



OCTOBER 2025

Mental Health in Our Classrooms

**E4E-Chicago's Recommendations to Improve
School Mental Health.**



Introduction

Mental health is no longer a background concern in schools; it is a daily, urgent need affecting Chicago’s students, its educators, and its classrooms. In 2024 alone, more than 20% of youth experienced at least one major depressive episode, and more than half of those did not receive mental health treatment. Adults faced mental challenges at a similar rate, with 23% of adults experiencing mental illness in the past year.¹

These mental health challenges not only affect well-being, but the academic and performance outcomes of teachers and students as well. Studies show that mental health challenges in early elementary are associated with academic underachievement in later elementary.² In Chicago, over 40% of teachers were chronically absent* in 2024, citing mental health challenges such as high stress levels, burnout, and demanding workloads.³

A growing body of research confirms a measurable relationship between teacher well-being and student mental health outcomes.⁴ When teachers report higher well-being, their students show better mental health indicators and well-being themselves.⁵

Similarly, when the mental health of educators suffers, so does the mental health of students. This relationship underscores the importance of supporting educator well-being as a foundational element in promoting student mental health.

In response to this crisis, Educators for Excellence-Chicago (E4E-Chicago), in partnership with Bellwether Education Partners, convened a group of CPS educators to form a Mental Health Teacher Action Team (TAT). This TAT came together as classroom teachers, support staff, and school leaders to answer a critical question: **How can CPS better support student and educator mental health in a way that is sustainable, systemic, and equitable?**

Through a multi-month process involving deep research, peer conversations, expert consultations, and collective analysis, the TAT developed actionable policy recommendations to help build the mental health infrastructure our school communities need. These solutions reflect the lived experience of CPS educators and are rooted in both urgency and optimism.

¹ [The State of Mental Health in America](#)

² [Child mental health problems as a risk factor for academic underachievement](#)

³ [The 74 Million](#)

⁴ [The association between teacher distress and student mental health outcomes](#)

⁵ [Create for Education](#)

* As defined by missing 10 or more days in a school year



Who We Are: About Educators for Excellence

Educators for Excellence (E4E) is a teacher-led organization that ensures educators have a leading voice in the policies that impact their classrooms and careers. In cities across the country, E4E brings educators together to identify challenges, research solutions, and advocate for student- and teacher-centered change.

In Chicago, E4E is committed to uplifting teacher voices in shaping policies that promote wellbeing and sustainable careers for educators.

What is a Teacher Action Team (TAT)?

TATs are issue-specific groups of teacher leaders who work through a structured process:

 **Define the Problem**

 **Decide on a Policy Recommendation**

 **Research Solutions**

 **Develop and Launch an Advocacy Campaign**

The Mental Health TAT engaged educators from across CPS to develop solutions to improve mental health outcomes. This group brought a rich and diverse range of experience, having served in roles such as educators, counselors, school leaders, instructional coaches, CTU delegates, case managers, pre-K teachers, and members of school-level Behavioral Health Teams and Instructional Leadership Teams. Their collective expertise also included work within the juvenile justice system as well as other critical areas of education.

Teacher Action Team Process

Over the course of sixteen sessions, the Teacher Action Team, composed of CPS teachers from diverse school settings, engaged in a process of community listening, collaborative research, and policy development. With the support of Bellwether, CME, and Steans Family Foundation, and aligned with E4E's TAT model, the team moved through the following phases:

Defining the Problem: Reviewing national, state, and local data; reflecting on personal experiences; and identifying key levers impacting educator and student mental health.

Researching Solutions: Exploring national models and examining feasibility within the CPS context.

Deciding on a Policy Recommendation: Speaking with local experts and, based on research and discussions, narrowing to a specific set of policy recommendations informed by teacher voice.

Developing an Advocacy Campaign: Launching an advocacy campaign to promote the policy recommendations, often led by teachers.

Origin Story of the Mental Health Teacher Action Team (TAT)

In early 2024, a coalition of funders launched a citywide landscape analysis to assess the gap in Chicago's school-based mental health workforce. As momentum grew, E4E-Chicago was identified as a trusted partner to lead the next phase of the work: engaging educators to shape tangible policy solutions.

