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# More than Masks and Mandates: The Student Mental Health Crises through COVID-19

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More than Masks and Mandates: The Student Mental Health Crises through COVID-19

Dawson Valcich

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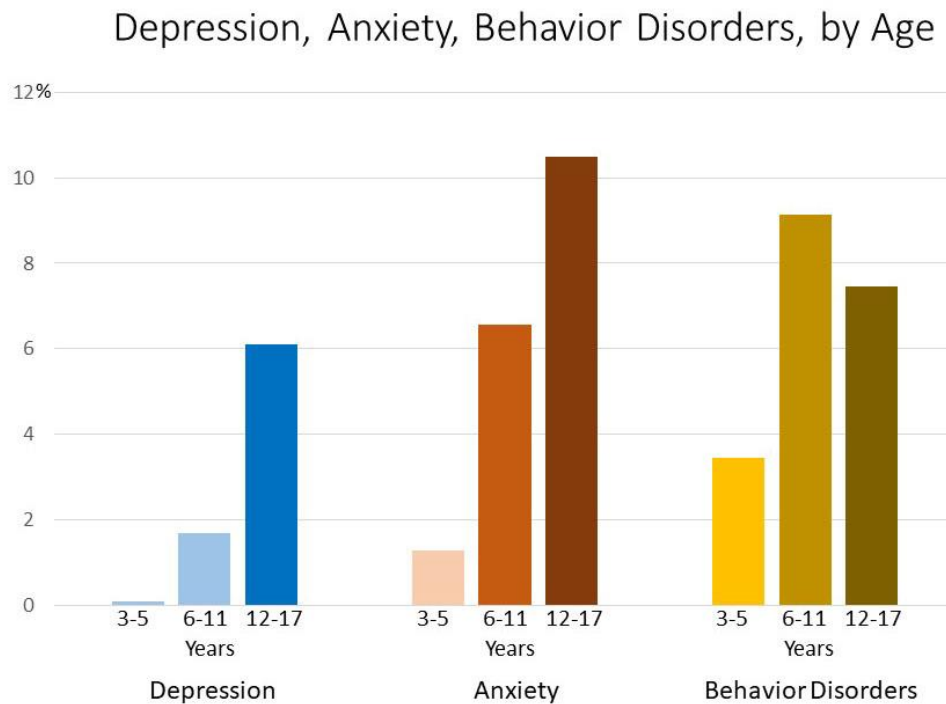
### Abstract

This paper addresses the impact of global events on student mental health. This paper focuses on student anxiety in the United States of America and specifically the COVID-19 pandemic. It reviews three different policy options, addresses the pros and cons of each, offers recommendations for those policies as well as recommendations for new policies. The policies addressed are student absence policies, President Biden's Mental Health Strategy, and the Mental Health Matters Act.

## INTRODUCTION

### Background

Today students live in a constant stream of information which has allowed millions of people to better understand events happening around them but has also resulted in adverse effects on the mental health of students. In this age of information, students have reported higher anxiety levels due to the global issues happening around them. There is no better example of this than there is with COVID-19. Anxiety is an emotion that most people experience at some point in their lives is described as “a feeling of worry, nervousness, or unease” according to trained mental health professionals. For an individual to be diagnosed with an anxiety disorder such as generalized anxiety disorder (GAD), the DSM-V explains the individual must have “excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months.”

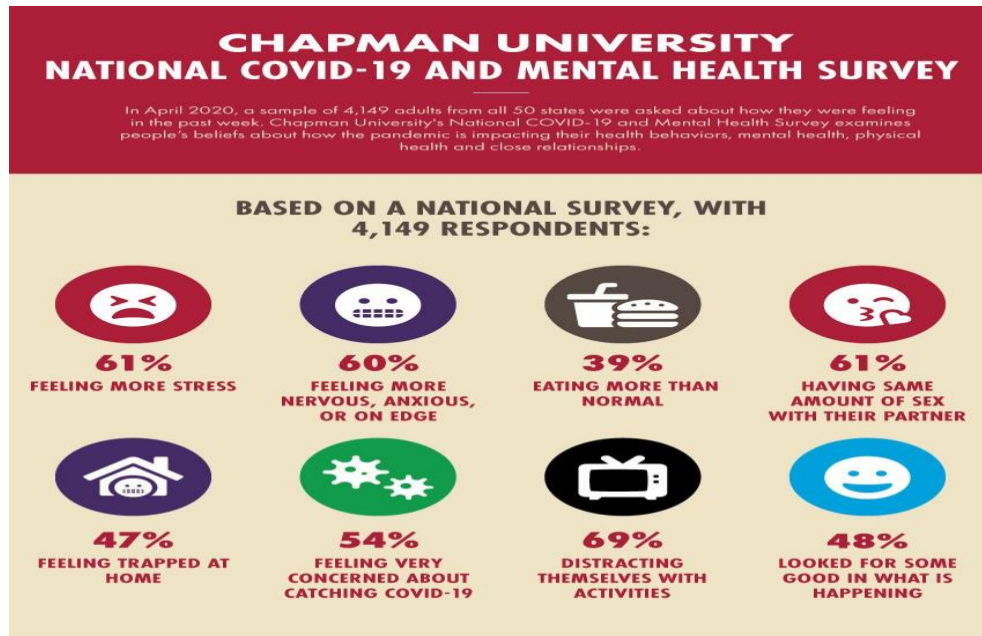


*Figure 1: Chart depicting US children's mental health by age (Source: Centers for Disease Control and Prevention)*

## **COVID-19**

On December 12, 2019, the first record of an outbreak of Severe Acute Respiratory Syndrome Coronavirus or SARS-CoV-1 occurred in China's Hubei Province (CDC). By March 11, 2020, SARS-CoV-1 or what has come to be known as COVID-19, was declared to be a global pandemic by the World Health Organization. At this point 118,000+ cases had been recorded in 114 countries with 4,291 deaths attributed to the disease (CDC). In the next month schools shutdown nationwide across 188 countries which marks the beginning of major life changes in students' lives, and later, a significant increase in anxiety symptoms (Lee, 421).

