

# Prevalence of Mental Health Services Provided by Public Schools and Limitations in Schools' Efforts to Provide Mental Health Services

***During the 2021–22 school year, 49 percent of public schools reported providing diagnostic mental health assessments and 38 percent reported providing treatment to students for mental health disorders. These percentages were lower than the percentages reported in 2019–20. However, 90 percent of public schools reported providing increased social and emotional supports for students in response to the coronavirus pandemic, and 78 percent reported doing so for staff.***

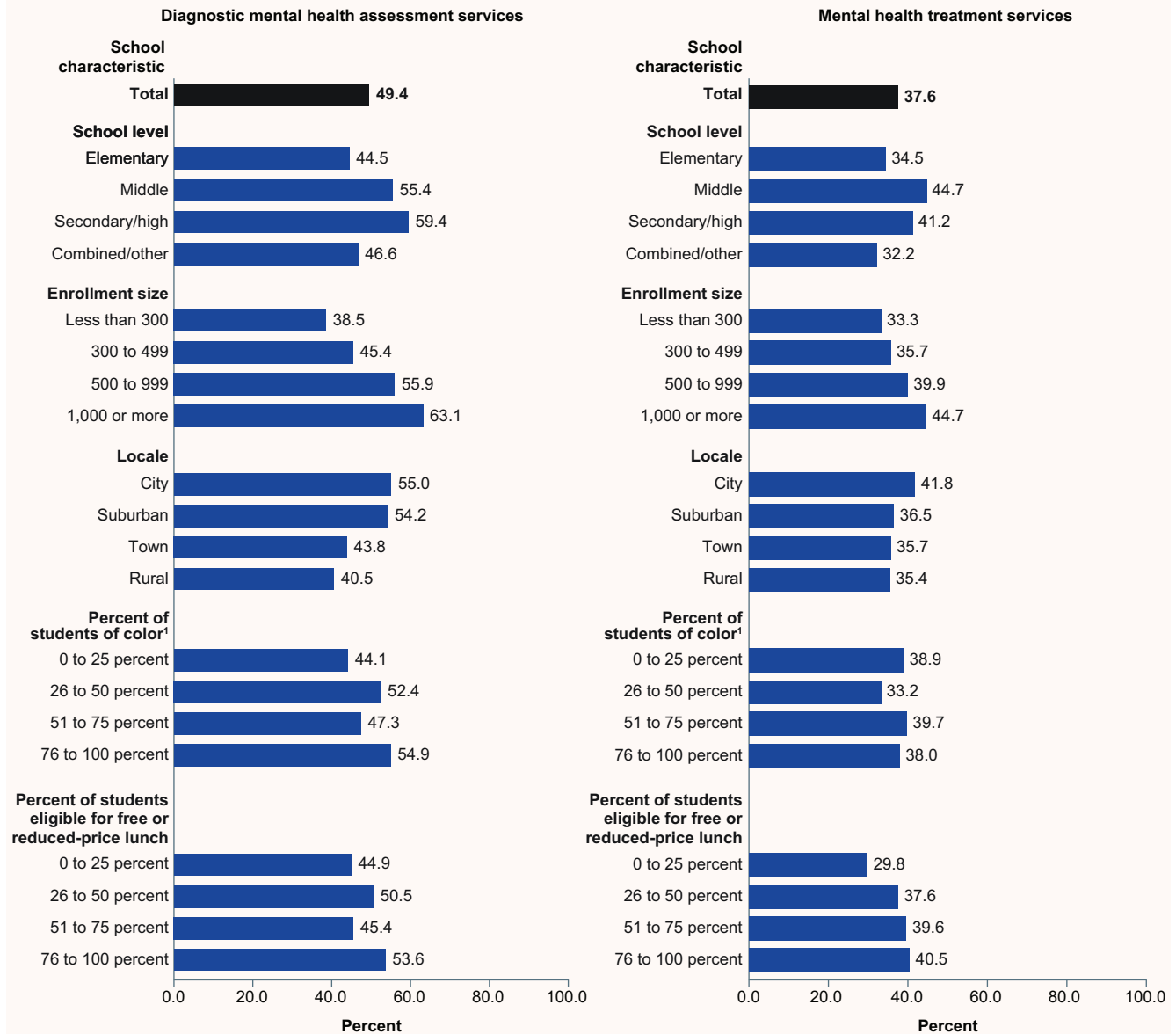
As of April 2022—about 2 years after the onset of the coronavirus pandemic in the United States—69 percent of public schools reported an increase in mental health concerns among their students.<sup>1</sup> This indicator examines the prevalence of mental health services in schools as well as the major limitations on schools' efforts to provide mental health services.<sup>2</sup>

