# Analyzing Public Support for School-Based Mental Health Services

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**Abstract**

**Context:** Public schools play a central role in addressing the mental health crisis among American youth, but most schools are limited in the services they provide. As of 2019, 44% of administrators cited concerns about the public's reaction as an obstacle to expanding these services.

**Methods:** The authors draw on observational data from three national surveys to study the individual-level characteristics that are associated with support for these programs. Then the authors use a conjoint experiment, which randomly varies the details of a proposal at a hypothetical school board meeting, to identify the programs, policies, and contexts that are most likely to gain the public's support.

**Results:** The authors find support for school mental health programs to be higher among women, racial minorities, younger people, and Democrats. The conjoint experiment results suggest that school mental health services receive more support when they are funded via state taxes as opposed to local taxes and when parental permission is required to participate.

**Conclusions:** The results offer guidance for policy makers, emphasizing high overall public support for school mental health services while highlighting key factors that may facilitate the implementation and acceptance of these services.

**Keywords:** mental health, schools, education policy, public opinion

Youth in the United States are facing a mental health crisis. In 2021, four in ten adolescent students felt persistently sad or hopeless, and one in five students seriously contemplated suicide (CDC 2020). Much of the public policy response to this crisis focuses on public schools. Federal agencies recommend that schools educate staff on crisis intervention, integrate mental health education into their curricula, and connect students in need with

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mental health services (SAMHSA 2019). In the 2022 federal budget, the US government devoted $300 million to expanding access to school-based mental health services (DOE 2022). This is a timely intervention, as school administrators cite a lack of funding as the biggest barrier—alongside staffing problems—to expanding their schools' services (Panchal, Cox, and Rudowitz 2022).

However, funds and staffing are not the only obstacles to expanding mental health services and education in public schools. In a 2019–20 survey fielded by the US Department of Education, 8% of school administrators cited concerns about how parents will react as a major factor limiting the scope of their districts' offerings, and 36% cited parental reaction as a minor factor (Schaeffer 2022). These concerns are not unwarranted. In several high-profile cases, parents have contested school-based mental health services as a government intrusion into their rights as parents (Ali 2021; Anderson 2022; Kennedy 2014; Kingkade 2022; Kingkade and Hixenbaugh 2021). These claims have been further advanced by conservative groups such as Moms for Liberty and were embraced by several Republican candidates in the 2024 presidential primary race (Waddick 2023).

With the politicization of school mental health programs, and administrators' concern about parents' reactions to them, we conducted what is to our knowledge the first systematic analysis of US public opinion around school-based mental health programs. First, we analyzed three national surveys to identify individual-level characteristics associated with support for these programs. Then we conducted a conjoint experiment to identify conditions under which school-based mental health services receive the most support. By randomly varying the details of a hypothetical proposal, the experiment identifies a causal link between public opinion, on the one hand, and different program types, funding sources, program advocates, and policies for parental involvement on the other.

The article begins by discussing the value of school mental health services and the factors that have limited their expansion in the United States. Then, turning to public opinion, we theorize factors at the individual, programmatic, and contextual levels that may affect support for these programs. From there, we present our analyses. Observational data from three national surveys show that women, younger people, and Democrats are more supportive of school-based efforts to improve mental health.[1] Importantly,

1. These observational data are from surveys commissioned by the Kaiser Family Foundation and the National Alliance on Mental Illness, and top-line results from them have been published previously. The subgroup and regression analyses we conduct with them, however, are original.

however, support for these efforts is high across the board, and for no subgroup does it dip below a majority. Results from our conjoint experiment demonstrate that programs that require parental permission, are funded by the state as opposed to local funds, and have at least as many local supporters as opponents are most likely to win the public's approval.

Ultimately, this article offers guidance for policy makers aiming to expand school mental health programs with community backing. Our findings provide insight into public opinion on this issue and contribute to a broader literature on how schools can navigate contentious but educationally important issues.



## The Role of Public Schools in Promoting Mental Health

Americans are very concerned about the youth mental health crisis and see schools as being part of the solution. In recent surveys, US parents cited mental health as their greatest concern on a list of eight issues that children often face, and 87% want schools to incorporate mental health education (Minkin and Horowitz 2023; NAMI 2021). Likewise, policy makers have increasingly focused on youth mental health. At the national level, the Biden administration allocated hundreds of millions of dollars toward addressing youth mental health, with most of it going to schools (DOE 2022). At the local level, two-thirds of school districts say their mental health services have expanded since the COVID-19 pandemic (Panchal, Cox, and Rudowitz 2022), and in a survey of 344 school board members, more respondents expressed concern about student mental health than about funding, staffing, or test scores (MHFA 2023).

School-based mental health services are not new and have long been considered the de facto mental health system for youth. As Burns and colleagues (1995) show, most children who receive mental health care do so outside of the specialty mental health sector. At the time, three fourths of children who received care were seen at school or through school-based programs, and the education sector has remained integral to addressing youth mental health since. Today, the most comprehensive school-based mental health programs incorporate a five-stage multitier approach to promoting mental health among their students. The first tiers involve proactive mental health interventions targeted at the entire student body, such as classroom lessons that teach emotional skills, and early identification (e.g., via screening questionnaires) of mental health concerns (SAMHSA 2019). Later tiers target interventions for students who are at risk of either aggressive behavior or delinquency, or those with severe or chronic behavioral issues.

These programs have been shown to yield positive outcomes among adolescents. When children are instructed on social-emotional learning (SEL), which is focused on managing emotions and relationships, and building a sense of identity, they achieve higher standardized test scores compared to peers who do not receive these lessons (Hart et al. 2020). Likewise, Gall and colleagues (2000) find that when pediatric symptom checklists are fielded to students, schools can predict future rates of absenteeism based on students' self-reports on mental health questions. However, some observers have raised concerns about the checklists' compliance with student privacy laws,[2] and others have highlighted the need for more randomized and controlled tests of their effectiveness (Anderson et al. 2019; von Zastrow 2022). Later-tier services, such as counseling, small-group therapy, and daily teacher check-ins, have been shown to immensely improve student depression, anxiety, PTSD, and substance abuse problems (DOE 2021; Benningfield, Riggs, and Stephan 2015; Carney et al. 2016; Kataoka et al. 2011; Langley et al. 2010; Warner et al. 2007; Young 2011).

