have altered their legislation. These tables demonstrate the overarching findings from each state that mentions mental health. However, not every state has mental health included in their policies, which is why not all states are represented in the tables. The general “General Mental Health Policies in education” table encompasses different state requirements along with the year that it was first included in the state’s policies (e.g. counseling, professional development, referral systems, etc). More in-depth descriptions of these services are provided in the following section to qualitatively analyze the themes identified in the legislation. The following table highlights just the mental health education and literacy programs, as those are much more recent developments in state policies. Also, considering the variations in their programs, this allowed for more in-depth explanation of what these programs entail. The final table provides links to each of the legislation and documents used in the analysis.

<u>General Mental Health Policies in Education</u>		
State	Year	Type of Service
New Jersey	2005	Referral system
Pennsylvania	2005	Student services staff
Hawaii	2009	Counseling in school; professional development
Tennessee	2009	Community partnerships; counseling; professional development

Rhode Island	2009	Student services staff; community partnerships
New Hampshire	2014	Measurement and assessment for student mental health
Ohio	2016	Educational service personnel
Georgia	2017	Mental health services for low performing students
Arkansas	2017	Counseling; referral system
Maryland	2017	School-Based Health Centers; counseling
Massachusetts	2019	Mental health support in action plan
Illinois	2019	Counseling; community partnerships
Nevada	2019	Mental health services; community partnerships; hotline; professional development
New Mexico	2019	Professional development; mental health assessment
North Carolina	2019	Professional development
Mississippi	2019	Professional development
Michigan	2020	Funding for mental health services
Florida	2020	Funding for mental health assessment and services; community partnerships; professional development
Delaware	2020	School-Based Health Centers
Indiana	2020	Student assistance services; referral system
Georgia	2020	Counseling; community partnerships
Vermont	2020	Counseling

Table 1-1: Types of services provided to students in each state

The table above describes the ways that states are requiring for schools to provide support services to their students. Clearly, for almost all of them, their primary goal is to provide some kind of support, which usually includes counseling and, for some of them, SBHCs or community partnerships. There are still a few outliers, with Michigan and Florida outlining funding in their legislation and Georgia focusing their mental health support on low-performing students. The table also demonstrates the increase in implementation of these services over the past decade. Based on the original published dates of the documents, 2005 was the first year that mental health was even mentioned in school requirements, but since then, there has been a rise in states that have modified their legislation to better accommodate mental health needs, with a sharp uptick beginning in 2017.

<u>Mental Health Education and Literacy</u>	
<u>Programs</u>	
State	Year
Virginia	2018
New York	2018
Maine	2019
Florida	2019
Kentucky	2019
Mississippi	2019
New Mexico	2019
South Carolina	2020

Vermont	2020
North Carolina	2020
Missouri	2020

Table 1-2: Years that states have implemented mental health education programs

Mental health education only became a requirement beginning in 2018. Since then, there has been a notable increase in the number of states that are mandating mental health education. In just 2019 and 2020 combined, nine more states have added mental health to their curriculum standards. The content of these standards are not included in this analysis, but the hope is that more states will adopt this mindset and mental health education grows as a priority for other U.S. states.

Links to State Policies	
Arkansas	https://law.justia.com/codes/arkansas/2017/title-6/subtitle-2/chapter-18/subchapter-10/section-6-18-1005/
Delaware	https://delcode.delaware.gov/title14/c041/sc01/index.shtml
Florida	https://info.fldoe.org/docushare/dsweb/Get/Document-8893/DPS-2020-60.pdf ; https://www.flrules.org/gateway/ruleNo.asp?id=6A-1.094121
Georgia	https://law.justia.com/codes/georgia/2017/title-20/chapter-14/article-2/part-3a/section-20-14-47/
Hawaii	https://law.justia.com/codes/hawaii/2019/title-18/chapter-302a/
Illinois	https://www.isbe.net/documents/25ark.pdf
Indiana	https://casetext.com/regulation/indiana-administrative-code/title-511-indiana-state-board-of-education/article-4-pupil-personnel-services-student-health-

	testing-food-and-nutrition-programs-extended-services/rule-511-iac-4-15-student-services
Kentucky	https://apps.legislature.ky.gov/law/kar/704/008/030.pdf
Maine	https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0303&item=1&snum=129
Massachusetts	https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter69/Section1P
Michigan	http://www.legislature.mi.gov/(S(d2qq4xhfio4jy1kwn5ztyoz1))/mileg.aspx?page=getObject&objectname=mcl-388-1631a
Mississippi	http://billstatus.ls.state.ms.us/2019/pdf/history/HB/HB1283.xml
Missouri	https://house.mo.gov/billtracking/bills191/sumpdf/HB0604T.pdf
Nevada	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6348/Text
New Hampshire	https://casetext.com/regulation/new-hampshire-administrative-code/title-ed-board-of-education/chapter-ed-300-administration-of-minimum-standards-in-public-schools/part-ed-306-minimum-standards-for-public-school-approval
New Jersey	https://www.state.nj.us/education/code/current/title6a/chap16.pdf
New Mexico	https://www.nmlegis.gov/Sessions/19%20Regular/bills/house/HB0591.HTML
New York	https://www.regents.nysed.gov/common/regents/files/118p12d2.pdf
North Carolina	https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S476v5.pdf
Ohio	http://codes.ohio.gov/oac/3301-35-01
Pennsylvania	https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/022/chapter12/s12.41.html&d=reduce
Rhode Island	https://rules.sos.ri.gov/regulations/part/200-20-10-1

South Carolina	https://www.scstatehouse.gov/sess123_2019-2020/prever/3257_20200922.htm
Tennessee	https://www.tn.gov/content/dam/tn/stateboardofeducation/documents/policies/4000/4.209_Mental_Health_Guidelines.pdf
Vermont	https://legislature.vermont.gov/statutes/section/16/001/00131
Virginia	https://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+SB953ER

Figure 1-3: Links to each state’s policies regarding mental health in schools

This table is meant to provide easy access to the documents used in this study and to ensure that readers can easily locate and read the full policies referenced in this paper.

