



THE NJ CONSORTIUM FOR IMMIGRANT CHILDREN

CONFRONTING NJ'S STUDENT MENTAL HEALTH CRISIS

CURRENT RESOURCES AND PROPOSALS FOR CHANGE THROUGH THE EYES OF IMMIGRANT YOUTH

2022



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ABOUT THE NEW JERSEY CONSORTIUM FOR IMMIGRANT CHILDREN

The New Jersey Consortium for Immigrant Children (NJCIC) works with New Jersey's young immigrants and their allies to advance their full, fearless participation in our society. We seek a New Jersey where every young immigrant has legal status and the opportunity to thrive.

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INTRODUCTION

The need for youth mental health programming and education has gained more attention in recent years, in New Jersey and nationwide. However, the voices and priorities of students—and specifically immigrant students—are not amplified within these discussions. This report aims to highlight the specific needs and values of New Jersey students, particularly immigrant students, and their caregivers around mental health resources in schools. The COVID-19 pandemic has greatly exacerbated the urgency of these issues, as isolation and loss have heightened students' anxiety and depression. The pandemic has shed light on the importance of ensuring that all students have access to culturally competent mental health resources. When we spoke to New Jersey high school students about the pandemic, its impact on mental health was clear:

“My mental health was already not good for years before. The pandemic just made it worse. I struggle a lot; now I am getting professional help. I was always a good student, but because of the pandemic my grades went down. I was just really anxious.”

“Right at the beginning, my dad got sick with Covid and almost died, and I had to take care of him and try not to infect my mom. Both are high risk and have pre-existing conditions. At the beginning of [this] year, my mom got sick and was out for a month—I had to take on her responsibilities because she was sick, on top of my schoolwork. My dad kept getting sick. I had to take care of him and do all of that on top of school. My grades suffered a lot.”

“At first I began to feel isolated, like I had nobody. Mostly I felt anxious because my aunt got really sick, so I was worried about that all the time. On top of that, I had . . . to be there for school. I was always worried, I was always anxious about school . . . I would break down some nights and just start crying. I'm a very closed person emotionally. Every single night when my dad came home and we would sit down to eat, I would just cry.”

“I found myself having panic attacks and crying out of nowhere; I was very concerned [about that]. My main thing was just feeling unmotivated. . . . I would think, 'maybe it is not worth it.'”

“Ever since everything became virtual, my grades dropped a lot. I lost a lot of motivation. It was just really hard on my mental health. I was demotivated, stressed, and anxious.”

As the need for mental health resources continues to increase, an infusion of federal money through the American Rescue Plan has provided New Jersey with funds to supply meaningful help for these students. The state has received over 6 billion dollars in coronavirus relief funds from the federal government, and the Biden Administration expects states to use this money partly to “support the public health response to the coronavirus pandemic and to lay the groundwork for a ‘strong and equitable’ recovery.”¹ This youth-led, youth-researched Issue Brief discusses the mental health resources currently available to some New Jersey students, with a specific focus on the needs of immigrant youth. The Issue Brief explores how funds from the American Rescue Plan, the CARES Act, and other sources can be used in the coming years to support the mental health of students and immigrant students in a culturally competent and effective manner.

Section I of the Issue Brief provides background on New Jersey school districts, the history of mental health education and services in schools, and the impact of the pandemic on student mental health. The discussion about the impact of the pandemic draws on listening sessions NJCIC conducted with the help of Make the Road New Jersey. These listening sessions with Make the Road members brought together immigrant youth, parents, and caregivers from Passaic, Elizabeth, and Perth Amboy.

Section II describes some of the primary mental health programs and resources currently in place in public schools across New Jersey. Section III provides recommendations for school districts to better support the mental health of their students. This section includes recommendations to support the student body overall and immigrant populations specifically, and is grounded in recommendations and feedback from school counselors, immigrant students, recent students, parents, and caregivers.

Section IV explores the ways in which legislation, national events, and political dynamics have shaped New Jersey mental health education and resources in recent years. It offers suggestions for legislators to promote mental health in schools. Overall, the goal of the report is to bring the voices of immigrant students and families into the policy development process and conversations in Trenton about this critical issue.

Methodology

This report is based on interviews, discussions, and listening sessions conducted in summer 2021. We conducted twelve in-depth interviews with first- and second-generation immigrant students, as well as counselors, social workers, psychologists, and other community members across the state of New Jersey. These interviews were designed to better understand the mental health resources and programming currently available to students in various school districts in New Jersey and to gather suggestions for improvements, with a focus both on specific solutions for immigrant youth and solutions that would help all students.

