

### Preliminary survey data

68% of educators said that their district does not offer any training specific to the increasing number of students with mental health issues.

68% of educators do not feel well-educated or trained with mental health issues.

80% of teachers indicated no training in their college teacher preparation courses.

73% of educators do not think that their community has adequate mental health supports available for families attempting to access them.

94% of teachers can identify at least one student, 30% of those can identify 6 or more students, that are exhibiting signs of anxiety and/or depression and are not being treated.

Out of 334 responses, 91 teachers had been assaulted by a student in the last year (hit, kicked, spit on, bitten, etc.) Twenty-two of those have been assaulted six or more times in the last year.

69% of educators have seen students become physically aggressive with staff members.

94% of educators have seen students become physically aggressive with peers.

94% of educators have seen students become verbally aggressive with peers.

78% of educators have seen students run from the classroom.

69% of educators have seen students having suicidal ideation.

67% of educators have seen at least one student hospitalized for psychiatric issues in the last year.

Out of 333 responses, 53 teachers have been injured in the last year (visible bruises, pain, discomfort, etc.)

Overall, 86% of educators are unsure or do not believe their district is well-prepared and ready to address the needs of students with mental health issues.



Comments per <https://www.surveymonkey.com/s/515mentalhealth>:

There is a HUGE lack of consequences for inappropriate behavior, and it is creating huge issues for the learning of other students. There needs to be more training or other educational outlets for students with such severe behavioral disabilities. Throwing chairs, abusing teachers, and verbal defiance should not be tolerated in the school setting.

The mental health system in Iowa is abysmal for adults, teens, and children. I see the results of this daily in my high school-with adults as well as with the students.

I feel we are very reactive when it comes to mental health. We respond to a suicide but we don't have good supports to prevent suicide. Our most needy or hurting families are working so hard to survive they can't afford to take time off to get their children to the building where the counsels can help. OR they are told it is only 6 free sessions then they refer you on and that scares the parents. Our special education teachers are many times bogged down by students with uncontrolled bipolar disorder and severe ADHD and it takes away from the other students who are ready to learn.

We need the 250:1 student/school counselor ratio that ASCA suggests.

A few of the questions are poorly written. Most districts do not employ the services of mental health professionals. School Counselors are not mental health professionals. The issue comes down to funding. Is the legislature willing to fund mental health services in place of something else, or in addition to normal (which is less than what schools need) funding. We have lots of students who need metal health support and do not receive it - for a variety of reasons.

Some of the students we support are not receiving the appropriate supports needed to be successful. Teachers are required to do more with less overall support and are put in dangerous situations. For the last two years I have witnessed two different special education teachers beat up and the student continues to be served within our walls. It is not a safe environment for our students or teachers.

Finding help for families struggling to get mental health help is a huge issue in rural Iowa. Rural schools have very little access to support regarding mental health. Families must have good insurance plans if they are going to get help. For families that do not have insurance it is impossible to find help for them.

We started a therapeutic classroom in our district this year and have part-time access to a school therapist.

I currently work at the Alternative high school. Physical assaults on teachers result in arrest and prosecution in the court system so these types of outbursts are minimal in our school setting. As an elementary school teacher I was assaulted by students on a weekly basis, spent hours in the emergency room, and went on disability for a month due to the nature of my injuries.

I would like to see training not only for certified staff but for support staff. I work in the alternative high school and am sometimes in the classroom by myself. I would love to learn how to handle these behaviors and be able to offer sound advice on where to go when problems arise.

I feel that we overlook many of these issues, especially any threats made toward faculty or staff.

The answers I left blank were due to my lack of information about a particular topic. As a high school teacher, it is more difficult to know what mental health issues students are facing and that information is not always provided to us.

Our school is currently implementing RTI. I recently completed the process of obtaining my LISW (clinical social work license) and I am doing what I can to assist my school with bringing additional services to our district and building. Generally, educators do not understand the value of having a clinical social worker on the staff.

We are fortunate to have a strong staff, great kids, and supportive administration and community. However, mental health issues need attention. Thanks for your efforts.

The district has provided some information but I still feel inadequate about what to do in specific situations.

Our school was lucky to share a MECCA drug counselor last year. His office was busy and he was approachable to the kids. We have a huge hole in our staff now that he is no longer with us. Our counselor is ineffective and the students talk very negatively about him. Many, many students wanted the MECCA counselor to stay at Solon HS. We need on board someone the student trust, feel comfortable with and are willing to talk to.

