

A Student-Led Approach to Mental Health Services

"Our youth deserve safe, supportive environments to learn, grow, and reach adulthood, and it will take an all-of-society effort to support the mental health and well-being of our youth." - Mayor Harrell

20
24

Table of Contents

Executive Summary	3
Introduction & Background	4
Current Landscape	5
Approach	7
Research Findings	9
Recommendations	15
Appendix	19

Executive Summary

Students in Seattle and around the country are struggling with significant mental health challenges, and the scale and urgency of this crisis requires action. The City of Seattle is uniquely positioned to leverage and adapt existing youth programming, convene partners across sectors, and support community-level solutions.

Anxiety and depression are associated with low academic achievement, poor peer and teacher relationships, suicidal behavior, and a reduced likelihood of attending college. Rising gun violence has compounded these issues, creating an environment where children do not even feel safe at school. This crisis led to student action and advocacy, and the City listening to our youth and investing new resources in student mental health.

To guide these new investments, the City’s Innovation & Performance team worked in partnership with Seattle Public Schools students, parents, staff, providers, and advocacy groups to develop a comprehensive student mental health strategy. Our goals were to understand the current youth mental health needs and system gaps in Seattle; identify interventions that are evidence-based, scalable, and effective; and develop a community-informed student mental health strategy.

The City will work with our partners to identify the most sustainable and effective approaches to support student mental health needs as we pilot them. We cannot solve for student mental health alone, and it will take an all-of-society effort including schools, non-profit organizations, philanthropic partners, state and local governments, and medical providers. As the City refines its role, our vision is to support a more coordinated system where families and students have easy access to care and treatment, and upstream investments support overall well-being.

Research Insights

Investment Strategies

PREVENTION	
1. Students Are Not Aware of Existing Resources	Improve Awareness and Access to Existing Resources
2. Stigma is a Barrier to Students Asking for Help	Expand Mental Health Education, Destigmatization, and Training
3. Students Want More Enrichment Programs	Expand Enrichment Programs that Address the Nature Deficit
EARLY INTERVENTION	
4. At-Risk Students Need Proactive Support	Implement Proactive Screening and Referral in High Schools
TREATMENT	
5. Therapy Needs to Be Designed for Easy Access	Expand Access to Therapy

Introduction

Background

Student mental health problems have risen nationally over the past decade and were further exacerbated due to the COVID-19 pandemic according to researchers at the U.S. Centers for Disease Control and Prevention. Since the pandemic, local city and state investments in student mental health have expanded, but not in a cohesive, systematic way. New local [legislation](#) passed in November 2023 allocated additional revenue for the City of Seattle to expand mental health support for students and youth.

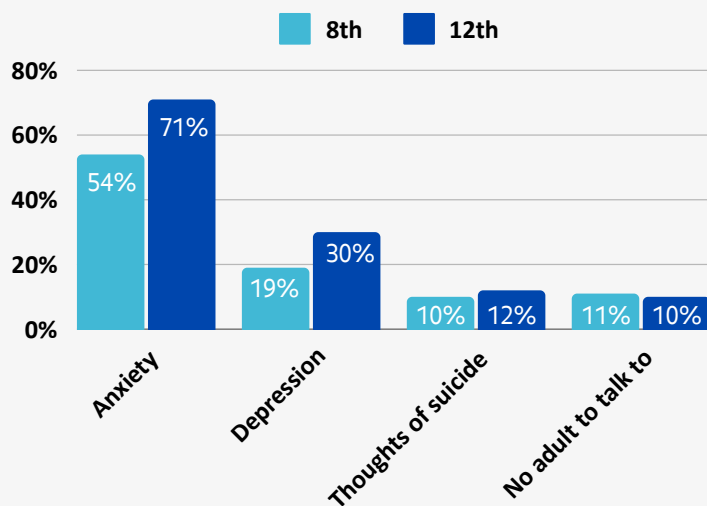
Purpose

To guide this additional investment in student mental health, the City of Seattle worked with key community partners to develop a comprehensive student mental health investment strategy. This report provides an overview of the process, research findings, and recommended investment strategies for student mental health. Its purpose is to keep all community partners, students, and families informed and engaged in the ongoing efforts to address student mental health issues.