Themes

These themes were identified as a result of the analysis of the state legislation and is the qualitative section of the findings. The methods section best describes my process in ensuring that these themes represent mental health services and support in each state broken down by categories. Most of these themes identify recurring ideas from multiple states, with some notable outliers mentioned, such as Nevada's media campaign and Missouri's pilot program. The goal of these themes is to best demonstrate state's current goals in implementing mental health support and education in their schools, which then leads to a more overarching analysis of the state of mental health in education right now. Please refer to Figure 1-3 for links to each state's policy documents.

Mental Health Services for Students

A large part of the mental health efforts in schools are focused on the ways that students are given resources to help manage their mental health needs. There is a range of support from personnel in schools, school-based health centers, and community partnerships with outside organizations. These services are supposed to help with managing mental health needs, but often, the goal of these services extends past mental health to help with career readiness, create equitable learning environments, and keep students accountable for their success. The sub-themes in this section break down the ways that states expect their schools to support students with mental health issues through school staff and outside providers. The sub-themes are the most commonly mentioned services throughout the legislation and should give an overview of the different methods schools use to provide mental health support.

Counseling

Counseling is one of the most often mentioned services in the state legislation. Most of them just simply state that schools are required to have individual and group counseling available, but other states go into more detail of what these services entail. For example, Michigan defines their counseling services as “prevention, intervention, and treatment services for the social-emotional, psychological, behavioral, and physical health of students, including mental health and substance abuse disorders” (Michigan Legislature, 2020). This holistic model of counseling looks to be a common thread between many of the states, but with some added elements. Vermont explains the need to support students’ health and also requires that the counseling services “support the mission and vision of the school,” which can vary based on the school (State of Vermont, 2020). Illinois also has a specific provision in its counseling program to “promote social justice and equity in a pluralistic society” (Illinois State Board of Education, 2020). Overall, it definitely looks like counseling is extremely prevalent in mental health programs, but few of them have detailed plans in their legislation.

Hotline

Only two states mention the a hotline as a resource for students with mental health issues. Nevada mandates a 24-hour hotline be available for reports related to bullying in order to maintain a safe and respectful learning environment (Nevada State Legislature, 2019). Although not necessarily directly tied to mental health, their hotline is in place to ensure the physical and mental safety of their students. On the other hand, Vermont’s comprehensive health education plan includes spreading awareness of the local suicide crisis hotline in concurrence with their educational programming and other services (State of Vermont, 2020).

School-Based Health Centers (SBHCs)

SBHCs are rapidly becoming more common as made clear by many of these state legislation. Delaware has a detailed outline of what defines a SBHC and their purpose in relation to students and the schools that they work with. In addition to providing the expected treatment in a facility in or near the school itself, the state assumes responsibility for “reimburs[ing] SBHCs for covered services provided by SBHCs as if those services were provided by a network provider under the relevant contract of insurance” since it is required that all schools in the state have a SBHC (General Assembly of Delaware, 2020). Many other states also use SBHCs to supplement the services that they offer through school staff, although they might not have the same financial backing as Delaware. In Pennsylvania, students who have academic issues related to mental health may be referred to “other school-based or school-linked professionals” (Legislative Reference Bureau Commonwealth of Pennsylvania, 2005). Rhode Island takes a slightly different approach by establishing “child opportunity zones,” which provide comprehensive care for students, which include enrichment programs and family programming along with mental health services (Rhode Island Department of State, 2009).

Identifying At-Risk Students

With the increase in students with diagnosed mental health issues and youth suicide, many states have made it a priority to identify the students who are at risk for developing mental health problems. In order to best support students, identifying those who show signs of mental illness or are in the at-risk groups, like students with IEPs or learning disabilities, is crucial. In most states that discuss at-risk students, like Nevada, the assessment for these students is part of the counseling (Nevada State Legislature, 2019). These screenings are meant to help locate the students who might be struggling academically or are showing certain signs of mental health issues to use preventative measures. However, this is not true of all states as New Mexico supports teacher training that helps in the identification of students at risk for mental health issues

(State of New Mexico, 2019). With the legislation that mention assessing students who are at-risk, it is becoming clear that prevention is becoming more of a priority.

Future Planning

While the goal of these mental health programs in schools is to help support students' mental well-being, many states also mention the additional goal of career and after-school readiness. In Arkansas, the counseling services for mental health should “ensure that all students are ready to succeed and that all students are preparing for college and work” as part of their psychological counseling(Arkansas State Legislature, 2017). Similarly, Illinois explains that their counselors should be assisting students with their post-secondary education plan, including financial aid and scholarship opportunities, with a focus on first generation students (Illinois State Board of Education, 2020). It is pivotal that these states recognize the potential long-term effects of mental illness and the benefits of appropriate treatment.