As COVID-19 continued to spread, more countries shutdown their schools and the world experienced a social isolation caused by the quarantine that was established to slow down the disease. This resulted in 90%, or 1.5 billion enrolled children to lose access to their education as well as any resources they depended on from their schools (Lee, 421). This sudden isolation signaled the influx of many major lifestyle changes, only further disrupting their routines. The loss of routine coupled with the added stress of getting sick or knowing people who are more vulnerable, plus the pre-existing stress that students have concerning their grades and futures caused an exponential increase in anxiety and diagnosed anxiety disorders in adolescences.



*Figure 2: Results of a mental health survey during COVID across all 50 states (Source: Chapman University)*

## Problem Definition

As students have continued to struggle due to their increased anxiety at the events happening around them, they often look for support. If they are unable to access that support on their own or through their parents, the school is the only other place available that can help those students stay afloat to achieve a successful future. The increased stress makes young people more susceptible to the future development of mental illness. Other detrimental side effects of the anxiety students experience in the face of global issues such as COVID-19 include substance abuse, lack of social support, depression, and increased risk of suicidal thoughts (AlAzzam, 243). The CDC had reported that schools are one of the most significant resources for students in order to be connected to health services (AlAzzam, 243). That is why it is so important to establish policies in schools to provide the necessary support and ensure it is accessible to everyone.



**Statement of Purpose**

The purpose of this paper is to analyze the direct correlation of global events and student mental health through the lens of COVID-19 and anxiety in high school students. In addition, it will evaluate three existing policies that have been established in the United States schooling system to help students with their anxiety. When looking at the existing policies, the paper will be breaking down the advantages and disadvantages they have. To conclude, this paper will address even more ways to help protect and support the mental health of students in order to allow them to be the most prepared as possible for when they exit the schooling system as an adult.

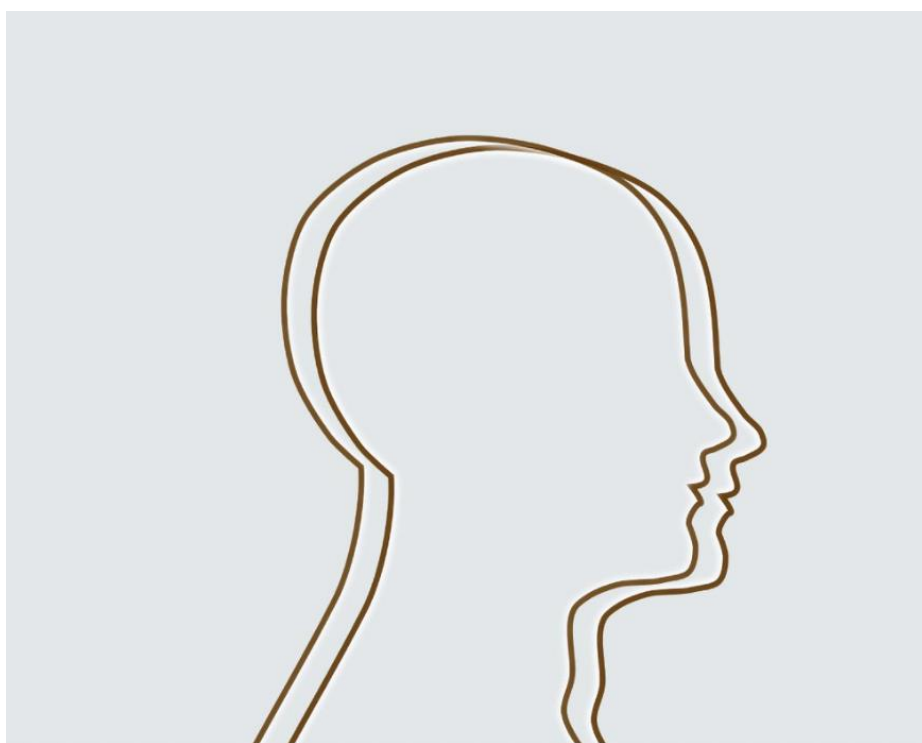
**Urgency**

According to the World Health Organization, 3.6% of the total global population suffer from an anxiety disorder. That means that approximately 264 million people are at a much higher risk for worsening anxiety in the wake of stressful global events such as COVID-19. With so many individuals suffering from an anxiety disorder, and most people experiencing anxiety at some point in their lives, it is extremely important that policies are put into place to help the more vulnerable population of students from worsening symptoms.

**Methodology**

Information for this paper was gathered from a variety of peer reviewed scholarly journals, articles, reports, and studies. Through the results of these studies and journals, it was clear that the problem of student anxiety has worsened during times of global issues and that it is a problem that needs to be addressed. Some key terms and events are also explained that are vital for the full understanding of these issues and potential solutions addressed in this paper.

I am someone who has been professionally diagnosed with several anxiety disorders for four years. In addition, I have helped on the creation and development of a mental health website, the Student Resource Project, and podcast, The Voices in Our Heads, I have firsthand experience with the information and terms being used throughout. The students who contributed to the podcast created by Sarah Goodman Duffy were students who had determined that if they couldn't get the help needed from the school system, then they would make the resources themselves and help other students be heard.



