

# School-Based Mental Health Services:

## Perspectives from Newport Youth, Parents, and the Community

Children and youth were experiencing mental health challenges before the COVID-19 pandemic, but since the onset of the pandemic, the number of children experiencing anxiety and depression has increased.<sup>1</sup> In 2021, one in four Rhode Island children ages three to 17 had a mental, emotional, or behavioral health problem.<sup>2</sup> However, many children and youth have trouble getting the mental health treatment they need.

In October 2021, several prominent national children's health organizations declared a national emergency in children's mental health, citing the serious toll of the COVID-19 pandemic on top of existing challenges and urged policymakers to take action to address the crisis.<sup>3</sup> The organizations recommended that policymakers take several actions, including supporting effective models of school-based mental health care. In April 2022, the Rhode Island Chapter of the American Academy of Pediatrics, the Rhode Island Council of Child and Adolescent Psychiatry, Hasbro Children's Hospital, and Bradley Hospital declared a **Rhode Island State of Emergency in Child and Adolescent Mental Health**, also issuing recommendations, including increasing implementation and sustainable funding of effective models of school-based mental health care with clinical strategies.<sup>4</sup>

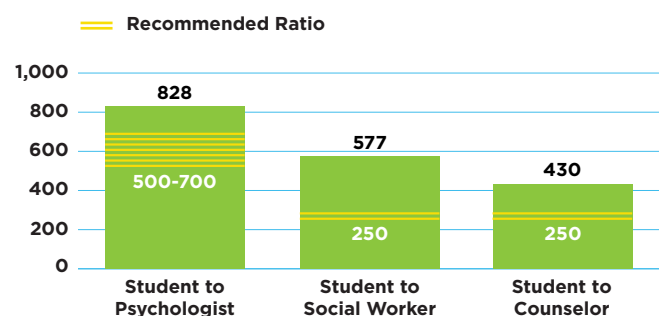
### The Role of Schools

The interactions and relationships that youth have in school can influence their mental well-being.<sup>5</sup> A healthy school climate helps promote and protect youth mental well-being. Schools can also provide intervention and treatment for students with additional mental health needs.<sup>6</sup>

School psychologists, school social workers, school counselors, and school nurses all have a role to play in supporting students' mental health. Providing mental health resources in schools can remove access barriers for students (e.g., transportation, scheduling conflicts, and stigma), and schools can also refer youth to more intensive resources in the community when needed.<sup>7</sup>



### STUDENT-TO-MENTAL HEALTH PROFESSIONAL RATIO IN SCHOOLS, RHODE ISLAND, 2017-2018



Source: U.S. Department of Education 2017-2018 Civil Rights Data Collection. Rhode Island Department of Education, Public school enrollment in preschool through grade 12 as of October 1, 2018.

- The National Association of School Psychologists recommends a ratio of 500 to 700 students per school psychologist.<sup>8</sup> The American School Counselor Association recommends a ratio of 250 students per school counselor.<sup>9</sup> The School Social Work Association of America recommends a ratio of 250 students to one social worker.<sup>10</sup>
- Rhode Island is far above the recommended staffing ratio in all categories.



## American Rescue Plan Act: ESSER III Funds

The *American Rescue Plan Act of 2021* authorized the Elementary and Secondary School Emergency Relief Fund (ESSER III), which provided \$122.7 billion for states and school districts to reopen schools safely, maximize in-person instruction, and address the impact of the COVID-19 pandemic on students, families, and educators.<sup>11</sup> Rhode Island school districts were allocated \$373.6 million in ESSER III funds. School districts had until September 30, 2023, to commit their ESSER III funds and an additional 12 months to spend those funds.<sup>12</sup>

ESSER III funds can be used to create the kind of transformative changes that students and families want by providing equitable resources needed to help students thrive academically, physically, and emotionally.<sup>13</sup> Nationally schools and districts have taken notice of the mental health crisis and allocated ESSER III funds for new positions, programs, and other resources to support their students' mental health and well-being.<sup>14</sup> **Now, the question is how to sustain these programs and positions.**

