Perceptions of K-12 Student Behavioral Health Needs Among School Mental Health Professionals

Madeline Freeman

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Clarence Spigner

Jennifer Stuber

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Abstract

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Chair of the Supervisory Committee:

Dr. Clarence Spigner

Public Health

Youth who experience mental and behavioral health challenges endure more adversity and face poorer outcomes compared to their unaffected peers. Many youth experiencing these challenges go undiagnosed and without any treatment or support, which can lead to maladaptive behaviors and lifelong disadvantages. School is one of the most common settings in which youth access behavioral health services. Aside from the accessibility aspect, school mental health services support early identification and intervention for behavioral health concerns, foster collaboration between student support systems, promote increased awareness and self-help-seeking behaviors among students, and reduce racial disparities in mental health service access. Throughout the world, school social workers have been found to play an integral role in supporting student mental well-being through evidence-based interventions, training, and a holistic framework that fosters collaboration between school, home, and community supports. In Washington State, school social work services are regularly misunderstood and underutilized. The current study investigates the perceptions of school mental health professionals who hold Master of Social

Work degrees, regarding the prevalence of various behavioral health concerns facing students in Washington State K-12 public schools. Results show that anxiety and stress are perceived as the most prevalent behavioral health concerns that students present to school mental health professionals for, and that attachment issues and resource insecurity are leading issues influencing students' support seeking behavior. Further, implications are discussed regarding the use of social work professionals in schools and their potential to support complex student behavioral health needs.

Problem Significance

Throughout the United States, children and adolescents who experience behavioral health conditions endure more adversity and face poorer social, academic, and life outcomes than their unaffected peers. It is common for youth to be diagnosed with a mental health condition and not receive any form of intervention, and it is even more common for youth to experience symptoms of mental illness and go undiagnosed (World Health Organization, 2024). According to the Centers for Disease Control and Prevention (2021), 10% of children ages 3-17 had been diagnosed with anxiety, 7% with behavioral disorders, and 4% with depression in 2021. While concerning, these statistics may not accurately portray the true prevalence of mental health issues experienced by youth who do not have a formal diagnosis. For example, in 2023, the CDC Youth Risk Behavior Survey showed that 40% of high school students report feeling sad and hopeless, 20% report seriously considering suicide, and 9% reported attempting suicide within the last year. Further, of the youth who are diagnosed with a mental health condition, only around 50% receive treatment (Duong et al., 2021; Kataoka et al., 2002; Whitney & Peterson, 2019). Youth who go without treatment have a higher risk of dropping out of school, becoming unemployed, using harmful substances, being arrested or incarcerated, and dying earlier than their unaffected peers (Mental Health in Schools, n.d.). For youth who are Black, the likelihood of treatment is even lower (Lindsey et al., 2013).

Common mental health conditions experienced by youth include anxiety, depression, attention-deficit/hyperactivity, post-traumatic stress, substance abuse, and conduct disorder (Costello et al., 2003; Merikangas et al., 2022). These conditions disproportionately affect youth of color (Price & Khubchandani, 2019), females, LGBTQ+ youth (CDC, n.d), youth living in poverty (Stagman & Cooper, 2010), and youth who have experienced trauma and abuse (Souza

et al., 2016). Youth who experience these mental health concerns are then more likely to have poor academic engagement, experience or act on suicidal thoughts, use illegal substances, and be referred to the juvenile justice system (CDC, n.d; Kapp et al., 2013; Thornberry et al., 1985; Lyon et al., 2013). All of these factors contribute to increased long-term social and economic risks in adulthood, like unstable housing and work, substance abuse, and involvement in the criminal justice system (Kapp et al., 2013; Teplin et al., 2013).