In addition to the interviews, we held three listening sessions with members of Make the Road New Jersey from Perth Amboy, Elizabeth, and Passaic. During these sessions, parents and caregivers of New Jersey immigrant students spoke about their experiences with school counselors and resources. Over 200 Make the Road members joined these listening sections. We also conducted a fourth listening session with approximately 30 New Jersey immigrant youth from Make the Road's Youth Power Project about their experiences in New Jersey public schools. Finally, NJCIC's youth Mental Health Advocates offered feedback and advice to shape the recommendations in this report.

Throughout the process of developing this report, we have sought to elevate the voices of immigrant youth and immigrant communities within the policy ideation process. There is much more to be done to understand immigrant community mental health needs, and we believe inclusion in the policy process is essential to create a healthy New Jersey for all.

SECTION I: BACKGROUND

Background on School Districts

The state of New Jersey is home to 686 operating school districts and 2,493 schools. In the 2020 to 2021 school year, over 1.2 million students attended New Jersey's public schools. A significant number of these students are immigrants. In 2018, immigrants comprised 23 percent of the New Jersey population; in the same year, 115,455 immigrant children lived in the state.²

Why Do Schools Offer Mental Health Help?

Schools began offering mental health services during the Progressive Era, a period of reform between the 1890s and 1930s during which the education system changed dramatically. Matters of health, recreation, and mental hygiene that were previously the responsibility of students' families came to be addressed by educational institutions. Schools began delivering these services in an effort to improve children's academic performance and make access to mental health resources more equitable. Progressive reformers called for classrooms that promoted mental health and for school clinics that treated children's mental health issues.³

In the intervening decades, schools have continued to take on more responsibility in addressing student mental health. Over time, U.S. schools have evolved their programming, from the emergence of school counselors and the expansion of school-based health centers to the development of mental-health-focused programs.⁴ Because education is largely state-controlled, state legislation has dictated and continues to dictate the mental health services that schools offer.

COVID-19 and Student Mental Health

During the COVID-19 pandemic, youth have faced immense loss, school closures, financial hardships, public health concerns, and social isolation. The COVID-19 pandemic and the resulting economic recession have taken a great toll on student mental health across America, exacerbating an already existing youth mental health crisis. According to the Kaiser Family Foundation, in May 2020, 29% of parents nationally said that their child's mental or emotional health had already worsened, just three months into the pandemic.⁵ Mental Health America found that throughout the COVID-19 pandemic, youth ages 11-17 have struggled with their mental health more than any other age group, and have been more likely to report moderate to severe symptoms of anxiety and depression.⁶

A New Jersey School Boards Association survey conducted during the pandemic found that 60% of school administrators, superintendents, and board members felt that their students were either "more anxious and depressed" or that their district has "seen evidence of more serious crises, such as incidents of self-harm, threats of self-harm, or hospitalizations."⁷ For refugees and immigrants, who often face barriers to accessing basic health resources and a high prevalence of Post Traumatic Stress Disorder symptoms, the pandemic has only intensified these symptoms.⁸

At listening sessions in June and July 2021, immigrant parents of schoolchildren in Passaic, Elizabeth, and Perth Amboy, New Jersey shared the effect of the COVID-19 pandemic on their children:

"The pandemic affected the students. My son is alone, we don't have a lot of family; only a nephew, but he is older. He spent a lot of time locked up taking online classes and it affected him a lot. We just arrived in this country in 2020 and it affected him enormously. I hope that once he goes to school in person, this can help him interact with other young people."

“At first we did not have computers – only 1 for 3 children. The teachers gave them no-shows up to 18 times and even though we told the teachers [what was happening,] they only told us that it was our responsibility. . . . They never offered support to parents.”

“For me it was very stressful, and exasperating. At that moment I lost my job. Online classes were difficult because we did not know how to use the internet. My son was stressed. My whole family went through a lot of stress. We live in front of a hospital. Every day we listened to the ambulances, and that was exasperating.”

“I learned to use the internet, but it was very sad and stressful. When we went to work my children were alone. I felt sad when I saw my colleague’s 6-year-old daughters and children making breakfast alone.”

Despite the high need for care, many youth with depression and anxiety in the United States do not receive any mental health treatment, and immigrant students often face additional barriers to care. The rise of mental health concerns during the pandemic has shed light on the need for schools to expand their mental health services in response to this crisis. In the coming academic years, educators and mental health professionals are expecting a new level of need for emotional support among students.

SECTION II: SURVEY OF CURRENT AND PAST PROGRAMS

This section catalogues major mental health programs and initiatives in public schools across the state of New Jersey. While this is not a comprehensive list of all programs across the state's 686 districts, it captures the wide variety of services available to students depending on where they live and go to school. Some schools offer multiple programs listed below, as they are not mutually exclusive. This list is meant to identify at least part of the landscape of options available to students at schools that have already devoted resources to student mental health.