### How Newport Is Using ESSER III Funds to Support Students' Mental Health

Newport Public Schools received \$6.9 million in ESSER III funds, \$1.2 million of which went to supporting students' social-emotional needs.<sup>15,16</sup> The analysis reflects ESSER II allocations made up until July 2023.<sup>17</sup>

**School Counselor:** Newport allocated \$184,000 to hire a school counselor at **Rogers High School** for two years.<sup>18</sup> School counselors play a significant role in students' lives, providing academic support, navigating the college process, and helping with students' mental health and emotional well-being through short-term counseling and referrals.<sup>19</sup>

**School Psychologist:** Newport allocated funds for a two-year contract worth \$182,400 for a newly created school psychologist position at **Pell Elementary**.<sup>20</sup> However, the position remains unfilled because there were no applicants. Newport is not alone; school districts nationwide are facing challenges in recruiting school psychologists and other mental health professionals. In a national survey, over 60% of school districts reported a shortage of mental health providers.<sup>21</sup> Another issue is that the new school psychologist was intended to primarily support testing for special education eligibility rather than explicitly addressing students' mental health concerns. No ESSER III funds were allocated to hire additional middle or high school psychologists.

**Academic and Behavioral Support Specialist:** Newport earmarked \$188,000 for a two-year contract to hire an Academic and Behavioral Support Specialist for **Pell Elementary**. The Academic and Behavioral Support Specialist's role is to address students' social, emotional, or educational needs.<sup>22</sup> Currently, the position at **Thompson Middle School** is vacant.

**Multi-Tiered System of Supports (MTSS) Coordinators:** A total of \$388,333 was budgeted for MTSS Coordinators to support students experiencing social, emotional, or educational struggles at **Pell Elementary** and **Thompson Middle School**.<sup>23</sup> MTSS is a multi-level, preventative, strength-based approach to support students' social, emotional, and behavior needs.<sup>24</sup>

**Student Attendance Coordinators:** The District invested \$280,133 for a two year contract to hire three district-wide Student Engagement Coordinators to address chronic absenteeism (missing 18 days or more of school or 10% or more of the school year for a 180-day school year).<sup>25,26</sup> These coordinators build connections with families, provide transportation when needed, and connect students to the school's MTSS Coordinator.

**Implicit Bias Training:** The district recognizes that students experience racial bias in its schools and invested \$63,000 to partner with Sankofa Community Connection to offer professional development on implicit bias.<sup>27</sup>

### Statewide Initiatives to Support Youth Mental Health

- The **Trauma-Informed Schools Act**, passed in 2022, requires that school administrators, teachers, and staff receive trauma-informed training that includes training on restorative practices, social-emotional learning, and positive disciplinary practices to better meet the needs of students who have experienced trauma.<sup>28</sup>
- The **Nathan Bruno and Jason Flatt Act**, passed in 2021, mandates suicide prevention and awareness training for all school personnel.<sup>29</sup>
- **Mobile Response Stabilization Services** provide mobile, on-site crisis intervention for children and youth in any setting, including schools. This EOHHS administered program provided by Tides Family Services and Family Service of RI has a 92% success rate (i.e., 92% of children receiving this service did not require psychiatric hospitalization and were linked to community-based services within 30-45 days).<sup>30</sup>

## Community Conversations

Rhode Island KIDS COUNT contacted trusted community-based organizations with strong ties to the community to help recruit parents and youth for a series of focus groups and one-on-one conversations. The purpose of these conversations was to gather input from students and parents about the resources needed to support and enhance their families' and communities' mental health and well-being. Goals were to understand how Newport Public Schools is currently supporting students and parents in addressing their mental health concerns, what other mental health services are available in the community, challenges in accessing resources, and recommendations on how to improve these services. These students and parents may not be representative of the Newport Public Schools community and in fact were selected to highlight the particular needs of the growing population of Youth and Families of Color in the district. Community-based organization leaders, staff, and school administrators were also interviewed.

### Latino Parents Focus Group

**Conexión Latina Newport**, the city's only Spanish-speaking, female, and Latino-led organization, recruited parents who participate in their programs and services. The focus group included 11 mothers and one father who had children in middle or high school.

