Framework for Action:

Addressing Mental Health and Wellbeing through ESSA Implementation

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The Every Student Succeeds Act (ESSA) recognizes the need for schools to support the whole child and specifically acknowledges the importance of student health and wellness, including mental health. ESSA also provides states with an opportunity to ensure equitable access to quality education and the conditions that support student learning. Health, including mental health, is a key part of this. ESSA transitions authority from the federal government to state education agencies. Thus, as states begin to implement ESSA, it is critical they do so in a way that supports health and wellness.

The good news is that schools do not need to do this alone. ESSA calls for stakeholder engagement from multiple sectors to create state ESSA plans. The vision ESSA presents of supporting the whole child aligns closely with the visions of other sectors, including the health and public health sectors.

States can take a comprehensive approach to developing their state plan by using different elements of the law to reinforce and support broader health and education goals. For example, an ideal state plan might include:

· A state accountability system that requires schools to maintain healthy school environments and positive school culture.

· State and local report cards that publicly track how schools perform on additional indicators not necessarily suitable for an accountability system.

· State assessments that ensure school districts are offering a well-rounded education by testing students on the state's existing, or emerging, standards in health, physical education, or social-emotional learning.

· Needs assessments that consider health and wellness, and identify evidence-based policies, practices and programs to promote school improvement.

· A professional development program that equips educators to better meet the needs of the whole child.

This resource is a supplement to ["State ESSA Plans to Support Student Health and Wellness: A Framework for Action"](#) and provides more detailed ESSA implementation recommendations for supporting mental health and wellbeing.

What is the status of mental health and wellbeing in school-age children and how does mental health affect learning?

Mental health conditions present a major challenge for children. It is estimated that as many as one in five children living in the United States experience a mental disorder in a given year.[1] Approximately forty percent of adolescents experience a mental health condition each year.[2] An estimated 15 million of our nation's young people can currently be diagnosed with a mental health disorder.[3] Sadly, it is estimated that only about seven percent of the youth who need services receive appropriate help from mental health professionals.[4] Untreated mental health conditions distract from learning and school engagement, potentially leading to grade retention, extensive special education needs, school drop-out, or even juvenile justice involvement.[5]

On the flip side, recent brain science has taught us that positive mental health and social and emotional skills are key ingredients in the conditions for learning. The connection between mental health and academic success is reciprocal; a child's mental health influences

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1. Centers for Disease Control and Prevention. Children's Mental Health.

2. Kessler, R.C., Avenevoli, S., Costello, E.J., Georgiades, K., Green, J.G., Gruber, M.J., He, J.P., Koretz, D., McLaughlin, K.A., Petukhova, M. and Sampson, N.A., 2012. Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. Archives of General Psychiatry, 69(4), pp.372-380.

3. American Psychological Association. Children's Mental Health.

4. U.S. Department of Health and Human Services (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.

5. National Alliance on Mental Illness. Mental Health Facts - Children and Teens.

his or her ability to learn, and success in learning influences his or her mental health.[6]

Making the case for mental health promotion and prevention in schools can be challenging. Mental or behavioral health services in schools are traditionally thought of in terms of access to individualized treatment, rather than the promotion of positive climate for all individuals in the school building. Moreover, mental health is often thought of in black-or-white terms—i.e. the presence or absence of a disease condition—rather than as a positive asset, or something that can be developed or improved.

Due in part to these challenges, untreated and undertreated mental health conditions remain a substantial factor in stifling academic achievement. Under ESSA, education leaders have the opportunity to remedy some of these underlying issues to ensure that schools integrate more evidence-based mental health promotion and treatment in the everyday workings of the education system, and help their students thrive and succeed.

How can student mental health and well-being be improved?

The best way to address the mental health needs of all individuals in the school building is to implement a comprehensive system that addresses a range of needs. In the mental health field, this is called a multi-tiered system of supports (MTSS). This tiered system encompasses universal mental health promotion (Tier 1), targeted prevention and early interventions (Tier 2), and treatment (Tier 3) (see Figure 1). It rests on a foundation of staff development, community partnerships, data-based decision-making and positive school climate. Appendix 1 includes commonly cited evidence-based and promising practices in each of these tiers and includes a list of registries of evidence-based approaches. A recent webinar co-hosted by Healthy Schools Campaign and Trust for America's Health explaining how MTSS can be implemented in schools can be accessed online.

