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Aiding High School Student-Athletes in Their Mental Matchups: A State Legislative Proposal to Train High School Coaches in Youth Mental Health

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AIDING HIGH SCHOOL STUDENT-ATHLETES IN THEIR MENTAL MATCHUPS: A STATE LEGISLATIVE PROPOSAL TO TRAIN HIGH SCHOOL COACHES IN YOUTH MENTAL HEALTH

Grace E. Osgood[*]

INTRODUCTION

I danced competitively from first grade until I completed my undergraduate degree. As a seven-year-old dancer, I believed my ultimate adversary was the rival dance team from the neighboring city. As a collegiate dancer, I thought my greatest opponents were the other dance teams at the annual national competition. However, the true enemy was less obvious. It lurked quietly in many of my teammates' lives: mental illness.

During college, one of my dance teammates was diagnosed with an eating disorder. The diagnosis was not surprising — she had experienced symptoms of disordered eating since the beginning of high school. Participating in a sport that champions a certain body type and emphasizes a "win-at-all-costs" mentality fostered her eating disorder from a young age. She did not receive the professional guidance that she needed, however, until years after her mental difficulties manifested. Lack of mental health resources during the years on her high school dance team prolonged her mental suffering, allowed her mental illness to erode many academic, social, and emotional aspects of her life, and made it much more difficult to recover from the disease.

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Her story is not an outlier — it was one that I witnessed over and over throughout my athletic experiences. Many high school athletes experience eating disorders, anxiety, depression, substance abuse, and other mental health difficulties,[1] often stemming from sports participation itself. Student-athletes' mental health is negatively impacted by a culture that fosters a toxically competitive mentality, harsh coaching, the increasing professionalization of high school sports, and other sports-related factors.[2]

Fortunately, recent instances of high-profile athletes speaking out about mental health triggered a shift in the mental health narrative in collegiate and professional athletics.[3] Olympic gold-medalist Simone Biles discussed her mental health struggles after her withdrawal from the 2021 Summer Olympics,[4] sparking intense discussion about athlete mental health. More recently, NBA star John Wall reflected on his experience with depression and suicidal thoughts in a self-authored piece.[5]

Curiously, this shift in conversation about mental health has not fully seeped into the context of high school sports. Although high school athletes face many of the same mental health struggles as older athletes, younger athletes are not the focus of mental health conversations. The lack of oversight of mental illness in young athletes is especially frustrating because addressing poor mental health prior to an athlete's collegiate or professional career can prevent further escalation of these issues.[6]

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1. *See* Linda Flanagan, *Why Are So Many Teen Athletes Struggling with Depression?*, THE ATLANTIC (Apr. 17, 2019), https://www.theatlantic.com/education/archive/2019/04/teen-athletes-mental-illness/586720/ [https://perma.cc/SY2D-YB2].

2. *See infra* Section I.B.ii.

3. *See* Jonathan Abrams, *'I Can't Continue This Fight Any Longer,'* N.Y. TIMES (June 20, 2023), https://www.nytimes.com/2023/06/19/sports/basketball/tyrell-terry-basketball-mental-health.html [https://perma.cc/FC3Y-TT5K] ("Depression and anxiety have become safer topics in the N.B.A. because of the openness of star players like DeMar DeRozan, Kevin Love and Paul George. The phenomenon reaches across professional sports, with young athletes like the tennis player Naomi Osaka, the swimmer Michael Phelps and the gymnast Aly Raisman talking candidly about their struggles.").

4. *See* Daniella Silva, *'We're Human, Too': Simone Biles Highlights Importance of Mental Health in Olympics Withdrawal*, NBC News (July 28, 2021, 7:22 AM), https://www.nbcnews.com/news/olympics/we-re-human-too-simone-biles-highlights-importance-mental-health-n1275224 [https://perma.cc/55T3-PYKD].

5. *See* John Wall, *I'm Still Here*, PLAYERS' TRIBUNE (Sept. 22, 2022), https://signature.theplayerstribune.com/john-wall-nba-basketball-los-angeles-clippers/p/1 [https://perma.cc/DV7W-JE4N]. See *infra* Section I.B.ii for further discussion about this piece. For an example of a collegiate athlete who has spoken about mental health, see former University of Southern California volleyball player Victoria Garrick's TEDx Talk on mental health. TEDx Talks, *Athletes and Mental Health: The Hidden Opponent | Victoria Garrick | TEDxUSC*, YOUTUBE (June 2, 2017), https://www.youtube.com/watch?v=Sdk7pLpbIls [https://perma.cc/6B4E-CG7Q].

6. *See, e.g.*, Marco Colizzi et al., *Prevention and Early Intervention in Youth Mental Health: Is it Time for a Multidisciplinary and Trans-Diagnostic Model for Care?*, 14 INT'L J.

Furthermore, poor mental health is not unique to high school athletes: statistics show that the high school-aged population generally is suffering from a mental health crisis.[7] A national state of emergency for youth mental health was declared in 2021.[8] This mental health crisis is especially prevalent in urban areas, where children attending "high-poverty urban schools" struggle with mental health at an increased rate.[9] To make matters worse, the COVID-19 pandemic disproportionately impacted historically marginalized populations,[10] including many students in urban schools, further enlarging this mental health gap.

"When pediatric emergency departments across the country are overwhelmed with children in need of mental health care, it is a cry for help."[11] The government has attempted to respond to this cry at both the federal and state level. While federal legislation allocates monetary resources toward mental health care,[12] state legislatures attempt to craft statutes that address the mental health needs of high school students.[13] Many of these laws include provisions that mandate certain high school staff receive suicide prevention training.[14] However, these statutes fail to provide the comprehensive mental health care that all students need and deserve,

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MENTAL HEALTH SYS. 1, 2 (2020) (stating that prevention and early intervention are key to minimizing the impact of any potentially serious health condition, including mental health).

7. *See, e.g.*, *America's School Mental Health Report Card*, HOPEFUL FUTURES CAMPAIGN 3 (Feb. 2022), https://hopefulfutures.us/wp-content/uploads//02/Final_Master_021522.pdf [https://perma.cc/65GB-KX4P] [hereinafter *Mental Health Report Card*]; *Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs*, U.S. DEP'T OF EDUC., OFFICE OF SPECIAL EDUC.. & REHAB. SERV. 3 (2021), https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf [https://perma.cc/G4JN-7WVM] [hereinafter *Department of Education Mental Health Report*].

8. *See* Olivia Randi & Zack Gould, *States Take Action to Address Children's Mental Health in Schools*, NAT'L ACAD. FOR STATE HEALTH POL'Y (Feb. 14, 2022), https://www.nashp.org/states-take-action-to-address-childrens-mental-health-in-schools/ [https://perma.cc/9HT4-AC8R].

9. *See* Elise Cappella et al., *Teacher Consultation and Coaching within Mental Health Practice: Classroom and Child Effects in Urban Elementary Schools*, 80 J. CONSULTING & CLINICAL PSYCH. 597, 597 (2012); *see also Department of Education Mental Health Report*, *supra* note 7, at 10 ("[Y]outh from lower income households are less likely to access health care . . . and more likely to experience significant mental health symptoms.").

10. *See Department of Education Mental Health Report*, *supra* note 7, at 7.

11. Sinead Hunt, *Senate Subcommittee Discusses Youth Mental Health, Promises Action of Legislation*, ASS'N AM. MED. COLL. (Dec. 2, 2022), https://www.aamc.org/advocacy-policy/washington-highlights/senate-subcommittee-discusses-youth-mental-health-promises-action-legislation [https://perma.cc/UU2C-RLZ9] (quoting Chair Bob Casey in his opening statement to the Senate Health, Education, Labor, and Pensions Subcommittee on Children and Families during a meeting to discuss the youth mental health crisis).

12. *See infra* Section II.A.

13. *See* Randi & Gould, *supra* note 8.

14. *See infra* App'x A–E.

especially student-athletes — even though this population may be at a higher risk to suffer from mental struggles.[15]

Some states merely recommend staff trainings, instead of explicitly mandating them,[16] which allows school districts to evade training their staff. Of statutes that mandate certain staff mental health trainings in high schools, a large portion fail to include non-teacher coaches in mental health trainings or are ambiguous as to whether they must be included.[17] Coaches are in an especially unique position to recognize and prevent mental health difficulties in their athletes, and it is vital to utilize this position to provide student-athletes with mental health aid.[18]

Furthermore, state legislation is extremely limited in the type of mental health training that is provided.[19] Almost every statute refers to some variation of "suicide prevention" training.[20] While suicide training is an extremely important aspect of mental health training, these trainings lack the depth and complexity that is required to understand the wide variety of mental illnesses that teenagers — especially young athletes — experience.[21]

Current legislation is also plagued by ambiguity regarding the frequency of trainings, an absence of a monitoring program to ensure compliance by each school district, and funding obstacles.[22] These shortcomings permit authority figures in school settings to be ill-equipped to address youth mental health, especially student-athlete mental health. Ultimately, these defects in current law frustrate the goal of mitigating the youth mental health crisis.

This Note will propose that state legislatures amend their mental health training statutes. In order to efficiently address the youth mental health crisis, state legislatures must: i) expressly mandate youth mental health trainings for school staff members, ii) explicitly include all athletic coaches in these training requirements, iii) require comprehensive mental health trainings that benefit both student-athletes and their non-athlete peers, iv) provide clear specifications about the frequency of trainings, v) create a monitoring system that oversees school district compliance with the mandates, and vi) provide state funding for the trainings.[23]

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15. *See* Flanagan, *supra* note 1; *see also infra* Section I.B.i.

16. *See infra* App'x B.

17. *See id.*

18. *See* Laura M. Morris et al., *Student-Athletes: An Exploration of Subjective Wellbeing*, 24 SPORT J. 1, 3 (2022).

19. *See infra* App'x C.

20. *See id.*

21. *See also Mental Health*, WORLD HEALTH ORGANIZATION [WHO] (June 17, 2022), https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response [https://perma.cc/Z7DT-H7VQ] (stating that mental health "exists on a complex continuum").

22. *See infra* Section III.B.

23. *See infra* Section III.B.

Part I of this Note will review current youth mental health trends, focusing on high school athletes and discussing mental health stressors that result from sports participation.[24] Part II will survey the state and federal response to the mental health crisis and delve further into the shortcomings of state statutes regarding mental health training for high school staff.[25] Part III will explain why state-mandated mental health trainings for school staff are necessary to address the youth mental health crisis and respond to deficiencies in current law with a model statute.[26]

I. YOUTH AND ATHLETE MENTAL HEALTH

Part I of this Note examines current youth mental health trends. Section I.A reviews the mental health crisis in high school students generally.[27] Section I.B focuses on the mental health of high school athletes specifically, exploring the mental health risk factors that student-athletes encounter due to their sports participation. [28] Section I.C discusses the debate surrounding youth mental health legislation; ultimately highlighting the argument that legislation regarding mental health in high schools is necessary to address the current youth mental health crisis. [29]

A. Mental Health of High School Students

Mental health refers to one's "state of mental well-being"[30] and "includes our emotional, psychological, and social well-being."[31] A national state of emergency for youth mental health was declared in 2021.[32] Studies indicate that "[t]here are more high school students using anti-anxiety medications and dealing with depression than ever before."[33] Mental health-related emergency room visits in 2020 increased "31% for those ages 12 to 17

24. *See infra* Part I.
25. *See infra* Part II.
26. *See infra* Part III.
27. *See infra* Section I.A.
28. *See infra* Section I.B
29. *See infra* Section I.C.
30. WHO, *supra* note 21.
31. *About Mental Health*, CTRS. FOR DISEASE CONTROL & PREVENTION (Apr. 25, 2023), https://www.cdc.gov/mentalhealth/learn/index.htm [https://perma.cc/D95C-84BM].
32. *See* Randi & Gould, *supra* note 8 (The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared this emergency.).
33. Cari Wood & Kevin Bryant, *Challenges of Mental-Health Issues in High School Athletics*, NAT'L FED'N OF STATE HIGH SCH. ASS'NS (Feb. 5, 2019), https://www.nfhs.org/articles/challenges-of-mental-health-issues-in-high-school-athletics?ArtId=257316 [https://perma.cc/55CB-E39C].

compared with 2019 emergency department visits."[34] In 2019, more than one in three students reported persistent feelings of sadness or hopelessness, which is a 40% increase from 2009.[35] Furthermore, in 2021, more than four in ten high school students "felt persistently sad or hopeless," while almost one-third experienced "poor mental health."[36]

In addition to the usual stressors that young people experience — academics, social pressures, family, coming of age, etc. — the COVID-19 pandemic has exacerbated an already worsening mental health crisis.[37] Research on the effects of prior pandemics indicate that COVID-19 will have both immediate and long-term adverse mental health consequences on many young people.[38]

The COVID-19 pandemic has also disproportionately impacted historically marginalized populations, particularly students.[39] The pandemic exacerbated an existing mental health gap, with children attending "high poverty urban" schools already experiencing mental health issues at an increased rate.[40] Furthermore, adolescents with public insurance from low-income households are "more likely to only access [mental health] services in an educational setting,"[41] yet underfunded schools struggle to satisfy student needs, especially related to mental health.[42]

A vital step in combatting this growing mental health crisis is recognizing and treating mental illnesses as early as possible.[43] Many mental illnesses can be recognized during adolescence given that "half of all lifetime cases of mental illness begin by age 14 and three-fourths by age 24."[44] Research

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34. Ashley Abramson, *Children's Mental Health Is in Crisis*, 53 Am. Psych. Ass'n 69, 69 (2022)

35. *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic*, U.S. Dep't Health & Hum. Servs. (Dec. 7, 2021), https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html [https://perma.cc/L3D8-KQH3].

36. *Adolescent and School Health: Mental Health*, CTRS. FOR DISEASE CONTROL & PREVENTION https://www.cdc.gov/healthyyouth/mental-health/index.htm [https://perma.cc/XZ4P-7PVE] (last visited Feb. 13, 2023).

37. *See Department of Education Mental Health Report*, *supra* note 7, at 5.

38. *Id*.

39. *See id*. at 7.

40. *See* Cappella et al., *supra* note 9, at 597 (Note that this study specifically researched "urban poor" schools. I do not mean to conflate urban areas and high poverty areas.); *see also Department of Education Mental Health Report*, *supra* note 7, at 10 (stating youth from lower income households are more likely to experience significant mental health symptoms).

41. *Department of Education Mental Health Report*, *supra* note 7, at 5.

42. Cappella et al., *supra* note 9, at 597.

43. *See* Colizzi, *supra* note 6, at 2.

44. *Joint SAMHSA-CMS Informational Bulletin: Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools*, SUBSTANCE ABUSE &

has shown that early identification and treatment improves outcomes of mental well-being.[45] Unfortunately, oftentimes, children do not receive the early intervention they need. Approximately one in five children experience some type of mental health disorder, but only 20% of these children receive treatment for these disorders.[46]

Without receiving this help, young people may suffer a wide range of adverse consequences.[47] Along with reducing overall quality of life, mental health problems can impair decision-making, academic achievements, physical health, and social relationships.[48] Mental illnesses like depression and anxiety have been associated with lower grade point averages and have been linked to reduced graduation rates.[49] Other behavioral risks are often associated with poor mental health, like increased drug use, experiencing violence, and higher risk sexual behaviors that can led to sexual diseases or unintended pregnancies.[50] Mental health problems at a young age may even have long term consequences, negatively affecting future employment, earning potential, and overall health.[51]

In the worst-case scenario, poor mental health can be fatal. More than one in five high school students "seriously considered attempting suicide," and one in ten students attempted suicide in 2021.[52] Suicide is one of the top three leading causes of death for adolescents aged 15 to 19 years old.[53]

Furthermore, when young people have poor mental health, third parties suffer as well.[54] Mental illnesses like depression and anxiety can have harmful effects on both relationships and work productivity.[55] Communities are negatively impacted when students are unable to complete their

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MENTAL HEALTH SERVS. ADMIN. 2 (July 1, 2019), https://store.samhsa.gov/product/guidance-states-and-school-systems-addressing-mental-health-and-substance-use-issues [https://perma.cc/5HDW-F65V] [hereinafter Joint Informational Bulletin].

45. *See* Colizzi et al., *supra* note 6, at 2.

46. *See* Abramson, *supra* note 34, at 69. Note that this statistic reflects numbers prior to COVID-19.

47. *See Consequences of Student Mental Health Issues*, SUICIDE PREVENTION RES. CTR., https://sprc.org/settings/colleges-and-universities/consequences-of-student-mental-health-issues/ [https://perma.cc/EUQ7-UWUU] (last visited Apr. 18, 2023).

48. *See Adolescent and School Health: Mental Health*, *supra* note 36.

49. *See Consequences of Student Mental Health Issues*, *supra* note 47.

50. *See Adolescent and School Health: Mental Health*, *supra* note 36.

51. *See Consequences of Student Mental Health Issues*, *supra* note 47.

52. *Adolescent and School Health: Mental Health*, *supra* note 36.

53. *Adolescent Health*, CTRS. FOR DISEASE CONTROL & PREVENTION, https://www.cdc.gov/nchs/fastats/adolescent-health.htm) [https://perma.cc/3E7T-3EHG] (last visited June 18, 2022).

54. *See Consequences of Student Mental Health Issues*, *supra* note 47.

55. *See id.*

education and "contribute valuable skills in a competitive job market."[56] Family members, peers, and school faculty may be personally affected out of concern for students who are mentally struggling.[57] Those close to students who commit suicide experience "profound grief" and may also suffer mentally.[58] Overall, the current state of youth mental health is highly concerning for students themselves, their loved ones, and the community at large.

B. Mental Health of High School Student-Athletes

1. Student-Athlete Mental Health Statistics

Despite common misconception, young athletes are particularly susceptible to mental health difficulties.[59] Although exercise generally boosts mental health,[60] youth sports participation may actually be a key contributor to mental health struggles for some high school athletes.[61]

Originally, academics assumed that because athletes exercise and identify with a specific social group, they are less likely to be depressed.[62] However, researchers are shifting away from this assumption.[63] Some newer studies indicate that young athletes have higher rates of mental illnesses than their non-athlete peers. One study from 2015 found that many student-athletes have "higher levels of negative emotional states than non-student-athlete

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56. *Id.* (referring to college students).

57. *See id.*

58. *Id.*

59. *See Mental Health and Athletes*, ATHLETES FOR HOPE, https://www.athletesforhope.org/2019/05/mental-health-and-athletes/ [https://perma.cc/ZC4Y-5BDW] (last visited Apr. 18, 2023) ("playing sports does not make athletes immune to mental health challenges"); Audrey Young, *Op-Ed: Does Youth Sports Harm Our Children's Mental Health*, L.A. TIMES (Apr. 10, 2021), https://www.latimes.com/opinion/story/2021-04-10/youth-sports-mental-health-pandemic [https://perma.cc/H376-HNFE] (stating that while "[m]edical science has long touted the physical and mental health benefits of children's sports . . . evidence suggests that as young people compete more intensely in sports, gains in mental wellness may be replaced by mental health challenges particular to competitive athletics").

60. *See* Young, *supra* note 59.

61. *See* Flanagan, *supra* note 1 ("But even though playing sports on a regular basis can boost physical and mental health, for some serious high-school athletes — many who train year-round and might need an athletic scholarship to afford college tuition — sports can be a key contributor to depression and anxiety."); *see also* Maureen A. Weston, *The Anxious Athlete: Mental Health and Sports' Duty and Advantage to Protect*, 13 HARV. J. SPORTS & ENT. L. 1, 5 (2022).

62. *See* Morris et al., *supra* note 18 at 3.

