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Factors That Inhibit and Support the Work of School-Based Mental Health Providers

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FACTORS THAT INHIBIT AND SUPPORT THE WORK OF SCHOOL-BASED MENTAL HEALTH PROVIDERS

a MERC research and policy brief



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ABOUT THIS REPORT

This research brief comes from the [MERC Supporting Mental Health in Schools study](#). Launched in 2021 in the wake of the COVID-19 pandemic, this study explores research-based strategies for supporting mental health in PK-12 school settings, as well as the emotional and professional capacity of PK-12 faculty and staff in the MERC region to support the social and emotional wellness of their students. This brief shares takeaways from a systematic literature review that highlight the factors that inhibit and support the work of school-based mental health providers, including school counselors, school social workers, and school psychologists. It outlines the roles and responsibilities of these professionals, the challenges they face, and the factors that help facilitate their work. It concludes with a series of recommendations for practice, policy, and research.

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A report by the Metropolitan Educational Research Consortium

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BACKGROUND

School counselors, school social workers, and school psychologists often comprise the primary mental health support team within PK-12 school systems. Each professional is trained and licensed with theoretical and practical knowledge that helps to meet the social, emotional, and behavioral needs of students at varying developmental levels. They also often encounter unique structural barriers and other challenges that may inhibit their ability to meet those needs. According to the [National Center for Education Statistics' School Pulse Panel](#), 58% of public schools reported in March 2024 that they saw an increase from last school year in students seeking school-based mental health services. Despite an increased need for school-based mental health services, only 9% of public schools “strongly agreed” that they could provide services to all students indicating need. Of the schools that did not strongly agree, 59% identified insufficient mental health staff coverage as a barrier. However, research suggests that the work that these school-based mental health (SBMH) providers do offers meaningful impacts for the students, families, schools, and communities that they serve.

To explore the factors that support or inhibit the work of school-based mental health providers, researchers from the [Metropolitan Educational Research Consortium \(MERC\)](#) conducted a systematic review of literature published between 2003 and 2023. The results presented in this research brief represent a synopsis of findings that address the following questions: 1) [Who are school-based mental health providers and how do they typically spend their time?](#) 2) [What challenges or barriers exist for school-based mental health providers to offer services for their students?](#) and 3) [What factors help facilitate the work of school-based mental health providers?](#)

Search Methodology

Utilizing the [Education Resources Information Center \(ERIC\)](#) and [PsychInfo](#) databases, researchers used the search terms: "k-12" OR "k12" OR "elementary school" OR "middle school" OR "high school" OR "high-school" OR "secondary school" AND "counselor*" OR "social worker*" OR "psychologist*" AND "time" OR "engagement" OR "involvement" OR "participation." This yielded **1,730** results. Researchers then manually reviewed titles and abstracts of the entire list of results, eliminating any articles that did not include a PK-12 focus ($n = 185$), did not explore the work of school-based mental health providers (school counselors, school social workers, or school counselors; $n = 881$), did not include a focus on PK-12 student outcomes, either social, emotional, behavioral, or academic ($n = 579$), was not empirical (analyzing data and providing original findings; $n = 338$), or did not include a focus on mental health support or social and emotional development ($n = 804$).¹ Researchers then conducted a full review of the **254** articles that were not eliminated during the initial screening, eliminating another 203 using the same criteria, 33 of which were eliminated because they were not accessible. Next, researchers read the remaining 51 articles for key information and conducted a quality appraisal using the Mixed-Methods Appraisal Tool

¹ Note that articles could be excluded for more than one of these criteria.

(MMAT),² eliminating another nine articles due to low quality. Following these steps for refinement, this literature review includes a total of **43** empirical, peer-reviewed studies published since 2023.

In addition to the reviewed empirical articles, this research brief includes information from the [American School Counselor Association \(ASCA\)](#), the [National Association of School Psychologists \(NASP\)](#), and the [School Social Work Association of America \(SSWAA\)](#). Because MERC is a research-practice partnership situated in metropolitan Richmond, Virginia, this report also includes background information about the roles and responsibilities of SBMH providers in the Commonwealth of Virginia, primarily from the [Virginia Department of Education \(VDOE\)](#). The brief *concludes with a series of recommendations* for practice, policy, and research based on the findings.

