

A Mental Health Clinic in School? No, Thanks, Says the School Board

American teenagers are reporting severe levels of anxiety and depression. But when Connecticut moved to expand mental health services in schools, it ran into fierce opposition in one town.



By Ellen Barry

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KILLINGLY, Conn. — One evening in March, a high school senior named Sydney Zicoella stood before the school board in this rural, blue-collar Connecticut town and described her psychiatric history, beginning in the sixth grade, when she was “by definition, clinically depressed.”

Ms. Zicoella, 17, who wore her dark, curly hair pulled back, is the third of four children in a devout Christian family, and the editor of the newspaper at Killingly High School.

Many students there were struggling, she told the board. She had seen kids “walked, carried and cradled out of counseling, hysterical, not wanting to go to the hospital, but also not wanting to be sad anymore.”

It was not uncommon, she said, for friends to “disappear for months, only to find out that they had been at a mental health hospital right down the road to my house.” She urged the board to approve the placement of a mental health clinic in the school, part of a push by the state of Connecticut to dramatically expand access to care for teenagers.

Convincing the board was a long shot, she knew that. Her own mother, Lisa, 49, who, by her own account, grew up in “the generation of toughing things out,” didn’t support the clinic.

It wasn’t that Lisa entirely disapproved of therapy — when Sydney was in crisis, she scoured northeastern Connecticut in search of a therapist who would take her insurance — but she feared school-based therapists would end up advising teens on matters like gender identity or birth control, which she felt belonged firmly in the grip of parents.

“I do personally believe there’s a lot of agendas out there,” Lisa said. “And children are very malleable.”

This debate has divided Killingly, and its families, since January, when Robert J. Angeli, the superintendent of schools, presented a plan to open a state-funded mental health clinic in the high school.

Legislation to expand Connecticut’s network of school-based clinics had sailed through the legislature, passing the House by a vote of 143 to 4. When Mr. Angeli presented the plan before the town’s Board of Education, though, it ran into a solid wall of resistance, mostly on the grounds that it infringed on the rights of parents.

In March, Killingly’s board members rejected the plan by a vote of 6 to 3. After that, dozens of supporters of the clinic filed a complaint with Connecticut’s Board of Education, asking the state to “investigate and take corrective action.”



Pledging allegiance before a Board of Education meeting last month in Killingly. Christopher Capozziello for The New York Times

Since then, Killingly’s school board meetings have become a battleground for competing views on mental health, exposing divisions that are both partisan and generational. Teenagers have picketed on the well-manicured town common, where petunias grow around a memorial to the Civil War dead, with signs reading “14.7 PERCENT HAVE MADE A SUICIDE PLAN” and “TALK TO YOUR CHILDREN ABOUT MENTAL HEALTH.”

Standoffs like the one in Killingly are being watched apprehensively by mental health advocates. During the pandemic, the mental health of children shot to the top of the agenda for both political parties. School-based services, which studies suggest can significantly decrease suicidal behavior and substance abuse, have emerged as a first-line policy response.

Over the last year, legislators in more than 30 states have considered an expansion of school-based services, according to Inseparable, a mental health policy group, and eight states, including Connecticut, have passed legislation to do so. Before the services reach students, though, they must be embraced by American communities.

In Connecticut, which already has more than 100 school-based health clinics, Killingly is an outlier. But lawmakers and conservative activists have targeted mental health curriculum in several states, often taking aim at social and emotional learning programs, known as SEL, which train students to manage emotions and practice conflict resolution. Lawmakers in Indiana and Oklahoma have put forward bills that would limit the use of SEL in the classroom.

A plan is rejected



Olivia McOsker, 17, a senior at Killingly High School, spoke during public comment at the Board of Education meeting in support of the clinic. Christopher Capozziello for The New York Times

On the January evening when the superintendent introduced staff from Generations Family Health Center, the nonprofit health care group that was to provide services in the school, the visitors peered out of Zoom screens with cheery smiles.

The plan was for licensed therapists from Generations to work in a space on the school's third floor. Students could be referred by teachers or family members, or could come in themselves, and therapy sessions would be scheduled during school hours. Therapists would bill insurance based on a sliding fee scale, using federal funds if necessary, so there would be no cost to the school and little, if any, to the families.

Then a chill entered the room as the board members began peppering them with questions. The visitors' smiles faded.

Would they advise students on birth control or abortion? (They wouldn't give medical advice, but might discuss if it comes up.) If children were referred and didn't want therapy, would they be forced to do it? (No.) Would students be seen by peers going into treatment, exposing them to ridicule and stigma? (Hopefully not.) Could they get therapy without their parents knowing about it?

