

This information sheet reviews the value of focusing on mental health in schools, with an emphasis on leveraging technology. It highlights practical recommendations Title IV-A State coordinators can share with local education agencies (LEAs) to support their efforts to promote mental health strategies and skills, including links to resources LEAs and school staff may find useful for planning and implementation.

A Universal Approach to Supporting Students' Mental Health

Mental health is a broad term related to individuals' capacity to "recognize their own potential, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their community."¹ It is a state of "emotional, psychological, and social well-being."² The National Association of School Psychologists (NASP) has identified a set of strategies that represent key components in a school's universal approach to providing a continuum of school mental health services, and it is considered best practice for schools to offer a multitiered system of mental health services.³ This framework offered by NASP has three tiers — services for all students, services for at-risk students, and services for students with severe/chronic problems.

Services for All Students

The bottom, or foundational, tier represents universal services that are implemented by all school-employed mental health professionals. This tier is classified by early identification of students who may require services and school-based universal prevention strategies and interventions.

Services for At-Risk Students

The middle tier represents services provided to some students and implemented by a smaller number of school-employed mental health professionals. At-risk services typically take place in



the school and are supplemented with community support.

Services for Students With Severe/Chronic Problems

The top tier represents intensive supports that are provided by only some school-employed mental health professionals. These services are paired with community interventions where either the school or the community takes on the role of lead service provider.

The strategies and information included in this information sheet are best employed within the first tier of universal supports.

A Focus on Mental Health for All

Focusing on mental health strategies for all students helps to lay the groundwork for nurturing students' overall mental health and wellness and to meet the requirements of the Title IV-A statute, which urges both SEAs and LEAs to foster safe, healthy, supportive, and drug-free environments. This focus provides support for the whole child, educators, and student learning.

Supports the Whole Child

The Centers for Disease Control and Prevention (CDC) promotes a model of education that aligns goals of public health and education to serve the whole child.⁴ This 10-component model is known as the “Whole School, Whole Community, Whole Child” approach and includes aspects such as nutrition, health, counseling, psychological, and social services.

Supports Educators

A growing body of research suggests that educators can be effective in teaching mental health and wellness skills.^{5,6,7} This is critical because most youth who receive mental health services do so in school; however, nearly half of schools do not offer such services.⁸ Focusing on mental health supports for all students can help educators gain key information and skills (e.g., goal setting, conflict resolution, perspective taking) so they are better situated to provide this support more effectively in the classroom.

Supports Student Learning

Centering attention on universal mental health supports increases a student's ability to access protective factors (e.g., coping skills, help-seeking behaviors, emotional self-regulation, development of secure attachments) and build skills that have been linked to better academic performance.⁹

The Role of Technology in Mental Health

Increasingly, SEAs and LEAs are searching for ways to ensure that education and support services can continue in the event schools are unable to operate in the established way. According to the CDC's 2017 Youth Risk Behavior Survey, nearly one in three high schoolers reported feeling sad or hopeless most of the time for at least 2 weeks, and 14 percent had made a suicide plan in the past year.¹⁰ In the face of these statistics, many have turned to technology to fill the gap when in-person instruction and services are not viable options or when individuals are looking for more convenient ways to receive services. Leveraging technology is one way to meet these needs.

Providing universal mental health services can occur using a variety of technologies — personal computers, tablets, smartphones, online videoconferencing platforms, hotlines, and Web-based or other applications. Students' familiarity with and access to these technologies can influence the success of technology-based approaches; however, some common benefits of leveraging technology include allowing schools to be more effective by operating within a student's comfort zone and offering schools increased flexibility to provide mental health support.

Operating Within a Student's Comfort Zone

Today's youth are more familiar with using technology to both learn and connect. Students already seek out health information online and use technology to connect with teachers, peers, parents, and the community.¹¹ Leveraging an interest in technology can help schools become more effective in supporting mental health by operating within a student's comfort zone.

Offering Schools Increased Flexibility to Provide Mental Health Support

Schools are often on the front lines of helping students cope with adversity.¹² Using technology to provide mental health services offers increased flexibility in the modality in which a school or community provides those services. This flexibility is particularly important when students need access to services when an in-person option is not available.

Considerations for Online and Digital Platforms

Technology can be a great way to support mental health when students are learning in different locations. It can also be a way to create fun, engaging experiences for students learning together in the same location. There are two primary delivery methods when using technology — synchronous and asynchronous. Synchronous strategies happen live (e.g., when everyone logs on to a videoconferencing platform to have a discussion). Asynchronous strategies can happen at different times for everyone (e.g., having students watch a video independently, then post a reflection on a message board, or log into an app to complete an activity). See Table 1 for a comparison of the two methods.

