

Mandated Supporters in Education

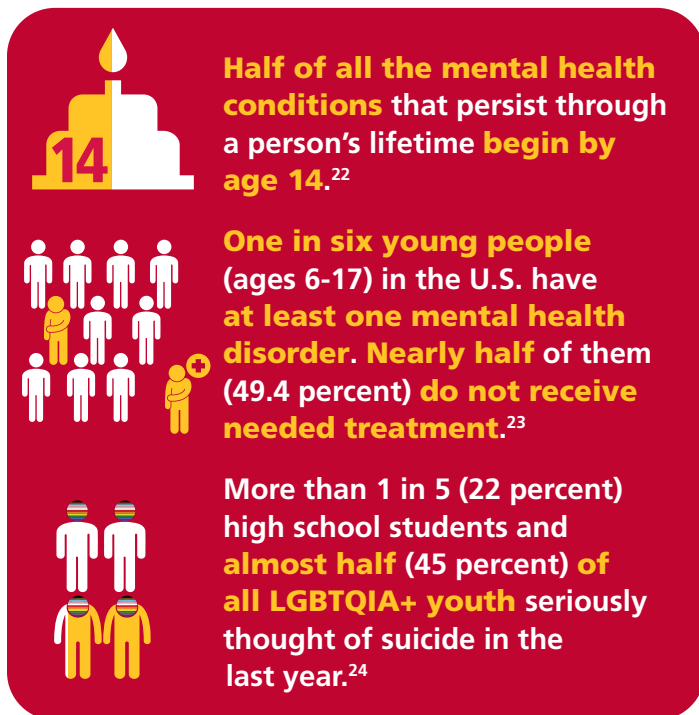
Leverage Early Mental Health Interventions



Across the United States, children’s mental health outcomes are **trending in troublesome directions**. As mandatory reporters of child maltreatment, concerns about mental health prompt many educators’ reports to child protective services agencies. But mandatory reporting **rarely addresses root causes** and **serious needs**. Indeed, students’ and caregivers’ **struggles** with mental health **rarely** put children in **imminent harm**. This brief explores school-based early mental health intervention.

Adverse mental health conditions are highly prevalent among children and youth. From 2016 to 2020, the number of children ages 3-17 with a depression diagnosis increased by 27 percent.¹ And in 2021, 42 percent of high school students felt persistent feelings of sadness and hopelessness, and 29 percent experienced poor mental health.² Likewise, children’s mental health has consistently been a top priority for America’s educators.³

One way educators try to address their concerns about students’ mental health—and that of their caregivers—is to report to child protective services agencies.⁴ In fact, educators today make 1 in 5 reports annually,⁵ which may often reflect a desire for assistance to meet students’ basic needs.⁶ Unfortunately, mandatory reporting rarely results in effective prevention or intervention.⁷



Half of all the mental health conditions that persist through a person’s lifetime begin by age 14.²²

One in six young people (ages 6-17) in the U.S. have at least one mental health disorder. Nearly half of them (49.4 percent) do not receive needed treatment.²³

More than 1 in 5 (22 percent) high school students and almost half (45 percent) of all LGBTQIA+ youth seriously thought of suicide in the last year.²⁴

When asked on a national survey, “Without disclosing any personal information, can you briefly summarize the situation that prompted you to make the report?” an Albuquerque teacher shared, “Student made statements about SI [suicidal intent], destroyed a classroom, and then sat in the middle of the road and refused to move stating they wanted to be hit by a car and die. ... Student was back at school the next day. There is no open case for this student.”

Early mental health interventions prevent crises like the one this teacher observed. Educators and schools need mandated support, a policy and programmatic approach that elevates effective prevention and intervention for children and families, and calls attention to the important role educators play in addressing children’s mental distress before dire indicators.⁸ Here, we focus on effective school-based early mental health interventions.

The AFT is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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Starting in 2004, **Minneapolis Public Schools** used a federal grant to **partner with community-based organizations** and **increase access** to mental health services for students and families. Most participants were **students of color (78.6 percent)** and **nearly 2 in 3 participating students (63.7 percent)** received **mental health services for the first time** through the program.

Among the hundreds of students who received intensive support, **75 percent had family involvement**, such as getting family therapy. To achieve these intergenerational commitments, program administrators worked directly with Minneapolis educators to **tailor service delivery** based on how **communities of color perceive mental health**. The program, called **Expanded School Mental Health**, successfully **reduced mental illness symptoms, reduced out-of-school suspensions, and moderately improved academic outcomes**. The sustained participation of families of color highlights

the potential of **school-linked programs** to improve access to services and **effectively address** mental health.¹⁵

* * *

In 2018, the **Kansas Legislature** made it easier for **districts to strategically partner** with **community mental health centers** to complement school-based mental health service delivery and improve access to healthcare.¹⁶ In 2025, thanks to expanded state funding, **90 school districts** and **28 mental health centers share funding and data to improve student access to mental health care** through the **Mental Health Intervention Team program**.¹⁷ Participating districts **monitor early indicators**—including **academics, attendance, internalizing behaviors** and **externalizing behaviors**—to identify students who need **more acute support**. School-based liaisons coordinate response after referrals, acting as the first point of contact, helping families **navigate mental health service systems** and **linking caregivers to broader networks of care**.

The program serves **thousands of referred students** and focuses on **students in foster care** because they “**pose significant challenges to education and health systems through no fault of their own**.”¹⁸ The program has rapidly grown, currently serving over **5,700 students each year**. MHIT has improved **student attendance, academics** and **mental illness symptoms**.¹⁹ In the words of one educator: “The student is displaying a **decrease in agitation, attention-seeking behaviors, manipulation, lack of self-control** and other **disruptive behaviors**. These major improvements in externalizing behaviors are occurring **despite** the student having an **adoptive placement disruption** where she returned to living in a group home. The student **made the honor roll** for the first time in her academic career.” More simply, according to a high school student participant, “**My therapist saved my life.**”²⁰



Use effective screening.