Recently, research has attributed the COVID-19 pandemic to increased loneliness, worry, and familial conflict among youth (Loades et al., 2020; Magson et al., 2021). For those who experienced the pandemic, their likelihood of developing a mental health condition has increased **(**West et al., 2021), further exacerbating the growing population of youth needing mental health services (Abramson, 2022; Lester & Michelson, 2024; Shah et al., 2020). Also as a result, the availability of mental health services has decreased (Abramson, 2022; Stark et al., 2020; World Health Organization, 2024), fostering significant increases in emergency room visits for mental health-related needs that go unmet in communities (Leeb et al., 2020).

Mental Health in K-12 Schools

Washington State youth in K-12 public schools are no exception to the increasing prevalence, complexity, and intensity of mental health conditions and the decreasing availability of mental health resources (Geiser et al., 2019; Hertz & Barrios, 2021), including aggression and trauma responses (Washington Project AWARE…, 2022). In 2023, the Healthy Youth Survey administered by the State's Education Agency revealed that 30% of 10th graders reported persistent depressive feelings, and nearly 15% contemplated suicide. These depressive feelings are nearly twice as high for LGBTQ+ identifying youth (2023 Health Youth Survey…, 2024). Not surprisingly, school staff have reported that the pandemic has brought to light an already

existing school mental health system that is insufficient to meet the needs of students and subsequently causing increased stressors and burnout among staff (Washington Project AWARE…, 2022; Children's Regional Behavioral Health…, 2020).

With behavioral health concerns affecting a significant portion of K-12 students, and the lack of accessible resources to address them, schools offer hope. Mental health services in schools are more utilized than in any other service setting, including outpatient, primary, and inpatient mental health care (Duong et al., 2021; Farmer et al., 2003). Beyond the effect school mental health services have on decreasing truancy and discipline rates, and increasing rates of graduation (School-Based Mental Health, n.d), it has been found that the accessibility of mental health services in schools reduces common barriers like transportation, stigma, and no-shows (Mental Health in Schools, n.d; Weist, 1999) and that they offer an avenue for students to self-seek support (Cummings et al., 2010). Further, school mental health services often work as an entry point into the mental health care system (Lyon et al., 2013), supporting early identification, interventions, and family collaboration and support (Mental Health in Schools, n.d). This is especially significant for the ability of schools to reduce racial disparities in service access in mental health care in general (Lyon et al., 2013), and the ability for students to be served within their environment, supporting intervention applicability **(**Cappella et al., 2008).

The Role of School Social Workers

While there is a great understanding of the barriers to implementing school mental health services and ample evidence supporting the utilization and promise of school mental health interventions, the work and perspective of the school social worker is rarely cited. Often misunderstood and therefore underutilized, school social workers utilize an ecological perspective (Huxtable, 2022; National Association of Social Work, n.d.) and have training in

managing mental health crises, creating individualized plans for students, and providing resources and training for school staff, which is different than the expertise of school psychologists and counselors (RCW 28A.320.280, n.d.; National Association of Social Workers, n.d.). Notably, mental health and academic outcomes improve for students who receive school social work interventions, including reduction of disruptive, antisocial, and aggressive behaviors (Ervin et al., 2018; Magnano, 2009; Alvarez et al., 2013), and demonstrate increased resilience, self-esteem, anger management skills, self-awareness, and problem-solving skills (Ijadi-Maghsoodi et al., 2017; Newsome, 2005).

Schools and communities report that current systems are not meeting the increasing behavioral health needs of students (Children's Regional Behavioral Health…, 2020; Washington School-based Behavioral Health Efforts Brief, 2023), and limited data exists on the utilization and efficacy of school social workers in Washington State. As state-wide decisions are made to find and invest in alternative and more robust interventions to support student mental well-being, gaining a better understanding of the perspectives and role of school social work professionals is not only warranted but critical. The current study investigates *which behavioral health concerns among K-12 public school students are most prevalent as perceived by school mental health professionals who hold Master of Social Work degrees.* This study received approval from the University of Washington Institutional Review Board on April 8th, 2024.