Schools, however, are limited in what services they can provide. Although roughly 84% of schools have a designated person for students to talk to about emotional issues (whether a school counselor or licensed therapist), relatively few provide the comprehensive level of care recommended by the Centers for Disease Control and Prevention (CDC 2020). Only one third of schools, for instance, proactively screen students for mental health concerns, and about half of administrators say their schools cannot meet their students' mental health needs (Panchal, Cox, and Rudowitz 2022). As a result, schools often partner with substance abuse and mental health providers to ensure that students who need help have access to assessment and treatment.

Although funding is the primary reason that schools do not provide comprehensive services to students, 44% of school administrators said that concerns about reactions from parents are at least a minor limitation in their efforts to provide mental health services (Schaeffer 2022). Indeed, teaching about social topics has led to conflict at school board meetings across the country. Controversy is common on issues such as sexual education (ACLU 1998) and evolutionary theory (Berkman and Plutzer 2010; Reilly 2022), and school-based mental health services are gradually being added to this

2. Regulations depend on the nature of the questionnaire. In general, schools that receive federal funding cannot *require* students to take a screener without obtaining their parents' written consent, but this may not apply to questionnaires that are completed voluntarily. See Stone (2021) for further reading.

list. One of the biggest targets, social-emotional learning, has been referred to by conservative activists as a Trojan horse for higher-profile issues such as critical race theory (Anderson 2022).

It may seem unlikely that mental health services would stir controversy. An overwhelming majority of Americans, upward of 90%, recognize the value of mental health treatment (UHS 2019). However, the current era features high political polarization and relatively low institutional trust, and there are political differences in how individuals view mental health. Previous work has shown that Republicans are more likely to blame mental health patients for their mental illness and are less likely to support insurance coverage for treatment of mental health issues (Munsch, Barnes, and Kline 2020). In polarized contexts, small, seemingly apolitical differences between supporters of each party can still hold the potential to generate conflict (DellaPosta 2020; Finkel et al. 2020). Furthermore, services like these may attract the ire of "parental rights" advocates, a group defined by low institutional trust and conservative views on social issues (Foran 2022). Many activists oppose vaccine requirements for enrollment in public schools, particularly following the COVID-19 pandemic, and the factors that inform this opposition could also extend to schools' provision of mental health treatment (Haeder 2021; Haeder et al. 2024; Maldonado 2023).

The fraught political environment that public school administrators face creates the need for scholarly research into how the public views mental health services in schools, and how it may respond to proposals to expand them. In the next sections, we set forth expectations for individual and proposal-specific factors that can explain variation in support for these services. Then we analyze survey data and results from a conjoint experiment to test those hypotheses.

## Factors That May Influence Support for School-Based Mental Health Services

As we have discussed, schools can play a central role in addressing the mental health crisis, but their ability to do so may be limited by concerns about public opinion. This creates demand for an analysis of the factors that may affect support for school-based mental health services. We study this at both the individual and the contextual-programmatic levels. In this section, we set expectations for why some people are more likely to support these programs than others, and for how programs can be presented to garner greater support.

## Individual-Level Factors

Top-line results from survey questions about school-based mental health services indicate that public support for these programs is high, but not unanimous, and differences between groups are likely to exist. We consider this variation from two angles. One understands support for these services as an extension of attitudes toward mental health treatment more broadly. The second considers it as a function of attitudes toward the role of government and demand for government services.

A sizable body of research has examined the social factors that shape people's attitudes toward mental health treatment. Scholarship from the US context finds that Americans have become increasingly willing to seek professional help for mental health problems over time (Mojtabai 2007). By way of example, a recent poll by Forbes Health shows that 78% of Americans see talk therapy as either "very important" or "somewhat important" to supporting mental health (Lester and Hall 2023). This support for treatment, however, is not uniform across all demographic groups. The same Forbes Health poll showed that younger people hold more supportive attitudes, with 95% of respondents between 18 and 26 years old saying therapy is important to supporting mental health, well above the overall average. We also expect differences by gender and ideology. Women are more likely than men to endorse mental health treatment (Brenan 2022), and liberals show greater belief in the efficacy of treatment because they are less likely to attribute mental health problems to factors within an individual's control (Munsch, Barnes, and Kline 2020). On two other major demographics, race and ethnicity, expectations are more ambiguous. Some studies have reported more negative attitudes among racial minority groups (Cooper et al. 2003; Nadeem, Lange, and Miranda 2008; Pederson et al. 2022; Sanchez and King 1986), whereas other studies have found no difference or positive attitudes among racial minorities (Anglin et al. 2008; Furnham and Andrew 1996; Leaf et al. 1987; Schnittker et al. 2005). We will explore differences across white, Black, and Hispanic respondents in the data we collect (sample sizes are too small to estimate other groups), but we approach the analysis with no set expectations.

Setting aside attitudes toward mental health treatment, people's views toward school-based services may also cohere with attitudes toward government services. In terms of partisanship, Republicans are less likely to support government spending on health care (PRC 2020). That said, people across the partisan spectrum are more likely to support services that they may benefit from (Fiorina and Noll 1978). In this way, we may expect

parents of school-age children to be more supportive of expanded services than those who have no children or whose kids have left the nest.

