CHRONIC ABSENTEEISM IN NEVADA:

PART II – INTERSECTIONS WITH MENTAL HEALTH

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INTRODUCTION

This is the second brief in the Guinn Center's three-part series on chronic absenteeism in Nevada. The first brief defined chronic absenteeism, explored national and state-level trends, examined contributing factors, and provided evidence-based policy recommendations for addressing it. Building on that foundation, this brief focuses specifically on the relationship between mental health and chronic absenteeism, particularly emphasizing how school-based mental health resources can support student attendance.

Chronic absenteeism is defined as a student missing at least 10 percent of the school year, or 18 days during a typical 180-day school year, for any reason (Attendance Works, 2016). Chronic absenteeism typically stems from a combination of factors, but mental health concerns remain a central and growing issue among students who miss school.

"Almost a quarter of chronically absent kids had high levels of emotional or behavioral problems… compared with just 7 percent of kids with good attendance" (Rosales & Seshadri, 2024). Anxiety, depression, and other mental health challenges can make it difficult for students to engage in learning, leading to frequent absences (Sparks, 2022). Many students face barriers to accessing mental health support, including limited school-based resources and socioeconomic challenges that prevent families from obtaining a formal diagnosis or treatment (National Center for Education Statistics, 2024). Without proper interventions, these issues can create a cycle where poor mental health leads to absenteeism, which in turn exacerbates academic struggles and social isolation (GerosHealth, 2024).

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BACKGROUND

Approximately 20 percent of students (roughly ten million children) in the United States have a current, diagnosed mental health disorder (Sappenfield et al., 2024). Anxiety, depression, and conduct/behavioral disorders are the most common, respectively (Sappenfield et al., 2024). Between 2016 and 2019, diagnoses for anxiety increased by 27 percent and depression increased by 24 percent (Lebrun-Harris et al., 2022). Anxiety is characterized as excessive, uncontrollable worry that causes significant distress and interferes with daily functioning (American Psychiatric Association, 2022). Depression includes feelings of sadness, emptiness, and hopelessness, and/or the loss of interest or pleasure in daily activities (American Psychiatric Association, 2022). However, a clinical diagnosis for either disorder includes additional specifics and timelines (see Appendix A). Attention deficit/hyperactivity disorder and eating disorders are also frequent diagnoses in students (OASH, n.d.). Many students experience more than one mental health disorder at the same time—a phenomenon known as comorbidity (Garber & Weershing, 2010).

The rise in suicide rates is another concerning trend nationwide. Between 2013 and 2023, suicide plans, attempts, and persistent thoughts of sadness and hopelessness all increased in high school students (CDC, 2023). In 2023, 20 percent of high school students seriously considered suicide, with females and LGBTQIA+ students reporting higher rates compared to male and non-sexual minority youth (CDC, 2023). In 2022, suicide was the second-highest cause of death for children between 10 and 14 years old (Garnett & Curtin, 2024).

This brief explores the connection between student mental health and chronic absenteeism, highlighting how mental health challenges can impact attendance and examining the role of school-based mental health resources in supporting students.

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NEVADA CONTEXT

Nevada consistently ranks among the bottom five states in youth mental health metrics and was ranked last in 2024 for both prevalence of mental illness and lack of access to care (Mental Health America, 2024). Approximately 24 percent of Nevada youth experienced at least one major depressive episode during 2024, the third highest percentage in the nation (Mental Health America, 2024). Nevada also has the second highest rate of youth with a substance abuse disorder and youth who experienced a major depressive episode without receiving any mental health treatment (Mental Health America, 2024). As highlighted below, the 2023 Nevada Youth Risk Behavior Survey shows alarming rates of suicide ideation and attempts in both middle and high school (Prinsloo et al., 2024; Howard et al., 2024)

These statewide mental health challenges are closely linked to chronic absenteeism, as students struggling with untreated or undertreated mental health conditions are more likely to miss school frequently. These concerning mental health trends also may be underreported, as limited school resources and socioeconomic barriers often prevent families from obtaining an official diagnosis for their child (Ritchie, 2018). However, it is worth noting that the increasing rates of mental health diagnoses could also be attributed to students feeling more comfortable reaching out for help and openly discussing their mental health concerns (Murthy, 2021).

Mental Health and Suicide

- Middle School:
34.5 percent felt hopeless or sad for extended periods, **20.6 percent** seriously considered suicide, and **7.7 percent** attempted suicide.

- High School:
42.6 percent felt hopeless or sad, **20.6 percent** considered suicide, and **10.4 percent** attempted suicide. Additionally, **23.7 percent** engaged in self-harm.