63. *See id.*

adolescents."[64] Additional research suggests that student-athletes may be more likely to experience mental health issues and require psychological treatment for these issues than the general student population.[65]

Other studies report that "athletes suffer from mental health issues at the same rate as non-athletes," despite the physical and mental benefits of consistent exercise resulting from sports participation.[66] This finding implies that although there are mental benefits to exercise, sports participation can spur mental difficulties that non-athletes do not face.

Conversely, a recent study reported that "youth who engage in sports have lower levels of self-reported diagnoses of anxiety and depression than those reported by the general population."[67] Because this study relied on self-reporting, however, it may not fully contextualize the rates of athlete mental illness.[68] Due to stigma surrounding mental health, especially in the sports context, self-reporting by young athletes may not be as reliable as self-reporting from their non-athlete peers.[69] Whether athletes are more or just as likely to suffer from mental illness as their non-athlete peers, it is clear that athlete mental health cannot be ignored, despite any misconceptions that sports participation improves mental health.

Furthermore, just as youth mental health in general has worsened, student-athlete mental health has deteriorated. Youth student-athlete anxiety and depression has increased over the past ten to 15 years.[70] In 2022, collegiate student-athletes reported "mental exhaustion, anxiety and depression" at rates 1.5 to two times higher than before the COVID-19 pandemic.[71]

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64. *See* Flanagan, *supra* note 1 (describing a 2015 study by the National Athletic Trainers' Association).

65. *See* Marnae Mawdsley, *A Losing Mentality: An Analysis of the Duty Owed by Universities to Provide Their Student-Athletes with Mental Health Services*, 31 MARQUETTE SPORTS L. REV. 243, 247 (2021).

66. *See* Weston, *supra* note 61, at 15.

67. Emily Pluhar et al., *Team Sport Athletes May Be Less Likely to Suffer Anxiety or Depression than Individual Sport Athletes*, 18 J. OF SPORTS SCI. & MED. 490, 493 (2019).

68. *See* Sayre Wilson et al., *Prevalence and Predictors of Depressive Symptoms in NCAA Division III Collegiate Athletes*, 4 J. ATHLETE DEV. & EXPERIENCE 56, 63 (2022) (stating that researchers hypothesize that underreporting from collegiate athletes could be a potential reason for lower prevalence rates). Although previous research suggests that the general population of collegiate athletes are at less risk to suffer from depression, "more recent research evidence suggests these results are not conclusive to all collegiate athlete populations today." *Id*. Research also shows that "athletes seek treatments at lower rates or after a longer period from onset than the general population," and are possibly dissuaded from seeking early treatment. *See* Weston, *supra* note 61, at 15 n.60.

69. *Id*.

70. Flanagan, *supra* note 1 (quoting Marshall Mintz, "a New Jersey–based sports psychologist who has worked with teenagers for 30 years").

71. Greg Johnson, *Mental Health Issues Remain on Minds of Student-Athletes*, NAT'L COLLEGIATE ATHLETIC ASS'N (May 24, 2022), https://www.ncaa.org/news/2022/5/24/media-

Furthermore, in 2022, National Collegiate Athletic Association ("NCAA") student athletes reported rates of mental health concerns that were 150% to 250% higher than historically reported.[72] Undoubtedly, athlete mental health must also be addressed when responding to the alarming youth mental health crisis in the U.S.

2. Reasons for Poor Mental Health in Student-Athletes

If exercise is proven to provide mental health benefits,[73] why are high school athletes increasingly struggling with their mental health? Although the cause of mental illness varies by person, sports participation can place young athletes at a higher risk of poor mental health than their non-athlete peers.

The first reason student-athletes struggle with mental health is because sports culture can be an immense contributor to poor mental health in athletes. Competitive sports often cultivate an expectation for athletes to show no weakness and "just play through it" when stressed, in pain, or injured.[74] This mindset can deter student-athletes from asking for help, especially when their injury is mental or emotional in nature.[75] Furthermore, the "winning mentality" inherent in competitive sports leads athletes to feel like they must constantly strive for perfection. Coaches often emphasize a "win-at-all-costs" attitude,[76] and as a result, student-athletes who desire positive feedback from coaches push down their mental struggles for the sake of their sport.[77]

In general, the pressure to not disappoint coaches, parents, teammates, and fans may lead to a reluctance to appear weak.[78] While participating in team

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center-mental-health-issues-remain-on-minds-of-student-athletes.aspx [https://perma.cc/9R7Z-HAUN]. Although the NCAA studies are limited to collegiate athletes, they can illuminate mental health trends that may also appear in high school-aged student-athletes.

72. *Survey Shows Student-Athletes Grappling with Mental Health Issues*, NAT'L COLLEGIATE ATHLETIC ASS'N (May 22, 2020), https://www.ncaa.org/news/2020/5/22/survey-shows-student-athletes-grappling-with-mental-health-issues.aspx [https://perma.cc/72F8-PG9P].

73. *See, e.g.*, Flanagan, *supra* note 1.

74. *See* Wood & Bryant, *supra* note 33.

75. *See* Weston, *supra* note 61, at 6 (stating that the "no-pain, no-gain" and "win at all costs" messages deter athletes from addressing mental health concerns).

76. *See* Wood & Bryant, *supra* note 33; *see also* Weston, *supra* note 61, at 28.

77. *See supra* note 76 and accompanying text.

78. *See* Weston, *supra* note 61, at 5; *see also* Ken Chew & Ron Thompson, *Mind, Body and Sport: Potential Barriers to Accessing Mental Health Services*, NAT'L COLLEGIATE ATHLETIC ASS'N, https://www.ncaa.org/sports/2014/11/10/mind-body-and-sport-potential-barriers-to-accessing-mental-health-services.aspx [https://perma.cc/X4JK-TVYB] (last visited Oct. 17, 2022).

sports, athletes desire to not be perceived as the "weak link" on the team compared to their teammates, especially by coaches.[79] This causes student-athletes to be less likely to acknowledge their mental health issues or seek help.[80]

The societal stigma that mental health issues are linked to weakness exacerbates student-athletes' hesitancies to disclose mental health struggles,[81] especially in male-dominated sports.[82] The concept of being "mentally tough" may seem to conflict with mental health treatment, which will require acknowledging a "perceived weakness."[83] Due to the expectation of "mental toughness" combined with stigmas surrounding mental health which are common in sports, student-athletes and coaches tend to minimize mental struggles, which "inhibits effective dialogue, education[,] and development of resources to address these issues."[84]

The mental health stigma increases in communities experiencing high rates of poverty.[85] Along with economic barriers to accessing mental health care, these communities often mistrust the mental health care system,[86] which can inhibit people from seeking care.[87] For example, lower income

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79. Samantha DeLenardo & Jenepher Lennox Terrion, *Suck It Up: Opinions and Attitudes about Mental Illness Stigma and Help-Seeking Behaviour of Male Varsity Football Players*, 33 CANADIAN J. CMTY. MENTAL HEALTH 43, 51 (2014). Note that while this study focused on college-aged athletes, the researchers explicitly discuss the study's implications for high school athletes. *Id.* at 53.

80. *See* Chew & Thompson, *supra* note 78.

81. *See* DeLenardo & Terrion, *supra* note 79, at 53 (concluding competitive elite sport team environments cultivate mental health stigmas); *see also* Mawdsley, *supra* note 65, at 248.

82. *See* DeLenardo & Terrion, *supra* note 79, at 49 (arguing that "men may internalize stereotypes about mental illness more fully than women do").

83. *See* Chew & Thompson, *supra* note 78.

84. Chris Carr & Jamie Davidson, *Mind, Body and Sport: The Psychologist Perspective*, NAT'L COLLEGIATE ATHLETIC ASS'N, https://www.ncaa.org/sports/2014/11/3/mind-body-and-sport-the-psychologist-perspective.aspx [https://perma.cc/G24B-48X4] (last visited Sept. 22, 2023).

85. *See* Stacy Hodgkinson et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, 139 PEDIATRICS 1, 3 (2017).

86. *See* Chris C. Duke & Christine Stanik, *Overcoming Lower-Income Patients' Concerns About Trust and Respect From Providers*, HEALTH AFFS. (Aug. 11, 2016) https://www.healthaffairs.org/do/10.1377/forefront.20160811.056138/full/ [https://perma.cc/4ZMJ-EU7U] (explaining that many lower-income participants were concerned about trust and respect in the health care system). For further discussion on the mistreatment of Black Americans specifically by the medical establishments and its relation to medical mistrust among Black Americans, see Martha Hostetter & Sarah Klein, *Understanding and Ameliorating Medical Mistrust Among Black Americans*, COMMONWEALTH FUND (Jan. 14, 2021), https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans [https://perma.cc/T9PU-4RT].

87. *See* Hodgkinson et al., *supra* note 85.

patients report that during health care appointments, medical providers often "avoid[] eye contact, speak[] condescendingly, show[] physical disgust when touching patients, brush[] off patient concerns and symptoms, and ignor[e] adverse events that patients reported," which led to an overall lack of trust and respect. [88]

Lower income communities also often fear judgement from peers for seeking mental help,[89] which also prevents people from seeking care.[90] In a self-authored piece about his struggle with suicidal thoughts, NBA star John Wall recounts growing up in poverty and how it delayed him from asking for help for his mental difficulties: "Coming from where I came from, and seeing the things I'd seen, I had to grow up so fast . . . So my whole mentality . . . was always, 'I don't need anybody's help. I'll figure it out. I've gritted through everything else.'"[91]

Harsh coaching techniques can be another contributor to deteriorating mental health of student-athletes. When "the source of stress comes from someone in a position of trust or authority," acknowledging mental health struggles is especially challenging.[92] Sports participation often exposes young athletes to coaching that either directly contributes to poor mental health or prevents athletes from asking for help.

"Hard coaching" is a passionate coaching style that is meant to instill discipline and hard work in athletes[93] and is a common approach for many successful coaches. However, this method of coaching can easily slip into harassment, bullying, or belittling of students.[94] A major challenge for many coaches is critically recognizing the distinction between coaching behaviors designed to motivate athletes and behaviors that cross a line into being hurtful or harassing.[95] When this line is crossed, the coaching can itself contribute to poor mental health of athletes.[96] Because coaches are frequently mentor-figures in young athletes' lives,[97] athletes are often

88. *See* Duke & Stanik, *supra* note 86.

89. *See* Shanoor Seervai & Corinne Lewis, *Understanding and Ameliorating Medical Mistrust among Black Americans*, COMMONWEALTH FUND (Mar. 20, 2018), https://www.commonwealthfund.org/publications/other-publication/2018/mar/listening-low-income-patients-mental-health-stigma-barrier [https://perma.cc/A26S-2U8T].

90. *See* Hodgkinson et al., *supra* note 85.

91. Wall, *supra* note 5.

92. *See* Weston, *supra* note 61, at 20.

93. Weston, *supra* note 61, at 20.

94. *See id*.; *see also* Flanagan, *supra* note 1.

95. *See* Bradford Strand et al., *Athletes' Recollections of Inappropriate Behaviors by Their High School Sport Coaches*, 8 INT'L J. SPORT & SOC'Y 42, 53 (2017).

96. *See id*.

97. *See* James Gels, *The Importance of a Strong Coach-Athlete Relationship*, NAT'L FED'N STATE HIGH SCH. ATHLETICS (Sept. 18, 2017), https://www.nfhs.org/articles/the-importance-of-a-strong-coach-athlete-relationship/ [https://perma.cc/Y9UH-LKBS].

looking for their coaches' approval.[98] If they never receive positive feedback from their coaches, and instead internalize their coaches' verbal abuse, their mental health will suffer.[99] Negative self-talk, stress, and low confidence that results from bullying-type coaching can lead to serious mental disorders, such as anxiety and depression, which can persist into adulthood.[100]

Even if not directly bullying, coaches can create environments that are harmful towards the mental wellbeing of their young athletes. For example, one study examining disordered eating in dancers aged 14 to 18 found that coaches had the most significant influence on the young athletes' "relationship with body image" because they viewed their coaches "as leading authority figures and role models" and were "especially eager to please them."[101] The study found that "coaches contributed to discourses that perpetuated negative body image through their attempts to create the ideal dancer's body," and, consequently, dancers' mental health suffered.[102] Toxic environments like these are extremely damaging to the mental health of young athletes.

Another reason for the increase in poor mental health of young athletes is the trend of "sports professionalization" in high schools. Sports professionalization is the "trickle-down effect of big-time sports, from professional to college and now to high school,"[103] a phenomenon where youth sports are treated more seriously and more closely resemble high-level sports participation.[104] This leads young athletes to spend more time and place more value on their sport and causes them to experience "overtraining and exhaustion, which is central to the mental-health problems of competitive high-school athletes."[105] Additionally, an over-emphasis on sports takes time away from other typical high school responsibilities, which can "amplify the pressures of high school" and further exacerbate mental health issues.[106]

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98. *See* Nicole Doria, *Dancing in a Culture of Disordered Eating: A Feminist Poststructural Analysis of Body and Body Image Among Young Girls in the World of Dance*, 17 PLOS ONE 1, 14–16 (2022). In researching adolescent female dancers, coaches have been found to be the strongest influencers present in the lives of young dancers. *Id.* at 6, 14. Pressures from coaches to be thin influenced dancers aged 15 to 17 years of age to reduce their weight. *Id.* at 6.

99. *See* Weston, *supra* note 61, at 20–21.

100. *See* Strand et al., *supra* note 95, at 49–50.

101. *See* Doria, *supra* note 98, at 14.

102. *Id.* at 20.

103. Flanagan, *supra* note 1 (quoting Timothy Neal, "a professor of health and human performance at Concordia University Ann Arbor").

104. *See id.*

105. *See id.* (citing sleep loss from overtraining as a major contributor to anxiety and depression).

106. *See id.*

Another trend in high school athletics is "sports specialization," which is "intense, year-round training in a single sport with the exclusion of other sports."[107] Sports specialization, which has increased in organized youth athletics over the past several decades,[108] often requires increased practice hours and intense training. This may cause "social isolation, poor academic performance, increased anxiety, greater stress, inadequate sleep, decreased family time, and burnout," which may adversely affect mental health of young athletes.[109]

Relatedly, student-athletes in poorer schools may experience this pressure to perform at a higher degree than other athletes. Financial remuneration, including collegiate scholarships, is a common motivator to specialize in one sport.[110] Athletes from lower income families may view sports as their only method to attend college or escape poverty.[111] Achieving professional success or a college scholarship increases the stakes significantly, adding an extra level of pressure that can exacerbate poor mental health conditions.[112]

Yet another reason that sports participation can worsen athlete mental health is because sports often become tied to a young athlete's self-identity in an unhealthy way. Student-athletes often link their athletic successes and failures to their concept of self-worth, which can lead to a decline in mental health when their sports performance does not go as well as they hoped.[113] "[A]thletes with strong athletic identities are likely to experience anxiety symptoms above and beyond those reported by non-athletes."[114]

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107. Neeru Jayanthi et al., *Sports Specialization in Young Athletes: Evidence Based Recommendations*, 5 SPORTS HEALTH 251, 252 (2013).

108. Forrest L. Anderson et al., *Current Trends and Impact of Early Sports Specialization in the Throwing Athlete*, 51 ORTHOPEDIC CLINICS N. AM. 517, 517 (2020).

109. *See* Joel S. Brenner et al., *The Psychosocial Implications of Sports Specialization in Pediatric Athletes*, 54 J. ATHLETIC TRAINING 1021, 1021 (2019).

110. *Id.*

111. For a more nuanced discussion about how poverty and sports are intertwined, see Bob Cook, *Using Sports to Get Out of Poverty Doesn't Work When You Have to Be Rich to Play*, FORBES (Mar. 25, 2017), https://www.forbes.com/sites/bobcook/2017/03/25/using-sports-to-get-out-of-poverty-doesnt-work-when-you-have-to-be-rich-to-play/?sh=2c5e8ca6f79e [https://perma.cc/3H22-ETNX].

112. *See* Jon Solomon, *Survey: Low-Income Kids Are 6 Times More Likely to Quit Sports Due to Costs*, PROJECT PLAY: ASPEN INST. (Jan. 14, 2020), https://www.aspenprojectplay.org/news/low-income-kids-are-6-times-more-likely-to-quit-sports-due-to-costs [https://perma.cc/5AB2-A5QH] (reporting that parents from low-income households believe their kids are more stressed while participating in sports than high-income and middle-income families).

113. *See* Wood & Bryant, *supra* note 33.

114. Christopher Knowles et al., *Comparing Mental Health of Athletes and Non-athletes as They Emerge from a COVID-19 Pandemic Lockdown* 3 FRONTIERS IN SPORTS AND ACTIVE LIVING 1, 1 (2021).

Additionally, if athletes are sidelined for injuries or poor performance, they can feel lost without participating in the sport that is so closely tied to their self-identity.[115] Physical injury in sports adds another layer of mental health risk when student-athletes feel their identity is tethered to their sport. For some athletes, "the psychological response to injury can trigger or unmask serious mental health issues such as depression, anxiety, disordered eating, and substance use or abuse."[116] For example, when student-athletes are injured or sidelined, they may feel that they "don't deserve to eat," which can trigger disordered eating in individuals that are likely already at high risk for these eating disorders because of their sports participation.[117]

While discussing his mental health struggles as a young person, NBA star Kevin Love said, "my entire identity was tied to one thing in a really unhealthy way. Way before I was in the NBA or even in college, my self-worth was all about performing."[118] Love went on to remember "the darkest period of his life," when he broke his hand and was unable to play his sport: "My identity was gone. My emotional outlet was gone. All I was left with was *me* and my mind."[119]

In extreme conditions, sport participation becomes so closely tied to self-identity that it becomes an obsession, with exercise addiction resulting when athletes push themselves to obtain an "exercise high."[120] When they cease

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115. *See* Flanagan, *supra* note 1. Recently, many transgender athletes are being sidelined by state laws that effectively ban trans women and girls from competing in public sports. While this topic is outside the scope of this Note, it is important to acknowledge that "trans youth are already at greater risk of suicide and self-harm than their cisgender peers" and being sidelined takes a "severe toll . . . on trans competitors' mental health." *See* Julie Kliegman, *The Next Cultural Battle: States Take Aim at Trans Athletes*, SPORTS ILLUSTRATED (Mar. 12, 2021), https://www.si.com/college/2021/03/12/states-take-aim-at-trans-athletes [https://perma.cc/5NYV-N29W]. Transgender youth are more likely to experience negative mental health effects when faced with gender-exclusive policies, including sports policies. *Id.*; *see also* Richard T. Liu & Brian Mustanski, *Suicidal Ideation and Self Harm in Lesbian, Gay, Bisexual, and Transgender Youth*, 42 AM. J. OF PREVENTIVE MED. 221, 221 (2012); Kinzi Sparks, *New Poll Illustrates the Impacts of Social & Political Issues on LGBTQ Youth*, TREVOR PROJECT (Jan. 10, 2022), https://www.thetrevorproject.org/blog/new-poll-illustrates-the-impacts-of-social-political-issues-on-lgbtq-youth/ [https://perma.cc/6NWC-V3CY]; Shoshana K. Goldberg, *Fair Play: The Importance of Sports Participation for Transgender Youth*, CTR. FOR AM. PROGRESS (Feb. 8, 2021), https://www.americanprogress.org/article/fair-play/ [https://perma.cc/W2KU-3PJH].

