POLICY UPDATE

National Association of State Boards of Education



Empowering Families to Improve Youth Mental Health

By Celina Pierrottet and Joseph Hedger

Parents frequently rate their children's mental health as a top concern in national polls. Nearly three quarters of U.S. parents with children younger than 18 say they are worried their children might struggle with anxiety or depression at some point, with 40 percent saying they are extremely or very worried. Sixty-nine percent admit to being unsure what they should do if their children were to struggle with their mental health.

While schools saw an influx of federal and state dollars for more services to combat the youth mental health crisis, parents have often been overlooked as allies. According to

a recent national survey by Harvard University's Making Caring Common project, most parents feel confident they can identify their children's feelings and views. But not all parents and teens feel comfortable confiding in each other about mental health issues, and consistent misalignment between parent and teen responses denotes a greater likelihood of both parents and teens self-reporting depression and anxiety.³

"How teens respond to a variety of emotional challenges is often powerfully shaped by whether parents are attuned to their teens' emotional states, hopes, and fears; whether parents are equipped to respond constructively to these challenges; and their own emotional health," wrote the authors of the survey report.

When supported with information, classes, and ongoing school engagement opportunities, parents can better identify signs of mental distress in their children and ways to increase their well-being. By supporting programs that increase families' preparedness and build their awareness of available resources and activities, state leaders can help families foster children's mental health.

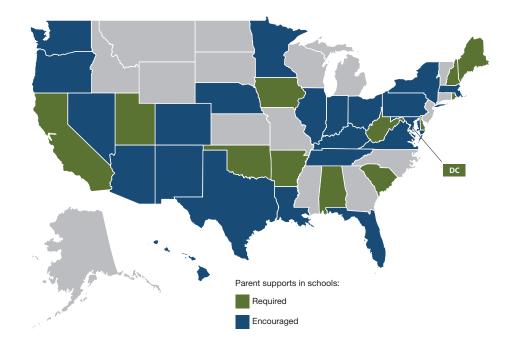
STRATEGIES TO INCREASE AWARENESS

According to NASBE's State Policy Database on School Health, 12 states and the District of Columbia require parent supports in schools, and 22 states have policies encouraging them (see map). Such supports may include family resource centers and family literacy and parenting skills programs that also focus on mental health literacy.

In **Utah**, state law requires school districts to educate parents on mental health issues, including by providing resources and a free on-site seminar that takes place outside general business hours. The state board of education in 2018 developed a curriculum for the seminar, which covers substance abuse and prevention; bullying; mental health, depression, suicide awareness, and suicide prevention; internet safety; and access to the school safety crisis line.⁴

Under Title IV of the Every Student Succeeds Act, the federal government has authorized five-year grants for statewide family engagement centers. These centers work with state and local education agencies to embed family engagement strategies systemically in policies and practice that affect education, children, and families. They also provide programming directly to families. There have been two cohorts of grantees to date. The first cohort in 2018 included 12 statewide family engagement centers serving 13 states. When surveyed in 2021, staff at 11 of the centers said that helping families support their children's learning in literacy and science, technology, engineering, and math at home were areas of focus. Nearly all said they also provide mental health and social-emotional

34 States and DC Require or Encourage Parent Supports in Schools



learning resources or connections to services that support basic needs, which can alleviate emotional distress in homes.⁵

Eight of the centers refer families to organizations that provide family wellness services, while four provide referrals and direct families to basic need services. During the pandemic, Hawai'i's center began providing more mental health resources to parents. These included a webinar series to help families recognize the signs of depression in children and teens and motivate their child to engage in virtual learning.

CONNECTING PARENTS TO SERVICES

Teenagers experiencing depression or anxiety report feeling less comfortable reaching out to parents than students not feeling anxiety or depression, according to a survey. Many parents and caregivers have also pointed to challenges in understanding their child's mental health, particularly in differentiating between general teenage moodiness and anxiety or depression. In a separate study, parents reported a lack of knowledge about mental health disorders and available services as barriers to seeking psychological treatment for adolescent children.

When asked who they might rely on to learn more about their child's mental health, parents listed their primary care doctor as their top source, followed by mental health professionals, friends and family, health websites, and teachers or administrators. However, non-White and nonnative English speakers commonly lack access to information and services that are culturally and linguistically appropriate. State health and education leaders have a role in ensuring all parents can access information on how to talk about mental health with their child, when to seek expert help, and how to get treatment.

School-based community health navigators can help connect families with clinicians and health providers, follow-up supports for students, and information about Medicaid. The **Washington** Office of Superintendent of Public Instruction launched the Children's Regional Behavioral Health Pilot Program to investigate the benefits of having behavioral health navigators coordinate service delivery

to Medicaid-eligible students and families. The outcomes of the pilot program persuaded the legislature to fund behavioral health navigators in all nine of the state's regional educational service districts.¹⁰

Another powerful tool for connecting parents with health services are community schools, which partner with local organizations and families to integrate support services and promote students' well-being.11 California began providing seed money for such schools to local education agencies in the 1990s. Buoyed by decades of evidence that the community schools had improved student outcomes, especially in underresourced communities, the legislature in 2021 expanded its California Community Schools Partnership Program with \$3 billion in funding. The money may be used to establish new or expand existing community schools and for technical assistance and service coordination. The program prioritizes agencies serving schools in which at least 80 percent of the student population is eligible for free or reduced-price lunch. In January 2022. the state board of education followed up with the California Community Schools Framework, which names family and community engagement as one of four pillars of the state's community schools.

Since 1995, **Rhode Island** has been operating regional child opportunity zones—full-service, school-linked centers where families can access education, health and social service programs, and supports and referrals to address barriers to student achievement. For example, a program at the Newport Family and Child Opportunity Zone, one of the state's 10 family centers, connects families with community resources, improves parenting skills, and helps families be more involved in their children's education.

QUESTIONS FOR LEADERS

To examine state efforts and ensure that students have mental health supports at school and at home, state leaders can ask the following:

 What resources are available to help parents and caregivers support their children's wellness? How are these resources made available? Will they be easy for culturally diverse families to access and understand?

- How can state agencies partner with health, education, and parent communities to ensure students and families can access wraparound support services?
- Does the state have a community schools model that promotes mental health services for students and families?

Celina Pierrottet is NASBE's associate director of student wellness. Joseph Hedger is associate editor. This publication is made possible through support from Kaiser Permanente as part of the National Healthy Schools Collaborative. The content of this publication is solely the responsibility of the National Association of State Boards of Education and does not necessarily represent the official views of Kaiser Permanente.

NOTES

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