In 2021-22, the School Survey on Crime and Safety (SSOCS) asked whether and where schools provided two types of mental health services: diagnostic mental health assessments<sup>3</sup> to evaluate students for mental health disorders<sup>4</sup> and treatment<sup>5</sup> for mental health disorders. SSOCS also asked about the extent to which various factors limited schools' efforts to provide mental health services to students.<sup>6</sup> For each factor, respondents could choose from the response options “limits in major way,” “limits in minor way,” and “does not limit.” This indicator focuses on the responses indicating that a particular factor limits such efforts in a major way.

**Prevalence of Diagnostic and Treatment Services**

**FIGURE 1.**

**Percentage of public schools providing diagnostic mental health assessments and treatment to students, by selected school characteristics: School year 2021–22**



<sup>1</sup> "Students of color" include students who are American Indian/Alaska Native, Asian, Black, Hispanic, Pacific Islander, and of Two or more races.  
NOTE: A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses. This is in contrast to an educational assessment, which does not focus on clarifying a student's mental health diagnosis. Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder. Schools were instructed to include only services provided by a licensed mental health professional employed or contracted by the school. Mental health professionals were defined for respondents as including providers of mental health services within several different professions, each of which has its own training and areas of expertise. The types of licensed professionals who may provide mental health services may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors. Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment. Figures are plotted based on unrounded data.  
SOURCE: U.S. Department of Education, National Center for Education Statistics, 2021–22 School Survey on Crime and Safety (SSOCS), 2022. See *Digest of Education Statistics 2023*, table 233.69a.

During the 2021-22 school year, 49 percent of public schools reported providing diagnostic mental health assessment services to evaluate students for mental health disorders (hereafter referred to as “diagnostic services”). Fewer public schools (38 percent) offered mental health treatment services to students for mental health disorders (hereafter referred to as “treatment services”). The percentage of public schools providing diagnostic services in 2021-22 was lower than the percentage in 2019-20 (49 vs. 55 percent),<sup>7</sup> but not measurably different from the percentage in 2017-18. Similarly, the percentage of public schools providing treatment services in 2021-22 was lower than the percentage in 2019-20 (38 vs. 42 percent), but not measurably different from the percentage in 2017-18.

The percentage of public schools providing diagnostic services and the percentage of public schools providing treatment services varied by some school characteristics in 2021-22, including school level. For example,

- diagnostic services were offered by greater percentages of secondary/high schools (59 percent) and middle schools (55 percent) than of elementary schools (44 percent); and
- treatment services were offered by greater percentages of middle schools (45 percent) and secondary/high schools (41 percent) than of elementary schools (34 percent).

The percentage of public schools providing diagnostic services and the percentage of public schools providing treatment services were generally higher for public schools with an enrollment size of 1,000 or more students than for smaller schools in 2021-22. Specifically,

- diagnostic services were provided by a higher percentage of schools with 1,000 or more students (63 percent) than schools with 500-999 students (56 percent), 300-499 students (45 percent), or fewer than 300 students (38 percent); and
- treatment services were provided by a higher percentage of schools with 1,000 or more students (45 percent) than schools with 300-499 students (36 percent) or fewer than 300 students (33 percent).

The percentage of public schools offering diagnostic services was also higher for schools with 500-999 students than for smaller schools.

In 2021-22, diagnostic services were more prevalent in schools in cities (55 percent) and suburban areas (54 percent) than in towns (44 percent) and rural areas (41 percent). However, the percentages of schools reporting treatment services did not vary measurably by locale.

