MCEC & NCTSN Listening Session Analysis and Evaluation Feedback

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OVERVIEW

This report summarizes strategies from listening sessions addressing the mental health challenges of military-connected students. Through collaboration with NCTSN, MCEC, and partners like the University of Maryland's National Center for School Mental Health, the initiative focuses on enhancing mental health supports via data-driven practices, innovative solutions, and a sustainable, collaborative framework. Key topics include community collaboration, measurement-based care, resource mapping, universal screening, funding, policy support, and barrier reduction.

The sessions sought to:

- **Identify Gaps:** Explore unmet needs in comprehensive school mental health systems for highly mobile military-connected youth.
- **Align Resources:** Build on existing tools like the SHAPE system and multi-tiered systems of support (MTSS) to provide tailored mental health interventions.
- **Develop Solutions:** Generate practical strategies for sustainability, including community collaboration, universal screening, funding models, and policy support.

As we transition to the next stage of this national working group, this initiative focuses on generating solutions, identifying key priorities for the NCTSN pre-summit session at the 2025 MCEC Global Training Summit (GTS), and creating a blueprint to enhance mental health support for military-connected youth in K-12 settings. Outcomes include a detailed survey to prioritize challenges, integration of military-specific resources into diverse school mental health frameworks, and a roadmap for learning sessions leading to the 2025 MCEC GTS. The goal is to establish a collaborative and effective framework for comprehensive mental health support tailored to military-connected youth as a subgroup.

SUMMARIZE FINDINGS/FEEDBACK

Listening Session 1 Summary:

A significant focus was on the mental health challenges faced by military-connected students, emphasizing the role of comprehensive school mental health systems and the use of data-driven approaches like universal screeners. Particular attention was given to the unique struggles of military-connected students during times of school transition as

well as post-secondary transition regarding Individual Education Plans (IEPs) or 504 plans, importance of trauma-informed policies and practices regarding deployment cycles, and standardized transition welcome and exit supports during military permanent change of station (PCS). A recommendation was made to involve the MCEC Science Advisory Board (SAB) as subject matter experts to provide guidance in the monthly Student 2 Student® (S2S™) newsletter and other current publications from the MCEC SAB team members.

A central theme was identified regarding achievement-related stress among military-connected youth, stemming from pressures to maintain and to continually excel academically, socially, and in extracurriculars throughout military permanent change of station (PCS). This stress is often amplified by the demands of military lifestyle, which can create additional strain while also developing resilience. To support these students, fostering a sense of belonging and purpose, with an emphasis on worth with intrinsic value over external achievements, was recommended.

The discussion highlighted the critical need for collaboration between schools, community partners, and military installation mental and behavioral health providers to address the unique military-connected youth mental health crisis resulting from 20 years of war and the COVID-19 pandemic. Since COVID-19, there has been an increase in the youth mental health crisis and schools are struggling to provide universal (tier 1) mental health screening and support services. This identifies an increased need for community partners and installation mental and behavioral health providers to collaborate and provide tier 2 (targeted) and tier 3 (intensive) supports. Comprehensive school mental health systems (CSMHS) and multi-tiered systems of support (MTSS) are vital frameworks for addressing the unique mental health needs of highly mobile military-connected students.

MAJOR POINTS OF FOCUS

The listening sessions revealed several critical challenges facing military-connected youth, particularly centered around achievement-related stress and mental health. An invisibility crisis was identified, where military students' needs often go unnoticed within school communities. The sessions highlighted how frequent moves and transitions create significant barriers to students' sense of belonging, though these same challenges have helped develop strengths like adaptability and empathy in military-connected youth. Post-COVID isolation and relationship-building difficulties were emphasized as concerns, along with the impact of mental health stigma in military culture.

Notable Quotes:

What is the most significant mental health challenge or crisis faced by military-connected youth, and how does it differ from civilian youth?

> *In my experience as a military-connected youth, I believe a major concern is mental stigma. It affects all communities, but I do think in military culture, mental stigmas are present in their own unique way, and they must be addressed intentionally within interventions, programming, and other curriculum.*

I think it's the invisibility crisis that happens inadvertently when school leaders or staff fail to recognize military-connected youth as a subgroup, and oftentimes they fly under the radar. There must be intentional efforts that are proactively facilitated by school leaders, adults in the building, and with peers to proactively foster social connections, and established transitional support systems must be in place to prevent military-connected youth from falling through the cracks.

A strong foundation for comprehensive school mental health systems is built through effective teaming. This involves bringing together all key stakeholders, such as through multi-tiered systems of support or student wellness teams, to collaboratively address mental health needs. The key is to start with the existing team, identify any missing members, and build from there to advance mental health support within schools or districts.

~ Dr. Brittany Patterson, University of Maryland School of Medicine, and the National Center for School Mental Health

UNIQUE INSIGHTS

Data-driven approaches like universal screeners are critical tools for identifying trends and gaps in support, ensuring timely interventions. Trauma-informed policies, standardized transition supports, and collaboration with local community partners and military installation behavioral health providers are essential to fostering resilience and addressing achievement-related stress. By aligning comprehensive school mental health systems and well established multi-tiered systems of support for consistent coordination, schools can create a comprehensive support network that meets the diverse needs of military-connected students and promotes their overall well-being.

The concept of Purple Star Schools initiatives and programs were highlighted as a vital component in addressing welcoming and exiting transitional support for military-connected students, which directly impacts student visibility and increases a sense of belonging for new students. Participants recognized that while military-connected students face distinct challenges, they also possess valuable strengths that can be leveraged for success.

Notable Quote:

Military-connected youth often struggle to find peers and staff who understand their unique experiences, making this a critical area of need. Military-connected students are highly adaptive, bringing diverse perspectives and a deeper understanding of others due to their unique experiences. They often demonstrate empathy and strong peer connections, recognizing the challenges of acclimating to new environments.

~Jenn Davis, Studebaker Preschool Intervention Specialist & Educator Mentor, Purple Star School Liaison, Purple Star Schools District Rep, Purple Star USA: National Convening of Schools and Communities, Ohio TD Rutan MIC3 Council Member, Ohio Purple Star Advisory Board

FUTURE RECOMMENDATIONS — PATH FORWARD

Future recommendations for supporting military-connected students emphasize implementing Comprehensive School Mental Health Systems, Multi-Tiered Systems of Support (MTSS), and trauma-informed practices to foster positive school climates, strengthen social connections, and alleviate achievement-related stress. Expanding student-led transition programs like the MCEC Student 2 Student (S2S) program and enhancing community partnerships with military installations were identified as key strategies to improve mental health initiatives in K-12 schools.

