

Your Question:

Given the effects of the pandemic on educational supports for students, you asked for information on national and state trends related to student behavioral health, suicide prevention and childhood trauma.

Our Response:

Student behavioral health and wellness has been of increasing interest to state education leaders over the last several years as students continue [reporting](#) high levels of stress, depression and anxiety; youth suicide rates [continue to rise](#); and the effects of childhood trauma remain apparent in the classroom. According to the National Alliance for Mental Illness, approximately 1 in 6 children in the U.S. experience a mental health disorder each year, and the National Association of School Psychologists estimates that [up to 60%](#) of students do not receive the treatment they need. Data show that it is critical to reach students when they are young as more than half of mental health [challenges begin before the age of 14](#).

Amid the COVID-19 pandemic, state legislators are attempting to address additional stresses and to increase suicide prevention measures for students.

- **Governing** recently released [Legislative Watch: Addressing Suicide in the Time of COVID](#). The report highlights proposed suicide prevention measures, some of which are geared toward youth and education.
- **Education Commission of the States** [COVID-19 Update](#) features a section on “Student Health and Wellness,” including some student mental health resources.

Below is a summary of how states have approached behavioral health, suicide prevention, and trauma-informed practices in recent years, including examples of recently enacted state legislation. For a full list of state legislative examples, please visit the [ECS State Education Policy Tracking](#) webpage.

Behavioral Health

Student behavioral health encompasses supports and services for students’ mental health and substance use concerns. [Research suggests](#) that school-based services play an important role in supporting student mental and behavioral health. There are several ways to support student behavioral health in school settings. [Recent state policies](#) have been primarily focused on:

- Incorporating behavioral health elements into health education curricula.
- Encouraging or requiring school staff training and professional development.
- Improving school-based supports and services.
- Changing attendance policies.

Since Education Commission of the States’ October 2019 [Policy Snapshot on Student Mental Health](#), at least 22 bills related to mental and behavioral health were enacted across 12 states (**AZ, CO, IN, KY, ME, MD, MI, UT, VA, WA, WV, WI**). Included here are examples of recently enacted legislation related to mental and behavioral health in education.

Health Education Curricula

- [Maine S.P. 303](#) (2019) requires health education in elementary, middle and high school to address the relationship between physical and mental health in order to enhance students’ understanding of, attitudes toward and behavior relating to mental health.

- [Mississippi H.B. 1283](#) (2019) directs the state department of education to establish pilot programs in districts that provide K-5 students with skills to manage stress and anxiety through an evidence-based curriculum.
- [Virginia H.B. 1604/S.B. 953](#) (2018) incorporates health instruction standards that recognize multiple dimensions of health and the relationship of physical and mental health to enhance student attitudes and behavior and promote health and well-being.

School Staff Training and Professional Development

- [Virginia H.B. 74 / S.B. 619](#) (2020) requires each school board to adopt and implement policies that require each teacher and other relevant personnel to complete a mental health awareness training or similar program. Requires school boards to provide training and allows training to be provided via (a) contract with the department of behavioral health and developmental services, a community services board, a behavioral health authority, a nonprofit organization, or other certified trainer or (b) via an online module.
- [Washington S.B. 5082](#) (2019) establishes a committee to promote and expand social and emotional learning and incorporates social and emotional learning into the standards for teachers, principals and paraeducators and provides for professional development resources to be available.

School-Based Services and Supports

- [Colorado H.B. 19-1017](#) (2019) directs the department of education to create a pilot program for up to 10 elementary schools to provide K-5 grades with a dedicated mental health professional. If a grade has more than 250 students, mental health professionals must be added to maintain an approximate ratio of one professional per 250 students.
- [Kentucky S.B. 1](#) (2019) directs schools to adopt a trauma-informed approach and requires the department of education to create a toolkit for schools that may contain guidance, strategies, behavioral interventions, practices or techniques. Pending funding restrictions, each district must employ at least one school counselor per 250 students. A school counselor or school-based mental health provider must facilitate the creation of a trauma-informed team.
- [Maryland H.B. 844](#) (2019) requires local school systems to report their ratio of students to school psychologists, and strategies to reach or maintain ratios of no less than one psychologist per 700 students. Reports must also include strategies to decrease wait times to see school psychologists and increase recruitment and retention of school psychologists.
- [Texas S.B. 11](#) (2019) directs the Texas Education Agency to develop a mental health rubric that identifies resources for training on supporting student mental health,; school-based prevention and intervention services, and school-based mental health providers, among other items. The agency is also required to develop a statewide plan for student mental health, including goals for increasing access to school-based interventions.
- [Wisconsin A.B. 644](#) (2020) creates a school-based mental health consultation pilot program in a specified county.

