

**Title Increasing Mental Health Support in Washington State Schools**

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I. EXECUTIVE SUMMARY

Mental health is a prominent issue all over the world especially for students trying to overcome struggles in every aspect of their lives, including schoolwork and school relationships. This is something seen overwhelmingly in Washington state as mental health problems continue to increase in the state and better mental health support is needed.

II. OVERVIEW

The issue of mental health support in Washington goes as far back as the way school counseling systems were originally designed. Traditionally, counselors were brought in to help students with scheduling classes and navigating the college admissions process instead of specifically to handle mental health concerns. During that time, such as an arrangement made sense since student mental health problems were not considered widespread, and it was assumed that counselors could not focus on both academic and personal problems when they needed to. Over time though this belief proved to be not completely correct as more young students became depressed, more had anxiety, and more were thinking about suicide. Along with this, students have large amounts of stress from social media, academic expectations, and lingering effects from the pandemic. What makes matters worse is that counselors are

routinely tasked with supporting more than 400 students each, even though experts recommend that they should not even be handling 250 students each. Also, many counselors spend a large amount of time on paperwork and it is extremely hard to schedule times to meet with them. This causes many students to wait sometimes even months for just a small talk with their counselor, causing their problems to keep increasing and teachers as well as families have no idea where they can look for help. These problems are only increased in rural and tribal communities, where the shortage of counselors is even larger. Overall, this history makes it clear that our schools are trying to resolve an increasingly complicated mental health problem with resources and systems that are not able to handle such a problem.

A. Relevance

It is essential to address this issue because student mental health makes a large difference on how young people learn, create friendships, and their overall success. When students feel depressed or anxious, they tend to skip classes, struggle to keep up, and experience feelings of being alone. Schools that have someone whose job is solely to manage mental health concerns give students a much better chance of getting help before their situation worsens. For parents, the problem is especially big, and many spend countless hours reaching out to therapists only to discover that

there are no available appointments or that their insurance is insufficient to cover this help. But this could be changed by creating the role of a Mental Health Coordinator as families would have someone guiding them toward the right services and actively ensuring that students follow through and actually get the care they need. At the same time, teachers who are many times the first to notice when a student is in trouble just do not have the time or specialized training to help in an effective way. A dedicated coordinator would make it clear for teachers where to refer struggling students and would verify that those referrals are followed up. Also, counselors that have so many other things to do like college application work would finally be able to focus on the actual work of counseling, which has become increasingly difficult to prioritize. Community therapists, who also want to be helpful for this solution many times find themselves disconnected from schools and unsure how to be helpful but now a coordinator would serve as the main person students reach out to. The consequences of ignoring student mental health are big and can even cause students to take their lives, showing just how important it is to find a solution.

III. HISTORY

A. Current Stances

Over the past fifteen years, Washington has come to recognize that supporting student mental health must be a priority. Back in the early 2010s, schools worked with just a few counselors and psychologists, most of whom had little involvement with mental or behavioral health, with focus instead being on academic or special education problems. The passage of House Bill 1541 in 2016 aimed to encourage schools to partner with community agencies and create a

guide for student support (Office of Superintendent of Public Instruction, 2016). While promising on paper, this legislation did not include money or staff, limiting its influence on schools and their ways of helping with mental health struggles.

Public attention changed a large amount though in March 2021, when Governor Inslee called out Washington's youth mental health crisis and pointed to the alarming increase in people trying to commit suicide. He noted that, at Seattle Children's Hospital, there were now admissions every night for suicide attempts, a situation that was rarely seen before COVID-19 and it led to new acts being taken place. In 2022, lawmakers passed House Bill 1834, which allowed students to take mental health days without the need for a doctor's note (Washington State Legislature, 2022a). Removing this barrier helped to reduce dishonor, but it failed to solve the deeper problem of how schools actually deliver effective mental health care. A second bill that year, House Bill 1664, aimed to boost funding for nurses, social workers, psychologists, and counselors (Washington State Legislature, 2022b), moving staffing targets closer to recommended levels over several years.

Despite these advances, serious problems regarding this still exist. In fact, a report released by the State Auditor in 2021 found that school-based mental health support continues to be divided, with no single authority responsible for ensuring students receive comprehensive care (Washington State Auditor, 2021). Most schools report that they do not have all the necessary elements for a strong and cohesive support system, and many school districts still struggle financially and lack clear guidance. The Children

and Youth Behavioral Health Work Group affirmed these findings in its 2024 report (Washington State Health Care Authority, 2024), also noting that Washington ranks forty-eighth among states for youth mental health outcomes, with rural and minority students facing the steepest barriers. Today, both Democrats and Republicans agree that change is needed and the main debate now revolves around how best to provide funding and oversight for these services. Some advocates are focused on universal mental health screening, while others argue for additional staff or improved connections between schools and community partners. Whatever the approach, it is evident that limited reforms have not delivered the full results our students need and schools must employ staff whose only responsibility is to coordinate mental health support.

IV. POLICY PROBLEM

A. Stakeholders

This policy discussion directly affects students searching for timely help coping with mental health challenges and their parents, who too often feel lost and overwhelmed by a health system that does not deliver. As teachers, who may be best positioned to spot students in need, do not have the training and time to guide students appropriately. Counselors find their resources stretched to the limit by the big number of students and other things they have to do. Then there are community therapists who are actually willing and ready to help but do not have the connections needed to collaborate with school staff. School administrators are under significant stress to show results without the right personnel or systems in place. Taxpayers and lawmakers are

impacted long-term by rising costs associated with untreated mental health issues among students.