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6. National Collaborative on Education and Health (2016). Mental Health Promotion to Advance the Conditions for Learning in Schools & Early Care and Education: Summary of Convenings.
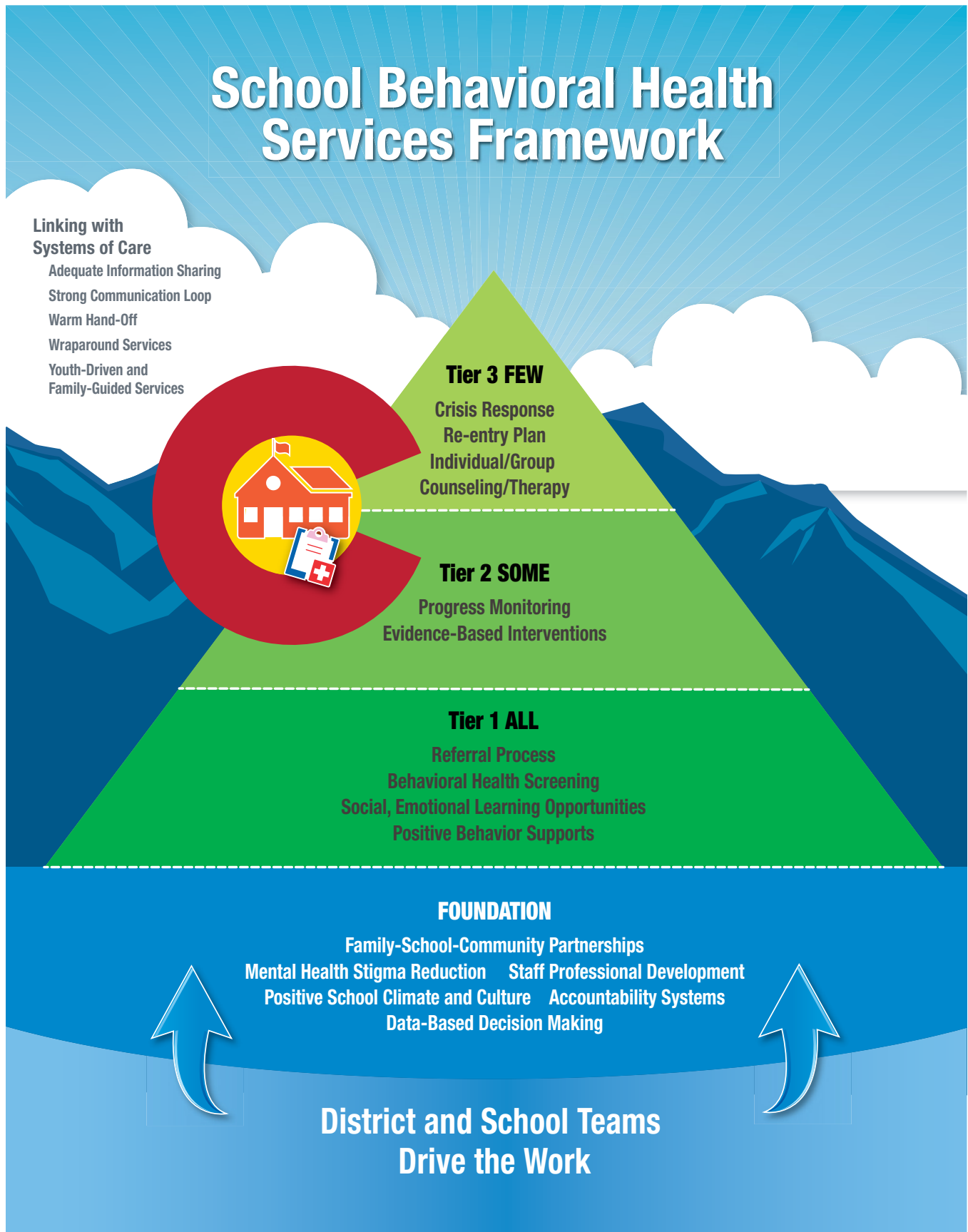
How can mental health and wellbeing be supported through state accountability systems and report cards?

