

BEYOND THE MASK

Promoting Transformation and Healing in School Reopening

OVERVIEW

By Kayla Tawa

CLASP
The Center for Law and Social Policy



FG TRADE / GETTY IMAGES

THE CHALLENGE

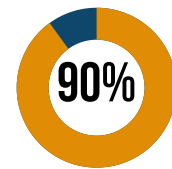
The COVID-19 pandemic has exacerbated the mental health challenges of youth and young adults, many of whom struggled to access mental health services even before the pandemic. Despite the high levels of need, many young people don't have access to culturally relevant mental health services due to cost, poor quality/limited services in the community, and other barriers. School-based mental health services offer a promising strategy in addressing the high levels of unmet need.

During the pandemic, nearly **two in three** young people expressed that they were feeling down, depressed, or hopeless.ⁱ



Young people are 6X more likely to complete mental health treatment in schools than in community settings.ⁱⁱ

Before the pandemic,



of students were in public schools where the number of counselors, social workers, nurses, and psychologists was below the recommended ratios of:

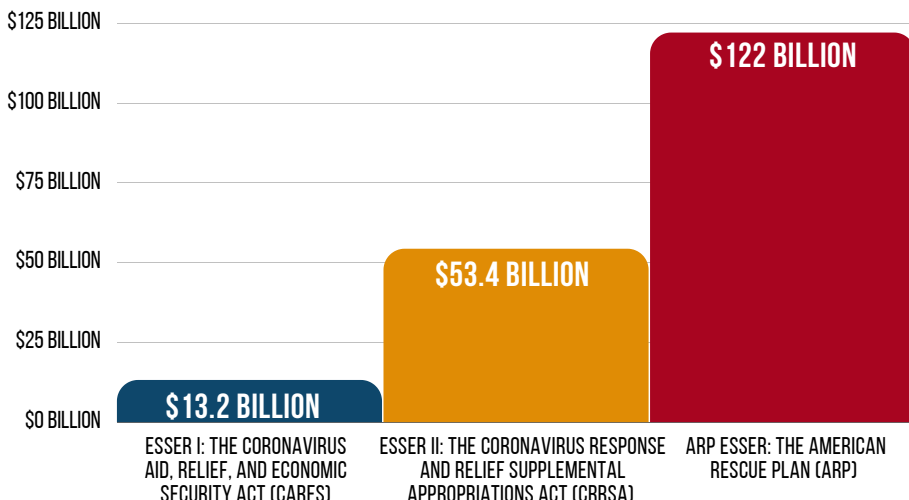
- **1 counselor** for every **250 students**;
- **1 social worker** for every **250 students**;
- **1 nurse** for every **750 students**; and
- **1 psychologist** for every **700 students**.ⁱⁱⁱ



THE OPPORTUNITY

In the wake of the COVID-19 pandemic, Congress appropriated funds for schools primarily through the new Elementary and Secondary School Emergency Relief Fund (ESSER).

Sources of Funding:^{iv}



The U.S. Department of Education awards ESSER funds to State Education Agencies (SEAs) who then provide Local Education Agencies (LEAs) with emergency relief funds. Funding was also available through the Governor's Emergency Relief Fund (GEER). GEER grants were awarded to governors' offices in two phases, similar to ESSER I and ESSER II: GEER I (approx. \$3 billion) and GEER II (approx. \$1.3 billion).^v

In particular, American Rescue Plan (ARP) ESSER Funds are designated to provide SEAs and local districts with help safely reopening schools and addressing the impact of COVID-19 on students. States must subgrant 90 percent of their total ARP ESSER allocation to LEAs.^{vi}

ESSER funding offers an opportunity to invest in the mental health of young people; however, schools must be intentional about substantially investing in student mental health.

The U.S. Department of Education required each state to submit a [reopening plan](#) outlining how they were using and planned on using ESSER funds. The Center for Law and Social Policy (CLASP) conducted an analysis of 37 state plans to better understand if and how schools were prioritizing student mental health.

CLASP'S FRAMEWORK FOR SCHOOL-BASED MENTAL HEALTH

- ▶ Reframe mental health by prioritizing care that is trauma informed, culturally responsive, and healing centered.
- ▶ Prioritize Tier 1 supports, like social emotional learning (SEL). In a multi-tiered system of support (MTSS), Tier 1 supports are supports provided to all students and integrated into the school day. They focus on prevention, early identification, and intervention. Students with higher levels of need are referred to Tier 2 or Tier 3 supports.
- ▶ Invest in the professional expertise of all staff members, with a focus on hiring a mental health workforce that is diverse in both identities and credentials; and on adopting a broad understanding of mental health supports.
- ▶ Collect quality data that allows for the ongoing assessment of need.
- ▶ Engage student voices actively and authentically in design and implementation of mental health supports.