Each method has pros and cons to consider. For example, synchronous strategies can be engaging, but they require everyone to be available to participate at the same time. In contrast, asynchronous strategies can take place when it is convenient for each student, but they may not offer as many opportunities for interaction with teachers and the student’s peers. Across both modalities, LEAs and schools can foster two important aspects of developing positive mental health — establishing supportive relationships and practicing mental health-related skills. While both are important, research indicates that the most effective interventions focus on skill development paired with opportunities to practice.¹³

Table 1. Synchronous and Asynchronous Methods for Implementing Strategies to Support Mental Health

Strategies to Support Mental Health	Examples of Synchronous Methods	Examples of Asynchronous Methods
Focus on building supportive relationships	Class discussions through virtual audio, video, or chat platforms are especially helpful when students cannot see one another in person. Teachers can initiate and moderate the discussion, guiding students to connect on common interests or opportunities to help one another.	Posting things to a moderated message board allows students to share their interests and comment on the interests of others. This can be a fun and useful way to connect even when students regularly see one another in person.
Practice skills that support mental health	Group practice of yoga or meditation skills via a videoconference platform can be supplemented by a follow-up discussion of challenges and strategies for improvement. Listening circles and restorative practices offer opportunities for students to practice constructive communication.	Completing a set of activities in an online curriculum about mental health literacy or some other mental health topic helps normalize the topic of mental health and supports available.

Leveraging Technology to Support Mental Health

The use of technology to support mental health in schools is relatively new, but LEAs and schools still have several options. Schools can seek digital versions of established programs, adapt programs for delivery via technology, or perform their own tests on new digital programs.

Seek Digital Versions of Established Programs

While few programs that leverage technology to support student mental health are currently supported with rigorous evidence, more and more program developers are creating online versions of established programs.¹⁴ If LEAs or schools have already invested in a curriculum that addresses mental health supports, they may want to reach out to the developer to see if a digital version exists or is in development.

Adapt Trusted Programs and Activities for Delivery via Technology

Many well-established strategies or curricula are available to support mental health in person, including social-emotional learning, mindfulness, yoga and meditation, and mental health literacy. Adapting a proven program so that it can be delivered digitally can increase the likelihood of success.¹²

Test New Digital Programs

An emergence of new apps (available for both computers and smartphones) that focus on skill

building for mental health offers other opportunities to integrate technology-based tools into a school's or district's comprehensive mental health program. It is important to use all online tools within established parameters for safety; for example, LEAs and schools can consider setting guidelines for determining which apps educators can use, building in time for instruction on digital citizenship and online safety, and establishing an evaluative process for collecting data to determine whether new programs are having the intended effect.

ENDNOTES

¹ American Mental Wellness Association. (2020). *Definitions*. Retrieved from <https://www.americanmentalwellness.org/intervention/definitions/>

² U.S. Department of Health and Human Services. (2020). *What is mental health?* Retrieved from <https://www.mentalhealth.gov/basics/what-is-mental-health>

³ National Association of School Psychologists. (2016). *School-based mental health services: Improving student learning and well-being*. Retrieved from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>

⁴ Centers for Disease Control and Prevention. (2018). *The whole school, whole community, whole child (WSCC) model*. Retrieved from <https://www.cdc.gov/healthyyouth/wscs/model.htm>

⁵ Taylor, R.D., Oberle, E., Durlak, J.A., & Weissberg, R.P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development, 88*(4), 1156-1171.

⁶ Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., & Schellinger, K.B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432.

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⁸ Diliberti, M., Jackson, M., Correa, S., & Padgett, Z. (2019). *Crime, Violence, Discipline, and Safety in U.S. Public Schools: Findings From the School Survey on Crime and Safety: 2017-18. First Look*. NCES 2019-061. National Center for Education Statistics.

⁹ Fenwick-Smith, A., Dahlberg, E.E., & Thompson, S.C. (2018). Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. *BMC Psychology, 6*(1), 30.

¹⁰ Centers for Disease Control and Prevention. (2018). *Youth Risk Behavior Survey Data Summary & Trends Report 2007-2017*. Atlanta, GA: Centers for Disease Control and Prevention.

¹¹ Joshi, S.V., Stubbe, D., Li, S.T.T., & Hilty, D.M. (2019). The use of technology by youth: Implications for psychiatric educators. *Academic Psychiatry, 43*(1), 101-109.

¹² The National Child Traumatic Stress Network. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. Retrieved from <https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework>

¹³ Benes, S., & Alperin, H. (2019). Health education in the 21st century: A skills-based approach. *Journal of Physical Education, Recreation & Dance, 90*(7), 29-37.

¹⁴ Stratford, B., Cook, E., Hanneke, R., Katz, E., Seok, D., Steed, H., ... & Temkin, D. (2020). A scoping review of school-based efforts to support students who have experienced trauma. *School Mental Health, 1*-36.



CONTACT US

Help Desk Toll-Free Number: (833) 404-4845

Help Desk Email: info@T4PACenter.org

T4PA Center Website: <https://t4pacenter.ed.gov>



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