



## Iowa Advisory Committee to the U.S. Commission on Civil Rights

# Access to Mental and Behavioral Health Care for Students in K-12 Schools

Young people and their families have been facing significant mental health challenges for many years now, and the COVID-19 pandemic has only exacerbated these challenges, escalating the concern to a significant public health crisis. Data collected on Iowa youth and mental health concerns demonstrate that as early as 2007, suicide has been the second leading cause of death for Iowa youth ages 15-24. In a 2022 report on Iowa youth, 41,000 youth ages 12 to 17 (16.7%) had at least one major depressive episode in the past year and about 32,000 youth (13.5%) were grappling with severe major depression in the past year. This report by the Iowa Advisory Committee explores access to mental and behavioral health care for K-12 students affecting those in protected categories and highlights civil rights concerns.<sup>1</sup>

### Which student populations have been impacted by mental and behavioral health concerns?

Testimony indicated that a range of population groups are impacted by mental and behavioral health concerns. Kelly Garcia, Director of the Iowa Department of Health and Human Services, stated that based on regular health observation of Iowa students underscores that Iowa students are struggling, and increasingly have complex and severe mental and behavioral health conditions. Recent data reported 41% of female students, as compared to 20% of male students, report feeling sad or hopeless, while 27% of female students indicated suicidal ideation compared to 14% of male students. When looking at specific grade levels and age groups, sixth, eighth, and 11th graders are particularly impacted where 27% of sixth graders, 29% of eighth graders, and 36% of 11th graders reported feeling so sad or hopeless almost every day for two weeks or more in a row. Additionally, 11th graders reported the highest rates of suicidal ideation where almost one in four (24%) reported to have considered suicide in the past 12 months compared to 21% for participating 8th graders and 17% for participating 6th graders.

#### Key points:

- 11th graders reported the highest rates of suicidal ideation where almost one in four (24%) reported to have considered suicide.
- One out of every five students in Iowa experienced some type of mental health problem during their school years.
- LGBTQ+ students, students of color, English language learners, students from low-income families, and youth with significant mental health diagnoses who are at heightened risk for mental health challenges
- There is a severe shortage of counselors in Iowa. Iowa has an average of one counselor to every 353 students and 92 out of Iowa's 99 counties have been designated as mental health care shortage areas.
- Regional differences in access exist: Northwest Iowa has fewer providers and facilities for K-12 students.

Experts working directly with youth have also identified specific groups. Renee Hardman, President and CEO of Lutheran Services (LSS) in Iowa shared that a disproportionately high number of Black youths in foster care resulting in higher rates of Black youth affected by mental and behavioral health issues, with 40% of teenagers LSS serves having some type of mental health challenge. Broadly, she recognizes that racial and ethnic minorities consistently have less access to mental health services. Debra A. Carr, a Student Services Coordinator testified that students needing assistance is growing, with approximately one out of every five students experiencing some type of mental health problem during their school years. She noted that the challenges she typically sees include anxiety, stress, and substance abuse. These student groups include LGBTQ+ students, students of color, English language learners, students from low-income families, and youth with significant mental health diagnoses who are at “heightened risk for mental health challenges” and require consideration for their “unique social and cultural situations” to provide effective mental healthcare.

<sup>1</sup> Full and complete citations can be found in the [report](#).

## What are the barriers to access to mental health services for students?

At the school level, there is a shortage of counselors for students. The American School Counselor Association recommends an average of one counselor to every 250 students, however Iowa has an average of one counselor to every 353 students. Ninety-two out of Iowa's 99 counties are designated mental health care shortage areas by the Iowa Department of Public Health, and three-quarters of school counselors believe access to mental health care is difficult in Iowa. Additionally, there is a lack of school counselors with specific training in child and adolescent development. Even when counselors are available, they are being tasked with administrative duties such as monitoring study hall, recess, lunchroom, and standardized tests rather than counseling.