Conceivably, yes, was the answer. By law, clinicians in Connecticut can provide six sessions of mental health treatment to minors without parental consent under a narrow set of circumstances — if the minor sought treatment, it was deemed clinically necessary and if requiring parental notification would deter the minor from receiving it.

This provision is used rarely; in the nearby town of Putnam, which has hosted a school-based mental health clinic for nine years, treating hundreds of students, no child has ever been treated without parental permission, said Michael Morrill, a Putnam school board member.

But it was a major sticking point for Norm Ferron, one of the Killingly board members, who said the arrangement would "give a student a lot more access to counseling without seeking parental approval, and I'm not real keen on that."

Another board member, Jason Muscara, said he had already heard enough to make his mind up.

"I am not going to make it easier for kids to go around their parents," he said. "I don't think we should be helping a kid to walk into a mental health facility in a school and say, 'I'm thinking about an abortion, let's talk about that,' without the parents knowing, for up to six visits."



Chris Viens, a member of the Board of Education, supports the expanded mental health program. He said he expected a little pushback, but was shocked by the vehemence of the opposition. Christopher Capozziello for The New York Times

Killingly's school board, swept up in the culture wars of the Trump era, has repeatedly cast itself as a bulwark against liberalism and government intrusion. Several of its members were elected in 2020, amid popular outrage over a decision to retire the school's mascot, the Redmen, at the urging of a student group who said it was offensive. After the election, the new board voted 5 to 4 to reinstate the mascot.

The proposed mental health clinic has reopened those divisions, this time around psychotherapy and the values it might instill.

At one meeting, a school board member said that, years ago, a therapist had "meddled with my teenaged son's mind, because at that age they are most vulnerable and they want someone to talk to." A local man got up to say that "our modern-day psychology is rooted in occultism," noting that Sigmund Freud used drugs while writing his thesis and Karl Jung channeled spirit guides.

Their wariness has resonated with some people in this community.

Gerry Golob, 33, a house painter, said his view of psychiatry was shaped when his mother was committed to a state mental hospital, where "they just drug people up." Plenty of people in Killingly receive mental health treatment, he said — he called the town "a walking pharmaceutical clinic" — but he doesn't want his children exposed to it. If a clinic were placed in the school, he said, "I would remove my kids instantly."

The vehemence of the opposition to the clinic has come as a shock to Chris Viens, 49, one of three board members who has supported the idea. He said he expected "a little bit of pushback" but "really wasn't prepared for the idea that we were going to have this long, drawn-out experience."

"It almost seems like there's a fear that something about their belief system is under attack," Mr. Viens said in an interview, adding that he was offering his views as a citizen, rather than a board member. "They seem to think that they have to stop it here. It's almost like this line you don't cross."

The superintendent, Mr. Angeli, and other members of the school board declined to comment for this article.

'Why are we treating this like it's taboo?'



Jen Simpson runs a salon in Killingly where she said she hears teenage clients speaking with sophistication about mental health, a subject that was “taboo” when she was their age. Christopher Capozziello for The New York Times

On the night in March when the Board of Education voted down the mental health center, Ms. Zicolella was at work, at a Mexican restaurant in Dayville.

A mother from the school came up to the cash register, told her about the vote and burst into tears.

“It was crazy, it made such an outpouring of emotion,” Ms. Zicolella said.

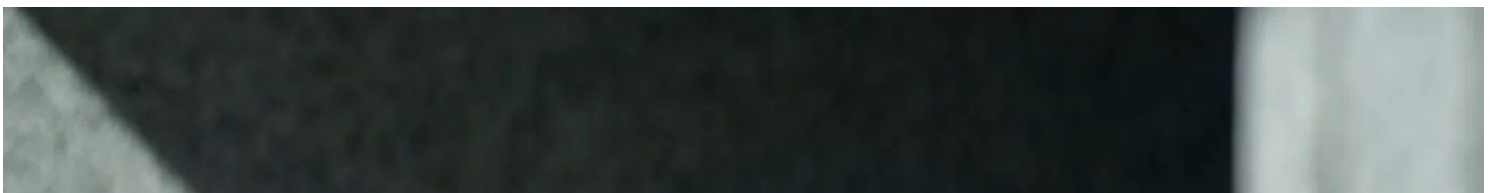
For Sydney and her close friends, mental health was a frank topic of discussion. Many of them had struggled after a series of deaths in the school community when they were seventh-graders, she said. In high school, she was diagnosed with depression and generalized anxiety disorder.

“Knowing what is going on in your head — being able to call it something official — helps you cope with those things,” she said. By the time they were seniors, her classmates were open about their diagnoses and treatments. “We do consider it part of our identity,” she said.