Attendance Policies

- [Colorado S.B. 14](#) (2020) provides that school district attendance policies must include excused absences for behavioral health concerns.
- [Maine L.D. 1855](#) (2020) adds mental and behavioral health as allowable reasons for a student's excused absences.
- [Virginia H.B. 308](#) (2020) requires the state department of education to establish and distribute guidelines for granting excused absences to students who miss school because of mental or behavioral health reasons.

Suicide Prevention

Suicide continues to be of utmost concern for education leaders as it is now the [second leading cause](#) of death among youth ages 10-18. According to the CDC, suicide rates have [increased significantly](#) for all age groups across most states between 1999-2016. Recent trends in state legislation related to suicide prevention address:

- Encouraging or requiring training for school personnel.
- Changing or supporting suicide prevention workgroups and programs.
- Incorporating suicide prevention material onto school ID cards.

At least 10 bills related to suicide prevention were enacted across six states in 2020 (**AZ, KY, MI, WA, WV, WI**). Four of the 10 enacted bills require information on suicide prevention resources and hotlines to be included on student identification cards.

Training for School Personnel

- [Arizona S.B. 1445](#) (2020) requires instruction on suicide awareness and prevention to be included in training programs for school counselors and school social workers.
- [West Virginia S.B. 230](#) (2020) requires the state board of education to provide for the routine education of educators and school staff on warning signs and resources to assist in suicide prevention. It stipulates that middle and high school administrators will disseminate and provide opportunities to discuss suicide prevention awareness information to all students.

Suicide Prevention Workgroups and Programs

- [Michigan S.B. 228](#) (2019) establishes the Suicide Prevention Commission within the department of health and human services, and outlines membership and procedures for the commission.
- [Washington H.B. 2737](#) (2020) revises the name, duties and membership of a state workgroup on children's mental health. It requires that the workgroup convene an advisory group focused on school-based behavioral health and suicide prevention.
- [Washington S.B. 6168](#) (2020) provides grants to schools or school districts for planning and integrating tiered suicide prevention and behavioral health supports. It provides that grants must be awarded first to districts demonstrating the greatest need and readiness, and may be used for intensive technical assistance and training, professional development and evidence-based suicide prevention training.
- [Wisconsin A.B. 528](#) (2019) requires the department of public instruction to establish a grant program to support the implementation or maintenance of peer-to-peer suicide prevention programs in high schools.

School ID Card Requirements

- [Arizona S.B. 1446](#) (2020) requires student identification cards to include information on suicide prevention resources, local crisis centers or emotional support services.
- [Kentucky S.B. 42](#) (2020) requires identification badges issued to middle school, high school and postsecondary students to include the contact information for national crisis hotlines specializing in suicide, domestic assault and sexual assault.
- [Washington H.B. 2589](#) (2020) requires public schools and postsecondary institutions to include contact information for suicide prevention and crisis intervention organizations on student and staff identification cards.
- [Wisconsin A.B. 531](#) (2020) provides that information for suicide prevention and crisis support hotlines must be included on student identification cards if those cards are issued by the governing bodies of public, charter or private schools, or higher education institutions.

Childhood Trauma

Research suggests that childhood trauma and chronic stress, often a result of [adverse childhood experiences](#) (ACEs), negatively affect students' ability to learn and focus in school. Among children up to 17 years of age, [approximately 46%](#) have experienced at least one ACE. Research indicates that a [greater number of ACEs](#) are related to poorer well-being. In recent years, education leaders have started to focus on how to mitigate the negative effects of childhood trauma by implementing requirements around trauma-informed practices and approaches. While many of the efforts to develop trauma-informed schools have taken place at the local level, there has been some movement at the state policy level in recent years. ECS recently released an outline of [Education Policy Approaches to Trauma-Informed Practices](#), complete with state policy examples. General categories of state legislation include:

- Encouraging or requiring training for educators and school staff.
- Establishing task forces and commissions.
- Incorporating trauma-informed practices into school discipline policies.
- Funding and supporting the development of trauma-informed approaches.

