



Tips for Advocating for School Mental Health Needs

Before the COVID-19 pandemic, youth mental health was a burgeoning public health crisis, with the number of youth experiencing serious mental health challenges, substance misuse, and suicidal ideation rising exponentially year after year (Twenge et al., 2019). The global pandemic of coronavirus disease has exacerbated this problem, shedding light on the multiple factors responsible for this crisis, while increasing pressure on governmental, public, and community groups to respond. We developed this tip sheet to help jumpstart your own advocacy efforts to improve mental health services for youth. We address the basics—how, where, who—and give practical, targeted, and effective recommendations to help you explain why there is an urgent need to increase school mental health services.

How to Advocate



Make a list and check it twice

Compile a list of policymakers, policy drivers, leaders in education, and influencers you'd like to contact. First, **focus on the contacts who represent your community and state**. Collect their [contact information](#)—name, phone number, email address—and list the representatives you plan to contact.



Know with whom you are speaking

Analyze your audience. **Research the viewpoints, voting records, and careers** of the stakeholders you meet. Weave this information into your pitch.

Come to the meeting with an understanding of the staff member's power to affect change directly or indirectly with their higher-ups. **Tailor your message** to their interests, attitudes, and level of understanding.

Adapt your message to fit each individual with whom you meet.



Follow recommendations from the National Association of School Psychologists (2020)

Ready to Learn, Empowered to Teach promotes these seven guiding principles for maintaining a high-quality public education system:

- **Review, evaluate, and reconstruct or replace existing school structures**, policies, and procedures that lead to inequitable outcomes.
- **Combine high expectations for all students with high-quality instruction** across a well-rounded and culturally responsive curriculum for general and special education students.
- Create **positive school climates that balance physical and psychological safety** for all students.
- Provide access to comprehensive school-based mental and behavioral health services and **ensure adequate staffing levels** of appropriately trained school-employed mental health professionals.
- **Increase family and community engagement** to support student success.
- Create systems that support the recruitment and retention of properly trained and **prepared professionals that reflect the diversity of the school community**.
- Create accountability systems that use a broad set of measures to inform **specific actions that improve school quality** and provide an understanding of how specific outcomes were achieved.

Present facts and stories to illustrate the problem

Research studies and survey data can be persuasive and powerful. Use this information to tell the story of what youth, school systems, and mental health providers need, want, and will benefit from.

Personal stories from members of your group—especially students, parents, and teachers—help people in power see how an issue directly affects emotional wellness and mental health. **Your daily experiences, quotes, and video testimony can lend authenticity and authority to your positions.** Be sure to include the voices of multiple stakeholders directly affected by the issues.

Highlight data about childhood trauma from national and regional organizations and studies. Here are several reliable sources:

The Centers for Disease Control and Prevention [Vital Signs Report](#) (Merrick et al., 2019) included these findings:

- Overall, 61 percent of adults experienced at least one type of adverse childhood experience (ACE).
- Nearly **16 percent of adults experienced four or more types of ACE**, with women, Black and Indigenous people, and other racial and ethnic groups being overrepresented in this category.
- Those with greater ACEs have **higher odds of experiencing chronic health conditions** including obesity, depression, and alcohol and cigarette usage.
- Those with greater ACEs also **face more socioeconomic challenges in adulthood**, including current unemployment.

The National Children's Alliance (n.d.) published [these statistics on child abuse](#):

- It's estimated that **678,000 children were victims of abuse** and neglect in 2018.
- **61 percent of victims experienced neglect only (most common form of abuse)**, 10 percent experienced physical abuse only, 7 percent experienced sexual abuse only.
- **15 percent of victims experienced two or more forms of abuse.**



The research organization [Child Trends](#) (2019) reported these findings:

- Most common forms of adverse experiences children are exposed to: **economic hardship (25 percent), divorce or separation of a parent (25 percent)**, living with someone with an alcohol or drug problem (9 percent), parental incarceration (8 percent), and living with someone with a mental illness or suicidality (8 percent).
- **Children from poor families are two times more likely to experience three or more ACEs** than are children from affluent families.

