



**Testimony of the
Pennsylvania State Education Association (PSEA)**

**Roundtable Regarding
Mental Health in Schools During COVID-19**

**Presented to the
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Chairman Bizzarro, and members of the House Democratic Policy Committee, thank you for inviting PSEA to participate in today's roundtable discussion. My name is Mike Fiore, and I am a School Social Worker at Council Rock School District in Bucks County. It is my honor to be here with you today to share my perspective on mental health in schools during the pandemic.

The COVID-19 pandemic has put pressure on all of us - school staff, students, and families. Our pupil services staff have been working hard helping our students and families deal with extreme levels of stress. We are also supporting our teachers who are under immense pressure, having to run two classes at once—in person and virtual—often while supporting their own families. All the while, we are all worrying about keeping ourselves and our loved ones as safe as possible from the virus.

Anxiety was by far the most prevalent issue school social workers saw before the pandemic, and student anxiety is even more severe now. Related to anxiety, and often hand in hand with it, are depression and obsessive-compulsive disorder. We see these conditions at each grade level. Each of these mental health issues can exist on its own or in a comorbid fashion, and one can exacerbate the other.

Here's one example to illustrate what can happen: A student is too anxious to go into school for reasons that might have existed before the pandemic but are just exacerbated now because the student is worried about getting sick or carrying the virus home to his family members. The student then misses assignments due to not attending school, which causes further anxiety and a repetitive cycle. Eventually, the student feels as if he is so far behind, he fears he can't recover on his own, leading him into depression. If the student has OCD, just a few missed assignments or a bad grade can send him into a downward spiral, and he stops responding to communications from school.

Suicidal ideation is probably the most difficult issue relating to mental health in schools today, and that unfortunately includes nearly all grade levels. Council Rock utilizes an evidenced-based prevention program known as QPR. QPR stands for Question, Persuade, Refer, and is designed to teach the warning signs of a suicide crisis and how to respond. Our school district trains every staff member in suicide

prevention. Pre-COVID, we were working towards having a suicide prevention trainer in each building to train all our secondary students in our suicide prevention program. Bucks County has a suicide task force which had begun training several more of our 13 districts in the QPR prevention model and is eager to refocus on that effort as well.

Our suicide intervention numbers have increased consistently over the years:

- 2013-2014: 168 interventions
- 2014-2015: 168 interventions
- 2015-2016: 176 interventions
- 2016-2017: 241 interventions
- 2017-2018: 215 interventions
- 2018-2019: 261 interventions
- 2019-2020: 246 Interventions

However, the cases in which we have been able to intervene are down significantly in the 2020-2021 school year, to only 80 interventions.

And while it sounds like a good thing to see lower reports of suicidal ideation in my district than in previous years, this is the early warning stage for intervention. Instead, the referrals we did receive this year were more severe, and further progressed, than those we typically see. And nationally, we're seeing more kids ending up in hospital emergency departments for mental health reasons, as well as increases in suicide attempts. These are trends that make me lose sleep at night. Our Safe2Say Something numbers are down as well, but that is still a valuable tool and has saved lives. We are thankful that system remains in place. But the majority of suicidal ideation reports typically come from peers or from school staff – and those support networks look very different right now.

COVID mitigation has limited interactions among peers, and as a result, concerned peers are making fewer referrals. Teachers are working harder than ever to balance multiple instructional modes and keep students engaged. Although school staff are trained to watch for certain behavior changes in students, it's difficult to spot abnormal behavior when literally everything is abnormal.

Many virtual learners have never met their teachers face-to-face this school year, making it more difficult for those teachers to connect with students on a deeper interpersonal level and establish trust. Further complicating matters, so many kids don't feel comfortable turning their cameras on during virtual instruction, and when they're in buildings students are masked and socially distanced. Both of these factors conceal important non-verbal cues that a student may be struggling.

I'm in a more affluent district, so perhaps things are better for some of my kids. And some students have benefitted during the pandemic from increased involvement with their families and fewer opportunities for drama with their peers, which have eased mental health issues for some. But even in my district, we've seen huge increases in the number of families who are experiencing the death of a loved one, job losses, hunger, alcoholism, drug use, and other serious hardships that have led these families to utilize services like our food cupboard and extra meals provided by our school district. And despite all the pain I'm seeing, I know that there are communities that are hurting so much more – and the kids are carrying all that stress around with them, or even worse, just sitting at home with all that stress and anxiety.

