

Good afternoon, I'm Jason Gingold, Principal of Montpelier High School and a former CTE Director at two VT centers. This is my 11th year as an administrator, and my 16th year as a public educator. MHS has two full-time social workers and two full-time guidance counselors. 409 students

Prioritizing mental health is key to ensuring our schools are truly safe and healthy for every student. To begin, let's consider what a truly safe and healthy school looks like.

Consider what a safe and healthy school means today, rather than comparing it to your past personal experiences. The environment for teens is very different now, with new challenges like technology use, vaping, cyberbullying, political uncertainty (including ICE & Deportations, civil rights being taken away), and increased awareness of mental health concerns.

Does a healthy school environment include meeting students at the door? Knowing students by name? A positive learning environment where all students have access to learning, warmth, food, and a caring adult? To our team, it means working with students to move beyond their comfort zones and to embrace new learning and cocurricular experiences.

That's what I believe a healthy school would look like and feel like, and if you walked our halls, you would see evidence of our actions each day. Let me share how we make this vision a reality.

Here is how we accomplish that

We have removed cell phones from being used from bell to bell.

We have invested and overinvested our local funds to pay for student meals and snacks beyond universal free breakfast and lunch because many of our students go without, and the school meal is the one time of the day they can count on healthy food. We know students who are well-nourished can access learning more easily.

We have invested in two social workers, Teacher Advisory, and Restorative Circle practices, and identified which students need more intervention through our MTSS system to support all students, especially those who need more support during the day. Because there is a lack of outside therapists for students to access in our area, we have changed our approach to working with students and caregivers so that we can do more with fewer funds and community resources. We are seeing more and more students who are affected enough by Anxiety, Depression, and ADHD that they qualify for 504 plans. Beyond the obvious distress these conditions cause students, it's also a hardship for our teachers and staff who are required to balance the delicate and varied needs of these disabilities with their already difficult jobs of educating young people in a society with many conflicting pressures. And MHS has invested in part time 504 Coordinator who supports students with mental health disorders and works to provide effective accommodations.

MHS has a building-based attendance team that meets weekly to address and lower our Chronic Absenteeism rate. In the 22-23 School Year, MHS had a Chronic Absenteeism rate of 39%, and we are working and trending towards a rate of 20% or lower this year. Persistent causes for remaining chronic absenteeism highlight key student struggles: homelessness caused by high housing costs, illness, depression, substance abuse, limited access to alternative therapeutic schools, a shortage of therapists, anxiety, pediatricians excusing absences via notes, and caregivers facing similar challenges with limited support. Many struggles are beyond the school's direct control or support, which adds to the complexity in resolving these issues.

MHS uses our local funds to best support caregivers and families. We pay staff to pick up and take students home (there is no busing for High School Students) to ensure access is available. MHS has invested in training all of our staff in trauma-informed practices. MHS uses restorative practices to work with students rather than suspending them, keeping them in school rather than excluding them.

Every action we take to support mental health—whether it costs money or staff time—is essential for building a positive school community and enabling student success.

To further illustrate what our mental health team encounters, here are some statements from MHS staff about current experiences they face each day:

Trends I am seeing among adolescent mental health:

I am observing a trickle-down of our current political climate into how young people view their world and their relationships. This looks like Cancel Culture in real-time in classrooms, cafeteria, and Instagram/Snapchat in the form of “blocking each other.” A common phrase I hear is: “I cut them off.” I see black and white thinking when it comes to how teens relate to their peers, adults in their lives, and teachers. This diminishes curiosity and deters our ability to truly understand each other. I see this adding to anxiety and hypervigilance around looking for the mistakes and unintentional harm of others, versus the good in all of us. I think teens lose sight of the fact that being in a community and being a person in a school/town/country will evidently involve navigating differences of opinions and experiences. Sometimes this may lead to conflict, but we always have the choice to repair, which can ultimately calm nervous systems and help us come back to each other. With repair comes the space to re-humanize each other.

I would add that this divisiveness and us vs. them mentality has a huge impact on their mental health, it generates anxiety, fuels more hopelessness, and adds to an attitude of ‘what is the point of even living and contributing to this world.’ We are seeing a lot of nihilistic tendencies that are fueled by this political climate, and legislatures could have a huge impact on modeling a way forward that is not so divisive and is truly trying to understand (and work with) others who have different points of view.

We are seeing a lot of fragility and the inability to face challenges/discomfort. There is some entitlement and a mindset that the world is going to and needs to accommodate them. We need structures and policies that support youth while also holding them accountable, so we can help young people be more resilient and develop skills to manage challenges/discomfort.