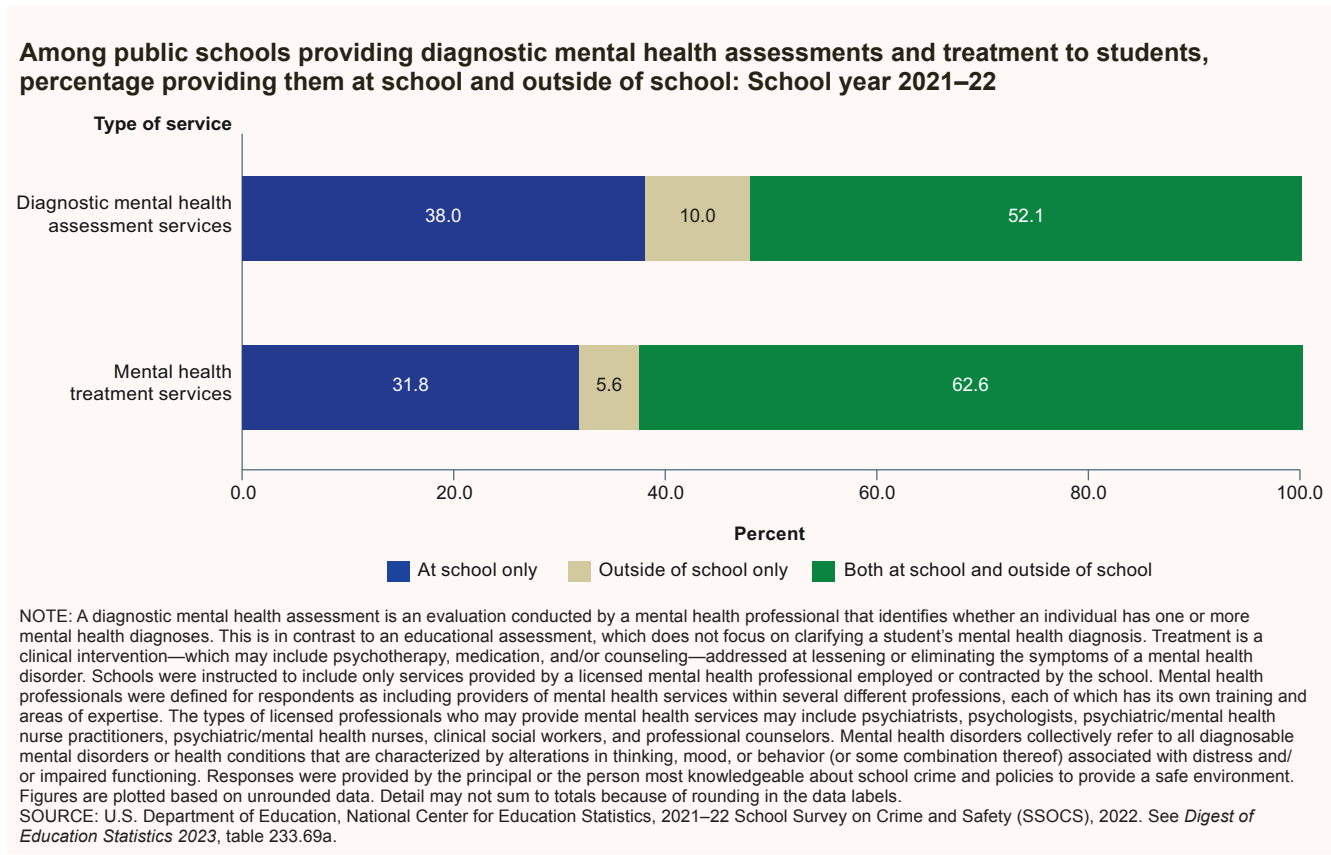
In 2021-22, the percentage of public schools providing diagnostic services was higher for schools in which 76 percent or more of their enrollment was students of color<sup>8</sup> (55 percent) and in which 26 to 50 percent of their enrollment was students of color (52 percent) than for schools in which 25 percent or less of their enrollment was students of color (44 percent). The percentage of schools providing treatment services did not vary measurably by percentage of students of color enrolled.

The percentage of public schools providing diagnostic services and the percentage of public schools providing treatment services were both higher for schools where 76 percent or more of students were eligible for free or reduced-price lunch (FRPL) than for schools where 25 percent or less of students were eligible for FRPL. FRPL can provide a substitute measure for the concentration of low-income students in a school.<sup>9</sup> In other words, the data show that a higher percentage of high-poverty public schools than of low-poverty public schools offered these mental health services.<sup>10</sup> Specifically,

- 54 vs. 45 percent of high- and low-poverty schools offered diagnostic services, respectively; and
- 41 vs. 30 percent of high- and low-poverty schools offered treatment services, respectively.

