

INTRODUCTION

We are a group of educators and Arkansas Teach Plus Policy Fellows from across the state, dedicated to addressing the key issues affecting our students and communications, including the impact of mental health challenges on students in our classrooms. Through this work, we have focused on the need to expand access to mental health resources and provide comprehensive trauma-informed training for educators. In this memo, we propose specific policy changes to improve student mental health outcomes through trauma-informed training.

IMPACT

In Arkansas, nearly one-third of students reported struggling with mental health between 2021 and 2023.¹ In 2023 alone, 20 percent of students were diagnosed with a mental or behavioral health condition. There is a clear need for increased student access to mental health resources, and teachers, in direct contact with students from bell to bell, are seeing the direct impact of this need in the classroom. According to the Campaign for Trauma-Informed Policy and Practice, two-thirds of students nationwide have experienced a traumatic event, or ACE (Adverse Childhood Experience), in their life.² In 2021, the Arkansas Youth Risk Behavior Survey found that 43 percent of students reported persistent feelings of sadness or hopelessness, and 10 percent reported having attempted suicide.³ Students from low-income families, who often have lower overall access to healthcare, have a higher prevalence of mental health issues than other children.⁴ While most schools have counselors, many students still lack adequate mental health support. One study found that only 56 percent of public schools believe that they are able to effectively provide mental health services to all students.⁵ The same study indicated that schools in rural communities (where 41 percent of

¹ National Center on Safe Supportive Learning Environments (NCSSLE). (2024). Arkansas. Retrieved from: <https://safesupportivelearning.ed.gov/state-profiles/arkansas>

² Sporleder, J. (2022). REPORT: Trauma-Informed Schools. *Campaign for Trauma-Informed Policy and Practice*. Retrieved from: <https://www.ctipp.org/post/report-trauma-informed-schools>

³ Arkansas Division of Elementary and Secondary Education School Health Service. (2021). Arkansas Youth Risk Behavior Survey 2021. Retrieve from: https://dese.ade.arkansas.gov/Files/YRBS_Draft_final_06072022_LS.pdf

⁴ Guo, J.J., Wade, T. J., & Keller, K. N. (2008). Impact of School-based Health Centers on Students with Mental Health Problems. *Public health reports*. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/19711658/>

⁵ The Kennedy Forum. (2024). Sustainable school-based mental health services: a comprehensive approach. Retrieved from: https://www.thekennedyforum.org/app/uploads/2024/07/Sustainable_School-Based-Mental_Health_Services.pdf

Arkansans live⁶) have difficulty providing mental health services due to transportation issues and staff shortages, as well as decreased access to Medicaid. Without strategic training, educators struggle to mitigate these issues, which directly impact student achievement and well-being.

RECOMMENDATIONS

1. **Expand the school safety report to include reporting on mental health factors that impact student learning and academic performance. [Arkansas General Assembly]**

Under the Safe Schools Initiative Act, school districts receive guidance on their responsibilities regarding school safety and emergency response plans. In order to adequately address the increasing mental health needs of Arkansas students in K-12, the state should incorporate mental health data analysis as a separate reporting category in the comprehensive school safety assessment report that school districts conduct every three years. This can be accomplished using existing reporting forms and enrollment information. This would help schools shift from a triage approach to a preventive one.

We propose that school districts use existing data sources, such as anonymous parent surveys, free/reduced lunch data, percentage of students receiving school-based services, percentage of students receiving holistic services, and behavior support data to show how many students are impacted by Adverse Childhood Experiences. We propose that this data be included in the school safety reports as well as the comprehensive school safety assessment. Students' mental health and the trauma they experience are relevant to determining the number of trauma-informed educators needed in the building. School leaders and policymakers can use this data to allocate resources effectively, ensuring that districts with the highest mental health needs receive targeted support.

2. **Create a stakeholder committee in each school district to provide input on how to address mental health issues at a district level. [Local School Districts]**

Such a district-level committee could include parents, community members, students, teachers, counselors, and administrative representatives. Stakeholder engagement is an effective way to ensure that everyone's voices are heard, drive implementation of large-scale initiatives, and ensure accountability of expenditures.