School Based Youth Services Program

The School Based Youth Services Program (SBYSP) is run by the New Jersey Department of Children and Families and funded by the state of New Jersey. SBYSP operates in almost 100 school districts across the state, and provides free services for about 25,000 to 30,000 New Jersey public school students through state-funded grants. The program is unique in the sense that it offers services within the school; therefore, it serves students who might not be able to access other services.⁹ SBYSP services help students with a wide range of struggles. One Trenton Central High School student explained that SBYSP helped her find a daycare for her son so that she could finish high school, while a mother in Brick Township praised the program for helping her 12-year-old son who struggles with ADHD.

Dwight Morrow High School in Bergen County is one of many schools that receives School Based Youth Services Program funding. About 25 percent of students receive mental health services through Dwight Morrow's SBYSP program, which is known as The ZONE. Miriam Gerges, the director of The ZONE, noted that the program has rescued students from sexual abuse, suicide, and human trafficking. It also helps students who struggle socially.

Union City High School in Hudson County was one of the original School Based Youth Services Program grantees. The school, which has a population of about 3,000 students, has been receiving SBYSP funding for over thirty years. Seven school social workers who work under SBYSP lead individual and group counseling at the high school. Additionally, the school has established an adolescent pregnancy program under SBYSP. Stephanie Cedeño, a social worker at Union City High School, explained that SBYSP allows the school to create comprehensive mental health programming for its students.

Student Assistance Counselors (SACs)

Student Assistance Counselors have unique roles within the school building, and are distinct from guidance counselors or social workers. SACs originally focused on training school staff on combating substance abuse issues, developing curriculums related to substance abuse prevention, and providing substance abuse counseling and referral services to students. Although the SAC position was originally designed to combat substance abuse issues, it has expanded greatly and now addresses other problems students face, including mental health issues and family issues.¹⁰

Aileen Zylberman, a SAC at Bridgewater-Raritan High School in Somerset County, explained that all mental health counseling within the school is done by one school psychologist and two SACs. After students are referred to her, she meets with them and works to address any mental health issues that they are facing. While some students only see her when they are in a crisis, others meet with her regularly. Along with meeting with students individually, Zylberman runs relaxation groups and other workshops. SAC programming differs from SBYSP programming. SACs essentially serve as mental health counselors, while SBYSP provides a number of comprehensive resources that accompany mental health counseling, including employment counseling, substance abuse education and prevention, and preventive health awareness.¹¹

Rutgers University Behavioral Health Partnership

Twenty NJ school districts partner with Rutgers University Behavioral Health. In West Windsor-Plainsboro School District in Mercer County, for example, Rutgers provides on-site mental health clinicians at each of the district's high schools and middle schools.¹² Rutgers University's school based programs have the goal of recognizing problematic behaviors in students early on, and assisting parents and school staff in developing strategies to address these behaviors.¹³

Services offered through this program include counseling; crisis intervention; psycho-educational groups for students, parents, and school staff; addiction services; pregnancy prevention services; and case management. Rutgers University Behavioral Health's school-based programs benefit schools by enhancing academic performance, providing accessible on-site services, and training both students and staff.

Other Mental Health Tools

These additional tools are not substitutes for broader mental health programming; instead, they can be used to complement other mental health resources.

Social Emotional Learning: Social Emotional Learning (SEL) is "the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions."¹⁴ The New Jersey Department of Education promotes Social Emotional Learning, since SEL programs increase the likelihood that students will attend school, receive better grades, and avoid conduct issues.¹⁵ Social Emotional Learning competencies include self-awareness, self-management, social awareness, responsible decision making, and relationship skills.¹⁶

Schools throughout New Jersey are incorporating Social Emotional Learning into their classrooms through different methods. For instance, schools have held workshops for teachers on social emotional strategies that can be implemented in the classroom, and teachers have devoted class time to student conversations on mental health. The NJ Department of Education develops resources to support SEL, including strategies for teachers and toolkits by subject area.¹⁷

Group Support Services: Some New Jersey high schools offer group counseling support services to students. For instance, Phillipsburg High School in Warren County offers a substance abuse group, grief group, meditation and mindfulness group, healthy relationship group, and a support group for students whose family members suffer from substance abuse, among others. Counselors identify different issues that affect students, and create new groups accordingly if there is a high need. These support groups are available to all students, and counselors also offer the groups to students with whom they meet individually. Counselors make clear that these support groups are optional and confidential, and they run for different lengths of time depending on the needs of the students. These groups focus on emotional support, sharing experiences, and skill development. According to feedback surveys, most students who participate in this program have benefitted from it.¹⁸

Panorama Education Student Survey: The Elizabeth Public School District in Union County uses Panorama software to communicate with the student body about mental health. Using this software, students in the district take a survey at the beginning and end of the school year to gauge mental health. Counselors and social workers in the district then distribute the data to school staff so that it can be used to effectively support students. Helizhabeth Cruz, a bilingual psychologist in the district, is able to collaborate with mental health staff to implement supports for immigrant and refugee students.

