

## *Pandemic, schools, and mental health*

Written by:

Sarah Stolarski-Galla, Children's Advocates for Change Intern, University of Illinois Urbana-Champaign  
Mitch Lifson, Children's Advocates for Change Vice-President of Public Policy

Additional research provided by Children's Advocates for Change Helen R. Weigle Fellow Lillian Platten

This fall marks the third academic year impacted by COVID-19. The pandemic has brought about not just physical health challenges for many but also mental health needs. This is particularly true for some of our youth who remained at home from school with remote learning. Isolation, job losses by parents and caregivers, illnesses, and deaths brought about increased levels of anxiety and depression for many young people. All of this on top of other factors impacting youth mental health that include poverty, violence, and negative social media messages.

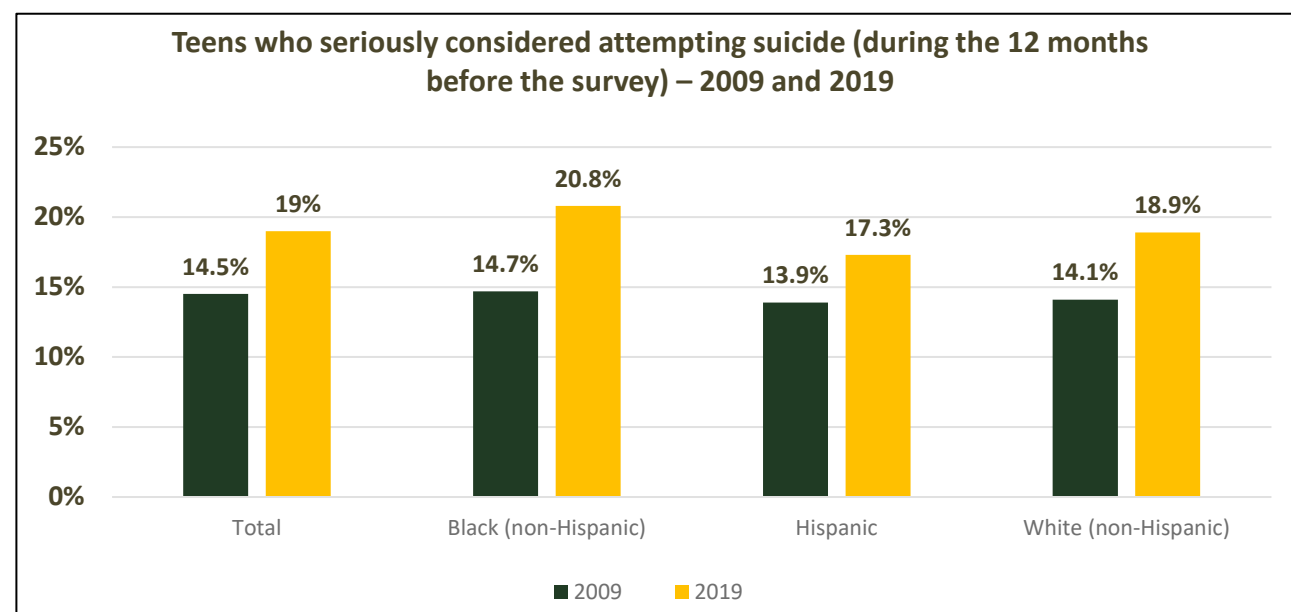
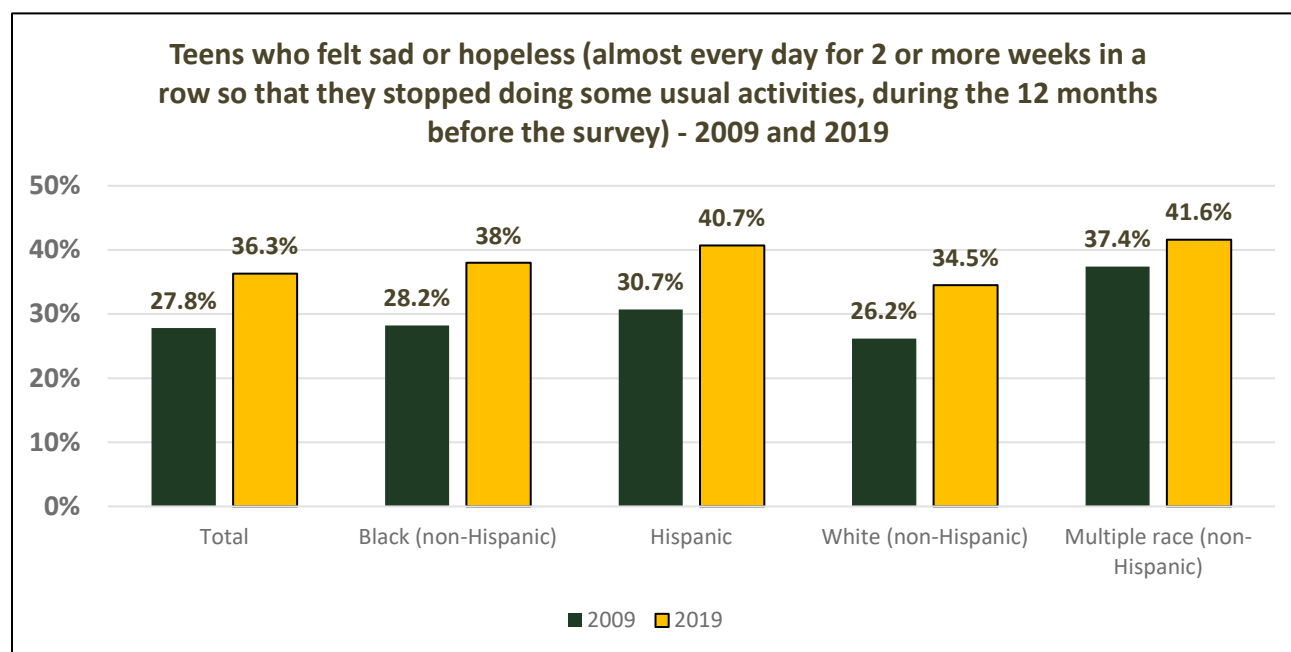


A January–June 2021 survey by the Centers for Disease Control and Prevention (CDC) of 7,705 public and private high school students showed 37.1% of responding high school students experienced poor mental health most of the time or always during the pandemic. Females experienced poor mental health more frequently than males and gay, lesbian, or bisexual individuals experienced poor mental health at a level twice as high as that measured for heterosexuals. More than 44% of the total respondents reported persistent feelings of sadness or hopelessness.<sup>1</sup>

	Poor mental health during the pandemic	Poor mental health during the past 30 days	Persistent feelings of sadness or hopelessness	Seriously considered attempting suicide	Attempted suicide
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Asian, non-Hispanic	33.7	29.1	40.2	15.9	7.4
Black, non-Hispanic	28.0	25.6	39.7	16.2	10
Hispanic or Latino	36.8	31.1	46.4	19.7	8.4
Multiracial, non-Hispanic	40	32.5	51.0	25.6	12.3
White, non-Hispanic	40.1	32.8	43.8	21	8.9
<b>Total</b>	<b>37.1</b>	<b>31.1</b>	<b>44.2</b>	<b>19.9</b>	<b>9</b>

Source: Centers for Disease Control and Prevention

Youth Risk Behavior Surveillance System (YRBSS) surveys help monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. The CDC conducts a national survey and state departments of health and education conduct statewide surveys.<sup>2</sup> Asked in 2009 if a student felt sad or hopeless for two or more weeks in the year before the survey, 27.8% of Illinois students surveyed said “yes”. Ten years later 36.3% said “yes”....an increase of more than 30%. Data reflecting whether a student seriously considered attempting suicide also increased.<sup>3</sup>



Source: Centers for Disease Control and Prevention YRBS, Illinois 2009 & 2019.  
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=IL>

*...the challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect those challenges have had on their mental health is devastating.*

U.S. Surgeon General Dr. Vivek Murthy  
December 2021

The National Survey of Children's Health is a poll of parents and guardians on a variety of data points regarding children's health including mental health.

Two survey questions on anxiety and depression depend on whether a doctor or health care provider ever told a parent or guardian that a child had those conditions. For 2016-2017 and 2019-2020, the responses are as follows:

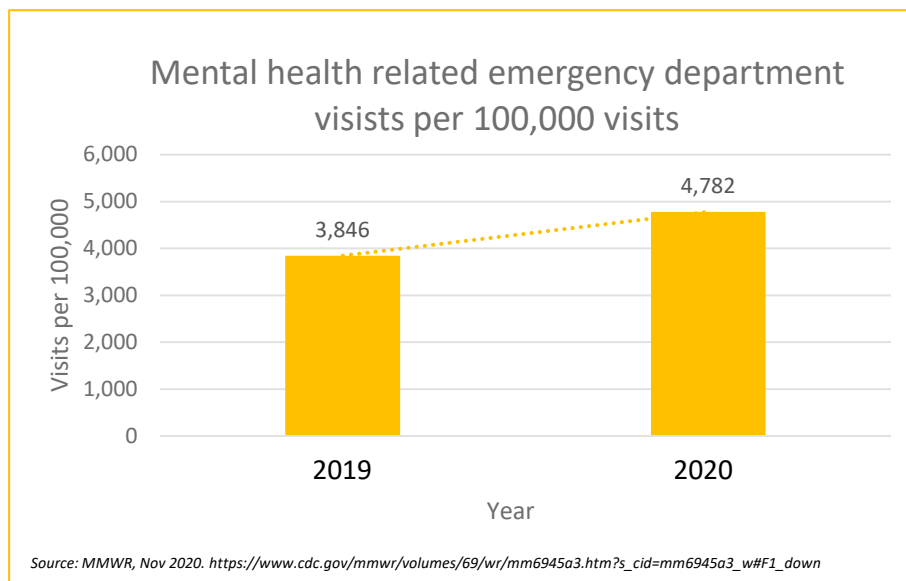
Illinois children ages 3 to 17 who have depression or anxiety by race/ethnicity: 2016-2017					
	Total	African American (Non-Hispanic)	Hispanic or Latino	White (Non- Hispanic)	Two or more races*
2016-2017	11.6%	12.2%	10.6%	11.7%	20.8%
2019-2020	11.4%	7.5%	12.9%	12.7%	5.3%

Source: Child Trend's analysis of the U.S. Department of Health and Human Services, National Survey of Children's Health (NSCH).

The total numbers and percentages presented here are estimates based on weighted NSCH data. The weights adjust for lower response rates and over or undercounting of certain child demographics.

\*Between surveys the total population of children identified as two or more races fell.