B. Risks of Indifference

The consequences of not doing anything about this prominent issue are big as with more mental health problems, more students will keep hurting themselves, more will not do well in school, and more will think about committing suicide. Teachers and families will notice falling grades and poor attendance, while hospitals and courts see increased rates of emergency room visits and juvenile justice referral. In the end, everyone pays a higher price, both financially and emotionally, and the message is sent that student wellbeing is not important.

C. Nonpartisan Reasoning

What is notable about this issue is that it is not a matter of party politics as early mental health help supports conservative ideals like self-reliance, since strong mental health lays the foundation for students to become independent adults. At the same time, focusing on fair access aligns with progressive values, since every student, regardless of where they live, deserves support. Research shows this well especially regarding the financial aspect, demonstrating that each dollar spent on early mental health care saves several more later in medical expenses, justice involvement, and lost work done (UW SMART Center, 2023). It is evident that the desire to support children's mental health is one shared by families no matter one's political standing.

V. TRIED POLICY

In recent years, Washington has tried many

solutions to help with this big problem. One example is adding funding for counselors and other support staff under House Bill 1664 has improved staffing numbers but still leaves serious gaps in coordination (Washington State Legislature, 2022b). Another is granting students the right to take excused mental health days under HB 1834 gave students new flexibility but did not guarantee follow-up support (Washington State Legislature, 2022a). Increasing local staff helping with mental health problems has helped connect districts with outside resources, but those staff have too much to handle and too many people causing them to be not that effective. Each approach has made progress, but none has fully solved the central challenge: most schools still do not have a coordinator present every day to oversee mental health services.

VI. POLICY OPTIONS

One option is to place a dedicated Mental Health Coordinator in every middle and high school throughout Washington, making it last over three years starting with the schools that need it most. These coordinators, who would need a master's degree in a field like social work or psychology, would be responsible for checking on students, connecting them with therapists, and training teachers to recognize warning signs. The state would cover the cost, which is about \$90,000 for each position, ensuring all students get help regardless of where they go to school. That being said, the problems are that the overall expense will be large, and it will be hard to find many qualified people for jobs. That being said, to make this idea even better, Washington could look at Finland and also have these coordinators meet weekly with school nurses and counselors to talk about students, letting them get the help they need.

Another idea is to be more specific about places that get coordinators by placing coordinators in the 200 to 300 schools that are struggling the most, based on things such as poverty rates and available mental health data. To be one of these schools, I plan that school districts would have to apply for three-year grants and show that they have a good plan for building a sustainable program. I think this is an especially good approach because it focuses resources where the need is greatest and allows the state to test what works before going bigger, but the biggest problem is that many schools with struggling students would be left without more support. A way to improve this would be to follow a model from Australia, using the grant money to create partnerships between schools and local mental health centers, which could help get students into therapy even faster than other students.

A last option involves creating regional teams of coordinators who would work with several schools at once instead of being based in a single building. With this option, I plan that each separate educational district would hire its own coordinators to serve groups of 10 to 15 schools, visiting each campus one or more days a week. This would spread support to more schools without requiring every district to hire its own specialist, but a problem could be that these coordinators might not be able to form strong relationships with students. To make this work better, Washington could get an idea from Ontario and have the coordinators train all school staff, including people like bus drivers and cafeteria workers, on how to find students who are struggling. Then when everyone has some form training, the entire school community becomes part of the support system, meaning the coordinator does not have to handle everything alone.

VII. CONCLUSIONS

Overall, I have talked about many topics regarding mental health support in Washington schools and the problems students are faced with when trying to get help, going in depth regarding the current problems and the different policy options that could solve them.

With that said, student mental health is an important issue and to actually make a difference, understanding even the smallest details are needed to really understand what is going wrong. Though Washington has a long way to go in making sure every student gets the mental health support they need, it can be done by focusing on how policies are structured and put into action, learning from what works in other countries like Finland and Australia, and making sure coordinators have the resources and training to do their jobs effectively. Honestly, I believe these struggles can be overcome if we all work together to do some real action, rather than just talk and do nothing for this extremely important struggle.

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REFERENCES

[1] Office of Superintendent of Public Instruction. (2016). Washington Integrated

Student Supports Protocol (House Bill 1541). Olympia, WA. Retrieved from <https://www.k12.wa.us>

[2] UW SMART Center. (2023). The case for school mental health. Seattle, WA. Retrieved from <https://smartcenter.uw.edu>

[3] Washington State Health Care Authority. (2024). Children and Youth Behavioral Health Work Group annual report. Olympia, WA. Retrieved from <https://www.hca.wa.gov>

[4] Washington State Legislature. (2022a). House Bill 1834: Student absences for mental health reasons. Olympia, WA. Retrieved from <https://app.leg.wa.gov>

[5] Washington State Legislature. (2022b). House Bill 1664: Prototypical school formulas for physical, social, and emotional support in schools. Olympia, WA. Retrieved from <https://app.leg.wa.gov>

[6] Washington State Auditor. (2021). K-12 student behavioral health in Washington. Olympia, WA. Retrieved from <https://sao.wa.gov>

[7] Finnish National Agency for Education. (2023). Student welfare services in Finnish schools. Helsinki, Finland. Retrieved from <https://www.oph.fi>

[8] National Youth Mental Health Foundation. (2024). Annual report on youth mental health services in Australia. Melbourne, Australia. Retrieved from <https://headspace.org.au>

[9] Ontario Ministry of Education. (2023). School mental health leadership and standards. Toronto, Ontario. Retrieved from <https://www.ontario.ca>