Counseling, Psychological, and Social Services

Counseling, Psychological, and Social Services (CPS) in schools can help address the mental, emotional, and behavioral health needs of school-age youth to remove barriers to learning.

This analysis explores the extent to which a sample of local education agency (LEA) policies from the 2017-2018 school year addressed counseling, psychological, and social services. The LEAs studied are a sample of 432 agencies, spanning 19 states and the District of Columbia (hereafter "selected states"; see maps below and Methods Appendix for more details on the state selection), and include both public school districts ("districts"; n = 368) and charter LEAs (n = 64).[1]

Within the Counseling, Psychological, and Social Services domain, we assessed eight topics (see Coding Appendix) for the districts and charter schools in each of the 20 states. In this brief, we present data separately for districts and charter LEAs.

Public School District Policies

The district sample included 368 LEAs in 20 selected states, weighted to be representative of districts at the state level. For these data, we determined the percentage of the topics addressed, on average, across the districts within each state and across all districts studied. To support easy comparisons in the comprehensiveness of district policy across states, percentages were given one of four designations: none (0%), low (< 40%), moderate (40% to < 80%), or comprehensive (≥ 80%).

Notably, this assessment does not speak to the prescriptiveness of LEA policies; policies that included firm mandates and policies that merely encouraged activity counted equally in this measure of comprehensiveness. (See Methods Appendix for more information on our coding process.)

For each of the 20 states, we also present a comparison between district data and state statutes and regulations for the same eight counseling, psychological, and social services topics. The same categorizations of none, low, moderate, and comprehensive are used to present the state data. Note that the state data presented herein only represent a subset of the state law data compiled and presented in our companion state law report and the state law data included in the National Association of State Boards of Education (NASBE) State Policy Database on School Health.

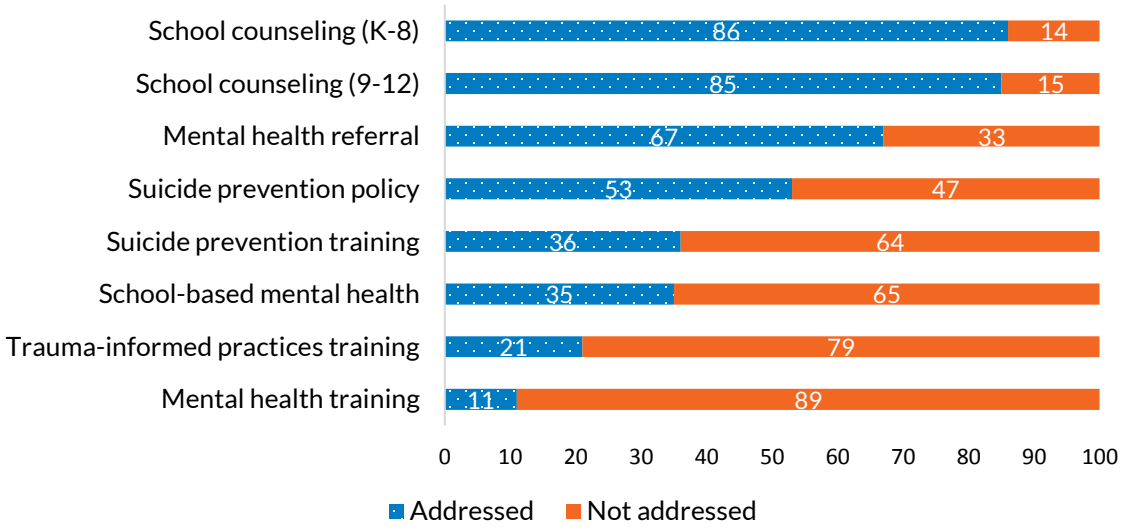
Of the 20 states, 19 had district policies with low or moderate coverage of counseling, psychological, and social services topics.

- **On average, district policies in 12 states moderately covered counseling, psychological, and social services topics** (range: 43% to 74%; average: 56%). District policies in seven states had low coverage of counseling, psychological, and social services (range: 9% to 36%; average: 26%). DC had comprehensive coverage (88%) of topics evaluated in counseling, psychological, and social services.
- **Only a small percentage of districts in the selected states addressed trauma-informed care trainings for staff.** Twelve percent of districts in the selected states encouraged professional development for

staff related to trauma-informed practices; another 9 percent of districts required it (see Figure 1). Training staff to provide trauma-informed care is the first step toward implementing programs and practices that account for the impact of childhood trauma.[2]