KEY TAKEAWAYS

- ▶ **Stakeholders noted the importance of prioritizing student and educator mental health:** Many states and districts noted student mental health as a key priority, in part due to stakeholder feedback. States were required to consult with multiple stakeholders, including students, families, and educators. Multiple plans listed the mental health needs of students and educators as the primary concern of stakeholders.
- ▶ **States are over relying on Evidence Based Practices:** States should expand their view of evidence to be both data-driven and community informed. States are relying on evidence-based practices (EBPs) when awarding funding to LEAs, in part due to requirements from the U.S. Department of Education. While EBPs can play a role in program development and practice, they often lack cultural relevance and devalue other forms of knowledge, which perpetuates structural inequities. States, districts, and individual schools should recognize lived experience as evidence and account for community and cultural context, elevating programs that work in the communities they serve.^{vii}
- ▶ **ESSER Funds can be a starting point or build on existing momentum:** Prior to the pandemic, there was a wide range of investment in school-based mental health. States with pre-existing commitments to student mental health used ESSER funds to bolster existing projects. Other states used ESSER funding to start new initiatives focused on student mental health and social emotional learning (SEL).
- ▶ **Guidance works:** In ARP ESSER reopening plans, the U.S. Department of Education required each state to describe how they planned on meeting the mental health and social-emotional needs of all students. In each plan, CLASP looked for a relationship between the number references to mental health, social emotional learning, and trauma and the percentage of students of color^{viii} and low-income students^{ix} in each state. CLASP found no relationship, meaning that SEAs serving predominately students in low-income families and/or students of color were just as likely to include mental health supports in their plans as SEAs that served predominately white students and/or students in higher-income families. **Requiring states to explain how they were meeting the mental health needs of their students may have encouraged states to prioritize funding for student mental health.**

TERM	AVERAGE NUMBER OF MENTIONS ACROSS ALL 37 STATE PLANS	STATE(S) WITH THE GREATEST NUMBER OF MENTIONS	STATE(S) WITH THE LEAST NUMBER OF MENTIONS
Mental Health and/or Behavioral Health	35.97 mentions	92 mentions: Oregon	17 mentions: Georgia
Social Emotional Learning and/or SEL and/or SEB (Social, Emotional, Behavioral)	9.89 mentions	46 mentions: Delaware	Zero mentions: Georgia, Missouri, New Hampshire, South Dakota, Tennessee, Texas, Washington
Trauma	6.32 mentions	27 mentions: Kentucky	One mention: Idaho, Iowa, Kansas, North Carolina, North Dakota
Trauma Informed and/or Trauma Responsive and/or Trauma Engaged and/or Trauma Sensitive	1.68 mentions	11 mentions: Delaware	Zero mentions: Connecticut, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Massachusetts, Nevada, New Mexico, North Carolina, North Dakota, Rhode Island, West Virginia, Wyoming
Culturally Responsive and/or Culturally Relevant and/or Culturally and Linguistically Appropriate	8.13 mentions	18 mentions: Oregon	Zero mentions: Arkansas, District of Columbia, Georgia, Idaho, Indiana, Iowa, Kansas, Missouri, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, Wyoming
Healing Centered	Zero mentions	Zero mentions	Zero mentions

KEY RECOMMENDATIONS

- ▶ **Healing-Centered Care:** While many states acknowledged the importance of culturally responsive and trauma-informed care, no state acknowledged the importance of healing-centered care. Healing-centered care is holistic, extending beyond diagnosis to focus on culture; spirituality; civic action; and collective healing. Healing-centered care allows for a strong focus on prevention, individual wellbeing, and community.^x
- ▶ **Culturally Responsive SEL:** While many states prioritized SEL in their reopening plans, most states are not explicitly integrating SEL with cultural responsive practices. When divorced from racial equity, SEL can harm young people by reinforcing white, patriarchal, heteronormative, and ableist values.^{xi}
- ▶ **Equity in Hiring:** While some states are focused on expanding their school-based behavioral health workforce, most schools are not integrating providers with various credentials, and professional and lived expertise. Schools should invest in non-traditional health care providers, peer support models, and culturally derived healing practices.
- ▶ **Disaggregate Mental Health Data:** Schools should be intentional about collecting student mental health data to track mental health needs over time. However, schools should also disaggregate that data by race and ethnicity to better understand which populations are or are not accessing mental health supports.
- ▶ **Authentic Youth Engagement:** States were required to solicit stakeholder feedback in developing their reopening plans, including feedback from students. States differed in how they chose to consult students in their reopening plans, but no state explicitly mentioned a student advisory council focused on mental health. Given that mental health was a primary concern among stakeholders, districts should be intentional about consulting with students in developing mental health services and programs.



ENDNOTES

[i] <https://www.clasp.org/why-we-cant-wait-healing-well-being>

[ii] http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Bainum/Advancing-CSMHS_September-2019.pdf

[iii] <https://www.congress.gov/116/bills/s4360/BILLS-116s4360is.pdf>

[iv] <https://oese.ed.gov/offices/education-stabilization-fund/elementary-secondary-school-emergency-relief-fund/>

[v] <https://oese.ed.gov/offices/education-stabilization-fund/governors-emergency-education-relief-fund/>

[vi] https://oese.ed.gov/files/2021/03/FINAL_ARP-ESSER-FACT-SHEET.pdf

[vii] <https://www.clasp.org/publications/report/brief/redefining-evidence-based-practices-expanding-our-view-evidence>

[viii] <https://ocrdata.ed.gov/resources/downloaddatafile>

[ix] https://nces.ed.gov/pubs2018/2018052/tables/table_03.asp

[x] <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

[xi] <https://www.cjsfund.org/reclaimsel>