



Meet the Increasing Need for Mental Health Supports by Bringing Tier 2 Down to Tier 1

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The challenge of meeting children's mental health needs at school is not new. A 2019 [report by the Centers for Disease Control](#) shows that there was already a statistically significant increase in adolescent suicide-related behaviors and feelings of sadness and hopelessness compared to 2009. The pandemic has dramatically increased the number of students who need support. Thankfully, most school districts in the nation were already investing in increasing their capacity to meet mental health needs.

Before the pandemic, typically only 10 to 15 percent of students in a school were expected to need Tier 2 small-group interventions, with 85 to 90 percent of students' mental-health needs being met with Tier 1 prevention supports delivered in classrooms and through other whole-school activities. Tier 2 interventions were reserved for a selected subset of students who were exhibiting distress; however, rarely do schools have enough counseling and clinical staff members to meet the needs of even this small subset of students.

The pandemic has [strained children's mental health](#), and schools are facing unprecedented numbers of children who have to cope with social isolation and increased exposure to traumatic stressors, such as hospitalization, loss of caregivers, loss of food and housing stability, domestic violence, abuse and neglect, systemic racism, and more.

The benefit of Tier 1 classroom interventions is that students receive support simply by being a member of the class without having to face barriers to accessing services. However, there is a critical need for change because Tier 1 interventions don't equip teachers with the strategies to support the mental health challenges that have been especially affected by the pandemic, including:

- Anxiety
- Depression and suicidality
- Grief and loss
- Interpersonal trauma and abuse
- Stressors associated with sudden economic distress and homelessness

There is a *predicted doubling or tripling of the number of students who will need Tier 2 supports*. This means that in a school of 500, around 100 to 150 students will need more intensive behavioral health support than is typically provided by classroom teachers. No school district or school has enough counselors, social workers, or psychologists to meet this need.

“School mental health professionals run the risk of quickly becoming overwhelmed and exhausting existing supports.”

~National Association of
School Psychologists

Students require a sustained response to rehabilitate their mental health. They are most likely to receive sustained support from their classroom teachers rather than from time-limited Tier 2 group interventions. As research shows, time-limited, pull-out, group interventions don't result in sustained learning unless they are coupled with practice and reinforcement in the classroom and other school spaces.

Schools can reduce the number of students who will need intensive interventions by increasing the capacity of classroom teachers and other non-counseling staff to implement a few of the core components of Tier 2 interventions that are effective in supporting cognitive, emotional, and behavioral regulation.

We at the Trauma Responsive Educational Practices Project (TREP Project) spend a lot of time thinking about building the capacity of school districts and schools to meet the need. All of the available evidence points to a need to bring Tier 2 down to Tier 1. It is important to emphasize that **this is not about turning classroom teachers into counselors**. It's about making sure that classroom teachers are equipped with a toolbox of mental health strategies that have been adapted for the classroom.

Many of the supports that used to be provided at Tier 2 for some students now need to be provided at Tier 1 for all students.

NINE STRATEGIES FOR MEETING STUDENTS' INCREASING NEED FOR SUPPORT

The COVID-19 pandemic has taken a considerable social and emotional toll on the children who were already the most vulnerable. For these students, school was already the place where they were most likely to receive any mental health support.² Without that support, their mental health needs are responded to with punitive discipline and exclusion from school.

The following strategies can increase the likelihood that vulnerable students will have access to mental health supports at school:

- 1. Engage in school-wide psychoeducation to destigmatize mental health concerns.**
 - Early detection and positive intervention will be increased by helping students and staff to recognize symptoms of mental health challenges in themselves and others.

Proactively implement accommodations for the whole class.

- 2.**
 - Identify the accommodations that would be implemented in a whole class once 15 percent or more of the students are experiencing cognitive, emotional, and/or behavioral dysregulation.

Re-imagine individual emotional check-ins as a whole class, yet private, activities

- 3. through journaling.**
 - Guided narrative activities, such as the *Tree of Life*, can help students process and reframe distressing experiences.

Utilize classroom time to teach the coping skills that are the core elements of Tier 2

- 4. interventions.**
 - Work with the school counselor/social worker to get emotional dysregulation coping skills activities that can be taught in the classroom.

Don't let teachers go it alone.

- 5.**
 - Many more students will be supported when counseling and clinical staff are empowered to make space in their schedule for teacher consultation sessions regarding whole-class interventions.

6. Increase the amount of instructional time that is dedicated to improving psychological and emotional health to aid in the recovery of learning loss.

- An extensive review of the research shows that school behavioral health programs are associated with improvements in grades and test scores.³

7. Strengthen key components of traditional Tier 1 supports.

- Give extended time and space to relearn and reestablish school and classroom expectations and the SEL skills needed to be in community with each other.

8. Make space for community mental health providers.

- Schools don't have to tackle the problem alone when they partner with mental health organizations to co-locate services within the school.

9. Build the capacity of educators to provide mental health supports

- Research on professional learning suggests that it's most impactful when it's delivered at the right time when educators are motivated and ready for change. Educators now recognize the need to equip themselves with the skills to recognize the signs and symptoms of a potential traumatic stress response and provide psychological and emotional support to minimize behavioral escalation and reduce harm.

One survey of 8,054 educators conducted during the two years before the pandemic, found that: ⁴

- Nearly all (98 percent) agree that training on trauma-informed practices should occur for all educators.
- An overwhelming 82 percent agree that "part of the role of teachers and staff is to connect students experiencing psychological trauma or distress with mental health support services."
- However, less than 70 percent feel "adequately prepared to implement trauma-informed approaches in teaching."

Even before the pandemic, there was increased use of asynchronous, online professional development to build the educators' capacity to meet the psychological, emotional, and behavioral needs of students coping with trauma. It allows educators to integrate planning and self-reflection tools into each lesson to ensure that professional development creates job-embedded learning. This enables educators to try changes in practice before moving to the next lesson.

Asynchronous learning has emerged as a powerful way to enhance professional capacity because it empowers educators with self-service tools to guide their own learning while also enabling administrators to assess completion.

Visit the ***Bringing Tier 2 Down to Tier 1 course page*** to learn more about how we have adapted core elements of mental health-promoting interventions into practices that can be implemented in the classroom:

- Talking with children about trauma.
- Understanding how grief and loss affect students.
- Helping students process fears and concerns.
- Understanding students' stress reactions.
- Pedagogical practices that support students coping with high levels of stress.
- Understanding the variation in coping responses among students impacted by traumatic events.
- Increasing students' resilience to change and uncertainty.
- Talking with students about anger and angry feelings.
- Helping students reestablish a sense of agency through offering choice in the classroom.
- Helping students manage unwanted and intrusive thoughts.
- Guiding them on practices of gratitude and optimism to promote positive mental health.

Learn more at: [TREPeducator.org](https://trepeducator.org)

NOTES

1. Elias, M. J., & Weissberg, R. P. (2000). Primary preventions: Educational approaches to enhance social and emotional learning. *Journal of School Health*, 7(5), 186–190.
2. Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among US children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.
3. Kase, C., Hoover, S., Boyd, G., West, K. D., Dubenitz, J., Trivedi, P. A., ... & Stein, B. D. (2017). Educational outcomes associated with school behavioral health interventions: A review of the literature. *Journal of School Health*, 87(7), 554-562.
4. The survey was sponsored by Kognito, The Center for Health and Health Care in Schools and Mental Health America of Greater Houston's Center for School Behavioral Health.