WHO ARE SCHOOL-BASED MENTAL HEALTH PROVIDERS AND HOW DO THEY TYPICALLY SPEND THEIR TIME?

This section will discuss the roles and responsibilities of [school counselors](#), [school psychologists](#), and [school social workers](#), drawing from peer reviewed literature as well as national and state organizations that support and guide their work.

School Counselors

School counselors are school-based mental health professionals who take on multiple duties and responsibilities to support the students in their schools. School counselors represent the most commonly utilized mental health resource in the school setting.³ According to [ASCA](#), “School counselors are highly educated, professionally certified individuals who help students succeed in school and plan their career.” More specifically, they provide services that help students develop knowledge and skills in three domains: academic success, career and college readiness, and appropriate social and emotional (SEL) development.

Degree and Licensure Requirements

[ASCA](#) indicates that becoming a school counselor in the US typically requires a graduate degree (e.g. masters). School counselors also hold licensure and credentialing from the state’s education department in which they work, and to receive licensure, a school counselor must complete graduate coursework and an internship in school counseling. Oftentimes, school counselors must also pass a comprehensive exam.⁴ In [Virginia](#), school counselors must hold a master’s degree from a regionally accredited institution and have completed a preparation program requiring practicum and internship experience. After

² [Hong et al. \(2018\)](#)

³ [Gren-Landell et al. \(2013\)](#)

⁴ [American School Counselor Association](#)

meeting these requirements, they can apply for licensure with the VDOE. Additionally, school counselors are expected to engage in continuing education to maintain competency in relevant topics and adhere to the [ASCA Ethical Standards for School Counselors](#).

Job Duties

As of July 2023, the Virginia General Assembly approved [Senate Bill 1043](#), which specifies and outlines how school counselors should allocate their time. According to the [Virginia Department of Education \(VDOE\)](#), school counselors must spend 80% of their time providing direct counseling services to individuals or groups of students, and the remaining 20% should include program planning and school support.⁵ Direct counseling includes individual or group interactions with students, which are often supported by interactions and communication with other key people in a student's life, like parents, caregivers, or teachers. Program planning and school support refers to any actions that plan, manage, and assess school counseling activities. School counselors provide their services through [eight modes of delivery](#), all of which represent direct counseling expectations outlined by the VDOE:

1. Counseling curriculum
2. Small group counseling
3. Individual counseling
4. Crisis response
5. Individual student planning
6. Consultation
7. Collaboration
8. Referral

Among their direct counseling duties, school counselors provide various avenues of student outreach and support.⁶ This can occur in the classroom counseling curriculum, small group counseling, or individual counseling.⁷ For example, school counselors may engage in targeted small group or individual counseling for chronically absent students to encourage school success.⁸ It is important for school counselors to prioritize directly supporting student needs and serving as advocates for their success.⁹

School counselors also often engage in academic advising, which involves individual planning with students as well as support, outreach, consultation, and collaboration with parents or caregivers.¹⁰ For example, students interviewed about their school counselors reported that school counselors will typically try to meet with students once per year to ensure they are academically on track for graduation. Additionally, high school counselors

⁵ Based on [§ 22.1-291.1:1](#).

⁶ [Austin \(2013\)](#); [Bennett \(2013\)](#)

⁷ [American School Counselor Association \(2019\)](#); [Virginia Department of Education](#)

⁸ [Kurt \(2012\)](#)

⁹ [American School Counselor Association \(2019\)](#); [Atkins-Siddiq \(2019\)](#); [Dorado \(2014\)](#)

¹⁰ [Dorado \(2014\)](#); [Virginia Department of Education](#)

may prioritize meetings with 12th grade students to discuss postsecondary plans and offer help in ways that supplement their coursework.¹¹ School counselors also often help coordinate community and parent support systems that aim to promote student success and healthy development.¹² A comprehensive school counseling program is an interactive process that often extends beyond the school building and into the community in which students live.¹³

