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School Mental Health

Mental health includes emotional, psychological, and social well-being and is an important component of overall health and wellness. According to the [Centers for Disease Control and Prevention \(CDC\)](#), children who are mentally healthy have improved quality of life; can function well at home, in school, and in their communities; and are better able to cope with challenges. Poor mental health, however, is a growing problem for adolescents nationwide. The [CDC](#) found that more than one in three high school students experienced persistent feelings of sadness or hopelessness in 2019—a 40 percent increase since 2009. In the same report, approximately one in six youths reported making a suicide plan in the past year—a 44 percent increase since 2009.

Education, overall health, and wellness are inter-related. Educational engagement and academic success is closely correlated with students' mental health. Educational attainment is linked to employment and increased earnings over time, which are tied to better overall health outcomes. Therefore, good mental health is critical to children's success in school and life.

Across the country, mental health supports in public schools are varied and numerous because of the broad spectrum of mental health needs. Some supports are targeted to address diagnosed mental health disorders like anxiety, depression and attention-deficit/hyperactivity disorder. Other supports are preventative and can benefit all students. Often, mental health support in schools is provided through a multi-layered system of academic and behavioral supports—also referred to as multi-leveled or multi-tiered—that serves all students through wellness promotion and prevention, while offering targeted supports to particular students.

Mental Health in New Mexico Schools

New Mexico uses a multi-layered system of support as a holistic intervention framework to meet mental health needs of students in schools.

- **Layer 1** is designed for all students. These supports include wellness promotion and prevention that teach students positive social, emotional, and behavioral skills. Examples include health curricula and efforts to support positive school climates.

Key Takeaways

New Mexico uses a multi-layered system of support as a holistic intervention framework to meet mental health needs of all students.

Page 1-2

School districts and charter schools are required to develop and implement wellness policies to promote students' health and well-being and support healthy development and educational attainment.

Page 2

DOH and PED collaborate to provide training, resources, and support to school health professionals and educational staff.

Page 2

The ratios of students to school counselors, psychologists, and social workers in New Mexico are significantly higher than nationally recommended ratios.

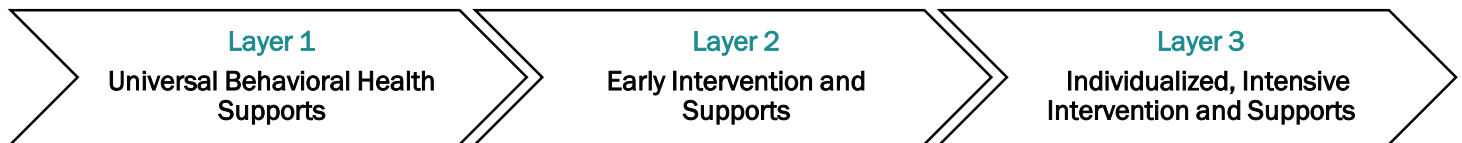
Page 3

- **Layer 2** addresses mental health concerns for students who have been identified through needs assessments, screening, referral, or other school processes as experiencing mild distress, functional impairment, or being at risk for a given problem or concern. Examples include small group interventions for students with similar needs, brief individual mentoring, and classroom-based supports like a daily teacher check-in.

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distress and functional impairment. Examples include individual, group, or family therapy.

- **Layer 3** addresses mental health concerns of students who have been identified as needing targeted supports and are already experiencing significant



Required Wellness Policies

Schools are required to develop and implement wellness policies that address both student and staff wellness.

[Federal law](#) requires school districts and charter schools that participate in federal child nutrition programs to establish school wellness policies and [PED regulations](#) require all school districts and charter schools to develop and implement wellness policies, aligned with federal requirements. These wellness policies are required so

that schools can promote students' health and well-being and support healthy development and educational attainment. Each state wellness policy must include behavioral supports including:

- Curriculum that addresses the physical, mental, emotional, and social dimensions of health;
- A plan that offers universal behavioral supports for all students by focusing on students' social and emotional wellbeing;
- A school safety plan focused on supporting healthy and safe learning environments;
- A plan to address staff wellness; and
- A plan to measure and evaluate the wellness plan, including a designated person in the district or school to ensure implementation.

