

Thank you for the opportunity to speak with you today about an issue that affects every classroom and every child in our Commonwealth: the mental health and well-being of Kentucky students.

We know that schools are not just places for learning academics. They are where children form friendships, develop coping skills, and often encounter the first signs of emotional distress. Right now, our students are struggling. According to the Kentucky Youth Risk Behavior Survey, roughly 15% of high school students have seriously considered suicide in the past year, 10% have attempted suicide, and nearly 40% report persistent feelings of sadness or hopelessness. These are not abstract statistics—they are calls for action.

Kentucky has made some **real progress** in setting up legal & policy infrastructure for school mental health by mandating or requiring:

- Suicide prevention trainings two times per year along with a make-up for students who were absent on the day of the delivery.
- A trauma informed approach and trauma informed teams in schools.
- Trauma-informed plans incorporated into Comprehensive District Improvement Plans (CDIPs) and reviewed annually.
- Anonymous reporting tools for safety issues and trauma exposure.
- A ratio of 1:250 school based mental health service provider to student.

And also by allowing mental health concerns as an excused absence from school for students.

But the **gap between policy and practice** remains significant.

So, what can schools do? What additional policies, programs, and practices are most effective?

First, **staffing is the foundation**. Kentucky's Senate Bill 8, passed in 2020, recommends a school-based mental health provider for every 250 students. This ratio is not arbitrary—it reflects national research showing that providers with manageable caseloads can deliver preventive support, conduct small-group or individual interventions, and follow up consistently. Yet, many schools are far from this ratio, with providers carrying 500 or more students. Without adequate staffing, even the best programs cannot reach students consistently. Funding to meet the 1:250 ratio must be our top priority.

Second, **evidence-based Social-Emotional Learning, or SEL**, should be integrated across all grades. Decades of research show that SEL, is one of the most effective preventative measures schools can implement. A landmark meta-analysis of 213 studies involving over 270,000 students found that participation in SEL programs improved social and emotional skills, behavior, and mental health — and increased academic performance by an average of 11 percentile points. In other words: SEL makes students healthier and helps them learn.

Third, schools should adopt **Positive Behavioral Interventions and Supports (PBIS)** which is a proactive, data-driven framework that many schools in Kentucky use to improve behavior, increase safety, and support student academic achievement. PBIS uses a multi-tiered system of supports (MTSS) to classify the level of need a student may have. PBIS aligns universal SEL instruction with targeted interventions for students at risk. Programs such as Ruling Our Experience Girls Group, Cognitive Behavioral Interventions for Trauma in Schools, Coping Cats, ReFresh vaping intervention groups, provide small-group or individual support for students with early signs of behavioral or emotional challenges.

These tiered supports ensure that resources are directed where they are most needed while still maintaining school-wide prevention. Currently these types of groups are seen as extra in most schools and funding can be limited. I personally have found funding through grass-roots organizations, but funds can be limited in how

many times or how often they can fund programs in schools. It is more challenging to find these types of funds in rural areas. A state fund dedicated to assist SEL programming in schools would help make these opportunities available to all students in Kentucky.

Fourth, we must **involve students themselves** in shaping mental health policies and practices. For example, initiatives like *Sources of Strength* empower students to become messengers of hope and resilience, spreading positive coping strategies and normalizing help-seeking behaviors. When students hear from their peers that it's okay to ask for help, the stigma surrounding mental health begins to crumble.

In addition, student advisory boards allow young people to give feedback, identify unmet needs, and help create a school environment where mental health is normalized, not stigmatized.

Currently schools can receive a grant to implement Sources of Strength from the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, but it is uncertain how long that funding will continue.

While we have made gains, attention should also be placed on removing barriers that have recently been created by legislation in Kentucky. The first example is the law that restricts the confidentiality of students in schools when they use student support services. LGBTQIA+ students should be able to speak openly with school based mental health providers because having a trusted, confidential adult to discuss identity, relationships, and experiences of discrimination or stigma is critical for their emotional well-being. School mental health providers create a safe space for guidance, support, and referral to resources, which can help prevent anxiety, depression, and suicidal thoughts that disproportionately affect LGBTQIA+ youth.