Thank you for addressing this important topic. I feel our district cares about our students but does not have the resources to staff our counseling support adequately. We have close to 500 students and only one counselor at the high school. THANKS AGAIN!

I feel that we have a strong staff that would find the right means of helping students. Many students have teen issues that might escalate without having a specific diagnosis. Often it is beyond the schools and the families and doctors have to do their part and we are stuck serving students who are waiting for services.

Students who have mental health issues, or are verbally assaulted are much more difficult to identify, record, and group. The term De-escalation and some basic skills were used in college.

We used to have a partnership with a local outside agency that offered mental health support to students within our school building. It was very effective, but due to cuts at the agency they discontinued the school-based program. We are working hard to get this reestablished.

Three years ago, I had a class of 21 students in which 4 students in one year's time were sent to Iowa City for mental evaluations. (I barely survived the year.) Each year since, I have had at least 2 students with severe mental issues. This year again I have a child that is being sent to an alternative school setting for severe behavioral needs. It makes for a difficult year teaching the Iowa Core when all your time is spent protecting the students from one or two with mental issues.

our district just started Tier 2 of PBIS; we are in the process of getting a crisis response team in place and providing the necessary training to the individuals.

I think our district is doing the best we can with a lack of resources immediately available to us. More training to all teachers and even to administrators (so they can help teachers) would be great.

I serve 3 districts so the answers for the above questions weren't accurate for all 3 districts. We struggle in NW Iowa finding accessible evaluation/treatment for our children/families...Iowa City is out of reach for many! Sioux Falls is only 90 miles away but Title 19 can't go across state lines so many aren't able to get help until it reaches crisis stage.

We need more support in the school for students/families in need.

The answers to this survey are based on my class of students from the past school year. I would have answered differently a few years ago when I had 2 extremely "difficult" students. These students were more similar to what you are describing in the survey.

I do not have any students with severe behaviors from mental health issues at this time, but I do have some coming to high school next year; However, our BD teacher probably has 13 students exhibiting behaviors.

I work in all the buildings and I would say that they vary within our district (for the above statements). Also, my degree is in social work and I do in-home work. I feel I have more background and training in this area. However, our staff does not and are very concerned. We continue to see cuts in programs and funding to help in the mental health area. It is very frustrating.

I have tried to go to administration regarding student's mental illnesses and have been "blown off" by both principals. I have had students break down on me during job site and no one seems to care or help. I haven't even been told of their exact illnesses. Our school need a lot of work, especially in administration!

Our Student Assistance program is good, but it is only for short-term and non-crisis intervention. We do not have mental health clinicians to whom we can refer for full mental health evaluations, or non-brief counseling.

We are seeing more students who need help and there is little support for students and none for the teachers who are teaching these students. I believe this situation has a direct relationship to low test scores.

I am a teacher but I am also a licensed mental health counselor. I sought the additional Masters degree and license to deal with the level of need in the schools in which I was teaching. There are many, many unmet needs and very inadequate screening and preventative care. I am close to being a registered play therapist....I have all the hours and practice, just need to apply formally. So my data may be skewed. I teach in an alternative high school, teaching child development and parenting in a Child Care center in the school. I'm also an adjunct at Kirkwood Community College.

I do not feel that we have any plan in place for students that do not respond to traditional detention and ISS.

Although teachers are not licensed to help students in crisis...we have to. It is unavoidable, if we want to go home at night and feel at ease. mental health issues are increasing rapidly in the USA!

We have dealt with a number of students with serious mental health issues in our school. Many have commented that we do not have even close to the expertise or personnel to help these students. Unfortunately, they pose a threat to themselves and others.

I have had training in working with mental health disorders, but not at college or at the public school. I have experience working in a treatment center that trained all staff or work with students with mental health disorders. At my current school, I teach in a program for students with emotional disorders and have a class to work in coping skills, anger management and other relevant skills for those students.

We are seeing more and more mental health issues and are working with our AEA psychologists, in-house mental health staff and outside therapists to serve students as we are able.

We have all new administrators in the buildings. We used to have outside agencies come in but I'm not sure those agencies are even around anymore. Also, we have a new counselor and she is fantastic. She has dealt with some issues already this year and does so very well, and thoroughly.