A national survey published in the journal *Pediatrics* (Patrick et al., 2020) examined the well-being of parents and children during the COVID-19 pandemic:

- "Since March 2020, **27 percent of parents reported worsening mental health for themselves**, and 14 percent reported worsening behavioral health for their children."
- One in 10 families reported that **parents' mental health and children's behavioral health worsened alongside one another**.
- **These families typically reported myriad stresses** including changes in insurance status(es), worsening food security, and the loss of regular child care.

Provide specific ideas for improved mental health services and supports

Increase funding so that schools can hire the necessary staff to address students' **mental health needs** and teachers are not burdened with large class sizes, which make it difficult to address the holistic needs of all students.

Pass legislation to **allow students and staff to take mental health days**; examples include bills passed in [Oregon in 2019](#) and in [Connecticut in 2021](#).

Reform policies so that HIPAA (and similar measures) do not inhibit coordination between healthcare providers and schools **supporting student mental health while maintaining the privacy levels desired by families**.

Convene state and regional committees to **discuss potential solutions and include multiple stakeholders** (students, parents, and family members; teachers, administrators, and school mental health professionals; healthcare workers; and community organizations' representatives).

Point to success stories such as these

California invested [\\$50 million in school-based mental health centers](#) in 2019 and has seen positive results. In [San Francisco](#), [Los Angeles](#), and other districts in the state, schools are **partnering with healthcare centers to bring mental health services on site** and paying for services using [Medicaid funding](#).

The [Comprehensive Behavioral Health Model](#) used in Boston Public Schools brings behavioral health specialists from Boston Children's Hospital and the University of Massachusetts Boston into PreK–12 schools to **support holistic well-being for schools**. To show stakeholders a relatable, successful model, prepare and distribute a [fact sheet](#) about the Boston program or [data](#) showing academic and social-emotional gains.



Make your ask clear

In a **quick and direct manner**, state your goal; for example, "We want funding for more school social workers in our school district."

Tell your audience what they can do to help you achieve your goal; for example, "We have looked at the district's budget for the next school year, and we believe that money currently spent on school resource officers would be better spent on social workers."

Set a timeline and explain why your issue is urgent. Request a follow-up appointment or to call/e-mail you with a response by a certain date.



Follow up

A simple thank you can go a long way. Send a text, email, or card to let the person you spoke with know that you appreciate them taking time to hear your opinion.

If you haven't heard back from the person you spoke with after some time, **give them a call or send an email** asking about progress on the issue.

When a stakeholder is unresponsive after a long period of time, **going to their office to schedule another meeting** may show how invested you are in the issue.



Where to Advocate

1 Local school boards and district administration

When an issue has not been addressed in your school building or if the issue affects multiple schools in the district, **contact school board members or district administrators** and attend school board meetings.

2 School staff and administrators

For issues related to policy, procedure, and other decisions in your school building, **try reaching out directly to teachers, school mental health professionals, and administrators** who have power to affect change.

3 Local community

If an issue in your local school hasn't been addressed after contacting administrators at the school, district, and city levels, reach out to the community. **Contact local media, including newspapers, television, and radio, and meet with local organizations that may be interested in your issue.** Plan town halls or peaceful demonstrations in areas visible to the wider community, such as parks and pavilions.

4 State, regional, and federal legislators and administrators

To affect change in policy, procedure, and funding mechanisms on a wider scale, you will need to **meet with stakeholders who have the power to make these changes.** This may involve contacting the U. S. Department of Education or state and local mental health departments.

5 The world at large

Many issues that students, families, and educators care about are relevant not only across America but around the world. To exchange ideas with a broader audience, start a social media campaign, build a website, produce a documentary or short public service announcement, write opinion pieces in national newspapers, contact national news programs, and connect with other organizations around the world doing work like yours.



