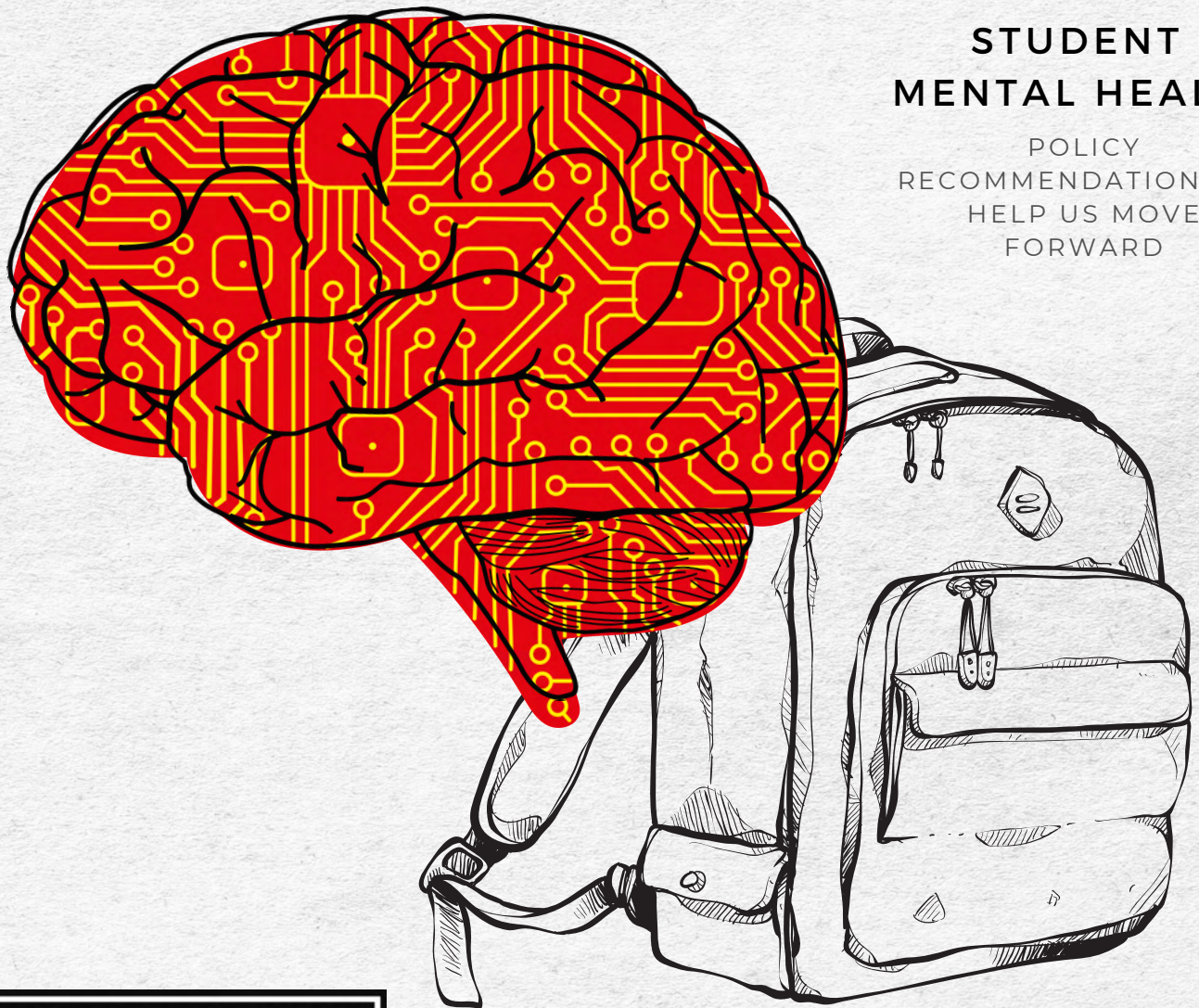# POLICY PLAYBOOK

· AN EDUCATION ADVOCACY RESOURCE ·

STUDENT MENTAL HEALTH

POLICY RECOMMENDATIONS TO HELP US MOVE FORWARD

BIRMINGHAM COALITION FOR STUDENT MENTAL HEALTH

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the backstory

Why is the Birmingham Education Foundation (Ed) talking about student mental health? In short, because that's what Birmingham families, students, and educators called on us to do. Prior to the pandemic, local education stakeholders had student mental health on their radar. A peek at the pre-pandemic statistics suggests why. Annually, **nearly one third of adolescents were already experiencing some form of anxiety disorder. Nearly 1 in 10 US youth suffered from severe major depression.** Suicide had climbed to the **second leading cause of death** among young people, with **suicide attempts among Black adolescents up 73% since the 1990s.**

Clearly, youth mental health represented a nationwide concern. But while studies have shown that mental health challenges affect youth from all population groups roughly evenly, the help that students can expect to receive often differs dramatically depending on where they live, their family's income, and their racial or ethnic background. Alabama offers a compelling example. According to recent data, **our state ranks 47th in access to mental health care**, with only **one quarter of the mental health providers needed to meet the mental health needs of state residents.** Alabama's youth mental health statistics are particularly grim. The CDC's **latest data** reveal that Alabama had 12.2 suicides among 10-24 year olds (per 100,000 residents), outpacing the national rate and marking a 79% increase from the state's 2005 ratio. **In 2019, State Superintendent of Education, Dr. Eric Mackey, acknowledged** that "Alabama spends less on (school-based) mental health than any other state in the nation." That lack of investment has consequences. Of the 31,000 Alabama youth who experienced a major depressive episode (MDE) in 2018, **more than two thirds received no mental health treatment.**

Connecting to mental health support remains especially challenging for young people of color. **Black youth are only half as likely to receive mental health treatment** as their white peers. **Poverty compounds the problem**, increasing both the factors that **expose young people to traumatic experiences** and the barriers that prevent them from accessing treatment. **Inadequate insurance coverage, lack of transportation, out-of-pocket costs, limited appointment times**, **provider bias, exposure to the stress of housing/food insecurity, and cultural stigma** all play a role. **With over 90% of Birmingham City School students identifying as Black and with two thirds coming from economically disadvantaged families**, it is safe to say that our city's young people are often left without equitable access to appropriate care.