Mental Health Education and Literacy

A crucial element of making progress in mental health for students is by teaching them about how they can best support their own mental health. As of 2020, eleven states have mandated some type of mental health education for students. Starting in 2018 with New York and Virginia, there has been an upward trend in the past few years that implements education about mental health as part of curricular standards. In addition to just teaching about mental health in a general sense, this practice also helps support students as a preventative measure so that they can learn how to best care for themselves before developing severe mental illnesses and learn how to develop and maintain healthy relationships with others. The following sub-themes describe the ways that schools are teaching students about how to manage their own mental health.

Mental Health in General Health Education Classes

It looks like it has become standard practice for states to implement these education programs through the pre-existing health education classes. The expectations seem to differ by state, but the curricular standards for each state were not analyzed as part of this study. There are a handful of states, such as Virginia, New York, and Maine that use the phrasing “recognize the multiple dimensions of health by including mental health” (New York State Education Department, 2018). Although vague, this statement represents progress toward more comprehensive health education for students. In addition, South Carolina also offers “one elective unit of study in mental health and wellness,” which is opening up opportunities for students to be more proactive in their education (State of South Carolina, 2020). Although it remains unclear what the content might encompass, recognizing the need for mental health literacy is a step in the right direction for not just supporting students, but educating them.

Curriculum Standards

Most of the states that have mandated mental health education do not go into specifics, but some states mention some more details about how they believe their programs should be run. For example, New Mexico explains that the curriculum should include instruction from kindergarten through twelfth grade and for both intervention and prevention reason (State of New Mexico, 2019). Making a statement regarding more comprehensive education throughout public education could pave the way for other states to follow suit. Virginia, even as one of the first states to enforce mental health education, states in their legislation that the education should “enhance student understanding, attitudes, and behavior that promote health, well-being, and human dignity” (General Assembly of Virginia, 2006). This statement does not necessarily include specifics of the program, but states its intentions, which demonstrates clear goals of mental health literacy.

Positive Relationships

The focus of mental health literacy is not meant just to teach individuals how to support themselves, but is also about how students can build their own support systems through building relationships with peers and others. Illinois describes their literacy program is also about teaching communication skills, which means showing students what a healthy relationship looks like and how to take steps toward creating these bonds (Illinois State Board of Education, 2020). In addition, Massachusetts explains that creating safe and supportive schools means that students should learn how to develop positive relationships with others in conjunction with regulating their own emotions and behavior (Commonwealth of Massachusetts, 2019). It is important that fostering these relationships remains integral moving forward because acknowledging mental health as both an individual and social concept is crucial to the development of mental health literacy programs.

Educating Family, School Staff, and the Community

Although a main focus of this study was to do research on how students are being supported in regards to mental health through education and services, it was soon discovered that states are not just focused on the students. It quickly became clear that educating the rest of the school community is also a priority for schools. This includes family, the rest of school staff, and the surrounding community, which implicates that mental health education and support is not just for students, but a collective responsibility.

Family Support

One of the most common ways that schools are mandated to involve the students' families is by just keeping them informed about their child's status and providing information about the programs that the schools provide. Pennsylvania is one of the states that clearly outlines that parents and guardians should know about the educational opportunities regarding mental health and should also be informed on how to access the resources (Legislative Reference Bureau Commonwealth of Pennsylvania, 2005). Other states take even more direct action by offering family counseling services. Rhode Island outlines that student support services should also include family and group counseling, meaning that these resources are available to students as well as their guardians, which could result in healthy progress for the student (Rhode Island Department of State, 2009). Keeping families involved in student mental health needs is becoming more common and is a positive sign that universal mental health support is becoming a priority.

Community Partnerships

Many of the states have recognized that offering these resources to students is great, but that in order for broader change, the school communities should also have access to resources. In Nevada, the state is also responsible for creating "community-based programs for suicide prevention," which moves mental health accountability past the school into the greater surrounding areas (Nevada State Legislature, 2019). Aside from just offering services to the community, the community is also being given more responsibility in creating resources for the schools to create symbiotic relationships. Florida expects for schools to create partnerships with community services to help provide additional health staff and general mental health counseling services (Florida Department of State, 2020). These partnerships are not school-based health centers, which are outlined in more detail later in the results, but are collaborations between two distinct groups for the betterment of the community's youth.

Professional Development

In order for students to feel supported throughout the school, all people in school buildings should be knowledgeable about how to manage their own mental health and how they can be a resource to students. Most of the states at least mentioned trainings for school professionals in their legislation meaning that mental health awareness is now seen as a collective job for all school staff rather than just counselors or appointed personnel. Some states have more defined explanations for what their professional development should look like. South Carolina states that “each K-12 school unit shall provide its adopted mental health training program and suicide risk referral protocol to school personnel at no cost to the employee” (State of South Carolina, 2020). While South Carolina focuses on the monetary aspect of the training, Mississippi explains that all employees must complete a training every two years (Mississippi Legislature, 2019). While many states differ on what they expect for professional development regarding mental health, there is definitely progress for education staff.