**Location Where Mental Health Services Are Provided**

**FIGURE 2.**

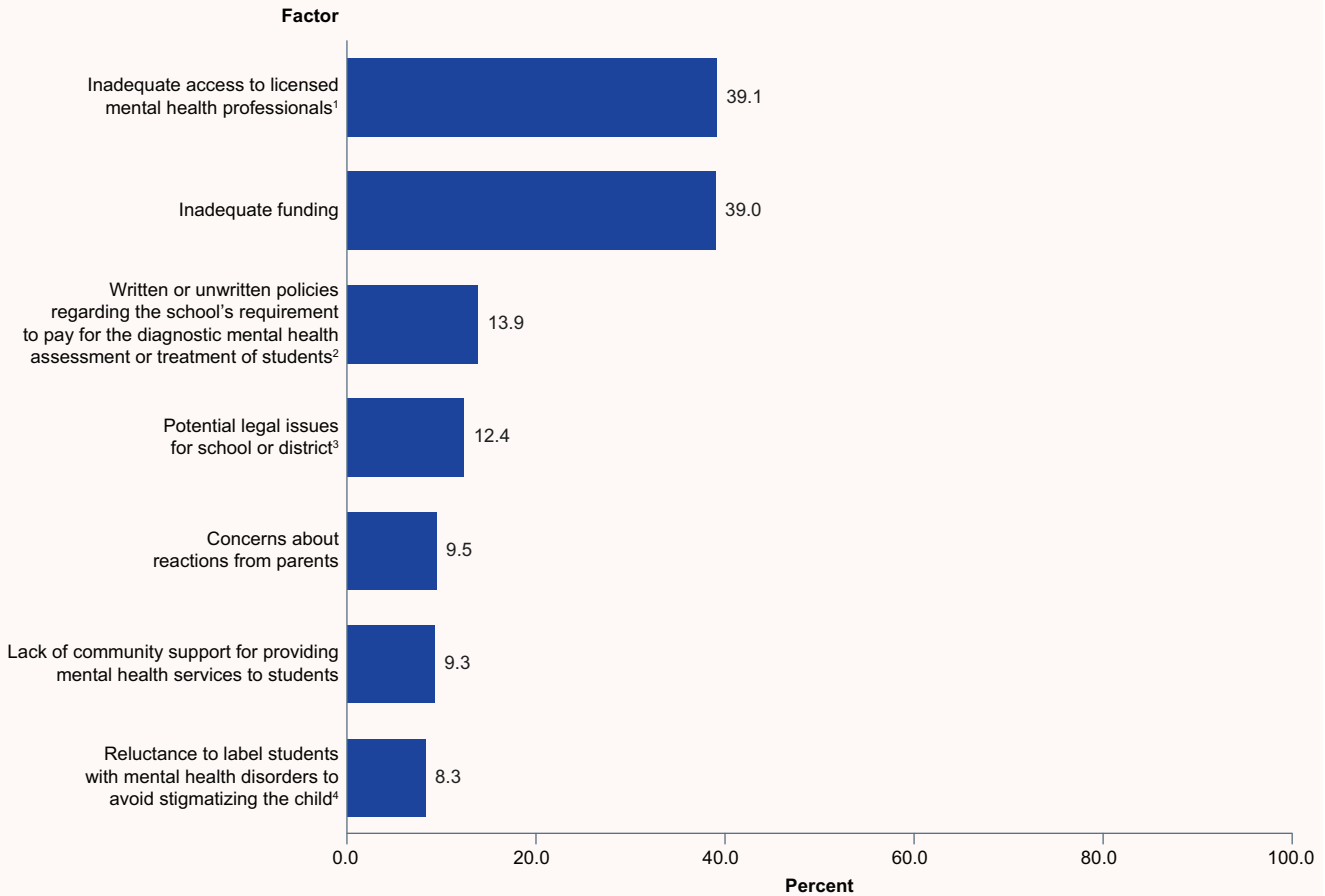


SSOCS also collected information on where schools provided mental health services. Among schools providing diagnostic services in 2021-22, some 52 percent provided diagnostic services both at school and outside of school. A higher percentage of schools provided diagnostic services at school only (38 percent) than outside of school only (10 percent). Similarly, among schools providing treatment services, 63 percent provided treatment services both at school and outside of school. A higher percentage of schools provided treatment services at school only (32 percent) than outside of school only (6 percent).