Peer Mediation Program: Memorial High School in Hudson County provides a peer mediation program for students. This for-credit class meets every day and has two main components: building community between students by learning about each other's backgrounds, and training students to be mediators for the school. When students have disagreements or arguments with each other, teachers and guidance counselors can refer them to the Peer Mediation Instructor. The Instructor assigns the case to trained students, who sit down with the referred students to work out the issue at hand. Trained student mediators most commonly resolve disputes related to friendships and relationship issues, both of which tie into mental health.

Josh Barrett, the Peer Mediation Coordinator, explains that in the classroom, the program stresses the importance of mental health, self-care, the root of conflicts, and understanding one's own emotional health. Barrett notes that peer mediators seem to have a better grasp than other students of when to ask for help, and the concept of mediation helps students explore their identity.

SECTION III: RECOMMENDATIONS AND INSIGHTS FROM STUDENTS, CAREGIVERS, AND MENTAL HEALTH PROFESSIONALS

The following recommendations developed out of conversations with students, caregivers, psychologists, counselors, and community members who shared their experiences with mental health resources and programming in New Jersey schools and schools in other states. The first subsection provides recommendations designed to support a school's general student population, while the second subsection focuses specifically on resources for immigrant students.

Overall Student Body

Budget More Funding for School Mental Health Personnel

Many counselors, mental health workers, and community members who contributed to this report believe that their school's mental health department is understaffed.

An immigrant parent of three Passaic County students shared, "I have three kids at school, but it is very difficult to get an appointment with a counselor. There are only two counselors in the school. One speaks Spanish and the other does not, there is no translator, and they leave us waiting for a long time." One Student Assistance Counselor (SAC) interviewed for this report stated that her school has 2 SACs for 3,000 students.

SACs are unique in the sense that they specifically address mental health issues in schools. Jennifer Bergmann, Counseling and Student Supervisor for Clifton High School in Passaic County, believes that all schools should "absolutely" have Student Assistance Counselors, or at least some staff who strictly focus on students' mental health.

She noted, “if a school counselor has a high caseload, you can’t also have them deal with all the mental health needs. There needs to be clear delineation when it comes to roles and responsibilities—especially when it comes to mental health, because it’s so important.” Another SAC interviewed for this report explained that she is the only SAC in her entire school district. She worries that SAC counseling services will be “maxxed out” after the pandemic, and that she will be unable to sufficiently support her students.

Currently, New Jersey does not require public schools to staff Student Assistance Counselors (or mental health staff with comparable credentials and training). The New Jersey Department of Education should require and, as needed, fund school districts to provide SACs, or similar staff, whose role is specifically geared towards supporting students emotionally.

There are several ways NJDOE could route additional money to school mental health services. One solution, proposed by Make the Road’s Counselors Not Cops campaign, would be to shift resources from school law enforcement to student mental health and trauma-informed approaches to student discipline.¹⁹ American Rescue Plan funding is another viable resource to help schools staff more mental health personnel for students still coping with the effects of the pandemic.

Provide In-School Therapists and Psychologists, Rather than Referring Students Outside of the School

Referring a student to a therapist or psychologist outside of the school creates barriers if the student’s parents are not able to afford help, if they are uninsured, or if the parents do not believe that the child needs help. Providing these services within the school reduces barriers to receiving mental health support. According to one researcher focused on youth mental health, “Directing resources to school-based programs for children’s mental health provides services that are timely, accessible, and efficient and that reach the largest number of children possible.”²⁰

Use Methods of Communication that Work for All Families in the School, Including Parents Who Speak Languages Other than English or Who Lack Access to Technology

In an interview, Elizabeth McGuire, a counselor in the Point Pleasant School District in Ocean County, stressed the importance of using different methods to communicate with families about mental health resources. Some examples of methods of communication may include: text reminders, website pages, social media, Google classroom, assemblies, morning announcements, and paper flyers. Some immigrant and other families have limited technology access, and may need to receive information on paper. Schools should also deliver information on mental health resources through the platform their administration and teachers most commonly use to communicate with parents.