Our children with mental health issues need more assistance. There are several children that would benefit from someone coming here for them to talk to. A professional that could listen to them and help them with anxiety, depression, anger, coping strategies, etc. We have a lot of angry kids. A lot of kids that are acting out in violent ways. Much more so than 14 years ago when I first started.

I am the only person that handles mental health issues at this school. I believe that if I would be gone they would call the middle school or high school counselors to assist. A lot of pressure for one person. I am amazed with the amount of self-harm and suicidal thoughts that students talk to me about. I assess the situation, give parents referrals or recommendations and they usually do not follow through with.

I work with the gifted population and see increasing stress and anxiety over the last several years. Students no longer come from a strong, employed family background. Economic issues are increasingly a part of what my students find stressful in their lives.

Our biggest problem is that we have one counselor for 1000 students. That ratio is terrible and a major struggle in our building.

I don't know that our staff is aware how mental health issues can impact/affect learning. Often students with mental health issues are sent out of the classroom for the counselor "to deal with" because teachers aren't sure how to handle them. I also think our staff needs some understanding of and sensitivity to how mental health issues can affect students throughout the school day.

I believe a formal training for all staff that work within a school building in the area of mental health would be great. Many people are scared of the unknown and misunderstood...training and knowledge of the area of mental health may help to change that.

If you need any help with getting mental health services in the school, I would like to volunteer my time.

I believe that we are becoming too involved in mental health issues with our students. My graduate program in school counseling emphasized that school counselors should be dealing with school-related issues and situations that are impacting student performance in school. In my experience we often reinforce student behaviors by our belief that we are obligated to treat their mental health disorders and become involved in family or other issues over which the school has no control. This is only my opinion, but I have been a school counselor for 20 years and I am convinced that at times we are doing more harm than good because we do not allow students to work through difficulties so they are able to develop the coping skills they need in order to be successful both in and out of school. We are pressured by parents and our society in general to fix things that are out of control without being provided the resources to do so. Our constant interventions and accommodations are taking away valuable life lessons that students need to learn. I do not think that I will remain a school counselor beyond this school year because of these issues.

It would be wonderful to have increased helps and trainings not only for school staff but for parents as well.

We are VERY lucky in that our principal worked as an elementary education counselor/mental health professional for 30+ years before her present position. Her husband is also a mental health professional. We are uniquely equipped to help our own students, but I realize that most schools do not have this asset!

Thank you for exploring this issue! It is important!

We do have some crisis intervention training, but not all staff attends, only one teacher per grade level. In my opinion we need to have more training about specific mental illnesses and how to defuse situations that might arise. I feel I am more adequately prepared than most teachers because I worked for 2 years with adults with bipolar and schizophrenia (sp). My answers do not necessarily reflect the results of any training done by the school district.

The main issue is getting families to support the school when we have concerns and they deny their child(ren) the help they need.

We have a behavioral strategist that works for our district 3 days a week. She has a background in helping students with mental health issues, but she is spread very thin right now. We also have a counselor that can help with students, but she also is spread thin.

As a parent, I have personal experience trying to find help for my daughter with PTSD who was in high school. It was extremely hard to find counselor. The delay for her to see a therapist was three weeks. I would not have been able to find someone that could see her promptly if the elementary guidance counselor had not spent hours on the phone helping me. I had a hard time getting support from the high school, because they simply did not know how to make accommodations. It wasn't for not wanting to, they just didn't have training or guidance on what to do. It was frustrating and I know first hand how difficult it is to get mental health for your child. I even have good insurance.

We need help. There are an increasing number of troubled kids and less resources to help them. What I see as a big need is family counseling. It does little or no good to work with the child in isolation. The family has to be involved!

some students are better off NOT in the regular education classrooms, and the classmates have a right to not have them here either.

We, like other districts, are seeing a huge influx of mental health issues, but none of the staff has the background to properly deal/help these students. We have had several sent back to us from placement because they've 'used up all of their county funding', but aren't ready to be in a public school setting. It leaves us as educators well over our heads and unsafe in many situations. We've also had charges pressed that were then thrown out because of other excuses by our court officers. We need support, but aren't sure where to go!

