



## RSAI 2026 Legislative Priority Position Paper: Student Mental Health

**Background:** Mental health challenges for students have increased in all school districts in Iowa, including rural schools. Information from the [Health Resources and Services Administration, \(October, 2024\)](#), included research from the *National Survey of Children's Mental and Behavioral Health, Adolescent Mental and Behavioral Health 2023* follows:

### Extent of Mental and Behavioral Health Challenges for Students

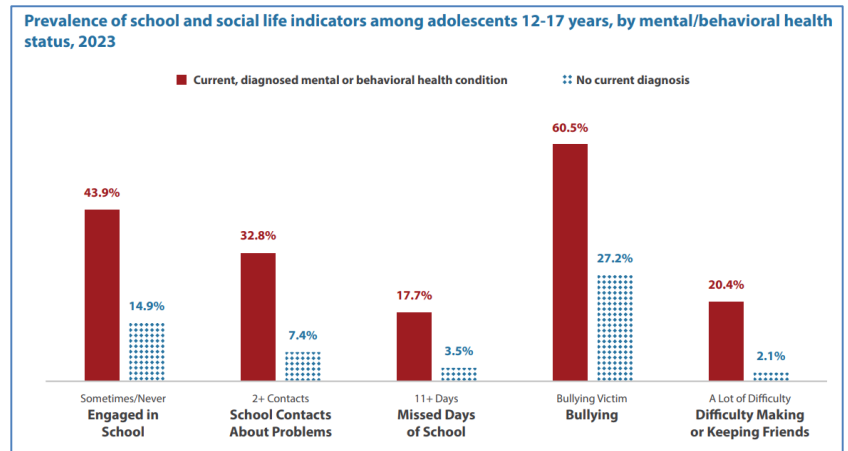
In 2023, more than 5.3 million adolescents ages 12-17 years (20.3% of adolescents) had a current, diagnosed mental or behavioral health condition (anxiety, depression, or behavior/conduct problems). Anxiety was the most common condition (16.1%), followed by depression (8.4%) and behavior/conduct problems (6.3%).

- A greater proportion of females had diagnosed anxiety (20.1% vs. 12.3%) and depression (10.9% vs. 6.0%). A greater proportion of males had diagnosed behavior/conduct problems (8.2% vs. 4.3%).
- Between 2016 and 2023, the prevalence of diagnosed mental or behavioral health conditions among adolescents increased 35% (from 15.0% to 20.3%).
- The prevalence of diagnosed anxiety increased 61% (from 10.0% to 16.1%); depression prevalence increased 45% (from 5.8% to 8.4%); diagnosed behavior/conduct problem prevalence was stable.

### Impact on School

School and social life indicators include school engagement (caring about doing well in school and doing all required homework), contact with parents/caregivers about school problems, missed days of school for health reasons, bullying, and difficulty making or keeping friends. There were differences in these indicators between adolescents with a current, diagnosed mental or behavioral health condition (anxiety, depression, or behavior/conduct problems) and those without a current diagnosis.

- School engagement: Adolescents with a current diagnosis were 3 times as likely to be disengaged from school, compared to those with no diagnosis (43.9% “Never” or “Sometimes” engaged vs. 14.9%).
- Contacts about problems in school: Adolescents with a current diagnosis were 4 times as likely to have parents/caregivers report two or more contacts from their school in the past 12 months about problems compared to those with no diagnosis (32.8% vs. 7.4%).
- Absence: Adolescents with a current diagnosis were 5 times as likely to miss 11 or more days of school for health reasons in the past year, compared to those with no diagnosis (17.7% vs. 3.5%).



- Bullying: Adolescents with a current diagnosis were twice as likely to be a victim of bullying in the past 12 months, compared to those with no diagnosis (60.5% vs. 27.2%).
- Difficulty making or keeping friends: Adolescents with a current diagnosis were 10 times as likely to experience a lot of difficulty with making or keeping friends, compared to those with no diagnosis (20.4% vs. 2.1%).

**Provider Shortage:** [Iowa Capitol Dispatch](#), Nov. 23, 2020, “One in five Iowans is likely to be affected by a mental health challenge in a normal year. In 2020, that estimate increased to one in four, according to [NAMI Iowa’s strategic plan](#). But Iowa continues to fall far short of the number of mental health providers needed to address the need. The state ranks 48th overall in the provision of mental health services, according to NAMI Iowa, with fewer than 100 psychiatrists accepting clients in the state.” Four years later, in Aug. 2024, The Iowa Mental Health and Disabilities Commission [remains](#) concerned: “The inability to recruit and retain qualified staff has a significant negative impact on the system for the past 4-5 years. Current rates continue to be insufficient to support recruitment/retention of adequate staffing for services across the state in both rural and urban areas. We recommend that the state develop a sustainable plan for funding extending beyond American Rescue Plan Act (ARPA) funding.”

**Impact on School:** Chronic Absenteeism is defined as missing 10% or 18 days a school year. Children with mental illness are more likely to miss school due to depression or anxiety and are then more likely to miss school to get needed mental health care. According to the American Academy of Pediatrics, [School Attendance, Truancy & Chronic Absenteeism: What Parents Need to Know](#), “Children who are chronically absent in kindergarten and first grade are less likely to read on grade level by third grade. For older students, being chronically absent is strongly associated with failing at school—even more than low grades or test scores. When absences add up, these students are more likely to be suspended and drop out of high school. Chronic absenteeism is also linked with teen substance use, as well as poor health as adults.”

**Recent Strides:** Unless a student is receiving special education services required by their IEP, mental health treatment at school is not funded. Such services are often not readily available in rural communities, requiring time away from school or no service at all. Thankfully, the 2020 Iowa Legislature approved schools as originating sites for virtual mental health counseling. Virtual services minimize absenteeism and get students the help they need while at school, when virtual telehealth counseling is appropriate for their challenges. Although effective for some, this solution is not sufficient for Iowa’s neediest students.

The 2019 Legislature created a structure for children’s mental health services. In 2020, the Legislature and Governor approved [SF 2360](#) Classroom Management/ Therapeutic Classrooms. This legislation sets up a grant process for additional therapeutic classrooms. Both of these efforts require funding to be successful, which the Legislature appropriated in the 2021 Session. [HF 868](#) first appropriated \$3.2 million to the Iowa AEAs to provide mental health awareness training for educators and mental health services. In 2022, the Legislature created a new Mental Health Providers Loan Forgiveness Program in [HF 2549](#). [HF 2575](#) further increased mental health funding to AEAs to \$3.4 million (and that appropriation has been continued in the Education Budget every year since.) HF 2575 also added another \$725,000 for the Therapeutic Classrooms, and established a Mental Health Rural Pilot Report

(Required DE, in collaboration with the statewide not-for-profit health care organization receiving moneys for the children's grief and loss rural pilot program, to prepare a report detailing the expenditure of moneys used for the purposes of the program and its outcomes to the General Assembly by Sept. 30, 2023.) These are all promising investments, but the state must continue to support these and do more.

The need to continue this important work is more urgent than ever. Making sure there is access to mental health services for all students and their families remains a struggle, especially for rural communities.

**Increasing Student Needs Including Mental Health:** Students in rural areas are often distanced from needed services. Iowa must continue to address improved access to funded community mental health services for children. The legislature should continue to address the shortage of mental health professionals statewide and to provide resources for local districts to train school staff in mental health first aid and awareness and build community capacity to address the mental health needs of children.