To summarize, we expect that young people, women, Democrats, and parents will show greater support for school-based mental health programs. By testing these hypotheses, we can observe the individual-level correlates of support for mental health programs in schools, which can inform policy makers' expectations about how the public may react to new programs. That said, public opinion does not exist in a vacuum. Citizens are responsive to the information environments and social dynamics around them, and policy makers can take steps to secure the public's buy-in for new services (Fung 2006; Kahan 2010). We consider some of these contextual and programmatic factors in the next section.

## Contextual and Programmatic Factors

A variety of factors beyond the individual level inform how the public will respond to a new policy proposal. Researchers have noted that there is often a disconnect between survey-based estimates of public opinion on an issue and the way the public responds when the government acts on the issue (e.g., Jacobs and Mettler 2011; Weissberg 2001). Even if support for school-based mental health services is high in theory, what steps can policy makers take to ensure it remains that way when these services are proposed?

Research on policy feedback gives us a framework for answering that question. The guiding principle of this work is Schattschneider's (1935: 288) dictum that "a new policy creates a new politics," and this can occur even when policies are first proposed. For example, in the wake of debates around the Affordable Care Act, scholars sought to understand why policies with high support on surveys would encounter such ferocious resistance when proposed as legislation (Hopkins 2024; Jacobs and Mettler 2011). Jacobs and Mettler (2018) highlight three dynamics that can help explain why some seemingly popular policies encounter resistance and others do not.[3] First, political factors such as partisanship or distrust in government may become activated when a policy is introduced as legislation. Second, the way a policy is designed may lead people to be less supportive of it in practice than in principle. Third, and relatedly, when a policy shifts from being an idea to a proposal, people may begin to more clearly see its burdens as well as its benefits.

3. These are adapted to the context of the proposal stage; the authors see them as affecting public opinion at multiple stages of the policy process (e.g., including after the policy is adopted).

Each of these has the potential to undermine support for a school-based mental health service when it is introduced. Politically, if a policy idea encounters any opposition, that support will likely soften, even among those who do not share in opponents' concerns. The long literature on conformity, for instance, suggests that the public is likely to assent to proposals for which vocal support but no opposition is expressed (Bond and Smith 1996). However, even a small minority can "stimulate divergent attention thought" to an issue (Nemeth 1986: 23), although its influence wanes as the majority grows proportionally larger (Clark and Maass 1990). From these insights, we expect program support to be higher in contexts with no vocal opposition; and when there is opposition, we expect support to be higher than opposition when supporters outnumber opponents.

Of course, the politics of the opposition is also a relevant factor. Organized opposition to mental health services in schools has come mainly from conservative groups, and this may spark cue-taking effects in public opinion. On many political issues, citizens use informational shortcuts—such as which groups support or oppose an idea—to develop their own opinions (Carmines and Kuklinski 1990; Zaller 1992). In this context, we expect a conservative group's opposition to school-based mental health programs to reduce support among conservatives, with no effects on other ideological groups.

Jacobs and Mettler (2018) also note that, beyond politics itself, the way a policy is designed may lead to weaker support of a program in practice than in theory. There are at least a few parts of the design and introduction of a school-based mental health service that may temper support or trigger opposition. The first is the perception of parental buy-in. On other sensitive school decisions, such as teaching contraception in health education courses, parents overwhelmingly say they should play a role—alongside experts and school administrators—in determining course content (Santelli et al. 1992). The same logic likely applies to designing policies for a school-based mental health service, and indeed, guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance encourages administrators to avoid a "tell then sell" approach to introducing these programs (SAMHSA 2019). Therefore, we hypothesize that a service introduced by a working group of parents would enjoy higher support than one simply presented by the school superintendent.

Building on this, another important design feature may be the degree of control parents have over their children's use of school-based mental health services. Some districts require parents to be notified or give explicit permission before sensitive topics are taught in the classroom (Bialystok

2018), and in terms of resources such as school-based counseling, districts may or may not require parents to be involved (Barry 2022). We expect policies that give parents greater control to yield higher support. On a theoretical level, people are more fearful of losses than they are hopeful about gains (Tversky and Kahneman 1991); this may lead some parents to prefer a status quo in which they have control over their children's mental health care to one in which they do not. Opposition to these programs typically comes from the political right, which at various points over the past three decades has been mobilized by concerns that parents give up too much control to schools (Bartholet 2020; Foran 2022; Lane 1998). Thus, mental health services with policies allowing more parental control may sidestep their most likely source of opposition.

Lastly, when a policy idea is introduced in real-life form, it may lead citizens to have a clearer sense of its benefits and burdens. One step that could increase the perceived benefits of school-based mental health services is to highlight the extent to which they are established and evidence-based. Groups such as SAMHSA, the American Psychological Association (APA), and the National Alliance on Mental Illness (NAMI) provide lesson plans, curricula, and program blueprints for school districts to adopt, and the public responds to informational cues like these to form opinions efficiently (Popkin 1994). At the same time, however, trust in scientific experts has declined in recent decades (Funk et al. 2019; Nichols 2017), and some people may be repelled by the endorsement of a major professional association. We therefore expect the effect of an expert endorsement on program approval to be conditional on a person's level of trust in experts. In terms of burdens, policies that sound good in theory often meet opposition when it comes time to pay for them. When programs are funded at higher levels of government, however, their tax burden is dispersed over a larger population, which can lead individuals to perceive lower costs (see Berry 2008). This is why social programs and redistributive policy are typically passed at higher levels of government (Pfähler 1990), and we expect people to support a school-based mental health program more when it is funded at the state level relative to the local level.

## Data and Design

In the previous section, we laid out expectations for several individual and structural factors that may affect support for school-based mental health services. To test the individual-level expectations, we turn to data from three high-quality surveys fielded in 2021 and 2022.