The Mental Health TAT began its work in Spring 2025. Teachers explored the mental health landscape, conducted peer listening sessions, and brainstormed solutions aligned with their experiences. The team prioritized two interconnected focus areas aligned to E4E's Educator policy agenda: educator mental health and student mental health.

The Educators' Agenda

This work builds upon E4E's broader [Educators' Agenda](#), which prioritizes educator and student mental health. E4E's Educators' Agenda is a shared set of priorities used to call on the Chicago Public Schools (CPS) Board of Education.

These priorities reflect the needs of both students and teachers, and they are rooted in the belief that educational justice begins with listening to the professionals closest to the work: classroom teachers.

TAT Findings: Educator Mental Health

Leveraging desk research and interviews with educators, the TAT identified a number of root causes affecting educator mental health, ultimately narrowing to three based on feasibility and potential for impact:

1. **Lack of awareness of and/or barriers to accessing mental health resources**
2. **Educators' struggle to identify mental health concerns in themselves**
3. **Challenging school cultures and climates**

1. Lack of awareness of and/or barriers to accessing mental health resources

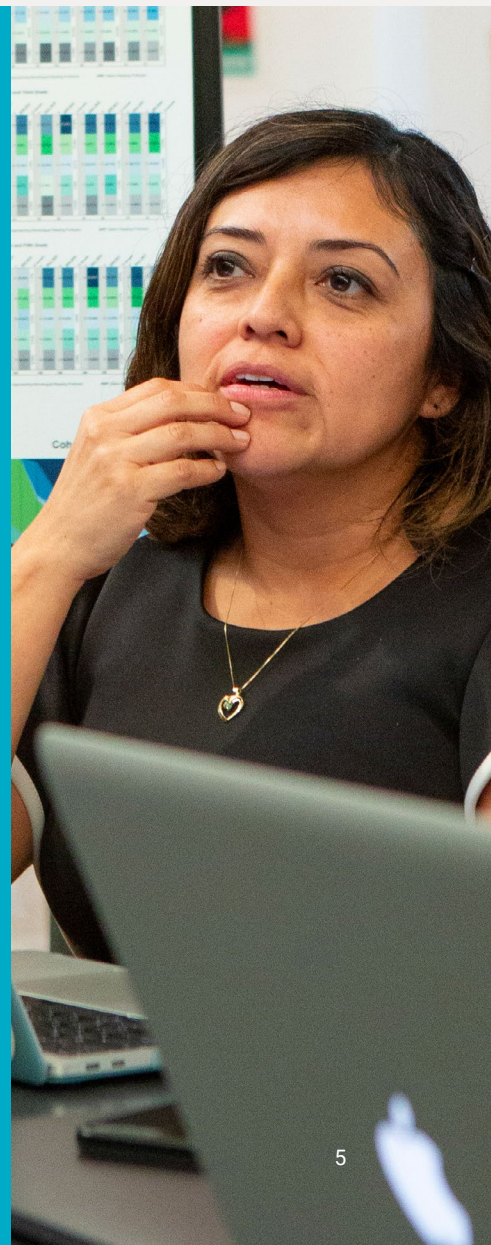
Despite the existence of services such as Employee Assistance Programs (EAPs), which offer confidential counseling and mental health support, and policies like paid time off and personal days intended to promote educator well-being, many CPS educators remain unaware that these resources are available to them. In 2023, the Chicago Teachers Union reported that only 13% of members use the EAP service.⁶

Even when educators are aware of mental health resources and supports in name, they often lack clear information on how to access them, what services are included, or whether using them could carry stigma or professional consequences.⁷ According to a 2023 RAND State of the American Teacher survey, 55% of teachers nationally report feeling guilty about missing work and leaving colleagues short-staffed.⁸

⁶ [Chicago Teachers Union](#)

⁷ [Frontiers in Psychology](#)

⁸ [RAND](#)



These practical barriers limit the number of teachers willing or able to benefit from the supportive policies already in place.

The disconnect between available support and educator awareness or utilization means that valuable tools and investments go underused, and educators are more likely to experience burnout, stress, and job dissatisfaction. The Voices from the Classroom report, published in 2025, indicates that just 19% of teachers would recommend the profession to a friend or family member.⁹ The long term effects of the educator workforce and the absence of available support not only impact their well-being and retention but also reduces their ability to effectively support students, weakening the overall school climate and student learning outcomes.