116. Margot Putukian, *Mind, Body and Sport: How Being Injured Affects Mental Health*, NAT'L COLLEGIATE ATHLETIC ASS'N, https://www.ncaa.org/sports/2014/11/5/mind-body-and-sport-how-being-injured-affects-mental-health.aspx [https://perma.cc/PP3J-LSUM] (last visited Sept. 10, 2022); *see also* Flanagan, *supra* note 1.

117. *See* Putukian, *supra* note 116.

118. Kevin Love, *To Anybody Going Through It*, PLAYERS TRIB. (Sept. 1, 2020), https://www.theplayerstribune.com/articles/kevin-love-mental-health [https://perma.cc/69AB-JVKW].

119. *Id.*

120. *See* Weston, *supra* note 61, at 23.

exercising, "they experience withdrawal effects, depression and anxiety."[121] Furthermore, sports can place athletes in especially vulnerable positions when it comes to specific mental disorders. For example, adolescent athletes are more likely to have eating disorders than non-athletes, in part because athletes' parents and coaches often place an emphasis on body weight and shape.[122] This is especially true in aesthetic sports like dance, gymnastics, and wrestling, which involve "extreme pressures to be thin."[123] For example, compared to non-dancers, female dancers "suffer from greater body image dissatisfaction, body image distortion, neurotic perfectionism, and disordered eating."[124] Additionally, the so-called female athlete triad — a combination of disordered eating, amenorrhea (the lack of menstruation), and osteoporosis — is of special concern for many female athletes.[125] When the pressures from sports culture, intense coaching, and sports professionalization and specialization are "added to an existing cultural emphasis on thinness, the risks increase for athletes to develop disordered eating."[126]

Substance abuse is another mental health disorder that athletes may be especially prone to. Student-athletes may turn to drugs to cope with the pressure to perform, enhance their athletic abilities, treat pain from sports-related injuries, or cope with pre-existing mental health conditions.[127] Specifically, "doping," the use of drugs or other substances for performance enhancement, is prevalent in virtually every sport in athletes of all ages.[128] Along with dangerous physical health consequences, abuse and misuse of certain drugs may worsen mental issues or evolve into an addiction of its own.[129]

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121. *Id.*

122. *See* Ryley Mancine et al., *Disordered Eating and Eating Disorders in Adolescent Athletes*, 4 SPARTAN MED. RSCH. J. 1, 2 (2020).

123. *See* Doria, *supra* note 98, at 1.

124. *Id.* This study cited many possible reasons for this phenomenon, including the presence of mirrors, the competitive environment, dance coaches, and dance attire and costumes. *Id.* at 10–18.

125. *See* Mancine et al., *supra* note 122, at 1. This article notes that male athletes can also develop eating disorder habits, especially with a focus on muscle gain and steroid use. *Id.* at 2.

126. *See Eating Disorders and Athletes*, NAT'L EATING DISORDERS ASS'N, https://www.nationaleatingdisorders.org/eating-disorders-athletes [https://perma.cc/F6RH-8MWA] (last visited July 27, 2023).

127. Emily Guarnotta, *Athletes and Drug Addiction*, AM. ADDICTION CTRS. (Nov. 30, 2022), https://recovery.org/addiction/athletes/ [https://perma.cc/8YYE-MMGU]; *see also* Claudia L. Reardon & Shane Creado, *Drug Abuse in Athletes*, 5 DOVE PRESS J.: SUBSTANCE ABUSE REHAB. 95, 95 (2014).

128. *See* Reardon & Creado, *supra* note 127.

129. *See* Jane Otterson, *Infographic: Steroid Abuse in High School and College Athletes*, NAT'L FED'N STATE HIGH SCH. ATHLETICS (July 31, 2017),

Overall, although all students may struggle with mental health, sports participation can expose young athletes to many risk factors for mental illness that non-athletes may not be exposed to.

C. Debate about Youth Mental Health Legislation

Although most agree that a youth mental health crisis exists, some commentators and legislators disagree on how to address this ongoing crisis, especially in relation to the school setting. Some believe that youth mental health is a private matter, best handled at home or in church.[130] Legislators like Rep. Landon Brown of the Wyoming State Legislature believe that any legislative action about youth mental health in schools would be legislative overreach.[131] Others are concerned about the privacy implications of addressing mental health concerns at schools.[132]

Conversely, many other commentators and legislators believe that governmental action is necessary to address the youth mental health crisis and that schools are an ideal venue to focus their action.[133] Due to the pervasive role that school plays in a young person's life,[134] schools have the

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https://www.nfhs.org/articles/infographic-steroid-abuse-in-high-school-and-college-athletes/ [https://perma.cc/5DAU-A2RN].

130. *See* Tennessee Watson, *Reluctance to Require Suicide Prevention Education Could Cost Lives, but It's Complicated*, HECHINGER REP. (July 9, 2021), https://hechingerreport.org/reluctance-to-require-suicide-prevention-education-could-cost-lives-but-its-complicated/ [https://perma.cc/L26D-NSRT] *(*"Some legislators think churches and families should be responsible for conversations about mental health.").

131. *Id.* (explaining Rep. Landon Brown's response to a failed bill in Wyoming that would have mandated suicide prevention education in school).

132. *See* Chelsea Sheasley, *Mental Health: Is That a Job for Schools?*, CHRISTIAN SCI. MONITOR (June 29, 2022), https://www.csmonitor.com/USA/Education/2022/0629/Mental-health-Is-that-a-job-for-schools [https://perma.cc/HR5B-D7CV] (stating that some parents in Florida expressed concerns about their children's mental health records being held against them after the state enacted a law in 2018 "that required informing schools during new student registration if a child had ever been referred for mental health services"); *see also Schools Should Not Have Programs to Detect Mental Illness*, CITIZENS COMM'N ON HUM. RTS. (Feb. 14, 2013), https://www.cchrflorida.org/schools-should-not-have-programs-to-detect-mental-illness/ [https://perma.cc/R6TC-S7XG] (claiming that mental health detection programs are "incredibly invasive and ridiculous").

133. *See e.g.*, Hunt, *supra* note 11; Tessa Heller, *Mandatory School-Based Mental Health Services and the Prevention of School Violence*, 24 HEALTH MATRIX 279, 306 (2014); Sharon Hoover Stephan et al., *Transformation of Student Mental Health Services: The Role of School Mental Health*, 58 PSYCHIATR. SERV. 1330, 1330 (2007); Kristina K. Childs, Kim Gryglewicz & Richard Elligson Jr., *An Assessment of the Utility of the Youth Mental Health First Aid Training: Effectiveness, Satisfaction, and Universality*, 56 CMTY. MENTAL HEALTH J. 1581, 1589 (2020).

134. *See* Jennifer Craw, *Statistic of the Month: How Much Time Do Students Spend in School?*, NAT'L CTR. ON EDUC. & ECON. (Feb. 22, 2018), https://ncee.org/quick-read/statistic-of-the-month-how-much-time-do-students-spend-in-school/ [https://perma.cc/N6A4-FH5Y]

ability to "play a central role" in identifying mental health issues and supporting mental health and wellness.[135] Schools are "uniquely positioned" to address youth mental health issues[136] because educators, if trained properly, have great "potential to initially identify and respond to children and adolescents whose mental health needs have not been met."[137] School staff members have the opportunity to assume a preventative gatekeeping role and help minimize the severity of mental health symptoms or prevent the escalation of a crisis.[138]

Additionally, proponents of legislative intervention argue that schools must address youth mental health issues because many families of students do not have the knowledge or resources to recognize or support their children's mental health.[139] Studies have shown that some barriers to discovering and treating youth mental health "include family beliefs and expectations, social norms, attitudes, and structural barriers[,] such as availability of services, transportation, and insurance."[140] This is especially true for underprivileged students, whom may not have monetary resources or adult figures in their lives to support their mental wellbeing.[141] Therefore, because parents may not have the ability to recognize and address their children's mental health issues, schools and their staff members must be prepared to instead.

Furthermore, advocates of requiring schools to address mental health argue that reaching youth "where they are" — at school — can be an effective tool in early intervention and prevention.[142] Early intervention is

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(reporting that American students spend 175 to 220 days in school, spending an average of 6.8 hours per day at school) [https://perma.cc/ENG6-E879].

135. Stephan et al., *supra* note 133; *see also* Childs et al., *supra* note 133 (noting that because educators "are exposed to substantially larger portions of youth and for longer periods of time," they carry "the largest potential to initially identify and respond to children and adolescents whose mental health needs have not been met").

136. Stephan et al., *supra* note 133.

137. Childs et al., *supra* note 133.

138. *See id.*

139. *See* Heller, *supra* note 133, at 296.

140. *Id.* at 290.

141. *10 Reasons Schools Should Have Youth Mental Health Service On-Site*, AMHERST H. WILDER FOUND. (Apr. 2, 2019), https://www.wilder.org/articles/10-reasons-schools-should-have-youth-mental-health-services-site [https://perma.cc/4DPU-P6VC] (quoting a school therapist discussing her teenage clients who were homeless: "Without school-based mental health, they would not have been able to work through the trauma and stressors of the experience.").

142. *See Mental Health Report Card*, *supra* note 7, at 4; *see also Key Policy Letters Signed by the Education Secretary or Deputy Secretary*, U.S. DEP'T EDUC. (July 29, 2022), https://www2.ed.gov/policy/gen/guid/secletter/220729.html [https://perma.cc/MG66-GEVQ] [hereinafter Key Policy Letters] (stating that providing mental health services in schools can reach youth where they are to ensure that they get the care they need).

crucial because identifying mental health struggles early is vital to successful mental health treatments.[143] School is a natural setting for early identification and "can fill a critical role" in both identifying adolescents with mental health issues and connecting them with the treatment they need.[144] Because school staff are at the "front lines of a crisis," educating them in youth mental health could allow them to spot students suffering from mental health difficulties.[145]

In relation to the mental health of high school athletes specifically, early intervention is key to addressing current mental health trends. Research suggests that early interventions beginning in high school would allow athletes to "identify potential areas of future mental illness and areas of well-being (emotional, psychological, and social) to target for development."[146] With mental health of collegiate athletes already being a major priority,[147] directing attention to mental health issues of athletes earlier in life is the next logical step. Interventions in high school will better prepare athletes for mental health difficulties later in their careers and lives. Equipping high school student-athletes who will pursue athletic careers in the future "with the tools to develop and sustain good mental health (independent of their sport performance) in high school, and as they transition into [college], could be valuable in reducing mental health problems and illnesses."[148] Moreover, addressing the mental health of student-athletes in high school is itself valuable, whether young athletes chose to continue their athletic career after high school or not — as it helps reduce mental suffering of adolescent athletes.

Therefore, due to the various benefits of early intervention, the school setting, and the high school sports environment specifically, is an ideal venue to address student-athlete mental health.

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143. *See* Colizzi et al., *supra* note 6, at 1.

144. Joint Informational Bulletin, *supra* note 44, at 1.

145. Jocelyn Gecker, *State Program Highlights Need for Teachers to Train in Mental Health to Assist Students*, ASSOCIATED PRESS (Apr. 5, 2022), https://www.kqed.org/news/11910307/state-program-highlights-need-for-teachers-to-train-in-mental-health-to-assist-students [https://perma.cc/S4U8-8E2V] (quoting Sen. Anthony Portantino as he discussed his bill which would require all Californian middle and high schools to train at least 75% of employees in behavioral health); *see also* Hunt, *supra* note 11 (explaining subcommittee testimony which "highlighted the need to dispel misconceptions and educate teachers and school-based mental health providers" on mental health).

146. DeLenardo & Terrion, *supra* note 79, at 53.

147. *See infra* Section III.A (describing actions taken by the NCAA to address collegiate mental health).

148. DeLenardo & Terrion, *supra* note 79, at 53.

II. ANALYSIS OF CURRENT LEGISLATION ADDRESSING YOUTH MENTAL HEALTH

Ultimately, despite some pushback,[149] mental health legislation is becoming more common throughout the United States, on both the federal and state level. Part II of this Note will survey differing federal and state responses by the government to the mental health crisis. Section II.A will review federal action related to youth mental health, which mainly involves federal funding.[150] Section II.B will survey various state laws about mental health, with a focus on statutes related to youth mental health training for high school staff.[151] Section II.C will analyze common elements of statutes regarding mental health trainings for school staff.[152]

A. Federal Response to Mental Health in Schools

Part II.A will summarize federal action related to youth mental health, which mainly centers on allocating funding for mental health resources in schools.

On the federal level, there is bipartisan support for addressing the youth mental health crisis.[153] Instead of instructing schools to address student mental health, federal action focuses on providing schools with funding to do so.

In 2022, President Biden announced two actions aimed to "strengthen school-based mental health services and address the youth mental health

149. *See* Watson, *supra* note 130.

150. *See infra* Section II.A.

151. *See infra* Section II.B.

152. *See infra* Section II.C.

153. *See* Hunt, *supra* note 11; Sandhya Raman, *Lawmakers Face Pressure to Pass Mental Health Legislation*, ROLL CALL (Feb. 23, 2022), https://rollcall.com/2022/02/23/lawmakers-face-pressure-to-pass-mental-health-legislation/ [https://perma.cc/5Zp9-FU4V] (stating that there is "significant appetite" for bipartisan action regarding "mental health, addiction, the stigma around them, the death toll[, and] the damage it does to our economy"); Rhitu Chatterjee, *State by State, Here's How Well Schools Are Doing at Supporting Kids' Mental Health*, NAT'L PUB. RADIO (Feb. 16, 2022), https://www.npr.org/sections/health-shots/2022/02/16/1080863226/state-by-state-heres-how-well-schools-are-doing-at-supporting-kids-mental-health [https://perma.cc/3NZM-R6D6]. *But see* Sharon Zhang, *205 Republicans Vote Against Bill to Expand School Mental Health Services*, TRUTH OUT (Sept. 30, 2022) https://truthout.org/articles/205-republicans-vote-against-bill-to-expand-school-mental-health-services/ [https://perma.cc/5B8G-4FVV] (arguing that although Republican lawmakers often cite a need for mental health funding (especially in lieu of stricter gun laws), they often do not support mental health bills in practice). For example, only one Republican House member voted for the Mental Health Matters Act in 2022, which would create various grants to increase the number of school-based mental health services providers, among other things. *Id.*

crisis."[154] First, the federal government allotted approximately 300 million dollars to help expand access to mental health services in schools.[155] This money, through the Mental Health Service Professional (MHSP) Demonstration Grant Program and the School-Based Mental Health (SBMH) Services Grant Program, will be used to allow schools to hire more mental health professionals.[156] The bill that allocated this money, the Bipartisan Safer Communities Act, was signed by President Biden in June of 2022 and allows the government to invest one billion dollars over the next five years in mental health supports in schools.[157] Among other initiatives, the money will be used to support the community's and first responders' mental health training, build awareness of and access to mental health services, and enhance the 9-8-8 suicide and crisis lifeline.[158]

President Biden's second action, via letter in collaboration with the Departments of Education and Health and Human Services, encouraged governors to invest more money into school-based mental health services.[159] The letter "highlights federal resources available to states and schools to invest in mental health services for students."[160]

Looking to the future, President Biden's FY23 budget "proposes over $27 billion in discretionary funding and another $100 billion in mandatory funding over 10 years to implement his national mental health strategy."[161] Furthermore, at a Senate hearing for the Health, Education, Labor, and Pensions Subcommittee on Children and Families, lawmakers indicated further action would be taken to allocate resources to address the youth mental health crisis.[162]

Along with budget allocations to aid schools in addressing student mental health generally, some proposed federal legislation specifically allocates funding to increase mental health training of school staff. In June of 2022, U.S. Senators Jacky Rosen and Bill Cassidy introduced the Expanding Access to Mental Health Training Act, which is aimed at "expand[ing] mental health training access for teachers so they can better recognize mental

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154. *Fact Sheet: Biden-Harris Administration Announces Two New Actions to Address Youth Mental Health Crisis*, U.S. DEP'T EDUC. (July 29, 2022), https://www.ed.gov/news/press-releases/fact-sheet-biden-harris-administration-announces-two-new-actions-address-youth-mental-health-crisis [https://perma.cc/J38R-7RJ9].

155. *Id.*

156. *Id.*

157. *Id.*

158. *Id.*

159. *Id.*; *see also* Key Policy Letters, *supra* note 142.

160. *Fact Sheet: Biden-Harris Administration Announces Two New Actions to Address Youth Mental Health Crisis*, *supra* note 154.

161. *Id.*

162. *See* Hunt, *supra* note 11.

health disorders in youth."[163] The Act would "reauthorize and improve [SAMHSA]'s mental health awareness training grant program" through 2027, which would expire in 2022 otherwise.[164] The grant program would provide grants to "states, localities, Indian tribes, and nonprofits" to train "teachers and other school personnel to recognize the symptoms of childhood and adolescent mental health disorders."[165]

Overall, the federal government has chosen to address the youth mental health crisis by leveraging funds to help improve student mental health. It has largely transferred much responsibility to individual states to make use of these funds to improve student mental health.[166] The federal government has not indicated that future federal action would include requirements for schools to address mental health, leaving the state legislatures to take on this role.[167]

B. Overview of State Legislation Related to Student Mental Health

Part II.B will review state laws about mental health with a focus on the debate surrounding statutes related to youth mental health training for high school staff. This section will show that youth mental health training for high school staff members is a vital step in mitigating the current youth mental health crisis.

1. Types of State Statutes Regarding Student Mental Health

With a growing concern for youth mental health during the COVID-19 pandemic, many state legislatures determined that mandates on school trainings were necessary and rushed to enact laws to support youth mental health.[168] Based on a national scan of state legislation from March 2020 to December 2021, the National Academy for State Health Policy (NASHP)

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163. Jessica Hill, *Nevada U.S. Sen. Rosen Introduces U.S. Mental Health Support Bill*, LAS VEGAS SUN (June 23, 2022, 9:00 AM), https://lasvegassun.com/news/2022/jun/23/nevada-sen-rosen-introduces-us-mental-health-suppo/ [https://perma.cc/7Q4A-6JZK].

164. *See id.*; *infra* note 315; *Rosen, Cassidy Introduce Bipartisan Legislation to Extend and Enhance Key Mental Health Training Program*, JACKY ROSEN: U.S. SENATOR FOR NEVADA (June 23, 2022), https://www.rosen.senate.gov/2022/06/23/rosen-cassidy-introduce-bipartisan-legislation-to-extend-and-enhance-key-mental-health-training-program/ [https://perma.cc/2K7H-SAV6]; *S. 4461 – Expanding Access to Mental Health Training Act*, CONGRESS.GOV, https://www.congress.gov/bill/117th-congress/senate-bill/4461 [https://perma.cc/9ZDX-VASE] (last visited Oct. 17, 2022) (stating the bill would expand the program through 2027).

165. *S. 4461 – Expanding Access to Mental Health Training Act*, *supra* note 164.

166. *See* Key Policy Letters, *supra* note 142.

167. *Id.*

168. *See* Randi & Gould, *supra* note 8.

identified ninety-two such laws,[169] but new bills are introduced and enacted frequently since then.[170]

Some of these newly enacted statutes are aimed at supporting strategic planning to improve school mental health systems. For example, Arkansas's Act 802, enacted on October 1, 2021, established the Arkansas Legislative Study on Mental Health and Behavioral Health to develop a report on mental health screening and suicide prevention policies for schools.[171] Other new laws are focused on funding to support student mental health. California's Chapter 143 established the Children's Behavioral Health Initiative in July of 2021, which includes grant funding for behavioral health services in schools.[172] Another subset of legislation concentrates on mental health education for students. Illinois's Public Act 102-0522, enacted in June of 2021, requires health education courses for students to include information on mental health,[173] and Washington's Chapter 167, enacted in May of 2021, requires school websites to provide access to information and resources on mental health.[174] Other laws diverge from educating students on mental health in favor of other tactics, such as Connecticut's Public Act No. 21-46, which requires schools to allow students to take up to four mental health days per school year.[175]

One of the most common types of legislation related to youth mental health are statutes that require school staff members to attend youth mental health training. Although school-based mental health statutes have become increasingly common because of COVID-19 related mental health concerns,[176] this type of statute is not a new idea. The Jason Flatt Act, passed in Tennessee in 2007, was one of the first of its kind, requiring teachers to complete two hours of youth suicide awareness and prevention training each year to maintain licensure.[177] Since 2007, other states have modeled school staff training statutes after the Tennessean Jason Flatt Act,[178] with an increase of states passing this legislation since COVID-19.