McGuire also emphasized that information should be available in Spanish, or other languages spoken by a school's parents, as well as English.

Take Steps to Help Students and Counselors Build Relationships

Once a school hires mental health staff, the next step is making sure that students have a relationship with their counselors, so that they use and take advantage of this valuable resource. Albaraa Gebril, a youth Mental Health Advocate at NJCIC and a student at Clifton High School in Passaic County, explained that his school has all freshmen individually meet their assigned counselor at the beginning of the school year, an effective method of introduction. He believes that building a bond between the counselor and student is essential. By building a relationship of trust, schools can ensure that students feel comfortable seeking emotional support when needed. Introductions to counselors at the beginning of the school year, along with regular check-ins throughout the year, can help students get acquainted with their counselors and know where to go when they need help.

Include Community Building and Emotional Check-Ins in Homeroom

Relying on principles of Social Emotional Learning, we recommend that homeroom teachers use a few minutes every morning for community-building activities, emotional check-ins, and discussions about mental health. Ellen Wingard, the Director of Student and Family Support for Salem Public Schools in Salem, Massachusetts, recommended allowing school counselors to attend these morning meetings and publicize their services, as her school does. This is an effective way for students to meet and become familiar with the counselors who are available to assist them. If a school does not have homeroom built into its schedule every day, it can use assemblies or other programming for this purpose.

Some community-building activities during homeroom may include: icebreakers, discussion questions, reflecting on current events, and short ethical debates. School counselors and social workers can design activities for homeroom teachers to use each day.

Establish Welcoming Protocols for New Students and Families

Transitional moments, like switching schools, can be especially difficult for young people. Schools can help support new students and their families by developing welcoming protocols and educating students and families about mental health resources available in their communities. In Massachusetts, Ellen Wingard of Salem Public Schools explained, many schools have such protocols. Schools may ask existing community members to reach out to new families and welcome them to the district; community members connect both parents and students to resources within the school.

Similarly, at Phillipsburg High School in Warren County, the community makes an effort to ease the process of integration for new students. New students are assigned a peer, counselor, or SAC to meet with them and help them adjust. If there is a language barrier, a bilingual current student will accompany the new student to help translate.

Create a Mental Health Week to Destigmatize Discussions Around Stress and Wellbeing

NJCIC Mental Health Advocate Albaraa Gebрил explained that his school holds a Mental Health Week each year. During this week, school therapists and counselors appear on the school news to talk about mental health and give tips to students. Teachers and counselors also lead discussions about gender identity, LGBTQ+ rights, and the creation of safe spaces. Dedicating a week to mental health can help reduce the stigma surrounding these issues and familiarize students with the resources available to them within their schools. Mental Health Weeks also offer an opportunity to host workshops that allow students to discuss their emotions and learn about coping strategies in a non-judgmental setting.

Consider Using Mental Health Questionnaires

Many schools use mental health questionnaires to assess when students need help. Questionnaires can help schools gauge the emotional needs of their students, identify at-risk youth, and develop programs or offer support to meet their needs.

These questionnaires can take different forms. For example, questionnaires for parents may ask them to report whether their child has displayed signs of mental health struggles. In other cases, students fill out the answers themselves. Schools may also use the answers in different ways, with the best programs using questionnaire answers to connect students to help. In Salem Public Schools, for instance, student support coordinators use students' questionnaire responses as a guide as they refer them to services in the district and the community, including mental health and youth development services.²¹

Elizabeth Public School District's Panorama Education Student Survey has a similar purpose. According to bilingual psychologist Helizhabeth Cruz, students take surveys on mental health topics at the beginning and end of the school year, and based on their results, counselors and social workers decide how to best support students. They may offer individual support during the day, such as visits to a social worker or counselor's office, or host after-school programs with activities and games that incorporate social emotional strategies. Staff tailor school programs using survey results. For example, if surveys indicate that students would benefit from learning about collaboration, then staff plan activities with that focus. One advantage of surveys is that they can be used year-round to gauge the mental health of students, not just at the beginning or end of the semester.

Immigrant Student Populations

Immigrant students face stressors unique to the experiences of migration and resettlement that may exacerbate or cause mental health problems. Moreover, some immigrant students originally left their countries of origins due to abuse or violence, and may need assistance to process these events. Danna Chacon, a formerly undocumented student at Elizabeth High School, shares that in addition to culture shock upon arrival, the events many immigrant youth experience and witness before and during their migration journeys can impact their mental health:

“Unfortunately I do have friends that have told me about their experience coming to the [United States]. And it's very scary. . . . Maybe they saw death, maybe they saw, unfortunately, rape, or things like that.