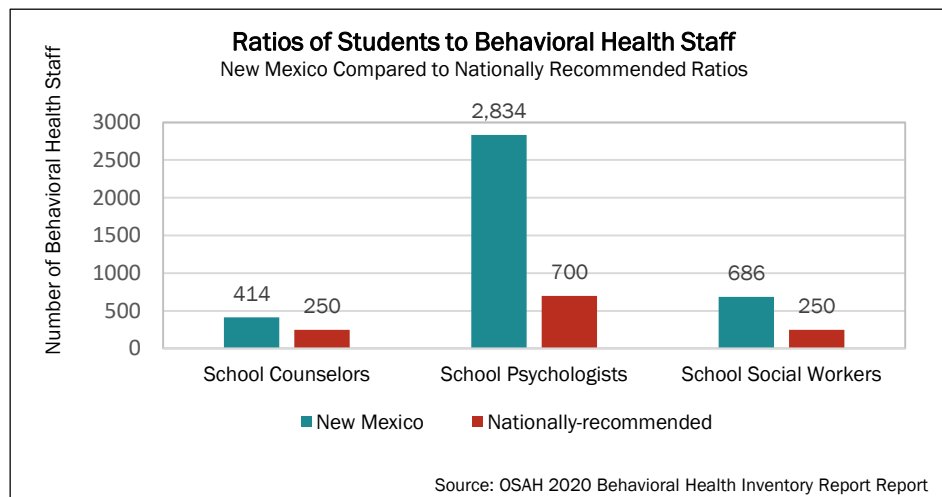
DOH and PED Supports for Schools

The Department of Health's Office of School and Adolescent Health and the Public Education Department collaborate to provide training, resources, and support to school health professionals and educational staff. These programs provide support for mental health and wellness curricula; suicide prevention programs and services; staff training and professional development; mental health screening; school crisis prevention and intervention; and technical assistance for the implementation of evidence-based health programs.

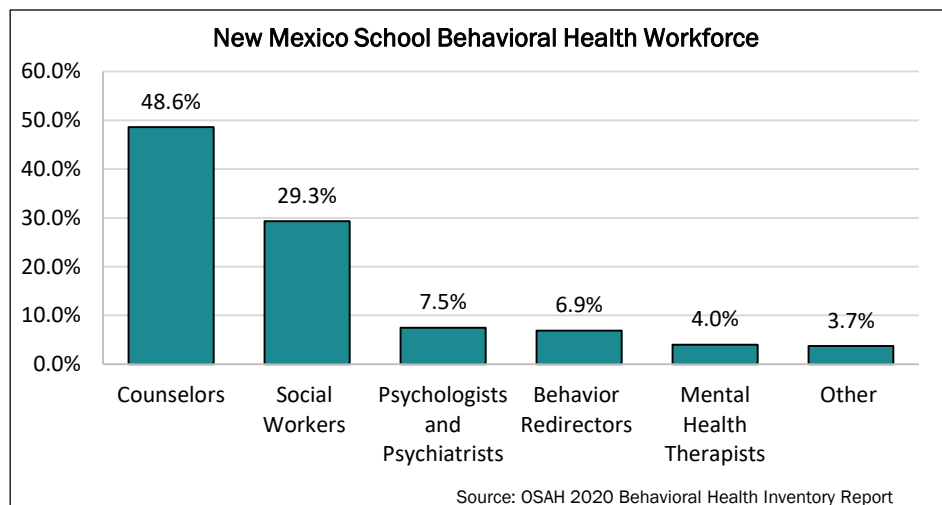
In the summer of 2020, state officials conducted an inventory of behavioral health services offered within schools by surveying superintendents from all 89 school districts. Some key findings from the 56 responding districts include:

- Over half of the 56 responding school districts have a system that provides wide-ranging behavioral health services, have staff trained in a multi-layered system of support, and have designated coordinators or staff to provide oversight of behavioral health services.
- The ratios of students to school counselors, psychologists, and social workers in New Mexico are significantly higher than nationally recommended ratios.

