



Student Mental Health District Survey Results

This brief addresses the following areas:

- Review highlights from previous presentation on student mental health services
- District survey results on how districts and charter systems currently address student mental health needs

Previous Presentation on Student Mental Health Services

The study team's April 8, 2020 presentation to the Committees provided information on the need for student mental health support; on current staffing level for student support personnel nationally; and examined best practices, including national approaches and staffing recommendations, and examples of how other states provide mental health services. This included a review of Arkansas' funding matrix, which provides 2.5 counselor/nurse positions per 500 students, and Arkansas' Standards for School Accreditation, requiring a maximum district student/guidance counselor ratio of 450:1.

According to 2017-18 NCES data, the average counselor staffing ratio in Arkansas is 385:1, which is lower than the average for the study comparison SREB states and Massachusetts, at 407:1. Several national approaches/models have been developed to address student mental health needs, which generally focus on providing tiered, whole child support to students. Most provide mental health services for all students, with additional service provided by highly trained specialists (social workers, psychologists, or behavior specialists) for students at higher levels of need. Recommended ratios from school mental health professional associations are:

Association	Recommended Staffing Level
American School Counselor Association (ASCA)	250:1 student to school counselor ratio
National Association of School Psychologists (NASP)	250:1 for school counselors, 500-700:1 for school psychologists, and 400:1 for school social workers
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 on Student Mental Health Services

One section of the survey distributed to each school district and charter system in the state asked about 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, and High Need/Tier 3. For all questions, the study team examined responses for variation based upon district size, need or locale. Please note that when we describe respondents as districts – this includes responses from school districts and charter systems. Survey respondents were able to select multiple strategies for each student group. The following tables shows the most and least commonly identified mental health strategies utilized by districts and charter networks.

Most Commonly Identified Mental Health Strategies by Student Group		
Low Need/Tier 1 (all students)	Moderate Need/Tier 2	High Need/Tier 3
Counselor-led classroom sessions (76%)	One-on-one meetings with counselors (59%)	Outside agency provides therapy onsite (65%)
Addressed during instructional classes (69%)	Small group meetings with counselors (pull out), (54%)	Assessment of individual student mental health needs (39%)
Addressed during advisement/mentoring periods (59%)	Small group/team that reviews student needs and develops plans to address (49%)	One-on-one meetings with counselors (39%)
Small group/team that reviews student needs and develops plans to address (41%)	Assessment of individual student mental health needs (47%)	District- or system-employed therapists provide services on site (38%)
Small group meetings with counselors (pull out) (41%)	Outside agency provides therapy onsite (44%)	-
-	District- or system-employed therapists provide services on site (38%)	-

Least Commonly Identified Strategies by Student Group			
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%

Differences identified based upon district size, need (determined by participation in the free and reduced-price lunch program), or locale include:

- Districts with higher concentrations of poverty were more likely to **access specialists through Education Cooperatives** (26%) than lower poverty districts (12%) to serve *Tier 1* students. Larger districts report less use of specialists through the Co-ops for *Tier 1* students (28% of the smallest districts, compared to 11% of the largest districts).
- The higher the need of the district, the fewer districts reported **counselor-led classroom sessions for all students**, from about 60% of districts in the lowest two need quintiles, to 49% in the highest need quintile. As overall district need increased, more districts reported counselor-led classroom sessions for *Tier 2* students, from 6% in the lowest to 25% in the highest quintile.
- Districts with higher need reported utilizing **outside agencies to provide therapy on site** for *Tier 3* students at higher rates, from 38-48% in the bottom three quintiles to rates of 59% and 60% of districts in the two highest need quintiles.
- Larger districts were more likely to report the use of **district- or system-employed therapists to provides services on site** 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 largest district quintiles.
- Common themes from **open ended responses**: districts see an overall increased need for student mental health supports; partnership with outside agencies are helpful, but billing/payment limitations, turnover in staff/therapists, and family willingness to allow participation can be a concern; and additional funding for in-district mental health professionals is needed.