CONTRIBUTING FACTORS

Mental health diagnoses are linked to poor educational attainment and school attendance, with anxiety, depression, and other mental health concerns often being reported as the "top health-related drivers of absenteeism" in many schools (Breslau et al., 2008; Attendance Works, 2024; Guinn Center, 2025). Additionally, students who do not meet criteria for an official diagnosis can still experience poor mental health symptoms that can inhibit their desire and ability to attend school (Finning et al., 2019). Mental health is influenced by a variety of environmental, social, and genetic factors, all of which can lead to school feeling overwhelming or not worthwhile, eventually causing school refusal and chronic absenteeism. This may look different depending on the student's age. For example, older students have the means to skip class, while younger students may describe anxiety as feeling sick to their stomach or depression as feeling tired, which may lead parents to keep them home from school. This brief explores examples of factors that can contribute to poor mental health outcomes, as poor mental health is highly connected to chronic absenteeism, and a better understanding of these factors can help develop more targeted interventions to reduce chronic absenteeism.

Bullying

Students who experienced electronic bullying were significantly more likely to miss school, with their risk of missing one day, two to three days, and four or more days per month increasing by factors of 1.77, 2.08, and 1.77, respectively, compared to non-bullied peers (Grinshteyn & Yang, 2017). Bullying is defined as the "repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power" (Anti-Bullying Alliance, 2025). Bullying includes physical, verbal, emotional, and sexual behaviors and can occur in person or online (Anti-Bullying Alliance, 2025; Nevada PEP, n.d.). Bullying also involves intentional exclusion or other indirect acts that hurt others (Anti-Bullying Alliance, 2025). In Nevada, nearly 26,000 middle schoolers and 20,000 high schoolers reported being bullied in 2023 (Prinsloo et al., 2024; Howard et al., 2024).

During the 2023-24 school year, there were 3,696 incidents of bullying in Nevada that resulted in suspension and 610 incidents that resulted in expulsion (Nevada Department of Education [NDE], 2024).

The percentage of students missing school due to safety concerns nearly doubled from 7 percent in 2013 to 13 percent in 2023 (Kellner, 2024). Students who experience bullying are at a higher risk of chronic absenteeism, with school absences rising sharply among those who fear for their safety. Frequent bullying can have an even greater impact, with absences increasing by up to 45 percent when victimization occurs multiple times a week (Smithson, 2024). There are many reasons bullying can lead to poor school attendance, with mental health being a leading factor. Bullying contributes to depression, anxiety, low self-esteem, and academic struggles—factors that collectively increase school avoidance and absenteeism (McLean Hospital, 2024; Houston, 2024).

Learning Disabilities

Students with disabilities are 36 percent more likely to be chronically absent compared to their classmates without disabilities (U.S. Department of Education, 2025). A specific learning disability, like dyslexia or dyscalcula, is the most common disability among students (35 percent) (Rawe, 2024). These neurodevelopmental differences impact individuals' ability to "read, write, speak, do math, and handle other similar tasks" (National Institute of Child Health and Human Development, 2018). Dyslexia is the most common condition, impacting roughly 20 percent of people and accounting for 80 percent of the learning disabilities experienced nationwide (Dominguez & Carugno, 2023; Dyslexia Help, 2025). Dyslexia interferes with the brain's written word processing (Cleveland Clinic, 2023). The most widely known symptom of dyslexia is mixing up letters like "q" and "p" or "b" and "d," but symptoms also include having trouble rhyming, learning the names of letters, and sounding out new words, among others (Cleveland Clinic, 2023). Other common learning disabilities involve trouble with organizing and finishing math problems and distinguishing between math symbols (also known as dyscalculia) and difficulties with motor skills that impact writing and spelling (also known as dysgraphia) (Dominguez & Carugno, 2023).

Students facing these challenges are more likely to develop depression and/or anxiety disorders and experience symptoms of anxiety and depression in general at higher rates compared to other students (Hagan, 2025; Ehmke, 2025). Moreover, students can become frustrated as they recognize they are not developing skills as easily as their classmates and get tired when they must work harder to gain mastery (Ehmke, 2025). Having an undiagnosed learning disability can exacerbate feelings of anxiety and depression if students do not understand why they are struggling to grasp classroom content and instead assume they are not as smart as their peers (Ehmke, 2025). Further, these students may not be evaluated for or diagnosed with a mental health disorder, even if they qualify, due to "presumptions around the person's behavior and symptoms being attributed to their learning disabilities,"

which may inhibit their ability to get emotional support (National Guideline Alliance (UK), 2016). Finally, students experiencing psychological distress, such as feelings of discouragement, shame, or anxiety, may be more likely to avoid the classroom environment (Sideridis, 2007). These examples illustrate how learning disabilities can contribute to poor mental health outcomes, which may subsequently affect school attendance.