Methods

Survey Development

The quantitative data presented in the current study were collected as part of a mixed methods survey conducted by the University of Washington's School of Social Work and the School Mental Health Assessment, Research, and Training Center during the 2023-2024 school

year. The survey was developed to inform the Washington State Workforce for Student Wellbeing Initiative (n.d.), which is a federally funded (U.S. Department of Education: S184X220017) effort aimed at supporting K-12 public school students' mental health by increasing the number, diversity, and preparedness of the behavioral health workforce in schools. Specifically, the survey was aimed at gaining an understanding of the experiences and perspectives of current WA State K-12 school social workers and staff who provided social work-related support to students, particularly, the current workforce's preparedness to address common mental and behavioral health needs of students and inform the WSW initiative.

The workforce survey was influenced by Kelly and colleagues' (2015) national school social work survey which provided a landscape understanding of school social worker characteristics and services. Also, the National Association of Social Work Standards for School Social Workers (n.d.) and the Washington State Association of School Social Workers Guide (2022). In addition, the National Association of School Social Work Standards for School Social Work and the Washington State Association of School Social Workers Guide provided baseline competencies and experiences that school social workers are expected to encounter. The workforce survey consisted of 6 sections: Demographics, Service Delivery, Service Recipients, Engagement, Practice Strategies, and Frameworks, which totaled 60 questions. Only the Service Recipient survey data will be used for the current study.

The Service Recipient portion of the Workforce Survey aimed to understand which behavioral health concerns K-12 students in Washington State were most often presenting to school mental health staff with. The survey presented 14 common behavioral health concerns of school-aged children and adolescents (Personal/Family Adjustment, Abuse or Neglect, Stress or Anxiety, Depression, School Avoidance, Antisocial Behavior, Neurodiversity, Disability,

Suicide, Self-harm, Substance use/Abuse, Disordered Eating, Gender/sexual Identity, Resource Insecurity), and asked the participants to rate their perceived prevalence of each concern. The following text was presented to participants in addition to the 14 listed behavioral health concerns listed:

> *"For the following presenting concerns among school-aged children and teens, please indicate on a scale of 0 to 10 (0 being none or not at all and 10 being extremely): Your perceived prevalence within schools."*

Recruitment of Participants

The WSW Workforce survey was open to individuals who held Master of Social Work (MSW) degrees and worked in school-based mental health positions in the 2023-2024 school year in Washington State. Participants were identified through purposive sampling efforts including outreach to school agencies, school social work agencies, and state-wide school mental health conference advertisements.

Data Collection and Analysis

Survey responses were collected using an online survey platform between October 2023 and January 2024. Responses were disaggregated to protect the participants' confidentiality and averaged within the variables (presenting concerns) to help describe the collective perceived prevalence of each type of concern. Standard deviations are calculated to provide context into the variation of prevalence perceptions among participants.

Participant Demographics and Contextual Characteristics

Displayed in Table 1 are the demographics and contextual characteristics of the workforce survey participants, which include ethnicity/race, gender identity, and community and grade level served by the participants. The sample (N=92) comprised 26.09% Black, Indigenous,

and Persons of Color (BIPOC), 66.30% White, and 2.17% and 5.43% who identified as Other or Preferred Not to Answer, respectively. The sample was 82.61% Women, 8.70% Men, 1.09% non-binary or non-conforming, and 7.61% other or preferred not to answer.

Survey respondents also provided contextual characteristics related to the community they work in and the grade level they serve. 17.21% of the sample served in a rural setting, 47.64% served in an urban setting, 34.05% served in a suburban area, and 1 individual (1.09%) was unsure what setting they worked in. Regarding grade levels, 44.65% of participants served primary schools, 18.57% served middle schools, and 31.61% served high schools. 5.16% of respondents identified they worked in other settings.

