With Federal Aid Available, D.C. Public Schools Should Expand Mental Health Resources for Students

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Prior to the COVID-19 pandemic, one in five youth had a diagnosable mental health disorder, a trend that has worsened significantly during the pandemic by measures of anxiety and depression (CDC 2013; Majlessi 2021). The pandemic disrupted in-person learning and limited access to various school-based services. As a result, students are experiencing increased isolation, loneliness, stress, and sadness, and the effects are not always visible. With federal aid available through COVID-19 recovery funds, DC Public Schools must fulfill its mission for every student to reach their potential in a nurturing environment and provide students with heightened mental and emotional health support.

DC PUBLIC SCHOOLS NEEDS MORE COMPREHENSIVE MENTAL HEALTH RESOURCES

Educators and policymakers agree on the need for youth mental health programs, but the type of funding structure and program implementation vary widely in each state. Currently, only three states–New York, Virginia, and Florida– have passed legislation which requires mental health education to be taught in public schools, and policies regarding school-based mental health care are largely dependent on local funding and advocacy efforts (Hood 2019).

In recent years, DC Public Schools, or DCPS, has successfully expanded access to nutritious meals and added physical education requirements, but the existing policies do not address mental health-related services at present (Hayes et al. 2018). The DC Healthy Schools Act of 2010 and the subsequent Amendment Act of 2018 set nutrition and physical education standards, expanded access to healthy school meals through added subsidies, and established a commission to report on student health and well-being (OSSE 2019; DC Council 2018). In accordance with federal guidelines, DCPS follows a Local Wellness Policy that details how it will implement nutrition and physical activity programming, and the policy is revised every three years (USDA 2019). DCPS should be commended for its commitment to improving students’ physical well-being and should also follow suit and dedicate resources to support students’ mental well-being.
As DC continues to grapple with ensuring access to health services for youth, particularly for underserved areas and populations, DCPS should consider expanding its school-based health centers. Each center offers comprehensive primary health resources, including mental health care, and can serve as a student’s regular health provider or as a supplemental provider (DC Health, n.d.). In the United States, the number of school-based health centers has more than doubled in the last two decades, and states such as Delaware now require all public secondary schools to have a school-based health center compliant with state regulations (Love et al. 2019; Delaware General Assembly 2016).

Among its 115 schools, DCPS currently has seven school-based health centers in operation, four of which are in Wards 7 and 8, the areas of the District with the highest concentrations of poverty. Particularly for low-income students, schools serve as a place to get connected with mental health services and resources. Given that youth are six times more likely to seek mental health treatment at school than in other community settings, the school-based health centers have played an important role in providing DCPS students with access to mental health care during the pandemic (US Department of Education 2021).

HOW DC PUBLIC SCHOOLS CAN INVEST IN MENTAL HEALTH

Since March 2020, DCPS has received nearly $300 million in COVID-19 federal relief funds to support school efforts (DCPS 2021). The current plan allocates $129 million to fund school reopening plans, technology access, and academic support for students identified as at-risk. With approximately $170 million to spend beginning in Fiscal Year 2022, DC Public Schools should dedicate a portion of the federal funds towards student mental health services to accomplish the following activities:

- **Open more school-based mental health centers.** These centers have the potential to greatly expand access to mental health care services for students, particularly in Wards 7 and 8, the areas of the District with the largest concentrations of low-income students and students of color.

- **Increase the availability of virtual care options for mental health.** Expand virtual care options such as telemedicine within school-based health centers to guarantee that all students have access to the mental health care they need.

- **Develop an age-appropriate mental health education curriculum.** Teach students to identify signs of mental health issues within themselves and within their peers. Hire at least one staff member within each school to teach the mental health curriculum.

- **Educate parents on how to recognize and address mental health issues.** School mental health professionals can provide useful information to help parents recognize the signs of mental health issues like depression or suicidal thoughts/tendencies and seek help.

- **Implement mental health education standards into the Local Wellness Policy.** DC should set clear guidelines for the staffing and teaching of mental health into the current local wellness
policy, to assure uniform quality across public schools and allow for the policies to be re-evaluated once every three years.

THE TIME IS NOW

An overwhelming amount of research shows that children and adolescents in the United States are experiencing a mental health crisis, and the COVID-19 pandemic has further exacerbated these effects. By devoting a portion of federal relief funding towards mental health services, DC Public Schools can have a major role in addressing this crisis. The need is high. The funds are available. The solutions are clear. The moment is right to get students the mental health support they need.

If you or someone you know is experiencing a mental health crisis, call the National Suicide Prevention Lifeline at (800)-273-8255, or text MHA to 741741 to connect with a trained Crisis Counselor from Crisis Text Line.
REFERENCES