Schools play a huge part in service delivery for pediatric mental health, helping with early identification of issues, connecting kids and families with mental health resources, and teaching the types of coping and resiliency skills kids need to manage their emotions and deal with stress. There is a whole "mental health team" working in a school - the school nurses who, in addition to attending to physical health needs, see psychosomatic symptoms like upset stomachs and headaches, as well as the social workers, counselors, and psychologists who teach coping skills and provide counseling and intervention. Even before COVID, these teams were maxed out with other duties and the sheer volume of students they're responsible for, but during the pandemic their to-do list has gotten exponentially longer. And once kids are identified as needing additional help, they're often referred to outside agencies for specialized counseling and psychiatric services. Waiting lists for these types of services were lengthy before the pandemic but are now so much worse. For kids that have sought out supports, most therapy is virtual right now. Just like virtual school doesn't work for everyone, virtual therapy DEFINITELY doesn't work for everyone, and it's especially hard for kids.

My district has been providing hybrid instruction, and the secondary level has just recently come back full-time. And while it is helpful to have kids in buildings at least some of the time, everyone must feel safe. When students return to school buildings where community spread of COVID-19 is high, social distancing and masking guidelines must be enforced, and schools need funding for better ventilation systems. Otherwise, student and staff stress levels rise. The most urgent and impactful action policymakers can take to increase safety and keep buildings open is to prioritize school employees for vaccination.

This year is kind of a perfect storm for mental health issues for kids, and it could have a lasting impact on their development. If there are learning gaps, those can be addressed. But the work of relieving the trauma many students have experienced during this pandemic is going to take a concerted effort by all of us. If we do not address that trauma—if we do not successfully integrate students with a host of mental health and emotional needs back into our schools this year and next—academic remediation programs will not make a difference. Studies have shown that having just one caring adult in the school setting can be what helps a student succeed in life – and at no point is that more true than right now, when everything in students’ lives is uncertain and often scary. We need to make major investments to adequately staff mental health teams in our schools – professionals who are trained to foster connections with kids and identify those who are struggling, and who have the dedicated focus and the resources to help. And significant investment and resources will be needed because districts are nowhere near having enough staff to meet nationally recommended mental health staffing ratios.

Fortunately, we are on the precipice of a historic investment of resources in our public schools. I plead with you to ensure some of those new resources go toward adding more nurses, counselors, psychologists, and social workers to our schools. My testimony provides more detail on some of the greatest challenges schools face in addressing students’ mental health needs during the pandemic and includes specific legislative recommendations that will help schools provide support in a more comprehensive way.

In closing, thank you to each of you for recognizing the need to continue this conversation, and for recognizing that this pandemic has only magnified the crisis of our kids' mental health in this state. And I recognize that, just like COVID-19 vaccines, there's a huge demand for resources, but those resources are often scarce. I ask each of you to help prioritize the kids of this Commonwealth – not just their educations or their scores on standardized tests, but their wellbeing. Their physical and mental health. My colleagues and I do the work that we do because we love kids – and it's heart wrenching to know that kids everywhere are hurting and struggling. And they need our help.

Recommendations:

1.) Prioritize school employees for vaccination

Ensuring that the men and women who teach and serve Pennsylvania's children receive the COVID-19 vaccine as soon as possible is essential if we are to reopen our state's schools for in-person instruction and return to normal operations when the 2021-22 school year begins. Unlike 26 other states, Pennsylvania's vaccination plan does not prioritize school staff members, even though school staff members and students are in a uniquely dangerous position. Those who are delivering in-person instruction are gathered in reasonably large groups every day. For students and staff who are preparing to return to school in person, many are very concerned that the state's health and safety guidelines, particularly the guidance related to maintaining 6 feet of social distance in school buildings, may be extremely difficult to implement or enforce. The best way to reduce health risks in schools and ease social distancing guidelines is to vaccinate school staff members as soon as possible.

2.) Prioritize investments in school-based mental health professionals

The lack of connection and the increased loneliness and isolation experienced by students and educators over the past year has led to heightened levels of anxiety and depression. We know that students will need extensive, intensive social and emotional learning and academic remediation to recover from the hardship and trauma this pandemic has caused.

There is an immediate and ever-growing need for more certified school counselors, school psychologists, school social workers, and school nurses to support our students' behavioral and mental health needs. Not only are the resources falling short of ensuring there are sufficient certified professionals in our schools, but our state laws fall short as well. However, if properly staffed and resourced, schools offer the ideal setting and infrastructure for students to access the full continuum of mental health supports including prevention, intervention, and collaboration with families and community providers.