School Psychologists

According to the [NASP](#), school psychologists are school-based mental health professionals who collaborate with parents, educators, and administrators to establish secure, healthy learning environments to support students' academic, social, behavioral, and emotional development. The NASP and [Division 16 of the American Psychological Association \(APA\)](#) provide support and infrastructures for comprehensive psychological services to students, families, and schools. There generally is an agreement that school psychologists need to explore different models of service delivery and broaden their scope of practice beyond the traditional practices of assessment and placement that have dominated the field.¹⁴

Degree and Licensure Requirements

According to Virginia code [18VAC125-20-56](#), school psychologists “shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency.” Alternatively, they can “have a master's degree from a psychology program that offers education and training to prepare individuals for the practice of school psychology,” and that training must align with the school-specific requirements of applied psychology training as outlined in Virginia code [§ 54.1-3600](#). The [VDOE outlines](#) that school psychologists must go through advanced graduate preparation that includes coursework and hands-on training, and they usually earn a doctorate, master's plus, or specialist degree program. A [state credential](#) or a national certification from the [National School Psychology Certification Board](#) is also required.¹⁵

Job Duties

In addition to working with families, teachers, and other mental health specialists, school psychologists offer direct support and interventions to students. School psychologists particularly work with students struggling with learning barriers. Some additional [job duties](#) outlined by the VDOE include:

¹¹ [Dorado \(2014\)](#)

¹² [Dorado \(2014\)](#); [Sink & Stroh \(2003\)](#)

¹³ [Austin \(2013\)](#); [Hernandez \(2014\)](#)

¹⁴ [Nelson et al. \(2006\)](#)

¹⁵ [National Association of School Psychologists \(2021\)](#)

- Encouraging safe and supportive school environments
- Preventing bullying
- Encouraging social-emotional learning
- Enforcing positive and adaptive behavior
- Offering crisis prevention and intervention services
- Delivering professional development to families and school personnel on topics like trauma informed care and suicide prevention
- Conducting psychoeducational assessments with cultural competence

The stated mission of NASP is to represent and assist school psychologists through leadership to improve all children’s mental health and education competency.¹⁶ School psychologists assist students, families, teachers, and community members in comprehending and resolving both brief and long-term chronic problems that students may encounter to help them flourish academically, socially, and emotionally. Furthermore, research suggests that school psychologists play an important role in leading initiatives aimed at enhancing the social and emotional health of students across the schools that they serve.¹⁷ For example, teachers, school counselors, and administrators often rely on school psychologists to help intervene with challenging student behaviors.¹⁸ They are often involved in testing for students and special education services, and are frequently responsible for supporting educators and parents in developing behavioral intervention plans, particularly in the school setting.¹⁹

School Social Workers

According to the [SSWAA](#), school social workers are specially trained to work in PK-12 school settings with the ability to offer support related to mental health, behavior and academics. They consult with other educators, mental health providers, and administrators in schools and often serve as a primary liaison with families and the community, offering a potential conduit for active collaboration with parents and other caregivers. They also provide leadership to help inform policies and practices related to school discipline and mental health support, as well as crisis and behavior intervention.²⁰

Degree and Licensure Requirements

[According to the VDOE](#), in order to practice in the Commonwealth of Virginia, school social workers must have a masters degree in social work and obtain a license from the Virginia Board of Education pursuant to [8VAC20-23-700](#). Their license must also include an endorsement in school social work to endorse their capability of working in public school

¹⁶ [Atkins-Siddiq \(2019\)](#)

¹⁷ [Atkins-Siddiq \(2019\)](#)

¹⁸ [Sharp & McCallum \(2005\)](#)

¹⁹ [Carboni \(2012\)](#)

²⁰ [National Association of Social Workers \(NASW\); Stone et al. \(2013\)](#)

settings. Many follow a national practice model set by the [SSWAA](#) and all adhere to ethical standards set by the [National Association of Social Workers \(NASW\)](#) and [SSWAA](#), in addition to being guided by policies in the school divisions in which they serve.