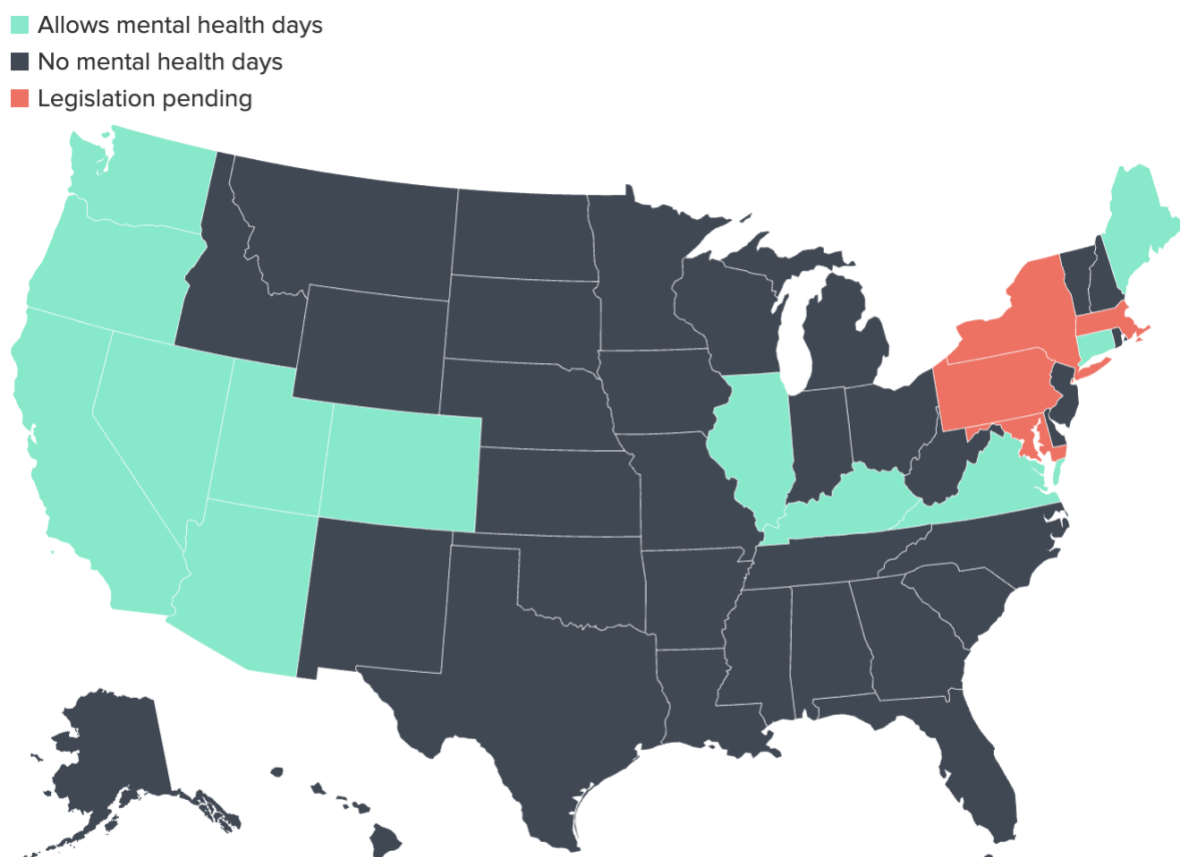
*Figure 3: Logo of the podcast The Voices in Our Heads (Source: Student Resource Project)*

## **Policy Option 1: School Absence Policies**

### **Overview**

Originating in Oregon in 2019, states throughout the United States are changing their student absence policies in their public schools. It had been started by teenagers in Oregon who

recognized the rising national mental health crisis and how it was affecting their peers the most. From the years of 2007 to 2017 the suicide rate for individual ages 10-24 jumped up to 56%, with 16 younger people killing themselves every day in the United States (Networker, n.d.). In addition, data collected in a study conducted by Very Well Mind and Parents that reported that 60% of parents of children in the ages of 8-17 noticed the pandemic having a negative impact on their child's mental health (Onque, 2022). As these teenagers realized something needed to be changed, they advocated for students to be able to take mental health days.



Note: As of August 2022  
 Map: Gabriel Cortes / CNBC  
 Source: [Verywell Mind](#)

**make it**

*Figure 4: map of states position on absence policies (Source: Verywell Mind)*

The general shared trait between the twelve states that allow this is that a student is able to use mental health as an excusable absence from school. In Connecticut they bill adds more

details stating that every student gets 2 excused mental health days every school year, but if it is documented by a parent/guardian or a doctor, the school is required to excuse the absence, regardless of how many have been taken (AN ACT CONCERNING SOCIAL EQUITY and the HEALTH, SAFETY and EDUCATION of CHILDREN, 2021). With this policy being on a state-by-state basis, it is up to the individual school districts to put limits on how many mental health days a student may take, if it needs to be signed off by a parent/guardian, or how the mental health days will be recorded and addressed. For example, in the Alton Community Unit (School District 11) in Illinois, they have their mental health days set up so that as a student takes more days, the school gets more involved. On the students second mental health day then “an in-person meeting will be made with the student and a school social worker or school-based counselor. The parents may be contacted.” Or on the fifth missed day a “Meeting with social worker or counselor. Parents will be notified that there are no remaining Mental Health Days. A doctor's note must be provided after this day,” (*Alton School District - Student Attendance and Mental Health Days*, n.d.).

## **Pros**

### *1.) Destigmatize taking care of mental health*

Up until states, starting with Oregon, made it a policy to give students mental health days as excused absences, mental health days had different connotations. Today it means that a student is struggling with either a preexisting mental illness or that they are experiencing high levels of stress that they need to recover from. However, it has historically been used as an “excuse for playing hooky” from work or school (Atkins, 2022). Now that schools and popular opinion is changing, it helps students understand that their mental health is something that needs to be taken care of the same way one would do with their physical health. Republican Utah state

representative, Mike Winder, had described the media attention as “a huge statement that mental health matters as much as physical health,” (Atkins, 2022). With mental health having been stigmatized for so long, it is going to take a lot of work to allow people to recognize that it is an acceptable reason to take a step back. Organizations such as the National Alliance on Mental Illness (NAMI) have also recognized the benefits mental health days would have outside of the intended purpose of just helping kids’ recharge. In their statement that was published to show their support of the new mental health days for students they state that “this can help normalize the conversation around mental health,” and then go on to state how it will also help increase empathy for those struggling with their mental health (*Mental Health Days: School Absence Policies* | NAMI: National Alliance on Mental Illness, n.d.).