State of Youth Mental Health

A 2023 Washington State Department of Health (DOH) survey showed student mental health outcomes were improving in recent years, but the percentage of students facing challenges requires action, particularly as rising gun violence raises concerns about feeling unsafe at school. Fifty percent of Seattle Public Schools 8th grade and seventy-one percent of 12th grade students report experiencing feelings of anxiety. One in three 12th graders report feelings of depression. This is especially concerning for youth who already face more barriers to mental health support.

Figure 1: Healthy Youth Survey Data - SPS 2023



By the numbers

71% 12th graders report feelings of anxiety

30% 12th graders report feelings of depression

Suicide is the 2nd leading cause of death for adolescents in WA state. (DOH, 2023)

Current Landscape

There are many partners in Seattle that work to support student mental health, including schools, non-profit organizations, state and local governments, and medical providers. While our community has valuable resources and expertise to leverage, these efforts are not coordinated intentionally.



“[There is] no single entity in charge or accountable [for youth mental health].”

- Washington State Auditor

Seattle Public Schools Mental Health Resources

Seattle Public Schools mental health support is funded by Washington State and supplemented by several levies, the City of Seattle and King County, federal grants, philanthropy, and a mix of community-based organization grants and insurance.

The State sets requirements for student-to-staff ratios for nurses and academic counselors. In 2022, State legislators passed House Bill 1664, which increased state funding for qualified staff to provide essential supports that address students’ physical, social, and emotional needs. This includes but is not limited to nurses, social workers, psychologists, and school counselors. However, while there is increased state funding for school-based staff, student groups and others have raised concerns that mental health needs are still not met.

School-based health centers and contracted community-based organizations that offer mental health therapy are at capacity. School administrators report the process of matching a student to mental health therapy outside the school can take several months.

Social and emotional learning, including mental health education, is offered optionally across the schools during advisory periods, homeroom, and lunch. The Office of Superintendent of Public Instruction in Washington state does not typically assign specific credits for this type of learning as part of their core curriculum.

After the COVID-19 pandemic, there has been an increase in school absenteeism and families choosing to transfer their students out of the public school system, resulting in a decrease in public school enrollment. School funding has dropped per school due to lower enrollment rates along with district-wide budget cuts, leaving a gap in resources to meet the needs of students for mental health support.

National Shortage of Mental Health Professionals

According to the National Center for Health Workforce Analysis, there is a nationwide shortage of mental health professionals. Providers face reimbursement challenges and clinician burnout, with many providers leaving non-profit and public agencies for the private sector. At the same time, the majority of the behavioral health workforce identifies as female and non-Hispanic White, meaning that providers may not be representative of the communities they serve. While telehealth was rare before the pandemic, the rapid adoption of telehealth services for behavioral health visits has helped address local provider shortages and holds promise for providing access to a more diverse pool of practitioners.

City of Seattle Investments

In 2021, the WA State Auditor issued a report on K-12 student behavioral health that found that there is “no single entity in charge or accountable [for youth mental health].” The City of Seattle plays a supplemental role in youth mental health through wraparound supports, but a comprehensive approach requires treatment, early intervention, and preventative programs. The City currently invests in direct mental health services, as well as youth enrichment programs known to prevent adverse mental health outcomes.

Direct Mental Health Services: The Department of Education and Early Learning currently invests about \$4.8 million annually in direct student mental health services via its funding of 29 school-based health centers. In addition to the annual funding, \$1.75 million has been allocated towards funding a Student Mental Health Supports Pilot program in select Seattle Public Schools (SPS). The Human Services Department also has several contracts in place that provide culturally appropriate counseling services, including support to victims and families after gun violence and other incidents, crisis intervention, information and referral assistance, and \$1.5 million in annual on-going funding.