Hospitals have seen an increase in mental health-related visits to emergency rooms and waitlists for psychiatric care are continually growing across the country.<sup>4</sup> Youth are struggling to access care.<sup>5</sup> A study by Steinman et al. (2015) looked at wait times for adolescent psychiatry and found that access of care was interrupted by substantially long wait times.<sup>6</sup> Aside from considerable wait times to be seen by a psychiatrist, other barriers for accessing youth mental health care by a psychiatrist were the lack of providers specializing in adolescent psychiatry and lack of adequate insurance coverage.<sup>6</sup>

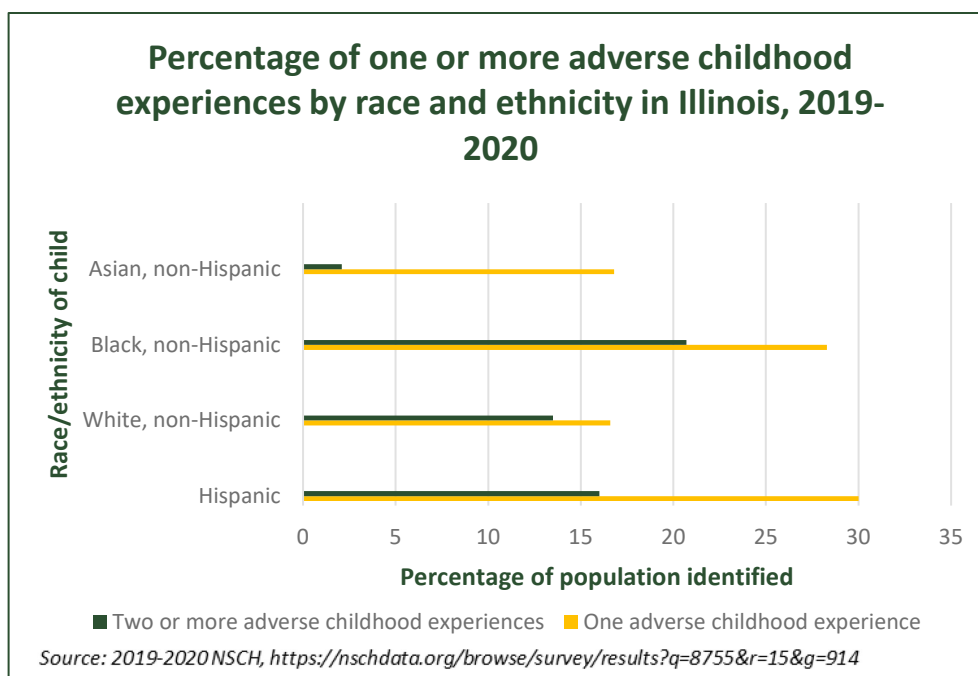


## Trauma and other socioeconomic factors

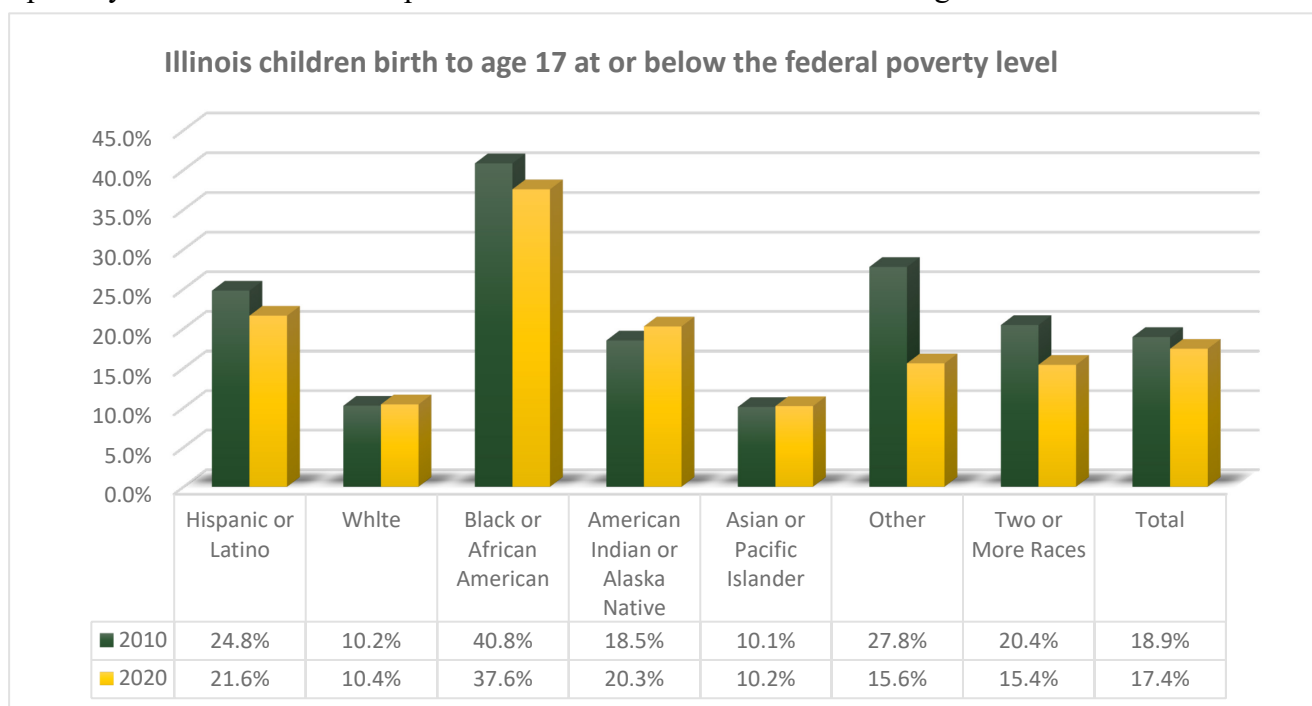
A strong foundation of mental health is necessary for kids and adolescents to establish healthy relationships with themselves and with others and affects every aspect of development. There are factors that can affect mental health both positively and negatively. Trauma and other adverse childhood experiences (ACEs) play a large role in how children grow and their ability to establish a strong foundation in mental health. ACEs include experiences with racism, trauma, poverty, exposure to violence, as well as experiences with mental health problems or substance use issues.<sup>6</sup>

Exposure to traumatic events early in childhood can disrupt the normal physical and psychological development of a child.<sup>7</sup> The stress of the trauma, short-term or long-term, can affect a child's ability to thrive, causing a greater likelihood of cognitive and behavioral difficulties, unhealthy ways of dealing with challenges, and even chronic disease later in life.<sup>7</sup> Difficulties with attention, ability to learn, and ability to make decisions can also occur because of exposure to ACEs.<sup>7</sup>

The data on children exposed to adverse childhood experiences show differences by race and ethnicity - particularly with regards to exposure to one adverse childhood experience.

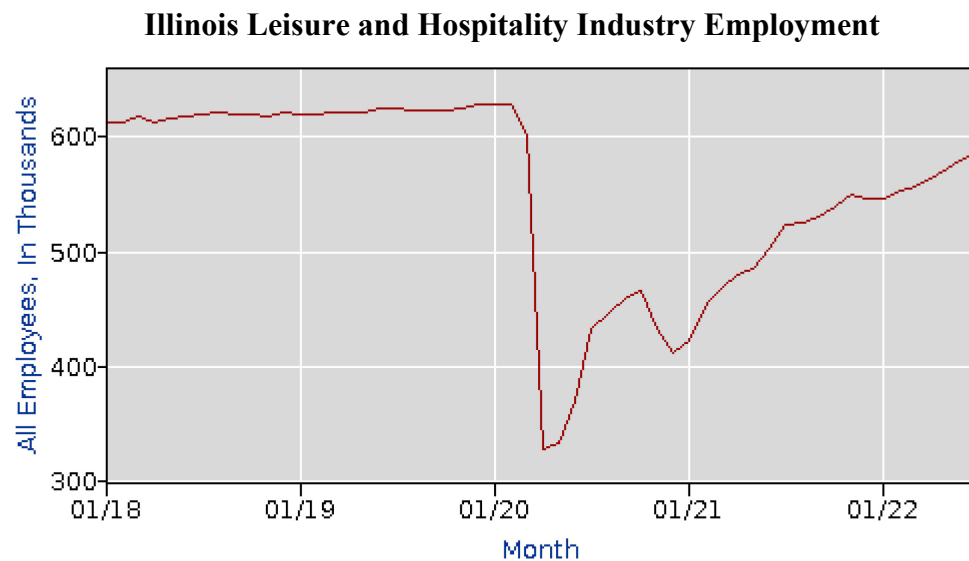


Stable housing, healthy and sufficient food, safe living conditions, and other socioeconomic conditions all impact a child’s physical and mental health. Factors, such as poverty, unemployment, education, and community safety, also affect the likelihood of ACEs that have a significant impact on youth developing mental health conditions.<sup>8</sup> Racial and ethnic inequities exist in the conditions children grow up in. For example, the percentage of Black children in poverty versus white non-Hispanic children is more than three times higher.



Source: IPUMS; Based on 2010 and 2020 5-year American Community Surveys, U.S. Census Bureau. Other than Hispanic/Latino, designated category is for the demographic that is not Hispanic or Latino.

Income impacts the ability to make rent or mortgage payments as well as ensure food security. The economic shutdown in 2020, due to the pandemic, hit Black, Hispanic and Latinos in the leisure and hospitality industries particularly hard and caused many businesses to close their doors either temporarily or permanently.



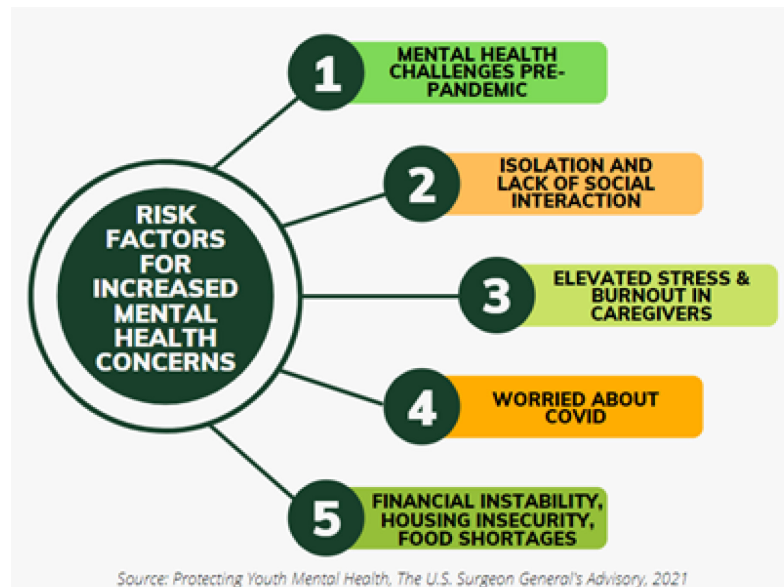
*Source: U.S. Department of Labor*

As noted by the Illinois Department Employment Security: the pandemic has exacerbated inequalities between women and men, as well as racial and ethnic inequalities in employment outcomes and economic independence.<sup>9</sup>

Illinois Unemployment Rate by Race and Gender, Age 16 and Older						
Year	White men	White Women	Hispanic Men	Hispanic Women	African-American Men	African-American Women
2020	7.8%	9.3%	11.5%	12.7%	16.8%	12.4%
2019	3.3%	3.3%	3.9%	3.1%	9.6%	7.8%
Source: Illinois Department of Employment Security reporting of U.S. Bureau of Labor Statistics						

Job losses by parents and guardians, coupled with family losses due to COVID-19, added additional stress for youth – stress on top of what had been occurring for years. Schools shifting from in-person to remote learning in 2020 and 2021 also added to mental health issues faced by youth. Isolation from peers has been a significant challenge for young people. School is where they meet their friends. When schools closed, so did many of their doors to socialization, social

development, and ability to interact outside of a screen. School often is a safe place for kids who don't have a safe home or neighborhood. Access was cut off to safe places to stay in between school and home. When these lines of connection are broken, the cracks open for mental health challenges such as depression, anxiety, and suicide ideation.



While the job market has been recovering in 2021 and 2022, inflation and increasing rents continue to place pressure on low-and moderate-income households to make rent or mortgage payments. This can add to housing insecurity as another stress factor for children.

Likelihood of Having to Leave this House in Next Two Months Due to Eviction, by Select Characteristics: United States				
Source: U.S. Census Bureau Household Pulse Survey, July 27—August 8, 2022				
Note: These data are experimental. Users should take caution using estimates based on subpopulations of the data — sample sizes may be small and the standard error may be large. Total Population 18 Years and Older in Renter—Occupied Housing Units, That Are Not Current on Rental Payments				
Select characteristics	Total	Likelihood of leaving this home due to eviction in next two months		
		Very likely	Somewhat likely	Total Percentage of very and somewhat likely
Hispanic origin and Race				
Hispanic or Latino (may be of any race)	2,347,157	287,431	668,820	40.7%
White alone, not Hispanic	2,798,387	341,580	880,044	43.7%
Black alone, not Hispanic	2,501,566	539,197	853,583	55.7%
Asian alone, not Hispanic	401,222	14,467	41,716	14.0%
Two or more races + Other races, not Hispanic	472,143	79,339	110,143	40.1%
Presence of children under 18 years old				
Children in household	4,931,982	774,047	1,502,324	46.2%
No children	3,588,493	487,967	1,051,982	42.9%

In addition to the factors referenced above, racism and other forms of overt or covert discrimination significantly impact students, not only how they perform academically, but their level of mental and physical health.<sup>10</sup>

## Racial Inequities and Survey Data

With the noted racial and ethnic inequities in ACEs and poverty, along with outright racism, why then do the reported incidents of anxiety, depression, and thoughts of suicide not show greater disparities? The National Survey of Children's Health questions on anxiety and depression were based on a diagnosis by a medical professional. So, access to care – particularly specialized care – or bias in diagnosis by a health care professional might be factors. Some of the other survey results may be based in the stigma some individuals feel about reporting any of these conditions.

