

## Focus on School-based Mental Health for Rural Central Virginia's Youth

By Sety Abooali

June 2022

### Purpose Statement

The purpose of this policy brief is to highlight the rising need for accessible mental health care among the rural youth population residing in central Virginia (VA). Those living in rural areas have historically been more susceptible to poor mental health days and decreased access to healthcare care services. The school shutdowns caused by the novel coronavirus 2019 (COVID-19) pandemic only heightened the mental health issues among the adolescent population. Expanding School-based Mental Health (SBMH) services is an opportunity to focus on the youth population's mental health needs in an effective and convenient way, but legislation is needed to address rural school boards' limited funding resources in order for SBMH to be implemented.

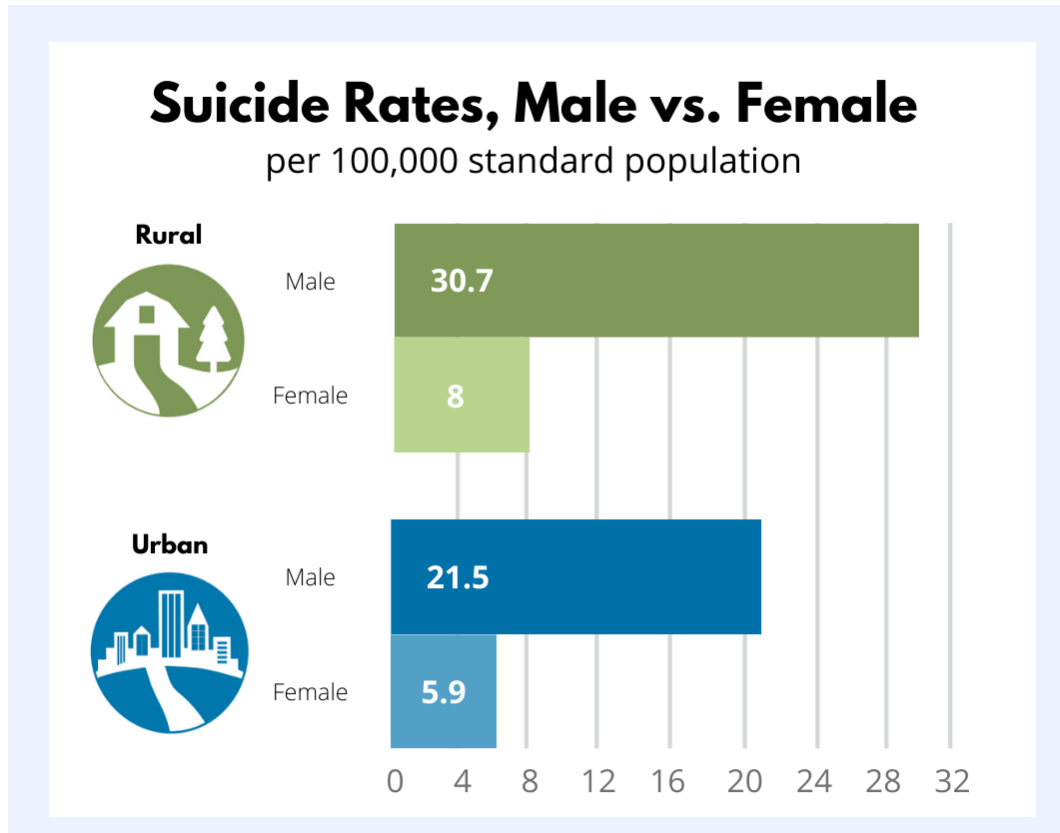
### Background

Mental health involves our emotional, psychological, and social well-being. It affects a range of human behavior, such as decision making, stress management, and social skills (CDC). The prevalence in mental illness among the youth population has been on the rise since before the COVID-19 pandemic. In 2019, more than a third of high school students experienced persistent feelings of sadness or hopelessness, which is a 40.0% increase since 2009. One in six youth reported making a suicide plan in 2019, a 44.0% increase since 2009 (CDC, 2019).

**THERE ARE NEARLY  
TWICE AS MANY  
SUICIDES IN RURAL  
COUNTIES VS URBAN ONES.**

Youth living in rural areas are disproportionately impacted by mental health problems and suicide (Breen, 2019). In 2020, 16.5% of non-metropolitan youth in the US, ages 12-17, had major depressive disorder (SAMHSA, 2022). Children living in rural areas are also more likely to

experience adverse childhood experiences (ACEs), such as experiencing violence or abuse, than children in urban areas. Particularly, high levels of poverty are linked to an increased number of ACEs, putting children in underserved rural communities at a higher risk for ACEs (Crouch et al., 2019).