The first of these surveys was a collaboration between the Kaiser Family Foundation (KFF) and CNN, which sought to understand attitudes toward mental health among the US adult public. The survey sample was drawn from the probability-based SSRS Opinion Panel, and it included both web-based participants (n = 1,603) recruited using mailed invitations and phone participants (n = 401) reached using random-digit dialing. Sample demographics were weighted to reflect the US adult population, based on data from the US Census's 2021 Current Population Survey. The margin of error was ±3 percentage points for the full sample at 95% confidence.

The second and third of these surveys were commissioned by NAMI, using the KnowledgePanel by Ipsos. This is a probability-based web panel of 60,000 participants recruited via invitations sent to residential addresses randomly selected from the US Postal Service's Delivery Sequence File.[4] Participants from non-Internet households were given a tablet and mobile data plan to use to participate. The first NAMI survey, in 2021, was fielded only to parents of children 0–17 years old (n = 1,010), and it asked about their opinions about mental health, parenting, and schooling. Weights benchmarked to the 2021 Current Population Survey ensure that the sample is representative of parents nationwide, and the full sample margin of error was ±3.5 percentage points at 95% confidence. The second survey, in 2022, collected responses from 3,071 US adults and asked about mental health–related policy preferences. A similar approach to weighting makes the sample representative of the US adult population, with a full sample margin of error of ±1.9 percentage points at 95% confidence.

Table 1 presents the questions that we used from each survey to study how Americans feel about school-based mental health interventions. Helpfully, each of these questions approaches the issue from a different angle, so our analysis captures at least some of the breadth of this topic. The most general question was from the KFF/CNN poll, which asked respondents how much of a role schools should play in addressing mental health problems, with options being a major role, a minor role, or no role at all. The NAMI polls also provide a window into Americans' general views, asking their support of mental health education, and two other questions ask about specific policies: allowing students to take mental health days off, and allowing teachers to connect students with mental health support.

It is important to note that the surveys above have been discussed previously by NAMI and KFF in their press releases and survey reports (Ipsos n.d.; Lopes et al. 2022; NAMI 2021). These primarily identify the majority

4. This is very similar to the approach that the SSRS Opinion Panel takes to recruit its web sample.

**Table 1** Survey Questions Used in Analysis of Individual-Level Support for School-Based Mental Health Services

| Sponsor | Date | Target population | Questions |
|---|---|---|---|
| National Alliance on Mental Health | September 2022 | US adults | Thinking about access to mental health care, how much do you agree or disagree with the following statements: "Teachers and school administrators should be able to connect students younger than 18 with mental health support they may need."<br>*Options: strongly agree, somewhat agree, somewhat disagree, strongly disagree* |
| Kaiser Family Foundation/ CNN | August 2022 | US adults | How much of a role should the following play in helping address mental health problems in United States society today: "Schools"<br>*Options: a major role, a minor role, no role at all* |
| National Alliance on Mental Health | November 2021 | US parents of children aged 0–17 | Please indicate how much you agree or disagree with the following statements:<br>■ "Mental health education should be taught in school."<br>■ "Schools should allow students to take days off to support and/or treat their mental health."<br>*Options: strongly agree, somewhat agree, somewhat disagree, strongly disagree* |

support that each statement receives from the survey sample—ranging from 65% saying that schools should play a major role in addressing the mental health crisis, to 85% saying that mental health education should be taught—and the KFF report also shares a breakdown by race and partisanship. Both here and in the appendix, however, we dig deeper to see what information these survey data hold. In the appendix, we compare the weighted proportion of agreement for each statement across several demographic subgroups to see variation in support. Importantly, support for each statement is above 50% for every political and demographic subgroup that we studied.

We test our hypotheses by fitting a logistic regression to each of the survey responses, which we code as 1 if the respondent agreed with the statement, and 0 if they did not. As predictors, we use each of the demographic or political characteristics described in our hypotheses, and if the coefficient points significantly in the direction we expect, we report our hypothesis as supported. This paints a clearer picture of what traits independently lead to higher or lower support, which can motivate more causal research in the future and can give school administrators a clearer sense of how their district may respond to new services based on the makeup of its residents.

To test our contextual and programmatic hypotheses, we ran a conjoint experiment as part of an original survey fielded in August 2023 on the Connect platform by Cloud Research. In a conjoint experiment, the researcher randomly varies several characteristics about a topic (common examples are a situation, a program, or a candidate) before measuring the respondent's attitude toward the topic.[5] This allows researchers to causally identify the characteristics that impact attitudes the most. External validation of this design indicates that conjoint experiments are valid yet conservative tests of causation (Hainmueller, Hangartner, and Yamamoto 2015).

In our conjoint experiment, we presented 1,000 respondents with the details of a hypothetical school board meeting at which a mental health program is introduced. Respondents are told that the program will be implemented at the middle and high school levels, and that currently no such program exists in the school district. The nature of the programs, the presenters, the funding source, policies regarding parental permission, and the people present at the meeting are all independently randomized. A Likert-type scale was used to measure support for the proposal after it was presented. Respondents read and responded to four of these hypothetical proposals, creating a final sample size of N = 3,964 after inattentive respondents were removed.[6]

A breakdown of characteristics and attributes is presented in table 2, and each of them (besides program content) aligns with one of our hypotheses. Our expectations about how the messenger may affect program support,

5. Here, we collect respondent attitudes toward only one proposal at a time. Researchers who wish to model the public's choices—between products or candidates, for example—tend to use "paired" or "discrete choice" conjoint designs in which participants must choose between options.