As the Pennsylvania General Assembly continues deliberations around the 2021-22 state budget, **PSEA strongly urges state lawmakers to re-authorize funding for the School Safety and Security Grant Program in the 2021-2022 fiscal year** and continue to prioritize investments into this program. While there are common challenges in addressing the COVID crisis, there is no one-size-fits-all approach to meeting the diverse needs of Pennsylvania's students, and the grant program provides flexibility for individual school districts to determine how respond to the needs of the local school community. Last year, my school district applied for, and received, funds through this program which allowed us to hire three additional counselors, who have been critical additions to Council Rock's school-based mental health team. These professionals have done so much to support students who are struggling mentally and emotionally over the past year. Because my social worker colleagues and I cannot be everywhere, with these additional team members we've been able to practice a form of triage – doing the initial home visits with kids who are missing school, determining if there are needs within the family that we can address, then letting our counselor colleagues assist with the many return visits it often takes to build trust and help students return to school. Without the grant funding that made it possible to hire those additional staff members, many students could have been without that critical support network – and I know many districts are facing that exact scenario.

In addition, **PSEA urges lawmakers to increase the state reimbursement for school nurse services from \$7 per student to \$12 per studentⁱ**. Both school districts and certified school nurses are finding the provision of school health services to the student population to be continually changing and challenging. State law requires that every child of school age shall be provided with school nurse services, and the

number of students under the care of each certified school nurse shall not exceed one thousand five hundred (1,500). This number includes students attending traditional public schools, charter and cyber charter schools, and private and parochial schools. This ratio was established in 1965, but the health needs of students in our school system look dramatically different today. Many school nurses are required to travel to different school buildings to attend to students and are finding it increasingly difficult to meet students' physical and mental health needs. The current rate of \$7 per student was established in 1991. The proposed increase to \$12 per student reflects a modest inflationary adjustment and will help alleviate financial pressures that prevent appropriate nurse staffing levels in all school buildings.

Although woefully inadequate, Pennsylvania's school nurse ratio does offer students more access to these professionals than to other school-based mental health professionals. As such, school nurses are uniquely qualified to identify students with potential behavioral or mental health concerns. In fact, schools often look to the number of student visits to the school nurse as a data source in tracking schoolwide trends, or for identifying individual students who may be at-risk for behavioral health concerns. According to the National Association of School Nurses (NASN), school nurses are often a student's first point of entry into behavioral health services and spend approximately one third of their time providing mental health services to students.ⁱⁱ

Finally, PSEA urges lawmakers to support HB 102, sponsored by Rep. Dan Miller, which would require all public-school entities to employ school nurses, counselors, social workers, and psychologists within specific professional-to-student ratios. The national conversation surrounding school safety has highlighted the need for additional mental health supports for children and has shown the life-changing impact of a child's developing a relationship with one caring adult in the school community. Despite the clear need for more school-based mental health professionals, Pennsylvania law does not require school districts to employ certified school counselors, school psychologists, or social workers. This means that some schools don't have a school counselor or another certified school-based mental health professional to provide support, intervention, referral, and follow-up to students in their time of need.

3.) Authorize parental opt-out to reduce the over-reliance on standardized tests

The mandate for annual testing via the PSSA and Keystone Exams is part of federal law, and unfortunately, last week, the U.S. Department of Education announced that it will not be granting states a waiver of standardized testing requirements this school year. The Pennsylvania Department of Education responded with a plan to extend Pennsylvania's annual testing window through September 2021, giving school districts more time to satisfy federal testing requirements. The decision of the federal government is very disappointing, and the response of the Pennsylvania Department of Education does not go nearly far enough to provide students, families, and educators with relief.

The high-stakes nature of these annual tests is fueling unnecessary anxiety for students, parents, and educators at a time when they are also trying to adjust to the ever-changing circumstances presented by this pandemic. If we truly want schools and educators to focus on learning recovery, we shouldn't be administering standardized tests at all this year. Our students have already lost too much classroom instructional time, and they do not need the added stress of standardized testing.

However, state lawmakers can ease the burden of PSSA and Keystone testing requirements by swiftly passing legislation to allow parents or guardians to opt their children out of state assessments, particularly for the 2020-21 academic school year. Standardized testing has already taken far too much time away from learning—and has prevented students from experiencing a well-rounded education that includes arts, music, recess, and a love for learning. At a time when social and emotional development is so critical, we must reduce time spent on testing and focus on helping students heal, learn, and grow.

ⁱ [House Bill 454 of 2015](#)

ⁱⁱ National Association of School Nurses. (2018) [The school nurse's role in behavioral/mental health of students \(Position Statement\)](#). Silver Spring, MD.