Back in 2019, Birmingham education stakeholders understood the consequences of that gap. Before anyone had ever heard of COVID, they understood that student mental health was foundational to student academic success. Through Ed-sponsored Network Nights, community surveys, and informal feedback, our community members named mental health as a top three priority for schools, repeatedly identifying it as a persistent barrier to student achievement. Failing to improve student mental health doesn't just limit students' classroom performance, stakeholders argued; it also limits students' life outcomes.

That was before the pandemic. Since then, the unprecedented events of 2020 dramatically intensified a pre-existing crisis -- particularly within low-income communities of color. The catastrophic public health impact of COVID, the socio-economic fallout from the pandemic, and the aftershocks of racial violence that devastated so many US communities also reverberated through our city. Now more than ever, student mental health demands our attention.

One thing is clear: Birmingham students and families need more than a document defining these issues. They need solutions.

the birmingham coalition for student mental health

The Birmingham Coalition for Student Mental Health (BCSMH) is a diverse group of students, families, educators, community members, and organizations who joined together to reimagine what school-based mental health support could look like in our area. As of April 2021, BCSMH membership included 27 partner organizations and numerous individual advocates.

MEMBER ORGANIZATIONS

Alabama Network of Family Resource Centers
Alabama Youth Coalition for Equity (AYCE)
Alaquest Collaborative for Education (ACE)
Birmingham City Schools
Birmingham Education Foundation
Breakthrough Birmingham
College Admissions Made Possible (CAMP)
Community Care Development Network
Community Foundation of Greater Birmingham
Crisis Center
East Lake Initiative
A Friend of Mind
Gateway Family Solutions
Girls, INC of Central Alabama

I Am Greatness
JBS Mental Health Authority
Magic City Acceptance Center
No More Martyrs
Oak Tree Ministries
Sixth Avenue Baptist Church
Strive Counseling
Teach For America- Alabama
The Surge Project
United Way of Central Alabama
Woodlawn Foundation
YouthServe
YWCA Central Alabama

The Coalition began its work by getting an updated snapshot of student mental health in the Magic City. This past fall, despite the challenges of social distancing, BCSMH conducted community research on the issue. Over 800 participants completed an online survey and over 220 participants contributed to community conversations -- hour-long discussion groups held across the Birmingham metro area. We then took the research results and translated those comments and feedback into specific findings. What follows is a summary of what we heard.

what we learned from the data

1. STUDENTS DON'T FEEL SEEN OR HEARD.

Students said they struggled to achieve and maintain a sense of well-being. When they did experience mental health challenges, many felt unseen, unheard, isolated, and alone. If/when they did share their concerns, most felt that no one listened or took them seriously. Students requested more trusting relationships with caring adults and a dedicated space and place to talk with peers and discuss their worries/fears.

2. TEACHERS DON'T FEEL PREPARED OR HAVE THE SUPPORT THEY NEED TO HANDLE THE STUDENT MENTAL HEALTH ISSUES EMERGING IN THE CLASSROOM.

Stakeholders* issued a strong call for greater access to on-site mental health professionals, increased teacher/staff education, and increased funding for these supports. Teachers asked for student therapeutic services separate from the behavior referral process. Students and families requested that teachers, school staff, and school leaders receive more training to assist students experiencing trauma and other mental health challenges that may affect their behavior in the classroom. They also wanted more mental health support for teachers.
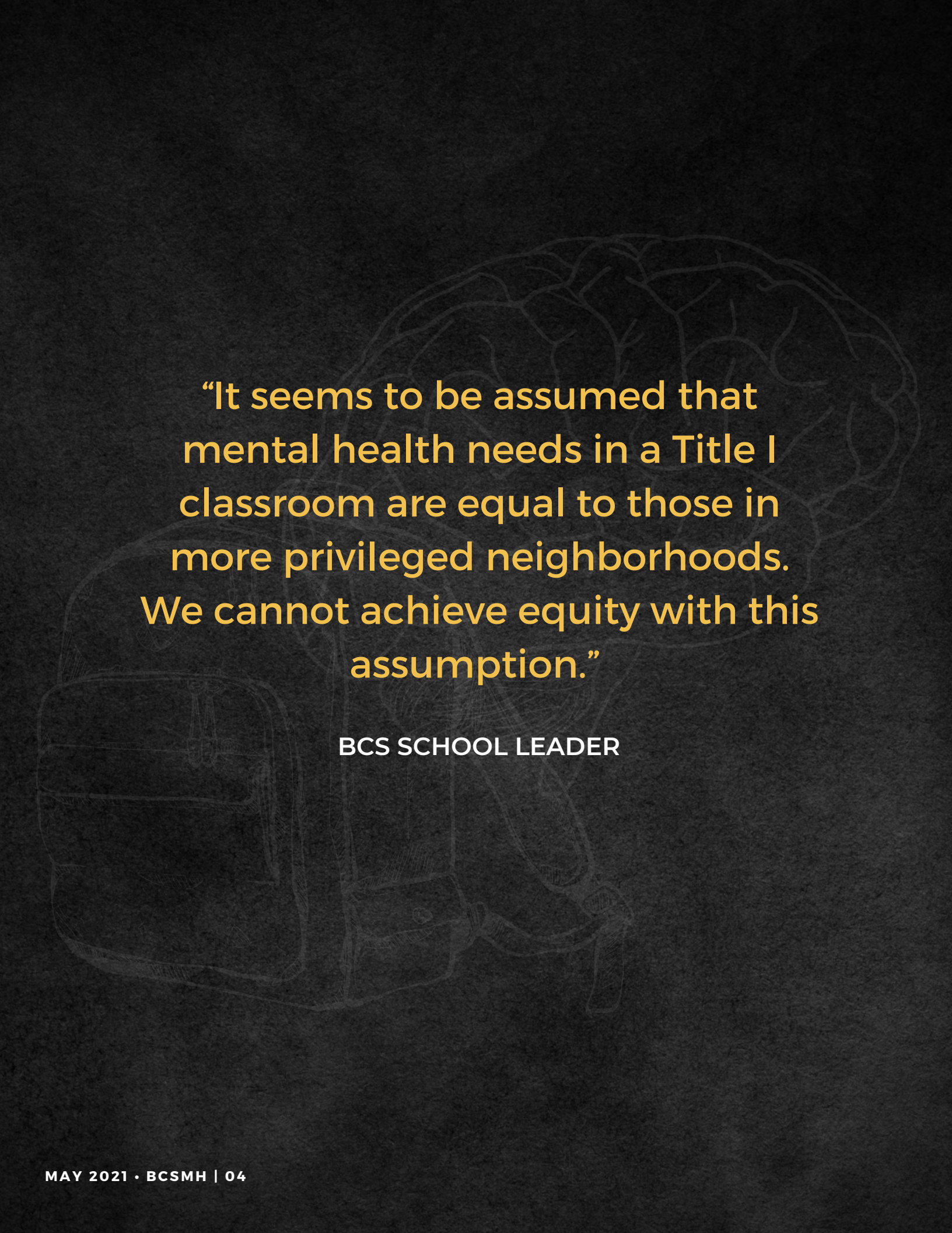
Reader's Note: In discussing our findings, we define stakeholders as our community research participants. These included high school students, families, educators, school staff/leaders, and other interested community members.