In Nevada, as of October 2023, there were over 26,000 students who had an Individualized Education Program or a 504 plan with a specific learning disability as the primary category (Nevada Department of Education, 2023). These students may be the target of bullying, have low self-esteem, and experience school failure, all of which contribute to poor mental health (Learning Disabilities Association of America, n.d.). **Furthermore, students with learning disabilities are 7.6 percentage points more likely to be chronically absent and almost three times more likely to drop out of school compared to their neurotypical classmates** (National Center on Educational Outcomes, 2018; American University, 2021). Learning disabilities are the most common type of disability among students in Nevada and nationwide.

However, it is important to note that students with other disabilities, such as speech or language impairments, deaf-blindness, emotional disturbance, or other physical disabilities, also have a high risk for mental health concerns and chronic absenteeism (National Center for Education Statistics, 2024; National Center on Educational Outcomes, 2018).

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Adverse Childhood Experiences

Approximately 61 percent of adults report having experienced at least one adverse childhood experience (ACE), and over 15 percent report experiencing four or more (Centers for Disease Control and Prevention [CDC], 2024). These ACEs are potentially traumatic events occuring in childhood, such as abuse, neglect, witnessing violence, or growing up in a household with substance abuse or mental illness (CDC, 2024). Such experiences can disrupt healthy brain development and emotional regulation, increasing the risk of mental health challenges such as depression, anxiety, and post-traumatic stress disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024). In school-age children, the psychological and physiological stress responses associated with ACEs can lead to behavioral issues, academic difficulties, and frequent absences (Perfect et al., 2016). Students with multiple ACEs are significantly more likely to be chronically absent, particularly when their trauma is unaddressed in the school environment (Blodgett & Lanigan, 2018). Trauma-related school avoidance often stems from emotional dysregulation, fear of separation or failure, or a general sense of unsafety, all of which can be exacerbated by punitive school discipline systems (National Child Traumatic Stress Network [NCTSN], 2023). As a result, schools that do not provide trauma-informed supports may unintentionally contribute to the cycle of absenteeism and academic disengagement among youth affected by ACEs.

Social Media

While social media can foster community, its overuse—particularly among adolescents—is strongly correlated with poor mental health and school disengagement. The impact of social media will depend heavily on the individual user. However, more than 1 in 10 adolescents report problematic social media behaviors and negative consequences, including poor mental health (World Health Organization, 2024). Most teenagers (96 percent) report using the internet daily, and about half say they are online almost constantly (Pew Research Center, 2024). Some time is likely dedicated to coursework, as schools continually move towards online platforms. However, a large majority of teenagers visit YouTube (73 percent), TikTok (63 percent), Instagram (61 percent), and Snapchat (55 percent) every day (Pew Research Center, 2024).
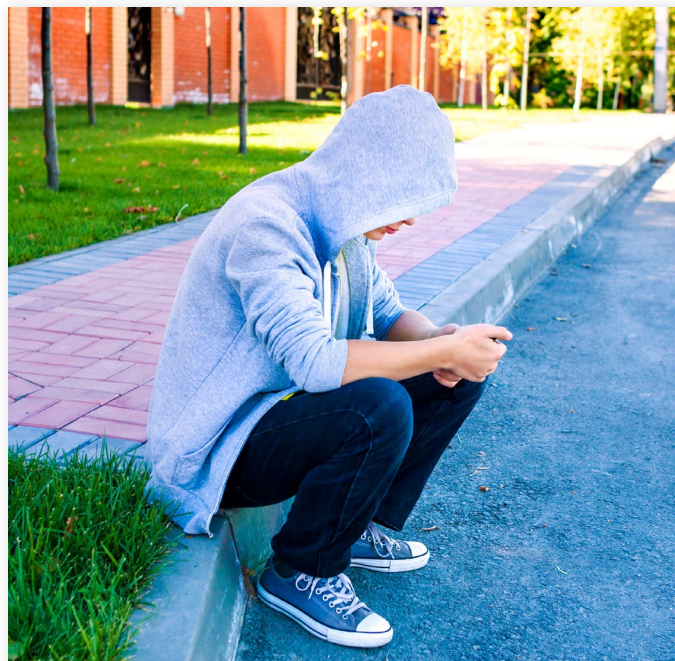
Many teenagers (51 percent) use social media for at least four hours daily (Rothwell, 2023). While the statistics for social media use are consistently higher for teens between 13 and 17 years old, almost 40 percent of children between 8 and 12 years old also report using social media (Rideout et al., 2022).