## *2.) Helps students recover their mental health*

There is also the benefit of helping give students the necessary time to recover and take care of their mental wellness. According to a survey conducted by the Centers of Disease Control and Prevention, between the years of 2007-2017 the suicide rate for the ages of 10-24 had jumped 56%, with 16 people in that age group killing themselves every day in the United States (Networker, n.d.). The states that have enacted this change to their student absence policies did so with the hope that they would be able to help bring that number down. Mental health experts such as Debbie Plotnick, the vice president of state and federal advocacy for Mental Health America, believes that mental health days are not only a good idea but an essential break for students. When she was asked about it, she had stated that mental health days “[give] a student permission to say, ‘I’m being bullied’ or whatever the problem is, which lets parents and the school know that the child is suffering,” (Networker, n.d.). Plotnick brings up another benefit of changing the student absence policies is that when a student takes a mental health day, it notifies

their school that something is wrong. As several schools such as the Alton school district 11 in Illinois integrate school intervention along with every mental health day a student takes. For example, on the third mental health day a student takes, it involves “an in-person meeting... made with the student and a school social worker or school-based counselor,” (*Alton School District - Student Attendance and Mental Health Days*, n.d.). Since the first state to incorporate student mental health days in 2019, “77% of parents who have allowed their child a mental health day have reported a positive impact,” (Onque, 2022). NAMI also states that mental health days would “help students take time to care for themselves, restore health, [and] minimize additional symptoms,” (*Mental Health Days: School Absence Policies | NAMI: National Alliance on Mental Illness*, n.d.).

## **Cons**

### *1.) Could be misused*

There are more than a few people who do not endorse student mental health days for the reason that students could misuse the days. Some professionals such as Allison Dubinski, a licensed clinical social worker, said that parents should check in as to why their student is taking that day off in case “they’re trying to get out of something that they’re anxious about,” which would not help the student, only delay something they need to do (Jacobson, 2022). Some of this idea comes from the past impression of mental health days being called in as an excuse for a student to take an extra weekend day. Jacobson also tells parents that they should not allow their child to take a mental health day “to get an extension on assignments” or as a procrastination day as it will only encourage the student to put assignments off as they can just miss school to make it up later (Jacobson, 2022). Not all teachers would allow an extension, specifically if it is an assignments or project that had been assigned for a long time. Also, regardless of time taken off,

all states that allow mental health days as an excused absence still require that the student makes up any missing work. While the student may think they are getting extra break time, they are just moving the work to later, which could add additional anxiety or stress.

### *2.) It is not a solution*

Other professionals think that mental health days would not benefit the students because it is not enough intervention to help bring down the record high rates of anxiety, depression, and suicide. One of those professionals is Lynn Lyons, a New Hampshire psychotherapist described this legislation as “feel good” and that “if you offer [students] a day off, it’s like tossing a piece of bread to a starving person. They’re desperate for it. They’ll take it. But it’s not nearly enough,” (Networker, n.d.). The idea behind that quote is that a student will take a mental health day when offered as they need help but that simply taking a day off will not make the positive difference that legislators think it will. Instead of giving students mental health days, professionals give the advice of adding guidance counselors or mandating youth mental health for school staff so that all school staff are adequately prepared to aid a student through a mental health emergency (Networker, n.d.). The Washington Post also states that more tangible solutions are required such as adding access to mental health providers, increasing the number of online sources, and provide educators and parents/guardians on how to support their students (Atkins, 2022).

### *3.) Could make things worse*

There is also the potential that mental health days could have adverse effects and instead hurt students more than it would help them. This concern comes from mental health professionals who believe that allowing students access to mental health days would only isolate the student which could prove to be dangerous. Most students would be spending their day by

themselves as their parent(s) or guardian(s) go off to work and most their peers would be in school. This could allow the students to self-medicate through either drugs or alcohol, increase chances of self-harm, or even commit suicide if the mental health symptoms are severe enough (Networker, n.d.). Nancy Dever, a volunteer with NAMI as well as a mother of a child who suffers from severe anxiety agrees with the idea that mental health days would only make things worse. She had described that “the more a child stays away from school, the worse things get,” as she had seen with her own child who tried to avoid school in order to avoid the anxiety that came with it (Networker, n.d.). Instead, many mental health professionals advise parents to do the opposite and encourage their kids to go to school as it helps them to connect with their peers and the world around them (Networker, n.d.).

## **Evaluation**

Adjusting the student absence policies to include mental health days into excused absences is a legislation that is becoming more prevalent as more states adopt the policy. Those that support the legislation expect students to benefit from the additional days off to recover from mental health symptoms. The mental health days would be beneficial for both students who had preexisting mental health conditions and those who do not. It helps notify the parents and school that there is something wrong so that the student can access help if it is needed. This policy would allow further de-stigmatization of mental health and allow students to take the time they need to take care of their mental health. On the other hand, parents and professionals worry that the mental health days could be misused, it could cause worsening symptoms for students, and it is simply not enough intervention to properly tackle the national mental health crisis.



## Policy Option 2: President Biden's Mental Health Strategy

### Overview

On February 7, 2023, President Biden laid out his administration's mental health strategy as a part of his State of the Union Address. As people were forced to isolate during the COVID-19 pandemic, mental health started to decline faster than ever. In 2021, the U.S. Surgeon General declared the United States to be admit a national mental health crisis. As President Biden covered many important topics, he was also the first President since Carter to bring attention to the mental health crisis affecting the majority of students this generation. This crisis is defined by the 29% increase of children ages 3-17 getting diagnosed with anxiety (Stanford, 2023). By the 51% of adolescent girls that have attempted suicide, an all-time high (The White House, 2022). With suicide rates rising in this manner, President Biden and his administration hope their plan will lower the statistic and help protect adolescents in America.