Jen Simpson, 28, said she listens to teenage customers who come in to her salon, BeautyHaus, and is startled by their sophisticated discussion of anxiety and trauma, a vocabulary she assumes they have picked up from social media.

Teenagers here have always coped with what she called “home life problems,” especially poverty and addiction, she said, but as recently as a decade ago, when she was in high school, mental health was a “taboo” subject.

“I get prom girls coming in for spray tans, and I’m just like, these are a whole different breed of person,” she said — knowledgeable, but also, sometimes, fragile. “The amount of people I see with marks from self-harming, it breaks my heart.”







Alyssah Yater, 17, a senior who has advocated for the clinic. “People like to say that kids these days are so sensitive, but I think the older generations struggled with mental illness but they didn’t get help,” she said. Christopher Capozziello for The New York Times

A state working group listed public schools in Killingly among the 157 schools with the highest unmet needs in the state.

A 2021 survey of Killingly students conducted by the Southeastern Regional Action Council, a mental health policy group, found that 28.2 percent had thought about self-harm, and 14.7 percent reported making a plan for suicide. Though the response rate was low, at 42 percent, the results line up with findings from other communities, said Angela Rae Duhaime, the council’s associate director.

At moments, some board members have cast doubt on those findings. “How do you know they were honest responses? They were dealing with kids,” the board’s chairwoman, Janice Joly, said at a board meeting in March, in remarks that were later televised. In the outcry that followed, Ms. Joly resigned from the board.

Killingly, with a population of around 18,000, is a blue-collar, predominantly white former mill town, where, for decades, substance abuse and suicide were topics addressed by priests or pastors, if they were addressed at all. That approach has failed older generations, said Alyssah Yater, 17, another senior who has advocated in favor of the clinic.

“People like to say that kids these days are so sensitive, but I think the older generations struggled with mental illness but they didn’t get help,” she said. “I think that’s really dangerous. If you try to ignore it, or tell someone to shove it down, then one day, they’re just going to snap.”

At the school newspaper, Ms. Zicolella conducted a poll, and found that the clinic enjoyed nearly universal support. She was pleasantly surprised to see which students showed up at the protest on the issue, because they seemed to range across the political spectrum.

“In the beginning it was hard for us to talk about,” Ms. Zicolella said. “But once students heard about this problem, this mental health stigma being passed around in our town, we were like, hold on, why are we treating this like it’s taboo when it’s not?”

A woman with a box



Judy Cournoyer, 67, gave an impassioned speech about the need for early intervention for mental health, carrying the ashes of her dead son. Christopher Capozziello for The New York Times

As the spring went on, the emotional tenor of the school board meetings seemed to ratchet up even higher, with a procession of students and parents signing up to make public appeals in favor of the clinic.

In late May, a local real estate agent, Judith Cournoyer, stepped up to the podium and carefully set down a black box. It contained the ashes of her son, who was diagnosed with schizoaffective disorder in early adulthood.

Her voice shaking, she described patients she saw while visiting him on locked wards — young people bearing scars from self-harm, emaciated, or “slithering on the floor.”

“I only came to tell my story in hopes that the Board of Education will listen,” she said. “I’m here to ask the powers that be, pay attention. There is an urgent need for mental health in the school.” One board member, a supporter of the clinic, wiped away tears.

With summer around the corner, the community was at a stalemate, with both sides waiting for the state to weigh in.

Advocates of the clinic have argued that Killingly’s needs are “especially extreme,” and that its board has persistently rejected additional services, imposing “its own extreme political views in a way that undermines the educational interest of the State.”

The board has responded, through its legal team, that the school already offers an array of resources for student mental health, and that communities cannot be forced to accept a school-based mental health clinic if they do not want one.

“By design, our education statutes have conferred on elected local officials the discretion to make such decisions,” the board’s response reads.







Sydney Zicolella, left, has been trying to convince her mother, Lisa, to support a mental health clinic at the high school. Christopher Capozziello for The New York Times

The state's recommendation is expected in the coming weeks.

By then, Sydney Zicolella will have graduated, headed for a community college, and from there, she hopes, to a four-year degree and a career in journalism.

The March night she spoke at the school board, putting it all out there, had taught her a lot.

She could tell from the reaction of some of the school board members that nothing she had said that night had gotten through. Possibly, in the months since then, she had managed to open her mother's mind a little; but her father hadn't budged.

The experience, she said, has "definitely skewed my perspective on a lot of things having to do with adults and authority figures in my town." Certainly it colored the way she sees Killingly. She brightened a little when she considered the future, when, as she put it, "teens my age turn into adults, and go into places of power in politics."

"Things are going to look a lot different," she said.