Mental Health Research in Tennessee Schools

POLICY BRIEF

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Investments in Tennessee's School-Based Mental Health Care Should Be Expanded, Funded to Meet Rising Need

By the Vanderbilt University and VUMC Mental Health Research in Tennessee Schools team

One in five children in Tennessee has a mental health condition, and school-based mental health services can be an effective way to overcome barriers to needed care and improve children's health and academic outcomes.

Tennessee districts have made great strides in increasing student access to mental health staff in schools. Today every Tennessee school district has a Coordinated School Health (CSH) program and health team—including nurses, counselors, and other support specialists—dedicated to supporting the overall wellness of students (Tennessee Department of Education, 2024).

Despite progress in addressing students' health needs, districts face ongoing hurdles to sustaining mental health initiatives. We draw on analysis of 40 semistructured interviews with Coordinated School Health Directors (CSHDs) from across Tennessee to offer insights into the current landscape of mental health staffing in Tennessee school districts. We describe both successes and barriers to increasing district capacity for serving students' academic and mental health needs and offer recommendations aimed at expanding access to high-quality health care for students across the state.

Finding 1: Tennessee districts were uniquely positioned to handle sharply increased student mental health support needs during the COVID pandemic because the State invested in the CSH program.

SUMMARY & KEY TAKEAWAYS

This report presents insights and recommendations for future policies to sustain and expand mental health supports in schools across the state.

- **Tennessee 's investments in Coordinated School Health have helped schools manage rising mental health support needs that were magnified by the COVID pandemic.**
- **Time-limited funding sources contribute to ongoing concerns about the sustainability of services.**
- **Increased funding could ease competing demands that district leaders face in prioritizing resources for academic performance and child well-being.**

Research indicates that rates of depression and anxiety symptoms have doubled since early 2020, trends mirrored in Tennessee. School staff spoke frequently and urgently about mental and behavioral health declines they have observed in children and adolescents since the pandemic. Rising rates and severity of anxiety and depression have contributed to greater social isolation, absenteeism, substance abuse, and self-harming behaviors among students.

As one CSHD explained: ***"We just have lots of anxious kids, where it does affect them – even coming into the school building is a challenge."***

Across Tennessee, CSH teams were uniquely positioned to respond to these evolving student health needs. Led by CSH directors and comprising health professionals such as nurses, counselors, and

other support specialists, CSH teams have worked to identify student needs and bridge resource gaps through community partnerships. One interviewee reflected, *"We definitely have made a shift in our practices to be much more intentional and strategic about how we're addressing mental health because of the pandemic and since the pandemic."*

The unprecedented ESSER financial resources and flexible funds provided to Tennessee through American Rescue Plan ($3.9 billion) were used to address pandemic-related health concerns and increase personnel. *"Through the ELC grant and ESSER grant, we went from two and a half nurses to four nurses...We also added two school counselors with ESSER funds."*

Because personnel and processes were already in place through CSH, districts were able to quickly bolster their available health resources and establish telehealth partnerships to mitigate accessibility issues made worse by school closings and high hospital demand. One interviewee commented, *"We have done so much with that money. It's just unreal."*

CSH teams glimpsed the potential of school-based health initiatives when they are sufficiently funded and given flexibility to address the needs of their communities.

These successes underscore the value of continued investment in Tennessee's CSH infrastructure and resource flexibility to ensure that schools are equipped to address students' evolving needs.

Finding 2: CSH directors are grappling with questions about the sustainability of expanded services for students as ESSER funding expires.

District staff noted that state support for the CSH program has not kept pace with rising costs of resources and staff salaries or increased demand for

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services. One interviewee reported, *"We have used some of our ESSER funds to add additional counseling staff, behavior specialist staff. And [...] I'm not sure how we're going to fund that moving forward."* Another respondent noted *"As I said, [we used] $1.8 million to provide those counselors in our middle and high school. We don't have $1.8 million in our budget to put in there when ESSER goes away."*

The expansion of staff and services during the pandemic allowed many districts to more fully comprehend the extent of need for health services in schools. They identified the most significant challenge in supporting student health as sufficient funds for professional staffing to meet rising needs in schools.