The Biden Administration's plan covers three main points: strengthen system capacity, connect more Americans to care, and create a continuum of support. The first point, strengthening system capacity, means efforts to research new practice models, enacting the 988-crisis response line, and investing in programs that bring providers into behavioral health. This helps individuals who feel they cannot get care that they need because of fear of police responses or that there is not a program that works for them. The second point of the strategy covers plans to expand access to mental health support in K-12 education and higher education, integrate mental health and substance use treatment into primary care settings, and expand access to tele and virtual health care. This point focuses more on opening as many avenues as possible to allow people to get the help they need regardless of the situation they are in. Finally, the last point covers efforts to expand early childhood and school-based intervention services and supports, set

students up for success, and train social and human services professionals in basic mental health skills. This final point is vital for American adolescents to get the help they need as it is in their daily lives and help prevent anxiety before it even forms.



*Figure 5: President Biden at the 2023 State of the Union Address (Source: AP News)*

## **Pros**

### *1.) More access to mental health care in schools*

The number one focus of President Biden's mental health strategy to expand access to mental health care for all Americans. In most cases, addressing anxiety or other mental illnesses with a trained mental health professional can help relieve that anxiety and help the student learn strategies to better manage it in the future. However, in the U.S. one third of adolescent with depression receive any care each year (Mezuk et al., 2022). According to the National Library of

Medicine, of those who do receive care, only a small fraction of them receives high quality care and few can access specialty care in a timely manner, regardless of their insurance status.

President Biden's plan addresses this issue in a few different ways. One avenue of support is expanding access to mental health support in schools and higher education facilities. This would be done by investing \$160 billion into the American Rescue Plan in Elementary and Secondary School Emergency Relief and Higher Education Emergency Relief Fund (The White House, 2022). This money would go into training, recruiting, and retaining more mental health professionals within the school systems. He also proposes an additional \$1 billion to help schools hire additional counselors, school psychologists and other health professionals. This work has already been started and schools have experienced a 65% increase in social workers and a 17% increase in counselors.

## *2.) Expansion of early childhood and school-based intervention services and support*

The mental health strategy also plans to expand early childhood and school-based intervention services and support (The White House, 2022). This involves investing \$70 million in infant and early childhood mental health programs as well as \$400 million to the Full-Service Community School program. The plan also involves supporting projects such as Project LAUNCH which has the purpose of "ensuring systems exist to give children the resources and knowledge to foster social, emotional, cognitive, and behavioral development" (The White House, 2022). It is vital that these institutions are filled with access to support as one half of all mental disorders begin before the age of 14. By having these support systems in schools from an early point, it allows children to get the help they need at the very beginning of their increased anxiety as well as develop healthy coping mechanisms and strategies to manage their anxiety before it becomes a diagnosed problem.

### *3.) Set up students for success*

Another avenue the Biden administration is taking to lower the anxiety rates as well as other mental health issues in students is to set them up for success. For many students, a major point of anxiety is not knowing what they want to do after school, what to major in, or what job they want. For others who know what they are passionate about, they are worried about the job market they will be entering. These stressors coupled with the strain of being student while reacclimating to an in-class environment and stress in a post pandemic world led students to a much higher anxiety level than ever before.

In order to set students up for success, President Biden endorses investing a \$3.3 billion increase for individuals with Disabilities Education Act as well as \$450 million to support early intervention services for infants and toddlers. This money will help prevent the development of future anxiety disorders and help relieve the added stress of being a student with a disability, such as mental illnesses like an anxiety disorder. According to the World Health Organization, mental disorders such as anxiety represent the leading causes of disability worldwide (Mezuk et al., 2022). President Biden stated that he wanted to “use funds to provide more individual and small group instruction, hire instructional and critical staff, launch high-learning and enrichment programs, and invest in other evidence-based strategies to help students recover from the pandemic” (The White House, 2022).

## **Cons**

### *1.) Relies on Congress to be put into action*

Most of President Biden’s plan heavily relies on Congress to agree with and pass his proposed budget allocations. His administration can advocate as much as he likes, but ultimately, his proposed budget lies in the hands of Congress. In an article by Brookings Schaeffer Initiative

for Health Policy, they address this concern by pointing out that “addressing longstanding and new challenges in mental health will require significant additional action by Congress and substantial attention from policymakers, advocates, consumers, and providers over time” (Aguilar, 2022). This is a common issue, where people try to advocate for change, but it does not go anywhere as the people in charge of actually enacting that change do not act.

There is also the issue that these changes cannot be a one-time occasion, once these programs get the money to enact their proposed changes, they will rely on that money and need it annually to keep up with the desired progress. Only temporarily adding this money will only allow people to start to get better before they fall behind again as the programs cannot keep up with that level of support. If that happens, students will once again find themselves in a position of needing help that is no longer available to them and the anxiety rates will only continue to climb.

## *2.) Does not address inaccessibility to care*

Another drawback to the mental health strategy lies in the point they did not address, and that is the persistent inaccessibility to care. While President Biden does state his goal of expanding care, he does not address the fact that most mental health providers in the U.S. do not take health insurance coverage for their services (Mezuk et al., 2022). This prevents many Americans from pursuing treatment, without insurance treatment is simply too expensive. Without the government acknowledging this, regardless of how many professionals are trained through President Biden’s strategy, nothing will change. This is especially important for students as they are not able to get a job and pay for their own treatment by themselves, they must rely on their parents or guardian insurance and coverage.