⁶ Slone, S. (2023). Arkansas Looks to Broadband, New Partners to Tackle Rural-Urban Divide in Disability Service Delivery. *The Council of State Governments*. Retrieved from: <https://www.csg.org/2023/02/27/arkansas-looks-to-broadband-new-partners-to-tackle-rural-urban-divide-in-disability-service-delivery/>

3. Based on the findings of the school safety report and comprehensive school safety assessment, designate professional development hours to trauma-informed practice. [Arkansas General Assembly and Local School Districts]

To effectively support Arkansas schools in adopting trauma-sensitive practices, we propose the use of formal, in-person certification programs for trauma-informed training. The goal is to ensure each school building has one designated, certified trauma-informed educator, who can then train, support, and lead the rest of the staff in meeting student mental health needs. Case studies in Texas, Hawaii,⁷ and North Carolina have shown school-wide improvements after the adoption of trauma-informed teaching programs.⁸ These schools saw more positive teacher-student relationships, fewer suspensions, fewer behavioral incidents, higher graduation rates, fewer teacher vacancies, improvements in student mindsets, and better student self-regulation.

Currently, DESE's professional development guidelines state that teachers must complete two hours of mental health awareness and teen suicide awareness and prevention every five years.⁹ This is not sufficient to ensure educators have the tools and knowledge to mitigate effects of ACEs in the classroom.

Professional development hours for earning the trauma-informed designation should be earned through approved, high-quality programs. Below are two examples of such programs.

[Arkansas TRIS](#) (Trauma Resource Initiative for Schools) offers training for school groups at levels 1 and 2. These in-person courses help equip school personnel to support struggling students, care for their own well-being, and enhance feelings of safety, among other things.

[The Trauma-Sensitive Schools \(TSS\) Training Package](#) offers a comprehensive framework for creating trauma-sensitive schools. The program helps school leaders and staff understand trauma, recognize the effects of trauma, implement trauma-sensitive practices, and promote resilience in students.

Ultimately, the choice of program should be up to individual districts, based on cost, location, convenience, and student population need. We recommend that the Arkansas Department of Education oversee the selection of approved trauma-informed training programs, ensuring accessibility for all school districts.

⁷ Sporleder, J. (2022). REPORT: Trauma-Informed Schools. *Campaign for Trauma-Informed Policy and Practice*. Retrieved from: <https://www.ctipp.org/post/report-trauma-informed-schools>

⁸ Thorne, E. (2022). Building Resilience and a Trauma-Informed School with the NC Center for Resilience & Learning A Case Study on Baskerville Elementary School. *North Carolina Center for Resilience & Learning Public School Forum of NC*. Retrieved from: <https://resilienceandlearning.org/wp-content/uploads/2022/08/Baskerville-Elementary-School-Case-Study.pdf>

⁹Division of Elementary and Secondary Education. (2024). Division of Elementary and Secondary Education Rule Governing Professional Development. Retrieved from: [https://dese.ade.arkansas.gov/Files/Professional_Development_\(Final_Draft\)_Legal.pdf](https://dese.ade.arkansas.gov/Files/Professional_Development_(Final_Draft)_Legal.pdf)

4. Allocate state funding to support school districts in compensating trauma-informed teacher trainers who complete the designated training. [Arkansas General Assembly]

Providing stipends for teachers in mental health training would be critical in ensuring that qualified teachers fill the roles, and are compensated for the added responsibilities. We propose that compensation be included in the state education budget under the LEARNS Act to provide teachers with a supplementary salary stipend. This investment aligns with the LEARNS Act's goal of elevating teacher effectiveness by ensuring that educators are equipped to address student mental health needs.

CONCLUSION

Addressing the mental health crisis in Arkansas schools cannot wait. Without targeted intervention, students will continue to struggle with learning and achievement gaps will persist. All school buildings need to have teachers trained in trauma-informed practices who can then extend their reach by training other teachers in their buildings. Creating a cohesive plan to ensure mental health supports are effective and lasting is essential in ensuring the academic success of Arkansas students. By implementing our recommendations, Arkansas can create a sustainable, student-centered approach to mental health that improves academic outcomes, enhances teacher retention, and fosters safer school environments.

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