“A lot of students that I know [are] immigrants from Latin American countries, and there's a lot of violence. There is a lot of abuse, maybe death threats. The reasons why they come here, they don't talk about [them] with anyone. That contributes a lot to your mental health. Just being scared of being found [by people they are fleeing] while you're supposed to be focused on your studies and everything. Imagine you're doing your math homework and you're thinking, what if someone knocks on my door or comes to my school and is looking for me?”

Despite these significant needs, immigrant youth face barriers to accessing mental health services. These barriers can include being uninsured, lacking financial resources, language differences, cultural stigma around seeking mental health assistance, and parental pushback.

The unique and complex experiences of immigrant youth, as well as their limited access to mental health care, mean schools must offer culturally mindful mental health services that are more accessible to students than outside resources.

Hire Bilingual Mental Health Staff to Work with English Learner Students

While many districts need more mental health personnel overall, some districts also urgently need counselors who can communicate with immigrant students and parents who speak languages other than English. In New Jersey, about five-sixths of school districts have English Learner students.²² Additionally, some districts have a larger proportion of English Learners than the state average overall. In districts with no fully bilingual in-school counselors, immigrant students' access to mental health services is limited. "The staff should reflect the community," said Stephanie Cedeño, a social worker at Union City High School.

One New Jersey public school student emphasized the importance of bilingual staff: "I have a lot of friends who speak Spanish. I can tell you that they did not want to do school at all because there were not resources. They would not even attend virtual school." Danna Chacon, the student from Elizabeth High School, shared, "Coming to the U.S. was a very hard transition [for me], in the sense that I really didn't have any support in the school. I didn't have a counselor who guided me through what was happening. At the time there was just one counselor speaking Spanish, but I would rarely see her. She wouldn't be available." In some cases, schools' lack of language resources goes beyond just counseling or mental health assistance. Another student told us, "My sister, who was an ESL student . . . had to transfer because [the school] didn't offer any services in Spanish."

Create Student-Led, Teacher-Facilitated Community Groups to Help New Immigrants Adjust to Life and School in the U.S.

Many new immigrants' first months in the United States are an isolating time. Newcomer immigrant youth are adjusting to an unfamiliar school and community, in many cases all while learning English. Giving these youth a chance to connect with peers in the same situation can help them feel less alone and better able to cope with these changes in their lives.

Some schools and social services agencies have programs that could serve as a model. One New Jersey social services agency formed a group for new immigrant children to connect with each other and build a community. During meetings, they talk about their homes, their culture, and their experiences as immigrants.

A few New Jersey public schools already run similar programs. Stephanie Cedeño and other social workers at Union City High School run a club called Tiempo, which brings immigrant students together for mutual support and understanding. Club leaders teach the students coping strategies and mental health tips, but allow them to lead the conversations. Cedeño believes that the most effective way to support immigrant youth is to connect them with their peers and community and reduce their isolation. Schools could also establish mentorship programs to connect newcomer immigrant students with earlier immigrants who can help them navigate cultural differences and life with immigrant parents in the United States.

Require Cultural Competency and Cultural Humility Training for All School Staff

All school staff in New Jersey public schools, not just mental health staff, should undergo cultural competency and cultural humility training. Cultural competency can encompass: acknowledging the cultural roots of one's own worldview and understanding other cultures' worldviews; embracing cultural differences; and learning to communicate respectfully and effectively across cultures. Cultural humility involves self-evaluation and self-critique, discussion of power dynamics and imbalances, and institutional accountability.²³ Learning these skills would equip school staff to be sensitive to the needs and experiences of immigrant students, and give them a better understanding of this population's unique struggles. Teachers should also be encouraged to discuss the concepts of cultural competency and humility with their students.

One New Jersey student explained how a lack of cultural competency can be detrimental for immigrant students: "I have friends that are undocumented. Even when they do get counseling, they don't get the help they need. Instead they're educating the counselor on what it means to be undocumented. They can't help until they understand the issue and the student's experiences."

Implement Cultural Adaptation Training for Mental Health Staff

All mental health professionals in schools should undergo cultural adaptation training in addition to the cultural competency and humility training for all staff, and should learn about the cultures and backgrounds represented in their school communities.²⁴ Cultural adaptation and modification training teaches mental health professionals to adjust the model of therapy that they offer to individual clients in order to deliver treatment that incorporates and harmonizes with, rather than fights against, the client's cultural values and belief systems.²⁵

Dr. Aida Lennon, a psychologist, stated that mental health workers must be sensitive to differences in culture and worldview between them and students, and modify their services accordingly. For example, clinicians should understand that certain communities use religion as a form of resilience. Given this fact, they should not dismiss or reject religious beliefs, but rather incorporate them into their services. Staff should also be aware of stigmas surrounding mental health support in different communities, and explain their services in a culturally mindful way.