This Note will focus primarily on this type of legislation: laws regarding youth mental health trainings for school staff.

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169. *Id.*

170. For example, CAL. EDUC. CODE § 215 is effective on January 23, 2023. CAL. EDUC. CODE § 215 (West, Westlaw through all laws through Ch. 997 of 2022 Reg. Sess.).

171. Randi & Gould, *supra* note 8.

172. *Id.*

173. *Id.*

174. *Id.*

175. *Id.*

176. *Id.*

177. *See Jason Flatt Act*, JASON FOUND., https://jasonfoundation.com/about-us/jason-flatt-act/ [https://perma.cc/AF9R-7TYL] (last visited Apr. 23, 2023).

178. *See* Watson, *supra* note 130.

2. Debate about School Staff Mental Health Training Mandates

Although many states have statutes regarding the training of school staff in mental health, there is some debate over whether school staff trainings on mental health are (i) necessary to address the youth health crisis[179] and (ii) effective in preparing staff members to recognize and aid students with mental health struggles.

First, some wonder if trainings are even necessary to addressing the mental health crisis.[180] Is there really a gap in mental health literacy in American schools? Studies indicate that the answer is yes: school staff are not yet sufficiently knowledgeable in mental health. The U.S. Department of Education reported in 2021 that "many school staff have limited mental health knowledge."[181] Teachers agree with this conclusion, with one study finding that teachers identified "[m]ental health disorders, behavior management, and specialized skills" as "the top three areas of need for further training."[182] Also, "93 percent of teachers are concerned about student mental health needs" and "85 percent [of teachers] expressed the need for further mental health training."[183]

The U.S. Department of Education recommends that schools enhance training to "modify or extend pre- and in- service professional development to include mental health training" and "[e]nsure that teacher preservice programs include mental health training."[184] By enhancing mental health literacy, reducing barriers to access mental health resources, and "[i]mplement[ing] a continuum of evidence-based prevention practices," the U.S. Department of Education declares that schools can more effectively provide mental health support and "improve outcomes for children and students."[185]

Second, with overworked teachers becoming a prevailing problem in the U.S., especially with school staffing shortages nationwide,[186] some teachers

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179. *See id.*

180. *See id.*

181. *Department of Education Mental Health Report*, *supra* note 7, at 17.

182. Jungrim Moon, Anne Williford & Amy Mendenhall, *Educators' Perceptions of Youth Mental Health: Implications for Training and the Promotion of Mental Health Services in Schools*, 73 CHILD. & YOUTH SERV. REV. 384, 384 (2017).

183. *Id.* at 387.

184. *Mental Health Report Card*, *supra* note 7, at 32.

185. *Id.* at 19. The Hope Futures Campaign also recommended staff trainings, stating that they "can help educators and staff feel better equipped to identify warning signs of mental health or substance use problems, to respond appropriately, and to have knowledge of available resources and effective interventions." *Id.* at 7.

186. *See* Hanna Natanson, *'Never Seen It This Bad': America Faces Catastrophic Teacher Shortage*, WASH. POST (Aug. 4, 2022), https://www.washingtonpost.com/education/2022/08/03/school-teacher-shortage/

may object to extra requirements like mental health trainings. Because extra trainings put an additional strain on already overworked teachers, one may wonder: are staff trainings on youth mental health effective in providing staff members with mental health knowledge, and are these effects substantial enough to outweigh the added burden that these trainings impose?

Regarding the effectiveness of mental health trainings, research shows that they are proven to provide school staff members with knowledge needed to recognize and aid students with mental health difficulties. One such study researched the Youth Mental Health First Aid ("YMHFA") training program, which educates "child-serving professionals" on youth mental health needs.[187] Results indicated a "strong support for the effectiveness of YMHFA . . . , satisfaction with the training program, and universality of effectiveness and satisfaction" in child serving professionals, including teachers.[188] Researchers concluded that their findings "underscore[d] the importance of ensuring that school systems have the necessary resources to implement youth mental health training programs such as YMHFA."[189]

Testimonial evidence also proves the effectiveness of YMHFA trainings. Benito Luna-Herrera, a Californian teacher, saved a student's life with the knowledge and skill he gained from the YMHFA program.[190] After noticing that one of his students failed to attend tutoring sessions and witnessing a fight between the student and her boyfriend, Luna-Herrera decided to talk to the student privately.[191] Relying on his training, Luna-Herrera knew exactly "what to look for and how to respond when he saw the signs of a mental emergency." [192] When the student confided her plans to commit suicide, Luna-Herrera was able to act quickly to ensure her safety. [193]

Furthermore, research shows that "gains in mental health literacy are associated with increased help-seeking intentions and potential treatment utilization."[194] This means that teachers who are knowledgeable in mental health are more willing to provide help to students with mental health

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[https://perma.cc/H7RJ-C2E7]; *see also* Madeline Will, *How Bad Is the Teacher Shortage? What Two New Studies Say*, EDUC. WK. (Sept. 6, 2022), https://www.edweek.org/leadership/how-bad-is-the-teacher-shortage-what-two-new-studies-say/2022/09 [https://perma.cc/7CS3-S8RV].

187. Childs et al., *supra* note 133, at 1581.

188. *Id.*

189. *Id.* at 1589.

190. Gecker, *supra* note 145. The school staff mental health trainings in California are not mandatory, but the California Department of Education funds the YMHFA program for any school district requesting it, including Luna-Herrera's school district. *Id.*

191. *Id.*

192. *Id.*

193. *Department of Education Mental Health Report*, *supra* note 7, at 22.

194. *Id.*

difficulties.[195] Overall, research indicates that mental health trainings can increase knowledge and help-seeking intentions, which will empower them to recognize when students are experiencing mental health struggles, aid students with these difficulties, and make appropriate referrals.[196]

Additionally, despite the fact that these training mandates are additional time commitments for teachers, they may actually benefit teachers as well as their students. Because students with mental illnesses often have problems that can disrupt their learning and behavior, recognizing and providing help for these students will make teaching or coaching easier and help improve the learning environment for other students and athletes.[197] Therefore, mental health trainings for school staff members are both necessary to and effective in mitigating the current youth mental health crisis.

C. Analyzing State Statutes Regarding Mental Health Trainings for School Staff

Section II.C will analyze common elements of statutes regarding mental health trainings for school staff, including whether trainings are required or encouraged, what content is included in trainings, which staff members are required to attend trainings, how frequent trainings are required, whether the statute provides for a monitoring system, and how the statute is funding. Ultimately, this section will highlight major shortcomings in current state laws about mental health trainings in schools, which is harmful to both non-athlete students and students that participating in sports.

1. Are Trainings Mandated?

An overwhelming majority of states — 48 and the District of Columbia — currently have some sort of legislation related to the training of school staff.[198] However, six of these states — California, Colorado, Michigan, Montana, Wisconsin, and Washington — are sorely insufficient in addressing the youth mental health crisis due to their non-mandatory language. Instead of mandating training, these states merely recommend that certain staff be trained in mental health.[199] For example, CAL. EDUC. CODE § 49428.15 states that the department shall "*recommend* best practices, and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including, but not necessarily

195. *See id.*

196. *See* Joint Informational Bulletin, *supra* note 44, at 5.

197. *See* Heller, *supra* note 133, at 311–12.

198. *See infra* App'x A–B. Vermont and New Mexico do not have statutes regarding mental health training of any school staff. *Id.*

199. *See infra* App'x B.

limited to, staff and pupil training."[200] Michigan provides that school district boards are "*encouraged* to provide . . . professional development for school personnel concerning the warning signs and risk factors for suicide and depression and the protective factors that help prevent suicide."[201] Similarly, Montana states that the "legislature *recommends* that youth suicide awareness and prevention training *be made available* annually to each employee of a school district."[202] Although Washington's statute contains the mandate-like word, "shall," it fails to require staff trainings by stating that school districts "shall develop and maintain *the capacity to offer* training."[203]

The benefit of recommendations, as opposed to mandates, is that mandates can strain state budgets or limit individual schools' ability to shape curriculum to local needs and priorities.[204] Schools need flexibility to respond to their unique community's mental health needs, and mandates may constrain their ability to balance important financial and educational obligations.

However, language such as "recommend"[205] or even "strongly encourage[]"[206] allows school districts to ignore the legislation and not require school staff members to be trained — resulting in serious mental health concerns to be overlooked. Although a recommendation by the state legislation may be persuasive for some schools, the worsening youth mental health crisis demands more than persuasive action. Without an affirmative mandate, schools have the opportunity to place mental health on the backburner — effectively ignoring the magnitude of the current mental health crisis. If school staff members are not required to be trained in mental

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200. CAL. EDUC. CODE § 49428.15 (West, Westlaw through amendments received through Oct. 15, 2022) (emphasis added). Although another California statue, CAL. EDUC. CODE § 215, states that policies on pupil suicide prevention "shall also address any training on suicide awareness and prevention to be provided to teachers of pupils" and "local educational agencies are encouraged to provide suicide awareness and prevention training to teachers of pupils," this language does not actually mandate training either. CAL. EDUC. CODE § 215 (West, Westlaw through amendments received through Oct. 15, 2022).

201. MICH. COMP. LAWS ANN. § 380.1171 (West, Westlaw through P.A.2022, No. 227, of the 2022 Regular Session, 101st Legislature) (emphasis added).

202. MONT. CODE ANN. § 20-7-1310 (West, Westlaw through the 2021 Session of the Montana Legislature) (emphasis added).

203. WASH. REV. CODE § 28A.310.500 (West, Westlaw through all legislation from the 2022 Regular Session of the Washington Legislature) (emphasis added).

204. *See* Watson, *supra* note 130 (stating that some legislatures believe that requiring schools to provide suicide prevention education to students would be legislative overreach).

205. *See* CAL. EDUC. CODE § 49428.15 (West, Westlaw through amendments received through Oct. 15, 2022).

206. *See* COLO. REV. STAT. ANN. § 25-1.5-112 (West, Westlaw through the Second Regular Session, 73rd General Assembly (2022)).

health, the staff may not be prepared to recognize and support children who are suffering from mental difficulties. Therefore, this type of legislation is insufficient in addressing the mental health crisis.

Because schools and their staff members are not required to adhere to the "discretionary" laws discussed above, this Note's following analysis focuses on the 42 other states and the District of Columbia, which explicitly *mandate* training. For example, Utah's statute states that "a school board or charter school" "*shall . . . require*" trainings for licensed school employees.[207] Similarly, Illinois' statute says that licensed school personnel and administrators "*shall* be trained" in mental illness.[208]

Overall, although most of these state statutes are compulsory, the few states that fail to include obligatory language are insufficient in addressing the mental health crisis.

2. What are Trainings About?

Another downfall of current legislation is that the content of the school staff trainings is extremely limited in scope, which is insufficient to address complex and wide-ranging mental illnesses that many students, especially student-athletes, struggle with.

The majority of state statutes, 33 states, mandate training on "suicide awareness and prevention" or slight variations of this language.[209] For example, some statutes require just "suicide prevention" training and education, such as Louisiana[210] and Wyoming,[211] and some language is more generalized, like Maryland's statute which requires training to teach staff to "understand and respond to youth suicide risk."[212] Some statutes also mandate training on suicide "postvention," like Iowa.[213]

Other statutes provide more detail about the content of the suicide-related training. For example, New Hampshire requires that staff be trained in "youth suicide risk factors, warning signs, protective factors, response

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207. UTAH CODE ANN. § 53G-9-804 (West, Westlaw through the 2022 Third Special Session) (emphasis added).

208. 105 ILL. COMP. STAT. ANN. § 5/10-22.39 (West, Westlaw through P.A. 102-1102 of the 2022 Reg. Sess.) (emphasis added).

209. *See infra* App'x C.

210. LA. STAT. ANN. § 17:437.1 (West, Westlaw through the 2022 First Extraordinary Session).

211. WYO. STAT. ANN. § 21-3-110 (West, Westlaw through the 2022 Budget Session of the Wyoming Legislature).

212. MD. CODE ANN. EDUC. § 6-122 (West, Westlaw through all legislation from the 2022 Regular Session of the General Assembly).

213. IOWA CODE ANN. § 279.70 (West, Westlaw through legislation effective 7/1/2022 from the 2022 Regular Session, subject to changes made by Iowa Code Editor for Code 2023).

procedures, referrals, post-intervention, and resources available"[214] and the District of Columbia requires training that prepares staff to "[r]ecognize the warning signs and risk factors for youth suicide and implement best practices for suicide prevention, suicide intervention, and suicide postvention."[215] Alternatively, a few statutes leave the state educational agencies or school boards to determine additional details of the content of the trainings. For example, South Dakota's statute provides that "[t]he board shall, after consultation with suicide prevention or counseling experts, identify evidence-based resources that will fulfill the suicide awareness and prevention training requirement and shall make the list of the resources available to school districts."[216]

Another portion of the state statutes — 11 in total — include language regarding the training's content that relates to "mental health" more generally.[217] For example, Arkansas mandates "mental health awareness and teen suicide awareness" education[218] and one North Dakota statute mandates "youth mental health" education.[219] A few statutes provide more details, like Connecticut, which mandates mental health education that includes "the prevention of and response to youth suicide and the identification and prevention of and response to bullying."[220] However, providing further details about what is meant by "mental health" is rare, and more often than not, states leave the content of trainings ambiguous or delegate further details to the state educational agency or school board.[221]

A small portion of states have more unique language. For example, New York's statute, largely in response to school shooting tragedies, requires staff trainings on "violence prevention and mental health."[222] A North Dakota statute mandates staff education in "youth behavior health," specifying that trainings must be designated from categories including "trauma, social[,] and emotional learning."[223] This may include topics like "resiliency, suicide

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214. N.H. REV. STAT. ANN. § 193-J:2 (West, Westlaw through Chapter 345 of the 2022 Reg. Sess.).

215. D.C. CODE ANN. § 7-1131.17 (West, Westlaw through June 30, 2022).

216. S.D. CODIFIED LAWS § 13-42-71 (West, Westlaw through laws of the 2022 Regular Session and Supreme Court Rule 22-10).

217. *See infra* App'x C.

218. ARK. CODE. ANN. § 6-17-708 (West, Westlaw through the 2022 Third Extraordinary Session of the 93rd Arkansas General Assembly).

219. *See* N.D. CENT. CODE ANN. § 15.1-13-35 (West, Westlaw through the 2021 Regular and Special Sessions 67th Legislative Assembly).

220. CONN. GEN. STAT. ANN. § 10-220a (West, Westlaw through all enactments of the 2022 Regular Session).

221. *See infra* App'x C.

222. N.Y. EDUC. LAW § 2801-a (West, Westlaw through L.2022, chapters 1 to 579).

223. N.D. CENT. CODE ANN. § 15.1-07-34 (West, Westlaw through the 2021 Regular and Special Sessions 67th Legislative Assembly).

prevention, bullying," as well as symptoms, risks, referral sources, appropriate interventions, and prevention or mitigation techniques.[224]

Overall, despite the deep complexity of mental health[225] and the wide variety of mental issues that student-athletes and their non-athlete peers experience,[226] current state laws overwhelmingly limit mental health education to "suicide prevention."[227] Although suicide prevention is an extremely important goal, narrowly focusing on suicide prevention is unhelpful to many students who are experiencing other mental health problems or disorders. This is especially true for student-athletes, who experience a wide array of mental health difficulties in part due to the culture of sports and the nature of athletic participation.[228]

Furthermore, some mental illnesses, such as anxiety, depression, and eating disorders, are proven to increase the risk for suicidal ideations, attempted suicide, or suicide,[229] but are often not required to be included in school staff trainings. Although identifying and providing resources to address mental health broadly should be the ultimate goal, if legislatures enact these types of statutes with the aim to prevent student suicide specifically, it is only logical to mandate training on disorders like anxiety, depression, and eating disorders, as well as suicide awareness and prevention.

3. Who is Required to be Trained?

State statutes also vary widely in *which* staff members are required to attend the mental health trainings. However, one common trait amongst of these statutes is that they overwhelmingly do not explicitly include non-

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224. *Id.*

225. *See Mental Health: Strengthening Our Response*, *supra* note 21.

226. *See supra* Part I.

227. *See infra* App'x C; *see also Mental Health Report Card*, *supra* note 7 (stating that while many states have training on one or more topics including mental health, substance use, and suicide prevention, few states specifically require all three topics).

228. *See supra* Section I.B.

229. *See Risk Factors, Protective Factors, and Warning Signs*, AM. FOUND. FOR SUICIDE PREVENTION, https://afsp.org/risk-factors-protective-factors-and-warning-signs [https://perma.cc/44AF-YLNA] (last visited July 26, 2023) (stating that depression, anxiety, and substance problems increase risk for suicide); *see also Suicide Attempts and Eating Disorders*, SUICIDE PREVENTION RES. CTR. (Feb. 28, 2020), https://sprc.org/news/suicide-attempts-and-eating-disorders/ [https://perma.cc/6RU5-35GC] (stating that "U.S. adults with a lifetime history of an eating disorder . . . are at increased risk of having a suicide attempt history"); *see also* Rikinkumar S. Patel, Tanya Machado, & William E. Tankersley, *Eating Disorders and Suicidal Behaviors in Adolescents with Major Depression: Insights from the US Hospitals*, 11 BEHAV. SCI. (BASEL) 78, 78 (May 19, 2011) (reporting that adolescents with eating disorders have a higher proportion of suicidal ideations than those without eating disorders). However, note that this study also found that "a low proportion of adolescents with eating disorders had suicidal attempts." *Id.*

teacher coaches in their requirements, which leaves a major gap in current mental health legislation in relation to student-athletes specifically.

One of the most common terms used to describe which school staff must be trained is "teachers," or a similar phrasing.[230] For example, Minnesota's statute mandates "all licensed teachers" be trained[231] and Nevada's statute requires "teachers" be trained.[232] Other states require a few other select professionals to receive training as well as teachers, like Wyoming, which requires that "each teacher and school administrator" be trained,[233] or Alaska, which requires that "each teacher, administrator, counselor, and specialist who is employed by the district or department to provide services to students in a public school" be trained.[234] These statutes overlook non-teacher coaches completely, specifically only mandating trainings for "teachers" or other positions like principals or administrators.[235]

Another large portion of statutes require "certified" or "licensed" staff members to be trained, likely referring to licensed teachers.[236] For example, Alabama requires "all certified school employees" to be trained[237] and Massachusetts mandates training for "all licensed school personnel."[238] It may be inferred that this language refers to *teacher* licenses because often, the text of the statute also refers to teacher professional development schedules and requirements, or the statute itself is placed in the section of the state code which describes mandates for teaching licenses. However, without clarity, there is no way to know if non-teacher coaches (who may be *coaching* certified) are included in these mandates.