3. HAVING CONVERSATIONS ABOUT STUDENT MENTAL HEALTH IS DIFFICULT AND COMPLEX.

The vast majority of stakeholders acknowledged that talking about mental health was complicated by having no shared understanding of the term. Many noted the persistent stigma associated with mental health issues. According to participants, acknowledging mental health concerns remains taboo, particularly within communities of color. Participants also reported that older adults tended to promote what one participant called a "perseverance mentality," seeing mental health as "a matter of attitude" rather than a condition requiring treatment.

4. THE COVID PANDEMIC, THE POLITICAL CLIMATE OF 2020, AND THE ABRUPT SHIFT TO VIRTUAL LEARNING UPENDED THE LIVES OF ALL STAKEHOLDERS.

The combined impact of these forces on low-income communities of color cannot be overstated. For many Black and LatinX families in Birmingham, 2020 represented a year of increased insecurity and loss -- loss of jobs, of income, of physical safety, and of wellness. According to stakeholders, anxiety, isolation, disconnectedness, confusion, tech challenges, and competing obligations often took a toll on students' academic progress. Initial indicators suggest that, by the summer of 2021, students of color will experience an average learning loss of 6-12 months, with worst case scenarios reaching 12-16 months.

"It seems to be assumed that mental health needs in a Title I classroom are equal to those in more privileged neighborhoods. We cannot achieve equity with this assumption."

BCS SCHOOL LEADER

PROPOSED SOLUTIONS

In order to meaningfully improve student mental health in schools, stakeholders identified two levels of change: **core shifts** (mindset changes) and **policy solutions** (system changes).

1. We need to go from seeing schools as institutions focused solely on academic performance to centers that support the whole child.

To accomplish this, we must:

- make schools more welcoming, inclusive spaces that prioritize healthy child development while insisting on excellence in academic content delivery;
- engage families without judgment, making schools hubs for sustained family learning and support, particularly through early childhood interventions;
- expand school-based outlets for arts, athletics, and music; and
- connect families to wraparound services.

What are wraparound services? *These are the services that address the social and non-academic barriers to student success. These supports may come in the form of direct, school-based services (e.g., a student vision screening, an on-campus clothes closet, or a backpack food distribution program) or be coordinated with external agencies (e.g., referral to a vocational program, substance abuse treatment, or an ESL class).*

2. We must transform the culture of schools, not simply on paper, but in the lived experience of students and educators.

Classrooms/schools must shift from spaces focused on correcting student deficits and disciplining disruptive student behavior to supportive, asset-based environments that promote strong relationships, trust, growth, and belonging. To accomplish this, we must:

- develop clear, strong, and broadly-understood mental health support protocols;
- offer high-quality, sustained educator training in culturally-appropriate, trauma-informed practice;
- promote trusting relationships among peers, between students and teachers, and between families and schools; and
- rethink how student behavior issues are understood and addressed, using positive behavioral strategies and building on students' strengths.

3. We need a shared community understanding of mental health.

A grassroots, evidence-based public education campaign to explain the fundamentals of mental health and eliminate commonly-held myths can help to encourage a more widespread conversation. The effort must be offered in trusted spaces where families feel comfortable and secure. To accomplish this, we must:

- provide opportunities for the entire community to learn about and discuss mental health;
- include and prioritize health providers of color;
- take into account and be prepared to address cultural and generational challenges; and
- normalize seeking support for mental health.

Underlying these shifts was a call for two major systemic changes: **the need to reimagine the role of schools** and **the need to make more equitable financial investments in education.**

Coalition members used the feedback gathered from the community research and combined it with Ed's prior investigations into evidence-based best practices. They then transformed those core shifts into specific policy recommendations.

policy recommendation #1

Create a strong mental health support team on every campus.* Increase the number of school-based mental health professionals in every school and refocus/expand the mental health support services currently being offered by staff.

*Each Policy Recommendation made in the Playbook will be linked to a more detailed Policy Proposal document. The Proposals will serve as evolving and 'in progress documents where concrete policy plans and considerations (including projected costs/resources, implementation plans, and emerging policy ideas) will be recorded.

local voices

Over two thirds of teachers indicated that their schools **did not have the staff to adequately support the mental health needs of their students.**

More than one third **of students, teachers, and staff requested access to more school-based mental health therapists.**

Improved student access to a caring adult (mental health professional, school counselors or a mentor/advisor) appeared in the community conversation data **25 times.**

Over half of teachers said they wanted to see **an expansion of school-based student mental health therapy services beyond the behavioral referral system.**

"We have one counselor for the ENTIRE K-8! This is simply not enough staff/support to really meet these students' needs."

