

Schools Are the Main Source of Student Mental Health Care. Are They Ready?

By [Arianna Prothero](#) on February 13, 2020 9:05 AM

Many schools have become the de facto mental health providers for adolescents, and many are not prepared for the task. Those are the findings of a new [report from the research and consulting firm EAB](#), released Thursday at the annual conference for the American Association of School Administrators.

Students are struggling with an increasing number of mental health issues, the EAB report says. Rates of anxiety, depression, and even suicide are going up among adolescents, regardless of their race, ethnicity, or family income.

Thirty-five percent of 14- to 18-year olds have a mental health crisis each year, which includes self-injury, suicide ideation, or attempted suicide.

Meanwhile, research shows that students are far more likely to seek treatment for mental health issues at school than at a community-based clinic, if at all. Only half of students with a treatable mental illness received clinical care, the EAB

report says—a product, most likely, of both stigma and a lack of access to care in many parts of the country.

These numbers illustrate the growing demand on school districts to meet these challenges. And while schools are a logical place for students to receive mental health services—as almost all children go to school—the report says that schools are often under-resourced and underprepared to give students what they need.

"We have a mental health provider shortage in this country generally," EAB managing director Pete Talbot said in an interview with Education Week. "Schools have been thrust into this position, but they're not really resourced. In many respects it's an unfunded mandate."

Schools are not identifying students with mental health issues early enough, the report says, nor are they taking advantage of partnerships with external providers or adequately reintegrating students back into the classroom after they have had a mental health-related leave of absence.

Additionally, schools need to invest more time to combating the stigma around mental illness, the report says.

These are important, the report says, because reacting to students only after they are in a full-blown mental health

crisis is not good for them or the people charged with educating them. Responding to a crisis is far more overwhelming for teachers and district staff than identifying a student early on and connecting them with the care and services they need. Furthermore, students struggling with mental health issues have trouble paying attention in class, are more likely to miss school, and also more likely to drop out altogether.

The report includes four primary recommendations on how districts can tackle these issues:

- Use virtual treatment options such as telepsychiatry to fill gaps in areas where mental health providers are scarce;
- Have a thorough plan for reintegrating students back into school life following a mental health-related leave of absence;
- Create "early warning" systems through trainings and partnerships that help school staff identify students in need;
- Have on-going mental health awareness campaigns throughout the year.

One way to implement some of the recommendations is through partnering with local first responders. For example, the report highlights districts that have worked out agreements where local first responders notify designated

district staff when a student is involved in or witnesses a potentially traumatic incident. No details beyond the student's name are shared with schools, for privacy reasons, but school personnel at least know to be on the lookout for signs that a student is in trouble.

But it's on reintegrating students returning from a hospital stay that Talbot sees as schools' major weak spot.

When students go back to school, they face many academic and social challenges.

"The classic analogy is: a student breaks his arm and everyone wants to sign their cast and carry their books to class, but a student who has been absent for a mental health reason, people may not want to talk about it," Talbot said. "And it's so easy for them to relapse."

Twenty to thirty percent of students require rehospitalization in the year after an initial hospital stay for a mental health-related issue, the report says.

The full report, which is a culmination of existing research and data, as well as conversations with over 100 superintendents, can be found here: [Are Districts the Nation's Adolescent Mental Health Care Providers? A Mandate to Support Seven Million Students in Crisis.](#)

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