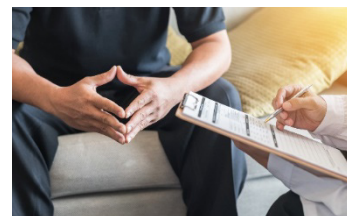
In a 2019 academic review of racial and ethnic differences in major depressive disorders (MDD)<sup>11</sup>, the authors noted:

When exploring boundaries to sustained and successful treatment of depression among African Americans, it is important to consider disparities in treatment of depression in different health care settings – predominantly in a primary care setting as opposed to a psychiatric setting. Over the years, a greater number of primary care physicians have been using pharmacological means by which to treat patients for psychiatric disorders such as depression. This shift from specialized care under a trained psychiatrist to a primary care setting may present a large disparity in not only recognizing the disease process in certain patients, but also in treatment modalities used to varying degrees of success. In a primary care setting, disparities in treatment may result from failure to properly detect depression or anxiety in minority patients.

This access issue may also be compounded by racial and ethnic bias:

Studies have examined what has been described as systemic racism in the medical community and have concluded that many Americans of color have restricted access to adequate care and resources due to racialized framing on the part of the provider. Pain is a subjective entity that varies from patient to patient and studies have concluded that it may be susceptible to social psychological influences like negative racial stereotypes that may guide the provider's judgment.

In preparing this policy brief, Children's Advocates for Change staff convened focus groups of young people across the state. In total, staff talked to more than 75 youth and asked them mainly open-ended questions. Some of our findings are detailed below. One Latino youth remarked in a conversation that he felt in his culture, and house, mental health issues were not something one talked about. A 2021 article from Medical News Today notes<sup>12</sup>:



“There is a perception in some Hispanic communities that it is inappropriate, embarrassing, or shameful to discuss mental health problems. Potential stigmatization may cause people to try and conceal symptoms of depression due to a fear of ostracism.”

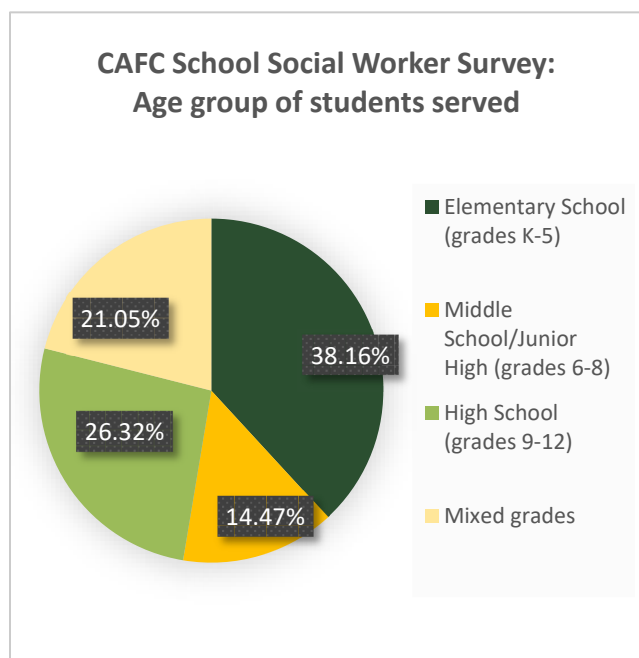


The same article notes that differences in family dynamics, and a close-knit family, may also reduce the impact of mental health stigma.

### *School Social Workers*

School social workers have also seen youth mental health needs from the front lines. Children's Advocates for Change surveyed 76 school social workers from around the state of Illinois regarding student mental health at their school. This was a self-reported survey in August of 2022 gathering the perspectives of school social workers from various grade levels, some as young as pre-kindergarten, all the way through high school.

- Over 86% of respondents agreed that student mental health was currently a concern at their school.
- Over 10% indicated student mental health was a concern before the pandemic.
- Over three-quarters of school social workers stated there were not enough resources to meet the needs of the students in their school.
- An overwhelming response of almost 82% of school social workers indicated there were barriers to the ability for students to receive mental health services at their school.



One concern that came up was the way the current system is set up. Often students who are doing poorly in class are identified as possibly needing mental health services, not considering (or being able to accommodate) students who are performing well academically and also need mental health support.

***“We are increasing the criteria to be more school based need in order to manage the volume. Unfortunately, some of the kids who are in the most danger with their mental health are performing well in their classes.”***

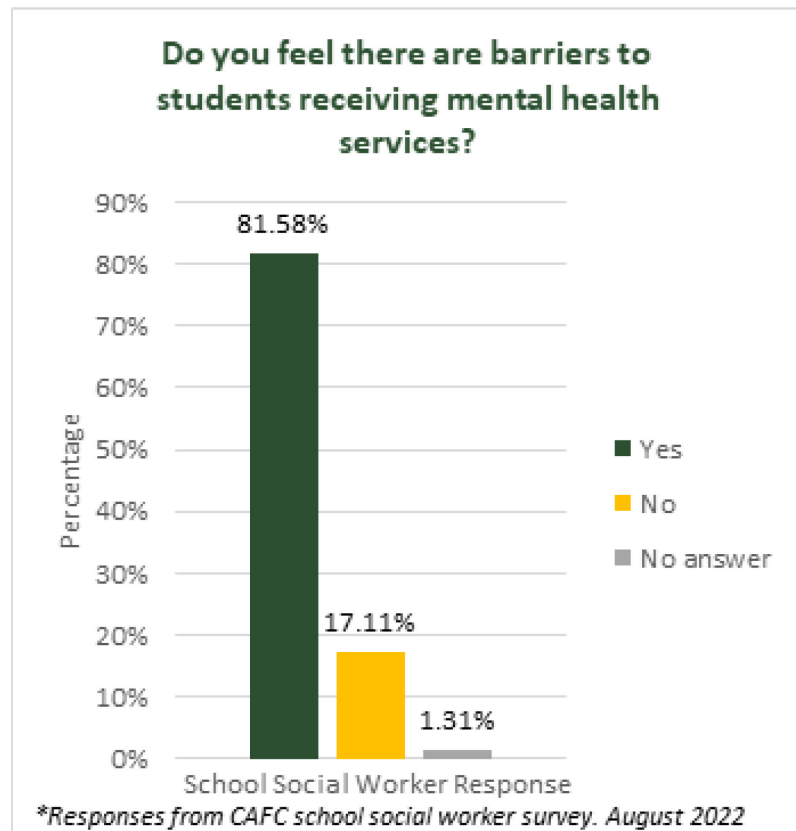
***(High school (grades 9-12) social worker in northern Illinois)***

When asked what the barriers were, responses of not enough staff and that parents decline services were common answers.

Additionally, many social workers indicated they are only able to serve students in crisis and are not able to support their normal caseload of students who have previously been identified as needing services on an on-going basis.

*“Not enough mental health personnel. I service 800 students in two buildings.”*

*(Middle and high school social worker (grades 5-12) in central Illinois)*



*“Not enough staff to adequately address the needs. As a mental health staff member I am typically responding to crisis situations and spend most of my time putting out fires as opposed to caring for students with ongoing mental health needs.”*

*(Elementary (grades K-5) school social worker in the City of Chicago)*

*“Embarrassed to ask for help. Parents don't agree to services. Not enough staff to help. Not enough time in the day to help.”*

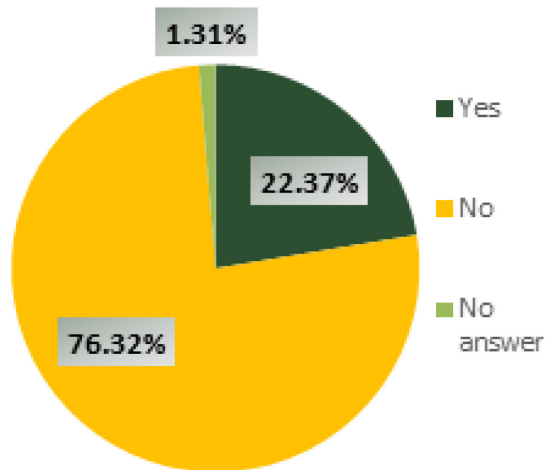
*(Elementary (grades K-5) school social worker in southern Illinois)*

Another common issue was the lack of available services for students, not only in the school, but also in the community.

*“There is a lack of affordable health services in the community and across the state. There are few psychiatrists, especially who treat young children, and other mental health professionals who accept state insurance or even other types of insurance. The waiting lists are long. Also, the few outplacement options for children with severe enough mental health issues that make it difficult or impossible for them to succeed in the public school setting (at least until they receive the help that they need) often do not have any openings due to staff shortages.”*

*(Elementary [grades K-5] school social worker in northern Illinois)*

Do you feel there are adequate mental health services to serve the needs of your student population?



*\*Responses from CAFC school social worker survey when asked about adequate mental health services to serve students. August 2022*

School social workers were also asked about the behavior students are exhibiting since the pandemic started, comparing their observations to previous school years. Their responses identified a lack of coping skills and lack of social development as the most significant increases, followed by increased irritability, restlessness, and depression. Classroom management was mentioned as a factor in behavior.

*“Lack of good classroom management - behavior escalated.”*

*(Elementary (K-5) school social worker in southern Illinois)*

The responses from the school social workers illustrate a picture of a considerable increase in concerning behaviors since the pandemic started.

**not enough staff**

crisis status and can't help basic needs

not enough time in the day long wait lists

ratio of social workers to students too high

**stigma** insurance doesn't cover

lack of services in the area

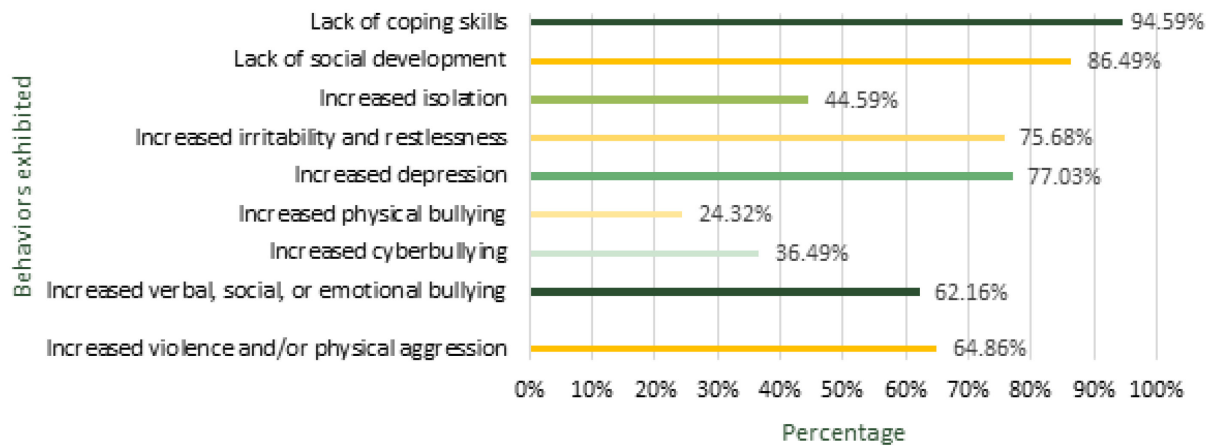
transportation

financial barriers **high needs without enough resources**

**parents decline services**

*\*Responses from CAFC school social worker survey when asked to identify the barriers to students receiving mental health services. August 2022*

**Compared to previous school years, students at my school during the 2021/2022 school year exhibited: (please check all that apply)**



*\*Responses from CAFC school social worker survey when asked about student behavior. August 2022*

Due to systemic issues that already existed from racial and ethnic disparities, many safety nets that may have once been available for vulnerable students were completely removed during the pandemic. Once in-person classes resumed, students may have left school to help take care of loved ones without access to health care. One school social worker we spoke with shared that the municipality in her district added a fine for truancy, which only increased the burden on these families who were already struggling.