- **Half of districts in the selected states (53%) had policies around suicide prevention; however, only a third (36%) addressed professional development in suicide prevention.** As noted by the Centers for Disease Control and Prevention, additional research is needed to understand the impact of policies and training on reducing adolescent suicide and suicide attempts.
- **Sixty-seven percent of studied districts authorized school personnel to conduct mental health screenings at school, while 52 percent of districts encouraged or required school staff to do so.** Roughly one in five children will be diagnosed with a mental health issue in their lifetime; however many face barriers, including socioeconomic and stigma-related issues, to receiving care.[3] Many schools have begun to screen students for mental health needs, but some raise caution that universal screenings could further stigmatize or harm students if supports are not readily available.[4]
- **Thirty-five percent of districts encouraged or required schools to establish school-based or school-linked mental health promotion and intervention programs.** These school-based mental health services may include psychological and mental services that may coordinate with community efforts. Such school-based programs help ensure that all students and their families have access to mental health services, regardless of socioeconomic status.[5]

Figure 1. Percent of public school districts in 20 states covering selected counseling, psychological, and social services topics in policy

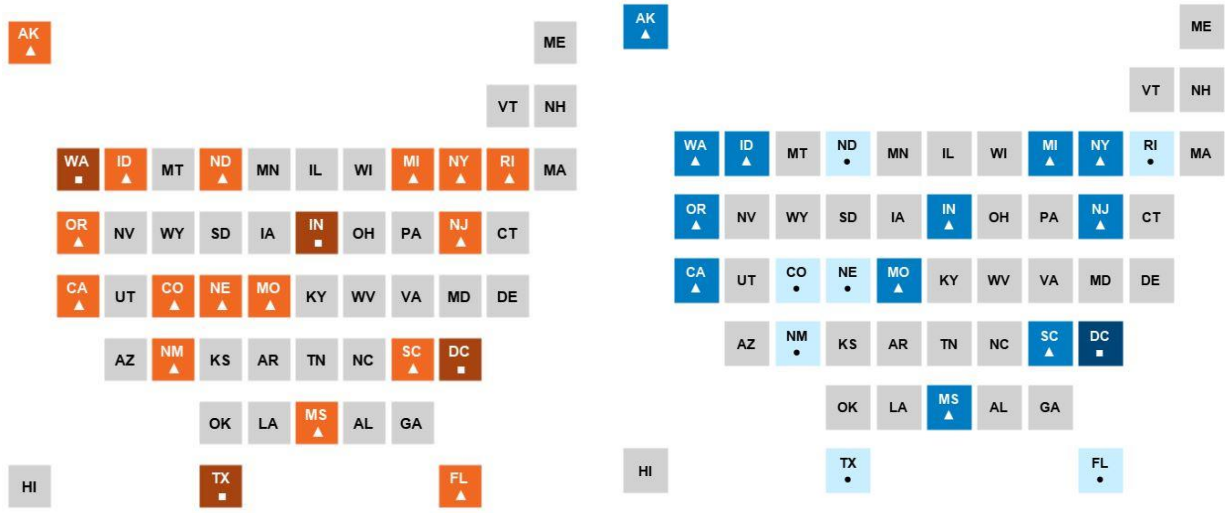


Across the 20 states, state laws were similar to or more comprehensive than district policies.

- **None of the 20 states analyzed had district policies that, on average, had more comprehensive coverage of counseling, psychological, and social services topics than their corresponding state laws (see Figures 2a and 2b).** Nine states' laws were more comprehensive than district policies in those states, and in eleven states, state laws and district policies were similarly comprehensive.
- **Across the 20 states, most states and districts addressed school counseling services**. School counseling services for students in grades K-8 was consistently addressed at both the state (85%) and district level (86%). Each of the 20 states addressed school counseling services for students in grades 9-12, but only 85% of districts addressed this topic.

- **States addressed professional development for counseling, psychological, and social services topics more often than districts, but only a small percentage of states cover some topics.** Seventy-five percent of the 20 states addressed suicide prevention professional development compared to 36 percent of the districts. Fewer states and districts addressed professional development around mental health-related issues (40% state, 11% district) and for trauma-informed practices (25% state, 21% district).

Figure 2a and 2b. State law (left) and public school district (right) comprehensiveness of counseling, psychological, and social services topics in policy.



*These maps show the proportion of states (left panel) and districts (right panel) in each of the 20 selected states that have **[■] comprehensive** (state panel: 4; district panel: 1), **[▲] moderate** (state panel: 16; district panel: 12), **[●] low** (state panel: 0; district panel: 7), or **[-] no** (state panel: 0; district panel: 0) coverage of counseling, psychological, and social services topics in state and district policies, respectively. For this report, only the 20 states represented with colored squares were studied (at the state and district levels); states shown in gray were excluded from this analysis.*