Attendees highlighted the need for trauma-informed professional development for educators, focusing on military culture and lifestyle, alongside proactive strategies to increase the visibility of military-connected students in school communities. Additionally, universal mental health screening was highlighted as a critical tool for identifying students' strengths and challenges. Effective implementation requires careful planning, collaboration, equity considerations, and defining processes for review and follow-up. Commonly used screeners such as the GAD-7 (anxiety), PHQ-9 (depression), and PSC-17 (global assessment) were recommended for their ease of use and effectiveness in providing actionable insights.

The discussion underscored using data-driven tools like the SHAPE system to support systematic assessment, program development, and sustainability. Universal screeners were identified as essential for closing gaps in mental health support, ensuring timely identification of needs, and preventing challenges from escalating.

Other priorities include expanding mental health services through community partnerships and addressing stigma with targeted programming and caregiver support. These efforts aim to create a comprehensive framework tailored to the unique needs of military-connected students, ensuring equitable access to mental health resources, and fostering a supportive school environment.

TOOLS FOR DECISION MAKING

Trauma Responsive School resources may include (Tier 1, 2, and 3, all tiers):

- School Health and Performance Evaluation (SHAPE)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Tier 2)
- Animating Learning by Integrating and Validating Experiences (ALIVE)
- Healthy Environments and Response to Trauma in Schools (HEARTS)
- Linking Action to Unmet Needs in Children's Health (LAUNCH)
- Bounce Back (Tier 2)

Retrieved from Institute of Education Sciences (April, 2020) Menu of Trauma-Informed Programs for schools https://ies.ed.gov/ncee/rel/regions/appalachia/events/materials/04-8-20-

Notable Quotes:

A personal wish for the future is to prioritize identifying strengths and protective factors in early screenings, especially for military-connected youth. By focusing on existing strengths, such as parental communication, we can bolster protective factors that make a difference. The goal is to emphasize positive measures first, before moving into targeted screening for challenges that require intervention.

~ Dr. Brittany Patterson, University of Maryland School of Medicine, and the National Center for School Mental Health

In my district, we've established a foundation using the MTSS framework involving a wide range of school staff including the on-site LEA staff Purple Star liaison, school counselors, school psychologist, school social worker, school nurse, as well as teachers, paraprofessionals, and school principals to gain a well-rounded picture of the student and their daily activities, stressors, and struggles to better understand of each student's needs. This collaborative approach helps determine appropriate tiered supports, while partnering with community mental health services to reduce barriers for families, such as the need for after-school appointments. Through the Ohio Cares initiative, trauma-informed approaches are integrated into school systems, supported by the Kids Mental Health Foundation and the Ohio Cares star behavioral framework. This includes training not only for school district employees but also for community mental health professionals who may not typically encounter military-connected youth and families. By equipping these professionals with an understanding of military-specific situations and policies, Ohio Cares strengthens community support systems, reducing reliance on limited, specialized resources, and ensuring more accessible, informed care.

~Jenn Davis, Studebaker Preschool Intervention Specialist & Educator Mentor, Purple Star School Liaison, Purple Star Schools District Rep

Ohio Cares initiative, launched by the Ohio Department of Mental Health and supported by the governor, exemplifies a next-level approach to supporting military-connected students across the state. With 600 Purple Star School liaisons, collaboration is key. This initiative is vital for areas without direct military support, such as rural, urban, and suburban regions. By connecting schools like Studebaker, Huber Heights, Beavercreek, and others, Ohio Cares strengthens statewide resources and support systems for military-connected students.

~Pete LuPiba, Ohio Deputy Director of Budget and Management, Ohio MIC3 Commissioner, and founder of the Purple Star Schools initiative.

LISTENING SESSION 2

Summary:

The discussion highlights the importance of comprehensive school mental health initiatives, which use multi-tiered systems of support (MTSS) to create a positive school climate and sense of belonging. Schools are encouraged to partner with local community mental health providers as well as installation behavioral and mental health professionals to coordinate wrap-around support services and provide targeted (tier 2) and intensive (tier 3) support services for military-connected youth experiencing a mental health crisis during times of school transition. Comprehensive school mental health systems (CSMHS) aim to integrate services within schools, co-locate support, and establish community collaborations, particularly for military-connected students. The goal is to reduce mental health crises and improve student outcomes by ensuring a well-coordinated network of support.

Notable Quotes:

What is the most significant mental health challenge or crisis faced by military-connected youth, and how does it differ from civilian youth?

> *Having worked in schools near Fort Liberty, the insights gained from the MindWise Signs of Suicide prevention and awareness preventative screenings revealed that military-connected students showed higher rates of suicidal ideation compared to their civilian peers. For example, in schools where 20% of the population was military-connected, military students accounted for approximately 40% of those identified as high-risk for suicide. This disparity underscores the critical need for targeted mental health interventions and support for military-connected youth. Despite often being academically high-performing and not displaying typical risk markers, these students are at elevated risk. This may be influenced by military culture, which often discourages those seeking help.*
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> *The MCEC 2020 Military Kids Now Survey revealed differing perspectives on the top stressors for military-connected adolescents. While school counselors identified deployment as the primary challenge, students reported their top concerns as social connectedness and making friends, with mental health also ranking higher than family separation due to deployment. These findings highlight that while deployments are a factor, broader social and emotional challenges, such as building friendships and navigating additional identity factors (e.g., race, LGBTQ+ status, special needs), are more pressing for many military-connected youth. The focus of professional development for counselors on deployment-related issues may explain the discrepancy between counselor and student perspectives.*
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> **~Rollie Sampson**, LCMHC, School-base Behavioral Health Clinician, Mental Health Counselor, Military Family Advocate, Public Speaker

Recent discussions with Blue Star Families highlight the importance of addressing transitions for military families, emphasizing that both children and parents often struggle to connect with their new communities, leading to feelings of isolation. While deployment is often a focus, the need for stronger support in transitions—such as welcoming programs, community building, and professional development—remains critical. Programs like Purple Star Schools and initiatives in districts like Fairfax County are examples of efforts to address these challenges. The everyday aspects of integration, often overlooked in favor of high-profile issues like deployment, are where much of the need lies.

~Jason Scragg, Ohio Department of Education and Workforce, Military and English Learner Education Consultant, Ohio MIC3 State Council, School Superintendent

A couple of things come to mind, new teachers who need training on how to best support military-connected youth. Often, educators feel unprepared to support military-connected students, particularly regarding the deployment cycle and military lifestyle. However, professional development that explains the deployment cycle and emphasizes fostering a sense of belonging and connection helps educators to be more confident in supporting these students. Focus groups with students across grade levels revealed that connectedness and a sense of belonging are top priorities, surpassing other concerns like career readiness and extracurricular activities. Positive trends include students becoming more open to discussing mental health needs and peer support, helping to foster a more inclusive mindset and supportive school environment.

