





#### **Student Mental Health**

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## **Presentation Overview**

- Highlights of April's Student Mental Health Presentation
- District survey results for how districts and charter systems currently address student mental health needs

## Review of Prior Student Mental Health Presentation

- In our April presentation, the study team addressed:
  - -What need exists for student mental health support?
  - What does current staffing for student support personnel look like nationally?
  - -Considering best practices:
    - What national approaches and staffing recommendations are available?
    - What are other states doing to provide student mental health services?

# Key Highlights from Prior Presentation

- Arkansas currently provides 2.5 counselors/nurses per 500 students in the funding matrix
- Arkansas' Standards for Accreditation require that each school district has a student/guidance counselor ratio of no more than 450:1
- According to 2017-18 NCES data, the average counselor staffing ratio in Arkansas is 385:1, which is lower than the average of 407:1 for SREB states + Massachusetts
- There are several national approaches/models to address student mental health needs, many of which are focused on providing tiered, whole child support to students
  - Mental health services for all students, with additional service provided by highly trained specialists (social workers, psychologists, or behavior specialists) for students with additional needs

# Key Highlights, Continued

- Recommended School Mental Health Professional Ratios:
  - The American School Counselor Association (ASCA)
    - 250:1 school counselor to student ratio
  - The National Association of School Psychologists (NASP)
    - 250:1 for school counselors, 500-700:1 for school psychologists, and 400:1 for school social workers
  - The National Association of Social Workers (NASW)
    - 250:1 for school social workers, unless working with students with intensive needs, when a lower ratio is required

## **District Survey Responses**

- The study team asked districts and charter systems how they currently address student mental health needs using a series of questions on strategies employed for the following student groups:
  - Low Need/Tier 1 (all students)
  - Moderate Need/Tier 2
  - High Need/Tier 3
- For all questions, the study team examined if there was any variation based upon district size, need, or locale

#### Survey Responses: Low Need/Tier 1 (all students)

- Strategies most commonly identified for all students:
  - Counselor-led classroom sessions (76%)
  - Addressed during instructional classes (69%)
  - Addressed during advisement/mentoring periods (59%)
  - Small group/team that reviews student needs and develops plans to address (41%)
  - Small group meetings with counselors (pull out) (41%)

#### Survey Responses: Moderate Need/Tier 2

- Strategies most commonly identified for Tier 2 students:
  - One-on-one meetings with counselors (59%)
  - Small group meetings with counselors (pull out), (54%)
  - Small group/team that reviews student needs and develops plans to address (49%)
  - Assessment of individual student mental health needs (47%)
  - Outside agency provides therapy onsite (44%)
  - District- or system-employed therapists provide services on site (38%)

#### Survey Responses: High Need/Tier 3

- Strategies most identified for Tier 3 students:
  - Outside agency provides therapy onsite (65%)
  - Assessment of individual student mental health needs (39%)
  - One-on-one meetings with counselors (39%)
  - District- or system-employed therapists provide services on site (38%)

#### Survey Responses: Lesser Utilized Strategies

Strategy	Low Need/ Tier 1 (All Students)	Moderate Need/ Tier 2	High Need/ Tier 3
District- or system-employed therapists provide services on site	18%	-	-
Specialists through Education Cooperatives	22%	28%	30%
Specific curriculum	18%	6%	4%
Specific framework/model	14%	6%	5%

- Accessing specialists through Education Cooperatives
  - Larger districts report less use of specialists through the Co-ops for their Tier 1 students (28% of the smallest districts, compared to 11% of the largest districts)
  - Districts with higher concentrations of poverty were more likely to access specialists through the Co-ops (26%) than more affluent districts (12%) to serve their Tier 1 students

- Counselor-led classroom sessions
  - The higher the need of the district (by FRL concentration), the fewer districts reported having counselor-led classroom sessions *for all students*, from about 60% of districts in the lowest two quintiles, to 49% in the highest need quintile
  - As overall district need increased, the more likely a district was to report counselor-led classroom sessions *for Tier 2 students*, from 6% in the lowest need quintile, to 25% in the highest need quintile
  - There was not much variation based on the size of the district

- Outside agency provides therapy on site
  - These services are provided most often to high need/Tier 3 students
  - Districts with higher need/more economically disadvantaged students reported utilizing outside agencies for Tier 3 students at higher rates than more affluent districts, with rates from 38-48% in the bottom three quintiles, while 59-60% of districts in the two highest need quintiles reported the use of outside agencies
  - There was little variation in the use of outside agencies based on the size of the district

- District- or system-employed therapist provides services on site
  - These services are provided most often to *Tier 2 and Tier 3* students
  - Larger districts were more likely to report the use of in-house therapists than smaller districts. For *Tier 3* students, only 17% of the smallest districts reported services by district-employed therapists, compared to 39% and 31% of the two largest district quintiles

#### Survey Responses: Open Ended Responses

- 46 respondents shared additional feedback on the topic of student mental health – common themes included:
  - Districts are seeing an overall increase in the need for student mental health supports
  - Partnership with outside agencies help, but billing/payment limitations, turnover in agency staff/therapists, and family willingness to allow participation with outside agencies can be a concern
  - Additional funding dedicated to in-district mental health professionals is needed

## Questions?