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- The majority of the behavioral health workforce in New Mexico schools is comprised of school counselors, followed by social workers.



- Out of the 56 responding districts, there are 37 that currently utilize telehealth delivery of school-based behavioral health services and eight that expressed interest in initiating telehealth services.

- Most of the 56 responding school districts—90.6 percent—reported that Covid-19 has increased their need for behavioral health services.
- District administrators were asked what they would need to be able to address all of the behavioral health needs of students in their district: 41.1 percent of reporting districts said they need additional funding; 37.5 percent need additional behavioral health staff; and 32.1 percent need resources, including curriculum and materials, for students, families, and schools.
- Some school districts expressed interest in receiving assistance to provide professional development for behavioral health staff and non-behavioral health staff. The most popular professional development topics that districts would like assistance to provide for behavioral health staff were counseling after a natural disaster, emergency, or crisis situation; identification of or a referral for eating disorders; and staff well-being/emotional health. The most popular professional development topics for non-behavioral health staff were implementing and teaching social-emotional learning; recognizing signs and symptoms of bullying victimization; and recognizing signs and symptoms of dating violence.

There are other state agencies that also support and address student mental health in New Mexico, notably the Human Services Department and Indian Affairs.

How Are Other States Addressing School Mental Health?

Since 2019, over 30 states have enacted at least 72 bills related to student behavioral and mental health.

Since 2019, there have been more than 600 bills related to student behavioral and mental health introduced across the country and over 30 states have enacted over 72 bills. Education Commission of the States finds that recent state action has focused on these areas:

Mental health and wellness curricula: All but eight states include mental and emotional health as part of their health education standards in high school, middle school, or elementary school. In 2019, [Mississippi](#) enacted a law directing its state department of education to establish pilot programs using evidence-based curriculum to provide K-5 students skills to manage stress and anxiety.

Suicide prevention: There are 26 states that statutorily require school districts to adopt suicide prevention policies, while seven and the District of Columbia encourage such policies, nine have non-codified policies, and eight do not address suicide prevention in statute. [Arizona](#) enacted legislation in 2020 that requires all high school student identification cards to include information on suicide prevention, local crisis resources, or emotional support services.

Staff training and professional development: more than half of states have training requirements to support student mental health. Starting in 2020, [Virginia](#) requires teachers and other relevant personnel to complete a mental health awareness training or similar program.

Mental health screening: Strategies include universal screening, high-level statewide surveys of student experiences and behaviors, and evaluation of individual students. [Utah](#) enacted a law in 2020 to allow for the implementation of an evidence-based mental health screening program.

Mental health professional staff ratios: Some states are attempting to increase the number of professionals who are available to students. [Maryland](#) requires local school systems to report their ratio of students to school psychologists, strategies to reach or maintain particular ratios, and approaches to increase recruitment and retention of such professionals.

School-based mental health programs and services: More and more states are taking a holistic approach to behavioral and mental health support and are partnering with outside services and organizations.

New Mexico is taking action on many of these focus areas. There are administrative requirements for school districts to create wellness plans as well as health standards that include mental health, yet school districts have flexibility so as to meet local needs. Continued communication between state agencies that support mental health and school districts and charter schools is key to assessing current health services and working to support areas in which particular districts and schools need support. Areas of growth could include creating strategies to train and recruit more behavioral health professionals to work in schools. In order to create a more stable mental health structure in New Mexico, the state agencies that support mental health need the capacity to shift the mental health paradigm from crisis care to prevention.

Many New Mexico schools are addressing mental health with strategies similar to other states.