*“The kids I work with were struggling to help their families and the fines imposed on them for missing school only added to mental health issues.”*

*(School social worker in northern Illinois)*



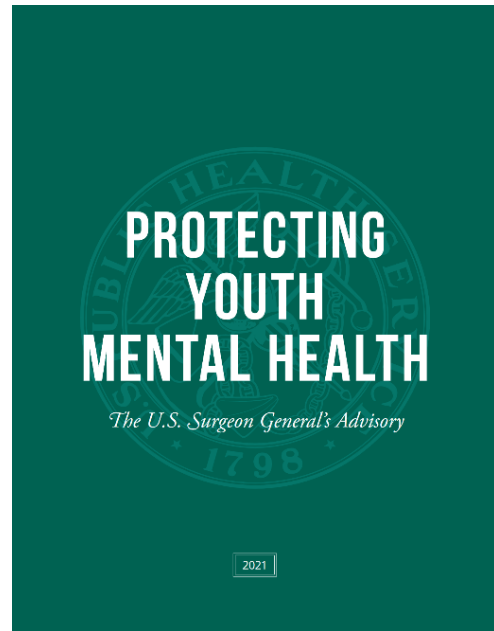
### Takeaways from School Social Worker Survey

- Schools do not have enough staff
- Parents decline mental health services
- Wait time to see mental health professional in the community is too long
- Cost is a barrier for families to access mental health services
- Due to increased need, school social workers are no longer able to see regular caseload and are only able to serve students in crisis

## Surgeon General Advisory

Recognizing the mental health challenges youth are facing, U.S. Surgeon General Dr. Vivek H. Murthy issued an Advisory in December 2021. In it, he noted the challenges young people face today and the effect those challenges have had on their mental health.

*The pandemic era's unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced. It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place. That's why I am issuing this Surgeon General's Advisory. Mental health challenges in children, adolescents, and young adults are real, and they are widespread.*<sup>13</sup>



*Among the steps he recommended in his Advisory:*

- Recognize that mental health is an essential part of overall health
- Empower youth and their families to recognize, manage, and learn from difficult emotions
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care
- Support the mental health of children and youth in educational, community, and childcare settings
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly

The Surgeon General also included a section on what educators, school staff, and school districts can do to address youth mental health needs. These included:

- Creating positive, safe, and affirming school environments
- Learning to recognize signs of changes in mental and physical health among students
- Providing a continuum of supports to meet student mental health needs

In February 2022 testimony before the U.S. Senate Committee on Finance regarding his mental health Advisory, Dr. Murthy stated the following:



U.S. Surgeon General Vivek H. Murthy, M.D., M.B.A.

Source: U.S. Senate Committee on Finance

*“You’re better off if you bring care to people where they are. Our kids are in school. The better we are able to bring care to schools through counselors, school nurses, school psychologists, the more easily we are going to be able to identify mental health struggles early and get kids the care that they need.”*

Studies show that multitiered systems of mental health support and services in schools (that may include mental health promotion, prevention, early intervention, and treatment) improve academic outcomes and reduce school failure.<sup>14</sup>

Delivering mental health services in a school setting can improve access to such care for many students. In poorer communities, whether it is due to insurance coverage, proximity of a community provider, use of a primary care physician versus a specialist, or a stigma families feel about mental health treatment, youth may not receive needed mental health treatment outside of school. School is a familiar meeting place for most children, providing a more accessible and comfortable site for students to receive mental health services than hospital or community mental health settings.<sup>15</sup>

So, what are Illinois schools doing to address youth mental health needs?

**In a database maintained by the National Center for School Mental Health, roughly 15,000 schools self-reported that they have comprehensive school mental health systems. That’s about 15% of K-12 public schools in the United States.**

Source: Sheasley, Chelsea, “Mental health: Is that a job for schools?”, The Christian Science Monitor, June 29, 2022





## ***Recent Laws in Illinois Addressing Mental Health (ISBE, n.d.)***

### **PA 101-0350**

Licensed school staff and administrators working with students in kindergarten through grade 12 are to be trained to recognize signs of mental illness as well as suicide warning signs, and subsequently trained in methods of intervention and referral.

### **PA 102-0321**

Students are permitted an excused absence citing mental health up to five days per school year. A medical note is not required and students must be permitted to make up any missed schoolwork during these absences. School personnel may follow up after the second mental health day is used.

### **PA 102-0267**

A suicide awareness and prevention policy needs to be posted on a school district's website that is accessible to the public.

### **PA 102-0522**

All classes that teach comprehensive personal health and safety and comprehensive sexual health education shall include information about local resources where students can obtain additional information and confidential services related to parenting, bullying, interpersonal violence, sexual violence, suicide prevention, sexual and reproductive health, mental health, substance abuse, sexual orientation, gender identity, gender expression, and other related issues.

### **HJR 1 (Adopted June 2021)**

Urges Illinois schools to provide education for all students in grades six to 12 on how to identify, understand, and respond to signs of addictions and mental illnesses, as well as provide instruction for how to help someone who is developing a mental health problem or experiencing a mental health crisis.

## **What Is Being Done**

### *Illinois State Board of Education Social-Emotional Learning (SEL) Hubs*

In the spring of 2021, Illinois adopted the Culturally Responsive Teaching and Leading Standards, and the Illinois State Board of Education (ISBE) is currently looking to reinforce implementation and assessment of these standards in teaching education programs.<sup>16</sup> ISBE created seven social-emotional learning (SEL) hubs in regions across the state of Illinois to support districts and help expand SEL implementation. Social-emotional learning (SEL) addresses emotional regulation, in addition to other competencies such as social awareness, decision making, and interpersonal skills.<sup>17</sup> Research illustrates that many of the tenets of SEL curriculum directly support mental health.<sup>18</sup> In its Strategic Plan released in June 2022, ISBE estimated that by the end of 2021-22 school year, 50% of schools (1,925 of the 3,850 statewide) will have accessed SEL/trauma training from the regional training hubs.<sup>16</sup>

### *Collaborative Partnerships with Federal Funding*

There have been many opportunities for federal and state funding to address youth mental health, especially in collaboration with ISBE. Below, Project REACH and Project AWARE, are two examples of major funding that goes through ISBE. It is important to note this not an exhaustive list and there could be other projects and funding meeting youth mental health needs.

## **Project REACH**

In 2020, ISBE established a partnership with the Center for Childhood Resilience (CCR) at Lurie Children's Hospital to offer training and support to the SEL hubs.<sup>19</sup>

The state expanded the program in 2022 in partnership with the Illinois Department of Public Health.

Funded through federal pandemic aid, the CCR offers trainings through use of the Resilience Education to Advance Community Health (REACH) model which focuses on training in trauma evaluations, trauma-informed response, and subsequent action plans.<sup>18</sup> Illinois began its REACH initiative last year. According to ISBE:



- Each participating school will form a REACH school team with the following members: mental health professional, administrator, teacher, parent or caregiver, and community member or partner.
- REACH school teams will work together to:
  - Complete trauma training through the online REACH Learning and Resource Hub.
  - Conduct a needs assessment to pinpoint gaps in trauma-responsive practices.
  - Develop a Trauma-Responsive Schools Action Plan to address areas of need identified in the assessment.
  - Implement a data-driven action plan to support students' social-emotional learning and mental health.

As of April 2022, 52 schools formed REACH teams to build the capacity of their schools to implement and expand trauma-responsive policies and practices.<sup>19</sup>



## Project AWARE

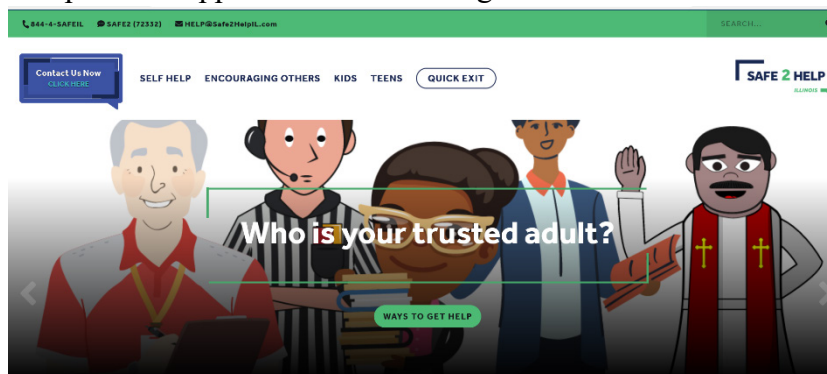
In 2020, the Substance Abuse and Mental Health Administration within the U.S. Department of Health and Human Services launched Project AWARE (Advancing Wellness and Resiliency in Education), which made funding available through federal grants up to \$1.8 million per proposed budget to support youth mental health needs in schools and in the community.<sup>20</sup> Through Project AWARE, funding is available for mental health literacy training for school district staff and educators.<sup>21</sup> Eligibility for funding includes a requirement that any program receiving grants from Project AWARE ensures quality access to all and recognizes and addresses cultural and linguistic diversity of any populations served by the grant.<sup>22</sup> Some of the goals of Project AWARE<sup>21</sup> are:

- Expand access to culturally informed and developmentally appropriate mental health services for school and community based mental health services, especially for children with more serious mental health needs.
- Create school-based mental health programs to screen, provide early intervention, and strengthen schools' ability to support children with continuing mental health needs.
- Connect communities and families to build participation in developing school and community-programs for youth.

Currently, the only three Illinois school districts participating: Chicago School District #299, Eldorado CUSD #4, and Bloomington School District #87.<sup>23</sup>

### *State-Supported Crisis Hotline*

Safe2HelpIL is a 24/7 school safety program developed by the state of Illinois to raise awareness and provide support for threats facing kids in Illinois schools. A major component is a helpline



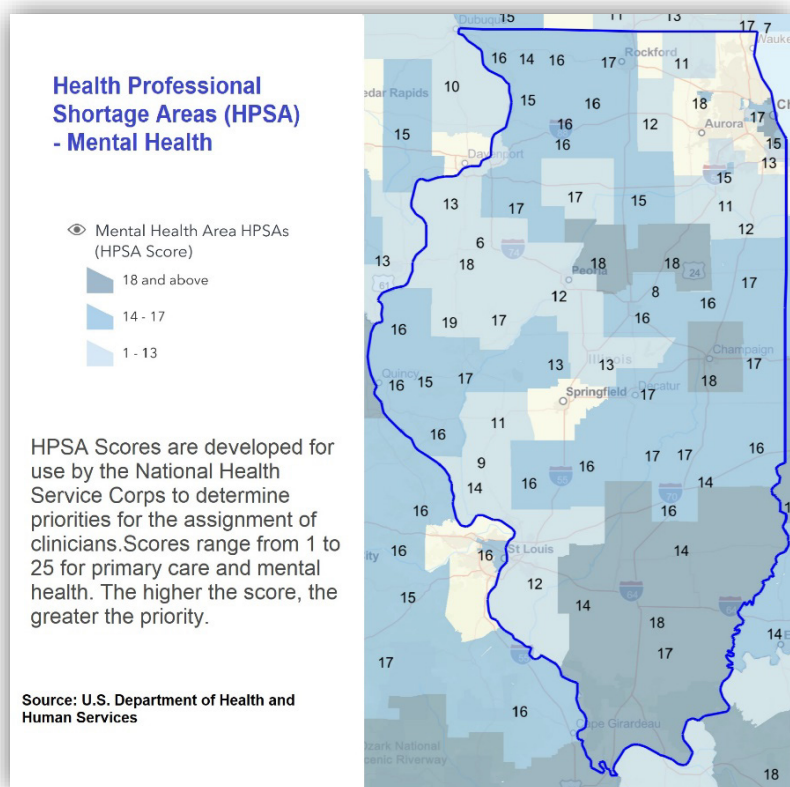
that youth can access confidentially to report a wide variety of concerns.