2. Educators' struggle to identify mental health concerns in themselves

Many educators struggle to identify mental health concerns in themselves, especially when it comes to recognizing signs of burnout and mental health concerns. Over 50% of teachers report difficulty distinguishing between everyday stress and clinical mental health challenges.¹⁰ Similarly, studies show that educators often lack the vocabulary or knowledge to accurately identify mental health symptoms in themselves.¹¹ Without the ability to identify and understand their emotional and mental states, individuals often ignore early warning signs, leading to worsening stress, decreased performance, and long-term well-being challenges.

Educators, in particular, may not have access to the tools or strategies needed to build emotional intelligence and respond effectively to their own needs. Research shows that interventions like mindfulness practices and social-emotional learning (SEL) programs can strengthen self-awareness, reduce burnout, and promote psychological well-being.¹²

⁹ [Voices from the Classroom](#)

¹⁰ [Teachers' perceptions of the barriers to assessment of mental health in schools with implications for educational policy](#)

¹¹ [Research on Mental Health Literacy](#)

¹² [Mindfulness training and reductions in teacher stress and burnout](#)





This lack of self-awareness not only hinders educators' personal growth but also affects classroom dynamics, learning outcomes, and overall school culture, underscoring the need for educational institutions to implement programs that enhance emotional literacy and provide support to prevent and manage stress and burnout.

3. Challenging school cultures and climates

Psychological safety is an important precursor to positive, supportive workplace environments and high employee performance.¹³ Unfortunately, in many schools, educators do not feel psychologically safe to express vulnerability, seek mental health support, or even admit when they are overwhelmed.

This lack of safety is often shaped by the tone and behaviors modeled by school leaders. Administrators who struggle with self-regulation, fail to demonstrate empathy, or do not actively model healthy coping and communication strategies, create an atmosphere of mistrust and fear among staff. Instead of cultivating a culture where asking for help is seen as a sign of professionalism and self-awareness, silence and self-isolation become the norm.

When there are no clear, trusted channels for educators to seek support “without fear of retaliation,” even well-intentioned efforts at intervention will fail. Teachers may hesitate to access mental health services or give honest feedback about workplace conditions if they fear negative consequences. In order to break this cycle, leadership development must focus not just on instructional quality and academic outcomes, but on emotional intelligence, trust-building, and the creation of a psychologically safe school environment where both staff and students can thrive.

¹³ [Psychological safety in schools](#)

Recommendations: Educator Mental Health

After identifying key root causes contributing to poor educator mental health, the Teacher Action Team conducted research and interviews to explore possible solutions, ultimately landing on a set of recommendations aligned to addressing these root causes:

1. **Increase awareness of and lower barriers to accessing existing mental health resources for staff**
2. **Provide professional development for educators and school leaders, tailored by role**
3. **Explore the broader adoption of an innovative year-round calendar**
4. **Pilot peer-to-peer mental health support groups for educators**

1. Increase awareness of and lower barriers to accessing existing mental health resources for staff

By increasing awareness of and lowering barriers to accessing existing mental health resources, CPS could ensure that valuable policies and investments are utilized by staff for their wellbeing as well as the wellbeing of students.

Similar actions have been taken by school districts around the country with successful results. For example, Springfield Public Schools in Massachusetts launched a district-wide Wellness Works initiative aimed at improving staff health. Elements of the program included a district-wide wellness committee with representation from all schools, a regular wellness challenge with incentives (e.g., steps challenges), and access to a robust mental health support network, including training on resilience and EAP access.¹⁴

As a result of the program, staff absenteeism had fallen by 18% and participation in wellness programming increased by 45% in two years.