We now know that a phone-free school is the only way. This gave us back the ability to be present with each other - from being able to be more attentive in the classroom, to eye contact in the hallway, too crowded, talkative tables in the cafeteria.

An addiction to simulation. This is true for all ages, but especially teens who have been so screen-dependent in the years during which their brains are still developing. Beneath this addiction is a resistance and avoidance to truly be with ourselves. We all want to suffer less, feel less alone, and feel belonging, but when we try to meet these needs with dopamine and distraction in the form of earning the maximum amount of "Roblox Bucks", focusing on Snapchat notifications and constant chatter, we stop practicing the skill of sitting with our distress, anxiety, gratitude, fears, and dreams. We lose our own sense of self when we exist in this virtual reality. I think we need to keep trying to help each other, and teens sit with all the stuff that comes with being with ourselves. We can model how to befriend all the scary stuff that can cause anxiety and depression and move through it.

We are seeing a lot of addiction to nicotine/vapes and addictive tendencies with cannabis and other substances. We are seeing more psychosis in young people, and when talking to WCMHS and other folks doing this work, we are all seeing a link between how strong cannabis is these days and youth who are developing symptoms like voices and other psychotic features. The rates of psychotic features in young people have skyrocketed, but there has not been enough research on how today's cannabis affects the developing brain. Lobbying against these corporations and supporting laws that make it harder for youth to access these products seems essential.

There are few accountability, treatment, or residential options for youth who get in trouble with the law. If we had more to offer youth, then we would have a greater chance of them becoming adults who have learned from their mistakes and can be healthy citizens of our communities. But instead, there is little consequence and consequential thinking that develops, and then they continue down these paths as adults, where the consequences are much, much greater and impactful for their whole lives and for their communities.

There is a high need for mental health care! It is so important for youth to have access to mental health care in schools. This is for many reasons, and a few of those reasons are that some youth would never access mental health care otherwise (it provides an easy access point, especially for marginalized youth), the waitlists are so long in community mental health, and it is very challenging to find private therapists who have openings. Community mental health should be highly supported, as should the reimbursement for private therapists! The less we have of these services, the more we will see mental health crises showing up in the ER. Mental health care is prevention.

Involuntary psychiatric hospitalization is a tricky subject, and there has been a lot of advocacy from the peer community, which has supported laws that make it very hard to involuntarily commit someone. This was necessary, and at the same time, these laws have gone too far. We have seen time and time again that youth and adults are released from the ER (and not hospitalized) when they are a danger to themselves or others, and this does a disservice to everyone, especially the patient. For example, when someone is psychotic and refusing medications/hospitalization, they are not always in their right mind to make that type of decision, and the longer their brains are psychotic, the more damage it does and the harder it is to come out of it.

We continue to see a good number of students with high anxiety and a strong aversion to doing anything that makes them feel anxious and uncomfortable (presenting in class, asking questions in class, attending lunch without the guarantee of a friend to be with, ect). Avoiding things that make us uncomfortable is human nature, but the shift is that students, and often with the support of their parents, want to avoid all the hard things and push for changes to make the environment more comfortable for them.

The most extreme outcome of avoiding anxious situations leads to not attending school at all, and is the reason many of our chronically absent students do not attend. The best way to address and eventually lessen anxiety is to acknowledge the discomfort and to move through it with support instead of avoiding the environment or situation. Parents are not trying to increase their children's anxiety, of course, but are inadvertently helping them be less resilient and more anxious when they support the avoidance. We are working hard to educate students and adults about the importance of not clearing out all the obstacles and challenging situations. The work of Jonathan Haidt, Lynn Lyons, Eli Lebowitz, and his SPACE treatment is a great resource for helping to spread this message.

Also, removing phones from the school environment was one tangible and very supportive thing we could do for students' mental health and focus. Thank you for passing that law!!

What do we need from you?

Stop adding more to our financial plate and unfunded mandates to support students and caregivers.

Address challenges with addiction, vaping, healthcare, and housing.

Do not believe the rhetoric that schools are broken. Our school is thriving and refuting the false narrative that our test scores are low: MHS scores higher than the state and national averages in VTCAP, SAT, and AP tests.

Do not believe the rhetoric that larger schools create efficiencies when we see the largest schools in the state divide their students into cohorts to be known and seen.

If you want to address the cost of education in Vermont, do that, but do not mess with the systems that are working and supporting our students and families.