Safe2HelpIL offers student resources, such as videos and articles on a multitude of topics such as bullying, abuse, self-harm, among many other issues

youth may be experiencing. Students can call, text, email, or use the mobile app to report concerns or get help. ISBE hubs offer training from Safe2HelpIL for educators to help implement SEL curriculum and use other resources available.

## Telehealth

Telehealth, the process of connecting virtually via a screen with a healthcare provider, became more widely used during the pandemic. Aside from a pandemic, there are many circumstances in which telehealth works well to remove barriers to talking to a healthcare provider. Telehealth helps resolve issues with transportation, travel time, as well as increasing access in areas in which there are many services providers available.<sup>22</sup> Additionally, the ability to connect with a provider from any location, offers adults with children the opportunity to access care for themselves or assist another person accessing care without concern about child care.<sup>24</sup>



Telehealth can be particularly helpful in rural areas. According to the federal government, approximately 80% of U.S. rural areas are classified as medically underserved.<sup>23</sup>

Yet, there are also some challenges associated with telehealth adoption, including broadband access, privacy considerations, and upfront infrastructure costs.<sup>24</sup> A 2021 Pew Research Center Survey showed eight-in-ten white adults report owning a desktop or laptop computer, compared with 69% of Black adults and 67% of Hispanic adults. Eight-in-ten white adults also report

having a broadband connection at home, while smaller shares of Black and Hispanic adults say the same – 71% and 65%, respectively.<sup>25</sup>

- 57.9% of African American households in Illinois have wireline broadband
- 63.4% of Latino households in Illinois have wireline broadband
- 71.2% of white households in Illinois have wireline broadband

---

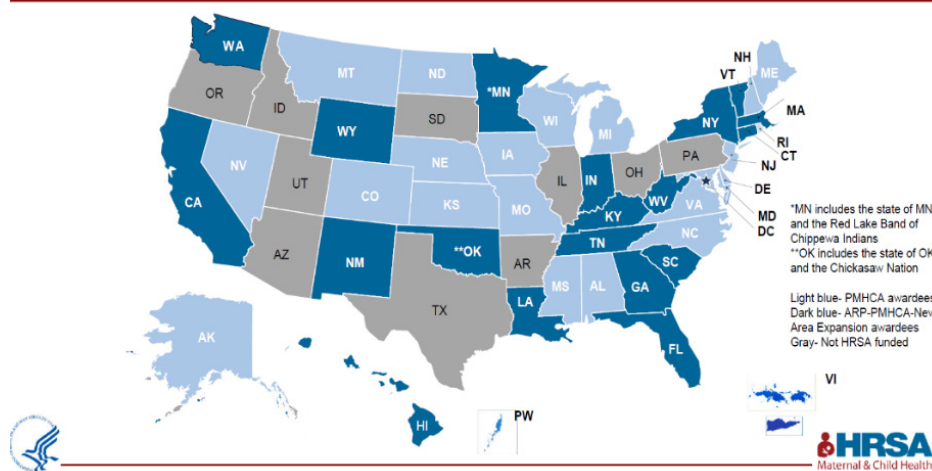
Source: Horrigan, John, Brian Whitacre, Colin Rhinesmith, *Universal Broadband in Illinois: Studying the Costs of Providing Free and Affordable Service for All Residents*, Presented to the Illinois Broadband Advisory Council, December 2020

---

In a 2019, pre-pandemic, more than one million students in over 1,800 public schools nationally had access to a school-based health center (SBHC) using telehealth. These SBHCs were primarily in rural communities and sponsored by hospitals.<sup>26</sup>

The federal Pediatric Mental Health Care Access Program works to develop statewide or regional mental health care telehealth access programs.

## PMHCA/ARP-PMHCA Program Reach 2021



According to broadbandillinois.org, school based telebehavioral health is provided:

- In four Chicago public high schools and one Chicago public elementary schools (part of a demonstration project).
- In about 35 public schools in Carroll, Lee, Ogle and Whiteside counties via Sinnissippi Behavioral Health
- In three school districts receiving services from the Chestnut Health Systems based in Bloomington and
- In Saline, Gallatin, White, and Wayne counties via the Egyptian Health Department

Earlier this year, the Mississippi State Board of Education approved a \$17.6 million grant to the University of Mississippi Medical Center to create a telehealth delivery system within K-12 schools to provide remote healthcare and healthcare provider access to students.<sup>27</sup>

The effectiveness of telehealth in delivering mental health services may depend on the severity of an individual's condition. In a 2020 survey of the acceptability and feasibility of telehealth services shortly after their rapid introduction into a New York City community behavioral health agency as part of the response to the COVID-19 pandemic, individuals (1,482 responses by adults; in some cases guardians answering the survey for minors) served via telehealth reported that their ability to connect to staff, receive



support, and make an appointment was at least as great as before the pandemic, and most indicated interest in continuing remote services after the pandemic ended.<sup>28</sup>

A 2020 Minnesota Department of Human Services Legislative Report stated: The use of telehealth services in both rural and urban environments, including schools, has been found to be effective, cost efficient, and met with high ratings of satisfaction by students.<sup>29</sup>

However, in a 2020 University of Michigan survey of 14- to 24-year-old researchers found 49% of respondents saying they didn't feel virtual visits were as effective as in-person ones, 20% saying they were equally effective, and 16% saying it would depend on the situation.<sup>30</sup>

---

### *Local Efforts in Illinois*



There is a variation to how school districts approach the issue of student mental health. Each school district has considerable autonomy over how to use funding and how to manage issues that affect their student population. Here are a few examples of local school district efforts:

#### **Springfield District 186 Mental Health Assessments**

School district 186 in Springfield currently utilizes two assessments, issued twice a year to their students. First, the FastBridge SAEBRS is a social-emotional learning tool to assess different dimensions of social, emotional, and academic skills, from academic readiness to how a student internalizes or externalizes problems. This assessment is done in the beginning of the school year and is filled out by teachers of grades kindergarten through second and is self-reporting for grades third through 12. District administration use the assessments as a beginning point to have a conversation with parents and guardians to help begin dialogue with a family to identify potential additional needs in a student.

The second assessment, Panorama, is a tool to gauge the climate of the school environment, which includes factors of school safety. Using these assessments help district staff and educators proactively identify students who may need an additional level of intervention and offer an opportunity to open a conversation with families.

#### **Egyptian Health Department Telehealth: Saline, Gallatin, White, Hamilton, and Wayne counties in Illinois**

Egyptian Health Department serves five counties in southern Illinois, primarily rural areas where transportation is a barrier to access mental health care. Funded by the Community Mental Health Centers Grant Program, Egyptian Health Department (EHD) has hired one telehealth therapist to provide virtual services to children and adolescents in the counties it serves. Parents are given the

option for telehealth or in-person services, yet there is a stipulation that EHD reserves the right to transfer services to in-person should it be recommended for higher need.

The grant funding allowed EHD to hire support specialists to work in local high schools, which is primarily geared toward substance use screening. All six high schools have installed telehealth equipment so that students can be easily pulled from class to go to the telehealth room for a private appointment. For students who are identified as needing in-person services, the support specialist has one night a week where they are either at a local clinic close to the school or the support specialist has sessions at the school during that designated time.

### **Paris School District #95, Paris, Illinois**

The National Council for Mental Wellbeing partnered with Lady Gaga's Born This Way Foundation to bring an expanded pilot program, teen Mental Health First Aid (tMHFA), to 35 school districts across the country.<sup>31</sup> In Paris, Illinois, the Paris School District was chosen to pilot this program.

The tMHFA is a peer-to-peer initiative that teaches young people a five-step action plan to help a peer that may be experiencing a mental health challenge and also emphasizes the critical step of involving a trusted adult.<sup>32</sup> Young people in grades 10-12 are taught how to recognize and respond to signs of mental health challenges and substance use issues in peers.<sup>32</sup> According to a randomized controlled study examining the efficacy of tMHFA, after 12 months of training, researchers noted an increase in willingness to support peers experiencing anxiety and depression, the willingness to reach out to a trusted adult, and a reduction of stigma surrounding mental health challenges.<sup>32</sup>

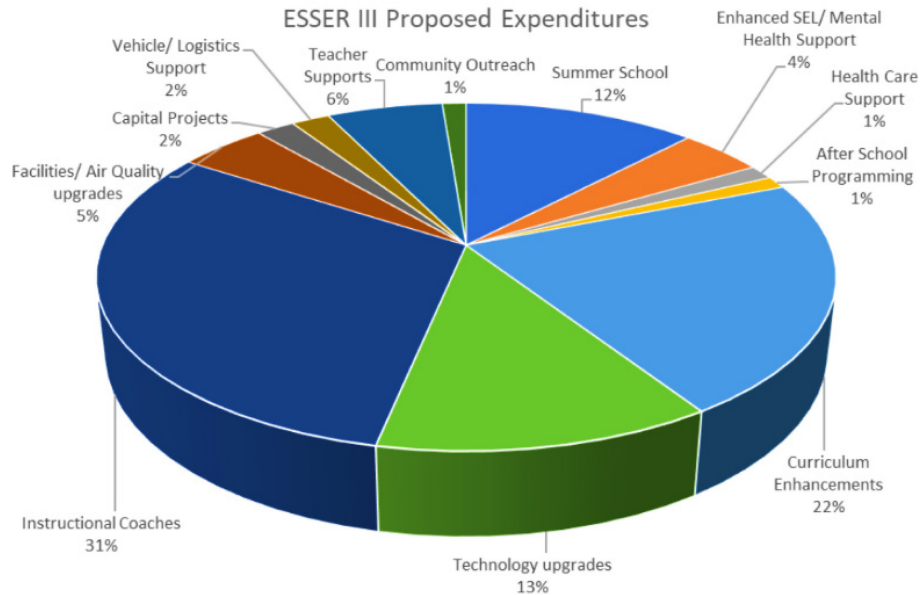
---

Of the efforts underway by the ISBE and the Illinois Department of Human Services to address youth mental health needs in a school setting, the funding for many of these programs and services is short term. In some cases, the funding stream is from federal COVID-19 relief funds and in other cases a federal grant for a specified number of years.

Most of the federal COVID-19 relief money used for student mental health services came through the Elementary and Secondary School Emergency Relief Fund (ESSER). From the three funding streams noted below, Illinois received a total of \$7,541,182,944. Of that amount it kept, \$476,170,135 for state-directed programming with the remaining funds allocated to local school districts across the state.<sup>33</sup> Federal law requires a school district that receives American Rescue Plan ESSER funds to develop a plan for use of the funds and submit it to the Illinois State Board of Education.<sup>34</sup> ISBE does not have an aggregate number for funds spent on mental health services. A review of some of the plans includes the following:



## Bloomington Public Schools District 87



## Wilmette Public Schools District 39

The District's ESSER III allocation is \$708,636. Of that amount, its stated expenditures include:

### Mental Health/SEL (Professional Development)

**Amount Allocated:** \$75,000

Funds will be allocated to provide intensive training to teachers and other faculty members in how to establish and support responsive classroom environments and school communities. The goal of this professional development is to ensure that teachers and faculty have the training to create learning communities that ameliorate the adverse impact of the pandemic on social emotional learning and mental health for students.