--BCS Teacher

"At least one mental health professional - other than a school counselor - should be accessible to students in each and every school."
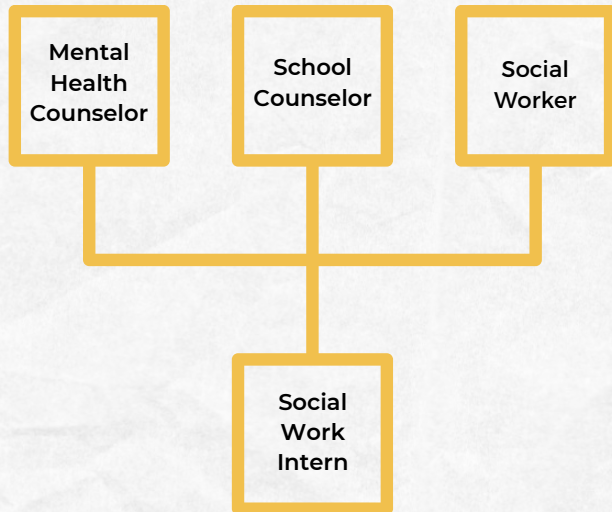
-- BCSMH Survey Participant

what the research says

Research demonstrates that K-12 students benefit when they have access to on-site professionals to support their mental health needs. Knowing that US students will return to our nation's classrooms with unprecedented post-pandemic mental health needs, respected education organizations from across the country are currently calling for schools to make historic investments in school-based mental health staffing.

- From Harvard's Graduate School of Education: **"School staffing should keep new social, emotional, and health needs in mind** . . . Likewise, additional social workers may be needed. This may require reallocation of resources from inside or outside of the school building. School districts should also explore partnerships with mental health providers to provide needed counseling services to students."

- From the Annie E. Casey Foundation: "To promote mental health, **policymakers should work to reduce the student-to-counselor ratio** to levels recommended **by mental health professionals by increasing funding at the federal and state levels** and **budgeting for additional staffing at the school district level."**

- From the **American School Counselor Association (ASCA)**: Implementing the **ASCA-recommended model/ratio** (250 students per counselor) shows robust benefits for students and schools, **particularly those serving economically disadvantaged families.**

- Providing mental health services in schools **significantly reduces youth barriers to accessing mental health treatment.** In one study, youth were **21 times more likely** to complete mental health services in school over other community settings.

- Factors outside of the classroom can **account for up to two thirds of the disparities in student academic achievement.** Explicitly and effectively addressing student/family wraparound needs can have a substantial impact on student academic success.

how to make it happen

Build a strong mental health support team for every BCS school. Each role would serve several critical functions. Within BCS, we recommend a model that includes the following:

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┌──────────┐   ┌──────────┐   ┌──────────┐
│  Mental  │   │  School  │   │  Social  │
│  Health  │   │Counselor │   │  Worker  │
│Counselor │   │          │   │          │
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       │  Social  │
       │   Work   │
       │  Intern  │
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The Mental Health Counselor (MHC) is a full-time licensed therapist who provides timely, on-site counseling services to students and educators on every BCS campus. They can provide both **Tier 3 and Tier 2** counseling services as needed.

The Social Worker (SW) coordinates the wraparound services and community partnerships at each school campus. The SW also provides families a 'warm hand off' to other family support groups/services (substance abuse counseling, family counseling, etc.) and directly supervises the work of the Social Work Intern (SWI).

The Social Work Intern (SWI) supports the Social Worker with the implementation of traditional case management services. SWIs use school attendance data to identify students/families who may be in need of additional wraparound services and then serves as the bridge to connect them to needed resources.

The School Counselor (SC) follows the ASCA-recommended model, supporting students' academic needs, leading the school's Social and Emotional Learning curriculum, coordinating student and family workshops in supporting mental health, and providing short-term Tier 2 counseling support as needed.

"Decision-makers should know that the model we've used in the past doesn't work anymore. It's a different world, so the model needs to change. They also need to know that mental health issues aren't just affecting a few students; it's the majority."

-Community Conversation Participant
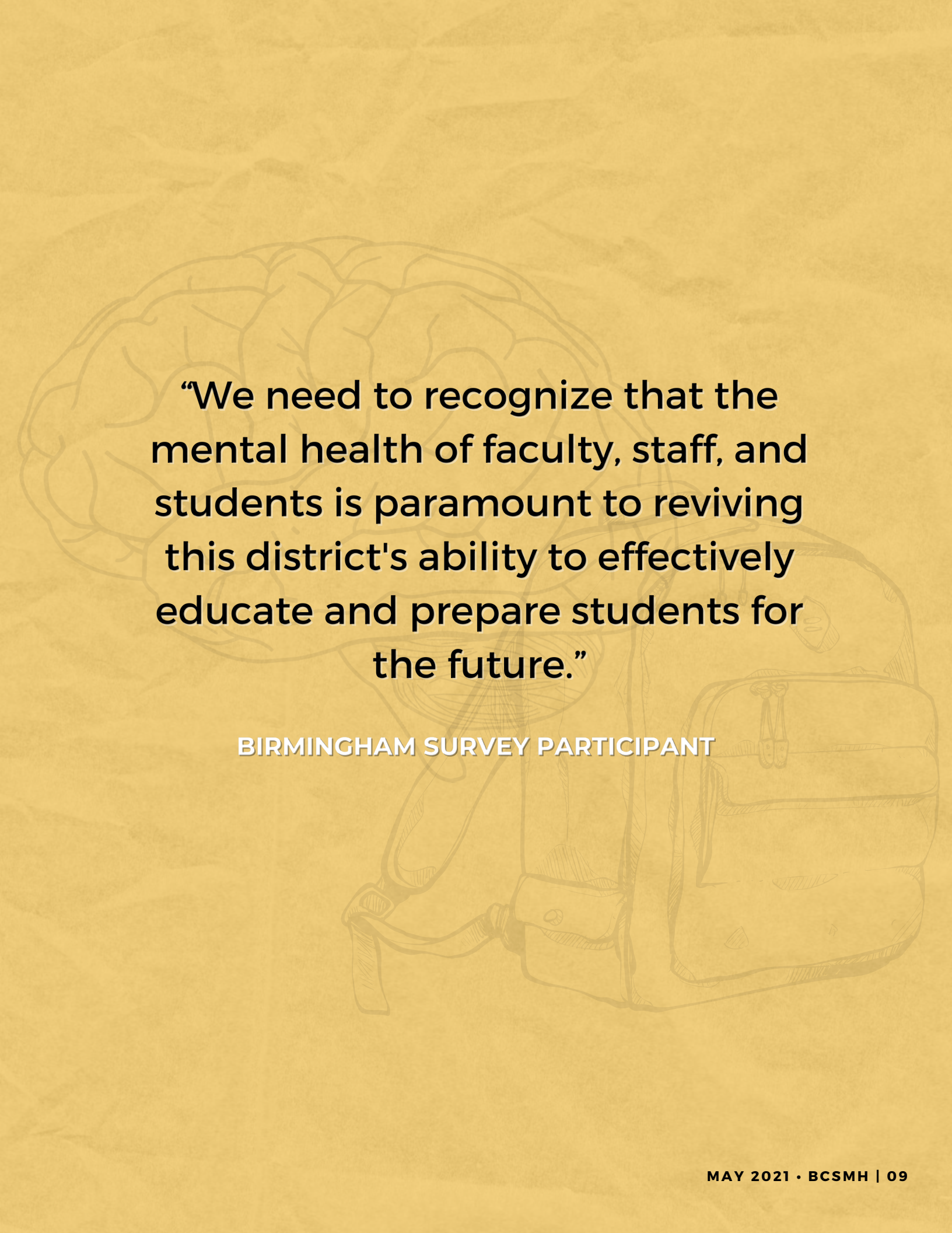
effective models