### Youth Mental Health in Central Virginia

*Piedmont, Southside, Crater, Chickahominy, Richmond, Chesterfield, and Henrico Health Districts*

The Central VA health districts face a multitude of barriers when it comes to addressing youth mental health, even in the adequately funded and resourced urban districts of Richmond City, Chesterfield, and Henrico; revealing the magnitude of Virginia's mental health crisis. In 2019, mental health emergencies in Central VA spiked (O'Brien, 2021). In 2019, 32.5% of Central VA youth reported feeling sad/hopeless for 2+ consecutive weeks. Additionally, 15.5% of high school students in the region reported seriously considering suicide and 6.6% attempted suicide. In the Southside Health District, 30.0% of youth reported poor mental health, up 5.0% from 2016 (Virginia Tech, 2020).

The youth mental health crisis has been exacerbated nationwide by the school shutdowns caused by the COVID-19 pandemic. A systematic review shows that school closures due to COVID-19 had adverse mental health effects on youth, such as increases in distress and anxiety (Viner et al., 2022). The toll that the pandemic had on students resulted in a 31% increase of ER visits for suicide attempts compared to 2019, before the pandemic (Yard, 2021). Maral Abooli, the school psychologist for Lightridge High School in Loudoun County Public Schools (LCPS) and who has a familial relation to the author, describes in an interview how the nature of her work has changed because of COVID-19. "One impact that we see is a decreased resiliency and a lot of students who really can't handle the smaller stressors that in previous years students were better at handling," said Abooli, emphasizing the increased need for student support after the COVID-19 school closures.

A unique barrier to seeking mental health care in rural areas is the stigma against it. In small, rural communities, there tends to be a lack of trust in confidentiality since everyone knows each other. Other factors that influence the rural stigma is a lack of understanding or knowledge of mental illness and prejudice towards those with mental illness based in fear or unease (RHlhub, 2021).

Though a growing number of youth are reporting to have experienced a mental health crisis, not all of them receive treatment or have access to treatment. In 2021, 60.3% of youth aged 12-17 with major depression did not receive treatment (MHA, 2022). Virginia is ranked 40th among the 50 states for access to a trained mental health workforce and 37th in overall access to quality and affordable mental health care (Cruser, 2021). The lack of access is apparent in rural regions, as 61.0% of the areas in VA with a mental health professional shortage are rural or partially rural, and this disparity is especially seen in Central VA. In Henry County, there were no reported pediatricians, psychiatrists, or psychologists, and Cumberland County reported 0 pediatricians, psychiatrists, and psychologists per 10,000 children, ages 0-17 ("Youth Mental Health," 2020). Although the lack of access to a mental health professional disproportionately affects rural areas, urban cores are not immune; Richmond and Henrico's counties are classified as having a high mental health professional shortage (Morrison & Moreno, 2021).

### Promising Practice: School Based Mental Health

The practice of School-based Mental Health (SBMH) is growing, especially due to its convenience and readily accessible access to school-aged adolescents. School-aged youth already spend 6-8 hours of their day for eight months out of a year in the classroom where faculty and staff can become familiar enough with the students to identify early indicators of behavioral and/or mental health (MH) crisis and intervene (Kern et al., 2017). This constant interaction between school staff and the students classifies schools as an initial point of entry for MH services (Duong et al., 2020).

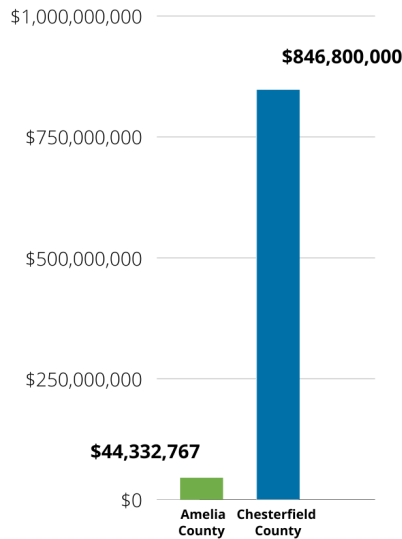
When teachers understand how to recognize trauma flare-ups or behavioral problems, they can take appropriate action to ensure the child receives appropriate support by directing the students to the SBMH providers. The

School psychologists serve a pivotal support position in public schools today. Abooli describes her work as having three tiers: prevention, intervention, and crisis. Within these three tiers, Abooli performs individual and group check-ins with students, suicide screeners, school-wide health promotion programs, and more to ensure the mental wellbeing of her students.

teacher's role of delegating students to the school psychologist or social worker helps combat against the negative effects of ACEs as well (Rosenbalm, 2018).

