The Time to Act is Now: Investing in the Next Generation's Mental Health in K-12 Schools with a Youth-Centered Approach

Executive Summary

Compared to youth a decade ago, today's youth are experiencing increased rates of mental health concerns[1] as well as greater severity of mental health issues.[2] Even prior to the COVID-19 pandemic in 2020, over a third of youth reported feeling sad and hopeless and one in five youth reported having seriously considered suicide.[3] With this grim reality, schools and communities are no longer able to ignore how mental health affects the daily lives, social and emotional development, academic success, and identity formation of their youth. When schools implement mental health promotion programs and policies like these, they not only promote academic success[4] but also increase protective factors which establish an environment supportive of help seeking behaviors.[5] Active Minds is committed to improving mental health outcomes for youth, specifically those enrolled in K-12 schools across the US.

This white paper details recommendations, grounded in evidence-based best practices, for schools as they work to improve student mental health support. These recommendations include:

1. Implementing the Whole School, Whole Child, Whole Community (WSCC) model;
2. Centering youth voices in mental health promotion;
3. Participating in surveillance efforts;
4. Ensuring mental health support for students with diverse identities and needs;
5. Providing space to address individual biases and stigma; and,
6. Developing and aligning policies and culture to support youth mental health.

Background and Significance

Compared to youth a decade ago, today's youth experience increased rates of mental health concerns, specifically anxiety and depression[1], as well as greater severity of mental health issues, including higher levels of serious psychological distress, major depression or suicidal thoughts, and suicide attempts.[2] Unfortunately, suicide is the second leading cause of death among young people aged 12-19,[6,7] and for those aged 14 to 26 this is the time when most mental health issues, specifically psychiatric disorders, present.[8] Even prior to the COVID-19 pandemic in 2020, the Youth Risk Behavior Survey (YRBS) reported 37% of youth felt sad and hopeless while 19% of youth reported having

seriously considered suicide.[3] Even if youth are not struggling with their own mental health, they witness the challenges faced by their peers, as seven in 10 teens view anxiety and depression as major problems among their peers and in their schools.[9] With this grim reality, schools and communities are no longer able to ignore how mental health affects the daily lives, social and emotional development, academic success, and identify formation of their youth.

Schools have become the primary setting of mental health support for high school students, yet they face a critical shortage of resources to provide timely and appropriate care. There has been significant movement towards schools adopting school health policies inclusive of mental health since 2017, [10] and the COVID-19 pandemic has highlighted the need and urgency to integrate mental health supports in policy. Though these efforts have the potential to provide a roadmap for schools to integrate mental health promotion, they do not address the myriad barriers that students encounter. The need for schools to adopt health and wellness policies that support youth-centered and peer-based mental health promotion and education as well as to provide funding to support these programmatic efforts are paramount to ensuring that youth have access to stigma-free mental health support.[7,11]

Youth-Centered and Peer-Based Mental Health Promotion in High Schools

High schools play a critical role in promoting and implementing mental health programs.[5] For the past two decades, schools have assumed the role of the primary provider of youth mental health services. Schools have recognized the need to develop student social-emotional skills as well as address their overall wellbeing in order to promote academic learning, thus leaning into the idea that safe and caring school communities enhance academic success.[14] Additionally, when schools implement mental health promotion programs and policies like these, they not only promote academic success,[4] schools increase protective factors, such as social support and access to mental health resources, and decrease stigma associated with mental health diagnoses and treatment thus creating an environment supportive of help seeking behaviors.[5] School administrators and teachers are not alone in providing mental health support and direction to students. Peer-based programming, including students educating each other on the prevalence of mental health concerns, storytelling, and providing information on available resources, can have a tremendous impact on youth.[15] Exposure to peers who are open about their mental health struggles and diagnoses, when choosing to self-disclose, is one of the best ways to reduce stereotypes, discrimination, fear, and, ultimately, stigma for mental health disorders.[16] Despite the support for mental health promotion in schools, there are intricacies within school systems that make this challenging in practice.