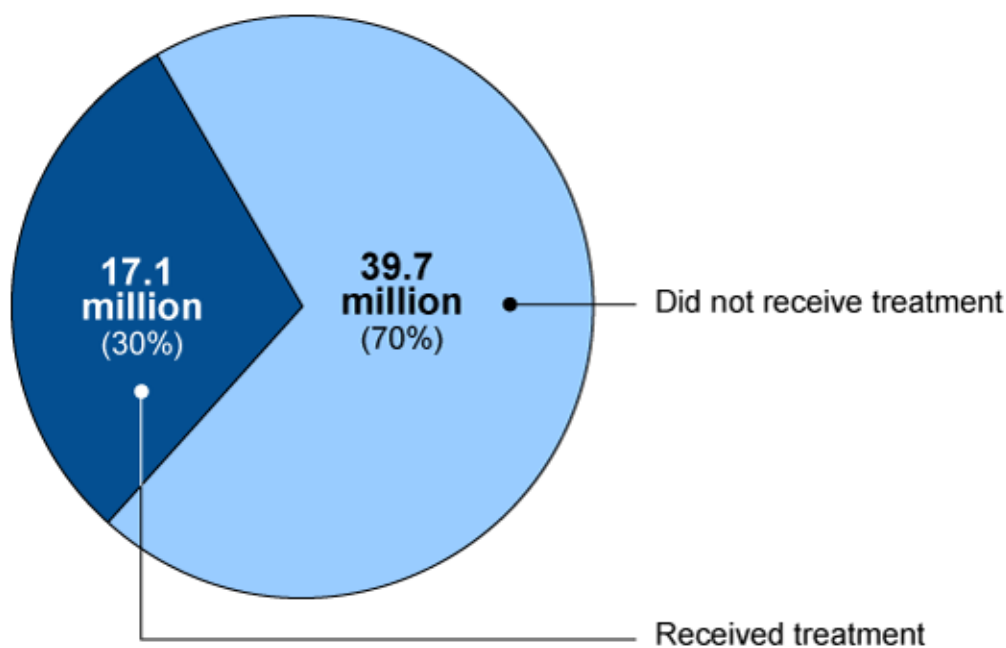


*Figure 6: State rate of mental health workforce ranges (Source: Counseling Today, Mental Illness Access to Care Varies Greatly Across U.S.)*

## Evaluation

President Biden's mental health strategy is a policy that will make a lot of progress to helping students manage their anxiety and lessen the chance of being diagnosed with an anxiety disorder. He addresses that students and adolescents are the most vulnerable to the national mental health crisis and that something needs to be done to help them. The strategy recognizes the needed expansion of mental health professionals as well as diversifying them so that more people will reach out for help. It also proposes expanding the existing systems within schools to

provide more help to those who need it and setting students up for success so avoid any added anxiety. While these issues have gotten worse during and after COVID-19, the mental health of adolescents that has been deteriorating is able to get awareness and aid with this strategy. While these are all positive changes to be made, it still does not cover key issues such as the structure of the medical system in place in America and relies on the action of those in Congress to make the proposed budget changes for President Biden to approve.



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2017. | GAO-19-274

*Figure 7: Amount of American's who do and do not receive mental health care (Source: GAO Behavioral Health: Research on Health Care Costs of Untreated Conditions is Limited)*

### Policy Option 3: Mental Health Matters Act

#### Overview

In September of 2022, roughly two and a half years after the beginning of COVID-19, the Mental Health Matters Act passed in the House of Representatives and was sent to the Senate to be approved or declined. The act is split into seven different sub acts aimed towards helping recover from the mental health crisis the United States is in. The sub acts are the Early Childhood Mental Health Support Act, Building Pipeline of School-Based Mental Health Service Providers Act, Elementary and Secondary School Counseling Act, Supporting Trauma-Informed Education Practices Act, Respond Innovate Succeed and Empower Act, Strengthening Behavioral Health Benefits Act, and the Employee and Retiree Access to Justice Act (*RULES COMMITTEE PRINT 117-67 TEXT of H.R. 7780, the MENTAL HEALTH MATTERS ACT [Showing the Text of H.R. 7780, as Reported by the Committee on Education and Labor, with Modifications.] SECTION 1. SHORT TITLE, 2022*). Each of these individual acts aim towards three main goals to approach the mental health crisis. Those goals being the creation of grant programs to increase schools' mental health services and providers, improve mental health parity, and place penalties on insurance companies who do not comply with federal mental health parity.

With this policy paper focusing on the mental health of students, this will focus on the first three sub acts: Early Childhood Mental Health Support Act, Building Pipeline of School-Based Mental Health Service Providers Act, and Elementary and Secondary School Counseling Act. The first one covers the best interventions in preexisting Head Start programs and the best way to implement them which would allot \$100 million for “the period 18 of fiscal years 2023 through 2032” (*RULES COMMITTEE PRINT 117-67 TEXT of H.R. 7780, the MENTAL HEALTH MATTERS ACT [Showing the Text of H.R. 7780, as Reported by the Committee on*



*Education and Labor, with Modifications.] SECTION 1. SHORT TITLE, 2022).* This money would be given to states that apply for it to then divide it among local educational agencies (a public board of education within a state) that apply for the subgrants. That money would be sent to schools that represent a diverse group of students and teachers and would be used to determine which interventions are the most effective and the best way to implement said interventions into schools.

The second sub act being addressed in this policy option was the Building Pipeline of School-Based Mental Health Service Providers Act. This act would create a grant program to increase the number of school-based mental health services providers serving in high-need local educational agencies. The act is designed so that the Secretary of Treasury makes allotment to states which they then award subgrants to local educational agencies that apply. The money awarded has to be used to either increase the number of school-based mental health services providers per student in schools and utilize the best practices as determined by the American School Counselor Association (ASCA), National Association of Social Workers (NASW), School Social Work Association of America (SSWAA), and National Association of School Psychologists (NASP).

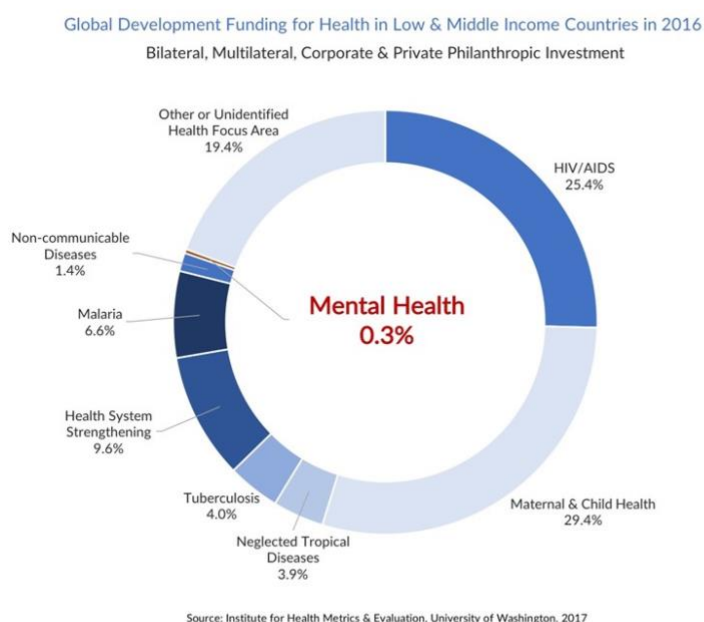
Finally, this paper will look at the sub act, Elementary and Secondary School Counseling Act. Again, this act is a subgrant program that goes down a chain of command once states and local educational agencies apply for the money. This money would be spent on increasing access to school-based mental health service providers at high-need schools. It would be divided between recruiting and training. This act defines the proper amount of mental health providers per student as 250 students per counselor, 500 students per school psychologists, and 250 students per school social worker (*RULES COMMITTEE PRINT 117-67 TEXT of H.R. 7780, the*