To demonstrate the challenge that kids face in accessing care, there is only one licensed therapist for every 500 individuals and many licensed therapists only focus on adult services. Access is also acute in rural areas of the state. For instance, NW Iowa has fewer providers and facilities than any other area in the state.

Retirees and those moving to pursue opportunities in other states compound the challenge to meet the demand for mental and behavioral health services, creating a substantial void in the workforce. Cuts to Title 19 reimbursements—the state's Medicaid program—by 25% in Iowa contribute the lack of mental and behavioral workforce. For example, in the Sioux City metropolitan area, there are only three pediatricians and one part-time child psychiatrist.

Logistical barriers to accessing mental health providers also exist such as significant wait lists, inadequate insurance coverage, or transportation issues especially for families living in rural areas of the state like NW Iowa where there are fewer providers and

Access to services that respond to the unique needs of specific communities is also a challenge. Des Moines public schools currently have a “majority minority” population reflecting significant changes in demographics over the past 20 years. This impacts access, underscoring the issue of inequity and disparities as Black and other marginalized students struggle to identify supportive services to help them navigate mental and behavioral health challenges.

### Recommendations (selected):

#### The President and U.S. Congress should:

- Continue Elementary and Secondary School Emergency Relief Fund earmarking resources specifically for mental health resources to address increase in demand post COVID.
- Fund efforts to prepare future school counselors and mental health providers, with a particular focus on recruiting and retaining counselors who are interested in working in rural settings and have diverse identities and experiences

#### The U.S. Dept. of Health & Human Services, Centers for Medicare & Medicaid

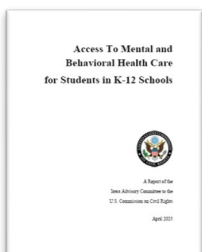
- Review insurance fee, service structure, volume of denials, and slow authorizations of state contracts, comparing and contrasting state contracts with private insurance providers to understand barriers to mental and behavioral health treatments
- Examine Medicaid Title XIX tuition reimbursement options to help make Iowa, particularly rural areas in Iowa, more attractive to the mental health workforce
- Create data collection and dissemination efforts to measure the scope and scale of the mental health concerns impacting K-12 students

#### The Iowa Legislature should:

- Increase funding to Iowa's Area Education Agencies and schools to recruit, hire, orient, and retain culturally competent school counselors exclusively dedicated to providing micro-level interventions at school and other community-based settings for Iowa's K-12 students in need of acute mental and behavioral health services.
- Fund efforts to increase the number of future school counselors and mental health providers, with a particular focus on counselors who are interested in working in rural settings and have diverse identities and experiences.
- Research and recommend ways to increase access to medical professionals throughout the state and especially in rural communities.

#### The Iowa Department of Health and Human Services:

- Increase availability of inpatient services for Iowa's K-12 students from rural communities and in need of acute and/or chronic mental and behavioral health services bringing a new provider to Iowa that serves incredibly complex needs and launching a specialized rate for this higher level of care in a Psychiatric Medical Institutions for Children setting.
- Develop workgroups to examine equitable access in mental and behavioral health in Iowa's K-12 schools, including students and parents who are open to participating.



### Policy Brief

The U.S. Commission on Civil Rights (Commission) is an independent, bipartisan agency established by Congress and directed to study and collect information relating to discrimination or a denial of equal protection of the laws under the Constitution because of race, color, religion, sex, age, disability, national origin, or in the administration of justice. This product is part of the Iowa Advisory Committee's study, Access to Mental and Behavioral Health Care for K-12 Students. This policy-oriented summary of the published report is intended to aid stakeholders seeking solutions to this complex issue. You can find the full report here [https://www.usccr.gov/files/2025-04/iowa-advisory-committee-report\\_access-to-mental-and-behavioral-health-in-k-12-schools.pdf](https://www.usccr.gov/files/2025-04/iowa-advisory-committee-report_access-to-mental-and-behavioral-health-in-k-12-schools.pdf).