

Statement for PA House Session

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First, thank you to Members of the House for inviting ASPP here today and thank you to the other panelists who are here to promote best practices in student mental health.

I would like to start by providing the following data by the National Association of School Psychologists:

- More than 1 in 3 students are sad, hopeless, or depressed.
- Only 1 out of every 6 children receive any mental health services. 80% receive that care in a school setting.
- Over 7.7 million children experience a mental health disorder, in any year.
- 1 in 4 children will have two or more potentially traumatic experiences.
- 40% of students with a mental health disorder graduate from high school

While those numbers can be startling, I would also like to balance that with some real world examples of day-to-day supports that school psychologists provide:

An 11th grader is struggling with work completion and declining grades. In speaking with the school psychologist he reveals that he feels that no one understands him and he doubts his ability to complete the year. In consultation with his teacher, parent, and the student himself, the school psychologist completes a thorough evaluation that uncovers symptoms consistent with ADHD. His mother indicates this is helpful in understanding problems in the home and school setting, such as difficulty following directions or finishing tasks. The school psychologist then helps the team to develop interventions and a plan to increase success.

A first grader experiences a difficult transition to the first few days of school. He does not want to leave his mother, tantrums, and begins showing other aggressive behaviors in response to coming into the school building. The school psychologist not only interviews school personnel, but also does a home visit with the child and family. With parent coaching, as well as direct instruction in kid-friendly cognitive behavioral techniques, the student improves in their willingness to come to school and eventually all aggressive behavior is extinguished.

Finally, a school psychologist is notified that a student has posted statements of self-harm on a social media website. They pull the student from class and confirm that there is a risk that the student may harm themselves without immediate intervention. They work with another mental health expert in the school setting, such as the school social worker or counselor, to confirm their conclusions, inform administration and the child's parents, aid in next steps such as confirming a mental health assessment in the local ER, and explain to parents and the student what to expect.

The above real-world examples from colleagues, while helpful in understanding the demands of the field of school psychology, only begin to scratch the surface of how we work to meet students' mental health needs. School psychologists are data-based decision makers, consultants, equity advocates, and direct service providers. We bridge the divide between academics and mental health, working to serve the

whole child. The services we perform are broad and impact individuals, families, and systems. Removing barriers to these services is of utmost importance for the development of positive student mental health, safe schools, and 21st century workplace competitiveness for all students.

COVID-19 has shone a bright light on student mental health. The US Centers for Disease Control recently released data that confirmed a rise in fatal overdoses and increased calls to helplines. Articles have been published in journals such as Psychological Medicine (Hawes et al, 2021), International Journal of Disaster Risk Reduction (Marques de Miranda, et al, 2020), and the New England Journal of Medicine (Levinson et al, 2020) indicating a rise in symptoms of anxiety and depression among children and adolescents. Importantly, 82.5% of adolescents with a substance abuse disorder miss out on needed care (SAMHSA, 2019). School psychologists are front-line workers in improving supports.

Many schools, due to a lack of funding or as a result of the national shortage of school psychologists, are not able to provide the school-wide, group and individual interventions that promote positive student mental health. COVID-19 has magnified the disparities between communities. School psychologists have worked to be flexible, creating social skills lessons and providing individual counseling, however, with the demands of an average 1:1500 caseload (NASP, 2020), meeting increased need due to the unique circumstances of lockdown became even more difficult.

Students, families, and fellow educators deserve the attention and skill school psychologists can bring to the school team. By actively recruiting and retaining school psychologists in PA, we can move the needle on ratios closure to the recommended 1:500. At this level, school psychologists are in a position to provide the services outlined in our national practice model. Additional personnel would support not only individual student needs, but also create a system that is proactive, looking at the whole-child, school and family system to promote best practices and early identification.

I want you all to imagine the possibilities of the impact school psychologists can have with a lower ratio of students — please close your eyes and listen to this real life story...visualize the interaction, the time spent, the impact made and consider what you would want for your children's or grandchildren's school:

A colleague of mine recently went from 1:1500 to a ratio of 1:600 for her position as a school psychologist. was able to provide this year. When she had 1,550 students, she managed a group for 6 boys for a marking period and 1 counseling case – across all four years with that ratio. In one year the change was dramatic. With a more manageable caseload she was able to do the following:

- 4 IEP counseling cases
- 5 brief counseling cases (6-week sessions, gen ed)
- 2 Tier 3 behavior interventions
- 22 Tier 2 behavior interventions
- 2 504s with check-ins with me

So that's 7 kids in 4 years vs. 35 kids in one year!

How could this be done? One remedy that proved worthwhile in Ohio includes a line-item in their annual budget to support graduate students pursuing the field of school psychology. The demands of the final year internship are intense, but required to ensure that young professionals are prepared to

work within a complex system. Including financial support we would not only attract more individuals from varied backgrounds and experiences, but also allow them to focus on their final year of learning.

Mr. Roger's stated it best, "In tough times, look for the helpers". With ratios well over the recommendation of 500:1, our students, families, and staff may have a hard time finding us. With schools and communities re-opening, we want to be in the best position possible to meet the needs of children, families and schools.

SCHOOL PSYCHOLOGISTS

Support Students' Mental and Behavioral Health
 Across the Continuum of School-Based Services

School Psychologists' Role in Comprehensive School Mental Health Services



Improving school psychology staffing ratios will improve student outcomes.

Recommended Ratio: 1 to 500

National Average: 1 to 1,211

Key. ■ School Support ■ Community Support ■ School & Community Collaboration

Helping Children Thrive. In school. At home. In life.