Some statutes attempt to provide more clarity concerning which school staff members are required to be trained but still fall short when it comes to coaches. For example, South Dakota's statute mandates trainings to receive an "initial certificate and a renewal certificate as a teacher, administrator, or other educational professional," but does not specify whether coaches are

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230. *See infra* App'x D. There are ten states with statutes with such language. *Id.*

231. MINN. STAT. ANN. § 122A.187 (West, Westlaw through all legislation from the 2022 Regular Session).

232. NEV. REV. STAT. ANN. § 388.256 (West, Westlaw through Ch. 2 (End) of the 33rd Special Session (2021)).

233. WYO. STAT. ANN. § 21-3-110 (West, Westlaw through the 2022 Budget Session of the Wyoming Legislature).

234. ALASKA STAT. ANN. § 14.30.362 (West, Westlaw through amendments received Aug. 27, 2022 of the 2022 Second Regular Session of the 32nd Legislature).

235. *See infra* App'x D.

236. *See infra* App'x D. There are ten states with such statutes. *Id.*

237. ALA. CODE. § 16-28B-8 (West, Westlaw through Act 2022-442 of the 2022 Regular and First Special Sessions).

238. MASS. GEN. LAWS ANN. ch. 71, § 95 (West 2022).

educational professionals.[239] Nebraska's statute requires education for "all public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and any other appropriate personnel," failing to indicate whether the legislature intended "other appropriate personnel" to include coaches.[240]

These types of statutes — which implicitly or explicitly focus their training mandates on teachers — often do not include athletic coaches in their scope. While athletic coaches, especially head coaches, may be teachers at the school where they coach or at least have a teaching certification, these are not *mandatory* requirements for all coaching positions in most states and school districts. For example, in Nevada, "teachers" are required to be trained in the "prevention of suicide,"[241] but coaches are not required to be teachers. All coaches in Nevada, must have a coaching certification, which only requires a "Fundamentals of Coaching" course, a "First Aid, Health and Safety" for coaches course and concussion training.[242] Therefore, non-teachers coaches in Nevada are not required to be trained in mental health.

Similarly, in Alaska, "each teacher, administrator, counselor, and specialist" is required to be trained in "youth suicide awareness and prevention."[243] The only requirement to be an athletic coach in Alaska is to complete the "Alaska Coaches Education Program," which does not contain mental health training.[244] Therefore, Alaskan non-teacher coaches are not required to be trained in mental health. This is the case in most states with statutes that require only teachers to be trained in mental health

Requirements regarding coaching positions vary by state and even sometimes by school district, but the consequence of these variations is clear: any legislation which mandates some sort of mental health education for "licensed" or "certified" staff, or simply, "teachers," leaves a gap in mental

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239. S.D. CODIFIED LAWS § 13-42-71 (West, Westlaw through laws of the 2022 Regular Session and Supreme Court Rule 22-10).

240. NEB. REV. STAT. ANN. § 79-2, 146 (West, Westlaw through the end of the 2nd Regular Session of the 107th Legislature (2022).

241. NEV. REV. STAT. ANN. § 388.256 (West, Westlaw through Ch. 2 (End) of the 33rd Special Session (2021)).

242. *Nevada Coaching Education Program*, NEV. INTERSCHOLASTIC ACTIVITIES ASS'N, https://niaa.com/coaches/NCEP/Coaches_Education_Information [https://perma.cc/RRX5-H5F5] (last visited July 27, 2023).

243. ALASKA STAT. ANN. § 14.30.362 (West, Westlaw through amendments received Aug. 27, 2022 of the 2022 Second Regular Session of the 32nd Legislature).

244. *Coaches Education*, ALASKA SCH. ACTIVITIES ASS'N, *https://asaa.org/coaches/coaches-education/* [https://perma.cc/KNA4-2S7X] (last visited July 27, 2023).

health education. It allows many coaches to be excluded from mental health training.

Another set of statutes use more inclusive language, referring comprehensively to "school staff" — whether they are licensed or not.[245] Some of these statutes are sweeping, using the inclusive word, "all," when referring to school staff. For example, Florida requires that "all school personnel in elementary, middle, and high schools" be trained[246] and Kentucky requires training for "all school district employees with job duties requiring direct contact with students in grades six (6) through twelve (12)."[247] In these types of statutes, it can be inferred that non-teacher coaches are included in the mandatory trainings.

However, some statutes lack this inclusive language.[248] For example, Idaho requires training for "public school personnel"[249] and Missouri requires training for "district employees."[250] Because of the absence of inclusive diction, the exact personnel or employees who are required to be trained is more ambiguous because they do not have clearly inclusive language.[251] For example, while "public school personnel"[252] could be intended to encompass coaches, school districts, school boards, or educational agencies could interpret this language to mean only "teachers" or "people that work in the school building." Again, in these statutes, without clarity, there is no way to know if non-teacher coaches are included in these mandates.

Another attribute of some statutes is granting school boards, districts, or departments discretion in determining who is required to be trained.[253] For example, Hawaii requires "teachers, teacher assistants, administrators, and counselors" to be trained, but also indicates that the "department may adopt

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245. *See infra* App'x D. There are nine states with such statutes. *Id.*

246. FLA. STAT. ANN. § 1012.584 (West, Westlaw through laws, joint and concurrent resolutions and memorials through July 1, 2022, in effect from the 2022 Second Regular Session).

247. KY. REV. STAT. ANN. § 156.095 (West, Westlaw through the 2022 Regular and Extraordinary Sessions and the Nov. 3, 2020 election).

248. *See infra* App'x D. There are five such states. *Id.*

249. IDAHO CODE ANN. § 33-136 (West, Westlaw through effective legislation through the 2022 Second Regular Session and the First Extraordinary session of the Sixty-sixth Idaho Legislature).

250. MO. ANN. STAT. § 170.048 (West, Westlaw through WID 37 of the 2022 Second Regular Session of the 101st General Assembly).

251. *See infra* App'x D.

252. *See* IDAHO CODE ANN. § 33-136 (West, Westlaw through effective legislation through the 2022 Second Regular Session and the First Extraordinary session of the Sixty-sixth Idaho Legislature).

253. *See infra* App'x D. There are seven such states. *Id.*

rules . . . to include and require contracted workers to participate."[254] Similarly, Virginia requires training for "each teacher and *other relevant personnel, as determined by the school board*, employed on a full-time basis."[255] Ohio requires training for "each person employed by a school district or service center to work in a school as a nurse, teacher, counselor, school psychologist, or administrator, and *any other personnel that the board determines appropriate*,"[256] and Louisiana requires training for "all public and approved nonpublic school teachers, school counselors, and principals and, *as determined by the board, other school administrators for whom such training is deemed beneficial*."[257] The school boards subject to these types of statutes have the discretion to include athletic coaches in their mental health education, but are not required to.

Only two statutes both list specific jobs that require training and include athletic coaches in this list.[258] Delaware requires training of "each school district and charter school employee," which is defined as "all individuals, including teachers, school administrators, school support personnel, instructional aides, nurses, school counselors, coaches, custodial staff, and nutrition staff . . . who provide services to students on a regular, ongoing basis."[259] Rhode Island requires training for "all personnel hired or contracted by the school district, including, but not limited to: teachers, administration, custodians, lunch personnel, substitutes, nurses, coaches and coaching staff, even if volunteers."[260] These two statutes are the only state laws which actually explicitly name "coaches" as required to be trained.[261]

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254. HAW. REV. STAT. ANN. § 302A-856 (West, Westlaw through the end of the 2022 Regular Session, pending text revision by the revisor of statutes).

255. VA. CODE ANN. § 22.1-298.6 (West, Westlaw through the 2022 Regular Session and include 2022 Sp. Sess. I, cc. 1 to 22) (emphasis added).

256. OHIO REV. CODE ANN. § 3319.073 (West, Westlaw through File 132 of the 134th General Assembly (2021-2022)) (emphasis added).

257. LA. STAT. ANN. § 17:437.1 (West, Westlaw through the 2022 First Extraordinary Session) (emphasis added).

258. *See infra* App'x D.

259. DEL. CODE. ANN. tit. 14 § 4161 (West, Westlaw through ch. 111 of the 152nd General Assembly (2023-2024)). The statute also provides that this term "does not include contractors or subcontractors, such as bus drivers or security guards; substitute employees; and individuals hired by or subcontracted by other state agencies to work on school property." *Id.*

260. 16 R.I. GEN. LAWS ANN. § 16-21.7-2 (West, Westlaw through Chapter 442 of the 2022 Regular Session of the Rhode Island Legislature).

261. Note that while Minnesota has a statute that establishes a grant program to fund suicide prevention and intervention programs for a variety of community members, including public school nurses, teachers, administrators, and coaches, MINN. STAT. ANN. § 145.56 (West, Westlaw through all legislation from the 2022 Regular Session), coaches are not required to be included in school staff mental health trainings in its training statute, which limits training requirements to "all licensed teachers," MINN. STAT. ANN. § 122A.187 (West, Westlaw through all legislation from the 2022 Regular Session).

Overall, the majority of current statutes do not clearly mandate training for athletic coaches specifically, which allows student-athletes that struggle with mental illnesses to slip through the cracks. Out of the 41 states that have mandatory mental health education for certain staff members, only Delaware and Rhode Island explicitly name "coaches" as staff members required to attend trainings.[262] Although nine statutes use inclusive language like "all school personnel" and "all school staff,"[263] which heavily implies that coaches are included in mental health trainings, the other 32 mandatory mental health training statutes are ambiguous.

While many student-athletes are already exposed to their trained academic teachers (in states that require teachers to be trained in mental health), legislatures miss a key opportunity to address the mental health crisis in the school sport context by failing to equip all high school coaches with the knowledge and resources to aid student-athletes with mental health difficulties. The severity of the youth mental health crisis, as indicated in Part I, demands that state legislatures take advantage of any crucial opportunities to mitigate mental health concerns, such as training athletic coaches in mental health in order to reach student-athletes who are struggling with their mental health. Furthermore, because sport participation exposes student-athletes to extra mental health risks factors,[264] it is only logical to provide them with as many resources as possible to handle any mental difficulties — including training their coaches in youth mental health.

Coaches are in an especially unique positions to recognize and prevent mental health difficulties in their athletes.[265] Just as students spend a large amount of time at school, student-athletes often spend hours each day with their coaches —– sometimes even more than with their own parents. With coaches being major adult figures in young athletes' lives, they are positioned to recognize when an athlete is mentally struggling. Accordingly, if trained properly, coaches may "play an essential role in identifying student-athletes who may benefit from mental health resources," fostering a "health-promoting environment supportive of wellbeing," and normalizing and supporting treatment-seeking.[266] Without training in mental health, coaches may be ill-prepared to recognize and support a student-athletes in need.

Furthermore, as discussed in Section I.B, coaches themselves can contribute to a culture which fosters poor mental health or prevents athletes

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262. *See infra* App'x D.
263. *See id.*
264. See *supra* Section I.B.
265. *See, e.g.*, Morris et al., *supra* note 18, at 3; Strand et al., *supra* note 95, at 49–50.
266. Morris et al., *supra* note 18, at 3.

from asking for help.[267] If coaches are informed on mental health risks, especially in the context of athletics, they have the ability to "minimize the occurrence of coach bullying" and instead create an environment which normalizes reaching out for mental health help.[268] Even if not a "coach bully," coaches are generally mentors in student-athletes' lives, and by fostering a supportive, receptive environment, athletes will be more comfortable seeking help when they struggle mentally.[269]

Overall, by failing to include coaches in mental health training requirements, the majority of states leave a legislative gap, ignoring key mentor figures in many young athletes' lives that have the opportunity to both recognize mental difficulties in athletes and create supportive environments for mental health discussions.[270]

4. Is There a Requirement for How Frequently Trainings Must Take Place?

State statutes also vary greatly in how frequently trainings are required, which often leaves yet another gap in legislation. Without clear guidelines on regular mental health trainings, schools and their staff have the opportunity to evade their mental health training duties. Therefore, school staff may be ill-prepared to address student mental health.

A large portion of states, 16 states, require mental health training annually.[271] Some statutes within this group do not specify the number of required hours per year, while others are more specific. For example, Delaware requires 90 minutes of training each year,[272] and Iowa[273] and

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267. *See* Strand et al., *supra* note 95, at 49–50; *see also* Weston, *supra* note 61, at 20–22.

268. *See* Strand et al., *supra* note 95, at 53; *see also* Morris et al., *supra* note 18, at 3.

269. For a recommendation that coaches and school professionals should be educated on how to identify disordered eating behaviors in athletes, see Mancine et al., *supra* note 122, at 1, 3.

270. One may contend that instead of including coaches in mental health legislation, states could require all coaches to be certified teachers, and therefore, in states where mental health is required for all teachers, all coaches would be trained in mental health. However, this solution would cause many coaches to suddenly fail to qualify for their position unless they acquire a teacher's license. Even if coaches without teaching licenses were grandfathered in, potential coaches may not want to pay for a college degree to achieve a coaching position that pays less than a teaching position. Volunteer positions would also almost certainly decrease as well, possibly leading to coaching shortages within schools. Therefore, it would be simpler and more practical to encompass all coaches in mental health statutes, including non-teacher coaches. This would ensure current and future non-teacher coaches could coach, while still securing their ability to recognize mental health difficulties in their athletes.

271. *See infra* App'x E.

272. DEL. CODE. ANN. tit. 14 § 4162 (West, Westlaw through ch. 424 of the 151st General Assembly (2021–2022)).

273. IOWA CODE ANN. § 279.70 (West, Westlaw through legislation effective 7/1/2022 from the 2022 Regular Session, subject to changes made by Iowa Code Editor for Code 2023).

Kentucky[274] require at least one hour each year. A few states require two hours annually,[275] and North Carolina requires at least six hours for an "initial" training and two hours each subsequent year.[276]

However, many other states mandate trainings less frequently: four states require education every two years, four states every three years, one state every four years, and three states every five years.[277] Of these states, the time requirement ranges greatly from state to state, if specified at all. For example, Maine requires one to two hours every five years,[278] while one of North Dakota's statutes requires a minimum of eight hours of training every two years.[279]

Alternatively, instead of designating a training program to be implemented every few years, some statutes require that mental health training be integrated into professional development schedules.[280] For example, South Carolina mandates at least two hours of training "as a requirement for the renewal of credentials"[281] and Arkansas designates "two (2) hours of professional development, or professional learning credits as determined by the division."[282] A few other states make the training a requirement to receive a teacher's license, like South Dakota.[283]

Troublingly, seven statutes fail to specify at all how frequently the trainings are required, while six other statutes are unclear.[284] For example, Hawaii's statute says, "By September 15 of each year, each complex area shall report to the department on prior school year training prevention activities completed," but do not explicitly indicate how often the trainings

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274. KY. REV. STAT. ANN. § 156.095 (West, Westlaw through the 2022 Regular and Extraordinary Sessions and the Nov. 3, 2020 election).

275. *See* LA. STAT. ANN. § 17:437.1 (West, Westlaw through the 2022 First Extraordinary Session); N.H. REV. STAT. ANN. § 193-J:2 (West, Westlaw through Chapter 345 of the 2022 Reg. Sess.).

276. N.C. GEN. STAT. ANN. § 115C-376.5 (West, Westlaw through S.L. 2022-75 of the 2022 Regular Session of the General Assembly, subject to changes made pursuant to direction of the Revisor of Statutes).

277. *See infra* App'x E.

278. ME. REV. STAT. ANN. tit. 20-A § 4502 (West, Westlaw through the 2022 Second Regular Session of the 130th Legislature).

279. N.D. CENT. CODE ANN. § 15.1-07-34 (West, Westlaw through the 2021 Regular and Special Sessions 67th Legislative Assembly).

280. *See infra* App'x E.

281. S.C. CODE ANN. § 59-26-110 (West, Westlaw through 2022 Act No. 268, subject to final approval by the Legislative Council, technical revisions by the Code Commissioner, and publication in the Official Code of Laws).

282. ARK. CODE ANN. § 6-17-708 (West, Westlaw through the 2022 Third Extraordinary Session of the 93rd Arkansas General Assembly).

283. S.D. CODIFIED LAWS § 13-42-71 (West, Westlaw through laws of the 2022 Regular Session and Supreme Court Rule 22-10).

284. *See infra* App'x E.

should take place.[285] While this could be interpreted to mean that trainings for school staff are held every year, school boards or state agencies could also interpret this to mean that trainings must be *accessible* to school employees every year, but not *required* that employees attend every year.

Without clear standards on frequency of mental health education, schools can push aside the issue of mental health and delay trainings. Lack of timing requirements also make it difficult to monitor schools, as there is no hard deadline for check-ins about whether trainings are taking place.[286] Without a monitoring system, schools may skirt their training duties, teachers may not be adequately trained to deal with students' mental health, and students may fail to receive the treatment they need and deserve.

One possible reason legislatures may not specify recurrent training requirements is because they are hesitant to add a large amount of extra training to teachers' already jam-packed schedules.[287] Additional teacher requirements may negatively impact the national teacher shortage, which is partially caused by school districts overworking their staff. [288] However, statutes that do not clearly specify how often trainings are required leave a gap in mental health education by not providing school staff with current, salient knowledge in mental health.

5. Is There Any Oversight on Training Requirements?

Yet another shortcoming in current legislation is the fact that most states do not police school district compliance with mental health training requirements. Without a monitoring system that ensures school staff are actually receiving the necessary training, schools are able to elude training requirements and severely weaken the mandatory statutes.

A small minority of states implement systems to monitor compliance with mental health training requirements. For example, Hawaii's statute requires that every year, "each complex area shall report to the department on prior school year training prevention activities completed."[289] Similarly, the District of Columbia's statute states that the Department of Mental Health Establishment is required to "keep a record of all participants who complete the program and shall provide the participants with written proof of completion."[290]

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285. HAW. REV. STAT. ANN. § 302A-856 (West, Westlaw through the end of the 2022 Regular Session, pending text revision by the revisor of statutes).

286. *See infra* Section II.B.v (discussing monitoring of school districts).

287. *See* Watson, *supra* note 130 (stating that some legislatures are "hesitant to add more to teachers' plates").

288. *See* Natanson, *supra* note 186*; see also* Will, *supra* note 186.

289. HAW. REV. STAT. ANN. § 302A-856.

290. D.C. CODE ANN. § 7-1131.17 (West, Westlaw through June 30, 2022).

North Carolina has a more complex system, requiring that every year each school unit report to the Department of Public Instruction the content of the mental health training program and their "prior school year compliance."[291] The Department of Public Instruction can also audit school units "to ensure compliance," reporting the information "to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services" every year.[292]

New York's monitoring system is more extreme, providing consequences if mandates are not followed.[293] Each school district must certify to a "commissioner" that all staff have undergone annual required trainings, and if a school district fails to satisfy the requirements of the statute, the commissioner may withhold money from the district or direct the district to fix their school plans to reflect the mandates of the statute.[294]

However, contrary to the above listed states, many states do not have an explicit monitoring system to ensure school compliance with mental health trainings, creating a huge gap in these training statutes.[295] A government report from New York indicates that school districts have the tendency to evade even statutorily mandated mental health training requirements and reinforces the idea that school districts need to be monitored to ensure their conformity with mental health mandates.[296] According to the report from New York State Comptroller Thomas DiNapoli's office, out of twenty randomly selected school districts, 90% either did not offer mental health training or provided insufficient training.[297] Although there are minimal reports about nationwide compliance to these types of statutes, partially because these statutes are often very new and partially (and ironically)

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291. N.C. GEN. STAT. ANN. § 115C-376.5 (West, Westlaw through S.L. 2022-75 of the 2022 Regular Session of the General Assembly, subject to changes made pursuant to direction of the Revisor of Statutes).