### Parent Education

**Amount Allocated:** \$25,000

District 39 will host a series of parent education events focused on a variety of topics, including the return to full in-person learning, mental health, responsive classrooms, executive functioning, transition activities, and home-school collaboration.

### Mental Health/SEL (Student Activities)

**Amount Allocated:** \$20,000

District 39 will allocate funds to increase the extracurricular programming to support students who benefit from peer support with mental health, anxiety, and social emotional development. These funds will be focused on students in middle school and junior high school (grades 5-8).

## Macomb Community Unit School District 185

ESSER III Funding Plan - October 14, 2021	2021-2024
Summer School to include tutoring, RTI (Response to Intervention) services, and course recovery	\$255,272
Online Learning Support, Tools and Services	\$106,212
Technology Overhaul to include Servers and Infrastructure	\$633,809
Curriculum Director to Align the Pre-K !2 Curriculum and Direct the Assessment Process	\$405,000
Disinfectants, Masks, and Air Filters	\$110,000
Air Quality Upgrades to HVAC Middle School	\$970,000
MacArthur School Library Addition and Restrooms to Allow for Social Distancing	\$750,000
Macomb High School Remove Several Temporary Walls and Create Larger Learning Spaces for Social Distancing	\$1,734,347

### Elementary and Secondary School Emergency Relief Fund (ESSER)

#### ESSER I

On March 27, 2020, Congress set aside approximately \$13.2 billion of the \$30.75 billion allotted to the Education Stabilization Fund through the Coronavirus Aid Relief, and Economic Security (CARES) Act for the Elementary and Secondary School Emergency Relief Fund (ESSER) Fund. The Department awarded these grants to state educational agencies (SEAs) for the purpose of providing local educational agencies (LEAs), including charter schools that are LEAs, with emergency relief funds to address the impact that COVID-19 has had, and continues to have, on elementary and secondary schools across the nation.

#### ESSER II

The Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021, was signed into law on December 27, 2020, and provided an additional \$54.3 billion for the Elementary and Secondary School Emergency Relief (ESSER II) Fund.

#### ARP ESSER

On March 11, 2021, the American Rescue Plan (ARP) Act was signed into law. It was a \$1.9 trillion package of assistance measures, including \$122 billion for the ARP Elementary and Secondary School Emergency Relief (ARP ESSER) Fund. Funds are provided to SEAs and LEAs to help safely reopen and sustain the same operation of schools and address the impact of the coronavirus pandemic on students.

ESSER and GEER [Governor's Emergency Education Relief Programs] funds may be used for a wide range of activities, including:

- Supporting physical health and safety, such as developing strategies and implementing public health protocols including, to the greatest extent practicable, policies in line with guidance from the Centers for Disease Control and Prevention (CDC)
- Meeting students' social, emotional, mental health, academic, and other needs
- Operational continuity and other allowed uses.

*Source: U.S. Department of Education*

The items specified below regarding state spending are specifically directed to mental health or trauma-informed care for students. Funding came from pandemic-relief federal funds. There are other programs, some of which are noted below, that also impact youth mental health by dealing with issues related to housing, food insecurity, community safety, and other areas.<sup>33;35</sup>

These programs and initiatives include:

Agency	Project	Amount	
ISBE	ESSER II & III Community Partnership Grants	\$86 million	136 grantees

**The Community Partnership Grant addresses the post-pandemic gaps in opportunity and unfinished teaching/learning that school districts in Illinois are facing. More specifically, the grant aims to decrease the gaps in meeting students' social, emotional, behavioral, and mental health needs.**

ISBE	ESSER II	REACH -Resilience Education to Advance Community Healing	\$12 million	Open to every school district in the state.
------	----------	--	--------------	---

**The Resilience Education to Advance Community Healing (REACH) Statewide Initiative trains educators, school mental health professionals, and community members to recognize the signs and symptoms of trauma and address students' social-emotional and mental health needs.**

ISBE	ESSER II and III	SEL and Trauma Hubs	\$18 million	Open to every school district in the state. To date (August): More than half of the schools throughout the state have accessed training from the Hubs. More than 5,500 educators have accessed training from the Hubs.
------	------------------	---------------------	--------------	---

**7 geographically equitable hubs. The purpose is to meet districts where they are their SEL and Trauma needs based on the results of a Trauma Assessment**

ISBE	21 <sup>st</sup> CCLC	Out of School Time Programming	\$88 million	200+ grantees operating over 600 sites
------	-----------------------	--------------------------------	--------------	--

**61% of grantees included trauma responsive practices in their programming**

ISBE	Homeless ARP Funding	ARP State Set Aside	\$300,000 IGA with UIS	Available to all school personnel in the state. Will be launching in the fall of 2022
------	----------------------	---------------------	------------------------	---

**In conjunction with the University of Illinois- Springfield, creating homeless simulations to assist educators in understanding the trauma that homeless students may experience before entering the classroom.**



ISBE	21 <sup>st</sup> CCLC	21 <sup>st</sup> SEA set aside REACH Pilot	\$800,000 from ISBE Admin. Funds	All 21 <sup>st</sup> grantees were identified as a targeted or comprehensive school was eligible to participate.
------	-----------------------	--	----------------------------------	--

**The Resilience Education to Advance Community Healing (REACH) Statewide Initiative trains educators, school mental health professionals, and community members to recognize the signs and symptoms of trauma and address students' social-emotional and mental health needs.**

ISBE	SAMSHA Funding	IL AWARE	\$1.8 million/year for 5 years	Working with Chicago Public Schools, Bloomington and Eldorado to develop a mental health framework for all school districts throughout the state.
------	----------------	----------	--------------------------------	---

Program described above. The purpose of Project AWARE is to develop a sustainable infrastructure for school-based mental health programs and services. It is expected that the recipient will build a collaborative partnership that includes the state Education Agency, the Local Education Agency, the State Mental Health Agency, community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth.

DHS	Becoming a Man	\$ 3 million
-----	----------------	--------------

**Becoming a Man (BAM)** is a school-based group counseling program that develops the social-emotional competencies of students in grades 7-12, helping to ensure that young men are successful socially, emotionally, and academically, and that they are prepared for life after high school. BAM targets young men who demonstrate characteristics correlated to increased dropout or violent behavior including living in impoverished and/or violent communities, being old for their grade, behind academically truant from school, or involved with the justice or school discipline systems. The targeted schools are all located in communities with varying levels of economic and social distress exacerbated by the significant challenges of COVID-19 and the racial injustices highlighted over the last year.

DHS	Working on Womanhood	\$3 million
-----	----------------------	-------------

**Working on Womanhood (WOW)** is trauma-focused research informed in-school group-based counseling and clinical mentoring program that works to improve social emotional and behavioral competencies in seventh - 12th grade girls and young women at high risk of exposure to traumatic stressors and/or with emotion regulation challenges. Youth Guidance's evaluation team uses a carefully designed assessment strategy to track progress towards program goals and objectives.

DHS	Well Kids Learning Club	150,000
-----	-------------------------	---------

The main activities will include the Well Kids Learning Hub, which is a fully staffed educational center located in Urbana, Illinois. The Learning Hub serves families who have been historically marginalized by traditional systems of support. All the students are from Black and Hispanic families. This project will include after school and extended school year programming. During the COVID-19 pandemic the Well Kids Learning Hub served as a center where students could participate in remote learning through their schools with in-person assistance from the Well Experience staff. Teens may apply to participate in the Girls to Life Development Program. The Girls to Life program provides teenage girls additional training and support in college and career readiness. Girls in this program receive a stipend for participation and participate in college visits and workplace internship opportunities in addition to social work and psychological counseling services and life skills training.

DHS	Summer Youth Employment	\$ 60 million
-----	-------------------------	---------------

This program is designed to target current youth and new youth interested in working toward a goal of developing workplace skills and gaining employment experience while exploring potential Career Pathways. Grantees will partner with local employers in need of summer workers. The primary objective for youth served in the C-SYEP program is to develop their Essential Employability Skills and to earn a minimum of 180 hours of entry-level work experience.

DHS	Teen Reach	\$10 million
-----	------------	--------------

Teen REACH programs are to expand the range of choices and opportunities that enable empower and encourage youth to achieve positive growth and development improve expectations and capacities for future success and avoid and/or reduce risk-taking behaviors Six core services; 1) improving academic performance 2) life skills education 3) recreation sports and cultural artistic activities 4) positive adult mentors 5) service learning activities and 6) science technology engineering and math Services are targeted at older youth at-risk youth and high-need communities The services are allowed under the guidance for addressing health disparities and social determinants of health.

Congress has approved additional funding for youth mental health services with the federal gun safety bill (Bipartisan Safer Communities Act S. 2938) signed into law in June of this year. This bill includes:<sup>36</sup>

- \$80 million over four years for a pediatric mental health care access program, which allows pediatricians to provide mental health services via telehealth. An additional \$60 million over four years is directed toward training primary care clinicians to provide mental health services to young people.
- \$250 million over four years to increase the Community Mental Health Services block grants to states to help fill in blanks in a state's mental health system, such as creating care programs for adults and children with serious mental illnesses or emotional disturbances.

- \$240 million over four years to be added to Project AWARE, which provides grants to mental and behavioral health organizations, community groups, and schools to raise students' awareness of and connect them to mental health services in schools.
- \$150 million this year for the new 988 National Suicide Prevention Lifeline, which launched in mid-July.

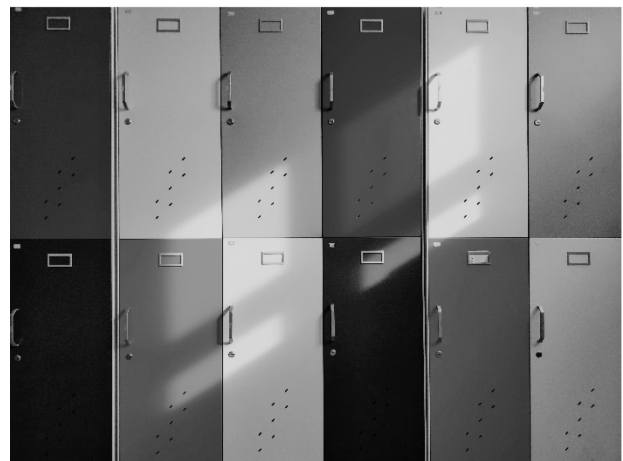
### **School Social Worker/School Counselor Ratios**

The National Association of Social Workers (NASW) recommends schools maintain a ratio of one school social worker for 250 students (.004). Under Illinois law, 105 ILCS 5/34-18.58, the state recommends the noted NASW standard but does not require the ratio be maintained:

“The school district may employ a sufficient number of school social workers to address the needs of their students and schools and may maintain the nationally recommended student-to-school social worker ratio of 250 to 1.”

In some cases, a social worker might provide direct services to a student regarding anxiety, depression, or hopelessness. In other cases, a counselor might discuss issues with a student along with providing academic counseling.

