Advancing School-Based Mental Health in a Divided Policy Landscape

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PAF 505 Public Policy

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08/05/2025

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The crisis in school-based mental health (SBMH) services reflects a long-standing disconnect between public need and policy investment. For many students, especially those in historically marginalized and economically disadvantaged communities, schools are the most accessible or only available providers of mental health support. However, systemic underfunding, workforce shortages, and fragmented implementation of SBMH programs contribute to widespread unmet need. To address this public problem, policymakers, advocacy organizations, and research institutions have proposed a range of policy alternatives. This section outlines three concrete proposals that use distinct policy tools to strengthen access to equitable, school-based mental health care.

Policy Alternative Narrative

Policy Alternative 1: Sustained Federal Grant Funding for SBMH Programs

One of the most comprehensive approaches to improving school-based mental health is the expansion of federal grant programs that provide direct funding to states, districts, and schools. The Bipartisan Safer Communities Act (BSCA), signed into law in 2022, authorized substantial investments in youth mental health services, including \$1 billion for the School-Based Mental Health Services Grant Program and \$500 million for the Mental Health Service Professional Demonstration Grant Program. These programs help school districts recruit, train, and retain qualified mental health professionals and integrate care within educational settings.

This alternative relies on inducement tools, which use financial incentives to shape behavior (Kraft & Furlong, 2020). In this case, federal grants encourage states and districts to expand access to school-based mental health services by offsetting the cost of hiring and

retaining providers. Rather than mandating action, this tool motivates voluntary uptake by reducing financial barriers.

Policy Alternative 2: Workforce Development for School Mental Health Providers

Another significant barrier to equitable SBMH access is the shortage of qualified mental health professionals, especially in low-income and rural areas. To address this, several policy proposals focus on workforce pipeline development, including targeted loan forgiveness programs, funding for graduate training in school psychology and social work, and incentives for bilingual and culturally representative providers. For example, the Mental Health Services for Students Act of 2023, introduced by Rep. Grace Napolitano and endorsed by organizations like the National Alliance on Mental Illness (NAMI), includes provisions to fund partnerships between schools and local mental health providers while expanding access to training programs (U.S. Congress, 2023).

Workforce development initiatives represent a capacity-building approach. These tools aim to strengthen the infrastructure of school mental health systems by investing in people, through training programs, scholarships, and incentives for providers from underrepresented backgrounds (Kraft & Furlong, 2020). This strategy increases the field's ability to deliver services, especially in communities facing provider shortages.

Policy Alternative 3: State-Level Mandates on Student-to-Counselor Ratios

A third proposed solution involves the use of regulatory mandates at the state level to ensure baseline staffing requirements in schools. Several states, including California, New York, and Illinois, have passed or introduced legislation requiring schools to meet minimum student-to-counselor or student-to-psychologist ratios. For example, California set a target counselor-to-student ratio of 250:1, the recommendation from the American School Counselor

Association (ASCA). These mandates create accountability mechanisms that pressure districts to prioritize mental health staffing and provide the policy backbone for grant-funded expansion.

Mandated staffing ratios are a clear example of an authority tool, where the government directs behavior through regulation (Kraft & Furlong, 2020). By requiring schools to meet minimum counselor-to-student thresholds, states can institutionalize mental health supports as essential components of public education. This tool can ensure consistency and accountability across districts.

Political Context and Competing Problem Definition

It is important to note that other actors, particularly conservative legislators and interest groups, have proposed fundamentally different policy responses, including defunding school-based mental health grants and banning SEL curricula. These proposals emerge from an opposing problem definition, which frames SBMH as a form of government overreach or ideological influence, rather than a necessary public health intervention. While not aligned with the goals of this analysis, these alternatives shape the political feasibility of more inclusive policies and must be considered in a full political analysis.

Policy Memo Outline

Executive Summary

(no elaboration needed)

Problem Statement

The school-based mental health (SBMH) crisis in the United States, and particularly in Louisiana, reflects a growing gap between public health needs and the educational system's capacity to respond. Students of color and those from economically disadvantaged backgrounds

face disproportionate exposure to trauma and chronic stress, yet school systems remain under-resourced, underfunded, and inconsistently staffed. Louisiana has some of the worst student-to-provider ratios in the nation, with one school psychologist per 3,365 students (Hopeful Futures Campaign, 2022). While efforts have been made to integrate mental health services in schools, policy fragmentation, political opposition, and funding volatility continue to hinder progress. Without deliberate policy action, vulnerable students will remain underserved, reinforcing cycles of poor academic outcomes and unaddressed mental health needs.

List of Three Policy Options

Policy Option 1: Sustained Federal Grant Funding for School-Based Mental Health Programs

- What it is: Expanding and continuing programs like the School-Based Mental Health Services Grant Program and Mental Health Service Professional Demonstration Program under federal education and health legislation (U.S. Department of Education, 2024).
- Who proposed it: Biden administration, U.S. Department of Education, Inseparable,
 Mental Health America.
- **Government tool employed:** *Inducements*: a form of policy tool that provides financial resources or incentives to encourage specific behaviors (such as hiring mental health professionals or integrating services in schools) (Kraft & Furlong, 2020, p. 342).

Policy Option 2: School Mental Health Workforce Development Programs

 What it is: Federal or state-funded incentives such as loan forgiveness, training subsidies, and credentialing support for school-based mental health professionals, especially for culturally and linguistically diverse providers (NAMI, 2023).

- Who proposed it: Rep. Grace Napolitano (Mental Health Services for Students Act of 2023), National Alliance on Mental Illness (NAMI), Inseparable.
- Government tool employed: *Capacity-Building Tools*: which aim to empower target populations or policy agents by funding education, training, and technical assistance (Kraft & Furlong, 2020, p. 342).

Policy Option 3: State-Level Madates on Student-to-Counselor Ratios

- What it is: Legislation that requires minimum staffing standards in public schools (e.g., 250:1 counselor-to-student ratio), tied to compliance monitoring and state funding formulas (ASCA, 2022).
- Who proposed it: State legislators in California, New York, and Illinois; supported by the American School Counselor Association (ASCA) and state education equity coalitions.
- Government tool employed: *Authority Tools*: in which governments mandate behavioral changes through laws or regulations such as mandated counselor-to-student ratios (Kraft & Furlong, 2020, p. 342).

Policy Recommendation and Rationale

(no elaboration needed)

References

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