Lamenting time-limited grant funding, one interviewee reported: *"Thankfully, now that we have the Stronger Connections [grant], and it's 3 years, that's given me a little breathing space. But that was definitely last year when it was our first year and it was funded with a 1-year grant. And I do feel like that also causes a little bit of lack of buy-in from people, because when your partners or your school counselors and administration think this is only going to happen for a year, and if the funding is going to run out, then then they aren't committed to helping something be as successful as they would be if it was long-term."*

Continuously shifting budgetary landscapes pose a special challenge for CSH teams as they attempt to create and sustain positions. These staffing struggles are particularly pronounced in rural and lower-income areas, where district budgets are more constrained, staff may lack the experience to navigate the grant application process successfully, and the pool of applicants for mental health positions may be limited.

Rural districts often have to rely on staff who may be commuting long distances, and struggle with retaining staff. One interviewee noted: ***"We have a lot of commuters. So many of our teachers, and a lot of our staff might be driving 30- to 40-minutes a day to get here. And when an opportunity is available in their area, then they leave us and stay in their area, which is understandable, but it has a lot to do with our turnover."*** Even when districts do have funding for positions, they often cannot compete with other employers.

One CSHD described how hard it was to fill positions in her rural district, saying ***"We waited the whole semester for someone to graduate so we could hire them as a therapist [...]. And our local university graduated 70 people out of that program. I don't know where they're at. But they are not knocking down the doors in [our county]."*** Another CSHD director noted that many of their local mental health graduates ***"wander off to greener pastures and make more money"*** once they receive licensure. These challenges highlight the urgent need for both targeted support and innovative strategies to help rural and lower-income districts attract mental health professionals.

> **Finding 3: Given resource constraints, district leaders face competing demands and are often forced to choose between investing in initiatives aimed at improving academic performance or programs aimed at improving child well-being.**

District leaders are tasked with making difficult decisions on the budgeting and prioritization of different initiatives. Some CSH teams praised the ardent support for health-focused services provided by their director of schools. One CSHD noted their director of schools

"wants to be involved. He doesn't just send someone [to meetings], he's a part of the team. And so it comes from the top down. And I think that's what makes all the difference." Some CSHDs, however, expressed frustration at district priorities: ***"I think that nobody is outwardly unsupportive. But when it comes down to prioritizing resources and funds to make things happen, [school based mental health] often is put to the bottom."***

School staff are strongly encouraged to minimize disruptions to instructional time, which can also result in inflexible policies that inhibit them from holistically addressing students' needs. Students' unmet behavioral health needs can undermine the goal of minimizing classroom disruptions and fostering academic success. Calling for a "mindset shift," CSH teams emphasized that ***"students are not capable of meeting proficient scores without some of these basic needs being met."***

Conclusion

Our research highlights important successes of CSH teams across Tennessee in meeting rising needs for mental health care among students. CSH teams hit the ground running when the COVID-19 pandemic struck and effectively and efficiently used ESSER funding to expand mental health programming and hire additional health care staff. However, funding these positions competitively continues to be a challenge in many districts, especially as they grapple with the expiration of ESSER funds.

Recommendations

To further expand the provision of high-quality mental health care services across Tennessee schools, the State and districts should focus on funding, expanded partnerships, and increased capacity building among district staff.

Funding

Provide steady and increased State funding to offer competitive salaries and job security to district staff.

Statewide CSH funding levels are not adequate to cover rising costs of hiring qualified staff, and districts struggle to bridge gaps between available funding and staffing costs.

Use State Mental Health Trust funds to further expand the behavioral health staffing in schools.

These resources could fund more staff employed by districts to offer therapy to students in schools or could expand the School-Based Behavioral Health Liaisons (SBBHL) program, depending on district needs.

Partnerships

Partnerships between districts and local public colleges and universities can help create a pipeline for social workers and therapists.

These partnerships, which provide student interns who may remain as licensed providers in the districts upon graduation, could be expanded to include tuition reductions in exchange for a commitment to stay employed with the district for a certain service period after graduation.

Partnering with local community mental health centers can take the onus of hiring and funding providers off of districts.

Many districts have MOUs with local community providers who provide services directly to children in schools. Because some providers are able to bill for services provided or have access to other grant resources, district-health care provider partnerships are a model for care that can reduce district budget strain.

Capacity Building

Do more to disseminate information about state and federal funding sources to districts.

TDOE should consider using monthly newsletters (CSH, school safety, school counseling) to share newly available information about potential funding opportunities and support grant applications throughout the school year.

Support and train districts interested in billing directly for services.

Many districts report that they do not have capacity or resources to bill for services, potentially leaving a significant funding source untapped. Along with its guide on billing TennCare, TDOE could disseminate district-developed models to increase schools' capacity to directly bill for services provided to students.

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