292. *Id.*

293. N.Y. EDUC. LAW § 2801-a (McKinney, Westlaw through L.2022, chapters 1 to 579).

294. *Id.*

295. *See e.g.*, W. VA. CODE ANN. § 18-2-40 (West, Westlaw through legislation of the 2022 First Special Session, Regular Session, Second Special Session, Third Special Session, and Fourth Special Session).

296. *See Report of Examination: Mental Health Training Component of the New York SAVE Act*, OFF. N.Y. STATE COMPTROLLER (2022), https://www.osc.state.ny.us/local-government/audits/school-district/2022/06/08/mental-health-training-component-new-york-save-act-2022-ms-1 [https://perma.cc/X8NM-K8T3].

297. *Id.* Twelve of the districts trained staff on at least one of the twelve training components required by the New York statute, and six school districts did not train staff on any of the mental health recommendations. *Id.* School districts who failed to follow New York mandates cited COVID-19 as distracting them from providing timely mental health training or argued there was an absence of clear state Education Department guidance on the trainings required under the statute. *Id.*

because there are often no systems to monitor school compliance, it is reasonable to infer from New York's trends that school districts in other states are also slacking on training mandates.

Including a monitoring system establishes a safeguard to help prevent schools from evading statutorily required trainings, and therefore, ensures school staff are equipped to address student mental health issues. States without this additional safeguard put school staff members at a disadvantage when it comes to addressing student mental health concerns.

Monitoring systems may serve another purpose as well: as a method of data collection to help ensure that mental health training programs are being effectively implemented. [298] The U.S. Department of Education recommends that school districts collect and analyze data from mental health programs not only to confirm school district compliance, but also to provide evidence-based feedback that can inform future trainings.[299] Comprehensive records of staff training from schools may aid agencies or other school boards in selecting trainings that provide science-based, effective mental health education.

Overall, although monitoring systems ensure compliance and improve future trainings — and therefore ensure school staff are prepared to address mental health issues of students — many current statutes do not have such systems, debilitating many mental health training laws.

6. How are Trainings Funded?

Another crippling deficiency in many mental health training statutes is the problem of funding. Without a fully funded statute by the state or other federal resources, training costs and responsibilities are explicitly or implicitly shifted to school districts or their staff members, leading to an unfair economic burden.

Generally, many state statutes regarding mental health training for school staff do not expressly acknowledge where the funding for such training comes from. However, a very small portion of statutes provide for funding of mental health trainings. For example, Wyoming's statute states that training will be provided "with funds made available to the district under the Wyoming education resource block grant model."[300]

Another small number of statutes specify certain grant programs that schools *can* draw funding from. For example, Illinois's statute provides that school districts "may utilize" the Illinois Mental Health First Aid training

298. *See Department of Education Mental Health Report*, *supra* note 7, at 32.

299. *See id*.

300. WYO. STAT. ANN. § 21-3-110 (West, Westlaw through the 2022 Budget Session of the Wyoming Legislature).

program "to provide the training and meet the requirements under this subsection."[301] More generally, Indiana's statute states that schools "may leverage" state and federal grant funds or "free or reduced cost evidence based youth suicide awareness and prevention training provided by any state agency or qualified statewide or local organization."[302] If schools do not choose to apply for grants or are denied grants in these states, the cost of the training will be shift elsewhere — to the individual school districts or the schools' staff.

Other statutes that mandate mental health training reserve the budget allocation process for separate legislative action, like annual budgeting legislation, or simply say that schools can use state funding if the state decides to provide it. For example, Alabama provides that training is mandated "[t]o the extent that the Legislature shall appropriate funds, or to the extent that any local board may provide funds from other sources."[303] Similarly, Washington's statute explains that "[t]raining may be offered on a fee-for-service basis, or at no cost to school districts or educators if funds are appropriated specifically for this purpose or made available through grants or other sources."[304] If the legislature does not specifically appropriate funds for these trainings, again, school districts or their staff may bear the financial burden.

More disturbingly, many other mental health training mandates are incorporated directly into the teacher licensure or professional development section of the state codes.[305] Oftentimes, teachers must pay for their own professional development courses,[306] which means that mental health trainings in these states are most likely funded by the teachers themselves.

Conversely, a very small number of statutes expressly specify that school staff members do not bear the burden of paying for training. For example, Alaska's statute explains that trainings are provided "at no cost to the

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301. 105 ILL. COMP. STAT. ANN. § 5/10-22.39 (West, Westlaw through P.A. 102-1102 of the 2022 Reg. Sess.).

302. IND. CODE ANN. § 20-28-3-6 (West, Westlaw through all legislation of the 2022 Second Regular Session, the Second Regular Technical Session, and the Second Regular Special Session of the 122nd General Assembly effective through September 15, 2022).

303. ALA. CODE. § 16-28B-8 (West, Westlaw through Act 2022-442 of the 2022 Regular and First Special Sessions).

304. WASH. REV. CODE § 28A.310.500 (West, Westlaw through all legislation from the 2022 Regular Session of the Washington Legislature).

305. *See, e.g.*, ARK. CODE. ANN. § 6-17-708; S.D. CODIFIED LAWS § 13-42-71.

306. *See* Sarah Schwartz, *Access to Quality PD Is an Equity Issue, Teachers Say*, EDUC. WK. (Mar. 3, 2020), https://www.edweek.org/leadership/access-to-quality-pd-is-an-equity-issue-teachers-say/2020/03 [https://perma.cc/RND7-NRRK] (stating that teachers say they have to pay for their own professional development, outside of a handful of in-service professional-development days a year).

teacher, administrator, counselor, or specialist."[307] One of Mississippi's statutes explains that refresher trainings are to be "provided at no cost to school employees"[308] and outlines a grant program that school districts can apply for.[309]

For states that do not explicitly allocate funding for mental health trainings, funding can be leveraged from federal, state, and community resources.[310] One such source is via federal funding through the U.S. Department of Education. As of March of 2021, nearly all states specifically reference using funds from the Every Student Succeeds Act for student mental health provisions in their state plans.[311] Through this program, "states make grants to local education agencies, which must use a portion of those funds to improve school climate, school safety, and/or student mental and behavioral health."[312]

States and schools can also obtain funds for mental health programs through competitive grant programs by the U.S. Department of Education.[313] For example, the School Climate Transformation Grant may be provided to states to "support districts and schools in implementation of an evidence-based, multitiered behavioral framework . . . with the ultimate goal of improving behavioral outcomes and learning conditions for all students."[314]

Project Advancing Wellness and Resiliency in Education ("Project AWARE"), a grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a common source of funding to "provide training for school personnel and other connected adults to detect and respond to mental health issues."[315] Furthermore, although the CDC provides grants that are primarily focused on students' physical health, states can use CDC funding to support the Whole School, Whole Community,

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307. ALASKA STAT. ANN. § 14.30.362 (West, Westlaw through August 27, 2022 of the 2022 Second Regular Session of the 32nd Legislature).

308. MISS. CODE ANN. § 37-3-83 (West, Westlaw through laws from the 2022 Regular Session effective through July 1, 2022).

309. *See id*.

310. *See* Joint Informational Bulletin, *supra* note 44, at 18.

311. Alyssa Rafa et al., *State Funding for Student Mental Health*, EDUC. COMM'N OF THE STATES 2–3 (Mar. 2021), http://www.ecs.org/wp-content/uploads/State-Funding-for-Student-Mental-Health.pdf [https://perma.cc/F8Y5-4ANJ].

312. *Id*. at 3.

313. *Id*.

314. *Id*. at 4. Another federal source of funding for mental health statutes, which does not apply to training of school staff, is Medicaid grants offered by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention to reimburse districts for school-based health centers or Medicaid-eligible providers. *See id.* at 3–4.

315. *Id*. at 4.

Whole Child ("WSCC") model, which involves several goals related to student mental health.[316]

Aside from federal funding, states appropriate funds through their own budgets to support mental health programs in schools.[317] In 2021, at least thirty-seven states designated funds for student mental health programs in their state education budgets, which is separate from the funds distributed through their school funding model.[318] In addition to allocating funds from state education budgets, some states find funding from their state health, human services, and juvenile justice budgets to train educators.[319] Much of this funding from the state budgets takes the form of state grant programs, which school districts apply for.[320] Another source of state funding for mental health is directly through school funding models, which is often used to pay mental health support staff in schools.[321]

Alternatively, a limited number of states use earmarked tax revenue to fund student mental health support.[322] For example, the Mental Health Services Act in California is "funded by a one percent income tax on personal income in excess of $1 million per year" and is designed to improve support for students with mental health issues.[323] The Act addresses "prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system."[324] Another creative example of funding through tax dollars is Arkansas, which funds its School-Based Health Center Grant Program in part using the state tobacco excise tax established in 2009.[325] The grant program, a product of the state education agency and several state health agencies, promotes student health and wellness — including student mental health.[326]

Overall, despite the wide variety of monetary sources from which state legislatures can draw to fund mental health trainings in schools, most training statutes do not explicitly fund mandatory trainings, and thus the cost of

316. *Id*.

317. *Id*. at 6.

318. *Id*. For an example of this, see MICH. COMP. LAWS ANN. § 388.1631q (West, Westlaw through current through P.A.2022, No. 235, of the 2022 Regular Session, 101st Legislature).

319. *See* Rafa et al., *supra* note 311, at 6.

320. *See* Heller, *supra* note 133, at 306.

321. *See* Rafa et al., *supra* note 311, at 6.

322. *See id.*

323. *Mental Health Services Act*, CAL. DEP'T HEALTH CARE SERVS. (Sept. 2, 2022), https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx [https://perma.cc/YX4T-PYVX].

324. *Id*.

325. *See* Rafa et al., *supra* note 311, at 6.

326. *Id.*

trainings could shift to staff members themselves. Furthermore, most statutes that do mention funding — by listing grants available, deferring to future legislative action, or designating trainings in professional development programs — often lead to staff members burdening the cost themselves as well. Shifting this cost to school staff would unfairly place an extra economic strain on them and could amplify an already alarming teacher shortage.[327]

Furthermore, even if school staff do not pay for their trainings individually, a lack of state funding may force each school district to find funding. This is problematic because lower-income school districts have students who often struggle the most from mental health difficulties, yet also have the least amount of mental health resources.[328] Legislatures must provide for state funding in their training statutes to ensure that these school districts can fully comply with mandates without resulting in budget cuts elsewhere. Whether the economic responsibility of mental health trainings is shifted to school districts or their staff, an unfunded training statute is highly problematic.

III. SOLVING CURRENT LEGISLATIVE DEFICIENCIES: A PROPOSED MODEL STATUTE

The alarming decline in youth mental health demands attention from the government.[329] Although the federal government allocated funds towards mental health resources for schools and pushed state governors to address the crisis,[330] current state action still fails to adequately protect students, especially student-athletes. Current state statutes regarding mental health trainings for school staff have major deficiencies that hinder their purpose of addressing youth mental health, including lacking compulsory language, limiting content taught in the trainings, failing to require athletic coaches to participate in trainings, and neglecting to include frequency requirements, monitoring systems, and funding.[331] Section III.A will reaffirm why states must enact statutes that mandate mental health trainings for school staff members, including athletic coaches. [332] Section III.B will propose a model

327. *See* Natanson, *supra* note 186; *see also* Will, *supra* note 186.

328. *See* Cappella et al., *supra* note 9, at 598; *see also Department of Education Mental Health Report*, *supra* note 7, at 10.

329. *See supra* Part I.

330. *See supra* Section II.A.

331. *See supra* Section II.C.

332. *See supra* Section III.A.

state statute that will more adequately prepare school staff to address student mental health concerns, including student-athletes. [333]

A. State Mandated Mental Health Trainings for High School Staff is Critical

The government must act to address the youth mental health crisis, especially in the context of youth sports participation. As discussed in this Note thus far, current youth mental health, along with the mental health of young athletes, is struggling.[334] Because sport participation exposes student-athletes to extra mental health risk factors,[335] legislatures must create laws that adequately addresses young athletes' mental health.

Furthermore, addressing student-athlete mental health in high-school-aged children is the next logical step in the trend toward recognizing athlete mental struggles. Along with recent instances of high-profile athletes disclosing their mental health struggles,[336] collegiate athletic institutions have recently pushed to confront mental illness in sports. At the 2019 National Collegiate Athletic Association (NCAA) Convention, the ACC, Big Ten, Big 12, Pac-12, and SEC conferences unanimously adopted legislation requiring their member institutions to make mental health services available to their student-athletes,[337] which was later adopted by the America East Conference.[338] Additionally, mental health was a key area of focus for the 2020 NCAA Convention, with the NCAA's chief medical officer, Dr. Brian Hainline, saying that "[m]ental health is the single most important health and safety issue facing our student-athletes today."[339] After

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333. *See supra* Section III.B. For a similar proposed mandate related to mental health, but in the context of school violence, see generally Heller, *supra* note 133. In response to school violence in the 2010s, Heller advocated for legislation requiring schools to monitor children's mental health and improve access to mental health in schools, including a plan for the mental health education of teachers. *See id.* at 283, 297.

334. *See supra* Part I.

335. *See supra* Section I.B.

336. *See, e.g.*, Silva, *supra* note 4 (discussing Olympic gymnast's struggles with mental health); Wall, *supra* note 5 (chronicling professional basketball player's experiences with depression); Love, *supra* note 118 (same).

337. *See* Michelle Brutlag Hosick, *Access to Mental Health Services Guarantee By Autonomy Conferences*, NAT'L COLLEGIATE ATHLETIC ASS'N (Jan. 24, 2019, 6:58 PM), https://www.ncaa.org/news/2019/1/24/access-to-mental-health-services-guaranteed-by-autonomy-conferences.aspx [https://perma.cc/5YH2-9RRL].

338. *See America East Strengthens its Commitment to Mental Health*, AM. E. (Feb. 20, 2019, 3:00 PM), https://americaeast.com/news/2019/2/20/AE_mental_health.aspx?path=Leadership [https://perma.cc/6RES-B64U].

339. Charlie Henry, *Mental Health Is Key Focus at NCAA Convention*, NAT'L COLLEGIATE ATHLETIC ASS'N (Jan. 28, 2020, 3:00 PM), https://www.ncaa.org/news/2020/1/28/mental-health-is-key-focus-at-ncaa-convention.aspx [https://perma.cc/HMP9-YTU7].

the 2020 Diverse Student-Athlete Mental Health and Well-Being Summit, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) commissioned the Mental Health Advisory Group, which is responsible for "reviewing and recommending updates to the NCAA's Mental Health Best Practices and other relevant mental health materials."[340] The Advisory Group plans to have their final recommendations ready for distribution in January 2024.[341]

Clearly, the mental health of collegiate-aged student-athletes is of enough concern to lead to institutional change. This concern should translate to high school-aged athletes,[342] especially as sports professionalization causes high school sports to mimic collegiate athletics, including the mental stressors of collegiate athletes.[343] Interventions in high school will better prepare athletes for mental health difficulties later in their careers and lives. By equipping high school student-athletes who will pursue athletic careers in the future "with the tools to develop and sustain good mental health (independent of their athletic performance) in high school, and as they transition into [college]," instances of college-aged mental problems could be reduced.[344] Moreover, addressing the mental health of student-athletes in high school is itself valuable, whether young athletes chose to continue their athletic career after high school or not — as it helps reduce the mental suffering of adolescent athletes.

To ensure that high-school-aged athletes, along with their non-athlete peers, receive the mental health attention that they need and deserve, states must mandate effective mental health trainings for school staff members and amend any deficiencies in current statutes on the books.

As discussed earlier in this Note, schools are an ideal setting for addressing mental health.[345] Schools are uniquely positioned to both identify

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340. Justin Whitaker, *Mental Health Advisory Group to Meet for the First Time*, NAT'L COLLEGIATE ATHLETIC ASS'N (Oct. 5, 2022, 4:30 PM), https://www.ncaa.org/news/2022/10/5/media-center-mental-health-advisory-group-to-meet-for-first-time.aspx [https://perma.cc/D39S-YNR3].

341. *See id*. For an argument that government regulation must force the NCAA to further prioritize student-athlete safety, including mental health, see Jayce Born, *National Protection of Student-Athlete Mental Health: The Case for Federal Regulation Over the National Collegiate Athletic Association*, 92 IND. L.J. 1221, 1224 (2017).

342. *See* Flanagan, *supra* note 1 (suggesting that colleges might give some insight into how to fix the mental health problem in high school athletes). Flanagan also cites Shane Murphy, who predicts that collegiate responses to mental health could put pressure on high schools to follow suit and that over the next decade, more priority will be given to the mental health of high school student-athletes. *Id.*

343. *See supra* Section I.B.

344. DeLenardo & Terrion, *supra* note 79, at 53.

345. *See supra* Section I.C.

mental health issues and support mental wellness.[346] Schools can address the mental health struggles of their students when families of students are not able to.[347] Additionally, early intervention, especially in the context of student-athletes, is extremely important to successful mental health treatments,[348] and school is a natural setting for early identification.[349]

More specifically, mental health trainings for school staff are both (i) necessary to repair teachers' current mental health literacy gap and (ii) effective in preparing school staff to recognize and confront students' mental health difficulties.[350] Studies show that teachers feel ill-prepared to address youth mental health,[351] and that mental health trainings are proven to be successful in providing educational professionals with the knowledge to aid students.[352]

Objections about placing more requirements on teachers must not prevent school staff from receiving the training they need to effectively recognize and provide support for students with mental struggles. The possible concerns about over-burdening school staff, while valid, are outweighed by the distressing statistics and evidence which prove the importance of addressing youth mental health. Students' mental health is a matter of life or death,[353] and may not be pushed aside or ignored because of other educational shortcomings that cause school staff to be overworked.[354]

Finally, state legislatures must be the governmental body to intervene on behalf of school staff mental health trainings, as opposed to individual school districts, state agencies, or the federal government. Although school districts may be in a better position to tailor trainings to their community needs and values, mental health is a national life-or-death crisis that demands urgent action.[355] Trusting every school district to implement trainings without a mandate is neither a practical nor efficient method to address the mental health crisis. Individual school districts have shown that they are resistant

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346. *See generally* Stephan et al., *supra* note 133; Childs et al., *supra* note 133.

347. *See* Stephan et al., *supra* note 133, at 1332.

348. *See* Colizzi et al., *supra* note 6, at 1; DeLenardo & Terrion, *supra* note 79, at 53.

349. *See* Joint Informational Bulletin, *supra* note 44, at 1.

350. *See supra* Section II.B.ii.

351. *See* Childs et al., *supra* note 133, at 1589; *see also* Gecker, *supra* note 145; *Department of Education Mental Health Report*, *supra* note 7, at 8.

352. *See* Childs et al., *supra* note 133, at 1581.

353. *See* Matt Richtel, *'It's Life or Death': The Mental Health Crisis Among U.S. Teens*, N.Y. TIMES (Apr. 23, 2022), https://www.nytimes.com/2022/04/23/health/mental-health-crisis-teens.html [https://perma.cc/DV8R-GD54].

354. This Note's proposed model statute mandates funding from sources other than school districts and/or school staff themselves, so the cost of training should not be an objection that school staff will have. *See supra* Section III.B.