*MENTAL HEALTH MATTERS ACT [Showing the Text of H.R. 7780, as Reported by the Committee on Education and Labor, with Modifications.] SECTION 1. SHORT TITLE, 2022).*

## Pros

### *1.) Creation of grant programs to increase schools' mental health services and providers*

Each of these acts involve a form of grant programs that starts with the Secretary of Treasury and ends at the schools. The money being awarded must be used towards establishing and maintaining the proper amount of mental health service providers per student at the schools as well as implementing the most efficient interventions, that have been established already, in schools. This money will help deliver important mental health service resources to students, educators, and their families in the hopes to help lessen the strain of COVID-19 and the national mental health crisis. Representative Mark DeSaulnier, who sponsored the bill, said that “legislation is needed to address the ripple effect that student mental health concerns are having on schools and educators,” (Schnell, 2022).



**DEPRESSION IS THE LEADING  
CAUSE OF DISABILITY  
WORLDWIDE**

**MENTAL HEALTH  
(INCLUDING DEPRESSION)  
RECEIVED \$128M OF THE**

**\$37.4B**

**TOTAL FUNDING**

*Figure 9: Government funding on mental health (Source: StrongMinds, Global Mental Health Funding)*

*2.) Place penalties on insurance companies who do not comply with federal mental health parity requirements*

This bill would affect the Department of Education and the Department of Labor. Within the sections that affect the Department of Labor would be the addition that fines insurers if they violate parity laws. Here, parity means that insurance must cover mental health and substance abuse conditions with the same coverage provided for the physical conditions in an individual's insurance plan. The parity laws would be reinforced with this bill to ensure that mental health and substance abuse is covered the same way a physical condition would be. This is largely important for students as they are not in charge of their own insurance, it is through their parents or guardians. By amending this and requiring violators to pay a fine, it is the hope of the House Representatives that passed this bill to cut down on the number of violators per year, which currently averages around 11 (Bushak, 2022). It would also provide necessary help to the 1.5 million children in the United States that reported experiencing depression or anxiety in the first year of the pandemic alone (Schnell, 2022).

**Cons**

*1.) Might not be passed in Senate*

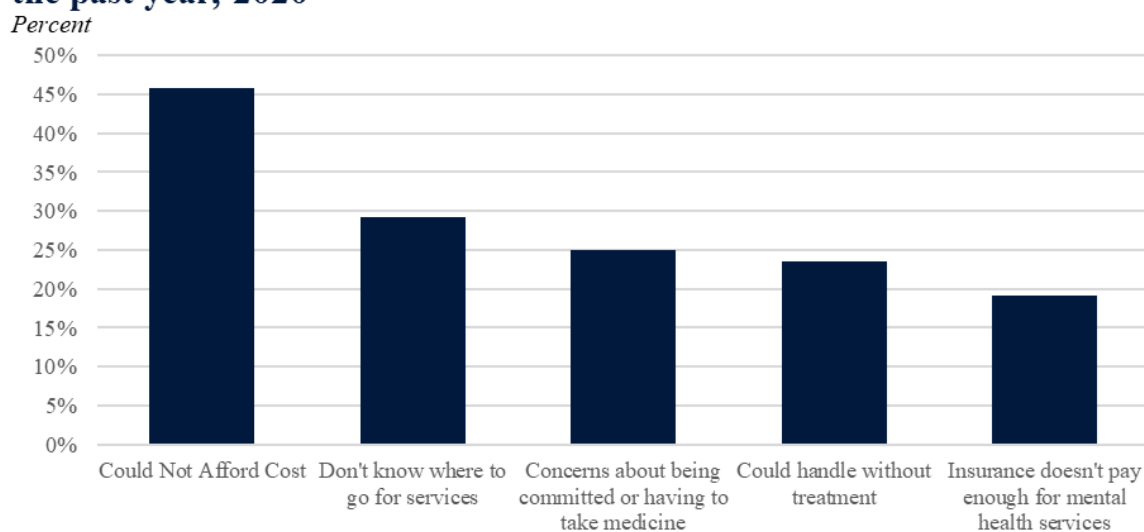
As of April 2023, this bill has passed through the House of Representatives and has been sent to the Senate for the final verdict before it is signed by the President and made into a law. While the bill is accepted and supported by most Democrats, there are many Republicans who oppose the law. The biggest slight that Republicans and some industry groups have with the Mental Health Matters Act is that “given current violations of mental health parity rules penalty

collections would amount to around \$29 million between 2022 and 2032” (Bushak, 2022). They also bring complaints that it is not the governments job to get individuals mental health coverage, that is between the insurance companies and the individual. Between these two main complaints, there is a chance that the bill will not make it through the Senate and not get enacted at all.

## *2.) Not enough intervention*

While this policy offers a lot in terms of pouring more money into fixing the national mental health crisis, it is not enough. In order to be more effective, the act must also integrate certain requirements of schools such as how many mental health service providers are required per student. The policy touches on this, but it is more as a guideline of what local educational agencies should be aiming for. Instead, the policy could add required amounts of mental health providers per student at the schools instead of just aa recommended amount. However, the policy only focuses on putting more money into the issue in the hopes that it will bring down the ever rising percentages of students suffering from anxiety, anxiety disorders, or other forms or mental health disorders

**Figure 3. Top five reasons for not receiving mental health services in the past year, 2020**



Source: Substance Abuse and Mental Health Services Administration

Note: Respondents were allowed to select more than one reason.