ESSA gives states the responsibility of choosing at least one indicator to measure school quality or student success that is reliable, valid and allows for disaggregation of data at the sub-group level. In addition, ESSA presents an opportunity to include health and wellness measures in school report cards. Including measures of mental health and wellness in state accountability systems and report cards represents an important strategy for supporting student learning, as these factors have a direct impact on student achievement. Many states already have data, policies or programs in place related to chronic absenteeism, school climate and social-emotional learning that can be included in the accountability systems and report cards.

For example, given that mental health issues are a leading cause of chronic absenteeism, requiring states and LEAs to report their rates of chronic absenteeism can catalyze efforts to address mental health and wellness in schools. The tracking and reporting of chronic absenteeism was a new requirement for the 2013-2014 Civil Rights Data Collection (CRDC), and the 99.5 percent of schools across the country that complete the CRDC are now measuring and reporting chronic absenteeism. Also, under Title I of ESSA, both state and LEA report cards are required to include rates of chronic absenteeism, defined by ED as missing 15 days or more of school for any reason in a school year.

In addition, many states and school districts across the country are collecting data related to school climate, and some have policies and programs in place to create positive school climates. As a part of CRDC, for example, schools are currently required to report on a number of school climate measures including the number of allegations of harassment or bullying, the number of students who were reported as harassed or bullied, and the number of instructional aides, administrative staff, nurses, counselors, security guards, and law enforcement officers on site. At the policy level, 22 states have integrated school climate into their school improvement and accreditation systems. The Department of Education's National Center on Safe Supportive Learning Environments

School Behavioral Health Services Framework

Linking with Systems of Care

Adequate Information Sharing

Strong Communication Loop

Warm Hand-Off

Wraparound Services

Youth-Driven and Family-Guided Services

Tier 3 FEW

Crisis Response
Re-entry Plan
Individual/Group
Counseling/Therapy

Tier 2 SOME

Progress Monitoring
Evidence-Based Interventions

Tier 1 ALL

Referral Process
Behavioral Health Screening
Social, Emotional Learning Opportunities
Positive Behavior Supports

FOUNDATION

Family-School-Community Partnerships
Mental Health Stigma Reduction   Staff Professional Development
Positive School Climate and Culture   Accountability Systems
Data-Based Decision Making

District and School Teams Drive the Work

7. Colorado Education Initiative. Colorado Framework for School Behavioral Health Services.

offers [tools and resources for administering and interpreting school climate measures](link).

Accountability System and Report Card Measures
When considering which measures to include in accountability systems and report cards, it is important to understand how the two differ. Accountability systems are tied to incentives and actions under ESSA, whereas report card results are disclosed publicly but do not trigger any particular action under ESSA. When an indicator is part of the accountability system, schools are required to meet certain narrowly defined benchmarks in that area. These indicators are used to identify those schools or student subgroups that are in need of improvement, and thus require intervention from the state.

In contrast, some measures may be more appropriate for schools to report publicly through a report card, so communities can help schools attain their objectives.

If a policy is new, or you have reason to believe that most schools are not yet hitting the mark, it could be discouraging, or even damaging, to make that policy a part of the accountability system. Performance in certain areas might follow a continuum, and the schools in your state might be at the beginning of that spectrum. In these cases, it might be better to first require public reporting on state or LEA report cards. Once the majority of schools have achieved acceptable performance on that standard, the state could consider elevating it to inclusion in the state accountability system.

Table 1 below lists potential accountability indicators and report card measures. Note that any or all of these measures could be appropriate for a needs assessment.

Table 1: Possible Mental Health-Related Accountability Indicators and Report Card Measures

Accountability System Indicators
· Rates of Chronic Absenteeism
· School Climate

Report Card Measures
· Measuring Mindsets, Essential Skills and Habits (MESH)
· Mental Health Screening, such as Strengths and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC), and the Patient Health Questionnaire (PHQ-9).
· Risk and Protective Factors screening, such as Communities That Care's Youth Survey
· Ratio of Students to School Mental Health Professionals or School Nurses (required to be submitted by schools to OCR)
· Rates of in-school suspensions, out-of-school suspensions and expulsions (required by ESSA)
· School-related arrests (required by ESSA)
· Referrals to law enforcement (required by ESSA)
· Percent of students who are chronically absent (required by ESSA)
· Incidences of violence, including bullying and harassment (required by ESSA)

How can mental health and wellbeing be supported through needs assessments?
ESSA requires LEAs to conduct needs assessments under both Titles I and IV. Under Title I, LEAs are required to conduct needs assessments for schools identified by states as low-performing. These assessments are intended to identify the gaps between how a school is currently performing and the benchmarks it needs to meet—and then determine actions for improvement. LEAs must then create plans for each school to reach those goals.