Eliminating the Mental Health Stigma

As outlined in the literature review, part of the issue regarding mental health is the way that the public views it. The stigma is the reason why many youth feel unsure about being vocal regarding their personal mental health issues and seeking help. It has become clear that states have implemented strategies within schools and in the general communities to help reduce the stigma surrounding mental health. The following section details the strategies that states have used to start reducing and getting rid of the negative connotations that come with mental health.

Media Campaign

Nevada is unique in its media campaign to create awareness around mental health. Although the details of the campaign remain unclear, the text explains that the state is responsible for “media campaigns targeting groups of persons who are at the risk of suicide in the county” (Nevada State Legislature, 2019). This is a great way to support those who may be at risk for harmful behaviors as a result of mental health issues, but the language sounds like it is only for those who are deemed vulnerable. In order to enact greater change, a campaign would need to encompass a greater population to create awareness for those who are less educated on the dangers of mental illness.

Educating to Limit Stigma

There are a few ways that different states have dedicated themselves to eliminating the stigma through education and support services. In Illinois, there is a section in their code that clearly outlines how they plan to combat the mental health stigma. They have events that focus on educating the school community about the impact of mental health and how to seek treatment. To better supplement these events, they are also promoting student leadership and “addressing mental health stigmas that are specific to particular cultures or segments of the community” (Illinois State Board of Education, 2020). On the other hand, Tennessee only requires “intentional effort” to reduce the stigma through their referral protocols (Tennessee State Board of Education, 2009). The states vary in the ways that they are taking steps to reduce the stigma, but there is a far way to go in terms of using education to create awareness of mental health.

Fostering Positive Environments

In addition to reducing the stigma through formal programming, many states have also committed to creating a positive school environment as well. For example, Tennessee has encouraged schools “to develop and maintain a school climate ensuring a global approach to

addressing barriers to learning and promoting resilience in children” (Tennessee State Board of Education, 2009). Massachusetts has also vowed to do the same to create a whole-school learning environment that promotes healthy relationships and a culture that helps to reduce the mental health stigma (Commonwealth of Massachusetts, 2019). This promise to positive environments is a small step toward giving students the autonomy to take control of their mental health.

Promoting Self-Worth

Only two states mention promoting student self-worth and it is an important part of helping students feel like they can take control of their mental health. New York specifically wants to advocate for human dignity, primarily through their drug abuse prevention program and general health education (New York State Education Department, 2018). Maine has similar phrasing, but for their elementary school programming (State of Maine, 2019).

Teaching About Peer Support

Many states also outline ways that peers can provide a support network for students. In New Mexico, schools are required to provide funds to support peer interaction in regards to their mental health programming as needed (State of New Mexico, 2019). Massachusetts and Illinois also mention peer support through developing positive relationships. It is important that states are recognizing the need for peers to understand how they can be support systems for each other and supplement their own knowledge of mental health. Creating environments where students help each other can also be positive change regarding eliminating the stigma around mental health.

School Mental Health Funding

The legislation not only outline the programmatic ways that schools can support mental health, but some of them also describe monetary allocations for these services as well. Right now,

“at 4.96%, the United States spends a smaller percentage of its GDP on education than other developed nations, which average 5.59% of GDP in educational spending,” and only a fraction of that spending is used for mental health support (Hanson, 2020). Even outside of education, only 5.5% of health spending is dedicated to mental health, even with suicide being the second leading cause of death for youth (Open Minds, 2020). Despite the low numbers, some state legislation have outlined ways that they intend on using their budget for mental health in education.

State Support

A policy brief from the Education Commission explains that there are at least 37 states that appropriate funding for mental health in education (Evans et al., 2021). Most states determine allocation of funds from the state level, but in support of different types of programs. Hawaii explains that the funds can be used for all health related services, including mental health, but this does not necessarily designate spending on mental health as a separate entity (Hawaii State Legislature, 2019). On the other hand, some states are specific about where the funding is used, like Delaware. In Delaware, the funds are being used to pay for the development of school-based health centers. Their code specifies that “the State shall fund such costs for at least 1 school per fiscal year until such a time as all public high schools, other than charter schools, are in compliance with this section,” which is to ensure that all schools have a school-based health center available (General Assembly of Delaware, 2020).

District Support

Florida is the only state that assigns responsibility to the districts for mental health services in education. Their Mental Health Assistance Allocation Plan requires school districts to provide support to every school, including charter schools. The plan encompasses funding for mental health services inside schools as well as outside of schools, which also encompasses

personnel to help decrease the staff to student ratio. They focus on a multi-tiered system of support for the students to ensure that they are receiving the necessary services while also focusing on their prevention tactics (Florida Department of State, 2020).

Pilot Program

Missouri is the only state that has initiated a voluntary pilot program for mental and emotional health education, which is also funded by the state. The bill does not include many details, but it is intended to “determine whether and how to implement an elementary mental and emotional health education program statewide” (State of Missouri, 2020). Since the bill is for the 2020-2021 school year, there is not yet any data on the results of the program, but Missouri seems to be the only state to allocate funding for a pilot program like this.

