



To: House Committee on Education  
From: Erica McLaughlin, Assistant Executive Director  
Date: February 1, 2024  
Subject: Mental Health for Students in Schools

For the record, Erica McLaughlin, Assistant Executive Director the Vermont Principals' Association.

The Mental Health of students continues to be at the top of the list of concerns for Principals and school personnel. Daily, they witness students struggling for a wide variety of reasons. On a regular basis, our students experience food and housing insecurities, witness violence, drug abuse and overdose, discrimination, systemic racism, child maltreatment, abuse, and neglect and the list goes on and on. These challenges often bear their ugly heads from students in maladaptive ways. Such observable behaviors include: throwing furniture, biting, spitting, fighting with peers and school personnel, vandalism and many other provocative behaviors. State funded public schools accept ALL children and are often the one consistent place where children are warm, safe, fed and engaged in learning. This is not possible without fiscal support from our communities tax dollars to acquire the resources necessary to support and mitigate student mental health challenges.

Support to meet the varied mental health needs of our students is inconsistent across the state. Some communities have a local mental health agency that is well resourced offering many programs and have a consistent staff that is highly qualified to support the children and families in their region. While others struggle significantly, with inconsistent staffing, very long waitlists for services and lack programmatic offerings that are able to meet the needs of the community. The lack of mental health resources for students to access then shifts that responsibility to the school staff and is contributing to their burnout and the teacher/ school staff shortage. They are trying to fulfill those roles in addition to their other responsibilities, which is not sustainable.

My experience as a principal working with a well intentioned mental health agency was frustrating at best, and my experience is not a unique one. I say this with great respect to that agency, as they did the best they could with the resources they were given. They were often faced with being understaffed and/or experiencing significant turnover because they were not adequately financed to offer competitive wages to obtain and maintain highly qualified mental health providers. Due to a lack of staff they often had long waitlists as well. Consequently, families would lose interest in getting the support they desperately needed and would disengage in the process. After experiencing that reality for over a decade, I made the case to my

community that more mental health support was needed in my school/district. Through our local budget vote we were able to create a program that allowed the district to hire social work personnel in the schools to better meet the “health” needs of our students. This program was designed to not only support our students, but support for their families as well. This example is not easily replicated when districts are experiencing leadership turnover and a lack of proper funding to their schools/districts. Ideally, mental health services would be provided and funded outside the education fund; however, the current reality is that significant mental health resources are accounted for in school budgets.

From my view, mental health should just be characterized as health because we now know mental well being has a significant impact on our physical health as well. Harvard’s Center on the Developing Child has many resources to review to support that fact. Here is a link to [“How Early Childhood Experiences Affect Lifelong Health and Learning.”](#) In this short video, you will learn what the latest science tells us about how early experiences affect not only early learning and school readiness, but also lifelong health. Understanding the effects of adversities such as the aforementioned challenges on the developing brain and many other systems in the body should be a driving force for prioritizing mental health in our schools and local mental health agencies. I ask for you to think about how we can use policies and resources to address the sources of these problems early on so we are not trying to mitigate later in life when it becomes more challenging and more expensive.

I have often said, school is a “have to” for all children which holds great opportunity AND responsibility. If, as a state, we agree all children must attend school, shouldn’t we prioritize our children and give them what they need, in a place they have to be, for them to have a chance at being contributing members of our society? We can either pay now or we will pay later. That means, we must prioritize our children not just in words, but in action. Our children are our future and we have the opportunity to support and mitigate challenges they face, especially when much of what they are facing is out of their control.

For more information regarding the state of mental health in our schools and collaborations with local mental health agencies I encourage you to ask Dr. Joelle van Lent to provide testimony to your committee. Dr. Joelle van Lent is a licensed psychologist with over 20 years of experience working with children, families, and child serving agencies. She currently works across the state with many schools and agencies. The Vermont Principals’ Association works with her on a regular basis and values her knowledge and insights greatly. Dr. Joelle van Lent would be a great resource for you in learning more on this important topic.