Youth Enrichment Programs: City departments, including the Office of Arts & Culture, Seattle Parks and Recreation, Department of Early Learning and Education, and Human Services Department invest in a rich and extensive network of youth programming. This programming plays a role in preventing adverse mental health outcomes. The City spends about \$24 million in annual funding on these programs including mentorship programs, academic enrichment, sports, leadership skills, Teen Life Centers, and more.

The Department of Education and Early Learning’s Student Mental Health Support pilots and Human Services Department investments have been particularly instructive on how the City can play a role in supporting student mental health in Seattle. Our future investments in student mental health should take into account these existing investments, along with others provided by SPS, the County, and the State. Special attention must be paid to avoid duplication of efforts and to ensure services are coordinated, efficient, and effective to maximize use of scarce public resources.

Approach

Supporting the mental health and well-being of students is an all-of-society effort. Our goal is to work collaboratively with other governments and community agencies to support the mental health and well-being of youth, so that they are ready to learn, achieve their academic potential, and have the social-emotional skills to lead productive lives. To ensure that City student mental health investments are evidence-based and equitable, we conducted research and engaged with the community to inform the investment strategy.

Research goals

1. Understand the current student mental health needs and system gaps in Seattle.
2. Identify interventions that are evidence-based, scalable, and effective.
3. Develop a community-informed student mental health strategy.

To achieve these goals, the research team conducted a literature review, spoke with experts in the field, analyzed data, and engaged with mental health providers, Seattle Public School (SPS) staff, students, parents, and school-based health centers, all representing a diversity of schools and perspectives.



Research insights and strategies in this report are framed in **three tiers: prevention, early intervention, and treatment**. This is based on the [Multi-Tiered Systems of Support](#) framework for supporting students' educational, social, emotional, and behavioral needs. Successful investments in student mental health will contribute to the following outcomes listed below.

What Success Looks Like



Tier 1

Prevention

- Increased awareness and connection to mental health supports.
- Decreased mental health stigma.
- Improved sense of belonging, relationships, and overall school climate.



Tier 2

Early Intervention

- Increased identification of at-risk youth through universal screening.
- Increased connection rates for youth to services.
- Improved coordination of mental health services for students.



Tier 3

Treatment

- Reductions in reported depression, anxiety, and suicidal ideation.
- Strengthened student mental health and well-being.

Who Did We Learn From?



We heard from over 200 people across advocacy groups, Seattle Public Schools (SPS) administrators, mental health and youth service providers, subject matter experts, representatives from other jurisdictions, students, and parents over the course of six weeks. Below are details about who we learned from. Throughout our research findings, we highlight what we heard from these various groups, which informed our recommendations.

Group	Description
Advocacy Groups	<p><u>The Seattle Student Union</u> is a youth advocacy group that was a catalyst in the passage of CB 119950, as well as prior budget amendments, that requested a \$20 million to increase school staff such as counselors, social workers, family support workers, and agency mental health therapists.</p> <p><u>Seattle Education Association</u> is the Seattle Public Schools union of ~6,000 educators. They “advocate for schools that are racially just, where every student gets their individual needs met, and where everyone in the school community is safe, welcomed, and celebrated.”</p>
Seattle Public Schools Administrators & Staff	Seattle Public Schools (SPS) administrators and staff from the following areas: Strategic Partnerships, Prevention & Intervention, Healthy Schools, Mental Health, Social Work, Health Education, Social Emotional Learning, Student Health, Health Services, Attendance and Discipline, Family Support and Foster Care, Restorative Justice, and School Counseling.
Mental Health & Youth Services Providers	Mental health care providers from school-based health centers, online telehealth services, and community providers.
Subject Matter Experts & Other Jurisdictions	University research centers, medical center researchers, education associations, other jurisdictions and cities.
Seattle Public Schools Students & Parents	Seattle Public Schools (SPS) students and parent groups including Garfield High School, Rainier Beach High School, Denny Middle School, Aki Kurose Middle School’s My Brother’s Keeper After-School Group, SPS Student Leadership Group with Dr. Ted Howard, High Point, Neighborhood House & Seattle Housing Authority, Seattle Student Union, Friends of Ingraham High School Parent Group.