Chapter 5

Discussion

Analyzing the legislation revealed both the similarities and contrasting ideas between states' goals for mental health in education. The four most common ideas throughout all of the states was in-school support, out-of-school support, education, and professional development. Although not all states include all four of these aspects, they are prevalent in most of the state policies. Far before mental health education and literacy became a priority, finding ways to support students' mental health needs became a trend. Most of the states that offer in-school support mention the role of counselors in individual and group sessions. Many of these same states also describe their relationships with outside providers in the community. SBHCs are becoming more common and Delaware even requires that every school have access to one. Even in areas where SBHCs do not exist, there tends to be some kind of relationship with other resources outside of the schools to ensure that students receive proper care.

In addition to supporting students directly, some states have also outlined professional development expectations for teachers. There are definitely some differences between states on what these requirements entail, but many of them mandate that teachers take some kind of course on what mental health is and how to best support students who might suffer from mental health issues. Beginning in 2018 with New York and Virginia, states began not only educating their faculty on mental health, but empowering students to take mental health into their own hands by integrating mental health into curriculum standards. Some states have this content beginning in elementary school, others have the curriculum starting in secondary school. Many of these standards are vague and do not really explain what the students are learning about, but many state education websites have resources available to help guide teachers.

Despite the fact that many of the states have similar requirements, there are also some outliers in the findings. For the states that show a clear budget set aside for mental health in schools, the way that the money is allocated differs greatly from state to state. While some states use the money for counselor salaries, others are to fund new SBHCs. Also, Missouri was the only state with a legislation that mentioned a pilot project. Rather than mandating changes to their health curriculum, Missouri offered an optional course on mental health to better understand how to educate their students. There is no data on the program right now, as it was just started in 2020, but this was the only report found about testing a mental health education program before full implementation. Some other findings that were a little unexpected were the focus on educating the school communities and the differing uses of funding. These topics are not as common as other services for students, but are a notable element in the policies.

Looking a little closer at the timelines, it was over 40 years between when the American government first recognized mental health in 1963 and when the first states, New Jersey and Pennsylvania, mentioned mental health in their state education policies. Since then, states have moved past only using a counseling model to expanding their community partnerships and providing professional development for their teachers. There was a sharp increase in mental health policies in schools in 2017, which likely also sparked the first mental health education and literacy programs in 2018. In the past few years, it has become clear that more states are including mental health in their legislation, but that does not mean that what currently exists is enough. There are only 22 states that even include mental health in their education policies at all and only 11 that have mandated some kind of educational program for their students. The increase in policies is promising, but it still leaves room for greater awareness and change across the nation.

Chapter 6

Limitations

Despite the comprehensive research that went into this study, there are still limitations to the work. Only one researcher was responsible for the entire study, meaning that only one person did the research and analysis. The research into the state legislation was triangulated and, hopefully, was comprehensive, but with limited time considering the required deadlines there is still a chance that certain documents were missed. More specifically, it is possible that updated documents were not included. Many states have revised legislation of the bills or codes and some of them were more difficult to locate on the official government websites, which means that some elements might not be as up-to-date as possible. Also, some of the formal legislation came with addendums or supplemental documents that were more difficult to find, so there is potential for some of those to be missing as well. Although I took the time to try and find the most updated and complete information for each state, Google and researching skills on unfamiliar websites are limited, which leaves opportunity that some documents are missing.

Apart from just finding and identifying the documents themselves, analyzing what is contained in the legislation was sometimes uncertain. Many of the documents have mental health information regarding how states are serving the schools as well as the general public. This difference is sometimes difficult to determine when reading and the specifics tend to get tangled in the line between general and education information. With the lines blurred and unclear, I had to use inferences and make the most sense of the context provided. Although the best effort was made in discerning the information most relevant to this study, there is still some possibility that the details included in the study are meant for both the public and the schools. With some states

combining their mental health efforts for education and other entities in one document, I took a more conservative approach by including the information that was most clearly related to education.

In addition to the potential for missing parts of legislation, the analysis was only performed by one person. The legislation were read multiple times and the analysis was layered to ensure that the most significant information was including in the themes. However, the themes were interpreted by one person, rather than a team of people who were able to offer more insight into other perspectives. I have limited experience in creating themes and qualitative research in general, which could lead to errors in the results. I have only participated in one other study and taken few research courses, which is not nearly extensive enough for me to have complete confidence in the work. Further, like in any qualitative study, there are outliers in the data and it is not possible to encompass every detail in the themes. The figures and themes give a high-level overview of the findings, but there are some anomalies that were likely removed from the results section. The research shows a thorough job of analyzing the data, but this is from the opinion of one person, rather than a team of experienced researchers.

This qualitative study is meant to be a comprehensive look at what the states are mandating their schools do in regards to mental health. The themes indicate how schools are supporting students through services and education. However, this study does not include the effectiveness of these legislation. With most of the requirements being relatively recent, there is not enough data on the successes or failures these programs to provide a full evaluation of the progress. The data available is solely informational and is not evaluative, which means that although these changes are made to seem like positive developments, there is no way to tell if the implementations are making any actual difference in students' understanding of mental health. Although offering these services and educating staff and students is a good sign of progress, there is currently not enough data to demonstrate how the legislation have affected change. There is

also no way to tell how much the schools have taken action as a result of these laws. Although the changes are mandated, there is no guarantee that schools are taking their states requirements seriously, which is another area that should be researched and evaluated.