¹⁴[Transforming Workplace Culture](#)

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
<p>Create a centralized CPS “Wellness Hub” with real-time resources for educators, extending beyond required district-level mandatory trainings.</p>	<p>Develop and support “Wellness Champions”: Each school selects and develops the role of the “Wellness Champion to adequately leverage them as a resource navigator and cultural ambassador for staff mental health.</p> <p>Using the 5 Essentials as one of its leading indicators, this role would extend beyond the elevation of training sessions and professional development, to implementation strategies focused specifically on educator mental health.</p>
<p>Launch annual “Wellness Orientation” during mandatory PD time.</p>	<p>Monthly “Wellness Minutes” at Staff Meetings: Reserve 5–10 minutes during all staff meetings for wellness check-ins, resource sharing, or peer shoutouts.</p>
<p>Fund and train “Wellness Navigators” or peer ambassadors in each school that can support the work of the Wellness Champion.</p>	<p>Anonymous Suggestion Box: Create physical or digital channels where staff can suggest wellness supports or flag barriers without fear of reprisal.</p>

2. Provide professional development for educators, tailored by role

Research shows that mindfulness-based trainings for educators are associated with reduced stress, depressive symptoms, anxiety, and improved overall well-being.¹⁵ In response, school districts can take a proactive approach by providing professional development for educators around how to:

- Access mental health supports confidently and without stigma
- Recognize early signs of mental health concerns in themselves and colleagues
- Build self-regulation and stress management skills to prevent burnout
- Foster and contribute to a positive, psychologically safe school culture

It should be noted that this development must be tailored by role. The stressors faced by classroom teachers differ from those of counselors, administrators, or support staff. A generic, one-size-fits-all approach to professional development is unlikely to be effective. Instead, schools should offer targeted, role-specific training that addresses the distinct mental health challenges and strategies most relevant to each group, ensuring that every educator is equipped with tools and supports that resonate with their daily experiences.

¹⁵ [Supporting Teacher Mental Health](#)

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
Require on-going, quarterly dedicated mental health PD , launching during back-to-school orientation, and differentiated by role.	Create Role-Based Affinity Learning Groups: Schools form peer groups (e.g., teacher cohorts, support staff groups) to reflect on and apply PD content to real-world stressors.
Offer asynchronous, modular PD options on more specific mental health and wellness topics like burnout, self-regulation, and trauma response.	Wellness-Focused PLC Strand: Allow one Professional Learning Community (PLC) per grade band or department to focus on staff mental health strategies and burnout prevention.
	Admin Modeling: Require administrators to participate in the same PD and share out learnings at meetings to normalize conversations around adult well-being.

3. Explore the broader adoption of an innovative, year-round school calendar

While there are many factors to consider when adopting a school calendar, one may be its impact on student and teacher mental health. Anecdotally, Chicago educators report that the current school calendar does not provide adequate time for rest, reflection, or preparation for teachers, contributing to chronic stress and exhaustion.

Districts around the country have explored a year-round calendar, as has CPS in the past. Research conducted by the Center for Education Policy Analysis, Research, and Evaluation (CEPARE) at the University of Connecticut suggests that outcomes vary depending on the specific model and context, but that the model could be a good fit for some:

“Anecdotal evidence from a year-round elementary school in Virginia supports this idea, where one teacher noted that under a traditional school calendar, they typically feel exhausted by April. In contrast, they said the structured breaks of a year-round schedule helped both teachers and students return to school refreshed and ready to learn (ASCD, 2003).”¹⁶

Leveraging the learnings of previously implemented “Track E” school year calendar implementation in Chicago Public Schools, there exists a need to be creative and innovative in modifying school year calendars to meet the needs of teachers and students. It should be noted that more research is needed to better understand the direct link (if any) between calendar structure and educator mental health, but it is worth exploring the broader interest in such a shift given the new environment schools find themselves in.

¹⁶ [The Costs and Benefits of Year-Round Schooling](#)

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES (YEAR-ROUND)
Establish a Calendar Innovation Working Group of CPS leaders, CTU representatives, educators, parents, and mental health experts.	Embed “wellness and reflection weeks” into intersessions: a mix of optional PD, prep time, and wellness programming (e.g., peer coaching, meditation, planning retreats).
Conduct a landscape analysis: Review districts with successful year-round / modified calendars (e.g. Wake County, NC) to understand how calendar adjustments impacted staff mental health, retention, student achievement, and other outcome metrics.	Offer staggered student support schedules: use intersession periods for targeted student services such as mental health screening, tier 2 interventions, or credit recovery / enrichment.
Conduct focus groups with educators, parents, students, and principals to understand perceptions and needs associated with school calendaring.	
Pilot a modified school year calendar in a small number of schools, tracking both academic and non-academic outcomes.	