6. Presenting multiple instances of a conjoint to respondents is a standard practice, as it allows researchers to multiply their sample size, and treatment effects tend to be consistent unless a very large number of waves is used (Algara and Simmons 2023; Bansak et al. 2021). Steps for removing inattentive respondents were preregistered on AsPredicted.org, and the plan can be viewed in the appendix.

for example, are reflected in the presenter characteristic, which can take the value of "a volunteer working group of parents" or "the school superintendent." Each attribute is selected at random, with one tweak to keep grammatical consistency, and a second to make program support larger and more frequent than opposition, to reflect the high support these programs tend to receive.[7] Most of our hypotheses map clearly onto one of the conjoint variables, but others require more explanation. The contextual hypotheses hold that people will be more supportive when there is no opposition, and they will be increasingly more supportive as the ratio of supporters to opponents increases. In presenting our results, we will compare conditions to those in which no opposition was present, and for the remainder we will typify the ratio of support to opposition as the measure having more opponents than supporters, being evenly split between opponents and supporters, having more supporters than opponents, or having many more supporters than opponents (a difference of more than a dozen vs. a difference of a few). Additionally, we expect that the presence of an APA label on a program may have differential effects based on the respondent's trust in experts. To test this, we find the marginal mean for respondents who in an earlier survey question said experts are "better" than other people at making policy decisions in their area of expertise, relative to those who said they are "about the same" or "worse."

The conjoint incorporates three separate proposals that do not carry theoretical significance but are important from methodological and policy perspectives. For the former, we varied the proposal between waves of the conjoint to maintain respondent engagement and to reduce the chance that our results are artifactual to a particular type of policy intervention. For the latter, the curricular and screening proposals are part of the first and second tiers of SAMHSA's comprehensive multitiered systems of support and they represent efforts by which schools proactively engage the student body to promote mental health. Because schools lag furthest behind best practices in this type of proactive engagement, we expect these proposals to be especially relevant to school boards considering new services. Then, the counseling proposal, which covers emergency counseling as well as regular visits, is based on a similar plan that attracted controversy in a high-profile Connecticut case (Barry 2022). Including it adds to the external validity of our experiment.

7. Specifically, the verbiage of the parental permission policy changes from "will" to "can" when the proposal is in reference to therapy. Additionally, the opposition characteristic is set so that no opponents are mentioned in half of the proposals, and when they are, there is a lower ceiling on their numbers than there is for supporters.

**Table 2** Characteristics and Attributes of the School Board Meeting Conjoint Experiment

| Characteristic | Attributes |
|---|---|
| Proposal | ▪ Hire a clinical psychologist to teach a course on self-awareness, self-control, and interpersonal skills.<br>▪ Field a questionnaire to students for early detection of possible mental health disorders.<br>▪ Allow students to seek emergency counseling from a licensed therapist, and/or schedule regular sessions during their free periods. |
| Development | ▪ [None mentioned]<br>▪ The program was originally developed by the American Psychological Association. |
| Who introduced it? | ▪ A volunteer working group of local parents<br>▪ The school superintendent |
| How will it be funded? | ▪ With a grant from the federal government<br>▪ With a grant from the state government<br>▪ With a 50-50 split of state and local funds<br>▪ With local property taxes |
| Parental permission policy | ▪ Parents must sign a permission form for students to participate.<br>▪ All students will* participate by default, but parents can opt their children out.<br>▪ All students will* participate, but parents will be notified beforehand.<br>▪ All students will* participate, with no parental permission or notification required.<br>* *Changes to "can" for counseling proposal.* |
| Support | ▪ More than a dozen parents attended in support of the program.<br>▪ Several parents attended in support of the program.<br>▪ A few parents attended in support of the program. |
| Opposition | ▪ [None mentioned; occurs half the time.]<br>▪ However, a few other parents opposed it.<br>▪ However, several other parents opposed it.<br>▪ However, a few parents from the conservative Moms for Liberty group opposed it.<br>▪ However, several parents from the conservative Moms for Liberty group opposed it. |

*Note*: To see how these characteristics appeared to respondents, a screenshot from the Qualtrics survey platform is provided in the appendix.

These characteristics and the hypotheses they attach to were preregistered on AsPredicted.org. An anonymized version of that preregistration can be found in the appendix. The experiment was conducted on the Qualtrics platform, and the sample was recruited on the Connect platform by CloudResearch, with demographics matched to US Census estimates. Participants received $0.70 for their time. They completed the survey in an average of slightly more than four minutes, in line with our expectations for its length, and gave the study 4.9 out of 5.0 stars in terms of user satisfaction. To calculate results of the experiment, the ordinal response is converted to a scale ranging from 1 to 7, with higher values indicating greater support, and the average marginal component effect (AMCE) indicates each attribute's effect on support. We also cluster standard errors on the individual to account for the nonindependence of responses from the same participant.

## Results

### Observational Analysis

We begin with a presentation of results from our analysis of survey data collected by NAMI and KFF. As described in table 1, these surveys contain questions about Americans' view of the role schools should play in addressing mental health and about their attitudes on mental health education, allowing children to take mental health days off from school, and allowing teachers to connect students with mental health support.

Agreement with each of these statements is operationalized in binary format, where 1 indicates agreement with the statement in the NAMI questions, or belief that schools should play a "major role" in the KFF question, and 0 indicates that they did not agree or that they thought schools should play a "minor role" or "no role at all." To explain variation in responses, we fit a logistic regression to these variables, using the respondents' age, race, gender, partisanship, education, and parental status as predictors.

Their effect on agreement is displayed as an odds ratio in table 3. Ratios above 1.00 indicate that the odds of agreement increase when that factor is in place, and those below 1.00 indicate that the odds decrease (i.e., they are multiplied by a value between 0.00 and 1.00).