Chapter 7

Conclusion

Mental health in education has grown in importance and through actionable steps that states have enacted in policies around the country. There has always been awareness and concern for physical health and well-being, but the same is not true for mental well-being. The tendency to keep mental health struggles to oneself means that “initial manifestations of mental illness induce stigma, which, in turn, influence the illness” (Link et al., 2017). My qualitative analysis of the state policies regarding mental health education and support in schools shows that some states are taking steps towards normalizing mental health needs in schools, so that students who struggle feel no shame in seeking help. Some states’ mental health literacy programs and goals to better educate their communities shows progress in eliminating the stigma to provide more information to families and American citizens. However, there is a far way to go in terms of bridging the gap between the community and its adolescents in terms of mental health awareness. Regardless, the improvements in school resources is a positive sign of progress.

Aside from helping students who need help in managing mental illness, it is equally as important to give students the resources they can use to prevent developing serious illnesses through formal education. As seen in Table 1-2, there are only 11 states that have mandated that mental health education be taught as part of the curriculum. While intervention is crucial, prevention needs to become more prevalent if there is any hope for decreasing the number of adolescents who suffer from mental health issues. A combination of mental health education and support services provides better opportunities for students to feel confident finishing secondary education and moving into the next stage of their lives.

Improving mental health in schools should become a strong priority for policymakers, because research shows that mental health is also directly correlated to academic success. Anxiety

and depression, two common manifestations of mental health issues, can make it difficult for students to focus on schoolwork or participate in school socially. It can be easy to attribute these difficulties to learning difficulties or social awkwardness, but research has proven that “mental illness has been found to relate to decreased academic success and degree completion” (VanderLind, 2017). As outlined in the themes, helping students plan for their futures has also become a goal for schools and their counselors as part of mental health support. Not only can students benefit from mental health education and support from school staff, but schools could potentially raise their testing scores and graduation rates by providing services.

Although the schools and many policymakers have acknowledged the need for a more comprehensive system for mental health education, there has been “little progress in establishing consensus about effective and efficient school mental health programs that can be sustained within the varied ecologies of schools” (Atkins et al., 2010). There is no easy solution to incorporating mental health education into all public schools, but there is potential for change with patience and the support of individual school leaders and teachers. Although mental health literacy could be integrated into the public through outside means, “schools have been identified as an appropriate and accessible environment to implement mental health educational programs because schools are safe and cost-effective, allow a diverse range of interventions that can be offered, and play a key role in adolescent development” (Fazel et al., 2014).

Mental health issues has pervaded students in the American school system and has become a priority for some states, but not all. Considering the nation’s current mental health issues, education is the best way to create a foundation for student success. Mental health is not an individual responsibility, but “increasing the community's mental health literacy needs to be a focus for national policy and population monitoring so that the whole community is empowered to take action for better mental health” (Jorm, 2012). The need for adolescent mental health resources is no longer a thought, but should be reason for action.

References

- Alber, R. (2012, December 31). *Deeper Learning: A Collaborative Classroom Is Key* | Edutopia.
<https://www.edutopia.org/blog/deeper-learning-collaboration-key-rebecca-alber>
- Alegría, M., Pérez, D. J., & Williams, S. (2003). The role of public policies in reducing mental health status disparities for people of color. In *Health Affairs* (Vol. 22, Issue 5, pp. 51–64). Project HOPE - The People-to-People Health Foundation, Inc.
<https://doi.org/10.1377/hlthaff.22.5.51>
- Arkansas State Legislature. (2017). *Arkansas Code § 6-18-1005 (2017) - Student services program defined :: 2017 Arkansas Code :: US Codes and Statutes :: US Law :: Justia*.
<https://law.justia.com/codes/arkansas/2017/title-6/subtitle-2/chapter-18/subchapter-10/section-6-18-1005/>
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1–2), 40–47. <https://doi.org/10.1007/s10488-010-0299-7>
- Collins, T. P. (2014). Addressing Mental Health Needs in Our Schools: Supporting the Role of School Counselors. *The Professional Counselor*, 4(5), 413–416.
<https://doi.org/10.15241/tpc.4.5.413>
- Commonwealth of Massachusetts. (2019). *General Law - Part I, Title XII, Chapter 69, Section 1P*. <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter69/Section1P>
- Community Mental Health Act, 281 Public Law 88-164 770 (1963).
[https://doi.org/10.1016/S0140-6736\(63\)91591-5](https://doi.org/10.1016/S0140-6736(63)91591-5)
- Cuddy, E., & Currie, J. (2020). Treatment of mental illness in American adolescents varies