Research Findings

Themes were synthesized across interviews and other data sources to produce insights that are the basis for the proposed investment strategies.

The insights are grouped using the prevention, early intervention, and treatment model. See color code for each section.

Research Insights

PREVENTION

1. Students Are Not Aware of Existing Resources
2. Stigma is a Barrier to Students Asking for Help
3. Students Want More Enrichment Programs

EARLY INTERVENTION

4. At-Risk Students Need Proactive Support

TREATMENT

5. Therapy Needs to Be Designed for Easy Access

Insight #1

“ What We Heard: Students Are Not Aware of Existing Resources

🔍 Themes

Students faced difficulties in finding enrichment programs and mental health services available at school and in the community.

They need an easier way to find available programming that requires less self-advocacy and proactive effort on their part to overcome barriers.

“You have to invest time in seeking out resources, and I’m not always knowing where to go.” - SPS Student

*“There needs to be ads/marketing to know what is available (counseling etc.).”
– SPS Student*

“You need self-advocacy experience to navigate the system.” – SPS Student

🌟 Recommendations

- Market existing programs in the ways that students requested, including in-person classroom visits and advertising on social media platforms like Instagram and TikTok.
- Improve internal and external coordination so that existing programming is easier to access.

Insight #2

“ What We Heard: Stigma is a Barrier to Students Asking for Help

🔍 Themes

Stigma exists within schools and communities on the topic of mental health. The lack of mental health literacy makes it difficult for students to openly talk about their struggles and seek support.

Students, school staff, and other trusted adults need a common language and pathway to talk about mental health and support students.

*“Going to get counseling makes you look crazy.”
– SPS Student*

“Normalize it and make us feel like nothing is wrong with us.” – SPS Student

“My family would not be involved at all. My mom would be uncomfortable about the situation – it would make her feel like she’s not doing a good job and suddenly I will have to parent her and be uncomfortable.” – SPS Student

🌟 Recommendations

- Increase mental health literacy through school and community programs such as events and trainings that support normalizing mental healthcare and decreasing stigma.
- Provide opportunities for students to share their experiences with counseling and mental health with each other, to help normalize mental health issues.
- Incorporate Social Emotional Learning and mental health topics into core curriculum along with advisory periods, announcements, or other open periods.

Insight #3

“ What We Heard: Students Want More Enrichment Programs

Themes

Talk therapy does not translate across all cultures, and a review of the research shows that enrichment programs can help prevent adverse mental health outcomes and increase overall well-being for all students.

Students voiced how vital time for breaks during the school day, interactive socialization, and outdoor programming that increases their physical activity was to their mental health and overall wellbeing.

Activities such as outdoor programs offer numerous mental health benefits for urban youth, providing them with opportunities to connect with nature, build resilience, and foster a sense of belonging.

Students who are engaged in meaningful activities, who have a good self-concept, have control of their emotions, etc. are less likely to have untreated depression or anxiety ([youth.gov](https://www.youth.gov)).

“We need more field trips, particularly agricultural opportunities for immigrant students from rural communities.” – School Therapist

“TheTeen Life Center has become a community for me.” – SPS Student

“Think beyond mental health therapists and make sure they get enrichment.” – SPS Parent

Recommendations

- Increase access to programming that addresses the root causes of mental health issues such as mentoring, increasing access to nature and the outdoors, enrichment classes, and college and career readiness programs.
- Improve accessibility and acceptability for all students to engage in extracurricular activities by providing programs in accessible locations, helping with transportation and participation costs, and increasing staff representation.

Insight #4

“ What We Heard: At-Risk Students Need Proactive Support

Themes

Identifying at-risk students early and connecting them to treatment is critically important to preventing students from falling through the cracks.

Proactive in-person outreach and referrals are needed to take the burden off students and to ensure that even the most disengaged youth are connected to resources.