~Meredith Ayala, Fairfax County School Counselor, Manager, Grants and Program Development, Family Partnership Specialist for Military-Connected Youth and Families

I will say we do have quite a few military family life counselors that are embedded in our school districts that have our highest concentration of military-connected students. Most of the conversations they are having, or a very good number of the conversations they are having, do kind of center around anxiety. The challenges faced by military-connected students stem from multiple factors, including transitions, making new friends, everyday life, and establishing connections quickly. Additionally, social media has significantly increased anxiety levels among all students, not just those connected to the military.

~Trina Pauley, Child and Youth Program Director at Hill CDC

Student voice and autonomy are essential, particularly in fostering a sense of belonging and connection. Feeling accepted, valued, and having trusting relationships create a safe space for open, meaningful conversations. This dynamic is crucial for both students and adults to engage in challenging discussions effectively.

~Sue Lopez, School Counselor and MCEC Instructional Designer, and Military Student Consultant, Military Family Advocate

How do schools establish or build district level foundations for comprehensive school mental health systems? Have you been part of implementing a comprehensive school mental health system?

For five years, I served as a military liaison counselor in a North Carolina school district near a military installation, working as part of the student support services team. My role involved addressing a wide range of issues affecting military-connected students, including administrative policies, behavioral health, and the Military Interstate Children's Compact Commission (MIC3). During this time, I played a key role in integrating multi-tiered systems of support (MTSS) and mental health protocols for all students, with a particular focus on the unique needs of military-connected youth. We implemented specialized professional development for school counselors and social workers, equipping them to address prevalent mental health issues like anxiety and depression among military students. The district introduced targeted small group interventions (Tier 2) and established a behavioral health team to provide on-site therapy. We also addressed barriers like Tricare insurance limitations that restricted access to certain services. These efforts reflected a proactive approach to supporting military families and connecting them with sustainable, long-term resources.

~Rollie Sampson, LCMHC, School-base Behavioral Health Clinician, Mental Health Counselor

Does your district or school have an established process for universal mental health screening? If so, what tools are used for these assessments? What is the frequency of universal screening and assessment (quarterly or annually)? How often are school mental health quality guides used for evaluations?

Tracking mental health assessments at the state level is challenging due to the lack of state policy requirements for such practices. While Ohio encourages districts to participate in surveys like the Youth Risk Behavior Survey and the Ohio Healthy Youth Environment Survey (linked to CDC data), Ohio removed questions identifying military-connected youth from the survey a few years ago. Some other states, like Kentucky, have kept or reintroduced these questions. Ohio is currently in discussions about adding military-connected youth questions back into the survey, but this would result in the removal of other data, creating a challenge to navigate.

~Jason Scragg, Ohio Department of Education and Workforce, Military and English Learner Education Consultant, Ohio MIC3 State Council, School Superintendent

From a district perspective, data is typically reviewed annually, usually at the end of the school year, to inform planning for the next year. School counselors, on the other hand, may review data more frequently, such as each semester, and if they notice trends, they will revisit the data as needed. When school districts track mental health referrals and suicide ideations, they record basic demographic data without attaching it directly to an individual student. When suicide screenings were conducted, the results were maintained by school nurses to comply with HIPAA regulations, ensuring privacy. The data is then recorded in a medical database to meet medical standards while protecting student confidentiality.

~Rollie Sampson, LCMHC, School-base Behavioral Health Clinician, Mental Health Counselor

Unique Insights:

It starts with military kids, but their Student 2 Student (S2S) program expanded to every student. Expanding support for all students in transition, including military-connected youth, English language learners (ELL), and unaccompanied minors. They noted that while there are unique aspects of military-connected students' experiences, programs like Student 2 Student can benefit all students, as the leadership and initiatives driven by military-connected youth offer valuable insights. The speaker is interested in adapting these successful programs to support a broader range of student populations, recognizing the broader applicability of strategies developed for military students.

~Jason Scragg, Military and English Learner Education Consultant, School Superintendent, Ohio

Military Family Life Counselors (MFLCs) partner with local school counselors to provide programs like Lunch Bunch, bringing deployment-specific military-connected students together to engage in activities and bond. Another peer-to-peer group, Anchored for Life, is run by the Trevor Romain Company to provide transition and resiliency life skills to schools, home school groups, child and youth programs, and partnerships with the Boys & Girls Club of America.

~Trina Pauley, Child and Youth Services, CDC Director

In Fairfax County, a monthly Military-Connected Youth Process Action Team brings together school counselors, social workers, school psychologists, and school liaisons to discuss and address the needs of military-connected youth. This collaboration has fostered progress in supporting these students. Additionally, the district has a student peer-to-peer ambassador program that goes beyond tours and lunch bunches, helping to create a positive school climate. The peer-to-peer ambassadors proactively reach out to students who may not be connected, contributing to a supportive and inclusive school culture. This initiative aligns with comprehensive school mental health programs, benefiting all students. Additionally, Fairfax County Public Schools administers a Student Experience Survey to understand how students view and experience school. The goal of the survey is to elevate student voice in identifying strategic improvement opportunities for the division. It is imperative that we continue to center student voice, and specifically military-

connected student voice, as we discuss strategies and initiatives to support our military-connected students' well-being.

~Meredith Ayala, Fairfax County School Counselor, Manager, Grants and Program Development, Family Partnership Specialist for Military-Connected Youth and Families

FUTURE RECOMMENDATIONS/PATH FORWARD

The discussion highlights a significant gap in how we measure the well-being of military-connected youth, particularly regarding belonging, connectedness, and the challenges posed by frequent transitions. Of course, none of this data can be collected without the full implementation of the Military Student Identifier (MSI) mandated in ESSA 2015 and the Code of Federal Regulations, Title 34 § 200.2, State Responsibilities for Assessment here: https://www.ecfr.gov/current/title-34/section-200.2 C.F.R. § 200.2(b)(1)(ii)(D) (2022) C.F.R. § 200.2(b)(11)(i)(I) (2022). Widening the aperture of school personnel beyond active-duty youth and families to include the other 50% of military children and families in their focus of care should be an important aspect of the work of MCEC and NCTSN. To include the expansion of the 2020 NDAA (Public Law 116-92, Sec 579), the words Active Duty were dropped so that children of part-time Reservists and National Guard could also be identified as being military connected. This change has yet to be made in the CFR 34.200.2(b)(1)(ii)(d) [https://www.ecfr.gov/current/title-34/subtitle- B/chapter-II/part-200/subpart-A/subject-group-ECFR3da56646dfe7570/section-200.2]. The critical gap in codifying this legislative change should be highlighted to this constituency. This gap in policy change hinders access for all military connected youth to be properly identified for appropriate services as well as to the screenings that are critical to their health and wellness. While traditional mental health measures like anxiety, depression, and suicidality are essential, they fail to fully capture the unique social-emotional experiences of this population. To address this gap, the MSI must serve as a universal tier 1 screener and be use alongside assessment tools to evaluate mental health outcomes. These results can then be cross-referenced with other assessments to address the nuanced aspects of military-connected youth well-being.