*Figure 8: Top 5 reasons for not receiving mental health care in 2020 (Source: The White House, Reducing the Economic Burden of Unmet Mental Health Needs)*

## **Evaluation**

The Mental Health Matters Act is an act that is split into several different sub acts of which three of them relate specifically to student mental health. The acts are all structured as grants and sub-grants on a competitive level that start at the federal level and goes down to the local educational agencies. The acts propose a budget that can only be used on certain things pertaining to mental health such as the hiring and training of mental health professionals inside schools or creating more resources for students and their families. The Mental Health Matters Act would help add resources and aids to schools and would penalize companies that did not abide by the mental health parity requirements. However, it might not be passed through the Senate, as it has only passed through the House of Representatives, and it is not enough intervention.

## **Recommendation**

### **Overview**

This paper covered three different policy options that are current and relevant to today. Those policies included the changes in school absence policies, President Biden's Mental Health Strategy, and the Mental Health Matters Act. The school absence policies included adding mental health as a valid reason to have an excused absence with varying degrees of school intervention based on the state it is in. The hope for it is to teach students that it is normal to take care of one's mental health and allow students to recover when it is needed as opposed to pushing through until a break and causing their mental health to worsen. Then President Biden's Mental Health Strategy was proposed at the 2023 State of the Union Address and around 1/3 of the plan to

address the nation's mental health crisis was focused specifically on student mental health. The plan intends to make large monetary increases towards making schools better prepared to help students and calls the federal and local government to action. The policy would create more access to mental health care in schools, expand early childhood and school-based intervention services and supports, set up students for success, and relieve student anxiety through other areas of their lives. Lastly, there is the Mental Health Matters Act which is split into smaller sub acts of which three apply to student mental health. These acts propose a budget which has passed through the House of Representatives but would allocate money to the federal government to then go down to the state government then to local educational agencies in a subgrant. This policy would offer more money to schools for which they can increase schools' mental health services and providers and would penalize companies that do not comply with their mental health parity requirements.

### **Policy 1 Recommendations**

The student absence policies would benefit by being more structured and allowing different types of help. Instead of some schools having an unlimited amount of mental health days, they can limit it to a set number each semester. It can also be used to allow students to take small breaks during the school day if needed so that they don't need to miss as much work. It would also help ensure that students with more severe mental illness still have supervision and not isolated as well as to ensure the system isn't exploited. After the policies were fully figured out in order to best help the students, it could be established as a national policy as opposed to being dictated by state. By having it as a national policy instead of local it can ensure that all students are granted the help they need.

## **Policy 2 Recommendations**

President Biden's mental health strategy could do more to address the root of many of the issues regarding getting proper help from mental health services. Those issues being inadequate reimbursement by private health insurance and public payers, mental health providers not taking health insurance coverage for their services and creating more accessible forms of help. Of the children that need help around "80% of youth in need of mental health services do not have access in their communities (Watkins, 2022). By pouring money into these topics as well then, the large portion of individuals who are unable to access care would be aided, and that includes students. It is important to understand that we need to increase accessibility as well as the general size of the workforce.

## **Policy 3 Recommendations**

For the Mental Health Matters Act, it covers the creation of numerous different grant programs in order to pour more money into addressing the national mental health crises. However, pouring money into the issue isn't the only way to fix the issue or even the most effective. This policy could be expanded on in order to add the more direct policies such as creating set numbers of school counselors, psychologists, and social workers there should be per student. The Elementary and Secondary School Counseling Act states that there should be 150 students per school counselor, yet the average therapist case load is around 30-35 clients, only seeing maybe 25-30 of them a week (*RULES COMMITTEE PRINT 117-67 TEXT of H.R. 7780, the MENTAL HEALTH MATTERS ACT [Showing the Text of H.R. 7780, as Reported by the Committee on Education and Labor, with Modifications.] SECTION 1. SHORT TITLE*, 2022). It could also add policy regarding the mandatory training of teachers to be able to recognize and navigate issues of mental health for their students.

**Additional Recommendations**

In order to fully address the mental health crisis that, while hurting everyone, is affecting the younger generations the most, there has to be systemic changes. One change that could help a majority of those who cannot access care is to require mental health providers to take health insurance for their care. There are currently many health care providers who do not take insurance which increases struggles for those who are unable to afford care outside of their insurance. Another policy that would help students is to train all school staff how to recognize the warning signs in students and what to do in case of a mental health emergency. This would cut down on the number of students whose mental health becomes so severe that they result to self-medication, self-harm, or suicide. Teachers see their students for an extended period of time every day, so if they notice any concerning signs, it can be brought to administration and the parents or guardians of the student. It is also imperative that the government addresses other areas of stress for students such as gun control. In the United States there are constant news broadcasts of a new mass shooting, and it is impossible to expect students to put their all into their schoolwork and taking care of themselves if they have to worry about their personal safety when at school. Finally, the most important thing to do is to listen to the students. The students are the best person to ask about what would help them as they are the ones suffering.



## Conclusion

Now, more than ever, younger generations have been suffering through worsening mental health and students are feeling the brunt of the issue. There are many different sources of stress for teens that increase their anxiety, and the impact of global events such as the COVID-19 pandemic is just an example of it. There are currently new policies that have been established or are in the works such as adding mental health as a reason for an excused absence in student absence policies, President Biden's Mental Health Strategy, and the Mental Health Matters Act. These policies are just the beginning of the necessary changes that need to be established in order to help prevent the decline of student mental health. While the United States is improving, there are still steps to take such as listening to the students, addressing the necessary systemic change so that mental health becomes more accessible, train the school staff so they are prepared to help their students, and to address other areas of stress that the government can control such as gun control.

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