Job Duties

In [Virginia](#), school social workers help to address barriers that may impact a student's success in school, and their job duties include:

- Participation in 504 and Individualized Education Plan (IEP) teams
- Providing crisis intervention, including detecting and reporting abuse, and assessing depression, anxiety, and suicidality
- Offering individual and group counseling to students
- Advocating for students to have equitable access to community-based services and resources that address issues including medical needs, chronic absenteeism, pregnancy, and substance use, and abuse

The VDOE also articulates school social worker duties related to serving families as well as school personnel, including family education, advocacy, coordination with external agencies, participation in [Virginia Tiered Systems of Support \(VTSS\)](#) teams, and offering professional development on issues related to their professional training and purview.

To successfully accomplish their complex roles, school social workers must maintain a systems focus that recognizes the barriers and supports that students encounter at the personal, social, and societal levels and offer help accordingly.²¹ Their workload is also often varied depending on the school context in which they serve and the needs of the student body at any given time.²² For example, school social workers have been relied on heavily to address rising issues with chronic absenteeism in the wake of the COVID-19 pandemic.²³ As community connectors with mental health training, school social workers play a crucial role in building a positive, nurturing climate in schools²⁴ that helps students develop socially and emotionally, along with their school counselor and school psychologist colleagues.

WHAT CHALLENGES OR BARRIERS EXIST FOR SCHOOL-BASED MENTAL HEALTH PROVIDERS TO OFFER SERVICES FOR THEIR STUDENTS?

This section will detail some of the key challenges that SBMH providers routinely navigate, with a focus on the number of students that they serve compared to the recommended [ratios](#) by national and state organizations, as well as documented [time constraints](#) and competing demands in school settings.

²¹ [Atkins-Siddiq \(2019\)](#)

²² [Beckman & Hagquist \(2016\)](#)

²³ [Naff et al. \(2023\)](#)

²⁴ [Atkins-Siddiq \(2019\)](#)

Ratios

SBMH providers are tasked with supporting students in the school setting. However, the ratio of students to providers is often high relative to recommendations from professional organizations, therefore limiting the amount of time spent with individual students.²⁵ High school students participating in a [2014 study by Dorado](#) indicated that while time spent with school counselors was valuable, they perceived the counselors to have many responsibilities, which limited the development of meaningful relationships.²⁶ Per [ASCA](#), the ratio of students to school counselors should be 250:1. [Virginia code § 22.1-253.13:2](#), mandates that the student-to-counselor ratio must be 325:1 in kindergarten through twelfth grade, which exceeds the ASCA recommendations by 75 students. In 2021, [Virginia](#) reports demonstrated that the active student-to-counselor ratio stood at 328:1. This change in staffing expectations was an attempt to [reduce the caseload of school counselors](#).

Similarly, as per the [SSWAA](#), the recommended ratio for school social workers is 250:1, with a lower ratio in schools that serve students with more intensive needs. [NASP](#) recommends a ratio of 500:1 for school psychologists. In Virginia, there is no staffing requirement for school social workers and school psychologists; instead, these two positions are considered to be specialized student support personnel, which also includes school nurses, licensed behavior analysts, and other licensed health and behavioral positions. In 2021, school divisions are now required to employ three specialized student support personnel for every 1000 students. Therefore, there is great variability among school divisions on the positions filled to satisfy the state-required specialized student support personnel ratio. In [2021](#), the average Virginia school social worker served 1,618 students, and the average Virginia school psychologist served 1,686 students. Some divisions do not employ either of these positions, and there are programs aimed at supporting these divisions with the recruitment and retention of school-based mental health providers.²⁷

Time Constraints and Competing Demands

Limited ability to allocate time to mental health services for students is a primary barrier for SBMH providers. This is due to a variety of factors. Staffing shortages among SBMH providers can lead them to have limited time to focus on prevention and intervention of mental health needs and services for their students.²⁸ Research often reinforces the need for school districts to continue to develop staffing policies and ratios that increase the quantity of SBMH providers in schools, allowing for increased time to commit to mental health service provision.²⁹