Charter LEA Policies

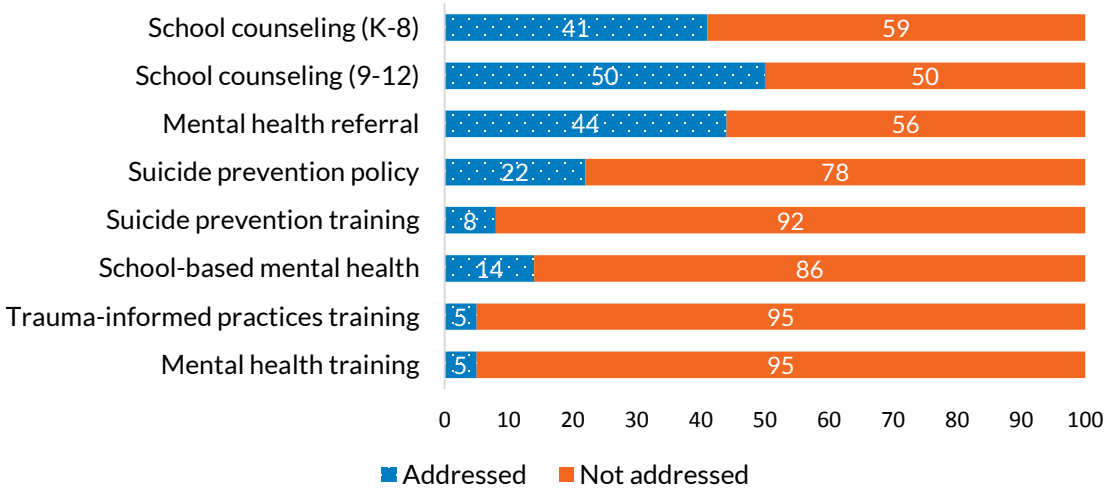
We also collected policies for a sample of 64 charter LEAs across the 20 selected states. Depending on the structure of charter LEAs in a given state, such policies may be applicable for a single school or for multiple schools run by the same charter provider. Charter policies often addressed different aspects of counseling, psychological, and social services when compared to the district policies. Because the number of charter policies collected in a single state was often small (proportionate to their representation across all LEAs in the state), we chose to look across the full sample of charter schools rather than make generalizations at the state level.

Fewer charter LEAs address counseling, psychological, and social services topics compared to public school districts in the 20 states.

- **Less than one-quarter of charter LEAs (22%) from the 20 selected states had policies addressing suicide prevention (see Figure 3).** Just 8 percent of charter LEAs encouraged or required professional development in the area of suicide prevention for their teachers.

- **Less than half of charter LEAs studied (44%) addressed mental health referrals in their policies.** This percentage is slightly lower than the percentage of public schools (67%) addressing this topic.
- **Slightly more charter LEAs addressed counseling services for high school students (50%) than counseling services for students in grades K-8 (41%) in their policies.** This differs from public school districts, where about the same percentage of districts addressed counseling services for both the elementary and secondary levels (86% for K-8 counseling; 85% for high school counseling).

Figure 3. Percent of charter LEAs covering selected counseling, psychological, and social services topics in written policy



The Institute for Health Research and Policy at the University of Illinois at Chicago, in partnership with Child Trends, examined the extent to which 11 healthy schools domains were addressed in local education policies across 20 strategically selected states (including 19 states and the District of Columbia; see Methods section for details on the sampling methodology). These domains include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model: Health Education; Physical Education and Physical Activity; Nutrition Environment and Services; Health Services; Counseling, Psychological, and Social Services; Social and Emotional Climate; Physical Environment; Employee Wellness; Family Engagement; and, Community Involvement. An additional domain, WSCC References, addresses the extent to which district policies include explicit references to the WSCC model, or similar language such as the Centers for Disease Control and Preventions' Coordinated School Health model. Sub-briefs covering the other domains can be found at https://www.childtrends.org/publications/the-current-landscape-of-school-district-and-charter-policies-that-support-healthy-schools.

[1] For purposes of this work, a charter LEA is an LEA listed in the U.S. Department of Education's Common Core of Data (SY 2014-15) as an "Independent Charter District."
[2] Bartlett, J.D. & Steber, K. How to Implement Trauma-informed Care to Build Resilience to Childhood Trauma. (2019) Child Trends. Retrieved from: https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma.
[3] Perou, R., Bitsko, R.H., Blumberg, S.J., Pastor, P., Ghandour, R.M., Gfroerer, J. C., Parks, S.E. (2013). Mental health surveillance among children—United States, 2005–2011. *MMWR Surveill Summ*, *62*(Suppl 2), 1-35.
[4] Murphey, D. & Bartlett, J.D. Childhood adversity screenings are just one part of an effective policy response to childhood trauma. *Child Trends*. Retrieved from: https://www.childtrends.org/publications/childhood-adversity-screenings-are-just-one-part-of-an-effective-policy-response-to-childhood-trauma.
[5] American Academy of Pediatrics. (2004). School-based mental health services. *Pediatrics, 113*(6), 1839-1845. doi: 10.1542/peds.113.6.1839.