Training for Educators and School Staff

- [Indiana H.B. 1283](#) (2020) requires teacher preparation programs to include a variety of content regarding trauma-informed classroom practice.
- [New York S. 4990](#) (2019) requires ACEs training for childcare providers that focuses on understanding trauma and nurturing resiliency.
- [Pennsylvania S.B. 144](#) (2019) requires a minimum of five hours of training for school directors, including one hour on best practices related to trauma-informed care. Employees must receive training on trauma-informed approaches, and school leadership standards must include an understanding of the impact of trauma on a child's educational experience.
- [Washington S.B. 5903](#) (2019) requires districts to use one professional learning day every year to train staff in several topics, including social and emotional learning, trauma-informed practices and consideration of ACEs.

Task Forces and Commissions

- [Indiana S.B. 325](#) (2019) urges the legislative council to assign an interim committee to study school districts, inside and outside Indiana, that have implemented trauma-informed approaches and worked with community partners to provide systems of care for students.
- [Maine H.P. 851](#) (2019) directs the state commissioner of education to convene a task force to develop guidance for K-12 administrators on appropriate training and responses to childhood trauma. The task force must consider several topics, including training on ACEs and their effects on learning and behavior, as well as an attendance and discipline policy that includes a trauma-informed perspective.
- [Oklahoma S.B. 1517](#) (2018) establishes a task force on trauma-informed care to identify, evaluate, recommend and maintain a set of best practices for youth who have experienced or are at risk of experiencing trauma or ACEs.
- [West Virginia H.B. 4773](#) (2020) creates a workgroup to study the impact of ACEs on the people of West Virginia and outlines membership requirements, which may include representatives from the school nurses association and the state superintendent.

School Discipline Policies

- [Illinois S.B. 1941](#) (2019) establishes a grant program to provide resources to schools to implement alternatives to discipline that may include restorative-justice practices, mental health supports and training for school staff on trauma-informed approaches and the effects of toxic stress.
- [Tennessee H.B. 405/S.B. 170](#) (2019) directs the state department of education to develop guidance on trauma-informed discipline practices and directs school districts and public charter schools to adopt a trauma-informed discipline policy. Also, it requires each local board of education to adopt a policy requiring

schools to perform an assessment of ACEs before suspending or expelling a student or requiring a student to attend in-school suspension or alternative schooling.

Funding and Supporting Trauma-Informed Approaches

- [Pennsylvania S.B. 1142](#) (2018) establishes the school safety and security fund. Funds may be used for the administration of evidence-based screenings for ACEs, counseling services based on the results of such screenings, and several trauma-informed approaches to education.
- [Utah H.B. 264](#) (2018) authorizes grants to provide targeted school-based mental health supports, including trauma-informed care, in elementary schools, through employment of a school counselor or social worker.

Further Resources

The [Learning Policy Institute](#) recently released a [report](#) that provides states with guidance on reopening and reinventing schools in the wake of the pandemic. There are several elements of student wellness listed as key components of restarting and reinventing.

The [Center for American Progress](#) recently released a [report](#) providing information on mental health support for students of color during and after the pandemic, including state strategies for addressing these issues.

The [National Association of School Psychologists](#) has released [several resources](#) related to student wellness, and youth suicide prevention, during the pandemic. This piece on [suicide prevention during distance learning](#) provides considerations around telehealth services and various recommended practices.

The Massachusetts [Trauma and Learning Policy Initiative](#) is a collaboration between Massachusetts Advocates for Children and Harvard Law School. The mission of the initiative is to ensure that children who have experienced trauma are able to succeed in school. The initiative advocates for trauma-sensitive schools and helps in the implementation process. The initiative has published [several documents](#) outlining best practices for implementation of trauma-informed education.

This brief from the Education Law Center, titled “[Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools](#),” provides an overview of childhood trauma and how it affects students’ ability to learn as well as examples and methods of implementation.

This [study](#) describes a school-university collaboration to develop a trauma-informed, culturally-responsive school model. The findings explore school personnel's perceptions about race, trauma, and the stressors their students face in the context of the model.