- widely within and across areas. *Proceedings of the National Academy of Sciences of the United States of America*, 117(39), 24039–24046. <https://doi.org/10.1073/pnas.2007484117>
- Evans, A., Rafa, A., Francies, C., & McCann, M. (2021). *State Funding for Student Mental Health - Education Commission of the States*. Education Commission of the States. https://www.ecs.org/state-funding-for-student-mental-health/?utm_source=ECS+Subscribers&utm_campaign=ff95448d0c-NEW_FROM_2021_03_02&utm_medium=email&utm_term=0_1a2b00b930-ff95448d0c-195127131
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. In *The Lancet Psychiatry* (Vol. 1, Issue 5, pp. 377–387). Elsevier Ltd. [https://doi.org/10.1016/S2215-0366\(14\)70312-8](https://doi.org/10.1016/S2215-0366(14)70312-8)
- Fish, J. N. (2020). Future Directions in Understanding and Addressing Mental Health among LGBTQ Youth. *Journal of Clinical Child and Adolescent Psychology*, 49(6), 943–956. <https://doi.org/10.1080/15374416.2020.1815207>
- Florida Department of State. (2020). *6A-1.094121 : Mental and Emotional Health Education*. <https://www.flrules.org/gateway/ruleNo.asp?id=6A-1.094121>
- General Assembly of Delaware. (2020). *TITLE 14 - CHAPTER 41. Regulatory Provisions - Subchapter I. General Regulatory Provisions*. <https://delcode.delaware.gov/title14/c041/sc01/index.shtml>
- General Assembly of Virginia. (2006). *Virginia Acts of Assembly*. Virginia's Legislative Information System. <https://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+SB953ER>
- Guerra, L. A., Rajan, S., & Roberts, K. J. (2019). The Implementation of Mental Health Policies and Practices in Schools: An Examination of School and State Factors. *Journal of School Health*, 89(4), 328–338. <https://doi.org/10.1111/josh.12738>
- Hanson, M. (2020). *U.S. Public Education Spending Statistics*. Educationdata.Org.

<https://educationdata.org/public-education-spending-statistics>

Hawaii State Legislature. (2019). *Hawaii Revised Statutes TITLE 18, Chapter 302A (2019) - Education :: 2019 Hawaii Revised Statutes :: US Codes and Statutes :: US Law :: Justia*.
<https://law.justia.com/codes/hawaii/2019/title-18/chapter-302a/>

Health Education Standards of Learning for Virginia Public Schools. (2020). In *Virginia Public Schools*.

Hill, S., Weist, M. D., & Ghuman, H. (2001). Improving Mental Health Referrals Between Schools and Community Agencies. *Psychiatric Services*, 52(1), 112–112.
<https://doi.org/10.1176/appi.ps.52.1.112>

Hodges, M. (Maggie), Guendelman, S., & Soleimanpour, S. (2021). Adolescents' use of school-based health centers and receipt of mental health supports. *Children and Youth Services Review*, 120(March 2020), 105700. <https://doi.org/10.1016/j.childyouth.2020.105700>

Hofer, L. (2014). Mental Health in Education. In *National Association of State Boards of Education* (Vol. 21, Issue 3). www.nasbe.org.

Hootman, J., Houck, G. M., & King, M. C. (2003). Increased mental health needs and new roles in school communities. *Journal of Child and Adolescent Psychiatric Nursing*, 16(3), 93–101. <https://doi.org/10.1111/j.1744-6171.2003.00093.x>

Illinois State Board of Education. (2020). *23 Illinois Administrative Code 25*.
<https://www.isbe.net/documents/25ark.pdf>

Jenkins, R. (2005). Supporting Governments to Adopt Mental Health Policies. In *Mental Health Review Journal* (Vol. 10, Issue 1, pp. 33–38). World Psychiatric Association.
<https://doi.org/10.1108/13619322200500008>

Jones, S. E. (2008). *Executive Summary*.
https://www.cdc.gov/healthyyouth/policy/pdf/exec_summary.pdf

Jorm, A. F. (2012). Mental health literacy; empowering the community to take action for better

- mental health. *American Psychologist*, 67(3), 231–243. <https://doi.org/10.1037/a0025957>
- Kanj, M., & Mitic, W. (2009). *social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health*. World Health Education.
- https://www.who.int/healthpromotion/conferences/7gchp/Track1_Inner.pdf
- Keeton, V., Soleimanpour, S., & Brindis, C. D. (2012). School-based health centers in an era of health care reform: Building on history. *Current Problems in Pediatric and Adolescent Health Care*, 42(6), 132–156. <https://doi.org/10.1016/j.cppeds.2012.03.002>
- Kelchner, V. P., Perleoni, M. K., & Lambie, G. W. (2019). An investigation of change: elementary students with an individual education program participating in a school-based mental health counselling intervention. *Journal of Research in Special Educational Needs*, 19(4), 325–333. <https://doi.org/10.1111/1471-3802.12451>
- Lawler, M. (2020, April 5). *What Is Self-Care and Why Is It Critical for Your Health?* Everyday Health. <https://www.everydayhealth.com/self-care/>
- Legislative Reference Bureau Commonwealth of Pennsylvania. (2005). *22 Pa. Code § 12.41. Student services*.
- <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/022/chapter12/s12.41.html&d=reduce>
- Link, B. G., Phelan, J. C., & Sullivan, G. (2017). *Mental and Physical Health Consequences of the Stigma Associated with Mental Illnesses* (B. Major, J. F. Dovidio, & B. G. Link (Eds.); Vol. 1). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190243470.013.26>
- Love, H. E., Schlitt, J., Soleimanpour, S., Panchal, N., & Behr, C. (2019). Twenty years of school-based health care growth and expansion. *Health Affairs*, 38(5), 755–764.
- <https://doi.org/10.1377/hlthaff.2018.05472>
- Mental health: Overcoming the stigma of mental illness*. (2017). Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>

Michigan Legislature. (2020). *Section 388.1631a*.