We begin by looking across the four models. In each of them, agreement with the statement can be explained as a function of personal characteristics, with the notable exception of "mental health education should be taught in school." This statement was the most popular of the four, with 85

**Table 3** Logistic Regressions Explaining Agreement with the Four Statements Relating to Schools' Role in Promoting Mental Health

| | Play a Major Role (vs. minor or none) | | Teach Mental Health | | Allow Sick Days for Mental Health | | Connect Students with Mental Health Resources | |
|---|---|---|---|---|---|---|---|---|
| Statement | Odds Ratios | SE | Odds Ratios | SE | Odds Ratios | SE | Odds Ratios | SE |
| Female | 1.76** | 0.18 | 1.31 | 0.27 | 2.43** | 0.38 | 1.60** | 0.16 |
| Age (years) | 0.99** | 0.00 | 1.02 | 0.01 | 0.97** | 0.01 | 0.99** | 0.00 |
| Bachelor's or higher | 0.75** | 0.08 | 1.16 | 0.24 | 0.92** | 0.15 | 1.18 | 0.12 |
| Parent | 1.10 | 0.14 | | | | | 0.84 | 0.10 |
| Democrat | 1.76** | 0.22 | 0.99 | 0.24 | 1.79** | 0.37 | 2.72** | 0.40 |
| Republican | 0.79^ | 0.10 | 1.04 | 0.24 | 0.71^ | 0.12 | 0.56** | 0.06 |
| Black | 1.81** | 0.27 | 1.20 | 0.46 | 1.67 | 0.54 | 0.74^ | 0.13 |
| Hispanic | 1.66** | 0.26 | 0.69 | 0.18 | 1.01 | 0.23 | 0.78^ | 0.12 |
| (Intercept) | 1.91** | 0.41 | 2.67^ | 1.50 | 4.34** | 1.91 | 6.57** | 1.27 |
| Observations | 1,839 | | 891 | | 891 | | 2,800 | |
| Pseudo R-squared | 0.086 | | 0.007 | | 0.090 | | 0.064 | |

*Notes*: ** $p < .01$, * $p < .05$, ^ $p < .10$ (two-tailed). SE = standard error. Results are from logistic regressions explaining agreement with each statement. Odds ratios above 1.00 indicate a positive association; odds ratios below 1.00 indicate a negative association. Reference category for partisanship is independent and for race is white. Overall agreement for the statements was (in order from left to right) 65%, 85%, 70%, and 81%.

percent of respondents agreeing. If we assume some disagreement to be idiosyncratic or a function of survey error, it is possible there was not enough variation in responses to this statement for personal characteristics to explain.

Reviewing the other three models, we compare the results to our hypotheses that young people, women, Democrats, and parents will show greater support for school-based mental health programs. We find support for all of these except for the effect of parenthood. Young people are more supportive of all three statements, net other factors, as the coefficient on age indicates a drop of 1%–3% in the odds of statement agreement for each year of age that a respondent can claim. Then, looking at gender, women are considerably more supportive of each statement, with the effect of being female increasing the odds of a respondent's agreement from 60% for the "connect students with resources" statement to 143% for the mental health sick days proposal. Finally, partisanship has effects in the expected direction, with Democrats

being more likely to agree with each statement relative to independents, and Republicans being marginally less likely.[8]

Before moving on, we also wish to make note of the results around race and ethnicity, which we had no set expectations about when we conducted the analysis. Race appears to affect responses to the KFF question about the role that schools should play in addressing the mental health crisis, with Black and Hispanic respondents being more likely to say they support schools playing "a major role" in addressing youth mental health. Curiously, however, being from a minority racial or ethnic background is associated with marginally less support for the statement that teachers and administrators should be allowed to connect students with mental health resources. The present data do not allow us to unpack this further, but these marginal results may nevertheless be useful for additional study, as they suggest that in majority-minority communities, there may be greater demand for services and for a more consultative approach to developing them.

## Experimental Results

Now we turn to our experimental analysis. To review, we embedded a conjoint experiment in an original survey, which varied the attributes of a proposal for a new school-based mental health program as well as the meeting at which it was presented. Because these attributes appeared randomly and independently from one another, we can calculate their causal effect on respondent attitudes toward the proposal, which were measured on a Likert-type scale and converted to values ranging from 1 to 7.

Figure 1 presents the results of this experiment. The points on the graph represent the estimate of the AMCE associated with each attribute, or how much the appearance of that attribute shifted responses on the 1 to 7 scale. The error bar around those points represents the 95% confidence interval. If that interval overlaps with the dashed vertical line, then we can say that the difference between the attribute and the reference category (presented first in each group) is indistinguishable from 0. Importantly, AMCEs should be interpreted in relation to the mean value for the response variable, which was 5.54, indicating an average response between "slightly support" and "support" on the scale. It is also worth noting that across all conjoint conditions shown to respondents, 80.3% received "slight support" or better.

Comparing the conjoint results to our hypotheses, the most pronounced effects we see are in relation to funding and parental permission policies.

8. The difference between support among Republicans and among independents reaches statistical significance on the "connect students with resources" statement.

Programs that are funded entirely at the local level receive less support than those that draw on state or federal funds. Relative to a policy that requires no permission or notification of parents, any level of parental engagement sees an increase in support of at least three-tenths of an ordinal step. Although it cannot be visually estimated by comparing confidence intervals, a z-test confirms that requiring permission from parents also yields a significant increase in support over simply notifying them.

There are also significant results attached to the community reaction characteristic. We expected that no opposition would yield more support than other conditions, and that support would get higher as the ratio of support to opposition increased. Both expectations receive at least partial support. The condition where there is no opposition at all yields significantly more than one in which most attendees are opponents, and marginally more than one in which just a minority are. This comports with the conformity hypothesis: Any opposition may reduce support relative to none. Our second hypothesis, that support would increase as does the ratio of supporters to opponents, sees more mixed results. There is a difference at $p = 0.07$ between the "more opponents" and "evenly split" conditions, with the evenly split ratio garnering more support, but the point estimates drop for the more support-heavy conditions.

Finally, although it did not tie to our theoretical expectations, we are interested in noting the differences in support across proposal types. School-based counseling is slightly more popular than classes that teach emotional skills, and fielding a questionnaire for early detection of mental illness received by far the least support. These findings could be related to the individualization of counseling as opposed to the more blanket nature of the other proposals. Nevertheless, when comparing treatment effects to the mean response value of 5.54, none were impactful enough to bring the expected response below the "slightly support" response on the Likert-style scale that respondents used.

