



Expanding Mental Health Access In Public Schools

Saismaran Vummadi

I. EXECUTIVE SUMMARY

Adolescent mental health challenges have increased significantly over the past decade, with rising rates of anxiety, depression, and suicide among youth. Despite this trend, access to school-based mental health services remains inconsistent and insufficient across many public school districts in the United States. Schools serve as primary access points for students, particularly those who may not otherwise receive mental health support. This policy brief examines gaps in school-based mental health infrastructure and evaluates policy approaches to expand access, improve equity, and strengthen early intervention systems within public education.

II. OVERVIEW

Youth mental health has emerged as a critical public health and education issue. According to the Centers for Disease Control and Prevention (CDC), rates of persistent feelings of sadness and hopelessness among high school students have increased substantially in recent years. However, many public schools do not meet recommended counselor-to-student ratios established by the American School Counselor Association. Budget limitations, workforce shortages, and differences between high and low income districts contribute to unequal access to mental health professionals.

As a result, students in under-resourced communities are less likely to receive timely support. This brief analyzes how federal and state policy can address structural gaps in school-based mental health services.

A. Relevance

Mental health directly influences academic achievement, school attendance, and long-term social outcomes. Students experiencing untreated mental health challenges are more likely to struggle academically and socially. Research from the National Alliance on Mental Illness (NAMI) indicates that early intervention significantly improves long term outcomes and reduces crisis level incidents. Limited access to mental health resources disproportionately impacts students from low-income households and historically marginalized communities, where external services may be financially inaccessible. Strengthening school based support systems can reduce inequities, improve educational outcomes, and promote overall community well being.

III. HISTORY

A. Current Stances

Historically, mental health services within schools have been underfunded and secondary to academic priorities. The Individuals with Disabilities Education Act (IDEA) provided support for students with diagnosed conditions,

but broader preventative mental health frameworks were limited. In recent years, especially following the COVID 19 pandemic, federal and state governments have increased funding for school based mental health initiatives through relief packages and Department of Education grants. Agencies such as SAMHSA and the CDC advocate for integrated mental health models within schools. However, implementation remains inconsistent across states due to funding disparities and policy fragmentation. While bipartisan recognition of youth mental health has grown, sustainable long-term policy solutions remain underdeveloped.

The Institute for Youth in Policy wishes to acknowledge Taylor Beljon-Regen, Patrick Pickren, Tiffany Li, Asher Cohen, Paul Kramer, and other contributors for developing and maintaining the Fellowship Program within the Institute.

IV. POLICY PROBLEM

A. Stakeholders

The primary stakeholders in expanding school-based mental health services are students, particularly those experiencing anxiety, depression, trauma, or other mental health challenges. Students from low-income households are especially affected, as they may lack access to private counseling outside of school.

Secondary stakeholders include parents and families, who rely on schools to support their children's overall well-being. Educators and school administrators are also stakeholders, as untreated student mental health challenges often

manifest in classroom disruptions, absenteeism, and declining academic performance.

At the local level, school districts, school boards, and state education agencies play a critical role in funding allocation and staffing decisions. Mental health professionals, including school counselors, psychologists, and social workers, are essential stakeholders in implementation.

B. Risks of Indifference

If policymakers and school districts fail to prioritize mental health access, the consequences extend beyond individual students. Untreated mental health challenges are associated with higher dropout rates, lower academic achievement, and increased behavioral incidents. Long-term indifference may also increase strain on emergency services and community healthcare systems.

Inaction disproportionately affects under-resourced school districts, widening existing educational and socioeconomic disparities. Without intervention, schools risk becoming reactive institutions responding to crises rather than proactive environments focused on prevention and early support.

C. Nonpartisan Reasoning

Youth mental health has increasingly been recognized as a bipartisan issue. Supporting student well-being strengthens educational outcomes, workforce readiness, and community stability. Investment in school-based mental

health services can reduce long-term healthcare costs, improve graduation rates, and contribute to a more productive economy.

From both fiscal and social perspectives, early intervention is more cost-effective than crisis response. Expanding access to mental health services in schools aligns with shared goals of improving educational performance, strengthening families, and promoting public safety.

V. TRIED POLICY

At the federal level, legislation such as the Individuals with Disabilities Education Act (IDEA) and provisions within the Elementary and Secondary Education Act have supported students with identified mental health conditions. More recently, COVID-19 relief funding, including the Elementary and Secondary School Emergency Relief (ESSER) funds, allowed districts to temporarily expand counseling services.

However, many of these initiatives rely on short-term funding rather than permanent structural investment. While some districts used relief funds to hire additional counselors or implement wellness programs, staffing shortages and funding expirations have limited sustainability. As a result, access to school-based mental health services remains inconsistent across districts.

VI. POLICY OPTIONS

Increase State-Level Funding for School Mental Health Professionals

Unconscious bias, stereotypes, societal norms, etc. can hamper one's ability to look at things neutrally and clear assessments can become tainted. Hiring and promotion processes work in a similar way, biases can cloud judgement which leads to unfair decisions. This prevents women from advancing and leaves them trapped on sticky floors.

To overcome this, I recommend a standardised, data-driven process of hiring and promotion which helps limit biases and hostility against women. Although this practise will be put into action primarily by the Human Resources department, it can be proposed that such a system is overlooked by the Equal Employment Opportunity Commission (EEOC).

Expand School-Based Mental Health Partnerships

Local school districts can partner with community mental health organizations to provide on-site or telehealth counseling services. This model allows schools to expand services without bearing the full cost of hiring additional full-time staff.

Implementation Challenge: Clear data-sharing agreements and privacy protections must be established to comply with federal regulations such as FERPA and HIPAA.

Universal Mental Health Screening and Early Intervention Programs

Districts can implement annual, developmentally appropriate mental health screenings to identify students in need of support early. Early

identification allows schools to intervene before challenges escalate into crises.

Implementation Challenge: Schools must ensure parental consent procedures and avoid stigmatization of students.

recommendations from professional organizations. At the local level, districts would allocate dedicated budget lines specifically for mental health staffing rather than temporary grant-based hiring.

Implementation Challenge: Recruiting qualified professionals in rural or under-resourced districts may require additional incentives such as loan forgiveness or salary adjustments.

VII. CONCLUSIONS

Expanding access to mental health services in public schools is both an educational and public health imperative. While recent federal initiatives have increased awareness and temporary funding, long-term structural reform is necessary to ensure equitable access across districts.

Of the proposed solutions, increasing sustainable state-level funding for school mental health professionals represents the most foundational step. By investing in early intervention and preventative support systems, policymakers can improve student well-being, academic outcomes, and long-term community resilience.

Addressing adolescent mental health through public education policy is not only a response to rising need but a proactive investment in the next generation.

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systematically.

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