4. Pilot peer-to-peer mental health support groups for educators

According to the 2023 RAND State of the American Teacher Survey, two-thirds (66%) of teachers identified positive relationships with other teachers as a key aspect of their school environment that helped them maintain positive well-being and mental health.¹⁷ Similarly, studies find that teachers’ self-isolation in times of stress is significantly associated with higher psychological distress, exhaustion, and lower well-being.¹⁸

Peer-to-peer mental health support groups create intentional, structured spaces for educators to process their experiences, reflect on emotional challenges, and connect with others experiencing the same challenges.

¹⁷ [Teacher Well-Being and Intentions to Leave](#)

¹⁸ [The relationships between teachers’ emotional health and stress coping](#)

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
<p>Pilot opt-in, confidential peer mental health support groups facilitated by trained peers or counselors centered around themes like new teacher stress, secondary trauma, or leadership fatigue.</p>	<p>Staff “Care Circles”: Launch biweekly or monthly small-group circles at the school level (opt-in, confidential), organized by themes (e.g., new teachers, staff of color, grief and loss, etc.).</p>
<p>Partner with CBOs to offer group-based mental health sessions on stress management and self-compassion, especially for those working in high-need schools.</p>	<p>Mentor-Match Model: Pair newer teachers with experienced mentors (counselors, social workers, etc.) for emotional check-ins and school culture support.</p> <p>Buddy System for Wellness Days: Normalize use of mental health days by encouraging staff to buddy up and cover for one another’s planning or minor duties to reduce guilt and logistical strain.</p>

These educator mental health recommendations align with and build upon the Educator Mental Health policy recommendation to create safe, healing-centered school ecosystems where adults and students are supported, and where mental health is a shared, schoolwide priority.



TAT Findings: Student Mental Health

Leveraging desk research and interviews with educators, the TAT identified a number of root causes affecting student mental health, ultimately narrowing to three workforce-related issues:

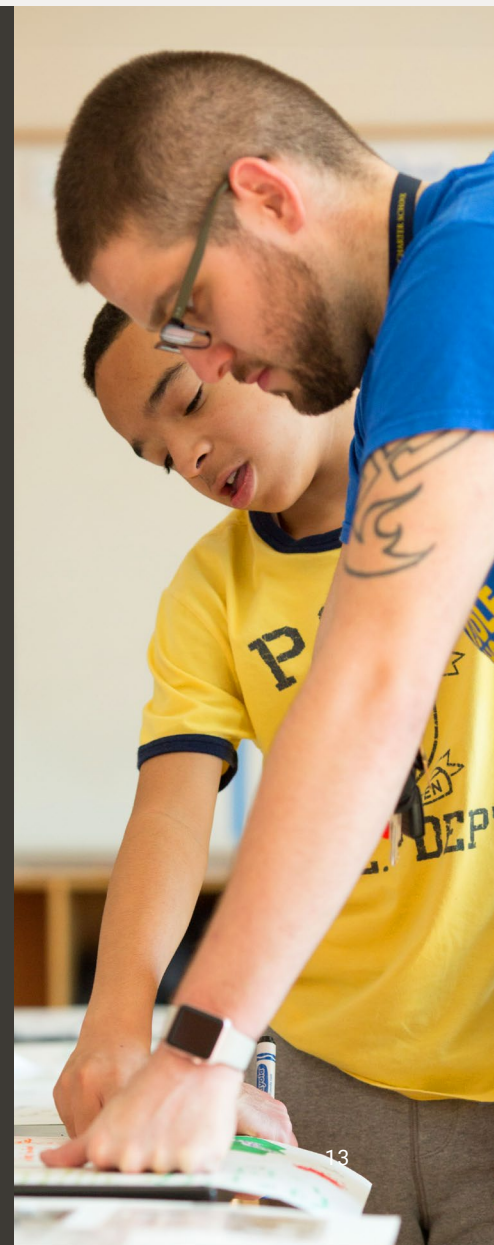
1. **Limited school-based professional workforce**
2. **Insufficient tools, training, and support for the school-based mental health workforce**
3. **Poor retention of school-based mental health professionals**