We also laid out two conditional hypotheses about how certain attributes may work differently depending on a respondent's preexisting attitudes. One was that support for a program developed by the APA may depend on a person's trust in experts: People with high trust may be more supportive, whereas those with lower trust may be repelled by the program. To test this, we placed a question earlier in the survey that asked how people view the decision-making of experts in their area of specialization: Are they better, worse, or neither better nor worse at making good policy decisions in that area than other people? Another conditional hypothesis was that opposition to a program by conservative activists may cue a respondent to think about the proposal more ideologically, which may in turn lead to lower support

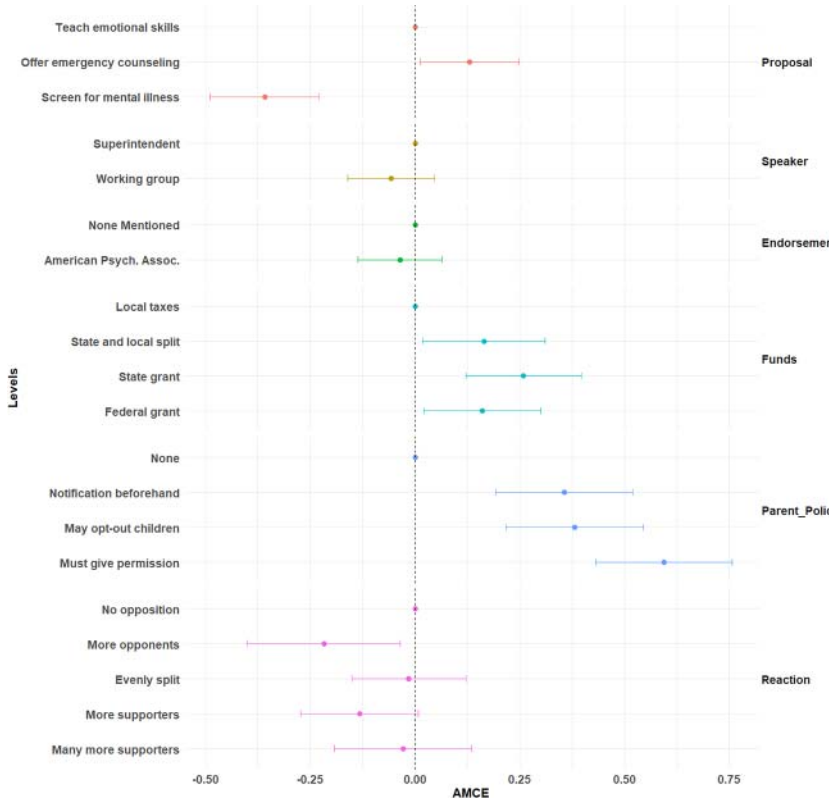


**Figure 1** Effect of policy details and context on support for school-based mental health treatment.

among conservatives. We use data on respondent ideology from the initial Connect platform survey to separate conservative respondents from others.

Results from these two conditional analyses are presented side by side in figure 2. The point estimates indicate the average score given by each group, in each condition, to the proposal, and the lines extending from them indicate a 95% confidence interval. Neither hypothesis was clearly supported by the data, although this is not to say that no such effects exist, as conjoint experiments are prone to type II errors. In particular, the effect of a program being developed by the APA is marginally significant (at $p < .10$) among the one fifth of respondents who felt experts were equally good or worse at making policy decisions compared to others. This should not be understood as a definitive result but may still be instructive for administrators working in areas of low institutional trust.