The Enrichment Center (EC) is an independent 501(c)(3) serving schools in northern Alabama's Madison and Lawrence Counties. The EC provides licensed therapists to serve as full-time on-site counselors in designated partner schools. In 2019-20, the group's eight counselors provided over 400 students with nearly 4,000 individual counseling sessions.

Georgia HOPE is a community-based provider of mental health services. Recognized by the state as an exemplary model for its **school-based mental health program**, Georgia HOPE partners with 58 K-12 schools to provide on-site therapy to students ages 4+.

Communities In Schools offers a well-vetted model that mirrors many of the services and value that a Prevention Specialist-style position can bring to a school campus.

Judy Centers provide a model for successfully incorporating comprehensive early childhood services (targeting kids 0-5 and their families) on school campuses.

Community Schools are a model for transforming schools into comprehensive community support hubs. Participating schools partner with outside groups to provide students and families with a wide variety of targeted wraparound services.

"We need to recognize that the mental health of faculty, staff, and students is paramount to reviving this district's ability to effectively educate and prepare students for the future."

BIRMINGHAM SURVEY PARTICIPANT

policy recommendation #2

Improve the mental health training and support opportunities offered to teachers, school staff, and school leaders. Supply school personnel with the information, strategies, and tools they need to assist students struggling with behavior, trauma, and mental health issues. Focus on improving identification and timely access to support.

local voices
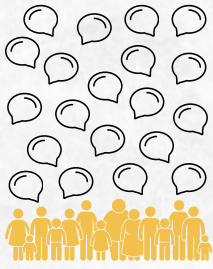
Calls for **additional staff training/concerns about teacher preparation around student mental health** came up **20 times** in BCSMH community conversations.

25% of parent/family online survey respondents recommended **teacher/staff training in trauma-informed practices.**

"We aren't mental health experts, but we are being told to assist with mental health. We want to help, but we need more resources and training!"

-- BCS Teacher

what the research says

- The US Substance Abuse and Mental Health Services Administration (SAMHSA) has written extensively about the **indisputable benefits of adopting trauma-informed practice** into public health and public education systems.

- A **2019 study, specifically examining the impact of trauma-informed training on educators,** found "enduring changes in mindset and behavior" in the majority of attendees.

- 90% of surveyed teachers report high levels of work-related stress. In a 2017 national survey, **58% of teachers reported a noticeable decline in their mental health.** Teachers regularly report

symptoms associated with depression, anxiety, and post-traumatic stress disorder (insomnia, anger, inability to concentrate, feelings of isolation, changes in eating habits, etc.). The pandemic has only worsened the situation and may be leading to **unprecedented educator burnout and a potential, large-scale "teacher exodus" from the profession.**

"It's unfair to put all of this on teachers/staff. There need to be better resources and systems in place for kids and families rather than expecting the teacher/staff to take on mental health in all of their students."

-- Community Conversation Participant

how to make it happen

- Implement comprehensive, on-going BCS staff professional development to:
  - understand the fundamentals of mental health/trauma-informed practice;
  - create safe spaces for LGBTQ students; and
  - adopt a restorative discipline approach to student behavior challenges.

- Ensure that every BCS teacher understands student mental health screening and referral processes, both within and beyond the Multi-Tiered System of Supports (MTSS) framework.

- Create strategies to better support teacher mental health. Implement peer discussion groups that allow teachers to share challenges, suggest policies to improve workplace wellness, and learn strategies for combating secondary traumatic stress.

EFFECTIVE MODELS/RESOURCES

Conscious Discipline is a trauma-informed training model that incorporates restorative justice principles. It is included in the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). Research on the program's impact is included **here**.

Trauma-Sensitive Schools offer another established professional development model.

Alive and Well is a Missouri-based nonprofit organization that educates the community about the impact of toxic stress and trauma. The organization provides training, coaching, and technical assistance to schools and is committed to fostering resilience.

The Whole Child Model at Van Ness Elementary (Washington, DC) offers specific examples for creating a whole child approach in a school. The model addresses how adults communicate, how environments are designed, and how routines are chosen.

Transforming Education is a 501(c)(3) that works with education partners to integrate quality whole child models within schools. Their **Trauma-Informed SEL Toolkit** offers a comprehensive professional development resource for teachers.

Happy Teacher Revolution offers support groups and resources to help teachers to practice self-care and strengthen their own mental health.