“Students that aren’t coming to school and aren’t doing well are unlikely to reach out for support.” – SPS Student

“[I wish we had] universal [mental health] screening for every grade level, not just 7th – 9th grade.” – SPS Administrator

“Loneliness is a big problem. Students aren’t coming to school, and they feel disconnected to school and the community.” – School Therapist

Recommendations

- Implement school and community-wide early intervention training for mental health.
- Expand proactive, universal screening in Seattle Public High Schools, as this is currently universally implemented at the middle school level only.

Insight #5

“ What We Heard: Therapy Needs to Be Designed for Easy Access

🔍 Themes

There is a need for immediate and on-going mental health therapy for students. Lack of available providers, diversity and representation in providers, and in-language support are all barriers for students.

Other factors including ease of physical accessibility (need for transportation or technology), affordability or insurance coverage, and community acceptability of therapy, and comfort with either online or in-person format, impact a student’s ability to receive timely mental health care and support.

Gun violence in schools is also rising and impacted students face mental health repercussions, including drops in perceived safety and enrollment, and increases in student absenteeism.

“Consistency, stability, and longevity are tenets of trauma-informed care. It’s what needed to gain student trust and open the door to mental health support.” –SPS Administrator

*“More therapists being able to talk on demand.”
–SPS Student*

*“I want to talk to someone who has been through what I’ve been through, who looks like me. I want a therapist who is Black and also a woman.”
–SPS Student*

“Insurance is a huge barrier for immigrant students, the Mayor should invest in a program that doesn't require insurance [or] documentation.” – SPS Parent

🌟 Recommendations

- Increase access to culturally relevant and accessible virtual and in-person therapy to meet the diverse needs of students.
- Ensure appropriate supports are available to help students following gun violence incidents.
- To build trust, it is important for both telehealth and in-person therapy options to increase demographic representation of therapists and support relationships that offer consistency, stability, and longevity.

Recommendations

The City is committed to finding evidence-based, scalable, sustainable, and achievable mental health supports, some of which it hopes to begin implementing as early as fall of the 2024 – 2025 school year. The research process found that there is no one single solution for youth mental health, nor can anyone solve it alone. Therefore, our recommendations include providing a suite of programs across the mental health supports continuum, each informed by key research insights.

Research Insights

Investment Strategies

PREVENTION	
1. Students Are Not Aware of Existing Resources	Improve Awareness and Access to Existing Resources
2. Stigma is a Barrier to Students Asking for Help	Expand Mental Health Education, Destigmatization, and Training
3. Students Want More Enrichment Programs	Expand Enrichment Programs that Address the Nature Deficit
EARLY INTERVENTION	
4. At-Risk Students Need Proactive Support	Implement Proactive Screening and Referral in High Schools
TREATMENT	
5. Therapy Needs to Be Designed for Easy Access	Expand Access to Therapy

Recommendation #1: Improve Awareness and Access to Existing Resources

Currently, the City invests in direct mental health support through community-based providers and school-based health centers. The City also invests in after-school enrichment programming, primarily through the Seattle Department of Parks and Recreation. Beyond City programs, there are many other local youth programs that are administered by SPS and other agencies. There is an opportunity to improve awareness of these myriad programs and remove barriers to accessing them.

To meet this need, we recommend that the City works in partnership directly with youth, SPS, and other key stakeholders to develop a platform to market and advertise existing resources. The platform should also make it easier to access existing programs by simplifying the application process and connecting users to scholarships and financial aid. By convening partners within and outside the City to provide a central access point for youth resources, we can effectively leverage the programs already available in the community.

Success looks like...

- *Increased participation in enrichment programming from low-income and historically underserved students.*
- *Reduced time spent researching and accessing services for students and their families.*

Recommendation #2: Expand Mental Health Education, Destigmatization, and Training

Parents and other trusted adults often do not know where to go or how to help students who are experiencing mental health challenges. This issue is exacerbated by stigma and lack of education around mental health. While mental health stigma will not be solved by the City alone, there is an opportunity for the City to bring stakeholders and resources together to meet this need for training and education.