1. Limited school-based professional workforce

Schools are a vital access point for mental health services, with families often depending on schools to provide mental health support given the financial burden of private options. In a 2022 survey of over 1,000 U.S. parents, 66% of parents reported that they could not afford mental health services for their child.¹⁹ Over 70% of children who receive mental health services access these services in their school.¹⁹

Yet, despite their important role in providing mental health services, schools continue to face challenges in staffing enough school-based mental health (SBMH) professionals to meet recommended caseload ratios. The number of SBMH in CPS has grown and caseload sizes have reduced since 2020, but SBMH caseloads remain above recommended levels. Research from the CME Group, the Steans Family Foundation, and Bellwether estimates that by 2026, there will be a shortfall of 1,300 school-based mental health professionals in Chicago.¹⁹

¹⁹ [School Based Mental Health Landscape](#)



In looking to fill SBMH gaps, the current talent pipeline in Chicago is insufficient. In order to meet recommended caseload levels, CPS would need to increase its SBMH staff by over 800, with the highest growth need being for school psychologists (CPS would need to increase school psychologist staff by 100% from current levels to meet the recommended caseload level of 500:1). In Chicago, there are only ~1,670 school mental health graduates per year, 100 of which are attaining school psychology degrees. Without expanding the circle of adults equipped to support mental health, schools will continue to fall short in addressing student well-being.

2. Insufficient tools, training, and support for the school-based mental health workforce

Even when school-based mental health professionals are present in schools, they often lack the training, tools, and support needed to maximize their effectiveness. Studies show that while trauma-informed schools are increasingly emphasized, there is a significant gap between awareness and competence among practitioners.²⁰ Additionally, administrators often lack the skills to develop SBMH staff, with many reporting not feeling prepared to evaluate or lead mental health personnel.²¹

Beyond individual training and support, proactive and systemic processes can enhance the effectiveness of SBHM professionals across a district by maximizing and strategically leverage efforts. Chicago lacks systems and processes such as universal screening, coordinated care across school- and non-school-based providers, and shared health records and referral protocols, ultimately limiting the potential impact of SBMH staff and likely duplicating efforts.²²

Without strengthening the effectiveness of the existing SBMH workforce, even efforts to expand it will fall short. Improved training, stronger leadership development for principals, and

²⁰ [Trauma-Informed Approaches to Improve School Safety](#)

²¹ [Secondary Principals' Perceptions and Practices for Implementing Student Suicide Prevention Programs](#)

²² [Regional Behavioral Health Strategic Plan for Cook County](#)



clearer systems for universal screening and coordinated care can dramatically increase the impact of current staff. Investing in effectiveness is a high-leverage, scalable way to improve student mental health without waiting years to grow the workforce.

3. Poor retention of school-based mental health professionals

The turnover rates of school-based mental health professionals are largely similar to those of broader school-based staff, but the effects can be lasting given the important role they play. Turnover of SBMH results in a loss of continuity of care for students, breaking invaluable relationships built on trust and stability. Unfortunately, those furthest from opportunity, including students of color, English learners, and those in poverty, are disproportionately affected by SBMH staff turnover. Finally, schools run the risk of losing valuable institutional knowledge when experienced SBMH professionals leave.

A lack of role clarity is a contributing factor to burnout and attrition among SBMH professionals. SBMH professionals report spending ~25% of their time on tasks unrelated to student needs, increasing workload demands and job dissatisfaction.²³ Additionally, SBMH professionals often fall victim to conflicting expectations and poorly aligned performance metrics when administrators lack the training to support and evaluate their roles. This lack of role clarity further contributes to frustration and attrition.

Retention is critical to sustaining a school's mental health strategy. Without experienced and stable SBMH professionals, schools struggle to build strong student relationships, provide high-quality care, and implement effective interventions. When professionals feel valued and supported, they are more likely to stay, and students benefit from stronger, more stable systems of care.