### Factors Limiting Schools' Efforts to Provide Mental Health Services

FIGURE 3.

**Percentage of public schools reporting that various factors limited their efforts to provide mental health services to students in a major way: School year 2021–22**

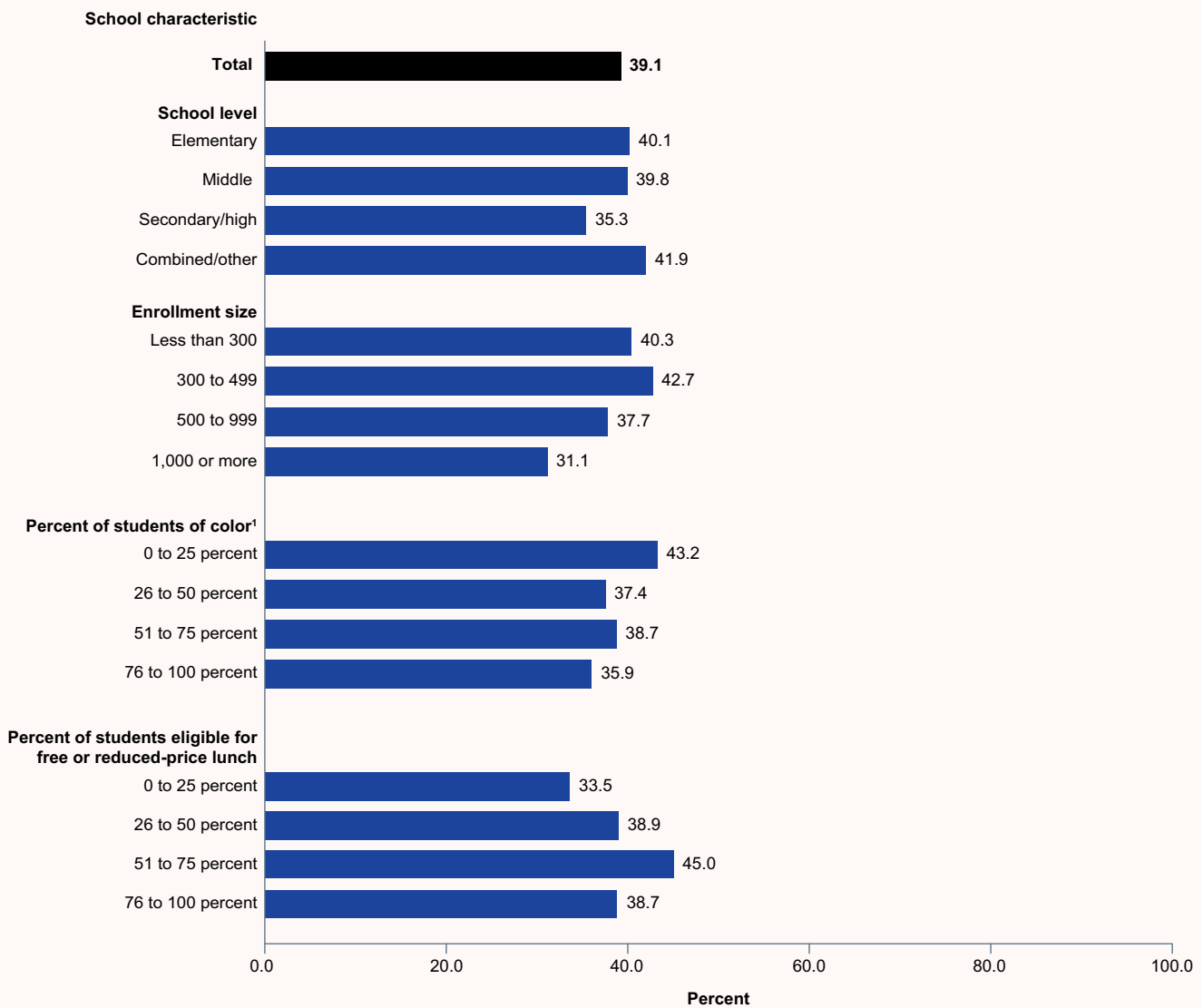


<sup>1</sup> Licensed mental health professionals may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors.  
<sup>2</sup> A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses. This is in contrast to an educational assessment, which does not focus on clarifying a student's mental health diagnosis. Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder.  
<sup>3</sup> Examples of legal issues provided to respondents were malpractice, insufficient supervision, and confidentiality.  
<sup>4</sup> Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.  
 NOTE: Respondents were asked to indicate the extent to which each factor limited the school's efforts to provide mental health services to students. For each factor, they could select "limits in major way," "limits in minor way," or "does not limit." Estimates in this figure represent only those schools reporting that a factor limited their efforts in a major way. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment. Figures are plotted based on unrounded data.  
 SOURCE: U.S. Department of Education, National Center for Education Statistics, 2021–22 School Survey on Crime and Safety (SSOCS), 2022. See *Digest of Education Statistics 2023*, table 233.69b.

Schools may face challenges in providing mental health services. The 2021-22 SSOCS collected data on limitations in public schools' efforts to provide mental health services regardless of whether the schools provided mental health services. In 2021-22, the two most commonly reported major limitations were inadequate access to licensed mental health professionals<sup>11</sup> and inadequate funding (39 percent each). The percentage of public schools that reported inadequate funding as a major limitation was 15 percentage points lower in 2021-22 than in 2019-20 (54 percent). In 2021-22, other major limiting factors were reported by 8 to 14 percent of schools.

**FIGURE 4.**

**Percentage of public schools reporting inadequate access to licensed mental health professionals limited their efforts to provide mental health services to students in a major way, by selected school characteristics: School year 2021–22**



<sup>1</sup> "Students of color" include students who are American Indian/Alaska Native, Asian, Black, Hispanic, Pacific Islander, and of Two or more races.  