²⁵ [Naff et al. \(2020\)](#)

²⁶ [Dorado \(2014\)](#)

²⁷ [Virginia Department of Education \(2021\)](#)

²⁸ [Hoover & Bostic \(2020\)](#); [Mellin & Weist \(2011\)](#); [Zabek et al., \(2023\)](#)

²⁹ [Zabek et al., \(2023\)](#)

Additionally, SBMH providers often find their time to be limited to commit to interventions, due to the competing roles and responsibilities that they have. For example, school counselors have reported responsibilities such as administering and proctoring tests, supporting course registration and schedule development, and guiding students through college application processes, which often reduces their capacity to provide mental health services for their students.³⁰ Furthermore, excessive amounts of administrative work assigned to SBMH providers can limit the time available for them to provide adequate mental health services to students.³¹ SBMH providers tend to perceive relationship-building and checking in with students as necessary tasks that can sometimes be difficult to fulfill due to competing demands.³² This is often particularly true at the end of the academic year when testing and school dropout prevention efforts are particularly acute.³³

Other competing tasks tend to be particularly salient for specific SBMH providers, like the need for school psychologists to complete student behavioral and cognitive evaluations and school counselors spending time in academic advising,³⁴ or school social workers needing to intervene with students who are chronically absent.³⁵ Limited time to work individually with students is another barrier. Due to the time-limited nature of implementing mental health services in a school setting, school counselors have noted this as undermining their ability to properly provide therapeutic support for their students.³⁶ This may be particularly true in schools of concentrated poverty or in rural locations where the availability of SBMH providers is often more limited.³⁷

WHAT FACTORS HELP FACILITATE THE WORK OF SCHOOL-BASED MENTAL HEALTH PROVIDERS?

The reviewed research demonstrated empirical connections between student interactions with school-based mental health providers and the social, emotional, and behavioral outcomes they experienced. This included documented increases in student belonging,³⁸ positive coping skill development,³⁹ social capital,⁴⁰ mindfulness,⁴¹ and leadership skills,⁴² as

³⁰ Dorado (2014)

³¹ Bahr et al. (2017); Puhy et al. (2021); Zabek et al., (2023)

³² Dorado (2014); Stone et al. (2013)

³³ Roth et al. (2017)

³⁴ Puhy et al. (2021)

³⁵ Naff et al. (2023); Young et al. (2020)

³⁶ Dorado (2014)

³⁷ Austin (2013); Graves et al. (2023)

³⁸ Barkdull (2004)

³⁹ Belcher (2004)

⁴⁰ Dorado (2014)

⁴¹ Axelrod & Santagata (2022); Groark (2019)

⁴² Farnum (2015)

well as reductions in bullying,⁴³ learned helplessness,⁴⁴ risk-taking behaviors,⁴⁵ absenteeism,⁴⁶ violent behavior,⁴⁷ and school disciplinary infractions.⁴⁸ Additionally, there was evidence of how SBMH providers contributed to positive academic outcomes for the students that they served. This included encouraging students to take rigorous courses like Advanced Placement (AP),⁴⁹ connecting students with resources that informed their academic, postsecondary, and career trajectories,⁵⁰ serving on IEP and 504 committees to ensure that students receive appropriate accommodations,⁵¹ and preventing school dropout⁵² while promoting on-time graduation.⁵³ There is even research evidence that the consistent presence of a licensed school psychologist in a school across multiple consecutive years is associated with increases in standardized test scores.⁵⁴ Furthermore, SBMH providers play a crucial role in supporting the social, emotional, behavioral, and academic outcomes of students from low-income as well as racial and ethnic minority backgrounds.⁵⁵ It is clear that SBMH providers are tasked with supporting student development in a variety of ways. But what does research indicate as the factors that help facilitate their work? This section details three primary themes that emerged in the research, including [establishing systematic support systems](#), [cultivating safe and empathetic spaces](#), and [promoting student access and agency](#) in school-based mental health support settings.