²³ Roles and Functions of School Mental Health Professionals Within Comprehensive School Mental Health Systems



Recommendations: Student Mental Health

After identifying core challenges, the Teacher Action Team developed the following recommendations to improve outcomes for students and to build a sustainable school-based mental health infrastructure within CPS:

- 1. Provide schoolwide training and development for all frontline staff**
- 2. Increase capacity from community-based providers through increased access and funding supports**
- 3. Strengthen principal training and management of school-based mental health workforce**
- 4. Provide health and wellness services to address providers' own mental health needs**

1. Provide schoolwide training and development for all frontline staff

In every school building, students interact daily with a wide range of adults, not just mental health professionals. Yet currently, the ability to identify signs of trauma or mental illness is concentrated within a small group of counselors or social workers. This creates a system in which most early warning signs are missed, and educators often feel ill-prepared to support students in crisis.

Studies show that students are more likely to confide in a trusted adult (often a teacher or paraprofessional) than to seek out a counselor proactively. Additionally, RAND reports that universal staff training improves identification and referral of at-risk students and builds a culture of care.

Training all staff in mental health literacy, trauma-informed practices, and referral procedures creates a “whole-school” net of support. Such trainings destigmatize mental health conversations, ensuring more consistent care, and allowing SBMH professionals to focus on intensive interventions rather than basic triage.

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
Mandate annual trauma-informed care, mental health first aid, and referral protocol training for all adults in schools.	Role-Play Scenarios at PD: Use PD time for scenario-based practice (e.g., a student in emotional distress, a colleague disclosing stress).
Annual training, tailored by role (e.g., classroom teacher, paraprofessional, etc.), embedded into the CPS calendar, with tracking for completion.	Behavioral Health Team “PD Ambassadors”: Members of the school’s BHT can rotate presenting mini-PD at staff meetings or creating “quick tip” bulletins.
	Onboarding for Substitutes/Paraprofessionals: Create a short, school-specific mental health orientation for new or part-time staff, reinforcing key student support practices.

2. Increase capacity from community-based providers through increased access and funding supports

The mental health needs of CPS students have outpaced the capacity of the existing school-based workforce. Even full-time social workers and counselors often carry caseloads 2–3x the recommended size. Hiring additional full-time staff through traditional pipelines is slow, expensive, and constrained by credentialing bottlenecks.

CBO partnerships allow schools to *immediately* expand access to qualified, trusted professionals. These providers often bring specialized knowledge (e.g., trauma therapy, culturally specific healing practices, bilingual services) and are already embedded in the neighborhoods where students live. These partnerships also serve to reduce the burden on school staff by offering direct clinical services, family engagement, and continuity of care outside the school setting.

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
Develop a Districtwide CBO Partnership Framework: Socialize pre-approved vendor lists of culturally competent, bilingual, trauma-informed CBOs to reduce the contracting burden on schools.	Embed CBO Providers into Daily School Life: Assign them office space, introduce them at staff meetings, and involve them in BHT/MTSS discussions.
Establish Multi-Year Funding Streams: Move beyond pilot grants by building mental health partnerships into the CPS budget and advocating for city/state funding to support them.	Behavioral Health Team Coordination: Use BHT meetings to align internal supports (social workers, counselors) with CBO services for holistic care plans.

3. Strengthen principal training and management of school-based mental health workforce

Principals play a pivotal role in shaping whether mental health is prioritized or sidelined in their schools. Yet most principal preparation programs focus on academic leadership, with little training in managing health-focused staff or building trauma-informed cultures.

When principals lack this training, school-based mental health professionals are often underutilized, isolated from schoolwide planning, or pulled into non-clinical duties (e.g., substitute teaching or behavior management). This undermines their impact and drives attrition. Without clear expectations and support from leadership, even well-trained professionals cannot do their jobs effectively.

Training school leaders to manage SBMH teams, integrate mental health into the school improvement plan, and create structures for universal screening and referral systems is essential. Leadership that understands and models mental health best practices improves both staff retention and student outcomes.

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
<p>Principal coaching on how to supervise and support mental health teams.</p>	<p>Mental Health Check-ins in ILT Agendas: Require a standing item on adult wellness and SBMH team capacity in each ILT meeting.</p>
<p>Including climate and wellness indicators in school and principal Leadership Development Plans to reinforce mental health and wellness as district-wide, leader priorities.</p>	<p>Leadership Reflection Journals or Protocols: Encourage principals/APs to reflect monthly on their own well-being and support practices.</p> <p>360° Feedback: Pilots of anonymous staff feedback on aligned 5 Essentials survey questions that connect to school climate and psychological safety, to be included in principal goal setting and Leadership Development Plans.</p>

4. Provide health and wellness services to address providers’ own mental health needs

The people tasked with caring for others’ mental health are often the most under-supported in school systems. High caseloads, emotional labor, administrative overload, and lack of recognition lead to burnout, secondary trauma, and attrition. In fact, school social workers and psychologists report some of the highest turnover rates across education roles.