A second barrier that restricts schools is not allowing students to participate in anonymous surveys about mental health and substance use without parent permission. These types of surveys are essential for identifying trends, risk factors, and unmet needs across the student population. Collecting this information helps schools design evidence-based interventions, allocate resources effectively, and create targeted prevention programs, ultimately promoting safer, healthier learning environments where all students can thrive.

There are **immediate changes schools can implement**, even without additional funding. These include:

- Flexible counseling schedules so mental health providers can meet students individually or in small groups. This should include removing student support staff from supervision duties such as lunch or recess supervision.
- Daily SEL check-ins or classroom meetings that provide space for students to express emotions and practice coping skills.
- Trauma-informed routines, predictable classroom structures, and restorative approaches to discipline.
- Peer-support networks, mentoring programs, and student-led mental health clubs to foster connectedness.

Finally, if the state could invest in just **one area**, it should be funding school-based mental health providers to meet the 1:250 ratio. With adequate staffing, every other program—SEL, tiered interventions, trauma-informed approaches—becomes far more effective. Providers can identify early warning signs, deliver interventions, and create the consistent, trusting relationships students need to thrive.

To summarize: Kentucky students face serious mental health challenges. Evidence-based programs and interventions exist and are ready to be scaled, but without proper staffing, training, and student engagement, we cannot realize their full potential. By funding adequate school-based mental health providers, expanding universal SEL, implementing targeted tiered supports, and involving students in the process, we can create a system that prevents crises before they occur, improves academic outcomes, and strengthens the overall well-being of Kentucky children.

Investing in these measures is not just the right thing to do—it is the smart thing to do. Every dollar spent preventing mental health crises saves money, time, and lives down the road. Most importantly, it ensures that our children grow up healthy, resilient, and ready to succeed.

Thank you for your time and your commitment to the mental health of Kentucky's students. I welcome your questions.

Bio:

Whitney Campbell is a Licensed Marriage and Family Therapist in Louisville, Kentucky. Whitney is originally from Columbia, South Carolina and has lived in Louisville since 2010. Whitney received a bachelor's degree in psychology from Presbyterian College in 2009 and a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary in 2013. Whitney has worked as a therapist in a residential treatment facilities, domestic violence shelter, and has spent the last 9 years in the Jefferson County Public School system.



Testimony:

Good afternoon. As mentioned in my bio, I am Whitney Campbell. I am a Licensed Marriage and Family Therapist practicing in a public high school here in Jefferson County. I provide individual therapy, group therapy, family therapy, and crisis support as needed in the school setting. I believe that mental health and mental health services are so vitally important for today's youth. There are so many challenges the youth of today face with the ever present social media, a politically hostile environment, and the still recovering climate of the Covid-19 pandemic. I have been a therapist in the school since 2016. I am currently in my 10th school year and the changes over the last several years have been astounding. When I started in the Jefferson County Public School (JCPS) system, having mental health counselors was in its second year of existence. There were only a handful of us, many of which were split in different schools. I have been fortunate enough to have only been in one school during my tenure. In the beginning stages, there was a goal to eventually have a Mental Health Counselor, now called Mental Health Practitioners, in every school. What started as a small room of MHPs has now grown to having separate meetings to accommodate our large numbers. We are split into groups of Elementary School MHPs and Middle/High School MHPs. There is at least one MHP in every school in JCPS. There are several schools that have multiple. This growth is so wonderful and much needed. I have watched the population and demographics of the students change in so many ways over the years. I have seen the need for mental health services grow exponentially since my start in JCPS. The Covid-19 pandemic brought about a spike in mental health requests and needs. I saw firsthand a generation struggling with depression, anxiety, social anxiety, and self-medication through drugs and alcohol. Lock down was a challenging time for many people, especially youth who were cut off from friends, social activity, spending more time in homes that were not safe, spending unhealthy amounts of time on social media, and being way from structure. For many students that I work with, school was an is a safe place where students know there are safe and trusted adults, structure, and meals. Missing out on this for a year and returning to society brought about challenges in so many ways. So many had lost healthy coping skills or just didn't know how to cope at all. I am thankful to have been through it all as a resource and support. The schools not only have just the support of a school based mental health provider, but the district also has a crisis response team that consists of counselors, MHPs, school psychologists, and family resource coordinators trained to respond when a school has a crisis. This is often the death of a student or staff member. A crisis response team is sent to a school when these events happen to provide support to the school community. These responses come for a variety of reasons from suicide, gun violence, traumatic events,

