

## Why Principals Need to Make Student Mental Health a Priority

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Within the first eight days of school this year, three students in a suburban district East of Los Angeles killed themselves. [← Back to Story](#)

None of the deaths were related—the students had been from different schools, in different grades, and didn't appear to know one another.

But the quick succession of suicides left the community reeling.

"I'm not sure how to explain that, it's a punch to your gut. It's just absolutely unbelievable," said Mat Holton, the superintendent of the Chaffey Joint Union High School District. "But as a superintendent or a principal, you have to move into the mode of OK, what is our next step? How do we best help the kids? And you just move right into crisis mode."

Crisis mode meant deploying a school psychologist, a psychiatric therapist, and a counselor to each of the schools where the deceased students attended.

But it has been the principals of those schools who've taken on the most difficult role since the students' deaths.

In each case, principals immediately called the families of the students who died to offer condolences and to express ongoing support for them. They hung out in the classrooms to do what Holton calls the "empty chair" exercise. While acknowledging the vacant seat the deceased student was assigned to, the principals invited classmates to share their memories, emotions, and questions.

"It's really important in my philosophy that principals are out there leading this. The kids know them," Holton said. "In scenarios like this, kids are looking to that leader."

### Rise of Mental-Health Needs

The tragedy in Chaffey Joint Union represents the most extreme manifestation of a growing problem in schools: the rise of mental-health needs among students.

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### Takeaways for Principals

*Here's what principals can do to support students' mental health:*

An estimated 32 percent of adolescents have an anxiety disorder, according to the National Institute of Mental Health. Twelve percent of youth between the ages of 12 and 17 say they have experienced one major depressive episode in the past year, according to the U.S. Department of Health & Human Services.

The suicide rate among teenagers has been steadily on the rise since 2007. It's gone up 30 percent among 15- to 19-year-old boys and doubled among girls, according to data from the federal Centers for Disease Control and Prevention. It's the second leading cause of death in that age group.

But schools have had limited resources and expertise to deal with the wide range of mental-health needs that children and youth are now experiencing.

"If you look at education reform over the past decade—it's all been about achievement," said William Wong, the principal of Coolidge Elementary, a school in San Gabriel, Calif. "But there's another crisis brewing: it's mental health."

And principals are on the front lines of that crisis.

Just 20 percent of students diagnosed with mental disorders receive mental-health services, said Stephen Brock, a professor and school psychology program coordinator at California State University, Sacramento. And of those who do, the vast majority receive services from their school, said Brock, who formerly served as a president of the National Association of School Psychologists.

"Ninety percent of our nation's youth will go to a public school. It can be a very powerful resource for identifying and serving kids with mental-health challenges," said Brock.

But one of the biggest obstacles facing schools as they scramble to help students struggling with anxiety, depression, or even suicidal ideation, is that the country is facing a shortage of school psychologists.

The shortage—especially drastic in rural areas—has been created in large measure by the dwindling numbers of new school psychologists entering the field to replace those who are retiring, said Brock.

The Great Recession restricted the pipeline of school psychologists as universities scaled back or axed programs altogether. That trend, followed by more recent pressures on schools to identify students who might be prone to violence—a reaction to school shootings—has created more demand for mental health professionals from a smaller pool of applicants.

Currently, the national average is one school psychologist to 1,700 students, with some districts having as few as one per 6,000 students, according to NASP, which recommends a ratio of one school psychologist for every 500 to 700 students.

While there's consensus among the experts and educators *Education Week* spoke with that mental-

- Provide **basic mental-health support** to all students, including universal screening for depression

- Advocate for **mental-health professionals** to work in your buildings, including school psychologists

- **Offer education** to parents and students about types of mental-health issues and effective treatment

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health issues among students are on the rise, no one knows why.

But theories abound.

Social media is frequently cited as a potential cause. Research has shown a correlation between social media use and depression among teenagers. Another theory is that fear of school shootings is driving up anxiety among students. And there's the notion that there's more animosity in the news, politics, and society in general, said Wong. "We seem to have lost our collective heart as a society."

Still other causes could vary depending upon the student.

Immigrant students are suffering more anxiety over the "rhetoric around immigration and ICE raids," said Dale Erquiaga, the president and CEO of Communities in Schools, a national nonprofit that works to connect schools with community services. "The other is race. We hear a lot from our sites about African-American students... [that] race conversations in the country ratchets up their anxiety and anger."

Students in foster care are also at greater risk of anxiety and depression, said Holton, the superintendent. And the opioid crisis is putting a strain on students' mental health, said Katherine Cowan, NASP's communications director.

If there's a silver lining to all of this, it's that most of the experts *Education Week* spoke with agree there is less stigma around mental health in that more school leaders see it as an issue and want to address it.

### **What Principals Can Do**

But what can principals do, especially as they juggle competing priorities disparate as raising achievement and ensuring that students, faculty, and parents feel like their school is safe from the possibility of a shooting or other violent act?

A three-tiered system of supports is the most important strategy to implement, say experts. The idea is to head off mental-health issues in students early before they metastasize into more serious problems.

To start, schools should provide basic mental-health support to all students, such as universal depression screenings from kindergarten through 12th grade.

This stage, which focuses on prevention, wellness, and building coping skills, is called Tier 1.

Tier 2 provides services for students who need more targeted help from mental health professionals, such as small group counseling.

Students are only moved into Tier 3-level services if they have chronic or intense mental-health needs that require medication, daily counseling or check-ins, or close coordination with a clinical professional such as a psychiatrist.

For this triage-like system to work well, a school needs a team of mental-health professionals that ideally would include a school psychologist, social worker, and counselor; a data specialist; a partnership with a community mental-health provider; and professional development for staff.

If implementing that tiered system seems too daunting or requires resources that schools don't have, there are other, lower-resource steps principals can take.

First, recommends Cowan, principals must know the particular risk factors of the student populations in their schools, and that they are using their school's mental-health professionals strategically.

A school psychologist should be included in hammering out solutions with the school's leadership team, said Cowan. Principals can shift some of a psychologist's workload, such as paperwork, to other qualified staff so they have more time to spend with students.

"Do we have mental-health professionals in the building? What are their assigned duties? Are our school counselors doing nothing but scheduling and college counseling?" said Cowan. "Is a school psychologist only spending their time working on special education? Can we help them free up their time from paperwork so they can work with more kids?"

If a school doesn't have mental-health professionals, Cowan suggests that principals in a district band together and lobby the school board for one. "Having principals become advocates around these issues is so important," she said.

Cowan also recommends that principals explore partnerships with local mental-health clinics.

Psychoeducation, which helps students and their parents understand a mental disorder and the options for effective treatment, is another a good investment.

"Ask the PTA to sponsor having that training done for parents," she said. "Make sure your health classes are teaching what the risk factors are. But you have to have a system in place when you find a kid who needs help."

Holton is trying something new in the wake of the three student suicides. During Suicide Prevention and Awareness month in September, principals planned a host of activities and lessons for students. Then the principals passed out small cards with a suicide hotline number for students to keep in their wallets.

Holton said it's important for students to have many ways to reach out for help, in case they aren't comfortable going to their principal or school psychologist.

But, should a student's mental-health struggles reach the most tragic conclusion, Holton says the single most important thing a principal can do is call the family of the student who died by suicide.

"I have found that people are afraid to contact the parents, even friends. We are often the first person they hear from outside of immediate family," said Holton. "That family deserves to hear that you care about them and what your plans are to support them and those who they knew."

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