We recommend scaling up an initiative called Reach Out Seattle to equip parents, caregivers, and trusted adults with the necessary tools and training to effectively support students who are in distress. Reach Out provides tools for education, destigmatization, non-clinical intervention strategies, and information on available resources. There is an opportunity to leverage this program as an ongoing, community-wide educational campaign and learning program. As widespread CPR training has done for cardiac arrest, Reach Out Seattle can equip community members with the skills they need to identify when students in need of help and to intervene effectively.

Success looks like...

- *Increased literacy in the community around mental health and how best to assist someone needing support.*
- *Training and resources are available in-language and from trusted community partners, so that resources are culturally relevant for all Seattle parents and caregivers.*

Recommendation #3: Expand Enrichment Programs that Address the Nature Deficit

Talk therapy is not the most effective mental health intervention for all students and all cultures. According to a recent systematic review of the literature, evidence shows providing high-quality enrichment opportunities for youth, especially programs that get youth out in nature, can be highly effective to improve mental health outcomes. Although the City prioritizes equity through recreation opportunities such as Teen Centers, Late Night Programs, and program investments through the Park Equity Fund, access to green spaces and recreation opportunities remains a challenge. Addressing this inequity is essential to promote holistic well-being, particularly among BIPOC youth.

To address the nature deficit, we recommend scaling up opportunities for students to access nature-based outdoor activities, such as gardening, tide-pool walks, and environmental restoration.

These activities should also integrate self-reflection and group discussions into their programming. By scaling up community programs that build youth connections with nature, we can take a holistic approach to student well-being and provide meaningful alternatives to talk therapy.

Success looks like...

- *Improved physical and mental health, feelings of connection with nature and peers, and skills for mindfulness and reflection for students.*
- *Decreased stress and isolation for students.*
- *Equitable access for students with the least access to nature and green spaces*

Recommendation #4: Implement Proactive Screening and Referral in High Schools

Mental health screening with a warm hand-off to therapeutic support, if needed, is a key component to students receiving the care they need. During the '22-'23 school year, 2,895 seventh, eighth, and ninth grade Seattle Public School students were screened. Of those students, ten percent were identified for suicidal ideation, self-harm, safety risk, or wanting to talk to a counselor immediately, and they received help within two days. This shows the potential benefit of mental health screening, however, there is currently no universal screening available for all Seattle student teens. From students' perspective, the burden typically falls on them to reach out for help. If students do not successfully self-advocate, they may not receive help until there is a visible academic or behavioral issue.

We recommend implementing a mental health tool to screen students periodically to proactively check-in on mental health, substance abuse, and other dimensions of well-being and refer to appropriate care. This tool is currently only implemented in middle schools and two high schools. By expanding this existing screening tool that is already making a difference for hundreds of students, we can reduce the burden on students and intervene before students experience more severe outcomes.

Success looks like...

- *Students receive proactive screening and rapid connection to appropriate care if identified for mental health concerns.*
- *Earlier identification of mental health challenges lead to better health outcomes and less behavioral, social, and academic issues for students.*

Recommendation #5: Expand Access to Therapy

Based on recent Seattle Public Schools data, only forty-six percent of students referred to care successfully received treatment. This highlights the shortage of qualified mental health providers, both locally and nationally. This also highlights the impacts of barriers such as cost and confusion navigating the healthcare system. We also heard from many students and experts that lack of diversity in the profession is another barrier to students seeking mental healthcare.

There is an opportunity for the City and its partners to work together to reduce and remove barriers to make in-person and virtual therapy options more affordable, accessible, and inviting for students from all backgrounds, particularly following gun violence or other serious school safety incidents. In collaboration with the school-based health clinics and Seattle Public Schools, the City should explore options for scaling up telehealth options and additional in-person therapy supports where needed and feasible for middle-school and high school students. Increasing access to appropriate in-person and telehealth therapy solutions represents a significant challenge that Seattle won't solve alone. However, by convening local partners, we can move the needle to make therapy options affordable and accessible for students in need.

Success looks like...