Teens who spend at least three hours each day on social media double their risk of developing anxiety and depression (Office of the Surgeon General, 2023). Social media can negatively impact sleep patterns, which is closely intertwined with mental health issues (Suni, 2024). Eating disorders and poor body image are also concerns, especially for females, who are exposed to "relentless online exposure to largely unattainable physical ideals" (Katella, 2024). Adolescents can be exposed to cyberbullying, online predators, and extreme or inappropriate content that influence their view of reality (Katella, 2024; Mayo Clinic, 2024). **Excessive social media use has been linked to chronic absenteeism, particularly among older students, as a result of exposure to online content and behavioral patterns that impair attention, motivation, and academic performance.** Students may be more likely to avoid attending class when experiencing heightened social pressures, academic disengagement, or symptoms associated with anxiety and depression. For example, a longitudinal study by (Twenge et al., 2017) found that adolescents who spent more time on social media reported higher levels of depressive symptoms and were more likely to skip school compared to their peers with lower usage.

There are benefits to social media as well. Social media allows users to create online social networks, which can be especially helpful for sexual minority youth, those with chronic illnesses, anyone dealing with grief, or any other type of stressor (Mayo Clinic, 2024). Finding others who relate to personal struggles fosters community and belonging, which can positively impact mental health. **By limiting screen time and monitoring content, parents and caregivers can support their students and decrease the likelihood that they will experience mental health concerns that often lead to school refusal and chronic absenteeism** (DeAngelis, 2024).

COVID-19

The COVID-19 pandemic triggered a nationwide mental health crisis among youth, intensifying pre-existing conditions and creating new stressors that continue to influence school attendance. Many students missed highly anticipated moments such as graduations, dances, or sporting events, and became less physically active and increased their screen time, all of which led to higher rates of poor mental health (The Annie E. Casey Foundation, 2025). Five years later, the lingering effects of the pandemic are still impacting student mental health (Colarossi, 2024). **During the 2022-23 school year, 48 percent of students reported that anxiety, depression, and stress made it difficult to do well in school, compared to 39 percent in the spring of 2020 and 46 percent in the fall of 2020** (Youth Truth, 2023). Separation anxiety was common as schools began to reopen, and students may still worry about leaving their parents and caregivers, especially young students who did not develop a school routine or practice social interactions (Colarossi, 2024). Additionally, students may still feel a heightened fear of getting sick or are navigating grief from loss during the pandemic (Schonfeld, 2024). **Only 36 percent of teenagers report that their mental health has been better since the pandemic started, meaning most teens are likely dealing with mental health concerns that may disrupt school attendance** (CRPE, 2024).

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FACTORS AS LAYERS

Similar to the discussion on the relationship between factors in our first brief, each contributing factor here is only one layer of what causes school refusal and chronic absenteeism. Each student experiences a unique combination of factors that contribute to absenteeism. For example, bullying may lead to avoidance and chronic absences, which in turn result in poor academic performance (Laith & Vaillancourt, 2022). Conversely, the emotional stress and difficulty concentrating caused by bullying can first impact academic achievement, eventually leading to chronic absenteeism (Laith & Vaillancourt, 2022). The COVID-19 pandemic drastically increased youth screen time, which could have developed into a social media addiction, contributing to poor mental health. Non-mental health-related factors like transportation issues may primarily cause chronic absenteeism. However, anxiety develops when the students fall behind in class due to missed instruction, and are subsequently more likely to avoid school in the future if they feel overwhelmed. Understanding these overlapping layers can help schools design more individualized, comprehensive interventions to improve attendance.

IMPLEMENTING MENTAL HEALTH STRATEGIES IN SCHOOLS

One vital strategy in addressing mental health within the complex nature of chronic absenteeism is utilizing a Comprehensive School Mental Health System Framework (CSMHS). The Nevada Department of Education has partnered with many schools, community partners, and other state agencies to develop a statewide CSMHS (Guinn Center, 2025). A CSMHS is a comprehensive and collaborative collection of supports in an organized system focused on addressing the interconnected factors that impact student behavioral health (Hoover et al., 2019). The goal of a CSMHS is "to create a positive school climate, support students' emotional and social development, and promote mental health and well-being to reduce the prevalence and severity of mental illness" (Guinn Center, 2025). These systems promote early detection of at-risk students and provide holistic interventions (Hoover et al., 2019). A CSMHS includes: "(1) a trained workforce of school professionals; (2) collaboration between students; (3) families, teachers, school administration, and community partnerships; (4) the use of screening and referral processes; (5) the implementation of evidence-based programs and practices; (6) the use of data and evaluation to select and monitor services; (7) diversified funding strategies; and (8) leadership vision and prioritization" (Guinn Center, 2025).