Alaquest Collaborative for Education (ACE) is an independent 501(c)(3) that offers professional development in trauma-informed care for local educators.

The Magic City Acceptance Center (MCAC) offers training for area educators on creating safe spaces for LGBTQ youth in the classroom.

"Before I was diagnosed with anxiety, I had a teacher who told me that test anxiety didn't exist. It made me wonder whether what was happening to me was even real. We need to do a better job educating teachers about mental health."

-- BCS High School Student
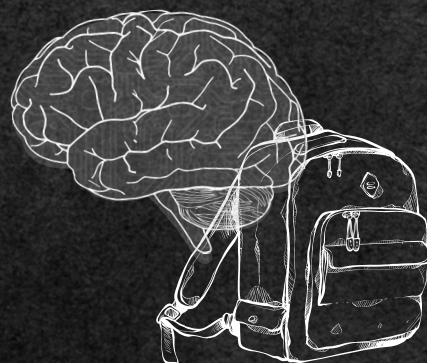
policy recommendation #3

Dedicate time during the school week for students and teachers to engage in intentional relationship-building and integrated social-emotional learning opportunities. Establish an advisory group/circle structure where students can discuss current events, discuss their successes and challenges, and practice life skills in a meaningful context.

local voices
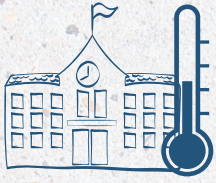
Improving school **climate** and the need for student life skills/Social Emotional Learning (SEL) competency development appeared **16 times in the community conversation data.**
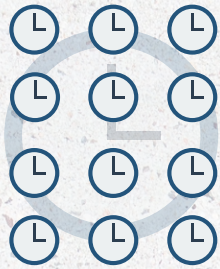
Community conversation participants identified **the need for students to have** "time and space to decompress at school" 13 times. **Nearly one quarter** of students and families wanted **more wellness check-ins from teachers.**

"In an ideal school, our students [would have] a teacher trained in how to listen to what is going on with students, [with] no judgment. Schools would offer a learning environment where everyone is teaching how to learn and not just what to learn."
-- BCS Community Conversation Participant

what the research says

- **Pursuing student "connectedness"** and strengthening relationships between students and teachers leads to improved attendance, higher student engagement/motivation, and raised academic expectations.

- Students who participated in SEL programming saw **demonstrable gains in academic achievement** relative to their peers who did not participate. Researchers also witnessed improvements in classroom behavior, students' ability to handle stress and depression, and improved perceptions of self and school.
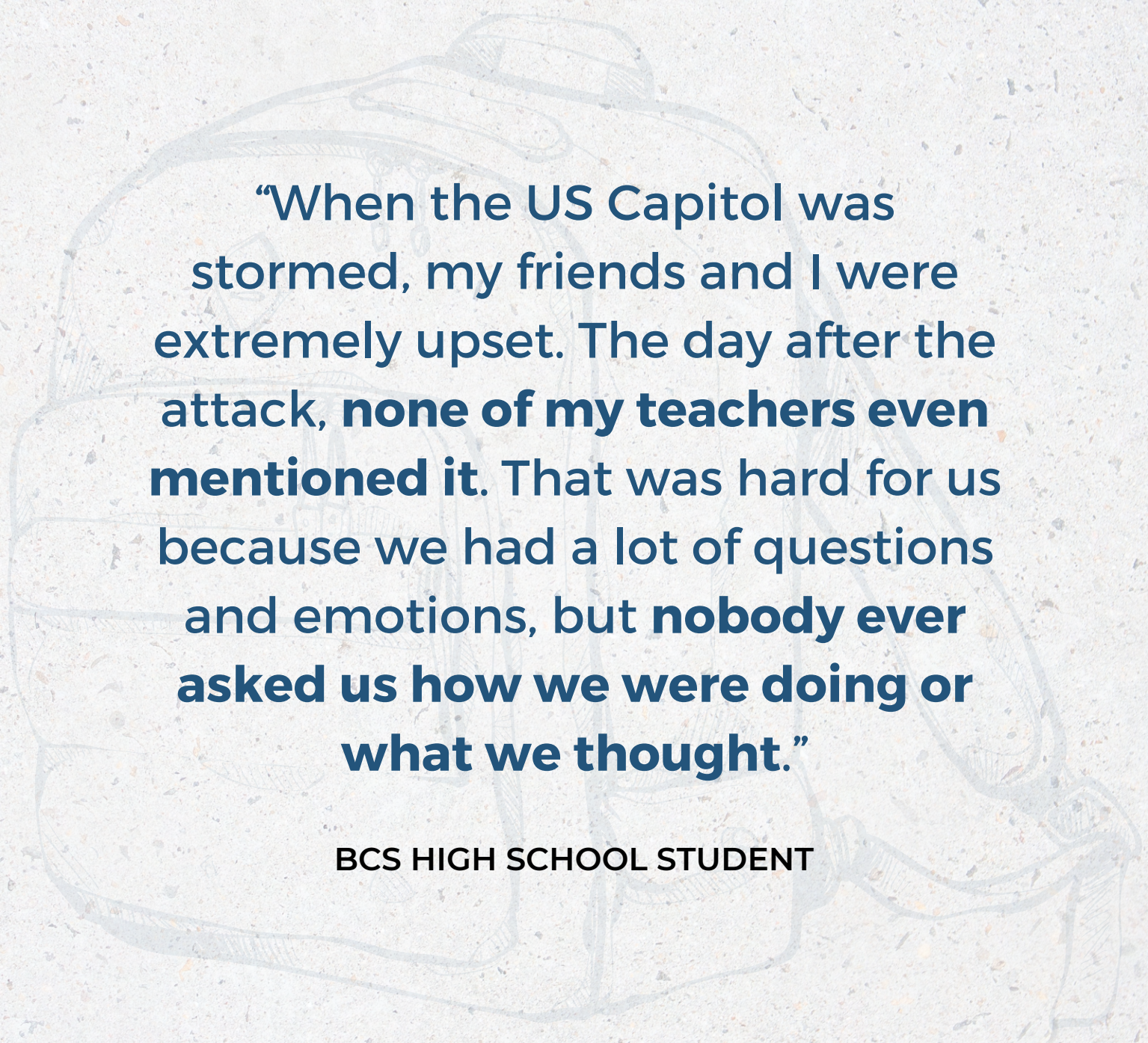
how to make it happen

Create advisory time for students and educators to engage in intentional relationship-building (peer-to-peer and teacher-to-student). Embed teacher check-ins.