In addition, before an LEA can receive any allocation of Title IV, Part A funds, it must conduct a needs assessment around topics including safe and healthy learning environment, access to a well-rounded education and personalized learning experiences supported by technology. The needs assessment must be conducted every three years.

Needs assessments can provide advocates with an opportunity to ensure that schools and LEAs are considering the impact of mental health and wellness. Getting involved in the development and implementation of a needs assessment can ensure that factors such as mental health and school climate are examined as possible ways to improve academic achievement and student health. This includes identifying and addressing potential gaps in treatment referral or screening processes, as well as identifying existing resources, services, and organizations within the community that schools can work with to address the mental health needs of their students.

In order to do this effectively, schools should engage families and community organizations, including mental health providers. Adults should not be left out of the needs assessment – the mental health and wellbeing of teachers, staff, and parents is also crucial to student success. The data collected through needs assessments can help school districts select evidence-based interventions to address any needs that are identified.

As more schools use needs assessments to consider mental health and wellness needs, it may facilitate implementation of data-informed programming to address these needs, as well as inclusion of mental

health related indicators on state and local report cards and accountability systems. For example, if chronic absenteeism is included on the school report card and rates are high, information collected through a needs assessment could be used to better understand the underlying reasons, including whether or not the mental health needs of students are being met. Title I, Title IV[8], or other funding streams could then be used to implement strategies to improve mental health services and thus reduce chronic absenteeism.

Because health officials, community hospitals (i.e. the Community Health Needs Assessment), early care and education programs and other community organizations also conduct needs assessments, it is optimal to align mental health and wellbeing measures across these efforts to reduce duplication build the case for greater cross-sector collaboration in meeting these needs.

How can mental health and wellness be supported by professional development?
Professional development programs should ensure that school staff are trained to positively impact the metrics that are included in the state's accountability system and report cards. ESSA specifically creates an opportunity for LEAs to train all school personnel in addressing issues in the school climate that can create barriers to learning, including peer interaction and chronic absenteeism. Schools can also provide training to classroom teachers in the effective use of social and emotional learning and mental health promotion techniques, including integrating these efforts into teaching core subjects and implementing the evidence-based programs listed in Appendix 1.

Examples of the types of professional development programming ESSA funding could support include:

· Adoption of social and emotional learning or mental health promotion programs.

· Capacity building for school staff, community members, and parent/caregivers on ways to address

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8. Student Support and Academic Enrichment Grants under Title IV Part A of ESSA were authorized at $1.65 billion in fiscal year 2017 but only $400 million were appropriated by Congress for fiscal year 2017.

mental health, especially screening and referral or coordination of supports.

- Training superintendents and principals on how to develop and implement an early warning and intervention system to identify students at risk for a mental health condition, and how to create a school environment that is supportive of students and staff.

How can state standards and assessments promote mental health?
ESSA requires that each state plan provide an assurance that the state has adopted challenging academic standards and implemented assessments for math, reading/language arts and science, and may include them for any other subject determined by the state. States, therefore, have an opportunity to develop and implement standards and assessments for social and emotional learning.

The Colorado Department of Education, for example, has included emotional and social wellness (ESW) standards within their health and physical education standards. The ESW standards include graduation competencies, with a progression of grade-level expectations from kindergarten through high school that teach knowledge and skills to enhance mental, emotional, and social well-being and skills for personal and social behavior.[9]

What type of partners can support the state or school districts in their work to promote student and staff mental health and wellbeing?
ESSA creates opportunities to engage a diverse set of individuals and organizations through requirements for meaningful stakeholder engagement in state plan development and implementation, and in conducting comprehensive needs assessments.