Schools face internal and external pressures preventing them from fully integrating mental health policies and programs. Historically, there has been tension between public health and public education agencies as they navigate the complex relationship between mental health and academic achievement,[12,13] yet the need for supporting student mental health is clear to both parties. Traditionally, public health agencies are tasked with funding and supporting efforts related to the health

and wellbeing of their constituents while the education agencies are tasked with ensuring schools are equipped in supporting students to complete their education. How each state navigates the work around school health varies in such that either agency can be tasked and funded to support this work. The complexity stems from how each state navigates which agency leads supporting schools in developing coordinated school health plans and the lack of consensus or funding to support these efforts. School administrators are often forced to navigate an already complex system to improve access to appropriate services and awareness of those services to their school communities. Collaboration must occur across schools, families, mental health service providers, social services, child protective services, medical professionals, legal entities, and religious leaders, as well as any other systems affecting each student, for effective change to happen.[17] Beyond navigating these systems, school leaders and their staff do not always have the requisite training and resources to feel confident in their ability to approach students about mental health concerns, to address levels of stigma surrounding mental health concerns, and to identify and refer students to appropriate professional support. A dramatic shift by stakeholders, specifically school administration and staff, is necessary to better support student mental health among high school students.[5]

The concerns that school administrators, teachers, and parents already had about youth mental health have been compounded by the long-term effects of the COVID-19 global pandemic. Many students have navigated hybrid learning environments, loss of instructional time, and limited personal interactions with teachers and peers. They have also witnessed family members navigate personal and professional struggles throughout the pandemic, all while coping with their own experiences through unprecedented circumstances.[18] Many schools that had actively worked to focus on mental health awareness and interventions in the past were unable to maintain these efforts throughout the COVID-19 pandemic. Schools have highlighted the loss of academic achievement as a priority moving forward and while concerns still swirl about mental health, it is unclear how schools are going to bridge gaps and establish robust supports for their students.[19,20] This is a critical time to strengthen mental health resources support for students.

Strategies that Work

Active Minds is committed to improving mental health outcomes for youth, specifically those enrolled in K-12 schools across the US. These evidence-based strategies are recommendations for schools as they work to improve student mental health support in their schools and communities.

Implement the Whole School, Whole Child, Whole Community (WSCC) model. The Whole School, Whole Child, Whole Community (WSCC) model is a framework that supports student health and wellness[21] and was developed in response to a need for more alignment, integration, and collaboration between health and education. It is an ecological approach to school health where youth are healthy, safe, challenged, supported, and engaged.[22,23] Schools use this model to effectively plan for and implement effective school mental health interventions. The WSCC model centers the voices of youth,

parents, guardians, and community partners by inviting their participation in the creation of school health improvement plans. These plans have the potential to provide shared solutions for their school health concerns and close any gaps between student achievement and student wellness. When schools use the WSCC model they are contributing to positive health outcomes, such as decreased engagement in risky behaviors, prosocial behaviors, increased academic performance, and increased quality of peer and adult relationships.[24] Adopting the WSCC model provides an opportunity to help bring parents and guardians out of the shadows when navigating mental health awareness and interventions, leading to more opportunities for school administrators to explore this work with higher degrees of support. In addition to providing schools with a clear roadmap to address nonacademic barriers to learning and academic outcomes, the WSCC model serves as a tool to leverage state and federal policy and funding opportunities for school health initiatives.[25] For example, school districts have used the WSCC model to implement policies that include adding more school counselors, implementing physical activity breaks, and ensuring that mental health is part of comprehensive health education by having teachers, students, and parents and guardians be part of the district wellness committee leading this work.