355. *See* Richtel, *supra* note 353.

to providing mental health trainings for school staff, even when it is mandatory.[356]

Additionally, the federal government has explicitly transferred a large amount of responsibility to state governments[357] and has not indicated that future federal action would include mandates.[358] Because the federal government delegated responsibility to state governments, and because current mental health training mandates are currently at the state level, it is logical to amend and improve current state laws to ensure they are adequately training school staff.[359]

B. Addressing Current State Law Deficiencies: A Proposed Model Statute

State legislatures recently responded to the youth mental health crisis by enacting legislation regarding school staff mental health training, as discussed in Section II.B.[360] However, these newly enacted laws are dangerously deficient. Current state legislation leaves wide gaps in the law that permits authority figures in school settings to be ill-equipped to address youth mental health; ultimately, these defects frustrate the goal of mitigating the mental health crisis. Along with failing to adequately address mental illnesses of children generally, gaps in current state laws endanger student-athletes with poor mental health by allowing them to slip through the cracks. Therefore, to ensure that mental health trainings sufficiently prepare school staff to support students, this Note proposes that states amend current laws to correct their unacceptable deficiencies or enact new legislation without these shortcomings.

A model state statute would include at least the following six components:

1. Mandate Mental Health Trainings

First, trainings should be clearly and expressly mandated in state statutes. Statutes should not contain language like "recommend" or "encourage," or state that training will be "made available," and instead should use words

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356. *See supra* notes 295–96 and accompanying text (evidence about state compliance with mental health mandates).

357. *See* Key Policy Letters, *supra* note 142.

358. *See generally id.*

359. Please note that although state agencies will maintain a role in mental health training requirements in schools, especially in the context of monitoring school district compliance and creating regulations to provide guidance on choosing science-based and current trainings, they cannot complete such checks and regulations until they are created and guided by legislation. Therefore, it falls to state legislatures to clearly mandate mental health training for school staff.

360. *See supra* Section II.B.

like "required" and "must." This language will reduce occurrences of school districts skirting their training duties and may prevent students with serious mental health concerns from being overlooked.

While mandates may strain tight state budgets or limit individual schools' ability to shape school curriculum to local needs and priorities, data on the alarming youth mental health trends discussed in Part I justifies a mandate for schools.[361] Again, poor mental health can have grave consequences:[362] It cannot be left to the whims of each school district or board. State legislatures must be clear that mental health education for school staff is necessary to ensure student safety and wellness.

2. Include All Coaches in Mandatory Trainings

Second, statutes should unambiguously and explicitly include all athletic coaches, including volunteer and non-teacher coaches, in mental health trainings mandates. Current statutes that expressly or implicitly only include teachers should expand to include all coaches.[363] Additionally, current statutes that are ambiguous about which staff members are included must be amended to clearly include all coaches. Furthermore, decisions about which school staff members must be trained should not be left to the discretion of any other governing bodies, whether it is a school board or state agency. Rhode Island's statute, which requires training for "all personnel hired or contracted by the school district, including, but not limited to teachers, administration, custodians, lunch personnel, substitutes, nurses, coaches and coaching staff, even if volunteers[,]" may prove instructional for this element of the model statute.[364]

These changes will ensure that all coaches — who have a unique opportunity to reach student-athletes and create a supportive and open environment — are equipped to help student-athletes with their specific mental health needs.

3. Require Comprehensive Trainings that will Benefit Student-Athletes

Third, these statutes must educate school staff members on comprehensive mental health issues, including mental health problems that impact student-athletes. The mental health crisis encompasses a multitude of mental health disorders and difficulties, including stress, anxiety,

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361. *See supra* Part I.

362. *See* Richtel, *supra* note 353.

363. *See supra* Section II.B.

364. 16 R.I. GEN. LAWS ANN. § 16-21.7-2 (West, Westlaw through Chapter 442 of the 2022 Regular Session of the Rhode Island Legislature).

depression, eating disorders, substance abuse, and suicide.[365] Limiting school staff trainings to suicide awareness and prevention fails students who are experiencing other mental health problems or disorders, including some that may contribute to thoughts of suicide in the future.

Therefore, to fully address the mental health crisis, it is insufficient to limit school staff trainings to merely suicide awareness and prevention. This is especially true for student-athletes, who may experience a wide array of mental health difficulties partially stemming from their participation in sports.[366] It would be irresponsible and harmful to student-athletes' mental well-being for coaches to not have sufficient knowledge about the variety of mental disorders that they may experience.

Florida's current statute, one of the only comprehensive mental health statutes, can provide guidance for this element.[367] It mandates training on "youth mental health awareness and assistance," which must include "[a]n overview of mental illnesses and substance use disorders and the need to reduce the stigma of mental illness" and information about the risk factors, warning signs, and treatments for "emotional disturbance, mental illness, or substance use disorders, including, but not limited to, depression, anxiety, psychosis, eating disorders, and self-injury."[368] A statute crafted in this way will more completely address the complexities of mental health, including mental health of student-athletes.

4. Specify Frequency of Trainings Clearly

Fourth, statutes should clearly specify the frequency of trainings, both to prevent schools from evading their training responsibilities and to keep school staff updated on current mental health science. This will provide meaningful guidance to school districts about how often trainings are required and will ensure school staff members are prepared to recognize and aid students with mental health difficulties. Clear standards on the frequency of mental health trainings will prevent schools from pushing aside the issue of mental health and delaying trainings. Timing requirements also make it easier to monitor schools, as they create a hard deadline for check-ins to ensure that adequate trainings are taking place.[369] Because these trainings cover such an important topic of youth mental health, it is vital that school

365. *See supra* Section I.A.

366. *See supra* Section I.B.

367. *See* FLA. STAT. ANN. § 1012.584 (West, Westlaw through laws, joint and concurrent resolutions and memorials through July 1, 2022, in effect from the 2022 Second Regular Session).

368. *Id.*

369. *See supra* Section II.B.v (discussing school district monitoring).

staff, including coaches, are informed with updated data about mental health of students.

5. Establish a Monitoring System

Fifth, statutes should formulate a monitoring system that ensures that training requirements are fulfilled by each school district. Legislatures may look to states like Louisiana for guidance on this element. Louisiana, directly within their mental health statute, mandates that the State Board of Elementary and Secondary Education randomly survey employees of schools "to ascertain their compliance with the suicide prevention training requirements" and also that "the governing authority" of each school "document and verify to the state Department of Education" each year that all school employees received the mandatory training.[370] States may designate agencies or other commissions to randomly audit school districts or require school districts to report back with their compliance.

The New York State Comptroller Office report indicates that school districts in New York State are not fully complying with the state's mental health mandates.[371] Schools need to be monitored to ensure adherence to this legislation so that staff are armed with skills to aid students struggling with mental health. Including such a monitoring system establishes a safeguard to prevent schools from evading statutorily required trainings, and, therefore, ensures that school staff members are equipped to address student mental health issues.

6. Provide State Funding

Sixth, statutes should clearly provide funding for trainings. Such funding must not be at the expense of school districts or staff members that are being trained. This prevents the trainings from creating unnecessary economic burdens for school districts or their staff.

Adding further economic burden onto school districts and their staff, who are already experiencing critical teacher shortages, is neither practical nor fair.[372] Additionally, by shifting the cost of trainings away from school staff, staff members are more likely to enthusiastically engage in trainings and be better prepared to address mental health difficulties in students. Therefore,

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370. LA. STAT. ANN. § 17:437.1 (West, Westlaw through the 2022 First Extraordinary Session).

371. *See Report of Examination: Mental Health Component of the New York SAVE Act*, *supra* note 296, at 5. For more information about this report, see *supra* notes 293–97 and accompanying text.

372. *See* Natanson, *supra* note 186; Will, *supra* note 186.

it is vital that school staff themselves are not forced to pay for their own mandated mental health trainings.

Furthermore, funding for these statutes is necessary to ensure that lower-income school districts, which often struggle the most from mental health difficulties, but have the least amount of mental health resources,[373] can fully comply with mandates without having budget cuts elsewhere. Whether it is leveraging already existing state programs or allocating more of the state budget to schools, state legislatures must ensure that these mental health trainings are fully funded without placing the economic responsibility on school districts or their staff.

CONCLUSION

State legislatures must amend their current laws to fully address the mental health needs of high school students, especially student-athletes. With an alarming mental health crisis in both the general student population and student-athletes, states must act by providing mental health education to school staff. Because mental health training is proven to be necessary and effective in school environments, school staff trained in mental health can play a critical role in recognizing and providing aid to students with mental health issues.

This legislation must be both practical and effective. Current state legislation is neither. Some states lack laws that affirmatively mandate training, which allows schools to skirt their duties of training school staff. Clear and explicit language is needed to ensure staff attend trainings so that students are surrounded by knowledgeable, supportive staff at school. Of the states that do explicitly mandate training, almost all these laws fail to include non-teacher coaches within their language. This leaves an impermissible gap in mental health trainings — as student-athletes experience a multitude of risk factors that their non-athlete peers might not. If included in mental health trainings, coaches have a unique opportunity to reach student-athletes struggling with mental health, as well as foster a supportive and open environment for mental health. Additionally, current legislation is limited to suicide prevention training, and is therefore not nearly nuanced or comprehensive enough to truly inform school staff on the many mental illnesses that students may face. This is especially true for student-athletes, whose mental illnesses, like anxiety, depression, substance abuse, and eating disorders, are often linked to their participation in sports. Many laws also do not clearly provide a satisfactory schedule for when trainings are required or a monitoring system to ensure school district

373. *See* Cappella et al., *supra* note 9, at 2; *see also Mental Health Report Card*, *supra* note 7, at 10.

compliance with mandates, which again may allow school staff to be unprepared to aid their students or athletes. Also, many laws do not provide state funding for the mandates, which may further burden already struggling schools and staff.

This Note's proposed model statute avoids these issues — addressing each one to ensure that both student-athletes and their non-athlete peers are surrounded by school staff that are well-informed and knowledgeable about youth mental health. In a world where the state of youth mental health is an issue of increasing concern, especially in the sports context, states must act to address these concerns fully and completely. Current law is simply not good enough.

APPENDIX A: STATE STATUTES REGARDING MENTAL HEALTH TRAINING FOR SCHOOL STAFF[374]

STATE	STATUTE CITATION(S)
Ala.	ALA. CODE. § 16-28B-8 (West, Westlaw through Act 2022-442 of the 2022 Regular and First Special Sessions).
Alaska	ALASKA STAT. ANN. § 14.30.362 (West, Westlaw through amendments received August 27, 2022 of the 2022 Second Regular Session of the 32nd Legislature).
Ariz.	ARIZ. REV. STAT. ANN. § 15-120 (West, Westlaw through legislation effective September 24, 2022 of the Second Regular Session of the Fifty-Fifth Legislature (2022)).
Ark.	ARK. CODE. ANN. § 6-17-708 (West, Westlaw through the 2022 Third Extraordinary Session of the 93rd Arkansas General Assembly).
Calif.	CAL. EDUC. CODE § 49428.15 (West, Westlaw through amendments received through October 15, 2022); CAL. EDUC. CODE § 215 (West, Westlaw through all laws through Ch. 997 of 2022 Reg. Sess.) (not mandated)
Colo.	COLO. REV. STAT. ANN. § 25-1.5-112 (West, Westlaw through the Second Regular Session, 73rd General Assembly (2022)); Grant Program Statute: COLO. REV. STAT. ANN. § 25-1.5-113 (West, Westlaw through the Second Regular Session, 73rd General Assembly (2022)) (not mandated)
Conn.	CONN. GEN. STAT. ANN. § 10-220a (West, Westlaw through all enactments of the 2022 Regular Session).

374. This list includes the names of statutes that both mandated and recommended trainings.

STATE	STATUTE CITATION(S)
Del.	DEL. CODE. ANN. tit. 14 § 4165 (West, Westlaw through ch. 424 of the 151st General Assembly (2021-2022).
Fla.	FLA. STAT. ANN. § 1012.584 (West, Westlaw through laws, joint and concurrent resolutions and memorials through July 1, 2022, in effect from the 2022 Second Regular Session); Statute about Monitoring System: FLA. STAT. ANN. § 1006.07 (West, Westlaw through laws, joint and concurrent resolutions and memorials through July 1, 2022, in effect from the 2022 Second Regular Session); Regulation: FLA. ADMIN. CODE ANN. r. 6A-1.0018 (West, Westlaw through June 14, 2022).
Ga.	GA. CODE ANN. § 20-2-779.1 (West, Westlaw through legislation passed at the 2022 Regular Session of the Georgia General Assembly); Regulation: GA. COMP. R. & REGS. 160-4-8-.19 (West, Westlaw through amendments available through September 14, 2022).
Haw.	HAW. REV. STAT. ANN. § 302A-856 (West, Westlaw through the end of the 2022 Regular Session, pending text revision by the revisor of statutes).
Idaho	IDAHO CODE ANN. § 33-136 (West, Westlaw through effective legislation through the 2022 Second Regular Session and the First Extraordinary session of the Sixty-sixth Idaho Legislature).
Ill.	105 ILL. COMP. STAT. ANN. § 5/10-22.39 (West, Westlaw through P.A. 102-1102 of the 2022 Reg. Sess.).
Ind.	IND. CODE ANN. § 20-28-3-6 (West, Westlaw through all legislation of the 2022 Second Regular Session, the Second Regular Technical Session, and the Second Regular Special Session of the 122nd General Assembly effective through September 15, 2022); Statute with more details about frequency: IND. CODE ANN. § 20-28-5.5-1 (West, Westlaw through all legislation of the 2022 Second Regular Session, the Second Regular Technical Session, and the Second Regular Special Session of the 122nd General Assembly effective through September 15, 2022).
Iowa	IOWA CODE ANN. § 279.70 (West, Westlaw through legislation effective 7/1/2022 from the 2022 Regular Session, subject to changes made by Iowa Code Editor for Code 2023).
Kan.	KAN. STAT. ANN. § 72-6284 (West, Westlaw through laws enacted during the 2022 Regular Session of the Kansas Legislature effective on July 1, 2022).

STATE	STATUTE CITATION(S)
Ky.	KY. REV. STAT. ANN. § 156.095 (West, Westlaw through the 2022 Regular and Extraordinary Sessions and the Nov. 3, 2020 election).
La.	Main training statute: LA. STAT. ANN. § 437.1 (West, Westlaw through the 2022 First Extraordinary Session); Statute focused on bullying and mental health: LA. STAT. ANN. § 416.14 (West, Westlaw through the 2022 First Extraordinary Session).
Me.	ME. REV. STAT. ANN. tit 20-A, § 4502 (West, Westlaw through the 2022 Second Regular Session of the 130th Legislature); Regulation: 05-071 Ch. 38 ME. CODE R. § I (West, Westlaw through the April 13, 2022 Maine Weekly Rule Notice).
Md.	MD. CODE ANN. EDUC. § 6-122 (West, Westlaw through all legislation from the 2022 Regular Session of the General Assembly); Regulation: MD. CODE REGS. 13A.07.11.02 (West, Westlaw through Maryland Register Vol. 49, Issue 19 dated September 9, 2022).
Mass.	MASS. GEN. LAWS ANN. § 95 (West, Westlaw through Chapter 125, 134, 136, 144-147, 149, 158, 174 of the 2022 2nd Annual Session).
Mich.	MICH. COMP. LAWS ANN. § 380.1171 (West, Westlaw through P.A.2022, No. 235, of the 2022 Regular Session, 101st Legislature) (not mandated); Statute about monetary allocations/grants: MICH. COMP. LAWS ANN. § 388.1631q (West, Westlaw through P.A.2022, No. 235, of the 2022 Regular Session, 101st Legislature).
Minn.	MINN. STAT. ANN. § 122A.187 (West, Westlaw through all legislation from the 2022 Regular Session); Grant Program Statute: MINN. STAT. ANN. § 145.62 (West, Westlaw through all legislation from the 2022 Regular Session).
Miss.	Statute regarding suicide prevention education for all school district employees: MISS. CODE ANN. § 37-3-101 (West, Westlaw through laws from the 2022 Regular Session effective through July 1, 2022); Statute regarding grant program and refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, teachers and administrators: MISS. CODE ANN. § 37-3-83 (West, Westlaw through laws from the 2022 Regular Session effective through July 1, 2022).

STATE	STATUTE CITATION(S)
Mo.	Statute mandating trainings: MO. ANN. STAT. § 170.048 (West, Westlaw through WID 37 of the 2022 Second Regular Session of the 101st General Assembly); Statute providing detail about trainings: MO. ANN. STAT. § 170.047 (West, Westlaw through WID 37 of the 2022 Second Regular Session of the 101st General Assembly).
Mont.	MONT. CODE ANN. § 20-7-1310 (West, Westlaw through the 2021 Session of the Montana Legislature) (not mandated).
Neb.	NEB. REV. STAT. ANN. § 79-2, 146 (West, Westlaw through the end of the 2nd Regular Session of the 107th Legislature (2022)).
Nev.	NEV. REV. STAT. ANN. § 388.256 (West, Westlaw through Ch. 2 (End) of the 33rd Special Session (2021))
N.H.	N.H. REV. STAT. ANN. § 193-J:2 (West, Westlaw through Chapter 345 of the 2022 Reg. Sess.).
N.J.	N.J. STAT. ANN. § 18A:6-112 (West, Westlaw through L.2022, c. 115 and J.R. No. 7).
N.M.	NONE
N.Y.	N.Y. EDUC. LAW § 2801-a (West, Westlaw through L.2022, chapters 1 to 579).
N.C.	N.C. GEN. STAT. ANN. § 115C-376.5 (West, Westlaw through S.L. 2022-75 of the 2022 Regular Session of the General Assembly, subject to changes made pursuant to direction of the Revisor of Statutes).
N.D.	Statute regarding training for teacher licensure: N.D. CENT. CODE ANN. § 15.1-13-35 (West, Westlaw through the 2021 Regular and Special Sessions 67th Legislative Assembly); Statute regarding generalized training: N.D. CENT. CODE ANN. § 15.1-07-34 (West, Westlaw through the 2021 Regular and Special Sessions 67th Legislative Assembly).
Ohio	OHIO REV. CODE ANN. § 3319.073 (West, Westlaw through File 132 of the 134th General Assembly (2021-2022)).
Okla.	OKLA. STAT. ANN. tit. 70, § 6-194.3 (West, Westlaw through legislation of the Second Regular Session and First and Second Extraordinary Sessions of the 58th Legislature (2022)).
Or.	OR. REV. STAT. ANN. § 339.343 (West, Westlaw through laws enacted in the 2022 Regular Session of the 81st Legislative Assembly, which convened February 1, 2022 and adjourned sine die March 4, 2022, in effect through December 31, 2022, pending classification of undesignated material and text revision by the Oregon Reviser).

STATE	**STATUTE CITATION(S)**
Pa.	24 PA. STAT. AND CONS. STAT. § 15-1526 (West, Westlaw through 2022 Regular Session Act 97).
R.I.	16 R.I. GEN. LAW. ANN. § 16-21.7-2 (West, Westlaw through Chapter 442 of the 2022 Regular Session of the Rhode Island Legislature).
S.C.	S.C. CODE ANN. § 59-26-110 (West, Westlaw through 2022 Act No. 268, subject to final approval by the Legislative Council, technical revisions by the Code Commissioner, and publication in the Official Code of Laws)
S.D.	S.D. CODIFIED LAWS § 13-42-71 (West, Westlaw through laws of the 2022 Regular Session and Supreme Court Rule 22-10).
Tenn.	Statute regarding teacher training: TENN. CODE ANN. § 49-6-3004 (West, Westlaw through from the 2022 Second Regular Sess. of the 112th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes); Statute that extends trainings to all employees: TENN. CODE ANN. § 49-6-1901 (West, Westlaw through laws from the 2022 Second Regular Sess. of the 112th Tennessee General Assembly. Pursuant to §§ 1-1-110, 1-1-111, and 1-2-114, the Tennessee Code Commission certifies the final, official version of the Tennessee Code and, until then, may make editorial changes to the statutes).
Tex.	TEX. EDUC. CODE ANN. § 21.451 (West, Westlaw through the end of the 2021 Regular and Called Sessions of the 87th Legislature); TEX. EDUC. CODE ANN. § 21.054 (West, Westlaw through the end of the 2021 Regular and Called Sessions of the 87th Legislature).
Utah	UTAH CODE ANN. § 53G-9-704 (West, Westlaw through laws through the 2022 Third Special Session)
Vt.	NONE
Va.	VA. CODE ANN. § 22.1-298.6 (West, Westlaw through the 2022 Regular Session and include 2022 Sp. Sess. I, cc. 1 to 22).
Wash.	WASH. REV. CODE § 28A.310.500 (West, Westlaw through all legislation from the 2022 Regular Session of the Washington Legislature) (not mandated)
Wash. D.C.	WIS. STAT. ANN. § 115.365 (West, Westlaw through 2021 Act 267, published April 16, 2022 (not mandated).