- *All students, regardless of income or insurance, have easy, affordable access to high quality in-person or telehealth therapy.*
- *Students have access to appropriate therapy and mental health supports following gun violence or other serious school safety incidents to help them cope and foster resilience.*
- *Students have access to a diverse pool of mental health providers, so that students can choose a provider who is best suited to meet their needs, understand their experiences, and provide responsive support.*

Appendix

References

- Alexander, B., National Library of Medicine (2021). Public School Trauma Intervention for School Shootings: A National Survey of School Leaders - July, 21, 2021. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8345605/>
- CDC. (2023). Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders Division of Adolescent and School Health(DASH) National Centerfor Chronic DiseasePrevention and HealthPromotion (NCCDPHP) Centersfor Disease Control and Prevention (CDC) https://www.cdc.gov/healthyyouth/mental-health-action-guide/pdf/DASH_MH_Action_Guide_508.pdf
- City of Vancouver. (n.d.-a). BC Adolescent HealthSurvey | McCrearyCentre Society. Retrieved March 5, 2024, from https://mcs.bc.ca/about_bcahs
- City of Vancouver. (2023). Presentation - Building SaferCommunities Program - Youth Safetyand Violence Prevention Strategy - October 18, 2023. <https://council.vancouver.ca/20231018/documents/cfsc1staffpresentation.pdf>
- Collins, P. Y., Sinha, M., Concepcion, T., Patton, G., Way, T., McCay, L., Mensa-Kwao, A., Herrman, H., de Leeuw, E., Anand, N., Atwoli, L., Bardikoff, N., Booysen, C., Bustamante, I., Chen, Y., Davis, K., Dua, T., Foote, N., Hughsam, M., ... Zeitz, L. (2024). Making cities mental health friendly for adolescents and young adults. *Nature*, 627(8002), 137-148. <https://doi.org/10.1038/s41586-023-07005-4>
- Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R., Splett, J., & Weist, M.D.(2019). Advancing Education Effectiveness: Interconnecting School Mental Healthand School-Wide PBIS, Volume 2: An Implementation Guide.Center for PositiveBehavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.
- Galea, S., Lowe, S.R., National Library of Medicine (2015). The Mental Health Consequences of Mass Shootings - Epub June, 15 2017. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26084284/>
- Kilmer, J., UW Center for the Study of Health & Risk Behaviors, and Washington Office of Superintendent of Public Instruction (2022). COVID-19 Student Survey: Impacts and Implications on Student Learning and Well-Being. State Report for High Schools (Grades 9-12), Seattle/Olympia, WA.
- Murthy, V. H. (2022). The Mental Health of Minorityand Marginalized Young People: An Opportunity for Action. In *Public Health Reports* (Vol. 137, Issue 4, pp. 613-616). SAGE Publications Ltd. <https://doi.org/10.1177/00333549221102390>
- National Center for School Mental Health (NCSMH) | University of Maryland School of Medicine.(n.d.). Retrieved March 5, 2024, from <https://www.schoolmentalhealth.org/>
- National Center for Workforce Analysis. Behavioral Health Workforce Brief. 2023. Accessed April 20, 2024: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>
- OSPI. (2020). Washington's Multi-Tiered Systemof Supports Framework. https://ospi.k12.wa.us/sites/default/files/2023-10/washington_s-mtss-framework-document.pdf
- Putra et al. (2020) The Relationship Between Green Space and Prosocial Behaviour Among Children and Adolescents: A Systematic Review. *Frontiers in Psychology*. Volume 11. <https://doi.org/10.3389/fpsyg.2020.00859> <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2020.00859/full>
- Rossin-Slater, M., Stanford Institute for Economic Policy Research (SIEPR) (2022). Surviving a school shooting: Impacts on the mental health, education, and earnings of American youth - June, 2022. Retrieved from <https://siepr.stanford.edu/publications/health/surviving-school-shooting-impacts-mental-health-education-and-earnings-american>
- Saldanha. A., Seattle Times (2024). Seattle-area schools see spike in students caught with guns on campus. Retrieved from <https://www.seattletimes.com/seattle-news/seattle-area-schools-see-spike-in-students-caught-with-guns-on-campus/>
- Seattle Public Schools. (2023) SBIRT 22-23 Annual Report. Seattle Public Schools
- Seattle Public Schools. (n.d.). SPS Community Partner Platform. Retrieved March 5, 2024, from <https://sps.communitypartnerplatform.org/>
- University of Maryland. (2023).School Mental HealthQuality Guides | University of Maryland Schoolof Medicine. Retrieved March 5, 2024, from <https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/>
- University of Washington. (2024) School of Medicine Newsroom. Future cities must prioritize mental health of young people.Retrieved March 6, 2024, from <https://newsroom.uw.edu/blog/future-cities-must-prioritize-mental-health-of-young-people>
- University of Washington. (2024) School Mental Health Assessment Research and Training (SMART) Center. Grand Rounds Presentation. March 1, 2024.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Supporting Child and Student Social, Emotional, Behavioral, and MentalHealth Needs, Washington, DC, 2021. This report is available on the Department's website at <https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>
- Washington Health Care Authority. (n.d.). BillingMedicaid for SchoolMental Health Services. Retrieved March 5, 2024, from www.hca.wa.gov/sbhs