Table 1

Demographics and Contextual Characteristics of MSW Workforce Participants

Variable	Valid N (%)
Ethnicity/Race [a]	92 (100)
Black, Indigenous, Person of Color	24 (26.09)
White	61 (66.30)
Other	2 (2.17)
Prefer not to answer	5 (5.43)
Gender Identity	92 (100)
Woman	76 (82.61)
Man	8 (8.70)
Non-binary/Non-conforming	1 (1.09)
Other/No answer	7 (7.61)
Community Setting Serving	92 (100)
Rural	15.83 (17.21)
Urban	43.83 (47.64)
Suburban	31.33 (34.05)
Unsure	1 (1.09)
Grade Level Serving	92 (100)
Primary	41.08 (44.65)
Middle	17.08 (18.57)
High	29.08 (31.61)
Other	4.75 (5.16)

Note.[a] The Race/Ethnicity categories (American Indian, Alaskan Native, Indigenous, or First Nation, Asian or Asian American, Black or African American, Hispanic, Latina/o/x, or Spanish Origin, Middle Eastern or North African, Native Hawaiian or Pacific Islander) used within the survey have been collapsed into "Black, Indigenous, Person of Color" category

Results

102 participants took part in the WSW Workforce Survey, of which 92 responses were deemed eligible as part of the sample. 10 participant responses were excluded due to not having an MSW, duplicate submissions, or under 25% completion of the survey.

Service Recipients

Table 2 displays the averages (mean) and standard deviations (SD) of the behavioral health professional's self-ratings for each type of presenting concern among K-12 students. In this sample (N=92), the highest rated (perceived as most prevalent) presenting concern of students was anxiety or stress with an average rating of 8.49 (SD=1.85). Personal or family adjustment issues averaged 7.79 (SD=2.07), followed by food/housing/resource insecurity (mean=7.18, SD=2.56), depression (mean=7.18, SD=2.42), school avoidance (mean=7.03, SD=2.76), neurodiversity (mean=6.75, SD=2.36), and antisocial behavior (mean=6.27, SD=2.69). The 7 lowest-rated presenting concerns (less perceived prevalence among students) were suicide (mean 5.82, SD 2.76), abuse or neglect (mean=5.76, SD=2.67), gender or sexual identity (mean=5.47, SD=2.79), self-harm (mean=5.37, SD=2.91), substance use/abuse (mean=5.02, SD=3.57), disability (mean=4.53, SD= 2.40), and disordered eating (mean=3.74, SD=2.74).

Table 2

Average Perceived Prevalence of Student Presenting Concerns (N=92)

Presenting Concern	Perceived Prevalence of Presenting Concern Mean (SD)
Disordered eating	3.74 (2.74)
Disability (e.g., fetal alcohol syndrome, speech/language impairment)	4.53 (2.40)
Substance use/abuse	5.02 (3.57)
Self-harm	5.37 (2.91)
Gender or sexual identity	5.47 (2.79)
Abuse or neglect (e.g., physical, sexual, psychological)	5.76 (2.67)
Suicide (e.g., thoughts or actions)	5.82 (2.76)
Antisocial behavior (e.g., aggression, disruption)	6.27 (2.69)
Neurodiversity (e.g., Autism, ADHD)	6.75 (2.36)
School avoidance (e.g., truancy or refusal)	7.03 (2.76)
Depression (chronic or acute)	7.18 (2.42)
Food/housing/resource insecurity	7.18 (2.56)
Personal/family adjustment (e.g., social/interpersonal, divorce, loss)	7.79 (2.07)
Anxiety or Stress	8.49 (1.85)

Discussion

This study sought to investigate which behavioral health concerns are perceived as most prevalent among K-12 Washington State school students by school mental health professionals with Master of Social Work degrees through a State-wide school mental health workforce survey. This study provides insight into the perspectives and experiences of school mental health professionals, helping to fill a gap in State-specific school social work workforce data, and aims to increase the awareness and knowledge of student behavioral health concerns among individuals invested in supporting student well-being, which is crucial in building effective student behavioral health support systems.

