



U.S. DEPARTMENT OF EDUCATION

# Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs

<https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>

## Executive Summary

Like physical health, positive mental health promotes success in life. As defined by the Centers for Disease Control and Prevention (CDC), “[m]ental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” In schools, we prioritize three critical and inter-related components of mental health: **social** (how we relate to others), **emotional** (how we feel), and **behavioral** (how we act) supports to promote overall well-being (Chafouleas, 2020).

This resource is intended to supplement the information in the [ED COVID-19 Handbook, Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools](#), [Volume 2: Roadmap to Reopening Safely and Meeting All Students’ Needs](#), and [Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#), by providing focused information and resources to enhance the promotion of mental health and social and emotional well-being among students.

Many children and students struggle with mental health challenges that impact their full access to and participation in learning, and these challenges are often misunderstood and can lead to behaviors that are inconsistent with school or program expectations. The COVID-19 global pandemic intensified these challenges, accelerating the need to provide school-based mental health support and leverage our accumulated knowledge about how to provide nurturing educational environments to meet the needs of our nation’s youth.

This resource highlights seven key challenges to providing school- or program-based mental health support across early childhood, K–12 schools, and higher education settings, and presents seven corresponding recommendations. The appendix provides additional useful information, including (a) numerous examples corresponding to the recommendations highlighting implementation efforts throughout the country; (b) a list of federal resource centers; (c) a list of resources to assist educators (teachers, providers, and administrators) in implementing the recommendations; and (d) guidance on existing programs that can support social, emotional and mental health services for students.

### CHALLENGES

1. Rising Mental Health Needs and Disparities Among Children and Student Groups
2. Perceived Stigma is a Barrier to Access
3. Ineffective Implementation of Practices
4. Fragmented Delivery Systems
5. Policy and Funding Gaps
6. Gaps in Professional Development and Support
7. Lack of Access to Usable Data to Guide Implementation Decisions

### RECOMMENDATIONS

1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider
2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access
3. Implement Continuum of Evidence-Based Prevention Practices
4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All
5. Leverage Policy and Funding
6. Enhance Workforce Capacity
7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes

# SELECT IMPLEMENTATION EXAMPLES

K–12 Schools, Early Childhood Programs and Institutions of Higher Education around the country are intentionally prioritizing their efforts to enhance child and student wellness, focusing on social, emotional, and mental health strategies and supports. Below is a selection of implementation examples from Appendix A of *Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs*, organized by the seven recommendation this resource makes.

## 1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider



### *Supporting Families of Preschool Children with IEPs*

In North Carolina, preschool teachers implementing the Pyramid Model focus on the importance of building relationships with families of children with IEPs to assess the children's social-emotional and mental health needs. Establishing and building these relationships helps assess needs and develop support strategies that are relevant and meaningful to the family's unique cultural context, routines, and priorities.



### *Leveraging the MTSS Framework to Support Wellness*

Clifton Public Schools in New Jersey have leveraged their Multi-Tiered Systems of Support (MTSS) Framework to support their transitions among in-person, remote, and hybrid learning modes. During this time, they have built a strong district leadership team that includes representation from each school, key areas of expertise (e.g., mental health/wellness, physical education/wellness, special education), and representation from families. This team coordinates with other school and community partners (e.g., food service, local law enforcement, child welfare) to proactively support students and families. Each of their schools uses the MTSS framework to teach, remind, and reinforce positive expectations to support learning and wellness. They did all of this while building a strong, positive, and vibrant community—celebrating the “Heart of the Mustang.”

## 2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access



### *Supporting Military Families*

Military Child Education Coalition (MCEC) — Military-connected families move every 2–3 years, and their children often change schools 6–9 times during their K–12 education, which is three times more than their nonmilitary peers. For students with mental health challenges, this complicates an already difficult situation. Each year the MCEC holds a National Training Seminar to help families, and practitioners and providers world-wide come together to learn the most about promising practices. MCEC, with the support of the United States Army Medical Command, the National Association of State Directors of Special Education and the National Center for Systemic Improvement launched a new training session designed to help attendees make an impact at their current duty station and carry best practices when they move to a new assignment. The Leaving Your Footprint Series of Behavioral Health Guides are found on the Military Child Education Coalition (MCEC) website.



### *College Mental Wellness Ambassadors*

Utilizing a peer-to-peer model, Foothills College in California has strengthened and augmented its Office of Psychological Services and Personal Counseling by creating a Mental Wellness Ambassadors program. The ambassadors are the student representatives of Psychological Services whose aim is to promote mental health services, reduce stigma surrounding mental health disorders, create community, and foster an inclusive and non-judgmental campus culture. This program was created during the COVID-19 pandemic while students were learning remotely, not physically active on campus, and experiencing traumas associated with the pandemic.