Incorporate Circles, peer support groups, advisories, or similar social and emotional learning structures into the school routine and across the BCS K-12 continuum.

In the words of one research participant: "Instead of calling parents out, call them in." Create campuses where parents and families know that they will be included, supported, and valued. Design school cultures that feel more like school families.
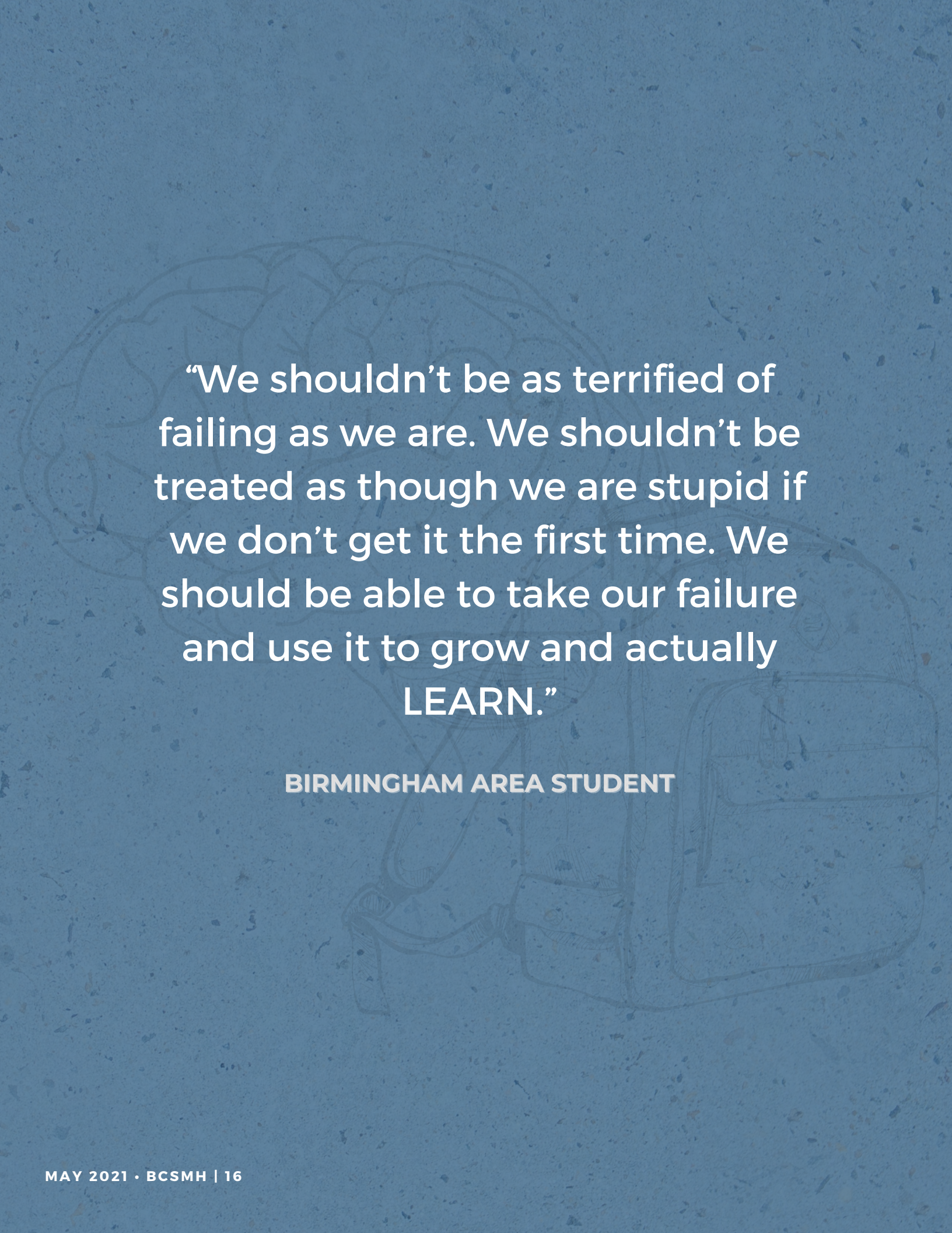
effective models/ resources

- **Valor Academy Compass Circles (Nashville, TN)** are weekly meetings of approximately 20 students that are led by an adult mentor. They include check-ins, restorative justice practices, and reflection. In addition to strengthening personal relationships, Circle discussions help students to deepen self-knowledge, strengthen communication skills, experience vulnerability, and engage in group problem-solving.

- **Renaissance Academy (Springfield, MA)** builds in time for students and teachers to meet in small groups known as "crews." Consisting of up to 15 students and 1 faculty member, each Crew meets daily for 25 minutes throughout the entirety of a student's career. Serving as a type of family unit within the larger school, participants use the time to discuss issues, problem solve, share challenges, and provide motivation to one another.

- **This comparative review** offers a side-by-side analysis of 25 widely-used national SEL programs. Locally, ACE offers a 9-month **Life Skills Education** program.

"When the US Capitol was stormed, my friends and I were extremely upset. The day after the attack, **none of my teachers even mentioned it**. That was hard for us because we had a lot of questions and emotions, but **nobody ever asked us how we were doing or what we thought**."

BCS HIGH SCHOOL STUDENT

"We shouldn't be as terrified of failing as we are. We shouldn't be treated as though we are stupid if we don't get it the first time. We should be able to take our failure and use it to grow and actually LEARN."

BIRMINGHAM AREA STUDENT

"Too often we expect children to respond like miniature adults. If a child is acting out/emotionally unstable, we must respond to their need for FELT safety first in order for them to then communicate rationally what is going on."