In closing, to advance support for military-connected youth, it is essential to assess the alignment of current universal tier 1 screening tools with their unique needs and consider developing a blueprint that prioritizes their mental health and well-being. Engaging parents, educators, and students ensures these tools reflect the military student voice and lived experience. Balancing comprehensive models with practical implementation in schools is vital. Through pilot programs, partnerships, and targeted research we can create effective blueprint to enhance support systems within the schools, local community, and installation to effectively support military-connected students' overall well-being.

Notable Quotes:

In my experience, identifying mental health needs in students is often a challenge, as it typically relies on self-identification, behavior in the classroom, or input from parents. Mental health issues are complex to address, especially when students are already

receiving outside support, due to privacy laws that limit what can be shared. For military-connected students, the process often starts with a parent raising a concern or a teacher noticing behavior that affects the classroom. Once identified, school counselors collaborate with the student and parent to provide support, but this requires careful attention to privacy and legal protections. School districts have protocols in place to support students once their needs are identified, but parental involvement is crucial throughout the process.

~Rollie Sampson, LCMHC, School-base Behavioral Health Clinician, Mental Health Counselor

As someone who has worked closely with military-connected students, I deeply value the resilience and unique perspectives they bring, which enrich both their peers and the broader school community. Programs like Student 2 Student and Anchored for Life are essential for supporting not just military-connected youth but all highly mobile students, helping them adapt and thrive. I am also a strong advocate for collaboration among school counselors, psychologists, social workers, and other professionals to address training gaps and provide holistic support for students and staff alike. Additionally, community partnerships and parental engagement play a critical role in fostering a sense of belonging, and I have seen firsthand how these connections can transform a school community. Resource mapping is another important tool, and initiatives like those in Texas, which require schools to list counseling and support services for military-connected students, are excellent examples of how comprehensive school mental health efforts can benefit everyone.

~Sue Lopez, School Counselor, MCEC Instructional Designer

A Canadian military family study found that the impact of deployment and separation extends beyond military-connected students to affect non-military students as well. The study emphasizes the importance of broadening comprehensive school mental health programs to include non-military students, recognizing that these issues can impact the entire school community, including tier 1 (universal), 2 (targeted), and 3 (intensive) support levels.

~Dr. Gregory Leskin, Director of the National Child Traumatic Stress Network (NCTSN), Clinical Psychologist

LISTENING SESSION 3

Summary:

The Multi-Tiered System of Support (MTSS) and Comprehensive School Mental Health Systems are collaborative, team-based approaches that involve educators, school counselors, school nurses, school social workers, school psychologists, behavioralists, specialists, and other staff working together to analyze student data, gather feedback, and provide tailored interventions. Tools like the SHAPE program and the integration of multidisciplinary teams, including community and agency representatives, help address

specific student needs and behaviors. Regular meetings with clinical and special needs teams ensure that military-connected students receive the comprehensive mental health support they require. Additionally, the theme of ongoing professional development (PD) is essential, as mental health challenges are constantly evolving. Schools must plan reflective, purposeful PD throughout the year to ensure educators are continually equipped to meet students' changing needs and foster their well-being and academic success.

Notable Quotes:

What is the most significant mental health challenge or crisis faced by military-connected youth, and how does it differ from civilian youth?

As a nurse and academic working with school nursing in North Carolina, I have observed that reserve component children are often invisible in schools. Unlike active-duty children, who are perceived to be co-located near military installations, reserve component children are geographically dispersed. In North Carolina alone, active-duty and reserve component kids are present in 93 of our 100 counties. This widespread distribution challenges the common perception that all military children live near active-duty bases, which is not true for many, including Coast Guard families. While the law was updated in 2020 to expand the Military Student Identifier (MSI) to include part-time Guard and Reserve children, it has not yet been incorporated into the Code of Federal Regulations. As a result, not all states recognize reserve component children as military-affiliated, meaning schools may be unaware that these students exist, let alone that their parents might be deployed. This lack of recognition can lead to isolation, particularly for a child who is the only one in their school with a deployed parent. Without awareness, no one asks, no one cares, and while it might not initially appear as a mental health crisis, it can certainly develop into one. Recognizing and supporting these children is critical to their well-being

~Major General, US Army (Ret) Peggy Wilmoth, Professor at School of Nursing at the University of North Caolina, Distinguished Scholar in Residence at the National Academy of Medicine

I have noticed that the issue of invisibility for military-connected children often leads to isolation. Many of these kids experience isolation and, at times, may even prefer it due to the stigma associated with being part of a military family. This can make them hesitant to form close relationships or join social groups at school. With their frequent moves every two to three years, building long-term relationships becomes a real challenge, and they often turn to social media as a way to cope. This sense of isolation is compounded by their disconnection from the school or community, making it even harder for them to feel a sense of belonging.

~Mychael Willon, Consultant, Retired School Superintendent, Principal, and Teacher

When thinking about the challenges and strengths of military-connected youth, it is important to view them through the lens of risk and protective factors. All children face similar developmental challenges, but military-connected students experience an

additional layer of unique risks, such as frequent moves, the need to continually build new friendships, and parental deployments. These are challenges their civilian peers typically do not encounter. By acknowledging these added factors, we can better understand and support the unique needs of military-connected students.

~Becky Harris, MA, NCSP, ABSNP, Fairfax County School Psychologist

Does your district or school have an established process for universal mental health screening? If so, what tools are used for these assessments? What is the frequency of universal screening and assessment (quarterly or annually)?

At my elementary school, which has about 23% military-connected students, we implement a multi-tiered system of support (MTSS) as a team approach. Our MTSS team includes clinical staff, administrators, and specialists, and we address the needs of the entire school across all three tiers. We use a universal social-emotional screener twice a year to track students' progress, including military-connected students, by reviewing historical data. The school also uses a military student identifier (MSI) to ensure we know which students are military-connected. Additionally, our ambassador program, a tier-one initiative, helps welcome new students, regardless of military affiliation, throughout the school year.

~Becky Harris, MA, NCSP, ABSNP, Fairfax County School Psychologist

How would you identify a military child that needs tier 2 and 3 support?

At my school, military-connected students are referred to social-emotional learning (SEL) groups through both formal and informal channels. In tier 2, students may be referred to small group SEL sessions using evidence-based programs focused on specific skills, based on the CASEL principles. Referrals can come through the Collaborative Learning Teams (CLT) during grade-level kid talks or through the MTSS process. Additionally, informal referrals occur through ongoing staff discussions (once a week) or consultations with teachers and parents. This dual approach ensures military-connected students receive the support they need.