Center youth voices in mental health promotion. While school administrators search for the appropriate mental health interventions for youth in their schools, too often the importance of centering youth voices in their efforts is overlooked. Sontag-Padilla, Dunbar, Ye, Kase, Fein, Abelson, Seelam, Stein [26] found that Active Minds programs, which are student-led and student-driven, are successfully destigmatizing conversations on college campuses around the subject of mental health and thus contributing to positive effects on student wellbeing. The presence of an Active Minds chapter on a college campus complements traditional mental health programming by improving student mental health attitudes, increasing knowledge, and increasing helping behaviors.[26] By centering youth voices in an authentic way, as part of the WSCC model, this effect can be similar in high schools and for high school students. Over the past five years, Active Minds has experienced tremendous growth in the number of chapters at high schools. Administrators and teachers find value in incorporating the student voice through the chapter structure while students recognize the benefits of having a chapter to promote student mental health to their peers in a way that is organic and relevant. Starting an Active Minds chapter requires student involvement, provides a large network and structure support for student-driven mental health promotion from a national and local level, and has no cost. Students see other students struggling[9] and want to help. The American School Counselor Association recommends including peer support in mental health work as it can help youth develop key competencies, define their values, and learn prosocial behaviors.[27] As schools continue addressing student mental health needs, especially considering the COVID-19 pandemic, it must be a top priority to include students in all phases of the effort, including the implementation of programming and policies.

Participate in surveillance efforts. Schools that have participated in national or statewide surveillance efforts have expanded how student health data is used in conjunction with school academic data to help inform their mental health promotion efforts. Nationally, the YRBS monitors health behaviors affecting health behaviors and health outcomes for youth in a representative sample of ninth to twelfth graders. These results can be used to better understand the needs of this unique population.[1] Unfortunately,

independent, parochial, charter, and other private schools are at a disadvantage in this data collection as they are often not invited to participate in publicly funded or supported efforts. Therefore, all schools should explore opportunities to expand their participation in surveillance efforts by partnering with public health agencies, encouraging national associations to develop student health surveys that can be used broadly, and collecting individual school data. This data should be considered by school administrators, parents, guardians, and community partners when determining appropriate mental health interventions and developing school health improvement plans.

Ensure mental health support for students with diverse identities and needs. Today's students have diverse identities and each of these identities should be considered when providing mental health support and programming. Students with marginalized identities, such as those who identify as Black, Indigenous, People of Color (BIPOC) and/or lesbian, gay, bisexual, transgender, and queer (LGBTQ+), face unique risk factors affecting their mental health. YRBS data from 1997 to 2017 suggests an increase in suicide attempt rates among Black youth over time[28], and suggests BIPOC youth at risk for mental health concerns are less likely to seek and receive professional help compared to their white peers.[29] LGBTQ+ youth face unique risk factors for increased mental health concerns due to the stress that is caused by stigma and prejudice.[30] In 2020, The Trevor Project conducted The National Survey on LGBTQ Youth Mental Health and found that 40% of LGBTQ+ youth had seriously considered suicide in the past 12 months, and 55% reported symptoms of major depressive disorder in the past two weeks.[31] Additionally, differences in socioeconomic status have the potential to affect youth mental health outcomes across the spectrum. In high-income schools, where upper-class youth are more likely to have mental health struggles than their middle-class counterparts[33], materialism, parental pressure, and academic competition negatively impact student mental health.[32] Alternatively, youth in low-income communities face multiple life stressors, such as housing insecurity, limited access to healthy and nutritious foods, and unstable childcare and supervision, which may exacerbate mental health concerns. Further, they may only have access to mental health treatment in schools as compared to their middle- and upper-class counterparts.[34] There are a myriad of issues that students with diverse identities may face and each school should consider inclusivity and tailored programming when seeking to meet the needs of their student population. This matters because schools that are racially, gender, and ability inclusive, and thus promote equity and inclusivity of all students, can directly impact a student's educational experience. Having policies that foster inclusivity, such as diversity, equity, and inclusion statements and plans, as well as anti-bullying policies, strengthens a school's commitment to equity for all students and ultimately decreases the risk of adverse mental health outcomes for students who are most at risk.