Partner with Immigrant Caregivers to Discuss and Destigmatize Mental Health

Immigrant parents and caregivers we spoke to were interested in learning more about mental health and how to support their children, despite hesitation in some immigrant communities around seeking therapy for cultural or financial reasons. While this hesitation can be a significant hurdle in some cases, schools should not assume that immigrant caregivers are uninterested in mental health, and should instead engage them in discussions about how they can support students' mental wellbeing. One parent from Passaic County stated that at their child's school, "there was a 4-week workshop [for parents, on social emotional learning] to help, but I think it was not enough. I would have liked if they had not only done it for 4 weeks [but] if it was offered more often, or more in-depth, with tips for parents."

Another parent said: "I am the mother of 3 children. One of them has a [health] condition, and the pandemic made him depressed. There is a lot of misinformation about why our children act in certain ways. . . . We are the ones who see changes in our children, and we must seek professional help."

By working with parents, schools can help to destigmatize mental health support, and make more immigrant caregivers comfortable seeking help for their children. This can be particularly important for the newest immigrant students. One student interviewed for this report noted that not being able to communicate, struggling to make friends, and being excluded academically all contributed to her mental health struggles as a newcomer immigrant. She shared: “All those things added up to a really bad mindset. And that’s where I guess my mental health started to deteriorate. In my culture, mental health is still a taboo. You don’t talk about these things often. So I really just kept all my emotions to myself. I didn’t express anything to my mom. My mom didn’t know how to react or help me, especially when we were undocumented and didn’t have health insurance to seek professional help.”

Some schools already have models in place for how to do this work. Helizhabeth Cruz, a bilingual psychologist from the Elizabeth Public School system, hosts parent workshops in Spanish in an effort to help immigrant parents better understand the school system and mental health issues. Implementing and publicizing similar workshops across New Jersey would help parents navigate the school system and understand the resources available to their children. Similarly, Elizabeth McGuire, a counselor from Point Pleasant School District, advised that having school faculty who speak the parent’s language at back to school nights could help parents feel more comfortable and understand the school system and services available to their students.

Bring Cultural Adjustment and Trauma Services (CATS) Back to Schools that Serve New Immigrants

Cultural Adjustment and Trauma Services (CATS) was a unique school-based program designed to address the mental health needs of the growing population of first- and second-generation immigrants in populous immigrant communities in New Jersey.²⁶ This program, or a program with similar goals, should be introduced throughout the state as a school-based service in communities with large populations of newcomer immigrants.

CATS was a comprehensive mental health program that provided an array of clinical and community services to immigrant youth in schools, including culturally and linguistically accessible on-site therapy, individual and family counseling, and case management. It also included training for school district employees to better understand the refugee and immigrant populations in their schools.

Most obviously, CATS differed from SBYSP and from programming provided by SACs because it was specifically designed for immigrant students. The CATS program addressed some of the systemic issues that immigrant and refugee youth face in receiving mental health services, such as language barriers and stigma. It operated in response to the complex traumas many immigrant students face before, during, and after migration. Evaluations of the program found that CATS students experienced reduced trauma-related and depression symptoms, and parents became more aware of their children's needs and the resources available.

In schools with a large population of newcomer immigrant students, incorporating CATS or a similar program as a school-based service would be a significant step towards addressing newcomers' mental health needs.

SECTION IV: OVERVIEW OF THE CURRENT LEGISLATIVE AND POLICY LANDSCAPE AND FUTURE CONSIDERATIONS

In recent years, New Jersey has recognized the importance of mental health services for students. However, that recognition does not always lead to proactive measures that address the growing need for mental health services in our schools. In August 2019, Governor Phil Murphy signed legislation requiring all New Jersey schools to incorporate mental health education into their health curriculums. “We are striving to do all that we can to improve health and wellness for our students,” said Governor Murphy. This law was designed to increase students’ understanding of mental health and its relationship to overall health. It required the State Board of Education to evaluate the New Jersey Student Learning Standards in Comprehensive Health and Physical Education and reform the standards to ensure that mental health education is incorporated in K-12 health curriculums.²⁷ Importantly, this was a law pertaining to classroom instruction and contained no increase in or designation of resources for school-based mental health services.