By involving a range of community-based organizations and institutions—such as mental health providers, pediatricians, hospitals, health systems, public health groups and advocacy organizations—states and school districts have the opportunity to forge the partnerships needed to facilitate the provision of mental health services across a continuum from promotion to early

intervention to treatment. This process also allows staff, families and students to share their input and articulate their needs, attitudes and beliefs on mental health, which enables culturally responsive action by the state or school district.

While these partners will vary greatly by community, states and school districts may consider engaging:

- Behavioral and mental health providers, including school psychologists, school social workers, school counselors and school nurses.
- The state Medicaid office, to ensure that Medicaid policies and programs best support mental health and wellbeing in schools).
- Major health insurers and health care systems, including safety net providers such as community health centers, who can partner to make sure prevention, promotion, and treatment services are accessible and reimbursed.
- Universities who train the relevant workforce, including community colleges who can develop paraprofessional training.
- Community organizations dedicated to supporting children's health, including community schools and school-based health centers.
- State or local advocacy organizations.
- Public health agencies or public health departments.
- Pediatricians and the local chapter of the American Academy of Pediatrics.
- Faith-based organizations.
- Child welfare agencies and organizations.
- Families, PTAs, student groups and youth advocacy/empowerment organizations.

In addition, national and state chapters of advocacy organizations and trade groups are active on mental health and wellbeing issues in many states, and can help connect schools and districts to local chapters, organizations, or individuals within their networks.

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9. A Brief Overview of Colorado's Emotional and Social Wellness Standards.

Conclusion

Supporting the mental health and wellbeing of students is a key strategy for reducing the academic achievement gap and meeting the overall objectives of ESSA. Including measures related to mental health and wellbeing in state accountability systems and report cards, and supporting efforts to promote mental health and wellbeing through needs assessments, professional development, and state standards, are critical strategies for supporting student health and academic success. As states develop and implement their state ESSA plans, it is critical they do so with an understanding of the connection between mental health and academic success.

Appendix 1

Commonly cited evidence-based and promising practices within each tier include the following:

Tier 1: Prevention

· Evidence-based social and emotional learning programs (such as the Good Behavior Game, 4Rs, PATHS, or PBIS)

· Universal behavioral health screening and referral

· Trauma-informed systems and practices in schools/early care

Tier 2: Early Intervention

· Evidence-based early interventions, such as trauma-focused cognitive behavioral therapy, Check-In and Check-Out programs and skill development groups

· Restorative responses to problem behavior

· Progress monitoring

Tier 3: Response/Treatment

· Individual or group counseling/therapy during the school day

· Re-entry plans for students transitioning back from hospitalization or residential treatment

· Crisis response plan for events that affect multiple students and address needs for grieving and coping

Evidence-based Practice Resource Guides:

· CASEL Guide on Effective Social and Emotional Learning Programs from CASEL (The Collaborative on Academic, Social, and Emotional Learning)

· National Registry of Evidence-based Programs and Practices from the Substance Abuse and Mental Health Services Administration

· What Works Clearinghouse from U.S. Department of Education

· The Blueprints for Healthy Youth Development from the Center for the Study and Prevention of Violence (CSPV), at the Institute of Behavioral Science, University of Colorado Boulder

· Model Programs Guide from the Office of Juvenile Justice and Delinquency Prevention

Stay connected!

We invite you to learn more, access resources and lend your voice to this dialogue. For questions or to discuss this issue, please contact Alex Mays at alex@healthyschoolscampaign.org.

Alliance for a Healthier Generation

The Alliance for a Healthier Generation empowers kids to develop lifelong healthy habits, by ensuring the environments that surround them provide and promote good health. More than 25 million children have been helped by the Alliance's work with schools, communities and businesses across the country. Make a difference at HealthierGeneration.org and join us on Facebook and Twitter.

Healthy Schools Campaign

Healthy Schools Campaign (HSC) is a nonprofit organization dedicated to making schools healthier places for all students. HSC provides leadership development and tools to school stakeholders and advocates for better access to nutritious school food, physical activity, school health resources and clean air to shape children's lifelong learning and health. For more, go to healthyschoolscampaign.org.

Mental Health America

Mental Health America (MHA) - founded in 1909 - is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need it; with recovery as the goal. For more, go to mentalhealthamerica.net.

Trust for America's Health

Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. For more, go to healthyamericans.org.