Provide space to address individual biases and stigma. Parents, teachers, and administrators have their own biases and stigma. These can hinder their ability to serve as a trusted resource for youth or to initiate conversations exploring student mental health needs and support. If youth sense that adults may feel uncomfortable or closed off to talking about mental health, they will not view them as a trusted resource in schools. To mitigate this issue, schools must invest in providing training and education opportunities for parents, teachers, and administrators that help ensure they are well-versed and comfortable themselves, and providing stigma-free mental health awareness and supports to

students. It is also important to develop and use a shared definition of mental health so that all school stakeholders, including parents, teachers, and administrators, can speak to how a focus on mental health will benefit students academically, socially, and cognitively. Programs, such as Active Minds' Validate-Appreciate-Refer® (V-A-R), that provide school administrators, teachers, students, parents, guardians, and community members with the skills to discuss mental health in everyday conversations have the potential to increase an individuals' comfort in having these conversations, promote professional help-seeking among youth, and create safe and welcoming environments for students to learn and thrive.

Develop and align policies and culture to support youth mental health. As school boards and states work to integrate school health and wellness efforts, as specified by the WSCC model,policy must align with these objectives.[35] Yet with limited funding and education, school administrators may not be appropriately positioned to provide adequate staff resources to align with these policies, such as meeting the recommended school counselor to student ratio of 250:1.[36] In seeking to effect change on this reality, the student voice and experience provide a powerful lens for advocacy. Mental health awareness and policy change have become one of the most significant advocacy initiatives for this generation of students. Youth are leading the way in changing the policies and culture in their schools, locally, statewide, and nationally, but they need support, guidance, and assistance from parents, teachers, administrators, and those well-versed in policy change. For this mental health crisis there is an urgent need for more education, support, and services.[37] Students, as well as school administrators, teachers, and staff, must be provided the appropriate education on mental health trends and policies. In individual schools, parents, teachers, and administrators can elevate student voices to implement appropriate programs based on what they are hearing from their students. Further, they can share these stories and/or encourage students to use their collective voices to change local, state, and national policies related to student mental health.

Conclusion

In the current K-12 educational system, there is a need and desire to better support student mental health. These recommendations by Active Minds have the potential to change the way mental health is discussed, planned, and cared for in K-12 schools in order to improve student mental health and academic success. These recommendations can be embedded in school health and wellness planning to ensure schools have the opportunity to move the needle in the way they support students and systems to improve mental health.

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References

1. Centers for Disease Control and Prevention. *Youth Risk Behavior Survey: Data Summary and Trends Report 2009-2019.* 2019.
2. Twenge JM, Cooper AB, Joiner TE, Duffy ME, Binau SG. Age, Period, and Cohort Trends in Mood Disorder Indicators and SuicideRelated Outcomes in a Nationally Representative Dataset, 2005–2017. *Journal of Abnormal Psychology.* 2019;128(3):185-199.
3. Centers for Disease Control and Prevention. High School Youth Risk Behavior Survey. https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX. Published 2019. Accessed June, 2021.
4. Centers for Disease Control and Prevention. Adolescent and School Health. https://www.cdc.gov/healthyyouth/health_and_academics/index.htm#9. Published 2019. Accessed June, 2021.
5. Dwyer K, Van Buren E. School Mental Health. *Handbook of Youth Prevention Science.* 2010.
6. Centers for Disease Control and Prevention. Adolescent Health. National Center for Health Statistics. https://www.cdc.gov/nchs/fastats/adolescent-health.htm Published 2021. Accessed June, 2021.
7. World Health Organization. Fact Sheets: Adolescent and Young Adult Health. https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions. Published 2021. Accessed June, 2021.
8. Hibbs J, Rostain A. *The Stressed Years of their Lives: Helping Your Kid Survive and Thrive during their College Years.* St. Martin's Press; 2019.
9. Pew Research Center. *Most U.S. Teens See Anxiety and Depression as a Major Problem Among Their Peers.* 2019.
10. Temkin D, Piekarz-Porter E, Lao K, et al. *State Policies that Support Healthy Schools: School Year 2019-2020.* Child Trends;2021.
11. National Alliance on Mental Illness. Mental Health in Schools. https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools. Published 2021. Accessed June, 2021.
12. Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *Journal of Adolescent Health.* 2013;52(5):523-532.
13. Murray NG, Low BJ, Hollis C, Cross AW, Davis SM. Coordinated school health programs and academic achievement: a systematic review of the literature. *Journal of School Health.* 2007;77(9):589-600.
14. Osher D, Dwyer K, Jimerson SR. Safe, supportive, and effective schools: Promoting school success to reduce school violence. *Handbook of School Violence and School Safety: From Research to Practice.* 2006:51-71.
15. Walther WA, Abelson S, Malmon A. Active Minds: Creating Peer-to-Peer Mental Health Awareness. *Journal of College Student Psychotherapy.* 2014;28(1):12-22.