Some studies show a significant lag—more than a decade!—between the identification of mental illness symptoms and getting treatment in the U.S.⁹ The time that it takes for people to get care matters; timely, team-based, comprehensive treatment is linked to better school engagement, improved quality of life and reduced symptoms.¹⁰

Universal mental health screening is one way to narrow the gap. Today, few schools (between 1 and 12 percent) screen all students for mental health challenges.¹¹

School social workers and psychologists teamed up in Meriden, Conn., to integrate validated mental health screening tools into the district's regular school climate assessment. They have access to historical data on each student and get flags for any student at elevated risk of bullying or suicidal ideation, which has helped them to quickly intervene for well-being both with their students and their schools.²¹

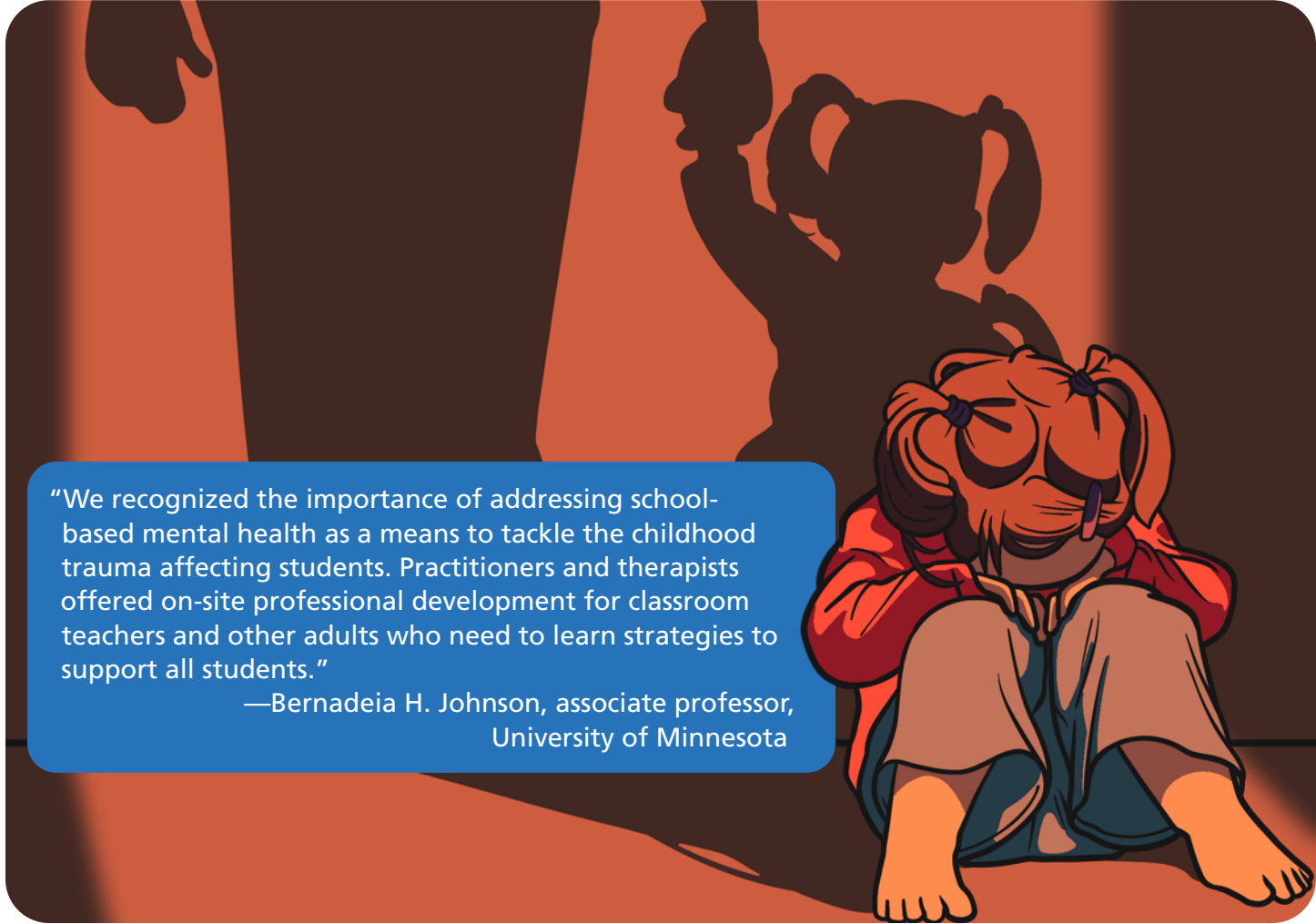
Mental Health America offers an [online screening program](#) with 10 evidence-based screens for conditions ranging from depression to psychosis.

Improve access to care by paying attention to the most vulnerable.

Simply identifying symptomatic or at-risk students does not ensure high-quality interventions or address persistent concerns about unfair outcomes.¹² All students need authentic, consistent connections to highly qualified mental health practitioners and programs prepared to assess and resolve persistent disparities.¹³ Across the country, specialized instructional support personnel—including school counselors, social workers and psychologists—regularly offer high-quality student mental health services. Programs that target children and youth in groups that experience disparities are essential to improving outcomes.¹⁴

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"We recognized the importance of addressing school-based mental health as a means to tackle the childhood trauma affecting students. Practitioners and therapists offered on-site professional development for classroom teachers and other adults who need to learn strategies to support all students."

—Bernadeia H. Johnson, associate professor,
University of Minnesota

Endnotes

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