Establishing Systematic Support Systems

Working systematically within a school contributes to more effective mental health support for students. In schools that utilize structures like multi-tiered systems of support (MTSS) to promote positive student mental health, there are often multiple stakeholders involved at different levels of prevention and intervention that include not only SBMH providers, but also teachers, administrators, parents, and community partners. Oftentimes, SBMH providers like school counselors end up serving a facilitative or coordinating role in these structures because of their familiarity with the needs of the students that they serve and their training to recognize when social, emotional, behavioral, and mental health needs can be addressed within a school setting and when they need to be referred to a community provider for more targeted intervention.⁵⁶ In a [2019 study](#), Atkins-Siddiq interviewed 12 school leaders, including administrators, school social workers, and school psychologists

⁴³ [Beckman & Hagquist \(2016\)](#)

⁴⁴ [Beard \(2019\)](#)

⁴⁵ [Atkins-Siddiq \(2019\)](#)

⁴⁶ [Austin \(2013\)](#)

⁴⁷ [Carlson \(2003\)](#)

⁴⁸ [Austin \(2013\)](#)

⁴⁹ [Bentsen \(2017\)](#)

⁵⁰ [Dorado \(2014\)](#)

⁵¹ [Nelson et al. \(2006\)](#)

⁵² [Bennett \(2013\)](#)

⁵³ [Dorado \(2014\)](#)

⁵⁴ [Stone et al. \(2013\)](#)

⁵⁵ [Dorado \(2014\); Stone et al. \(2013\)](#)

⁵⁶ [Sink & Stroh \(2003\)](#)

working in urban and high-poverty school settings serving a high percentage of racial and ethnic minority students. Results indicated that their efforts to support students socially, emotionally, behaviorally, and academically were highly facilitated by collaboration between faculty and staff in the school, as well as through support from community mental health providers.

In school settings, systematic student support structures often include the existence of a [comprehensive school counseling program](#). A [2003 study by Sink and Stroh](#) explored how implementation of a comprehensive school counseling program related to the academic achievement of the students where they are utilized. The authors looked at data from 150 public elementary schools in Washington State, including academic achievement data from over 20,000 students across the state as well as survey data (conducted via phone) from school counselors. Their results showed that the longer a comprehensive school counseling program had been in place, the more effective it was perceived by the school counselors who implemented it, and the stronger the academic achievement outcomes were by students served by it.

Part of systematically supporting the mental health of students in schools includes strategically coordinating with parents of students when it is appropriate to do so (e.g. while still maintaining student confidentiality). In a [2014 study](#), Roth implemented a positive psychology intervention in a school-based setting with 42 middle school students who were randomly assigned to groups that either included or did not include parent involvement in the intervention. Results indicated that parent involvement tended to enhance the positive impacts of the provided mental health support. This not only benefited students socially and emotionally, but academically as well. Taken together, the findings of these studies suggest that effective school-based mental health support programs are collaborative, systematic, and connected with the families and communities that they serve.

Cultivating Safe and Empathetic Spaces

SBMH providers tend to be more effective in their work when they are able to promote a climate conducive to acceptance, empathy, and safety. In a [2006 study](#), Green and Christensen interviewed elementary school children participating in play therapy sessions. The students conveyed that they felt more comfortable expressing themselves emotionally when counselors demonstrated empathy and empowered them to initiate change on their own. They also reported that counselors created spaces that felt both safe and fun, which made them feel more comfortable and able to develop a sense of trust in the therapeutic setting. These feelings of trust were instrumental in helping them make good choices both in school and at home, as reported by the interviewed students.