A February 2022 report by the entity Inseparable put the Illinois social worker to student ratio at one to 741 students (.00135). While far short of meeting the recommended goal, the social worker ratio is higher than surrounding states, but the counselor ratio is lower than what is documented for our neighbors:<sup>37</sup>



## Illinois

Social worker to student ratio 1:741 (.00135)  
Counselor to student ratio 1:626 (.00160)

## Indiana

Social worker to student ratio 1:1,829 (.00055)  
Counselor to student ratio 1:497 (.00201)

## Iowa

Social worker to student ratio 1:8,973 (.00011)  
Counselor to student ratio 1:391 (.00256)

## Kentucky

Social worker to student ratio 1:3,400 (.00029)  
Counselor to student ratio 1:425 (.00235)

## Missouri

Social worker to student ratio 1:2,500 (.00040)  
Counselor to student ratio 1:339 (.00295)

## Wisconsin

Social worker to student ratio 1:1,750 (.00057)  
Counselor to student ratio: 1:414 (.00242)



Data from the Illinois State Board of Education shows there is quite a variation. In some cases, the data is incomplete. Here is just a sampling:

		Counselor to student ratio	Social worker to student ratio	Psychologist to student ratio
Carbondale CHSD 165	2021	0.0053	0.0011	-
Morris CHSD 101	2021	0.0035	0.0035	-
East Peoria CHSD 309	2021	0.0030	0.0010	-
City of Chicago SD 299	2021	0.0023	0.0003	0.0001
Charleston CUSD 1	2021	0.0020	0.0020	0.0008
Rockford SD 205	2021	0.0020	0.0018	0.0012
Mt Zion CUSD 3	2021	0.0013	0.0013	-
Red Bud CUSD 132	2021	0.0010	0.0010	-
Staunton CUSD 6	2021	0.0008	0.0008	-
Palatine CCSD 15	2021	0.0003	0.0029	0.0014
Schaumburg CCSD 54	2021	0.0001	0.0032	0.0020

## What are other states doing?

Before the COVID-19 outbreak and leading into its early stages, several states embarked on initiatives to address youth mental health. Just a few of these efforts included:<sup>38</sup>

**Florida:** Provided funding to assist school districts in establishing or expanding school-based mental health care. The State Board of Education established a requirement that every Florida public school provide students in grades 6-12 with at least five hours of mental health instruction. (2019)

**Maine:** Approved legislation requiring K-12 health education curricula to address the relationship between physical and mental health to reduce stigma and enhance students' understanding of attitudes toward and behavior relating to mental health. (2019)

**Tennessee:** Enacted legislation requiring a Local Education Agency to develop a plan to conduct mental and behavioral health screenings for all students in kindergarten through eighth grade during the 2021-22 school year. (2020)

**Virginia:** Enacted House Bill 1508, which requires local school boards to employ school counselors with a predetermined ratio. The ratio differs between elementary, middle and high school students, with the most concentrated number being at the high school level. (2020)

In addition to the previously noted Illinois law requiring health education courses for students to include information on mental health, other states enacted laws during the pandemic that either increased access to school-based mental health services or supported strategic planning regarding such access. According to the National Academy for State Health Policy, the following states took the noted actions.<sup>39</sup>

- **Arkansas's HB 1689** (Act 802) established the Arkansas Legislative Study on Mental Health and Behavioral Health, which is required to study and develop a report on mental health screening and suicide prevention policies for children in schools. (Enacted October 1, 2021)
- **California's AB 133** (Chapter 143) established the Children's Behavioral Health Initiative, which includes grant funding for school-linked behavioral health services. (Enacted July 27, 2021)
- **Connecticut's HB 6621** (Public Act No. 21-95) established requirements for the School Emotional Learning and School Climate Advisory Collaborative, which will develop a strategy to initiate collaborations with community-based mental health providers and support school staff in mental health and social-emotional learning. (Enacted June 24, 2021)

- **Florida’s SB 590** (Chapter 2021-176) requires that school health services plans, which are jointly developed by county health departments and local school boards, indicate that school and law enforcement staff must attempt to contact a mental health professional for a student in crisis, and that behavioral health providers and school resource officers must attempt to verbally de-escalate crises. (Enacted July 6, 2021)
- **Massachusetts’ H 4002** (Chapter 24) appropriated funding for a pilot program for telebehavioral health services through schools. (Enacted July 29, 2021)
- **North Carolina’s SB 105** (SL 2021-180) allocated funding from the American Rescue Plan Act to establish a grant program for schools to hire psychologists in response to COVID-19. (Enacted November 18, 2021)
- **Rhode Island’s SB 31/HB 5353** (Chapter 131) requires that school staff and students receive education on suicide awareness and prevention. (Enacted April 22, 2021)
- **Texas’ SB 279** requires schools to include crisis line contact information on all identification cards for students in grades six through twelve. (Enacted May 28, 2021)
- **Virginia’s SB 1288/2299** (Chapter 452) requires that school counselors receive training in mental health, including mental health disorders, depression, trauma, and youth suicide, in order to be licensed and to renew their license. (Enacted March 30, 2021)
- **Washington’s HB 1373** (Chapter 167) requires all school websites to provide access to information and resources on behavioral health, including mental health. (Enacted May 3, 2021)

Not listed is **Colorado’s HB 21-1258** that established an interim behavioral health services program to provide access to mental health services for youth 18 years of age and under or up to 21 years old if the individual has a special education services plan.<sup>40</sup> First approved in 2021 for one year, the program reimbursed providers for up to three mental health sessions with a youth with additional reimbursement subject to available funds. The state renewed the program earlier this year for an additional year. The “I Matter” website (<https://imattercolorado.org>) now states the program can connect a youth with a therapist for up to six free virtual counseling sessions (with some in-person appointments). From October 2021 through March 2022, the program managed over 1,300 therapy sessions with more than 3,000 scheduled appointments.<sup>41</sup>

## What Students Are Saying

Various surveys are conducted statewide and across the nation to gain an insight into how youth are perceiving their own mental health. When analyzing the results, it is important to understand how the data is collected. Many of these surveys are based on self-reporting and participation is voluntary. According to the Adolescent Behaviors and Experiences Survey (ABES)<sup>42</sup> noted earlier that took

place January through June of 2021 in the United States, 37.1% of youth indicated that during the COVID-19 pandemic their mental health was “most of the time” or “always” not good, which included experiencing stress, anxiety, and depression. In addition to the above symptoms of decreased mental health, isolation was also a considerable problem.<sup>43</sup> Over a quarter of teens reported that they were “never” or “rarely” able to get together with friends, family, or other groups throughout the COVID-19 pandemic.<sup>42</sup>

For this paper, Children’s Advocates for Change spoke to more than 75 young people across the state from Chicago, the Chicago suburbs, East St. Louis, and Moline to hear from them what issues are impacting their communities. When we spoke with them about the issues affecting youth mental health, racism and homophobia were two of the top issues they felt were problems within the schools. Youth have expressed that it often feels as if there is not adequate intervention from the administration regarding reported concerns about racism and homophobia.



***“It would be helpful to have a program that teaches parents about what kids are going through.”***

***(CAFC Youth Perspective Participant, Age 14)***

Another group of teenagers took the opportunity to share some of their thoughts regarding mental health resources available in the school and whether it was easy to access help. One common theme that came up was an initial barrier to being able to leave the classroom. A few students from Chicago spoke to that concern.

*“The guidance counselor is barely at the school, and you would need a valid reason to talk to a teacher during lunch. If you are late by a short period of time, you would get yelled at.”*

*“Teachers would either say it’s not real or that it’s not an excuse to be wasting time.”*

*“Many people find it hard to access the help because they have to go out of their way just to ask/receive it and when they do they only get it on certain days.”*

When asked what is one thing that would support the mental health of young people if it could go into effect immediately, the responses are significant.



*“Have adults not invalidate kids’ mental health and try helping.”*

*“No waitlist for anyone and all insurances accepted!”*

*“More accessible mental health resources, for example a support group at a public library. Also, LGBTQIA+ education, especially affirming trans youth.”*

*“I would have more people to talk to available and have it well known on how to access the help.”*

*“Make these resources easier to access without going through a lot of stress and hurry.”*

## **Recommendations for state action**

### ***1) Conduct regular mental health assessment for students and use the data to establish grant programs for school districts***

Require Illinois schools to conduct a mental health and wellness assessment of students at least once per school year to determine needs for student population within each school district in Illinois. In its report earlier this year, the state’s Whole Child Task Force recommended the creation of a district-level student/childhood adversity index to measure community childhood trauma exposure.<sup>44</sup> This could complement annual assessments.

The State could create a categorical grant program for school mental health personnel to provide trauma-informed support based on assessment outcomes to students with high need. The Whole Child Task Force has recommended the state charge the Evidence-Based Funding (EBF) Professional Review Panel with recommending any revisions to the EBF school-funding formula based on the student/childhood adversity index note above. Any change to the EBF formula should ensure that the state still provides the necessary annual appropriations to help currently underfunded schools and that Illinois achieves the overall goal of all school districts reaching an “adequate” funding level.

### ***2) Mandate school mental health staff to student ratio***

As noted earlier, state law currently *suggests* but does not mandate a ratio of one school social worker for every 250 students for Illinois schools. This is not sufficient to address the youth mental health needs present in schools. Therefore, we recommended the state establish an appropriate ratio of school mental health personnel per student based on need as determined by the mental health assessment discussed above. Some schools may need a higher ratio (one social worker per fewer than 250 students). Additionally, the ratio,



once established, needs to remain as a requirement to ensure students have access to the necessary resources.

### ***3) Establish and expand school-based health resources with additional staff and telehealth***

School-based mental health care is a positive solution to address youth mental health care by bringing the services to students. The place where children spend a large majority of their time, schools are a natural place for mental health resources, often removing access barriers since the child is already at the location.<sup>45</sup> Treatment intervention can decrease negative outcomes from exposure to ACEs as a child.<sup>7</sup> Mental health resources in schools can also increase social skills, positive relationships, and academic success, while also decreasing rates of truancy and incidences of discipline.<sup>45</sup>

Increasing mental health staff (social workers, therapists, psychologists, and other behavioral health professionals) within schools is critical to addressing youth mental health needs. Yet, workforce issues can complicate timely hiring. In addition, some parts of the state lack enough social workers and other healthcare professionals within the region to deliver mental health services. While it should not be considered a long-term substitute for full-time social workers and counselors in school, telehealth does represent a means for a school to increase access to mental health treatment for youth in the short-term and it can then serve as a complement to in-person counseling.

A number of Illinois schools, sometimes in conjunction with a local hospital or healthcare provider, already make telehealth services available to students. As noted earlier, the Mississippi State Board of Education has approved a grant with the University of Mississippi Medical Center to create a telehealth delivery system within K-12 schools. The I Matter Program in Colorado offers free telehealth sessions to youth.

Illinois should work to increase the availability of telehealth services for students. This could be done via the seven social-emotional learning (SEL) hubs already established in the state. Either each SEL could establish and run the service for schools in the region or the service could be bid out via a Request for Proposal process. Social workers, counselors, or psychologists could be based at each SEL to provide telebehavioral health services and, if necessary, in-person visits to students at schools with a lack such professionals. As part of this effort, state should make at least three free telehealth counseling sessions per student per year available.

However, this step cannot occur without:

1. The state taking further action to increase the availability and affordability of broadband service both in urban and rural areas.

2. Ensuring students have access to a laptop, desktop computer, tablet, and/or smart phone to adequately utilize telehealth services.
- 3.

#### ***4) Address poverty alleviating measures***

Research on the federal Child Tax Credit and Earned Income Tax Credit shows recipients have improved infant and maternal health, better school performance, and increased earnings in the next generation.

Twelve states have enacted a child tax credit in addition to the federal credit. Nine of the twelve states (California, Colorado, Connecticut, Maryland, Massachusetts, New Jersey, New Mexico, New York, and Vermont) have made the child tax credit refundable. (The credit is non-refundable in Idaho, Maine, and Oklahoma.). Eight of the states have an upper-limit cap for the credit.<sup>46</sup>

Legislation was introduced during the past two sessions of the Illinois General Assembly to create a state child tax credit, but the measure has yet to pass both chambers of the legislature. This year, as part of an Individual Income Tax Rebate Program, qualifying taxpayers with dependents may receive a rebate of \$100 per dependent, with a maximum of three.

Illinois low- and moderate-income families could benefit from a state child tax credit to help them address economic needs that include housing, food security, and/or clothing and help mitigate the negative influence of poverty in a child's mental health.

#### ***5) Enhance required mental health literacy training and/or mental health first aid programs for educators and parents through Illinois school districts***

PA 101-0350 requires licensed school staff and administrators working with students in kindergarten through grade 12 to be trained to recognize signs of mental illness as well as suicide warning signs, and subsequently trained in methods of intervention and referral.