~Becky Harris, MA, NCSP, ABSNP, Fairfax County School Psychologist

I believe schools play a crucial role as the primary providers of mental health services, particularly when comprehensive school mental health systems are in place. These systems should offer multi-tiered approaches for mental health promotion, intervention, and prevention, benefiting both students and the broader community. An article I reviewed emphasizes the importance of leveraging cross-sector partnerships to advance school mental health policies, expanding Medicare coverage, enhancing data collection systems, and offering professional development support for these systems' implementation. Addressing these challenges clearly requires collaboration among education professionals to identify and fill gaps in support. I would like to add that not all schools have dedicated mental health practitioners, but all schools have a school nurse either in the building or

assigned to it. Some states have mandated a ratio of school nurse: student. When school mental health practitioners are discussed, the aperture must be widened to include school nurses. They are highly prepared professionals and are well attuned to the needs of the children in that school. Nurses are the most trusted of the health professions (per Gallup for over 20 years) and children seek them out to share what they will not share with other team members.

~Major General, US Army (Ret) Peggy Wilmoth, Professor at School of Nursing at the University of North Caolina, Distinguished Scholar in Residence at the National Academy of Medicine

Unique Insights:

As someone without lived experience but with a background in school-based mental health services, I believe it is critical to first identify military-connected students at the local level using the Military Student Identifier (MSI). We cannot provide academic, behavioral, or mental health support to these students if we do not know who they are. Another key issue is ensuring they receive robust tier-one support. Frequent moves often cause military-connected students to miss annual universal screeners and other important services, like behavior or social-emotional programs, and schools need to do a better job of circling back to provide these supports whenever a new military-connected students arrives. Additionally, I am concerned that current academic and social-emotional screening processes under MTSS may overlook highly mobile students, including military-connected youth. Missing these opportunities for early intervention and support is a significant and preventable issue.

~Dr. Pamela Fenning, Loyola University Professor of School Psychology

When military-connected children move into a new school, forming an immediate connection is crucial. It is equally important to continuously educate educators—principals, teachers, counselors, and staff — about the unique experiences and needs of these students, especially since not all of them live in large, military-connected communities. Understanding where these children come from and how often they have moved is key. While many states are making strides with the Military Student Identifier (MSI), the real impact lies in schools actively using this information to provide targeted support. Educating school staff on the importance of this data and how to use MSI data ensures stronger relationships and a smoother transition for military-connected students.

~Kyra Bush, MCEC Vice President of Education Services, Retired School Counselor

Active-duty military families are increasingly living farther from installations due to housing shortages and rising costs, often in communities where schools may not fully understand military culture. This growing disconnect can leave children feeling isolated. Additionally, military-connected youth with mental health challenges may feel stigmatized, fearing their struggles could impact their parent's career, leading them to keep their issues within the family rather than seeking support.

~Dr. Stephanie Borrowman, CYS School Liaison and Transition Specialist

I believe initiatives like Purple Star Schools, peer-led student programming, and comprehensive school mental health systems are incredibly valuable. We should also remember the vital role of school nurses. They are often the first to identify children facing challenges, whether its difficulties transitioning into a new school, facing the emotional strain of leaving a familiar environment, or coping with the insecurity that comes with constant relocations

~Sue Lopez, School Counselor and MCEC Instructional Designer

FUTURE RECOMMENDATIONS/PATH FORWARD

To create a robust blueprint for comprehensive school mental health systems, it is essential to focus on three core areas. First, developing and scaling evidence-based frameworks like Multi-Tiered Systems of Support (MTSS) tailored to the unique needs of military-connected students is crucial. These systems should provide academic, behavioral, and emotional support through universal, targeted, and intensive interventions. Tools like universal screeners can help identify needs early and track trends, while initiatives such as Purple Star Schools offer essential transitional and social support.

Second, promoting ongoing training, collaboration, and knowledge sharing among educators, school counselors, school social workers, behavioralists, interventionists, school psychologists, administrators, nurses, and community partners is vital. Professional development should emphasize trauma-informed care, cultural competency, and mental health literacy, ensuring that practitioners are well-equipped to support military-connected youth. Collaborative efforts, including multidisciplinary teams and partnerships with military liaisons, help facilitate the sharing of best practices and lessons learned, creating consistency, and enhancing effectiveness across schools and districts.

In addition, it is critical to enhance support for school mental health practitioners to sustain their long-term impact. Addressing practitioner well-being through wellness initiatives and peer support systems can help reduce burnout and ensure continued high-quality care. Sustainable funding models and tools like the SHAPE system should be used to evaluate and refine programs over time to help these programs remain responsive and effective. By integrating these strategies, schools can build a scalable, collaborative, and supportive system that meets the diverse needs of military-connected students and those who support them.

Military-connected students with IEPs and 504 plans face unique challenges, especially with frequent PCS moves that lead to delays in testing and services. To support these vulnerable students, it is essential to provide comprehensive, wraparound services within a Multi-Tiered System of Support (MTSS), addressing both their academic and emotional needs with urgency and care. The lack of academic support for military-connected students profoundly affects their social-emotional well-being, especially amid challenges like deployments, frequent moves, and transitions. Parents often face difficulties advocating for their children, highlighting the importance of educators and professionals forming strong partnerships with families. By facilitating collaboration, sharing lessons learned, and addressing gaps in support systems, we can better serve military-connected students and ensure they receive the comprehensive support they need to succeed.

In conclusion, schools are essential in providing mental health services, especially when comprehensive systems are established. By implementing multi-tiered approaches and leveraging cross-sector partnerships, we can better support students' mental health needs and promote community well-being. Expanding coverage, improving data systems, and investing in professional development are all critical steps toward enhancing these efforts. Collaboration among professionals is key to identifying gaps and ensuring that every military-connected student receives the mental health support they deserve.

UNANSWERED QUESTIONS OR NEED MORE GUIDANCE

What challenges are faced by rural areas, highlighting the contrast between resource-rich and resource-limited environments, and explore how those in rural areas can access similar support and resources.

> *During the Iraq War in Northern Virginia, I worked with families of deployed reservists whose children were struggling with severe behavioral issues, even though they lived in a resource-rich area and had access to Tricare. Despite this, there were no mental health providers available to assist these families, raising concerns about how support systems work when care is inaccessible. I also wonder whether it makes a difference who employs school health providers, whether it is the Department of Health and Human Services or the Department of Education, and if this affects the quality of care or the referral process for students.*
>
> **~Major General, US Army (Ret) Peggy Wilmoth**, Professor at School of Nursing at the University of North Caolina, Distinguished Scholar in Residence at the National Academy of Medicine

Reaching military-connected students in rural areas or those in the National Guard and Reserve may be challenging as they may not have access to the resources available at large military installations or DoDEA schools. To address this, we focus on providing resources to public schools serving these students, even those in geographically isolated locations. Service headquarters school liaison program managers are available to support these schools, helping connect National Guard and Reserve families with peer-to-peer

sponsorship programs and other resources, even if they are not specifically military-focused. Parents in remote areas can reach out to these managers to access the necessary resources.

~Stephanie Borrowman, CYS School Liaison and Transition Specialist

In states that require parental permission for mental health screeners, what is the course of action when a parent denies permission for mental health screening? Does that mean the services have to stop, or is there a workaround to continue providing the necessary support?