BIRMINGHAM FOSTER PARENT

policy recommendation #4

Increase K-12 student access to a broad range of free programmatic outlets (i.e., athletics, music, yoga, drama, visual arts, outdoor experiences, and travel/field trips) and life skills classes.

Community conversation participants mentioned **student access to a broad range of free extracurricular outlets 12 times**. Many research participants viewed these outlets as non-traditional mental health therapy opportunities for students.

Parents consistently requested "more sports and clubs" to fit their children's divergent interests. According to one mother, her children "need an outlet," but she cannot afford to pay for activities outside of school programming.

what the research says

Impact studies show a link between student participation in high-quality after school programming and student improvements in school attendance metrics, school discipline outcomes, and standardized test performance.

An **analysis of over a decade's worth of research** by the Harvard Family Research Project concludes that balancing quality student enrichment opportunities with academics helped participants to steer clear of substance abuse, while demonstrably improving student academic achievement, health and wellness outcomes, and social and emotional skills development.

how to make it happen

Convene a panel of Birmingham-based service organizations to discuss ways to build a city-wide network of high-quality afterschool opportunities for BCS K-12 students. In addition to BCS, include the Mayor's Office and city government, the business community, local non-profits, arts organizations, the library system, philanthropic partners, and colleges/universities.

Establish partnerships to expand student access to school-based student enrichment opportunities with therapeutic benefits, including art, athletics, dance, yoga, mindfulness, martial arts, music, and theater.

effective models/resources

The Nashville After Zone Alliance (NAZA) (Nashville, TN) represents a partnership between the Mayor's Office, Nashville Metro Public Schools, the library system, and over 20 youth development organizations. NAZA focuses on providing metro youth with a broad range of enrichment experiences for students after school (3 - 7 PM). Free transportation and snacks are provided to participants.

The Parramore Kidz Zone (PKZ) (Orlando, FL) is modeled after the Harlem Children's Zone and offers a broad array of youth-focused services and programming for school-aged children living in the city's highest-poverty neighborhood. PKZ youth participate in a comprehensive network of free athletic and extracurricular outlets, ranging from mural painting and martial arts programs, to cooking classes and outdoor experiences.

The Wallace Foundation offers several reports and resources for building successful afterschool arts programs for youth (both **in-school** and in **youth-service organizations**).

A Friend of Mind provides yoga, meditation, and mindfulness programming to help adolescents in Birmingham improve their well-being.

Scrollworks is a program of the Metropolitan Youth Orchestras of Central Alabama and provides low-cost opportunities for Birmingham youth aged 6-18 to take music lessons, participate in a youth orchestra, and explore their musical talents.

The Actor's Gang (Los Angeles, CA) partners with schools to provide free after school theater programs for students.

The Holistic Life Foundation (HLF) is an organization that teaches mindfulness, yoga, and stress reduction practices to diverse populations-- many in spaces where participants have had exposure to excessive trauma (drug treatment facilities, homeless shelters, and juvenile detention centers). The group partners extensively with Baltimore City Schools.

"Kids need an outlet at school, like art therapy, music therapy, etc. The funding isn't there for some schools, and there's no time for things other than academics in a lot of schools."

COMMUNITY CONVERSATION PARTICIPANT

policy recommendation #5

Develop a community-wide informational campaign to build a shared understanding of mental health and destigmatize seeking mental health support.

local voices

39% of surveyed students identified stigma as a barrier to seeking mental health services; community conversations surfaced **11 references to mental health stigma.**

The **"generational divide"** around mental health was mentioned **29 times in community conversations.**

Community conversation data included **20 mentions** of **how racial/cultural differences** -- particularly within the Black community -- served as a barrier to mental health communication.

"There is a lot of pride within the Black community. Therapy is looked down upon, and there's a stigma of being 'crazy' if you see a therapist."
　　　　--Community Conversation Participant

what the research says

A comprehensive analysis of barriers to mental health treatment in adolescents identified stigma as the leading obstacle to help-seeking. "Family beliefs" and lack of "mental health literacy" came in second and third.

how to make it happen

- Add age-appropriate mental health education to the BCS K-12 health curriculum.

- Develop culturally-appropriate community youth mental health workshops led by diverse providers. Offer them in churches and other trusted community spaces.

- Create an online mental health resource hub for Birmingham. Create a section specifically targeted to students, with youth-designed content and information.

effective models/resources

- Four US states have **passed laws mandating age-appropriate K-12 mental health education** as part of every child's public school curriculum.

- **The Steve Fund** is an organization dedicated to supporting the mental health and emotional well-being of students of color. Though targeted primarily on college campuses, they offer workshops, resources, and guidance for how to build equity into student mental health support services and outreach efforts.

- **The JED Foundation** is a nonprofit dedicated to suicide prevention and protecting the emotional health of teens and young adults. The organization offers training and models for building successful mental health awareness efforts that target youth.

- **No More Martyrs** is a mental health campaign focused on "building a community of support for Black women with mental health concerns." Through group meetings, workshops, community outreach, and resources, they work to educate Black women about their mental health, including self-care and prioritizing their own wellness.

- **The Black Emotional and Mental Health Collaborative (BEAM)** is a training and grant-making organization that provides support and resources for efforts to support "healing, wellness, and liberation" for Black and other marginalized communities.

"There is a lot of inherent distrust of institutional medicine among BIPOC individuals. They have been abused by systemic racism in mental health settings, so there may be a pattern of not seeking help."

COMMUNITY CONVERSATION PARTICIPANT

FINAL NOTE

Through the BCSMH research process, Birmingham education stakeholders issued urgent calls to improve current mental health efforts in local schools. But their feedback also included genuine notes of optimism and possibility. For many stakeholders, the level of disruption caused by COVID -- though undeniably devastating -- seemed to make the need for large-scale change on the issue both clearer and more likely. The events of the past year have made the importance of prioritizing student mental health starkly apparent, but they have also prompted community members to reflect on what effective support should actually look like in schools. Our stakeholders created an enthusiastic vision for large-scale transformation and expressed a willingness to do their part to turn that vision into a reality.