### Youth Focus Groups

**Conexión Latina Newport** also recruited youth to participate in a focus group. The 15 participants ranged in age from 12 to 15 years old (five girls, nine boys, and one youth of unknown gender). Not all participants identified as Latino; some identified as white-non-Latino. Some youth were Spanish speaking only, while others were English-speaking only. Simultaneous interpretation was provided during the session.

The **Boys & Girls Club of Newport** recruited nine youth ranging in age from 11 to 17 years old, which included seven girls, one boy, and one non-binary youth, all of whom identified as Black or Latino. All discussions and interviews were conducted in English and held at the Florence Gray Center, which is adjacent to a housing complex for low-income families and offers a variety of resources, classes, and information.





## Student Perspectives

Students described **positive and supportive relationships with school staff**, including the middle school guidance counselor, high school social worker, peer-educators, college advisors, and special education educators. Not all students used the school's mental health providers when needed, despite feeling that these resources were readily accessible.

**Fear of judgment by peers** was the primary reason youth did not access mental health services in schools. One student reported that they did not want to be seen going into the office where mental health services were delivered. Others sought support from other school staff and professionals, specifically teachers and peer educators.

Although more attention has been given to the youth mental health crisis over the past few years and more districts across the country are working on ways to increase access, many young people are still hesitant to access services. A national survey found that 51% of students feared seeking support from a school-based mental health provider due to **concerns about how other staff and administrators might perceive them**.<sup>31</sup>

Utilization of services varied by student subgroup. Non-Multilingual Learners were more comfortable and open about discussing their mental health challenges with school-based providers, while Multilingual Learners shared less and were less likely to report seeking services. One possible explanation could be the **lack of bilingual providers and cultural perceptions around mental health**.<sup>32</sup>

Some students expressed that when they opened up to their parents about their feelings of depression, they often felt dismissed. Other students reported not expressing their mental health needs at all because they felt their issues were insignificant, burdensome, or that their peers were facing more significant challenges than they were.

Students who sought support shared **worries about confidentiality** and the potential for school-based mental health providers to take their words out of context, leaving them feeling as though they couldn't be completely open with these providers. A few students reported incidents where they felt their words were "blown out of proportion," and reported that the disclosure of their conversations with school-based providers led to tensions at home.

All the students had a clear understanding of what is and isn't confidential. Mental health providers are mandated reporters and are required to report suspicions and instances of self-harm, thoughts of hurting oneself and others, and abuse. Within the context of school-based mental health services and confidentiality, the relationship between students and providers is complicated. Legally, parents have a right to

their child's medical records and diagnosis, but it is important for providers to be able to keep certain thoughts or information between the child and provider in order to build trust and a therapeutic connection.<sup>33</sup>

Students were very aware of how socioeconomic status, race, and gender can impact mental health and the importance of representation. Some reported that it would be **easier to discuss their problems with Providers of Color or with providers who are part of the LGBTQ+ community**. One student reported **the need for a more inclusive environment for LGBTQ+ students** in the larger school context. There was a consensus within the group that there was visibility and acceptance of the larger LGBTQ+ community within Newport Public Schools, however, they remained concerned about a few issues, such as ensuring that transgender students' preferred names and not birth names are used in public documents and in the school yearbook.

### Students Recommended:

- Investing in more school-based mental health providers with a focus on Providers of Color and providers who represent or are experienced in working with the LGBTQ+ community.
- Putting the offices of school-based mental health providers in areas that are less conspicuous.
- Being clear with students, parents, mental health providers, and other school personnel about what information must be shared and what information will be kept confidential.
- Helping parents and families understand youth mental health and how they can best support it at home.
- Looking for ways to use peer educators to support students' mental health.

"There are teachers that I've connected with and they've helped me a lot."

"If you tell a teacher something she's most likely going to tell someone in your family."

"My mom told me if I complain about something she's like, 'oh you don't go through anything. You don't have a job. I think a lot of kids don't say anything because they will not be taken seriously.'"