Though SBMH is a promising opportunity to improve VA's youth mental health, rural school boards will have a disproportionate disadvantage in implementing the practice because of their lack of funding compared to their urban counterparts (Knowles, 2021). The figure below shows Amelia County's school budget, a rural county, versus their neighboring county's school budget, Chesterfield County. Rural school counties' low funding can be seen as an unsupportive work environment for potential school mental health professionals. Abooli explains that a lack of funding also translates to an absence of professional support and network of other school psychologists in rural areas. While she works in an affluent area in LCPS, she compares it to the more rural areas where the school psychologists and social workers have less resources, like lack of a confidential office space to work with students.

### Proposed FY 2023 School Budgets



### Current Policy Landscape

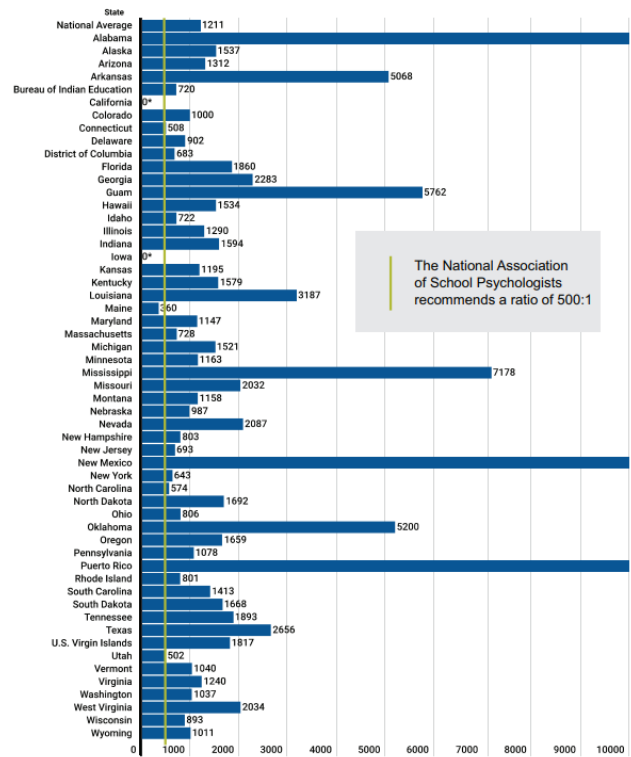
**Federal special education law** requires public school districts to hire school psychologists mainly to evaluate students' need for special education services, but school psychologists' roles have evolved to include mental health interventions and programs (Weir, 2012). The National Association of School Psychologists recommends a student to school psychologist ratio of 500:1, but 2019-2020 data shows that almost every state is far from achieving that ratio.

**SB 490 Standards of Quality; specialized student support** is a VA bill that passed in early 2022 that requires school boards to provide at least four specialized support positions per 1,000 students.

### Student to School Psychologist Ratio 2019–2020

Based on the US Department of Education Common Core of Data

The data used in the calculation of ratios were provided to the US Department of Education by state departments of education. These data are provisional and we are aware that these numbers may not align with other sources of data. NASP will be monitoring these data and will update this graphic should new information become available.



Data from U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD); \*State Nonpublic Elementary/Secondary Education Survey, 2019–2020 V.19; <https://nces.ed.gov/ipeds/>  
 \* Data are unavailable for California and Iowa, and they were removed from the national calculations.  
 Ratios for Alabama, New Mexico, and Puerto Rico were greater than 10,000 students per school psychologist.

This requirement builds on previous law, which required a ratio of 3:1000. Specialized support positions are defined as social workers, school psychologists, nurses, licensed behavior analysts, licensed assistant behavior analysts, and other positions. Senator Jennifer McClellan was partially inspired to introduce the bill by COVID-19's impact on students' mental health (Reid, 2022). The bill states that state funding will be provided to fund certain positions for entities that are identified as needing prevention, intervention, and remediation services. ***There are no clauses that address the disproportionate need for funding that rural VA faces.***

***HB 30 budget bill*** includes a \$2.5 million general fund to the Department of Behavioral Health and Developmental Services (DBHDS) and partners to provide assistance to school divisions seeking to incorporate or enhance SBMH services and to contract for community-based mental health services for students. ***The language does not include initiatives to target rural or underserved school divisions.***

***HB 74 Public schools, mental health awareness training required*** is a 2020 VA bill that requires full-time public school teachers to undergo mental health awareness training at least once to be able to better understand and recognize the signs of mental illness in their students.