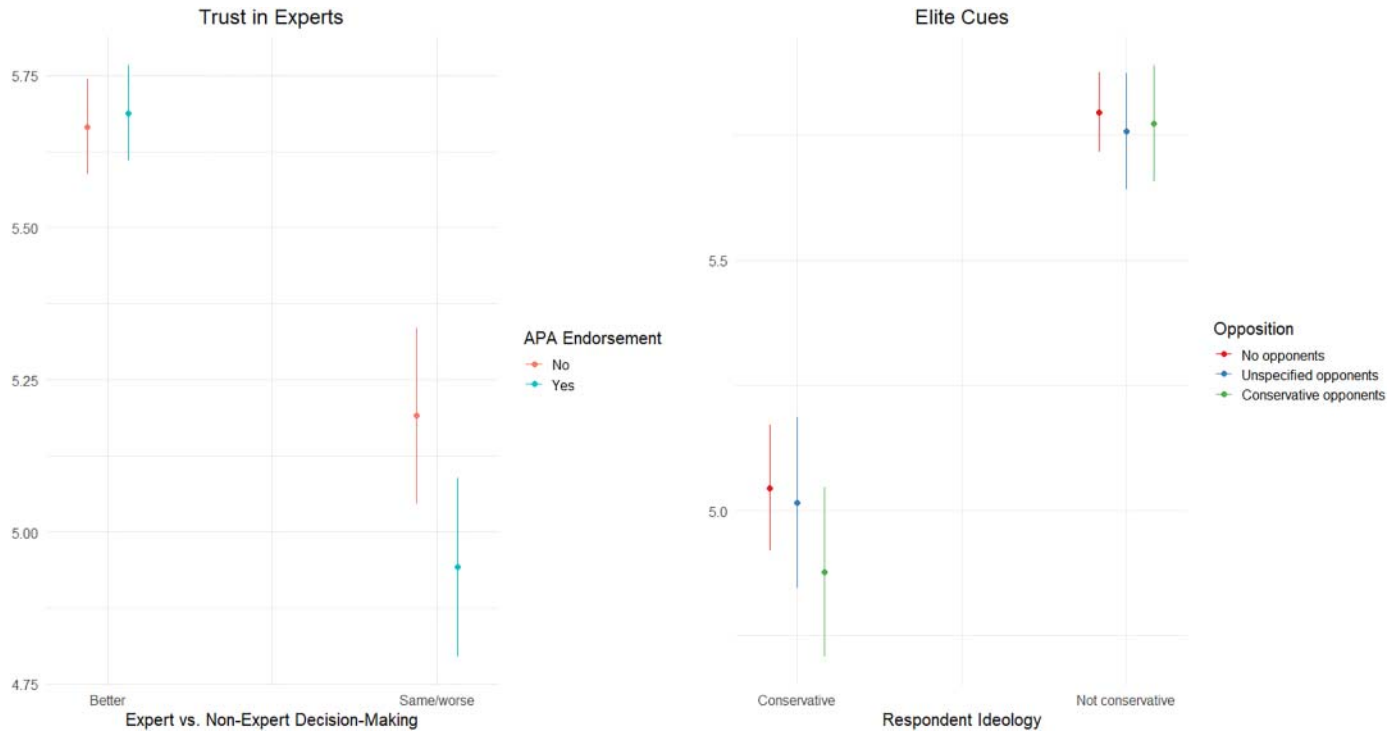


**Figure 2** Conditional effects of expert endorsement and opponent ideology on program support.

*Notes*: *Y* axis indicates mean level of program support, where 4 is "neither support nor oppose," 5 is "slightly support," and 6 is "support." Points indicate estimate for group/condition, with whiskers showing the 95% confidence interval.

Finally, we wish to note three supplemental analyses that are presented in more detail in the appendix. The first subsets our experimental data to just those respondents with children younger than 18, to see whether our results differ among the fraction of the public that may take the greatest interest in these programs. All the results in the main analysis were the same among this group, except for those attached to funding: Parents appear more open to locally funding these programs than other respondents did.

We also conducted analyses based on the open-ended comments that respondents left after completing the survey. Most of the substantive comments pertained to parental permission, and notably, they represented a wide variety of views, ranging from those saying it would be inappropriate for schools to implement these services without parental permission to those saying it would be inappropriate to ask permission, given that children may need these services to manage unhealthy family situations. One respondent wryly noted both sides of the argument: "The issue of parental consent . . . darned if you do and darned if you don't." Sensing an ideological cleavage around this issue, we ran a conditional analysis interacting the effect of a policy with a parental veto (an opt-out or permission form) on respondent partisanship. We found that support among Republicans increases by half of an ordinal step—to the same level as that of independents—when a parental veto is allowed, while there is no difference in support among Democrats based on this policy.

Additionally, a few respondents suggested their attitudes may differ depending on whether the programs were targeted at the middle school level or the high school level. (The conjoint task said the proposed policies would be implemented at both levels.) We asked colleagues at a university-based survey center to query about our three policies in a November 2023 survey of a large and diverse US state, randomly assigning some respondents to consider them at the middle school level and others at the high school level. Although the point estimates for approval of high school interventions were slightly higher, the differences were not statistically significant for any of the policies, and approval was above 75% in all cases.

## Conclusion

In this study, we presented the results of the first (by our reading) empirical study of public support for school-based mental health programs. At the individual level, we used logistic regressions to show that support is higher among women, Democrats, and younger people. Then, using a conjoint experiment, we showed a link between program support and how it is

funded, the parental permission policies used, and the balance of community support and opposition.

Both sets of findings can be used to inform policy makers or serve as the basis for additional research. The results in table 3 can give school administrators a baseline sense of how receptive their community may be to new programs, based on knowledge of their district. The experimental results provide insight into what may be the biggest movers of policy support when a policy shifts from idea to real-life proposal. They highlight the importance of funding and permission policies, while supplementary analysis showed that the latter can dramatically affect support among Republicans in particular.

The analysis also produced a few secondary results that we were unable to discuss fully but may be instructive for future research. First, we noticed a counterintuitive pattern in the responses of Black and Latino participants in the KFF and NAMI surveys. Net other demographic factors, respondents from these backgrounds were more supportive of "a major role" for schools in promoting youth mental health; however, they were if anything slightly less supportive of allowing schools to connect students with resources. Although the results here are tentative, they align with a narrative about higher demand for government but less trust in it among marginalized groups (Cheng and Sandfort 2023), which should be studied further in the context of youth mental health. Another secondary result worth additional study is that, of the three proposals in the conjoint experiment, support for mental health screening questionnaires was by far the lowest. Although most respondents still registered support on conjoint tasks that included this proposal, it indicates that there remains a stigma around detecting potential mental illness, even if the screeners are not formally diagnostic. Future research may wish to better explain this lower support and identify frames or design features that may counteract it.

We also believe our study has implications beyond mental health services for other sensitive issues that schools may encounter. Public opinion dynamics likely do not exist in a vacuum. Links between a policy design and public opinion are likely correlated across topics, and to that end, funding and parental permission may be hot topics more broadly unless additional research suggests otherwise. We also encourage further use of conjoint experiments in anticipation of policy feedback effects that may occur in response to new ideas. Proposals for new services, especially, tend to poll very well because respondents are not typically primed to consider the costs, trade-offs, and implications (Weissberg 2001). One way to counteract this is to measure preference intensity, as the issues most

important to people are typically those that motivate their behavior the most (Cavaillé, Chen, and Van der Straeten 2024). Conjoint experiments are another route. While they do not necessarily lead to more realistic reports of public opinion, they prompt researchers and participants alike to consider how policy designs and introductions may vary, and they indicate what is likely to cause a drop-off in support if it is weaker in real life than earlier surveys would suggest.

In conclusion, this study breaks new ground in understanding public support for school-based mental health programs, offering a view that integrates individual attitudes, policy specifics, and community dynamics. Its insights provide foundational knowledge for policy makers, implications for future research to test, and a model for policy experts more broadly to consider when anticipating how new ideas may fare under the scrutiny of public opinion and the political process.

■ ■ ■

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