

National Association of State Boards of Education

➔ States Face Challenges Building a School Mental Health Workforce

By Celina Pierrotet

With more children and young adults experiencing mental health emergencies over the last 10 years, state and federal leaders made millions of dollars available to school districts for developing school-based mental health services and hiring and training school counselors, psychologists, and social workers.¹ Yet schools still face considerable barriers in attracting and keeping these professionals.

School-based mental health services encompass a continuum of supports and interventions to promote mental health, identify youth with unmet mental health needs, and facilitate access to mental health treatment either in school or through referrals to community providers. A range of mental health professionals—counselors, psychologists, social workers, and other mental health clinicians—deliver these supports. While each group of professionals is trained and certified to fulfill different roles in schools, each helps create safe, supportive learning environments.

According to the U.S. Department of Education's (ED) April 2022 School Pulse Panel, 57 percent of all public schools reported inadequate access to school mental health professionals (SMHPs), and 61 percent cited insufficient staff coverage to manage their mental health caseloads.² Schools face difficulties in recruiting from the limited pool of qualified candidates. The labor supply is constrained by certification that requires graduate degrees, which includes hundreds of hours of often unpaid practicum experience. Retention is also challenging, as existing staff struggle with heavy caseloads due to staff shortages, juggle additional assignments in underresourced schools, or earn less than in the private sector.³

Meanwhile, the need for students to have consistent access to mental health support in schools is great. According to the Centers for Disease Control and Prevention's latest Youth Risk Behavior Survey, 42 percent of high school students experienced persistent feelings of sadness or hopelessness during the past year.⁴ Rates were even higher for female students (57 percent) and students identifying as LGBTQ+ (69 percent). Moreover, 37 percent of students identifying as LGBTQ+ made a suicide plan in the last year, and the percentage of female students making a suicide plan has risen from 15 to 24 percent since 2011.

BUILDING THE PIPELINE

Building the SMHP workforce takes time, and the impact of investments made now will likely be years in the making. Although certification requirements vary by state, most public school systems require that staff have advanced-degree coursework, and many require unpaid practicum experience in schools to ensure that candidates are fully qualified. During its April 2022 meeting, the Nevada state board noted that while current preparation programs had “produced incredible practitioners,” they produced only 12 a year.⁵

It also requires attention to who is enrolling and graduating from graduate programs to ensure that the school mental health workforce reflects the demographic characteristics of the student population in a state. The overall mental health workforce is predominantly White, with most practitioners of color employed in nonlicensed positions.⁶

State education agencies have identified creative short-term and long-term solutions to pipeline difficulties. In 2019, the University of Virginia and the **Virginia** Department of Education launched the Virginia Partnerships for School Mental Health, which placed graduate students in school district positions

and provided 200 trainees with financial incentives to work in schools. **Ohio** fields a similar program for school psychologists that has for decades been sustainably funded through the state budget.⁷ In 2022–23, school psychologist interns in graduate school programs earned \$31,145.

New legislation in **Colorado**, citing a “complex and time-consuming process for school-based therapists to receive a special services license from the Department of Education,” authorizes certain mental health professionals who are not licensed by the department but hold a Colorado license for their profession to provide school-based mental health services.⁸

RETAINING STAFF

National associations representing school-based counselors, psychologists, and social workers recommend a 1:500 caseload ratio for school psychologists, 1:250 for school social workers, and 1:250 for school counselors based on the roles and responsibilities these professionals should be expected to perform given their training and expertise. If caseloads are too high, schools may otherwise focus limited human resources on crisis intervention and legally mandated special education services and less on prevention.⁹

According to the 2022 America's School Mental Health Report Card, no state has reached the recommended ratio for school social workers. New Hampshire and Vermont exceed the recommendation for school counselors, a ratio of 1:219 and 1:191 respectively. The District of Columbia and Idaho exceed the ratio for school psychologists, a ratio of 1:410 and 1:479 respectively.¹⁰

In 2019, the **Nevada** legislature mandated that the state board develop nonbinding recommendations for staff-student ratios. In 2020, the board recommended ratios for school psychologists, social workers, and counselors that aligned with national recommendations.¹¹ At its April 2022 meeting, the board noted that despite some progress, Nevada still was 2,863 positions shy of meeting its recommended ratios.

States and districts are also leveraging community providers and telehealth options to lessen the burden on school-based staff. In 2022, 66 percent of all public schools provided mental health services through external referrals, and 17 percent of all public schools offered telehealth services.¹² Telehealth options are especially attractive to rural schools and school-based health clinics, where staff shortages are more pronounced.¹³

With a Project AWARE grant through the federal Substance Abuse and Mental Health Services Administration, Nevada is piloting a program to provide software that allows schools to screen students for behavior and mental health needs and connects parents with community providers.¹⁴ It also includes a telehealth module and integrates with Medicaid billing systems for provider reimbursement.

SUSTAINING FUNDING

In February 2023, ED announced that \$188 million would be made available to support mental health and wellness through the 2022 Bipartisan Safer Communities Act, including \$46 million for the Mental Health Service Professional Demonstration Grant Program.¹⁵ ED projects that this competitive grant will generate over 14,000 SMHPs, and nearly half of the grantees have proposed partnerships with minority-serving institutions.¹⁶

Many states are using federal funding and one-time grants to hire SMHPs. However, education finance experts warn that districts could experience a 4 percent gap in fiscal year 2025 as federal COVID relief funding expires.¹⁷ Schools and districts are increasingly looking to Medicaid as a sustainable funding stream. The Centers for Medicare and Medicaid Services, in consultation with ED, published new guidance in May 2023 that allows states to establish qualifications for SMHPs that differ from those for non-school-based providers for the same Medicaid services. This new guidance should help schools increase reimbursements for school-based health services.¹⁸

States are also creating sustainable funding streams through state budgeting. Starting in 2019, the **Michigan** legislature has been steadily expanding investments for mental health services, which has resulted

in schools hiring 2,758 full-time licensed behavioral health providers.¹⁹ The **Texas** legislature appropriated \$280 million in its fiscal 2024–25 budget for expanding telehealth in schools through the Child Mental Health Care Consortium, more than double the amount appropriated annually since 2019.²⁰

QUESTIONS STATE LEADERS CAN ASK

School counselors, psychologists, and social workers are essential to a comprehensive system that provides students consistent access to well-integrated school-based mental health services. Such access can prevent emergency room visits due to mental distress, suicide ideation, and other mental health crises. State leaders can support SMHPs by setting ratios that allow them to fulfill their duties with manageable caseloads while ensuring that schools can maintain a pipeline of professionals.

State leaders should ask the following to ensure that progress toward staffing every school with SMHPs is sustainable:

- Do current ratios for school counselors, psychologists, and social workers offer a sensible caseload aligned with expected job duties and expertise?
- How many SMHPs are in preparation programs? How many graduates do those programs produce? Do graduates reflect the demographics of the student population in the state?
- How will the state help districts maintain their SMHP pipelines after federal funding runs out?
- Does the state Medicaid plan cover reimbursement for mental health services in schools to the fullest extent allowed?

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NOTES

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12 ED, School Pulse Panel.

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