and other deaths. I have served as a crisis response team member since my first year. JCPS also requires mandatory suicide prevention training in all schools from grades 5-12 to be completed within the first month of school and then a refresher in the second half of the school year. Students are all shown a lesson on suicide prevention and are given the opportunity to provide feedback about if they or anyone they know is struggling with suicidality or any other mental health issues and are in need to talk to someone or of services. I am fortunate to be in a school with two MHPs and a Youth Services Center that provides so many mental health supports from outside counseling, mentor groups, and specific affinity groups based around identity and mental health needs. There are so many options for students to find and receive mental health support. Some examples of groups in my school are black girl groups, black boy groups, Big Brothers Big Sisters mentor groups, Latinx groups, self esteem groups, Sources of Strength, grief groups, and more. My school has prioritized mental health because it is believed that if our mental health is not in a good place, there are barriers to learning. We aim to remove and relieve barriers. Our hope is that we are not just educating students academically but also social emotionally so that they can become better versions of themselves that grow into healthy emotionally intelligent and responsive adults. Students at my school have taken interest and have invested in their mental health seeking out services, leading in different mental health initiatives and groups (such as the Sources of Strength group), and referring friends for services. This is the hope for breaking down the stigma of mental health that I hope will continue to grow. Thank you so much for your time and attention.

Good afternoon, and thank you very much for inviting me to be here. My name is Solyana Mesfin, and I'm honored to join the Kentucky Student Voice Team and all of you for this important conversation on youth mental health.

During the height of the COVID-19 pandemic, I had the privilege of exploring mental health policies and programs with students across Kentucky. Through countless meaningful conversations with a diverse group of peers, we were able to amplify the importance of youth involvement in decision-making and in shaping the mental health practices used in our schools.

What we found is that it's not just a single program or policy that can shift how we address mental health. What's needed is a cultural reset. One that actively works to break stigma, expand access, and broaden resources. One that transforms the climate in our schools into spaces where every student feels supported. Because if we want to most effectively strengthen mental health support, we can't design solutions for only a select few. We have to create an environment that truly meets the needs of all students.

There are several strides our education system can take to help enhance support and foster an uplifting environment for students. The first, and likely most obvious step, is staffing.

We must ensure the ratio between students and mental health professionals is much closer to the nationally recommended standard of one counselor for every 250 students. In Kentucky, it's not unusual for one counselor to serve 400 or even 500 students. This is simply unsustainable. We should allocate funding to ensure at least one licensed mental health professional is present full-time in every K–12 school, so that no student ever finds themselves in crisis without someone qualified to turn to.

We must also be intentional about hiring staff who reflect the diversity of our student population — including people of color, LGBTQ+ staff, and those with a wide range of lived experiences. When students see themselves represented in the professionals around them, they are more likely to feel safe, understood, and comfortable seeking help.

In addition, schools should implement regular, meaningful check-ins with students — not just state-mandated surveys that feel impersonal, but genuine opportunities for young people to share how they are doing. Policies such as excused mental health days, trauma-informed training for staff, peer mentoring programs, and mental health materials

and resources in every classroom can further foster a supportive and stigma-free environment.

Over the years, I've heard many success stories from students regarding how their schools have addressed mental health. Some schools have implemented mandatory advisory periods where mental health curriculum and support are consistently provided. Others have created partnerships between districts and local mental health facilities to connect students with long-term care or medical resources. Students themselves have started clubs and programs like Sources of Strength, which have become vital avenues for expressing needs and supporting overall wellbeing.

Across all of these examples, the most effective strategies involve heavy student involvement. Students know what is best for their own needs and the most effective ways to execute support programs. This is why student input in decision-making is vital to truly fostering safe and effective school environments. Whatever policy or program is passed — whether at the school, district, state, or national level — it must be shaped by student voices to have meaningful impact.

As a student in Kentucky public schools not too long ago, I remember the stigma surrounding mental health holding me back from seeking help and the limited resources that were available. Ultimately, I struggled for a while with things that could've easily been addressed. The millions of students that come out of our public schools deserve to come out of K-12 with genuine prosperity and hope for the future. Our main goal as advocates and stakeholders should be to preserve the wellbeing of our students above all, once we have this priority we will see our students flourishing in academia and as community leaders.