### 3. Implement Continuum of Evidence-Based Prevention Practices



#### ***Statewide Wellness Initiative***

At the Center for School-Based Mental Health Programs in Ohio — Ohio School Wellness Initiative, a Miami University-led project to aid mental health and substance use supports for Ohio's K–12 students and staff received \$6 million from the Governor's Emergency Education Relief Fund. The project aims to explore, implement, and sustain a full continuum of care for K–12 students within local districts who adopt student assistance programs, Tier 2/3 supports, and staff wellness frameworks.



#### ***Rooted in Relationships***

Nebraska's Rooted in Relationships initiative guides communities to implement evidence-based practices that enhance the social-emotional development of children birth through age eight. Each community has a multidisciplinary stakeholder team that implements a long-range plan to enhance the early childhood systems of care and the implementation of the Pyramid Model.

[2018–2019 Rooted in Relationships Executive Summary](#)

### 4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All



#### ***Creating a Single System of Delivery***

Vermont's Agency of Education (VT AOE) in collaboration with the Department of Mental Health have prioritized the Interconnected Systems Framework (ISF) to enhance and expand School Mental Health. The leadership saw the need to create a single system of delivery that could be consistent across the state, while allowing local flexibility. The ISF provides the opportunity to assess current resources, strengths and needs and a process to efficiently and effectively build a continuum of support. As local educational agencies (LEAs) develop their Recovery Plan, districts are well positioned to use their multi-disciplinary leadership teams to assess student need and address three VT AOE identified priorities: (1) social-emotional functioning, mental health, and well-being; (2) student engagement; and (3) academic achievement and success. The emphasis on stakeholder engagement to include students, families, and community within the PBIS and ISF framework positions the LEA to establish two-way communication feedback loops and authentic engagement that includes voice and choice.



#### ***Embedding SEL and Trauma into Existing Framework***

STEAM Academy at Woodrow Wilson is an elementary school in Port Huron, Michigan that has been implementing PBIS for a number of years. During the last two years, they have worked to embed more social-emotional learning into their PBIS framework through the integration of trauma-informed practices. The School Leadership Team that guides their PBIS work also took the lead on embedding trauma-informed practices into PBIS for their school to ensure that it was not a separate initiative, but an enhancement of their current system that would better meet the needs of their students.

The School Leadership Team began by looking at what already existed within their PBIS system that included a trauma-informed lens, then built upon it. For example, they were able to make small changes to many areas of their behavior matrix to ensure it was written in a way that would build up students that have experienced trauma. From there, the team determined that they needed to add a column that really focused on bringing some social-emotional skills to the forefront of what was being taught. The column for Coping Skills was added to the school-wide behavior matrix so they could be more intentional about helping students develop these skills. The team developed a professional development plan to ensure teachers had what they needed to be successful in their work with students around the integration of trauma-informed practices. They continue to alter their action plan based on their data and the changing needs of the students and school, such as including more coping skills that students can engage in right at their seats given the pandemic. Recorded interview with Joe Kramer, principal at STEAM Academy.



#### ***Providing Screening and Treatment to All Incoming University Students***

Free mental health screenings that are available to all incoming students and will eventually be made available to the entire UCLA community are just one part of the UCLA Depression Grand Challenge, a campus wide effort to reduce the health and economic

impacts of depression by half globally by the year 2050. The online screening and treatment program are thought to be the first-ever campus wide mental health screening program conducted at a university.

## 5. Leverage Policy and Funding



### ***Leveraging Funding with Youth Voice and Decision Making***

The 2019 Oregon State Legislature dedicated \$7.5 million to continue to support School-Based Health Center mental health capacity during the 2019–2021 biennium. Most of this funding was reserved to support School-Based Health Center (SBHC) mental health capacity by adding mental health staff and expanding current mental health staff hours at Oregon School-Based Health Center. An additional \$700,000 was allocated to support youth-led mental health projects that would reduce mental health stigma and promote student resiliency at School-Based Health Center SBHC host schools. During the 2019–2020 school year, student-led projects included:

- Food Pantry and hygiene supply closets
- Stress management resources for students
- Creation of materials promoting SBHCs and addressing misconceptions
- Attendance at State Youth Advisory Council Summit
- Education campaigns about issues identified by Youth Advisory Council members
- Celebrate Love tabling event during school lunch promoting love outside of just romantic relationships
- Attendance at School Health Advocacy Day at the Oregon State Capital

Youth Advisory Councils that received state funding are asked to do a Youth Participatory Action Research (YPAR) project where the youth are authentically engaged in a research and decision-making process around a topic of their choice. YPAR is an innovative approach to positive youth and community development based in social justice principles in which young people are trained to conduct systematic research to improve their lives, their communities, and the institutions intended to serve them.



### ***Aligning State Grants and Initiatives***

“The Collaboratory” in Nevada integrates various state grants and initiatives to ensure a climate of collaboration. State leaders worked together to develop a State Integration Team to include many state initiatives in order to align the work across the state. The initiatives include: Project AWARE, School Climate Transformation, Pre-K Development, Systems of Care, Office for a Safe and Respectful Learning Environment, OJJDP Comprehensive School Safety Initiative, and State Youth Treatment Planning for Substance Abuse. The State Integration Team meets monthly to coordinate the work of all Nevada grants, and this team ensures the work and initiatives are integrated into one system to build a strong capacity for sustainability of successful initiatives.