### Promising Practices in Action

**Behavioral Health Loan Repayment Program (BH-LRP)**: This program was established by the VDH's 2021 General Assembly and allocates \$1.6 trillion towards encouraging behavioral health (BH) professionals to practice and/or provide counseling and treatment to underserved areas throughout VA. In return for practicing in an eligible site for a minimum of two years, the program will repay a portion of the BH professional's student loan debt.

**Virginia Partnership for School Mental Health (VPSMH)**: VPSMH was established in 2020 and is funded by the US Department of Education (ED) to address VA's shortage of SBMH practitioners. The program creates a pipeline of graduate student trainees to high-need school districts and creates a network of SBMH professionals. In the past year, the program has successfully placed at least five graduate students in high-need districts. High-need districts are defined by the ED based on the ratio of students to school mental health staff as well as other factors, but rurality is not a criteria for being considered high-need.

***San Diego Mobile Crisis Response Teams (MCRT)***: In researching national best-practices, San Diego County, California's MCRT program is highlighted as an efficient mobile crisis response unit. MCRT provides in-person assistance to mental health, alcohol, or drug-related crises where behavioral health experts, like clinicians, case managers, and peer support specialists, are dispatched instead of law enforcement. The program has been extremely successful in handling behavioral crises and ensuring that individuals have access to treatment services in their community (Ireland, 2022). Though VA has some mobile crisis response teams throughout the state, they are more concentrated in affluent areas rather than high-need rural ones and are in need of additional funding.

### Recommendations

- Legislation addressing the need for increasing school funding in rural areas to tackle youth mental health issues. Such legislation should take on a health equity lens to fully address the needs of rural areas over urban ones, such as providing adequate and equitable funding.
- Expand VA's mobile crisis response units by using San Diego's MCRT as a model, particularly focusing on VA's rural, underserved areas.
- Focus on expanding professional support for specialized support positions in schools to incentivize mental health professionals to work in underserved, rural areas.

When asked if the BH-LRP or VPSMH would have incentivized her to work in an underserved, rural school district, Abooli said no. The professional support that rural school districts lack is her main concern regardless of any financial incentives offered.