NOTE: Respondents were asked to indicate the extent to which each factor limited the school's efforts to provide mental health services to students. For each factor, they could select "limits in major way," "limits in minor way," or "does not limit." Estimates in this figure represent only those schools reporting that a factor limited their efforts in a major way. Schools were instructed to include only services provided by a licensed mental health professional employed or contracted by the school. Licensed mental health professionals may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors. Responses were provided by the principal or the person most knowledgeable about school crime and policies to provide a safe environment. Figures are plotted based on unrounded data.  
SOURCE: U.S. Department of Education, National Center for Education Statistics, 2021–22 School Survey on Crime and Safety (SSOCS), 2022. See *Digest of Education Statistics 2023*, table 233.69b.

In 2021-22, there were some measurable differences by school characteristics in the percentages of schools reporting that inadequate access to licensed mental health professionals or inadequate funding limited their efforts to provide mental health services in a major way. The percentage of public schools reporting that their efforts to provide mental health services were limited in a major way by inadequate access to licensed mental health professionals was

- higher for middle schools than for secondary/high schools (40 vs. 35 percent);
- higher for schools with fewer than 300 students enrolled (40 percent), 300-499 students enrolled (43 percent), and 500-999 students enrolled (38 percent) than for schools with 1,000 or more students enrolled (31 percent);
- higher for schools in which 25 percent or less of their enrollment was students of color than for schools in which 76 percent or more of their enrollment was students of color (43 vs. 36 percent); and
- higher for mid-high-poverty schools than for low-poverty schools (45 vs. 34 percent).

In 2021-22, the percentage of public schools reporting inadequate funding as a major limitation was

- higher for schools with 300-499 students enrolled than for schools with 1,000 or more students enrolled (42 vs. 34 percent);
- higher for schools in which 26 to 50 percent of their enrollment was students of color than for schools in which 76 percent or more of their enrollment was students of color (43 vs. 35 percent); and
- higher for mid-high-poverty schools (45 percent) than for high-poverty (37 percent) and low-poverty (35 percent) schools.

### ***Social and Emotional Support for Students and Staff***

To understand school practices in response to the coronavirus pandemic, the 2021-22 SSOCS asked whether public schools increased supports for social and emotional needs of students and staff at any time during the 2021-22 school year. Although the percentages of schools reporting that they provided diagnostic assessments and treatment services were lower in 2021-22 than in 2019-20, some 90 percent of public schools reported that they increased social and emotional supports for students in 2021-22, and 78 percent reported doing so for staff.