Notable Quotes:

It is important to recognize the differences in normal adjustments and mental health challenges without singling students out, as many just want to fit in. This is why it is important to use the Military Student Identifier embedded in the school information systems (SIS). Once identified, a well implemented comprehensive school mental health system can help foster a positive school climate, provide social-emotional support, and mental health check-ins to help reduce mental health challenges. Co-located medical (nurse), behavioral (school counselor and school social worker) and mental health services (school psychologist) further support students and enhance community collaboration. Additionally, using multi-tiered systems of support (MTSS) with universal screening (tier 1) helps identify students who need targeted (tier 2) or intensive (tier 3) interventions, especially during school transitions.

~ **Sue Lopez**, School Counselor

Parents have the right to opt out of screeners. However, I have also seen the significant challenges families face when seeking mental health care for their children, even in resource-rich areas like Loudoun County. I have met with reservist families dealing with severe behavioral issues in their children while struggling to find providers who accept Tricare, despite having access to it. This issue extends beyond active-duty families to those using Tricare Reserve Select or civilian health insurance, which does not always guarantee better access to care.

Another concern is whether the employment structure of school health providers affects care and referrals. For instance, in North Carolina, school nurses employed by the Department of Health and Human Services (DHHS) may face different challenges than those employed by the Department of Education. I wonder if this employment structure impacts the ability to provide consistent care or make referrals, and whether this is a systemic issue that has been explored.

~Major General, US Army (Ret) Peggy Wilmoth, Professor at School of Nursing at the University of North Caolina, Distinguished Scholar in Residence at the National Academy of Medicine, President-elect of the Reserve Organization of America (ROA)

Ohio Cares is a vital state initiative connecting military families with critical resources, including crisis and care lines to support service members, veterans, and their families. This initiative is integrated into the Purple Star Schools program, where school-based liaisons—

such as coaches, administrators, and educators—serve as key resources for military-connected students. These liaisons, while experts in their fields, are trained to connect with medical professionals across regional and statewide networks to support students and families in distress. The synergy between Ohio Cares and Purple Star Schools ensures a comprehensive, community-based approach to supporting military-connected families, filling a critical gap that was identified when the Purple Star Schools program was created in 2015-16.

~Pete LuPiba, Ohio Deputy Director of Budget and Management, Ohio MIC3 Commissioner, and founder of the Purple Star Schools initiatives

The Office of the Secretary of Defense (OSD) manages a contract for Military Family Life Counselors (MFLCs) in schools, providing non-clinical mental health support to highly impacted schools. Schools can coordinate with their school liaison to request MFLCs, but currently, there is a freeze on adding new MFLCs, although movement of existing counselors is possible. Further details may be available from OSD representatives.

~Dr. Stephanie Borrowman*,* CYS School Liaison and Transition Specialist

There is a contract with the Kids Inclusion Team (KIT) to address children's needs within Child and Youth Programs (CYP) and extended support to DoDEA schools.

~**Monette Green**

I work with Dan Dunham here in Virginia on Purple Star Schools, and one thing I believe we need to focus more on is celebrating schools where these initiatives are making a difference. Recognizing and sharing best practices from these schools can help garner more buy-in and encourage others to join in. Highlighting the impact of these strategies on military-connected students is essential to raising awareness of their unique needs and demonstrating how effective support systems can truly make a difference.

~Mychael Willon, Consultant, Retired School Superintendent, Principal, and Teacher

*Note: All responses have been documented in this report.

NEXT STEPS:

Recommendations for the Future

1. **Enhance Synergy Between MCEC and NCTSN**
   Strengthen the partnership between MCEC and NCTSN to advance school mental health and address behavioral challenges in military-connected children.

2. **Expand Accessible Resources**
   Develop more podcasts, webinars, and toolkits to support military children in diverse settings, including military, community, private, and homeschool environments.

3. **Sustain Learning Community Sessions**
   Continue monthly NCTSN/MCEC Learning Community sessions to share best practices and support implementation of school mental health models.

4. **Support Purple Star Schools**
   Provide additional mental health resources to Purple Star Schools to enhance their support for military-connected students.

5. **Strengthen Partnerships with DoDEA**
   Collaborate with DoDEA to align mental health resources and advocate for grant funding to implement comprehensive programs in DoDEA-funded schools.

6. **Address Harmful Behaviors**
   Integrate strategies to address problematic sexual behaviors, bullying, and suicide into school mental health systems to better support military children.

APPENDIX A: DISCUSSION QUESTIONS

Listening Session 1 (Nov. 6, 2024)

1. What do you see as the most significant mental health challenge or crisis faced by military-connected youth? Do you believe there is a difference between civilian and military-connected youth mental health? If so, please describe and share.
2. Do you believe Covid had an impact on how military-connected youth establish healthy social connections?
3. How does one go about establishing a building or a district level foundation for comprehensive school mental health systems?
4. Does your school or district have an established universal mental health screener? And if so, what tools or assessments are used?
5. Examples of trauma-informed policies or practice for tier 2 and 3 support services
6. How do you communicate that information to demonstrate the importance of tier 2 and 3 mental health interventions within your school district, to your local community, and your policy leaders?

Listening Session 2 (Nov. 7, 2024)

1. What do you see as the most significant mental health challenge or crisis faced by military-connected youth? Do you believe there is a difference between civilian and military-connected youth mental health? If so, please describe and share.
2. What are the positive strengths military-connected students possess?
3. What is the most significant mental health challenge or crisis faced by military-connected youth, and how does it differ from civilian youth?
4. How do schools establish or build district level foundations for comprehensive school mental health systems? Have you been part of implementing a comprehensive school mental health system?
5. Does your district or school have an established process for universal mental health screening? If so, what tools are used for these assessments? What is the frequency of universal screening and assessment (quarterly or annually)? How often are school mental health quality guides used for evaluations?

Listening Session 3 (Nov. 13, 2024)

1. What do you see as the most significant mental health challenge or crisis faced by military-connected youth? Do you believe there is a difference between civilian and military-connected youth mental health? If so, please describe and share.

2. Does your district or school have an established process for universal mental health screening? If so, what tools are used for these assessments? What is the frequency of universal screening and assessment (quarterly or annually)?

3. In states that require parental permission for mental health screeners, what is the course of action when a parent denies permission for mental health screening? Does that mean the services have to stop, or is there a workaround to continue providing the necessary support?