We need elementary counselors in each building, not the minimum 1 per district to comply with the law. What has occurred, the "School Counselor" is utilized in the high school for college prep planning and Honor Society. The school nurse becomes the central person to communicate and collaborate regarding mental health needs, in addition to handling mental health medication management in elementary, middle school and highschools, resulting in very limited resources for students in need, poor attendance, behavior issues, and very limited staff support to provide adequate crisis management and interventions.

I am a school nurse with mental health training and feel equipped to meet these challenges, but many of my co-workers have not had training, so we need to all be on the same page with our understanding and assistance of mental issues with students.

More training is needed specific to the needs for mental health - suicidal ideation

We need more supports at schools for students with mental health issues!!!!

I am a school Nurse and deal with mental health issues all the time. It is alarming to all of the school nurses across the state of Iowa and the nation but we too are strapped for time, money and resources to help these kids so that early identification and intervention would help.

Our Administrative Staff is wonderful in helping with Mental Health issues, however, I would like to see more training for teachers and support staff.

We need help! There are so many kids in our schools that need more attention than we can give them. As teachers, we need additional training so that we can at least have some skills to help us deal with students in crisis. Additionally, we need district (if not state) wide guidelines on what to do with students who need more attention than a general ed classroom can give them. Having a mental illness should almost be as defined as students who need IEPs

Last year, a full time special ed. teacher was taken out of the collaborative classroom and working with kids to be a one-on-one teacher for a student with mental disabilities because there was no other placement available to her, and she needed that much help and support. She ran from the building, assaulted the teacher, and had to be coaxed out of trees by police numerous times during the school year. She made amazing progress, and by the end of the year, she was mostly back in collaborative classes, but at what cost to the other special ed. students that one teacher was supposed to be helping? And at what costs for the district? We had no other options for this student because all the treatment facilities and residential programs in the area were full and the district doesn't have any mental disability support.

We are a year 2 PBIS school so our tier 2 processes and procedures are getting established. Other than the core team, teachers will not know what tier 2 processes are. We are seeing an increased number of students who have mental health issues and so this information, baseline data is very appropriate and timely.

What about staff members with mental illness? Is there anything in legislation that would alert the schools if a staff member has a mental illness and is/is not being treated? These people are working with our students daily. I feel strongly that we should not only protect our students from other students but also from staff members that may present a problem.

Our society is jumping to bullying as the reason for suicidal thoughts. I believe that the majority are mental illness and we, as a society, are not addressing that.

I work with every student in each of the buildings I serve, I also work closely with AFSP, and received much of my training with professionals there.

my school has made an effort to address the needs of the children with mental health concerns. I cannot say the same for my school district.

More and more children are coming to school with mental illness and we are just not prepared to handle them.



## **Proposed Solutions:**

1. Collecting data- There is no formal data collections measures in place to even know that there is a problem. We need to have data collected to address these issues.
2. Mental health training for educators- Teacher training programs and teacher professional development do not have enough training for educators to adequately serve students with severe mental illness.
3. School-based mental health services (especially for our rural communities)- We lack funding and resources to make sure that EVERY single school has adequate support to a mental health professional working within the school building.
4. Incorporating mental health training in our teacher preparation courses at our higher education institutions
5. Increasing community mental health resources to meet the needs of our state as well as developing partnerships between the mental health community, schools and our higher education institutions

These solutions are merely a start in the conversations that need to happen, committees that need to be created, data that has yet to be taken, but it is a step in the right direction.