"She [peer educator] doesn't have a big mouth. She tells me what she go through sometimes, so I feel comfortable telling her what I go through."

"I feel like Black people, Dominican and Puerto Rican, they have less access to things because of what they are and who they are."



## Parent Perspectives

Parents and guardians play a critical role in their children's development and mental health and are often their best advocates.<sup>34</sup> Overall, Latino parents in Newport felt that improvements are needed in the school system's approach to addressing mental health concerns and providing adequate support for their children. Latino parents in Newport did not know about the mental health services and support offered in school. They also expressed concerns about the **lack of Spanish-speaking mental health providers**, lack of communication between the school and parents regarding their children's behavioral issues, lack of collaboration between the district and parents to address their concerns, and experiences of racism both within the school and the community.

Latino parents were particularly concerned about how their children were treated by other students. They reported that their children had been told to "go back to their countries" and called "wetbacks" by their peers. Studies show an increase in mental, behavioral, and substance abuse issues when a person experiences discrimination.<sup>35</sup>

Some Latino parents also witnessed differences in the attention their children received when classes went virtual. They reported that their children were called on less often or not at all compared to white students. Such experiences highlight the need for the district to address issues of bias, discrimination, and unequal treatment within the schools to create a more inclusive and supportive learning environment for all students.

**Addressing racial bias and discrimination** is especially important in middle and high school where these incidents happen at a higher rate.<sup>36</sup>

The lack of access to mental health services for Latino students were also evident in the community. Parents reported **long waiting lists for services**. One parent said that her child had been on the waiting list for over two years, and others expressed frustration about unanswered phone calls, lack of call backs, long wait times on the phone, and language barriers.

**Lack of transportation** was also cited as a barrier. Parents who were successful in getting a referral often had to travel to Providence or Warwick. However, the long bus ride made it difficult, if not impossible, to keep up with the appointments.



### Parents Recommended:

- Better communication with parents about what school-based mental health services are available.
- Increasing collaboration between mental health providers and parents.
- Conducting mental health screening on all students.
- Investing in more bilingual mental health providers.
- Providing training for all teachers, staff, and students on mental well-being.
- Providing recreational time to all students during the day, regardless of their age, to give students a "mental break."
- Providing more high-quality, organized afterschool, summer, and out-of-school time programs.
- Addressing racial bias and discrimination in schools.

"I've noticed that children who struggle [with mental health] don't get the support they need until things get out of control."

"My child ended up in the hospital. My child was bullied for being Hispanic and it almost killed her."

"You have to decide whether or not to take your child out of school for the day and miss a day of work."

"My children are in different after-school activities, and that helps, but many parents are not able to do so, and it's the children who suffer."



## Community Partner Perspectives

Community-based organizations in Newport provide families with important resources, including access to food pantries, extended learning opportunities for youth, adult education classes, and rent relief programs. They also provide a space for community members to gather and socialize at activities like movie nights, cultural events, and community fairs.

One of the most pressing issues identified by community partners was the **lack of racial and ethnic diversity among mental health professionals in both the school and the community**. This issue is particularly relevant for the growing Latino population within Newport and across Aquidneck Island. This concern was raised by multiple stakeholders, particularly for families who have migrated to the United States in the past few years. Many of these families and students have experienced or witnessed violence in their countries of origin. However, their traumas have not been adequately addressed or processed with mental health professionals because they cannot access the services they need in their home language.<sup>37,38</sup>

Another pain point reported by some of the interviewees was the **racism experienced by students and parents** within the school system and the impact it has had on the mental well-being of children and youth. Research indicates that racism affects not only the individuals directly experiencing it, but also those who witness it – a phenomenon known as vicarious racism, which can increase depression and anxiety.<sup>39</sup>

School administrators mentioned that they were using ESSER III funds to subcontract with a local nonprofit to provide implicit bias training for staff. However, the training has not yet been conducted due to coordination issues between the administrative staff and the non-profit involved.