## References

- Breen, A. (2019, November 13). Q&A: Curry Researchers Seeking to Support Mental Health of Rural Youth. UVA Today. Retrieved May 11, 2022, from <https://news.virginia.edu/content/qa-curry-researchers-seeking-support-mental-health-rural-youth>
- CDC. (n.d.). About Mental Health. Centers for Disease Control & Prevention. Retrieved May 23, 2022, from <https://www.cdc.gov/mentalhealth/learn/index.htm>
- CDC. (2019). Youth Risk Behavior Survey Data Summary & Trends Report: 2009-2019. Centers for Disease Control & Prevention. Retrieved May 23, 2022, from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>
- Crouch, E., Radcliff, E., Probst, J. C., Bennett, K. J., & Hunt McKinney, S. (2019). Rural-Urban Differences in Adverse Childhood Experiences Across a National Sample of Children. *The Journal of Rural Health*, 36(1), 55-64. <https://doi.org/10.1111/jrh.12366>
- Cruser, B. (2021, October 19). Virginia Rankings in State of Mental Health Report – Mental Health America of Virginia. Mental Health America of Virginia. Retrieved May 25, 2022, from <https://mhav.org/virginia-rankings-in-state-of-mental-health-report/>
- Duong, M. T., Bruns, E. J., Lee, K., Cox, S., Coifman, J., Mayworm, A., & Lyon, A. R. (2021). Rates of Mental Health Service Utilization by Children and Adolescents in Schools and Other Common Service Settings: A Systematic Review and Meta-Analysis. *Administration and policy in mental health*, 48(3), 420-439. <https://doi.org/10.1007/s10488-020-01080-9>
- Ireland, E. (2022, February 28). Officials Tout Success of Mobile Crisis Teams to Treat Mental Health and Drug Abuse. *Times of San Diego*. Retrieved June 1, 2022, from <https://timesofsandiego.com/health/2022/02/28/officials-tout-success-of-mobile-crisis-teams-to-treat-mental-health-and-drug-abuse/>
- Kern, L., Mathur, S. R., Albrecht, S. F., Poland, S., Rozalski, M., & Skiba, R. J. (2017). The need for school-based mental health services and recommendations for implementation. *School Mental Health*, 9(3), 205-217. <https://doi.org/10.1007/s12310-017-9216-5>
- Knowles, A. (2021, March 9). 'We Need Help': Teachers From Rural Virginia Share Their Challenges Page 1 of 0. Dogwood. Retrieved May 11, 2022, from <https://vadogwood.com/2021/03/09/rural-virginia-education-roundtable-with-sam-rasoul/>
- MHA. (2022). Youth data 2022. Mental Health America. Retrieved May 23, 2022, from <https://www.mhanational.org/issues/2022/mental-health-america-youth-data>
- Morrison, J., & Moreno, S. (2021, May 28). The mental health crisis among kids is worsening. Virginia is widening access to services to help. *Richmond Times-Dispatch*. Retrieved May 11, 2022, from [https://richmond.com/news/local/the-mental-health-crisis-among-kids-is-worsening-virginia-is-widening-access-to-services-to/article\\_6d6a4fd8-f027-50f8-a0dd-c40886b07639.html#tncms-source=signup](https://richmond.com/news/local/the-mental-health-crisis-among-kids-is-worsening-virginia-is-widening-access-to-services-to/article_6d6a4fd8-f027-50f8-a0dd-c40886b07639.html#tncms-source=signup)
- O'Brien, K. (2021, February 26). Youth mental health emergencies on the rise in Central Virginia. WRIC. Retrieved May 11, 2022, from <https://www.wric.com/health/youth-mental-health-emergencies-on-the-rise-in-central-virginia/>
- Reid, J. (2022, February 14). Senate Passes McClellan's Bill to Increase School Specialized Support Staff Across Virginia. PW Perspective. Retrieved May 12, 2022, from [https://pwperspective.com/education/senate-passes-mcclellans-bill-to-increase-school-specialized-support-staff-across-virginia/?utm\\_source=rss&utm\\_medium=rss&utm\\_campaign=senate-passes-mcclellans-bill-to-increase-school-specialized-support-staff-across-vir](https://pwperspective.com/education/senate-passes-mcclellans-bill-to-increase-school-specialized-support-staff-across-virginia/?utm_source=rss&utm_medium=rss&utm_campaign=senate-passes-mcclellans-bill-to-increase-school-specialized-support-staff-across-vir)
- RHIhub. (2021). Rural Mental Health Overview. Rural Health Information Hub. Retrieved June 2, 2022, from <https://www.ruralhealthinfo.org/topics/mental-health>
- Rosenbalm, B. (2018, October 4). Supporting students with adverse childhood experiences - EducationNC. EdNC. Retrieved June 2, 2022, from <https://www.ednc.org/supporting-students-with-adverse-childhood-experiences/>
- SAMHSA. (2022, January 11). 2020 NSDUH Detailed Tables | CBHSQ Data. SAMHSA. Retrieved May 11, 2022, from <https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables>
- Viner, R., Russell, S., & Saulle, R. (2022, January 18). School Closures During Social Lockdown and Mental Health, Health Behaviors, and Well-being Among Children and Adolescents During the First COVID-19 Wave. *JAMA Pediatric*, 176(4), 400-409. doi:10.1001/jamapediatrics.2021.5840
- Virginia Tech Center for Public Health Practice and Research. (2020, October). Southside Wellness Coalition Community Needs Assessment. <https://southsidebh.org/wp-content/uploads/2020/12/southside-community-needs-asseessment-oct2020.pdf>
- Weir, K. (2012, September). School psychologists feel the squeeze. *Monitor on Psychology*. Retrieved from December 8, 2021, from <https://www.apa.org/monitor/2012/09/squeeze>.



### References

Yard, E. (2021, June 18). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021 | MMWR. CDC. Retrieved May 11, 2022, from <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

“Youth Mental Health in Virginia.” (2020). ODU Digital Commons. Retrieved May 25, 2022, from [https://digitalcommons.odu.edu/cgi/viewcontent.cgi?article=1046&context=soc\\_reports](https://digitalcommons.odu.edu/cgi/viewcontent.cgi?article=1046&context=soc_reports)

---

### Virginia State Office of Rural Health

“*The Virginia State Office of Rural Health (VA-SORH) was established in 1991 to create, fund, and support quality and sustainable rural healthcare infrastructure throughout the Commonwealth of Virginia. The VA-SORH is housed within the Virginia Department of Health, Office of Health Equity, and is the sole organization in Virginia that is federally designated to address and rectify health disparities affecting the state’s rural residents. The mission of the office is to partner with rural communities to identify opportunities and long-term solutions that ensure the health and prosperity of all Virginians. The VA-SORH fulfills this mission through providing technical assistance, regulatory updates, resources, and opportunities for collaboration with communities.*”



For more information, visit us online at: <https://www.vdh.virginia.gov/health-equity/division-of-rural-health/> .