In 2021-22, the percentage of public schools reporting increased social and emotional supports for students generally did not differ measurably by school characteristics. The two exceptions were between city and rural schools (93 vs. 87 percent) and between high- and mid-high-poverty schools (93 vs. 86 percent).

In comparison, there were more differences by school characteristics in the percentage of public schools reporting increased social and emotional supports for staff. For example, the percentage of schools reporting increased social and emotional supports for staff was

- higher for schools with 1,000 or more students enrolled (86 percent) than for schools with 500-999 students (81 percent), 300-499 students (76 percent), and fewer than 300 students enrolled (73 percent);
- higher for schools in cities (87 percent) than for schools in suburban areas (80 percent), which were both higher than the percentages in towns and rural areas (71 percent each); and
- higher for high-poverty schools (82 percent) than for mid-low-poverty schools (76 percent) and mid-high-poverty schools (72 percent).

**Endnotes:**

<sup>1</sup> U.S. Department of Education. (2022). *School Pulse Panel: Mental Health and Well-Being of Students and Staff During the Pandemic*. Institute of Education Sciences, National Center for Education Statistics. Retrieved January 19, 2024, from [https://ies.ed.gov/schoolsurvey/spp/SPP\\_April\\_Infographic\\_Mental\\_Health\\_and\\_Well\\_Being.pdf](https://ies.ed.gov/schoolsurvey/spp/SPP_April_Infographic_Mental_Health_and_Well_Being.pdf).

<sup>2</sup> For general technical notes related to data analysis, data interpretation, rounding, and other considerations, please refer to the *Reader's Guide*.

<sup>3</sup> A diagnostic mental health assessment is an evaluation conducted by a mental health professional that identifies whether an individual has one or more mental health diagnoses.

<sup>4</sup> Mental health disorders collectively refer to all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

<sup>5</sup> Treatment is a clinical intervention—which may include psychotherapy, medication, and/or counseling—addressed at lessening or eliminating the symptoms of a mental health disorder.

<sup>6</sup> These seven limiting factors were included in the survey: inadequate access to licensed mental health professionals; inadequate funding; potential legal issues for school or district; concerns about reactions from parents; lack of community support for providing mental health services to students; written or unwritten policies regarding the school's requirement to pay for the diagnostic mental health assessment or treatment of students; reluctance to label students with mental health disorders to avoid stigmatizing the child.

<sup>7</sup> The coronavirus pandemic affected the 2019-20 data collection activities. The change to virtual schooling and the adjusted school year may have impacted the data collected by SSOCS. Readers should use caution when comparing 2019-20 estimates with those from other years. For more information, see *Crime, Violence, Discipline, and Safety in U.S. Public Schools in 2019-20: Findings From the School Survey on Crime and Safety* (NCES 2022-029).

<sup>8</sup> "Students of color" include students who are American Indian/Alaska Native, Asian, Black, Hispanic, Pacific Islander, and of Two or more races.

<sup>9</sup> For more information on eligibility for FRPL and its relationship to poverty, see the National Center for Education Statistics blog post "[Free or reduced-price lunch: A proxy for poverty?](#)"

<sup>10</sup> Low-poverty schools are defined as public schools where 25 percent or less of the students are eligible for FRPL. Mid-low-poverty schools are those where 26 to 50 percent of the students are eligible for FRPL. Mid-high-poverty schools are those where 51 to 75 percent of the students are eligible for FRPL. High-poverty schools are those where 76 percent or more of the students are eligible for FRPL.

<sup>11</sup> Licensed mental health professionals may include psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, and professional counselors.

**Reference tables:** *Digest of Education Statistics 2023*, tables 233.69a and 233.69b; *Digest of Education Statistics 2021*, table 233.69b; *Crime, Violence, Discipline, and Safety in U.S. Public Schools: Findings From the School Survey on Crime and Safety: 2021-22* (NCES 2024-043), table 7

**Related indicator and resource:** *Crime, Violence, Discipline, and Safety in U.S. Public Schools: Findings From the School Survey on Crime and Safety: 2021-22* (NCES 2024-043)

**Glossary:** [At/during school](#); [Combined/other school](#); [Elementary school](#); [Free or reduced-price lunch](#); [Locale codes](#); [Middle school](#); [Public school or institution](#); [Racial/ethnic group](#); [Secondary/high school](#)