Despite this expansion of mental health education in 2019, other mental health programming came under threat in 2020, at the height of the COVID-19 pandemic. During negotiations over the state budget in September 2020, Governor Murphy’s administration considered decreasing funding for the School Based Youth Services Program (SBYSP) in New Jersey public schools. At the time, New Jersey was facing a \$5.7 billion budget shortfall, as well as concerns that tax revenues would decline amid the pandemic. Seeking to close this potential gap, Governor Murphy proposed almost \$12 million in cuts for school-based programs.²⁸ As described in Section I of this issue brief, during the pandemic, isolation and fear caused mental health issues among youth to spike and greatly increased the need for these resources. The Murphy Administration was criticized for proposing these cuts to SBYSP during a national mental health crisis.

The School Based Youth Services Program exists in over 90 New Jersey schools and supports around 30,000 students. As described in Section III of this Issue Brief, the program, which began 30 years ago, is innovative in that it provides counseling services and other resources in school, making these services more accessible for students. As a result of the program's widespread impact, news of the budget cut sparked protests across New Jersey. Students and their families gathered outside of the State House in Trenton, organized rallies, and started petitions demanding that the funding continue.

In response to this community pushback, Governor Murphy retracted his plan to cut the program, and the New Jersey Legislature restored SBYSP's funding, including \$15 million for the program in the budget. The unified advocacy efforts of students, caregivers, and educators to save the School Based Youth Services Program demonstrated the importance of mental health services available in schools. "The School Based Youth Services Program has been one of the state's most effective efforts to serve the mental health and social emotional needs of students and their families," said New Jersey School Board Association Executive Director Dr. Lawrence Feinsod. "These services are critical during the current public health crisis, which has increased isolation and anxiety."²⁹

In March 2021, the federal government passed the American Rescue Plan Act (ARPA), a \$1.9 trillion economic stimulus bill supported by President Biden that provides funding for COVID-19 response and recovery. New Jersey has received over 6 billion dollars in funds from the federal government, and is expected to use this money to "support the public health response to the coronavirus pandemic and to lay the groundwork for a 'strong and equitable' recovery."³⁰ Our recommendations in Section III explore how funds from the American Rescue Plan and other sources can best be used in the coming years to support the mental health of all students, including immigrant students, in a culturally competent and effective manner.

Given COVID-19's mental health toll on students, it has become imperative for New Jersey schools to improve the mental health services they offer. Legislators have shown an interest in addressing this issue using federal funding. For instance, in July 2020, as COVID-19 lockdowns continued across the state of New Jersey, a five-bill package was put up for consideration in the New Jersey state legislature to address mental health issues in schools.³¹

These bills proposed a range of tools to address student mental health, from a partnership with state universities for the training of mental-health service providers to creating a task force for each district to review current mental health resources to allowing school-based services to refer students for private counseling. Most of these bills stipulate any appropriations would first be funded with ARPA dollars.

While these recent bills can help schools and districts understand and promote student mental health, much more can be done to make the student-, caregiver-, and provider-led recommendations in Section III of this report a reality. Below, we offer a non-exhaustive list of legislative proposals that could help students gain equitable access to quality, culturally competent mental health support in their schools.

Recommendations for Legislators

Review the Special Education portion of the New Jersey Administrative Code, N.J.A.C. 6A:14, to ensure that state regulations are consistent with federal laws requiring accommodations for students with disabilities, a category that includes students with “social” and “emotional” disabilities. See N.J.A.C. 6A:14-3.3(a). Assess whether New Jersey school districts are complying with regulations that require them to provide supports for these students, and take steps to remedy violations.

Define cultural competency, cultural humility, and implicit bias in all K-12 educational institutions. Establish yearly training in cultural competency and cultural humility for all school personnel, including teachers, support staff, and administrators.

Increase the annual appropriation for School Based Youth Services Programs (SBYSP). The expansion should take into account growth in the school population and the mental health consequences of the COVID-19 pandemic, among other factors.

Require all school districts to designate funding within their budgets to hire and maintain Student Assistance Counselors (SACs) for students in grades K-12. The New Jersey Department of Education should oversee implementation of this expanded programming, and provide guidelines and resources to assist with the hiring and training of SACs.

Require secondary schools to screen students annually for depression and promote referrals to school resources for students who need assistance.

Establish a School Mental Health Commission to provide legislative oversight of all school-based mental health services. The Commission should include members of the community including student and caregiver representatives; educators and their representatives; and mental health and public health professionals.

* * *

Schools are uniquely situated to address health equity issues, especially inequities in mental health services. They are critical partners in delivering screenings and preventative services for all children. School-based health services are especially important in the aftermath of the COVID-19 pandemic, when children and youth are reporting increased feelings of worry, depression, and disconnection. We hope legislators, school boards, school administrators, and other policymakers will draw on the information and recommendations in this Issue Brief as they chart a path forward for mental health services that includes the unique concerns and perspectives of immigrant communities.

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