APPENDIX B: 2024 GTS PRE-SUMMIT RECORDINGS

Three sessions with the goal of moving forward with Comprehensive School Mental Health programs with the following leads:

Session #1 — Dr. Sharon Hoover (Comprehensive School Mental Health) Multi-Tiered Systems of Support (MTSS) for Military-Connected Youth Dr. Sharon Hoover and Dr. Pamela Fenning and Dr. Tish Jennings
Recording: https://youtu.be/3DcDxJe9kpQ

Supporting the Educators of Military-Connected Youth: Mental Health Literacy and Educator Well-Being

Dr. Sharon Hoover and Dr. Tish Jennings
Recording: https://youtu.be/4xhDtWo0RAM

Session #2 — Dr. Elizabeth Connors (Measurement Based Care)

Using Data to Support Military-Connected Youth Well-Being

Dr. Elizabeth Conners and Dr. Samantha Reaves
Recording: https://youtu.be/feRWWb21fbM

Session #3 — Becky Harris, MA, NCSP, ABSNP (School-based Prevention/Intervention)

Engaging Military-Connected Youth, Families and Communities in MTSS

Dr. Britt Patterson, Dr. Sara Jane Arnette, Becky Harris NCSP & ABSNP
Recording: https://youtu.be/DgPLjoCJCGc&

APPENDIX C: LISTENING SESSION RECORDINGS

Session One:
https://ucla.box.com/s/8tqoa3uy0cl58pnuogpdzq8zcuo61dnw

Session Two:
https://ucla.box.com/s/yvands5wn8titdhdb4u3ncnmky8r080v

Session Three:
https://ucla.box.com/s/99tgye50r1qf6mhgzfm4x14yeaakrsde

APPENDIX D: PARTICIPATION ROSTER

Listening Sesson 1:

Julie Coffey, MCEC Military Student Well-being Manager

Sara Jane Arnett, PhD, Strategic Leadership, MCEC State of South Carolina Coordinator

Dr. Brittany Patterson, University of Maryland School of Medicine, and the National Center for School Mental Health

Jennifer Davis, Interventionist, Educator Mentor, Teacher, Ohio MIC3 Council Member, Purple Star School District Representative

Pete LuPiba, U.S. Navy and OIF Veteran, Purple Star School founder, Ohio MIC3 Commissioner, Ohio Office of Budget, and Management

Listening Sesson 2:

Meredith Ayala, Fairfax Manager, Grants and Program Development

Trina Pauley, Air Force School Liaison

Jason Scragg, Ohio Department of Education and Workforce, Military and English Learner Education Consultant, Ohio MIC3 State Council

Rollie Sampson, LCMHC, School-base Behavioral Health Clinician

Listening Sesson 3:

Becky Harris, MA, NCSP, ABSNP

Mychael Willon, Retired Superintendent, Chief Academic Officer, Curriculum/Instructional Director, Military Spouse

Peggy Wilmoth, PhD, Major General (ret), Professor of School of Nursing, University of Chapel Hill, MSS, RN, FAAN

Jill Schulte, Research Project Manager Clearinghouse for Military Family Readiness, Pennsylvania State University

Mandy Boone

Stephanie Barrowman, Child & Youth Services School Liaison/Transition Specialist, U.S Army.

Monette Greene, Military Community & Family Policy (MC&FP) Department of Defense, Office of the Secretary of Defense

Pamela Fenning, PhD, SOE Associate Dean for Faculty Affairs and Research, ABPP, Professor of School Psychology, Loyola University Chicago

Pete LuPiba, U.S. Navy and OIF Veteran, Purple Star School founder, Ohio MIC3 Commissioner, Ohio Office of Budget, and Management

NCTSN Staff

Dr. Gregory Leskin, Director, NCTSN Military and Veteran Families and Children UCLA-National Center for Child Traumatic Stress

Irene Ohsaka, BS Clinical Psychology, UCLA National Center for Child Trauma, E-Learning Development Specialist

Rio May del Rosario, Assistant Director NCTSN Military and Veteran Families and Children Program, UCLA National Center for Child Trauma

Amber Chung, Data Manager, UCLA National Center for Child Trauma

MCEC Staff

Kyra Bush, MCEC Vice President of Education Services

Kim Shoffner, MCEC Director of Education Program Development, MS Adult Education

Sue Lopez, MEd School Counseling, MCEC Curriculum Development and Instructional Design

Julie Coffey, MCEC Military Student Well-being Manager

Sara Jane Arnett, PhD, Strategic Leadership, MCEC State of South Carolina Coordinator

Katja Pinkston, MCEC Curriculum Development and Instructional Design

APPENDIX E: 2023-24 PODCASTS

9.3.2024 Caring for Our Educators — Dr. Patricia Jennings (NCTSN Sponsored)
https://podcasts.apple.com/us/podcast/caring-for-our-educators/id1386801038?i=1000668163649

6.25.2024 Why Data Matters in School Mental Health? — Dr. Elizabeth Connors and Dr. Samantha Reaves (NCTSN Sponsored)
https://podcasts.apple.com/us/podcast/why-data-matters-in-school-mental-health/id1386801038?i=1000660173947

6.4.2024 The Blueprint for School Mental Health Support — Dr. Sharon Hoover (NCTSN Sponsored)
https://podcasts.apple.com/us/podcast/the-blueprint-for-school-mental-health-support/id1386801038?i=1000657793939

10.2.2023 Multi-Tiered Systems of Support — Dr. Emily Goodman-Scott (BAE Systems, Inc. Sponsored)
https://podcasts.apple.com/us/podcast/multi-tiered-systems-of-support/id1386801038?i=1000630028617

6.27.2023 Focus on the "Whole Child" with MTSS — Dr. Gregory Leskin and Sue Lopez (Keesler Spouses' Club Sponsored)
https://podcasts.apple.com/us/podcast/focus-on-the-whole-child-with-mtss/id1386801038?i=1000618472589

APPENDIX F: CHAT BOX RESOURCES

Listening Session 1: Chat Resources

Resource Mapping https://www.schoolmentalhealth.org/resources/needs-assessment--resource-mapping/
SHAPE https://theshapesystem.com/
SAMHSA https://www.samhsa.gov/resource/ebp/advancing-comprehensive-school-mental-health-systems
https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf
Quality Domains and Guides https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/
National Center for School Mental Health Quality Guides https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/
Resource Mapping https://www.schoolmentalhealth.org/resources/needs-assessment--resource-mapping/
Mental Health Screening https://www.schoolmentalhealth.org/resources/mental-health-screening/
School Health Assessment and Performance Evaluation System (SHAPE) https://theshapesystem.com/
https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf
Dr. Sharon Hoover, Investing in School Mental Health: Strategies to Wisely Spend Federal & State Funding
https://www.researchgate.net/publication/379535587_Investing_in_School_Mental_Health_Strategies_to_Wisely_Spend_Federal_and_State_Funding
https://theshapesystem.com/wp-content/uploads/2020/03/TRS-IA-1-25-18.pdf
NCTSN/MCEC Listening Session Survey
https://airtable.com/app7xr30slt35Mam8/pagRYHEm0pRB65qL6/form