[http://www.legislature.mi.gov/\(S\(d2qq4xhfio4jy1kwn5ztyoz1\)\)/mileg.aspx?page=getObject&objectname=mcl-388-1631a](http://www.legislature.mi.gov/(S(d2qq4xhfio4jy1kwn5ztyoz1))/mileg.aspx?page=getObject&objectname=mcl-388-1631a)

Mississippi Legislature. (2019). *HB 1283*.

<http://billstatus.ls.state.ms.us/2019/pdf/history/HB/HB1283.xml>

National Association of State Boards of Education (NASBE). (2021). *School-based or School-linked Mental Health Services*. <https://statepolicies.nasbe.org/health/categories/counseling-psychological-and-social-services/school-based-or-school-linked-mental-health-services>

National Center for Education Statistics. (2008). *Schools and Staffing Survey (SASS)*.

https://nces.ed.gov/surveys/sass/tables/sass0708_035_s1s.asp

Nevada State Legislature. (2019). *SB204*.

<https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6348/Text>

New York State Education Department. (2018). *P12 135.1 and 135.3 Health Education January Regents Item*.

NYSED. (2019). *MENTAL HEALTH EDUCATION LITERACY IN SCHOOLS: LINKING TO A CONTINUUM OF WELL-BEING*.

Obama, B. (2013). Now is the Time. In *whitehouse.gov*.

https://obamawhitehouse.archives.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf

Ohrt, J. H., Deaton, J. D., Linich, K., Guest, J. D., Wymer, B., & Sandonato, B. (2020). Teacher training in K–12 student mental health: A systematic review. *Psychology in the Schools*, 57(5), 833–846. <https://doi.org/10.1002/pits.22356>

Ojio, Y., Foo, J. C., Usami, S., Fuyama, T., Ashikawa, M., Ohnuma, K., Oshima, N., Ando, S., Togo, F., & Sasaki, T. (2019). Effects of a school teacher-led 45-minute educational

- program for mental health literacy in pre-teens. *Early Intervention in Psychiatry*, 13(4), 984–988. <https://doi.org/10.1111/eip.12746>
- Open Minds. (2020). *2019 U.S. Mental Health Spending Topped \$225 Billion, With Per Capita Spending Ranging From \$37 In Florida To \$375 In Maine - OPEN MINDS Releases New Analysis*. PR Newswire. <https://www.prnewswire.com/news-releases/2019-us-mental-health-spending-topped-225-billion-with-per-capita-spending-ranging-from-37-in-florida-to-375-in-maine--open-minds-releases-new-analysis-301058381.html>
- Proulx, C. N., Coulter, R. W. S., Egan, J. E., Matthews, D. D., & Mair, C. (2019). Associations of Lesbian, Gay, Bisexual, Transgender, and Questioning–Inclusive Sex Education With Mental Health Outcomes and School-Based Victimization in U.S. High School Students. *Journal of Adolescent Health*, 64(5), 608–614. <https://doi.org/10.1016/j.jadohealth.2018.11.012>
- Rhode Island Department of State. (2009). *Basic Education Program (200-RICR-20-10-1)*. <https://rules.sos.ri.gov/regulations/part/200-20-10-1>
- State of Maine. (2019). *129th Maine Legislature*.
- State of Missouri. (2020). *Elementary and Secondary Education*. <https://house.mo.gov/billtracking/bills191/sumpdf/HB0604T.pdf>
- State of New Mexico. (2019). *54th Legislature*. <https://www.nmlegis.gov/Sessions/19Regular/bills/house/HB0591.HTML>
- State of South Carolina. (2020). *South Carolina General Assembly: 123rd Session*. https://www.scstatehouse.gov/sess123_2019-2020/prever/3257_20200922.htm
- State of Vermont. (2020). *The Vermont Statutes Online*. <https://legislature.vermont.gov/statutes/section/16/001/00131>
- Stempel, H., Cox-Martin, M. G., O’Leary, S., Stein, R., & Allison, M. A. (2019). Students Seeking Mental Health Services at School-Based Health Centers: Characteristics and

Utilization Patterns. *Journal of School Health*, 89(10), 839–846.

<https://doi.org/10.1111/josh.12823>

Stephan, S., Weist, M. D., Kataoka, S., Adelsheim, S., & Mills, C. (2007). School Mental Health. *American Journal of Orthopsychiatry*, 58(10), 1330–1338. <https://doi.org/10.1111/j.1939-0025.1965.tb04262.x>

Tennessee State Board of Education. (2009). *Mental Health Standards and Guidelines*.

U.S House of Representatives. (1997). *Chapter 33 - Education of Individuals with Disabilities*.

<https://uscode.house.gov/view.xhtml?path=/prelim@title20/chapter33&edition=prelim>

VanderLind, R. (2017). Effects of Mental Health on Student Learning. *The Learning Assistance Review*, 22(2), 39–58.

Wile Schwarz, S. (2009). Adolescent Mental Health in the United State. *National Center for Children in Poverty*, June.

World Health Organization. (2019). *Health Literacy*. WHO; World Health Organization.

<http://www.who.int/healthpromotion/health-literacy/en/>

Yell, M., Smith, C., Katsiyannis, A., & Losinski, M. (2018). Mental Health Services, Free Appropriate Public Education, and Students With Disabilities: Legal Considerations in Identifying, Evaluating, and Providing Services. *Journal of Positive Behavior Interventions*, 20(2), 67–77. <https://doi.org/10.1177/1098300717722358>