16. Corrigan PW, Miller FE. Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health.* 2004;13(6):537-548.

17. Crumpley J, Moore P. *Reaching Our Neediest Children: Bringing a Mental Health Program into the Schools - A Guide to Program Implementation.* Bloomington, IN: iUniverse; 2016.

18. Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. *MMWR Morbidity and Mortality Weekly Report 2021.* 2021(70):369-376.

19. Barnum M. How much learning have students lost due to COVID? Projections are coming in, but it's still hard to say. *Chalkbeat* 2020.

20. Barnum M. The coronavirus double whammy: School closures, economic downturn could derail student learning, research shows. *Chalkbeat* 2020.

21. Centers for Disease Control and Prevention. CDC Healthy Schools: Whole School, Whole Community, Whole Child (WSCC). https://www.cdc.gov/healthyschools/wscc/index.htm. Published 2021. Accessed 2021, June.

22. Lewallen TC, Hunt H, Potts-Datema W, Zaza S, Giles W. The whole school, whole community, whole child model: A new approach for improving educational attainment and healthy development for students. *Journal of School Health.* 2015;85(11):729-739.

23. Slade S. A Whole School, Whole Community, Whole Child Approach to Responding to Health Crises. 2020.

24. ASCD. *Making the Case for Educating the Whole Child.* 2012.

25. National Association of Chronic Disease Directors. *The Whole School, Whole Community, Whole Child Model: A Guide to Implementation.* 2017.

26. Sontag-Padilla L, Dunbar MS, Ye F, et al. Strengthening College Students' Mental Health Knowledge, Awareness, and Helping Behaviors: The Impact of Active Minds, a Peer Mental Health Organization. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2018;57(7):500-507.

27. Varenhorst BB. Tapping the power of peer helping. *Reclaiming Children and Youth.* 2004;13(3):130.

28. Lindsey MA, Sheftall AH, Xiao Y, Joe S. Trends of suicidal behaviors among high school students in the United States: 1991–2017. *Pediatrics.* 2019;144(5).

29. King CA, Brent D, Grupp-Phelan J, et al. Five profiles of adolescents at elevated risk for suicide attempts: Differences in mental health service use. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2020;59(9):1058-1068. e1055.

30. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin.* 2003;129(5):674.

31. The Trevor Project. *National Survey on LGBTQ Youth Mental Health 2020.* 2020.

32. Levine M. *The Price of Privilege: How Parental Pressure and Material Advantage Are Creating a Generation of Disconnected and Unhappy Kids.* Harper Perennial; 2008.

33. Luthar SS, Barkin SH, Crossman EJ. “I can, therefore I must”: Fragility in the upper-middle classes. *Development and Psychopathology.* 2013;25(4pt2):1529-1549.

34. Ali MM, West K, Teich JL, Lynch S, Mutter R, Dubenitz J. Utilization of mental health services in educational setting by adolescents in the United States. *Journal of School Health.* 2019;89(5):393-401.

35. Chriqui J, Stuart-Cassel V, Temkin D, et al. *Using Policy to Create Healthy Schools: Resources to Support Policymakers and Advocates.* Child Trends2019.

36. American School Counselor Association. *The School Counselor and Use of Support Staff in School Counseling Programs.* 2019.

37. Mental Health America. *Addressing The Youth Mental Health Crisis: The Urgent Need For More Education, Services, And Supports.* 2020.