STATE	STATUTE CITATION(S)
W. Va.	WYO. STAT. ANN. § 21-3-110 (West, Westlaw through the 2022 Budget Session of the Wyoming Legislature).
Wis.	D.C. CODE ANN. § 7-1131.17 (West, Westlaw through June 30, 2022).
Wyo.	W. VA. CODE ANN. § 18-2-40 (West, Westlaw through legislation of the 2022 First Special Session, Regular Session, Second Special Session, Third Special Session, and Fourth Special Session).

APPENDIX B: STATES WITH NO STATUTE OR NON-MANDATED STATUTES

STATE	STATUTE EXCERPTS
Calif.	Not Mandated § 49428.15(b): The department shall, on or before January 1, 2023, recommend best practices, and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including, but not necessarily limited to, staff and pupil training. § 215: (4)(A) The policy shall also address any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency. (B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the schoolsite and within the larger community, and when and how to refer youth and their families to those services. (C) Materials approved for training may also include programs
Colo.	(2) The suicide prevention commission, together with the office of suicide prevention, the behavioral health administration in the department of human services, the department, and the department of health care policy and financing, is strongly encouraged . . . to develop and implement . . . (I.5) Comprehensive suicide prevention, as that term is defined in subsection (7) of this section, for first and last responders, health-care providers, K-12 educators and students, and follow-up care for suicide attempt survivors treated in emergency departments
Mich.	The board of a school district or board of directors of a public school academy is encouraged to provide age-appropriate instruction for pupils and professional development for school

STATE	STATUTE EXCERPTS
	personnel concerning the warning signs and risk factors for suicide and depression and the protective factors that help prevent suicide.
Mont.	The legislature recommends that youth suicide awareness and prevention training be made available annually to each employee of a school district and to staff of the office of public instruction who work directly with any students enrolled in Montana public schools. The training must be provided at no cost to the employee. (4) The legislature recommends that employees under subsection (3) take at least 2 hours of youth suicide awareness and prevention training every 5 years.
N.M.	NONE
Wis.	Requires districts to publicize suicide prevention resources and training but does not require teachers or staff to take training
Wash.	Each educational service district shall develop and maintain the capacity to offer training for educators and other school district staff on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide. Subject to the availability of amounts appropriated for this specific purpose, Forefront at the University of Washington shall convene a one-day in-person training of student support staff from the educational service districts to deepen the staff's capacity to assist schools in their districts in responding to concerns about suicide. Educational service districts shall send staff members to the one-day in-person training within existing resources. The comprehensive school suicide prevention model must consist of . . . Developing, within the school, capacity to train staff, teachers, parents, and students in how to recognize and support a student who may be struggling with behavioral health issues.
Vt.	NONE

APPENDIX C: WHAT THE TRAINING IS ABOUT[375]

STATE	STATUTE EXCERPTS
Just Suicide Awareness and Prevention (33 States)	
Alaska	"youth suicide awareness and prevention"
Ala.	"suicide awareness and prevention"
Ariz.	"suicide awareness and prevention"
Del.	"suicide prevention training"
Ga.	"suicide awareness and prevention"; "Approved materials shall include training on how to identify appropriate mental health services, both within the school and also within the larger community, and when and how to refer youth and their families to those services."
Haw.	"youth suicide awareness and prevention training program"
Iowa	"suicide prevention and postvention"
Idaho	"suicide prevention and awareness"
Ind.	"youth suicide awareness and prevention"
Kan.	"suicide awareness and prevention"
Ky.	"suicide prevention training, including the recognition of signs and symptoms of possible mental illness"
La.	§ 437.1: "suicide prevention"; "training shall address the following: (a) Increasing awareness of risk factors including but not limited to the following: (i) Mental health and substance abuse conditions . . . (iii) Potential causes of stress, such as bullying, harassment, and relationship problems. (iv) Secondary trauma from a suicide or sensationalized or graphic accounts of suicide in media. (v) History of suicide attempts and related family history. (b) How teachers should respond to suspicious behavior or warning signs exhibited by students. (c) How teachers should respond to a crisis situation in which a student is an imminent danger to himself." § 416.14: "Information on suicide prevention, including the relationship between suicide risk factors and bullying"
Mass.	"suicide awareness and prevention training"
Md.	"understand and respond to youth suicide risk"
Me.	"suicide prevention awareness"
Mo.	"youth suicide awareness and prevention"; "Each district's policy shall address and include, but not be limited to, the

375. Some states have two relevant statutes, both of which are listed in this table.

STATE	**STATUTE EXCERPTS**
	following: (1) Strategies that can help identify students who are at possible risk of suicide; (2) Strategies and protocols for helping students at possible risk of suicide; and (3) Protocols for responding to a suicide death."
Miss.	§ 37-3-101: "suicide prevention"
Neb.	"suicide awareness and prevention"
N.H.	"youth suicide risk factors, warning signs, protective factors, response procedures, referrals, post-intervention, and resources available"
N.J.	"suicide prevention"
Nev.	"prevention of suicide"
Ohio	"youth suicide awareness and prevention"
Or.	"suicide prevention"
Pa.	"youth suicide awareness and prevention"
R.I.	"suicide awareness and prevention"
S.C.	"suicide awareness and prevention"
S.D.	"suicide awareness and prevention training"
Tenn.	"suicide prevention"; "emphasis on understanding the warning signs of early-onset mental illness in children and adolescents" (for both statutes)
Tex.	§ 21.451: "suicide prevention"
Utah	"youth suicide prevention"
Wash. D.C.	"recognize the warning signs and risk factors for youth suicide and implement best practices for suicide prevention, suicide intervention, and suicide postvention"
W. Va.	"warning signs and resources to assist in suicide prevention"
Wyo.	"suicide prevention education"
Youth Mental Health Awareness and Assistance (11 States)	
Ark.	"mental health awareness and teen suicide awareness"
Conn.	"(2) health and mental health risk reduction education that includes, but need not be limited to, the prevention of risk-taking behavior by children and the relationship of such behavior to substance abuse, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, as defined in section 19a-581, violence, teen dating violence, domestic violence and child abuse, (3) school violence prevention, conflict resolution, the prevention of and response to youth suicide and the identification and prevention of and response to bullying, as defined in subsection (a) of section 10-222d"

STATE	STATUTE EXCERPTS
Fla.	"youth mental health awareness and assistance"; "An overview of mental illnesses and substance use disorders and the need to reduce the stigma of mental illness . . . Information on the potential risk factors and warning signs of emotional disturbance, mental illness, or substance use disorders, including, but not limited to, depression, anxiety, psychosis, eating disorders, and self-injury, as well as common treatments for those conditions and how to assess those risks."
Ill.	"identify the warning signs of mental illness and suicidal behavior in youth and . . . appropriate intervention and referral techniques"
Minn.	"suicide prevention best practices"; "Initial training must include understanding the key warning signs of early-onset mental illness in children and adolescents, and during subsequent licensure renewal periods, training must include a more in-depth understanding of students' mental illness trauma, accommodations for students' mental illness, parents' roles in addressing students' mental illness . . . "
Miss.	§ 37-3-83: "mental health and suicide prevention"
N.C.	"a. Youth mental health. b. Suicide prevention. c. Substance abuse. d. Sexual abuse prevention. e. Sex trafficking prevention. f. Teenage dating violence."
N.D.	§ 15.1-13-35: "youth mental health"
Okla.	"training program for teachers which shall emphasize the importance of recognizing and addressing the mental health needs of students"
Tex.	§ 21.054: "educating diverse student populations including . . . students with mental health conditions or who engage in substance abuse"
Va.	"mental health training or similar program"
Other (2 States)	
N.Y.	"violence prevention and mental health"
N.D.	§ 15.1-07-34: "youth behavioral health . . . must be designated from the following categories: a. Trauma; b. Social and emotional learning, including resiliency; c. Suicide prevention; d. Bullying; e. Understanding of the prevalence and impact of youth behavioral health wellness on family structure, education, juvenile services, law enforcement, and health care and treatment providers; f. Knowledge of behavioral health symptoms, and risks; g. Awareness of

STATE	STATUTE EXCERPTS
	referral sources and evidence-based strategies for appropriate interventions; h. Other evidence-based strategies to reduce risk factors for students; or i. Current or new evidence-based behavior prevention or mitigation techniques."

APPENDIX D: WHO GETS TRAINED[376]

STATE	STATUTE EXCERPTS
Coaches Stated Explicitly (2 States)	
Del.	"each school district and charter school employee" From definition section: "all individuals, including teachers, school administrators, school support personnel, instructional aides, nurses, school counselors, coaches, custodial staff, and nutrition staff, hired by a school district or charter school or a program established under Chapter 16 of this title, who provide services to students on a regular, ongoing basis." "'School district and charter school employee,' 'school district or charter school employee,' or 'employee' does not include contractors or subcontractors, such as bus drivers or security guards; substitute employees; and individuals hired by or subcontracted by other state agencies to work on school property"
R.I.	"all personnel hired or contracted by the school district, including, but not limited to: teachers, administration, custodians, lunch personnel, substitutes, nurses, coaches and coaching staff, even if volunteers"
Coaches Implied (9 States)	
Fla.	"all school personnel in elementary, middle, and high schools"
Kan.	"all school staff"
Ky.	"all school district employees with job duties requiring direct contact with students in grades six (6) through twelve (12)"
La.	§ 416.14: "all school employees who have contact with students, including bus operators"
Me.	"all school personnel"; Regulation: "'School personnel' means a person required to be certified, authorized, or approved by the department under chapter 501 or 502 of Title 20-A."

376. Some states have two relevant statutes, both of which are listed in this table.

STATE	**STATUTE EXCERPTS**
Miss.	§ 37-3-101: "all school district employees" § 37-3-83: "all school employees and personnel, including all cafeteria workers, custodians, teachers and administrators"
N.H.	"all school faculty and staff, including contracted personnel and designated school volunteers"; "This paragraph may apply to all or some school volunteers in accordance with school district policy"
Tenn.	§ 49-6-1901: "all employees" § 49-6-3004: "all teachers and principals"
W. Va.	"all professional educators, including principals and administrators, and those service personnel having direct contact with students"
Coaches Could be Implied (5 States)	
Ariz.	"school guidance counselors, teachers, principals and other school personnel who work with pupils in grades six through twelve"
Ind.	"public school personnel"
Mo.	"district employees"
N.Y.	"staff"
Or.	"school employees"
May Include Non-Teacher Coaches – Discretionary (7 States)	
Conn.	"teachers, administrators and pupil personnel who hold the initial educator, provisional educator or professional educator certificate . . . . each local or regional board of education may allow any paraprofessional or noncertified employee to participate, on a voluntary basis, in any in-service training program provided pursuant to this section."
Haw.	"teachers, teacher assistants, administrators, and counselors"; "department may adopt rules . . . to include and require contracted workers to participate"
Ind.	"'teacher" includes the following: (1) A superintendent who holds a license under IC 20-28-5. (2) A principal. (3) A teacher. (4) A librarian. (5) A school counselor. (6) A school psychologist. (7) A school nurse. (8) A school social worker"; "may require any other appropriate school employees"
La.	§ 437.1: "all public and approved nonpublic school teachers, school counselors, and principals and, as determined by the board, other school administrators for whom such training is deemed beneficial"

STATE	**STATUTE EXCERPTS**
N.C.	"school personnel who work with students in grades kindergarten"; "School personnel.—Teachers, instructional support personnel, principals, and assistant principals. This term may also include, in the discretion of the K-12 school unit, other school employees who work directly with students in grades kindergarten through 12."
Ohio	"each person employed by a school district or service center to work in a school as a nurse, teacher, counselor, school psychologist, or administrator, and any other personnel that the board determines appropriate"
Va.	"each teacher and other relevant personnel, as determined by the school board, employed on a full-time basis"
Unclear If Non-Teacher Coaches are Included (10 States)	
Ala.	"all certificated school employees"
Ga.	"all certificated public school personnel"; Regulation GA ADC 160-4-8-.19: "individuals trained in education who hold a Clearance (C), Teaching (T), Leadership (L), Service (S), Technical Specialist (TS), or Permit (P) certification issued by the Georgia Professional Standards Commission or is an educator teaching students under a highly qualified definition."
Iowa	"all school personnel who hold a license, certificate, authorization, or statement of recognition issued by the board of educational examiners and who have regular contact with students in kindergarten through grade twelve"
Ill.	"licensed school personnel and administrators who work with pupils in kindergarten through grade 12"
Mass.	"all licensed school personnel"
Md.	"all certificated school personnel who have direct contact with students on a regular basis"; MD. CODE REGS. 13A.07.11.02: "an individual who holds a certificate from the Maryland State Department of Education in: . . . (d) General secondary content areas; . . . (f) Specialty areas, such as art, dance, English for Speakers of Other Languages, environmental education, and health; . . . (h) Specialist areas; and (i) Student support personnel."
Neb.	"all public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and any other appropriate personnel"

STATE	**STATUTE EXCERPTS**
S.C.	"renewal of credentials of individuals employed in a middle school or high school"
S.D.	"initial certificate and a renewal certificate as a teacher, administrator, or other educational professional."
Utah	"a licensed employee"
Non-Teacher Coaches Not Included (11 States)	
Alaska	"each teacher, administrator, counselor, and specialist who is employed by the district or department to provide services to students in a public school"
Ark.	"licensed public school personnel" - just "teachers," according to definition section
Minn.	"all licensed teachers renewing a teaching license"
N.D.	§ 15.1-13-35: "candidate for teacher licensure" § 15.1-07-34: "elementary, middle, and high school teachers, and administrators"
N.J.	"each public school teaching staff member"
Nev.	"teachers"
Okla.	"teachers"; further, the department "shall develop and make available to school districts information, training and resources to help school employees recognize and address the mental health needs of students." (trainings are made available but not mandated for "school employees")
Pa.	"professional educators in school buildings serving students in grades six through twelve"
Tex.	§ 21.451: "an educator other than a principal" § 21.054: "classroom teacher"
Wash. D.C.	"(A) Teachers in public schools and public charter schools; (B) Principals in public schools and public charter schools"; "in addition to the individuals described in paragraph (1) of this subsection, the Mayor may determine through rulemaking other individuals who shall be required to complete the program" (has not done so yet)
Wyo.	"each teacher and school administrator"

APPENDIX E: HOW OFTEN TRAINING IS REQUIRED[377]

STATE	STATUTE EXCERPTS
Does Not Specify (7 States)	
Alaska	N/A
Fla.	N/A
Ind.	"in a manner prescribed by the state board under IC 20-28-5.5-1"; IC 20-28-5.5.1: "The state board shall determine the timing, frequency, whether training requirements can be combined or merged, and the method of training, including whether the training should be required for purposes of obtaining or renewing a license under IC 20-28-5, or, in consultation with teacher preparation programs"
Nev.	N/A
Miss.	§ 37-3-101
Tex.	§ 21.451; § 21.4515: Annual Adoption of Professional Development Policy: "the board of trustees of a school district . . . shall annually . . . adopt a professional development policy that must . . . include a schedule of all training required for educators or other school personnel at the district or school."
Wash. D.C.	N/A
Unclear (6 States)	
Conn.	Although not explicit, one could infer that training follows the professional development schedule due to the statute's text referencing an "in-service training program" and a "professional development and evaluation committee"
Haw.	"By September 15 of each year, each complex area shall report to the department on prior school year training prevention activities completed as described by this section"
La.	§ 416.14: "a minimum of four hours of training for new employees who have contact with students and two hours of training each year for all school employees who have contact with students"
Mo.	Unclear for "district employees"; for licensed educators specifically, they "may annually complete up to two hours of training or professional development in youth suicide awareness and prevention as part of the

377. Some states have two relevant statutes, both of which are listed on this table. Some statutes are listed twice if their language fits within two categories.

STATE	STATUTE EXCERPTS
	professional development hours required for state board of education certification"
Or.	"made available annually"
Va.	"at least once"
When Receiving a License (3 States)	
Minn.	"all licensed teachers renewing a teaching license" must have "at least one hour of suicide prevention best practices training in each licensure renewal period . . . among the continuing education credits required to renew a license under this subdivision"
N.D.	§ 15.1-13-35
S.D.	"a minimum of one hour . . . that an applicant must meet in order to be issued an initial certificate and a renewal certificate"
To Get License Renewed/Following a Professional Development Schedule (5 States)	
Ark.	"two (2) hours of professional development, or professional learning credits as determined by the division"
Minn.	"one hour . . . in each licensure renewal period"
N.J.	"at least two hours . . . in each professional development period"
S.C.	"two hours of training . . . as a requirement for the renewal of credentials"
S.D.	"minimum of one hour . . . that an applicant must meet in order to be issued an initial certificate and a renewal certificate"
Every 5 Years (3 States)	
Pa.	"four (4) hours of training . . . every five (5) years"
Me.	"one-hour to 2-hour . . . Suicide prevention awareness education must be repeated every 5 years"
Tex.	§ 21.054: "not more than 25 percent of the training required every five years"
Every 4 Years (1 State)	
Wyo.	"at least eight (8) . . . every four (4) school years"
Every 3 Years (4 States)	
Ariz.	"at least once every three years"
Mass.	"2 hours . . . every 3 years"
Okla.	"completed the first year a certified teacher is employed by a school district, and then once every third academic year"

STATE	**STATUTE EXCERPTS**
Utah	"two hours . . . every three years"
Every 2 Years (4 States)	
Ill.	"at least once every 2 years"
Miss.	§ 37-3-83: "every two years"
N.D.	§ 15.1-07-34: "Every two years . . . a minimum of eight hours of professional development"
Ohio	"once every two years"
Annually (16 States)	
Ala.	"annual training"
Del.	"90 minutes of such training each year"
Ga.	"annual"
Iowa	"annual, evidence-based training at least one hour in length"
Ind.	"each year"
Kan.	"at least one hour of training each calendar year based"
Ky.	"beginning with the 2018-2019 school year, and every year thereafter, a minimum of one (1) hour"
La.	§ 437.1: "annually in at least two hours"
Md.	"complete training on or before December 1 each year"
N.C.	"initial mental health training of at least six hours and subsequent mental health trainings of at least two hours. The initial mental health training shall occur within the first six months of employment. Subsequent mental health trainings shall occur in the following school year and annually thereafter."
Ne.	"at least one hour . . . each year"
N.H.	"at least 2 hours . . . annually"
N.Y.	"annual"
R.I.	"training shall occur every year"
Tenn.	"at least two (2) hours . . . each year" (for both statutes)
W. Va.	"on or before September 1, 2020, and each year thereafter"