Listening Session 2: Chat Resources

National Center for School Mental Health (NCSMH) Quality Domains and Guides https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/
School Heath Assessment and Performance Evaluation System (SHAPE) https://theshapesystem.com/
National Center for School Mental Health Quality Guides https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/
Resource Mapping https://www.schoolmentalhealth.org/resources/needs-assessment--resource-mapping/
Mental Health Screening https://www.schoolmentalhealth.org/resources/mental-health-screening/
Advancing Comprehensive School Mental Health Systems (2019)
https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf

Dr. Sharon Hoover, Investing in School Mental Health: Strategies to Wisely Spend Federal & State Funding
https://www.researchgate.net/publication/379535587_Investing_in_School_Mental_Health_Strategies_to_Wisely_Spend_Federal_and_State_Funding
NCTSN/MCEC Listening Session Survey
https://airtable.com/app7xr30sIt35Mam8/pagRYHEm0pRB65qL6/form

Listening Session 3: Chat Resources

Advancing Comprehensive School Mental Health Systems (2019)
https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf
Dr. Sharon Hoover, Investing in School Mental Health: Strategies to Wisely Spend Federal & State Funding
https://www.researchgate.net/publication/379535587_Investing_in_School_Mental_Health_Strategies_to_Wisely_Spend_Federal_and_State_Funding
From Pete LuPiba, Ohio Cares | Ohio.gov
National Center for School Mental Health (NCSMH) Quality Domains and Guides https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/
School Heath Assessment and Performance Evaluation System (SHAPE) https://theshapesystem.com/
National Center for School Mental Health Quality Guides https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/
Resource Mapping https://www.schoolmentalhealth.org/resources/needs-assessment--resource-mapping/
Mental Health Screening https://www.schoolmentalhealth.org/resources/mental-health-screening/
Ohio Cares https://ohiocares.ohio.gov/
From Monette Greene https://military.kit.org/
From Monette: Military Family Life Counselors OSD
NCTSN/MCEC Listening Session Survey
https://airtable.com/app7xr30sIt35Mam8/pagRYHEm0pRB65qL6/form

APPENDIX H: ON THE MOVE ADVANCING SCHOOL MENTAL HEALTH FOR MILITARY-CONNECTED STUDENTS

By Gregory Leskin, Ph.D., and Sue Lopez, M.Ed.

Military-connected youth face unique challenges, including frequent relocations, school transitions, and the emotional strain of parental deployments. These factors can significantly impact their mental health and well-being. To address these stressors, the Military Child Education Coalition (MCEC) and the National Child Traumatic Stress Network (NCTSN) have prioritized developing Comprehensive School Mental Health Systems (CSMHS) tailored to the subgroup of military-connected students. Current initiatives focus on enhancing access to mental health services, training educators in trauma-informed care, and implementing Multi-Tiered Systems of Support (MTSS) for military students.

Military-connected students are spread across public, private, and Department of Defense Education Activity (DODEA) schools, which creates challenges for educators aiming to identify and support them effectively. High mobility and frequent relocations among military families often disrupt students' academic progress, social connections, and ability to achieve personal goals, making schools a crucial support system. The Military Student Identifier (MSI) aids in identifying these students, ensuring timely support during transitions.

Data from the National Military Family Association (NMFA) and the 2022 Bloom Military Teen Experience Survey highlight the mental health challenges military teens face. About 28% report low mental well-being, and 37% have considered self-harm or harming others. As 70-80% of students who access mental health services do so in schools, implementing CSMHS helps ensure military-connected students receive timely and effective support. The MTSS model adapted for military-connected students offers universal, targeted, and intensive support to address their mental health and social-emotional needs.

Comprehensive School Mental Health Systems (CSMHS): An Integrated Approach

MCEC and NCTSN collaborated with the University of Maryland's National Center for School Mental Health, Yale University, and Loyola University Chicago to refine school mental health models for military-connected students. MCEC and NCTSN advocate for a comprehensive school mental health framework through the MTSS model, providing three levels of support that address the unique needs of military-connected students:

- **Tier 1: Universal Supports** — Tier 1 support, accessible to all students, focuses on wellness, positive activities, community engagement, and classroom practices that promote connection, belonging, and a positive school climate. Programs like Positive Behavioral Interventions and Supports (PBIS) and the Purple Star Schools initiative help foster a supportive environment.

- **Tier 2: Targeted Supports** — Small-group interventions for students showing signs of mental health concerns. MCEC's Student 2 Student (S2S) program, which helps students adapt to new school environments through peer-led transition activities, is an example of Tier 2 support.
- **Tier 3: Intensive Supports** — Tailored, trauma-informed support for students with more significant needs. Evidence-based programs like Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Bounce Back, and the Unified Protocol (UP) help students process trauma and manage emotions in collaboration with school-based and community mental health professionals.

Leveraging School and Community Partnerships

CSMHS relies on strong partnerships between schools and community health providers. MCEC and NCTSN emphasize integrating school and community-based mental health professionals to expand the support network for military-connected students. Research indicates that school-based mental health services can reduce barriers to care and encourage engagement in treatment.

The SHAPE System, developed by the National Center for School Mental Health, aids in early identification by providing tools for screening students and assessing mental health needs. This system provides tools for resource mapping, needs assessments, and universal screeners for data collection, enabling schools to match students with the appropriate level of support and provide useful outcome data to drive future programming.

Purple Star Schools: A Model of Support

The Purple Star School initiative supports military students by easing school transitions and promoting community engagement. Schools with the Purple Star designation use the Military Student Identifier (MSI) to make educators aware of military-connected students, facilitate peer-led transition programs, and encourage family engagement activities. This helps alleviate social isolation, fostering connections that can reduce the stress of frequent relocations.

Blueprint for the Future: Insights from Listening Sessions

To ensure that their initiatives meet the real needs of military-connected students, MCEC and NCTSN held listening sessions with faculty, educators, mental health providers, and military community partners. These sessions were essential in creating a blueprint for implementing comprehensive MTSS models for military-connected students. Insights gained will guide MTSS model development, shape trauma-informed practices, and establish best practices for multidisciplinary teamwork, ensuring military-connected students receive effective support in diverse school environments.

Future Directions: A Commitment to Lasting Impact

Looking forward, MCEC and NCTSN are committed to extending mental health systems for military-connected students. Their partnership will continue in 2025 with events like the

Global Training Summit, bringing together military, academic, and community leaders to discuss MTSS strategies for military-connected schools and establishing a foundation for lasting support.

Supporting military-connected students requires a unified approach that integrates mental health services across school systems. By prioritizing early identification, fostering resilience, and building on students' strengths, we can empower military-connected students to thrive in their academic and social lives.

Schools are uniquely positioned to support military-connected students directly where they are; however, universally implementing these best practices is crucial to offering stability amid their frequent transitions. Comprehensive school mental health support is not merely an add-on to academics — it is vital to adopting a supportive school culture that addresses the unique challenges of military-connected students, building resilience and enabling their academic success.