Acknowledgements

Student mental health is an important, challenging topic and we appreciate the contribution of all the students, parents, community members, mental health providers, Seattle Public Schools staff, and City of Seattle staff that spoke with us to inform the City's investments. Thank you!

City Budget Office

Alex Rouse
Alena Johnson
Jennifer Breeze
Sarah Burtner

Counties & Other Jurisdictions

City of Cincinnati
City of Vancouver, B.C.
Department of Community & Human Services, King County
Federal Way
LA's BEST
Public Health Seattle & King County

Department of Early Learning & Education

Dwane Chapelle, Director
Amelia Moore
Ismael Fajardo
Rosa Ammon-Ciaglo
Vik Cheema

Human Services Department

Tanya Kim, Director
Alyson McLean-Wright
Erika Pablo
Gabriel Manriquez
Stephen Song

Innovation & Performance Team

Leah Tivoli, Director
Laura Bet
Loida Erhard
Long Dinh
Madeliene Hernandez

Mayor's Office

Adiam Emery, Deputy Mayor
Ben Dalgetty
Christa Valles
Veronica Alvarez

Mental Health Experts

Dr. Britnee Harvey from Reach Out
Seattle Children's
Seattle Education Association
UW SMART

Office of Immigrant & Refugee Affairs

Rodha Sheikh
Shilpa Salgar

School Based Health Center Staff & Community Based Providers

Health Commons Project
Rainier Beach - Kaiser Permanente
Atlantic Street
Seattle World School - ICHS
Southwest Youth & Family Services
Therapeutic Health Services
Washington Middle School - Kaiser Permanente

Seattle Public School Administrators & School Staff

SPS Central Staff
SPS SchoolCounselors
SPS School Principals
SPS Support Staff
SPS Security

Seattle Parks & Recreation

Ariana Grlj
Brian Judd
Jordan Delgado
Kim Pham
Mike Browne
Michelle Wong
Robert Chandler
Stephanie Berry
Stephen Boney
Tianna Scott
Vela Smith
Virginia Frances
Zach Wilson

Students & Parents from the Following Schools & Community Groups

Aki Kurose Middle School - My Brother's Keeper
Denny Middle School
Friends of Ingraham High School Parent Group
Garfield High School
High Point Neighborhood House & Seattle Housing Authority
Rainier Beach High School
Seattle Student Union
SPS Student Leadership Group with Dr. Ted Howard

About Innovation & Performance

The City's Innovation & Performance team was created in 2017, bringing together a group of multi-disciplinary doers committed to making government work better. We partner with City departments, providing free, in-kind technical support to tackle long-standing issues with a new lens, bringing together analytics, design thinking, behavioral insights, and evaluation to support management and operational decision-making. The team transfers knowledge and ownership of projects so that work can continue independently after the conclusion of our projects.

[Learn more about Innovation & Performance.](#)