Furthermore, research suggests that building empathetic relationships between SBMH providers and students can help to ameliorate some of the most significant challenges that they navigate, like school dropout. In a [2013 study](#), Bennett conducted focus groups with 15 middle school counselors to explore their understanding of the role that they play in school

dropout prevention. While the counselors acknowledged that dropout was primarily an issue at the high school level, they still considered their role to be important in curbing some of the early behaviors that contribute to it, such as school disengagement (often in the form of absenteeism). The counselors reported that perhaps the most important aspect of their work with students potentially at risk for dropout was expressing genuine concern for their wellbeing. The counselors described students as being able to tell when adults in the school were being sincere or not, and believed this was important in reducing maladaptive behaviors such as truancy.

Promoting Student Access and Agency

Research supports that school-based mental health supports are particularly effective when students feel a sense of choice and autonomy (agency) to engage with them. In a 2013 narrative analysis, Gibson and Cartwright asked people who had recently graduated from high school to reflect on their experiences with their school counselors. Participants indicated that they perceived the greatest benefit from the counseling experiences when they had a sense of agency in engaging in the sessions. They also reported they felt a sense of control over which takeaways from the counseling sessions they decided to incorporate into their daily lives, and appreciated when counselors tailored the experience to fit their unique needs. Additionally, while they perceived the counselors as offering clear value through the sessions, they often reported that the greatest benefits that they got from the counseling relationships were self-generated.

Similarly, Green and Christensen's (2006) study about elementary school students participating in play therapy revealed that students' perceptions of being able to choose the activities they engaged in within the therapeutic relationship were important for them to feel a sense of benefit from their participation. Taken together with the findings from Gibson and Cartwright (2013), this suggests that students throughout PK-12 tend to appreciate some degree of control and choice over their participation in school-based mental health supports. Importantly, school counselors, school social workers, and school psychologists are often the most accessible form of mental health support available to students, who might otherwise have to coordinate through their parents to work with providers in community settings.⁵⁷ Ensuring that students have ready access to school-based mental health providers is an essential component to helping them feel a sense of agency over their own social and emotional growth that could occur within these interactions.

RECOMMENDATIONS

Considering the evidence provided throughout this research brief about the roles of school-based mental health providers, the challenges that they navigate, and the factors that facilitate their work, this section details some specific recommendations for practice, policy, and research to help holistically support student mental health in PK-12 settings.

⁵⁷ Gren-Landell et al. (2013)

Practice Recommendations

- It is clear from the literature that students tend to perceive the most benefit from their interactions with school-based mental health providers when they have some degree of agency over those interactions. When developing comprehensive programs for school counseling, school social work, and school psychology, **it is important to identify ways for students to opt-in to mental health support services to maximize the potential benefits that they may perceive for them.** While it may be necessary for SBMH providers to have scheduled interactions with students that they did not initiate (e.g. for academic advising or 504 or IEP support), research suggests that granting students as much agency as possible within those interactions could be valuable. For example, they could choose the time and date of the meetings to interfere with their schedules as little as possible, or choose some of the activities or points of discussion that occur within the sessions.
- The [roles and responsibilities](#) of school-based mental health providers often overlap, although there are still distinctive services that school counselors, school social workers, and school psychologists provide. Considering this, **it is important for there to be interdisciplinary collaboration between SBMH providers that involves an in-depth understanding of the roles that each plays in comprehensively supporting the mental health needs of students that they collectively serve.** This collaboration should include providing multiple layers of support to students in need of particular intervention while also allowing SBMH colleagues to engage in the specialized work that they are uniquely trained to do (e.g. assessment for school psychologists).
- To the extent possible, **school administrators in schools should work to protect the time of their school-based mental health providers to allow them to engage in direct support with students.** While it is already established through [Virginia code § 22.1-291.1:1](#) that 80% of school counselors' time must be spent in direct support of students, administrators still play a key role in assigning duties and establishing expectations for how their faculty and staff spend their time. Clearly communicating support for SBMH providers to spend their time supporting the social and emotional needs of their students can help establish norms within a school that this is the primary role of these professionals.
- Schools that participate in MTSS or its related structures (e.g. Positive Behavioral Interventions and Supports; PBIS) should evaluate the degree to which they implement them with fidelity to support student mental health.** The purpose of these systems is to establish clear guidelines for how faculty and staff within a school can work together to ensure that all students have their academic, social, emotional, and behavioral needs met. Because MTSS is implemented prolifically in Virginia schools through the [Virginia Tiered Systems of Support \(VTSS\)](#); currently in 56 divisions and 947 schools serving 702,215 students), any improvements to mental health support through MTSS could have long-ranging benefits for students throughout the Commonwealth.
- Although SBMH providers are the primary professionals in PK-12 schools for supporting the mental health of students, rising challenges related to student

