

Mental Health Interventions

This is one of a series of evidence-based strategies to help states and school districts invest Covid relief aid effectively. Read all 18 strategies in FutureEd's [Covid Relief Playbook](#).

Many students suffered significant stress during the pandemic, and, in some cases, trauma. Schools and communities have noted a rise in negative mental health outcomes for students, including higher rates of depression and anxiety, and more students are reporting feelings of fear and hopelessness. All three rounds of Covid relief funding have recognized student mental health needs as a priority for schools, and states and districts should invest federal aid into interventions and practices that best support distressed students.

THE RESEARCH

Before schools can determine the appropriate supports and services for their returning students, they should first identify their mental health needs. Traditionally teachers have referred students for services, but this role can be **challenging** in the best of times. Systematic mental health screenings for all students can lead to earlier identification of more of the students who need services. A 2013 **study** by Katie Eklund of the University of Arizona and Erin Dowdy of the University of California, Santa Barbara, found that a systematic approach significantly improved student access to mental health services. Approximately four students in each classroom in 20 elementary schools (867 students total) in a large school district in California were randomly selected to be screened by teachers. Using traditional screening methods, the teachers identified 61 at-risk students; with systematic screening, that number jumped to 160.

In addition to determining what services are needed, schools and districts can support students by investing in targeted interventions for students experiencing

trauma. One such targeted intervention, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed for students who have lived through, or are currently experiencing, traumatic events, and for those suffering from anxiety, depression, post-traumatic stress disorder (PTSD) and related issues. CBITS consists of 10 group sessions, one to three individual sessions, two caregiver meetings, and an optional school staff information session.

Three separate RAND Corporation studies found that the CBITS approach led to significant improvements for student mental health and academic achievement. The first **study**, in 2003, found that Latinx students who received CBITS had significantly greater improvement in PTSD and depressive symptoms compared with those on the waitlist. Another **study**, in 2011, found that students who received CBITS had a significantly higher spring semester mean grade in math and were more likely to be passing language arts classes. And a 2010 **study** found implementation of CBITS in New Orleans after Hurricane Katrina led to a significant reduction of PTSD symptoms among students.

Another targeted intervention is Bounce Back, a 10-session cognitive-behavioral group intervention aimed at elementary school children exposed to a range of traumatic events. In a 2015 RAND **study**, 74 students in grades one through five in four Title I elementary schools in Los Angeles County who had clinically significant posttraumatic stress symptoms were randomized into immediate and delayed (three-month waitlist) Bounce Back groups during the 2011-12 and 2012-13 school years, implemented by school clinicians

Mental Health Interventions

Continued

trained in the intervention. The immediate treatment group demonstrated significantly greater improvements in parent- and child-reported anxiety and trauma symptoms over the three-month intervention compared to children on the waitlist. The immediate group sustained their progress during follow-up sessions.

In addition to targeted interventions for students identified as needing services, educators should also implement trauma-responsive teaching practices and other whole-school strategies that center on student mental health. **PBIS** (Positive Behavioral Interventions & Supports) provides technical assistance and other resources for implementing such strategies. Schools can also invest in professional development to promote teacher awareness of mental health challenges and training on how to support distressed students. Tulane University's 2018 [study](#) of 183 teachers from six schools found that investing in a two-day professional development program about trauma-informed teaching practices significantly increased teachers' awareness of student mental health issues and increased the likelihood they would use trauma-informed instructional approaches.

WHAT TO CONSIDER

While schools should prioritize students' mental health needs, [evidence](#) also supports investing in the well-being of educators. Teachers returning to classrooms in the aftermath of traumatic events and natural disasters, including the Covid pandemic, could suffer higher rates of anxiety, depression, and PTSD symptoms that should not be left unaddressed.

RESEARCH

- [Screening for Behavioral and Emotional Risk Versus Traditional School Identification Methods: **PROMISING**](#)
- [A School-Based Mental Health Program for Traumatized Latino Immigrant Children: **PROMISING**](#)
- [Effects on School Outcomes in Low-Income Minority Youth: Preliminary Findings from a Community-Partnered Study of a School-Based Trauma Intervention: **PROMISING**](#)
- [Children's Mental Health Care Following Hurricane Katrina: A Field Trial of Trauma-Focused Psychotherapies: **PROMISING**](#)
- [Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events: **PROMISING**](#)
- [Evaluating Foundational Professional Development Training for Trauma-Informed Approaches in Schools: **PROMISING**](#)

RESOURCES

- [Becoming A Trauma Responsive School](#)
- [Transforming Education's SEL Integration Approach for Classroom Educators](#)
- [Mental Health in High School: The Teacher's Perspective](#)