Community providers highlighted the need for comprehensive support to address students' mental health needs, including **building relationships with students, their family, and the community**. They noted that this support should go beyond isolated events or training and provide ongoing assistance that tackles the underlying root causes of students' mental health issues. Some community partners mentioned missed opportunities to use ESSER funds more strategically, with a focus on partnering intentionally with community-based organizations to enhance their capacity to deliver services to students and their families.

### Community partners recommend:

- Diversifying the mental health provider workforce in both schools and the community, in particular to better serve the growing Latino population.
- Addressing the racism in schools, including making training on implicit bias a priority.
- Working to strengthen relationships with students, their families, and community agencies.
- Entering into intentional partnerships with community-based agencies to increase their capacity to deliver mental health services to students and their families.



“Trust is a big issue with parents and students at the school. So, if you don’t have trust, never mind mental health.”

“There is nothing in place, which, what I would love to see that supports teachers mental health, and having them get support where they need it, and if they feel overwhelmed that they have someone to go to for the assistance, because [of] all the stuff that they do.”



## Recommendations

School districts across Rhode Island and across the country are working to address the youth mental health crisis and experiencing many of the same challenges as Newport. **We hope that this report and recommendations help inform their work. We are grateful to the Newport Public Schools and community for opening up and sharing their experiences, challenges, and ideas.**

- **Enhance coordination between parents and mental health providers:** Improve communication and collaboration between parents and school-based mental health professionals to ensure that students' mental health needs are addressed at home and in school. Ensure that parents and students receive information about how to access mental health services in schools and in the community.
- **Introduce Mental Health First Aid for all students, teachers, parents and staff:** Implement Mental Health First Aid training programs for Newport Public Schools students, educators, parents, and staff members to equip them with the skills to identify early signs of mental health issues and provide initial support.
- **Integrate Social and Emotional Learning (SEL) programs into the curriculum:** Integrate evidence-based Social and Emotional Learning programs into the Newport Public Schools curriculum to promote emotional intelligence, interpersonal skills, and resilience among students, fostering a healthier school climate.
- **Address students' concerns about confidentiality:** Provide clear information to parents, students, and school personnel about what information must be kept confidential, what information must be shared, and place mental health providers' offices in non-conspicuous locations.
- **Provide the option of telehealth services for students who may not be comfortable being seen in the provider's office at school:** Provide telehealth services to enhance accessibility to mental health care for students. Ensure Newport Public Schools students have the necessary technology for effective remote sessions.
- **Diversify mental health providers to provide culturally and linguistically competent and relevant mental health services:** Work to recruit a diverse group of mental health providers in Newport area to ensure culturally competent and relevant services that match the diverse backgrounds and needs of students.
- **Conduct universal mental health screenings:** Implement routine universal mental health screenings for all Newport Public Schools students to proactively identify students who may require additional support and intervention.



- **Leverage the recent passage of legislation allowing Medicaid reimbursement for services provided by school-based mental health professionals:** Capitalize on the opportunities presented by recent legislation that permits Medicaid reimbursement for mental health services provided in schools. Maximize utilization of available funding streams to enhance mental health support for students.
- **Ensure that all ESSER III funds are spent by deadline:** All ESSER III funds must be spent or allocated by September 2024. Ensure that all funds are spent and that a plan to continue services and positions deemed valuable is in place.
- **Pass legislation that allocates state funds to schools to support school-based mental health providers (and for mental health screening):** Enact legislation to allocate dedicated state funds specifically for school-based mental health providers and mental health screening initiatives, ensuring sustainable and robust support for students' mental well-being.
- **Ensure that the *Trauma-Informed Schools Act* is implemented** and that schools receive funding and support for this implementation.
- **Provide funding to sustain Mobile Response Stabilization Services** to provide a resource for schools and families, connect youth to community-based services, and reduce unnecessary hospitalizations.
- **Establish a Mental Health Hub:** Establish a centralized Mental Health Hub in Newport that serves as a resource center for students, families, and staff, providing information, resources, and referrals for mental health services.
- **Improve school climate and address racism experienced by students in school:** Provide training to staff and students about implicit bias and racism. Support students and families who experience racism.



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