mental health in the wake of the COVID-19 pandemic⁵⁸ coupled with the challenges related to ratios and time constraints detailed in this brief suggest that effective support of student mental health may require a school-wide approach. Teachers often spend the most direct time with students in a school, and while they should not be expected to provide intensive mental health support for their students, **it is important that teachers receive training in tier 1 supports that they can provide in the classroom to help address basic mental health needs.** Importantly, this must not be another thing added to the plate of teachers, which are already full. However, if teachers are already perceiving rising mental health needs in their students⁵⁹ while simultaneously reporting lower self-efficacy in meeting those needs,⁶⁰ then providing them with the tools that they need could not only help address student mental health concerns, but also challenges with teacher retention.

Policy Recommendations

- As detailed in the [ratios](#) section of this brief, the recommended number of students allocated to SBMH providers in Virginia do not align with the recommendations of their professional organizations. While the ratios for school counselors are closest to the recommended number, Virginia currently does not articulate recommended ratios for school social workers or school psychologists, which could prove cumbersome for their work. **Virginia policy should clearly establish recommended ratios for all SBMH providers, and those numbers should align with the recommendations of their professional organizations.**
- Relatedly, while [Virginia code](#) establishes that 80% of school counselor time needs to be spent in direct support of students, there is no similar standard set for school social workers and school psychologists. **To ensure that these SBMH professionals similarly have their time protected for providing direct student support, Virginia code should establish clear guidelines.**
- At the division level, **school boards should ensure that their policies clearly articulate their commitment to supporting the mental health of their students** and the role that all faculty and staff play (including SBMH providers) in providing that support. This should also be reflected in the [strategic plans](#) that school divisions establish approximately every five years that guide policy and practice. Establishing mental health as one of the priority areas of a school division at the policy level helps to facilitate the creation of specific goals and strategies to help support that priority.

⁵⁸ [Naff et al. \(2022\)](#)

⁵⁹ [Goodwin et al. \(2021\)](#)

⁶⁰ [Ekornes \(2017\)](#)

Research Recommendations

- The research literature included in this brief primarily came from a systematic review of empirical studies that met the inclusion criteria of focusing on school-based mental health providers and the social, emotional, behavioral, or academic outcomes of the students that they support. Within that collection of literature, there were few experimental studies that offered the ability to make causal connections between SBMH provider support and student outcomes, although there was evidence of *perceived* impact through surveys and qualitative data analysis (e.g. interviews or focus groups). **It would be helpful when advocating for supportive policies and practices to have empirical research that offers clear, causal evidence of the impacts that SBMH providers have. Researchers working in this field should prioritize methodologies that help to support such claims.**
- Research evidence suggesting that students benefit from SBMH support the most when they have a sense of agency over the interactions and perceive empathetic and supportive relationships appears to align with some prominent motivational theories in educational psychology. For example, self-determination theory suggests that students are most likely to be intrinsically motivated (self-determined) when they have a sense of competence, autonomy, and relatedness.⁶¹ Theories of engagement suggest that students tend to do best in school when they are engaged cognitively, behaviorally, and emotionally.⁶² These motivational theories in educational psychology (among others) are highly prolific with decades of research documenting how they apply with students from different demographic backgrounds and school settings. Similarly, research related to school-based mental health providers span decades and help illuminate their work (much of which has been summarized in this brief). **It appears there could be an organic overlap between these disciplines that merits further exploration, particularly in the context of exploring the factors that support the social and emotional wellness of students through SBMH providers.**

⁶¹ Howard et al. (2021)

⁶² Wong et al. (2022)



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