“The Collaboratory” leaders work together to align the work of each initiative and combine efforts of each grantee in order to “work smarter, not harder.” This process has led to integration of all grant initiatives into a collaborative effort to provide cross training across disciplines in schools and community agencies/organizations; to align and implement programming in schools; and to collect data across systems informing state leaders of best practices for the work of creating safe and violence-free schools.

## 6. Enhance Workforce Capacity



### ***Pennsylvania Department of Education (PDE) Released Creating Equitable School Systems: A Roadmap for Education Leaders that Addressed Supporting Social and Emotional Wellness for Staff and Students***

PDE is set to release a new learning series on Accelerated Learning, which will provide a process and system of support for local educational agencies to make key decisions for school reopening. Fostering supportive learning environments through equitable, trauma-informed principles and focusing on comprehensive mental health is a key component of Accelerated Learning. The modules around supportive learning environments are set to focus on comprehensive mental health and utilize portions of the National Center for School Mental Health/Mental Health Technology Transformation Center School mental health curriculum to support teaming and resource mapping. Additional modules will focus on staff/student wellness and data usage for mental wellness.



### ***Personnel Standards for Infant-Early Childhood Mental Health Specialists***

Illinois’ **Child and Family Connections Procedure Manual** has an extensive set of recommended qualifications for the Part C Early Intervention program’s social-emotional consultants. These include “master’s degree in child development, special education,

psychology, social work, or a related field; supervised clinical experience with children and families; training in infant development; diagnosis of mental health disorders in infancy; impact of stress and trauma in infancy; assessment of parent/child relationship; intervention to support parent/child relationship; and knowledge about and skill in providing reflective supervision and consultation.”



### **Developing University Telehealth Services**

Prior to the March 2020 shut down of Heidelberg University in Tiffin, Ohio, there were no telehealth services for student’s mental health care. The creation of telehealth services was to target postsecondary students who were enrolled at Heidelberg University. The materials/information accessed to create this service included: Ohio Administrative Code 4757-5-13, which outlined the legal and ethical steps to provide telehealth services appropriately, American Psychological Association’s Office & Technology Checklist For Telepsychological Services which offered a checklist of items from technology to beginning of virtual session to verify engaging in a telehealth in an appropriate manner, and The Center for Connected Health Policy: Current State Laws and Reimbursement Policy which outlined definitions regarding Telehealth, defined consent, as well as highlighted limitations and restrictions as set forth by the individual states. Counselors at Heidelberg have seen an increase in the usage of the telehealth services as students navigated the pandemic.

## **7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes**



### **Listening and Learning from the Community**

Recently, Michigan’s Multi-Tiered System of Support (MiMTSS) Technical Assistance Center paused the training offered on a behavior screening tool. This pause allowed time to listen and learn from the Michigan community. The MiMTSS Center wanted to examine how screening is affected by or addresses concerns of inequities. Through current work, the MiMTSS Center realized that the use of a valid and reliable screening tool must be embedded within an efficient screening process that considers multiple sources of information. It is important that an effective and equitable multi-tiered system of support is in place to (1) prevent possible concerns and (2) provide intervention and supports when need is identified. All of this is nested within educational systems and the community, ensuring responsiveness to context and culture.



### **Engaging Students with Information**

Providing students with an opportunity to be heard can yield important outcomes. As part of ongoing PBIS implementation, Roanoke County Public Schools in Virginia engaged youth with both school-wide climate data and Youth Risk Behavior Survey data. Students were provided a structure for reviewing those data. The first group of students who were invited to take part in this activity were all secondary students. Students identified behavioral health as a need, specifically expressing their concerns about suicidal ideation. The students made connections in the data between substance use, unhealthy choices, and high incidence of suicidal ideation. Having heard from the initial group of secondary students, district leadership visited each of the 27 schools, including elementary schools, and interviewed students, asking students what concerned them about their school. The students’ responses enlightened leadership and allowed them to take intentional steps to incorporate social-emotional behavior supports.



### **Connecting Pre-K Students to Additional Supports**

The Lamar County Early Learning Collaborative in Mississippi uses the Pyramid Model for Promoting the Social and Emotional Competence of Young Children as a MTSS for their pre-K students. These procedures include a flow chart to help determine which children need targeted and intensive interventions and a system for linking areas of need with state social-emotional, math, or English Language Arts performance standards progress monitoring. For children receiving intensive non-academic interventions, they use the Pyramid Model’s Behavior Incidence Report System to help determine the functions of behavior and to provide individualized supports such as assisting children develop targeted social-emotional skills to ensure access to learning and fully participate in developmental opportunities.

*This document contains resources and examples that are provided for the user’s convenience. The inclusion of these materials is not intended to reflect their importance, nor is it intended to endorse any views expressed, or products or services offered. The opinions expressed in any of these materials do not necessarily reflect the positions or policies of the U.S. Department of Education.*