## **To access our survey:**

<https://www.surveymonkey.com/s/515mentalhealth>

## **To keep up-to-date on what we are doing:**

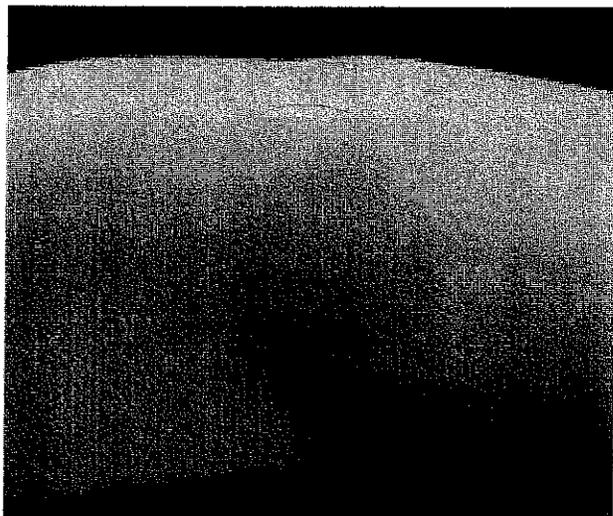
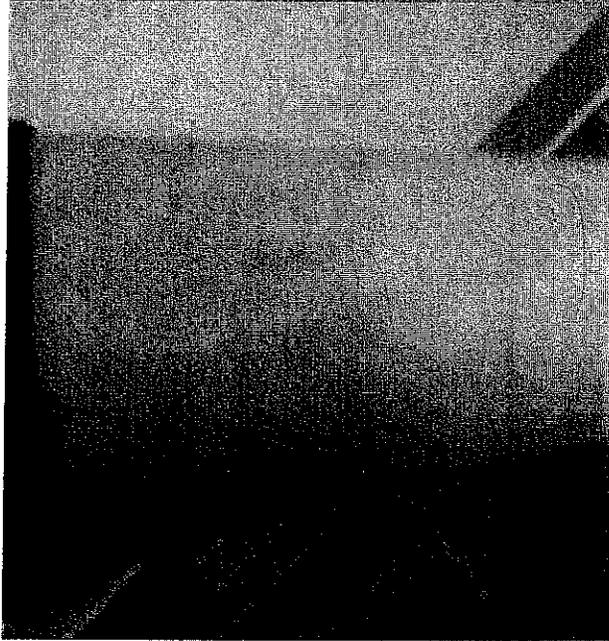
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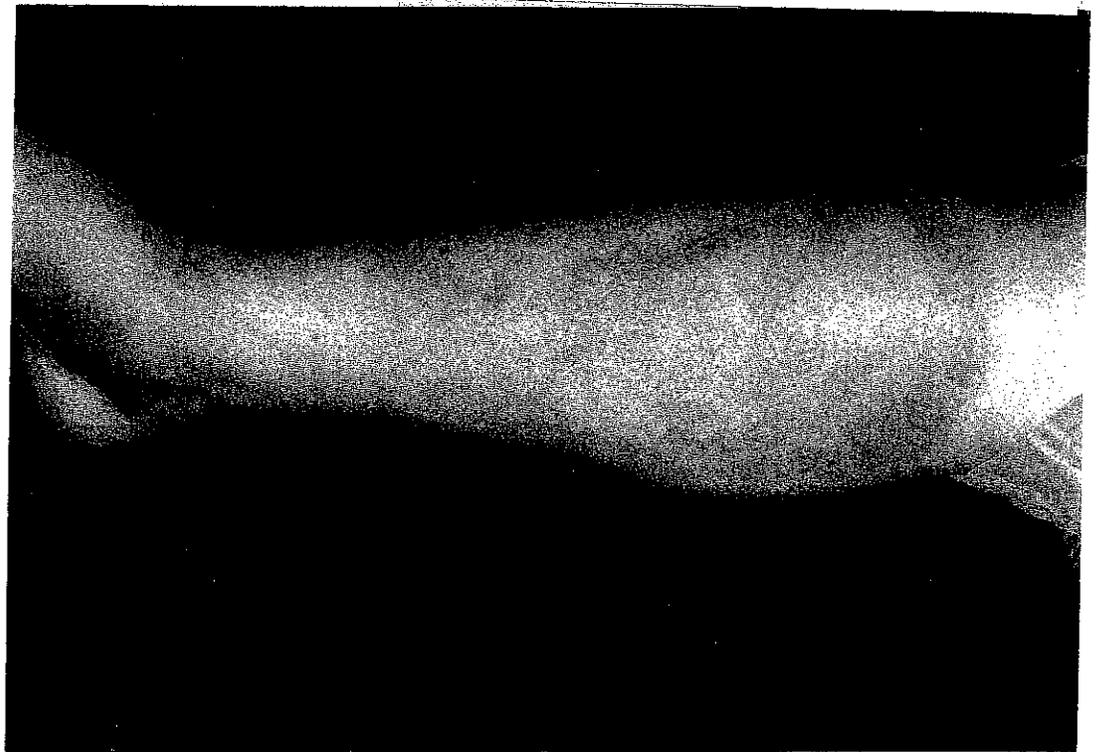


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