Power In Numbers

Our schools need more trauma-skilled personnel—administrators, educators, behavioral health and other professionals to help youth and their families cope with the impact of trauma. Everyone in the school building can help to create and sustain a compassionate school community that fosters respect, promotes equity, and improves the resilience of students and staff so that they can lead more productive and healthier lives.

How can you help? Advocate for resources to train and support educators and better healthcare and mental health services for children and families in your community.



Demonstrate the number of organizations and individuals who support your ideas

Such as these professional **organizations, research institutes, and advocacy and support organizations**:

- [National Association of School Psychologists \(NASP\)](#)
- [Child Mind Institute](#)
- [American Academy of Child and Adolescent Psychiatry \(AACAP\)](#)
- [National Child Traumatic Stress Network](#)
 - » [Core Curriculum on Childhood Trauma: Case Study for Applying the 12 Core Concepts](#)
- [National Federation of Families](#)
- [The Jed Foundation](#)
- [The Trevor Project](#)



Support the advocacy skills and strategies of others

You can support students, families, and new teachers in becoming more skillful advocates. Consider **direct instruction for students using a specific self-advocacy curriculum and through direct education on persuasive writing, public speaking, civics, and media training**.

Collaborate with parents and teachers on advocacy projects (at school meetings or in parent groups) to learn more about the needs and strengths of your school community. Support their advocacy while modeling core values of deep listening, centering diverse voices, equity, and community building (Brookes Inclusion Lab, 2018).

Additional Resources

- American Academy of Child and Adolescent Psychiatry. (n.d.). [Operating Principles and Guidelines](#).
- Basu, A. (2020, September 11). [Kids may face mental health issues as school begins amid pandemic](#). Harvard School of Public Health.
- Boston Public Schools Behavioral Health Services. (2021). [What is CBHM?](#)
- Child Mind Institute. (n.d.). [Our impact](#).
- Forestieri, K. (2019, August 2). [State launches \\$50M program for school-based mental health](#). *Palo Alto Online*.
- Jones, C. (2020, December 9). [School 'wellness centers' could be an answer to soaring mental health needs in California](#). *EdSource*.
- Lee, J. (2020). [Mental health effects of school closures during COVID-19](#). *The Lancet: Child & Adolescent Health*, 4(6), 421.
- Los Angeles Unified School District. (n.d.). [School mental health](#).
- National Association of School Psychologists. (2014). [Who are school psychologists?](#) [PDF].
- National Child Traumatic Stress Network. (2020). [Core curriculum on childhood trauma: Ella case study for applying the 12 core concepts](#) [PDF].
- National Child Traumatic Stress Network. (n.d.). [Overview](#).
- National Federation of Families. (n.d.). [Our mission, vision and values](#).
- [San Francisco Wellness Initiative](#). (n.d.)
- The Jed Foundation. (n.d.). [Who we are](#).
- [The Trevor Project](#). (n.d.)

References

Brookes Inclusion Lab. (2018, July 17). [How to be an effective advocate](#). Brookes Blog. <https://blog.brookespublishing.com/12-tips-on-becoming-an-effective-advocate-for-students-with-disabilities>

Merrick, M. T., Ford, D. C., Ports, K. A., Quinn, A. S., Chen, J., Klevens, J., Metzler, M., Jones, C. M., Simon, T. R., Daniel, V. M., Ottley, P., & Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for preventions—25 states, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999–1005. https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w#suggestedcitation

National Association of School Psychologists. (2020). Ready to learn, empowered to teach: Guiding principles for effective schools and successful students (3rd ed.). <https://www.nasponline.org/research-and-policy/ready-to-learn-empowered-to-teach>

National Children's Alliance. (n.d.). *National statistics on child abuse*. <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse>

Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). [Well-being of parents and children during the COVID-19 pandemic: A national survey](#). *Pediatrics*, 146(4). DOI: <https://doi.org/10.1542/peds.2020-016824>

Twenge J, Cooper A, Joiner T, Duffy M, Binau S. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology*. DOI: 10.1037/abn0000410.