Within a CSMHS, schools may also establish a Multi-Tiered System of Supports (MTSS). An MTSS framework organizes interventions into tiers that provide additional services to students who need more direct support (Pendharkar, 2023). Tier 1 interventions apply to all students, including universal screenings, instructional strategies, and positive school climate initiatives (Guinn Center, 2025). Tier 2 interventions apply to small groups of students and may include skills groups or targeted screenings and assessments (Guinn Center, 2025). Tier 3 interventions are intensive and intended for specific students, including individual therapy, wrap-around services, parent meetings, and behavioral plans (Guinn Center, 2025). The Guinn Center's School-Based Behavioral Health policy report includes 25 recommendations to support student mental health, a crucial component in reducing chronic absenteeism.

It is important to note that there are some barriers to this implementation. First, funding for education in Nevada is far from sufficient compared to national averages and what experts deem as adequate. That creates significant barriers in program implementation and a district's ability to provide mental health services to students. Additionally, without dedicated funding or specific accountability structures, there is a lack of consistency in job descriptions, duties, programs, and services in this space. Schools do not have a strong system for determining whether they are effectively delivering these programs and services. Finally, it is worth mentioning that schools may not be the correct entity to deliver these services solely. There have been strong community partnerships through organizations such as Communities in Schools that could serve as a model for how wrap-around services can be provided at the school level.

In April 2025, the NDE was awarded more than $230,000 to reduce chronic absenteeism by supporting "professional development, training, mentorship programs, and strategic collaboration with key community partners" (NDE, 2025). The grant is intended to enhance MTSS interventions and focus on mental health strategies to address chronic absenteeism (NDE, 2025). By developing "a sustainable infrastructure for school-based mental health programs and services," Nevada students will have timely access to mental health support and prevent future chronic absenteeism by addressing barriers early (Substance Abuse and Mental Health Services Administration, 2023).

> "We are committed to providing social-emotional support to help with our students' overall well-being. We find when our students feel safe, secure, and emotionally supported, they do better both academically and in life." – Jhone Ebert, former State Superintendent of Public Instruction (NDE, 2023).

CONCLUSION

Addressing chronic absenteeism requires a holistic understanding of the barriers preventing students from consistently attending school. As this brief highlights, mental health is a significant—and often underacknowledged—factor influencing student attendance. Strengthening access to school-based mental health services, improving coordination between systems, and proactively identifying students in need can be crucial in reducing absenteeism.

The third and final brief in this series will turn to the local level, highlighting innovative strategies that Nevada school district leaders are using to tackle chronic absenteeism in their communities.

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APPENDIX A: DIAGNOSTIC CRITERIA FOR COMMON YOUTH MENTAL HEALTH DIAGNOSES

Diagnostic Criteria for Generalized Anxiety Disorder:

A. Excessive anxiety and worry (apprehensive expectation), occuring more days than not for at least 6 months, about a number of events or activities (such as work or school performance.

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months

> Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.

2. Being easily fatigued.

3. Difficulty concentrating or mind going blank.

4. Irritability.

5. Muscle tension.

6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder, separation from attachment figures in separation anxiety compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

([American Psychiatric Association, 2022](#))

DSM-5 Criteria for *Major Depressive Disorder and Persistent Depressive Disorder:*

Major depressive disorder (in children and adolescents, mood can be irritable)

5 or more of 9 symptoms (including at least 1 of depressed mood and loss of interest or pleasure) in the same 2-week period; each of these symptoms represents a change from previous functioning

- Depressed mood (subjective or observed)
- Loss of interest or pleasure
- Change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor retardation or agitation (observed)
- Loss of energy or fatigue
- Worthlessness or guilt
- Impaired concentration or indecisiveness
- Thoughts of death or suicidal ideation or suicide attempt

Persistent depressive disorder (in children and adolescents, mood can be irritable and duration must be 1 year or longer)

Depressed mood for most of the day, for more days than not, for 2 years or longer. Presence of 2 or more of the following during the same period

- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Impaired concentration or indecisiveness
- Hopelessness

Never without symptoms for more than 2 months

(American Psychiatric Association, 2022)

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