The current study concluded that anxiety or stress, personal/family adjustment, and food/housing/resource insecurity were the most prevalent concerns affecting the behavioral health of students in the State, as perceived by 92 school mental health professionals. Anxiety or

stress self-report scores also had the smallest standard deviation (1.85), suggesting that this concern was most commonly agreed upon to be most prevalent. Perceived as least prevalent by the school mental health professionals were disorder eating, disability issues, and substance use/abuse. The concern of substance use/abuse had the highest standard deviation of 3.57, suggesting more variance in the perceived prevalence among the professionals. Potential variance among perceptions may be related to student geographical location, school grade levels served by the mental health professionals, or their expertise and training levels to address each area of concern.

Limitations

The current findings are limited in that they rely on self-report data and may not be generalizable to the experiences of all school mental health professionals with Master of Social Work degrees in Washington State. Furthermore, the current findings, while novel, only encompass the perceptions of professionals who work with students, therefore students without access to school mental health professionals, who seek mental health support outside of school, or by other mental health staff are not represented in the prevalence perception data. Further, the lack of racial and gender diversity among the survey participants, though common among school social work professionals throughout the nation, must be considered while interpreting the current data. The diversity of school mental health professionals may directly impact the population of students who seek mental health support in schools, therefore impacting the professionals' perceptions but not encompassing the true prevalence among the student population. Thus, the current findings may not reflect the true prevalence of behavioral health concerns experienced by students in Washington State.

Implications

Despite limitations, the current study provides insight into the role of school social work professionals and highlights their ability to play an active role in working with students who have or are at high risk of experiencing adverse life events and mental illness. While many of the highest perceived areas of concern (i.e. anxiety, stress, depression) identified by school social work professionals align with national youth mental health prevalence data, the current study highlighted specific areas of concern facing students which are less commonly identified in previous prevalence data (i.e. adjustment issues ranked as 2nd most prevalent and food/housing/resource instability ranked 3rd most prevalent), which are two subject areas that social workers are uniquely trained to identify and address through an ecological lens that other mental health professionals rely less on. Therefore, this study provides insight into not only the areas of concern students are dealing with most, but the contributing factors to their overall behavioral health. Knowing this, Washington State schools and policy makers with interests in addressing student behavioral health should heavily consider investing in mental health professionals who are uniquely trained in addressing adjustment issues and resource insecurity, as they directly impact the mental well-being of students and their ability to meaningfully engage in all aspects of school.

Ongoing data collection must also ensure more diverse perspectives of student concerns are included in research, and increased variation among data collection methods that rely less on self-report data should be considered for more accurate capturing of student mental health concern prevalence data. Additionally, disaggregation of school behavioral health workforce demographics and characteristics could provide more understanding into the variation of student mental health concerns across the State, especially regarding professionals' geographic locations, training experiences, education levels, and access to resources. This may also provide insight

into areas for targeted interventions to support school mental health professionals and the students they serve. Finally, further research could focus on identifying additional drivers and barriers to students receiving sufficient behavioral health support in the school setting, including identifying and comparing the roles of various school mental health professionals and their differing abilities to effectively address student well-being.

Conclusion

As schools continue to serve as the most likely setting in which youth choose to access mental health support, continued efforts to understand the experiences of students and school mental health professionals are imperative. Understanding the roles that school mental health professionals play in the lives of young people is necessary in advocating for adequate and additional resources at the school and state levels. As revealed by the current study, trained mental health professionals holding Master of Social Work degrees report that Washington State students who seek school mental health support have varying and serious behavioral health concerns, some of which are contributed to by interpersonal issues like adjustment difficulties and resource insecurity. Thus, ensuring appropriately trained mental health professionals are available to support such needs is imperative to not only student mental health, but their ability to engage appropriately in academics, extracurricular activities, and as a member of society.

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