While it is important for school personnel, it is equally important for parents to have access to similar resources. Often parents are not aware of the signs and symptoms of a mental health issue. SAMHSA has already extended grant opportunities to school districts and community organizations to provide mental health literacy training, especially with cultural competence. Such efforts can also help mitigate the stigma felt by some families regarding discussion of mental health needs or treatment.

## Conclusion

Left untreated, mental health conditions currently faced by our students can last a lifetime. Our young people are counting on us, and we are counting on them. While there is considerable concern about the overall state of youth mental health in Illinois, there is also ample hope. There are established evidence-based solutions that are available to reverse the course of the noted mental health decline for young people. In addition to the state funding measures noted, the newly enacted federal Bipartisan Safer Communities Act offers the opportunity to secure further federal funds for student mental health services. Implementing the recommendations set forth in this paper will help turn that hope into real results. However, the state also needs to continue to address food deserts, lack of affordable housing in some communities and regions of the state, and lack of access (or difficulty in access) to medical care providers.

## Endnotes

---

<sup>1</sup> Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-3):16–21. DOI: <http://dx.doi.org/10.15585/mmwr.su7103a3>external icon.

<sup>2</sup> <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

<sup>3</sup> Centers for Disease Control and Prevention [CDC]. (n.d.-b). *Disparities in mental health and suicide indicators among U.S. high school students, 2009-2019*. U.S. Department of Health & Human Services. Retrieved July 20, 2022, from <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/mental-health-data-table.pdf>

<sup>4</sup> Leeb, R., Bitsko, R., Radhakrishnan, L., Martinez, P., Njai, R., Holland, K. (2020). Mental health–related emergency department visits among children aged <18 years during the COVID-19 pandemic — United States, January 1–October 17, 2020. *MMWR Morbidity Mortality Weekly Report* 2020, 69, p. 1675–1680. <http://dx.doi.org/10.15585/mmwr.mm6945a3>

<sup>5</sup> Steinman, K., Shoben, A., Dembe, A., & Kelleher, K. (2015). How long do adolescents wait for psychiatry appointments? *Community Mental Health Journal*, 51, 782–789. <https://doi.org/10.1007/s10597-015-9897-x>

<sup>6</sup> Centers for Disease Control and Prevention [CDC]. (n.d.-c). *Fast facts: Preventing adverse childhood experiences*. U.S. Department of Health & Human Services. Retrieved July 25, 2022, from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

<sup>7</sup> Merrick, M., Ports, K., Guinn, A., & Ford, D. (2020). Adverse childhood experiences. In J. Gordon, T. Asmundson, & T. Afifi (Eds.), *Safe, stable, nurturing environments for children* (pp. 329-347). <https://doi.org/10.1016/B978-0-12-816065-7.00016-1>

<sup>8</sup> Colizzi, M., Lasalvia, A. & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: Is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*, 14(23). <https://doi.org/10.1186/s13033-020-00356-9>

<sup>9</sup> Illinois Department of Employment Security, Women and Minorities in the Illinois Workforce: Focus on Unemployment, June 2021

<sup>10</sup> Berry, O., Londoño Tobón, A. & Njoroge, W. (2021). Social determinants of health: The impact of racism on early childhood mental health. *Current Psychiatry Reports*, 23. <https://doi.org/10.1007/s11920-021-01240-0>

<sup>11</sup> Kennedy Bailey, Rahn, Josephine Mokonogho, Alok Kumar. (2019). Racial and ethnic differences in depression: current perspectives. *Neuropsychiatric Disease and Treatment*, 15. 603-609

- 
- <sup>12</sup> Huizen, Jennifer. (2021, January 27). What to know about mental health stigma in Latin America, *Medical News Today*. <https://www.medicalnewstoday.com/articles/mental-health-stigma-in-latin-america>
- <sup>13</sup> Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory, December 2021, <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- <sup>14</sup> Hover, S. & Bostic, J. (2020, November). Schools as a vital component of the child and adolescent mental health system. *Psychiatric Services*.  
<https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201900575>
- <sup>15</sup> Atkins, M., Hoagwood, K., Kutash K, & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1-2), 40–47.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2874625/>
- <sup>16</sup> Illinois State Board of Education [ISBE]. (June 2022). *Strategic Plan Progress Report*.  
<https://www.isbe.net/Documents/Strategic-Plan-Progress-Report-2022.pdf>
- <sup>17</sup> Mondì, C., Giovanelli, A. & Reynolds, A. (2021). Fostering socio-emotional learning through early childhood intervention. *International Journal of Child Care and Education Policy*, 15(6).  
<https://doi.org/10.1186/s40723-021-00084-8>
- <sup>18</sup> Ann & Robert H. Lurie Children’s Hospital of Chicago. (June 2020). ISBE partners with Lurie Children’s and Peoria ROE on Mental Health Supports for Illinois Students and Staff.  
<https://www.luriechildrens.org/en/news-stories/isbe-partners-with-lurie-childrens-and-peoria-roe-on-mental-health-supports-for-illinois-students-and-staff/>
- <sup>19</sup> <https://www.isbe.net/reach>
- <sup>20</sup> Substance Abuse and Mental Health Services Administration [SAMHSA]. (2020). *FY2020 Project AWARE (advancing wellness and resiliency in education) state education agency grants*. Department of Health and Human Services.  
<https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2020-aware-foa.pdf>
- <sup>21</sup> Illinois State Board of Education. (n.d.). *Illinois AWARE*.  
<https://www.isbe.net/Documents/SWC21-IL-AWARE-ppt.pdf>
- <sup>22</sup> Health Resources and Services Administration. (2022). *What is telehealth?* U.S. Department of Health and Human Services. Retrieved July 27, 2022, from  
<https://telehealth.hhs.gov/patients/understanding-telehealth/>
- <sup>23</sup> Substance Abuse and Mental Health Services Administration [SAMHSA]. (2021). *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*. Department of Health and Human Services.  
[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-06-02-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf)
-

---

<sup>24</sup> <https://ednote.ecs.org/connecting-students-to-mental-health-care-through-telehealth-technology/>

<sup>25</sup> Atske, S. & Perrin, A. (2021, July 16). Home broadband adoption, computer ownership vary by race, ethnicity in the U.S., *Pew Research Center*. <https://www.pewresearch.org/fact-tank/2021/07/16/home-broadband-adoption-computer-ownership-vary-by-race-ethnicity-in-the-u-s/>

<sup>26</sup> Love, Hayley, Nirmita Panchal, John Schlitt, Caroline Behr, Samira Soleimanpour, The Use of Telehealth in School-Based Health Centers, *Global Pediatric Health*, October 2019.

<sup>27</sup> [https://www.mdek12.org/news/2022/2/17/State-Board-of-Education-votes-to-award-17.6M-grant-to-the-University-of-Mississippi-Medical-Center-to-provide-telehealth-services-to-K-12-students\\_20220217](https://www.mdek12.org/news/2022/2/17/State-Board-of-Education-votes-to-award-17.6M-grant-to-the-University-of-Mississippi-Medical-Center-to-provide-telehealth-services-to-K-12-students_20220217)

<sup>28</sup> Tse, J., LaStella, D., Chow, E., Kingman, E., Pearlman, S., Valeri, L., Wang, H., & Dixon, L. (2021). Telehealth acceptability and feasibility among people served in a community behavioral health system during the COVID-19 pandemic, *Psychiatric Services*. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000623>

<sup>29</sup> Minnesota Department of Human Services. (2020, February). *Improving the School-linked Mental Health Program*. <https://www.leg.mn.gov/docs/2020/mandated/200271.pdf>

<sup>30</sup> Gavin, K. (2021, September 17). Pandemic tripled telehealth use for GenZ, but even digital natives want in-person care. *M Health Lab*. <https://labblog.uofmhealth.org/lab-notes/pandemic-tripled-telehealth-use-for-gen-z-but-even-digital-natives-want-person-care>

<sup>31</sup> National Council for Mental Wellbeing. (2019). *High schools selected to participate in new tMHFA pilot*. <https://www.mentalhealthfirstaid.org/2019/09/high-schools-selected-to-participate-in-new-tmhfa-pilot/>

<sup>32</sup> Hart, L., Morgan, A., Rossetto, A., Kelly, C., Gregg, K., Gross, M., Johnson, C., & Jorm, A. (2022). teen Mental Health First Aid: 12-month outcomes from a cluster crossover randomized controlled trial evaluation of a universal program to help adolescents better support peers with a mental health problem. *BMC Public Health*, 22(1159). <https://doi.org/10.1186/s12889-022-13554-6>

<sup>33</sup> Information provided by the Illinois State Board of Education

<sup>34</sup> <https://www.isbe.net/Pages/ARP-ESSER-Plans.aspx>

<sup>35</sup> Illinois Governor's Office of Management and Budget, State and Local Fiscal Recovery Funds: July 1, 2021-June 30, 2022. <https://budget.illinois.gov/content/dam/soi/en/web/budget/documents/arpa/IL%20Recovery%20Plan%20Performance%20Report%202022.pdf>

---

<sup>36</sup> Knight, V. (2022, July 7). Gun safety ‘wrapped in a mental health bill’: A look at health provisions in the new law, *Kaiser Health News*. <https://khn.org/news/article/gun-violence-mental-health-legislation-suicide/>

<sup>37</sup> Inseparable. (2022, February). *America’s school mental health report card*. (Referenced data from the U.S. Department of Education Civil Rights Data Collection [2015-2016] and the U.S. Department of Education, National Center for Education Statistics [2018-2019].) [https://hopefulfutures.us/wp-content/uploads/2022/02/Final\\_Master\\_021522.pdf](https://hopefulfutures.us/wp-content/uploads/2022/02/Final_Master_021522.pdf)

<sup>38</sup> Rivera, Autumn, State Mental Health Legislative Trends, *National Association of State Legislatures*, August 25, 2021. <https://www.ncsl.org/research/education/student-mental-health-legislative-trends-magazine2021.aspx>

<sup>39</sup> Randi, Olivia, and Zack Gould, States Take Action to Address Children’s Mental Health in Schools, *National Academy for State Health Policy*, February 14, 2022. <https://www.nashp.org/states-take-action-to-address-childrens-mental-health-in-schools/>

<sup>40</sup> IMatter. (n.d.). Retrieved August 1, 2022 from <https://imattercolorado.org/about.html>

<sup>41</sup> H.B. 22-1243 (2022). General Assembly State of Colorado. [https://leg.colorado.gov/sites/default/files/documents/2022A/bills/2022a\\_1243\\_rer.pdf](https://leg.colorado.gov/sites/default/files/documents/2022A/bills/2022a_1243_rer.pdf)

<sup>42</sup> Centers for Disease Control and Prevention [CDC]. (n.d.-a). Adolescent Behavior and Experiences Survey [ABES]. U.S. Department of Health & Human Services. Retrieved August 1, 2022, from <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm#MH>

<sup>43</sup> Jones, S., Ethier, K., Hertz, M., DeGue, S., Donna Le, V., Thornton, J., Lim, C., Dittus, P., and Geda, S. (2022, April 1). *Mental health, suicidality, and connectedness among high school students during the COVID-19 pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021*. MMWR Suppl 2022;71(3), 16–21. <http://dx.doi.org/10.15585/mmwr.su7103a3>

<sup>44</sup> Illinois State Board of Education, Whole Child Task Force Report, March 15, 2022. [https://www.isbe.net/Documents\\_WCTF/Whole-Child-Task-Force-Final-Report.pdf](https://www.isbe.net/Documents_WCTF/Whole-Child-Task-Force-Final-Report.pdf)

<sup>45</sup> Youth.gov. (n.d.). *School Based Mental Health*. <https://youth.gov/youth-topics/youth-mental-health/school-based>

<sup>46</sup> Child Tax Credit Overview, *National Conference of State Legislatures*, July 11, 2022 <https://www.ncsl.org/research/human-services/child-tax-credit-overview.aspx>