When SBMH professionals are exhausted, students experience service disruptions, less consistent care, and reduced access to key interventions. Conversely, when mental health professionals feel seen, supported, and valued, they are more likely to stay in schools long enough to build trusting student relationships and implement high-quality care.

Proactive supports—like peer consultation groups, coaching, paid wellness time, and opportunities for reflection—can improve morale and reduce turnover. These interventions also help retain BIPOC professionals, who are often underrepresented and overburdened in these roles. A strong mental health workforce requires *taking care of the caregivers*.

What this could look like in CPS:

DISTRICT-LEVEL POLICY ACTIONS	SCHOOL-LEVEL PRACTICES
Provide access to wellness resources such as therapy stipends, coaching, or stress-relief workshops.	Designated Wellness Block: Include a recurring, staff-protected block on the master schedule (e.g., Friday afternoons) for SBMH staff to decompress, document, or meet.
Offer Stipends or Vouchers for Wellness Services: Allocate stipends for licensed therapy, coaching, gym memberships, or other wellness investments.	Create an SBMH Wellness Room or Corner: A quiet space with resources, calming tools, and optional check-in boards to support emotional regulation during high-stress days.
Create a Peer Consultation Network: Support district-wide or regional “SBMH PLCs” where social workers and counselors meet monthly to debrief, consult, and collaborate.	Principal Appreciation Practices: School leaders publicly recognize SBMH staff contributions, write thank-you notes, and ensure they are not pulled for unrelated duties.
	Wellness Action Planning: SBMH teams set their own goals around mental health, boundary setting, and job satisfaction, reviewing progress quarterly.

These student mental health recommendations align with and build upon the Educator Mental Health policy recommendation to create safe, healing-centered school ecosystems where adults and students are supported, and where mental health is a shared, schoolwide priority.

For CPS District Leaders

Demand “Real” Mental Health Supports for Every School: The Importance of Passing a Resolution

Our students and educators deserve more than words—they deserve action. The passage of a school board resolution would ensure the district executes and implements the teacher-led resolution that requires measurable and actionable strategies to address teacher and student mental health in schools - with accountability measures that ensure consistent, equitable support for all students, regardless of their zip code.

Increased student outcomes and the optimal learning environment have direct correlations to the health and wellness of students and staff. Mental health supports are needed across the district, in all schools, regardless of zip codes. If school districts provide comprehensive training and education for teachers on mental health, then teachers will be better equipped to understand and manage their own well-being, which strengthens their capacity to effectively support students' mental health needs and fosters long-term sustainability in their roles—ultimately improving teacher retention and overall student outcomes.

Educators of our Teacher Action Team reported significant disparities in mental health support across the district, noting

that access to resources and interventions often depended on how individual school administrators prioritized mental health supports, amongst a wide array of competing responsibilities. In schools where administrators viewed mental health as a core priority and essential to the school's culture and climate, educators and students benefited from having more consistent access to training, services, and supportive practices.

Conversely, in schools where mental health supports received less emphasis, teachers often felt ill-equipped to respond to student needs, an inability to address their own well-being and a compromise to the learning environment, leading to heightened stress and unmet needs for both teachers and students. This uneven landscape not only contributes to inequities in student outcomes but also undermines teacher retention and morale.

These findings underscore the need for a districtwide strategy and training infrastructure that ensures all educators, regardless of where the school is located, receives the knowledge, skills, and support necessary to promote mental health for themselves and their students.



For CPS District Leaders

The passage of a school board resolution would:

Create a lasting, enforceable commitment that positions our district as a leader in student and teacher well-being.

Equip teachers and staff with practical tools to address mental health challenges, especially for our most marginalized students.

Ensure mandatory, annual trauma-informed and mental health training for all school staff, tailored to their roles and tracked for accountability.

Guarantee district-wide, equitable support for every student and teacher.

Tangible accountability measures (by end of FY27):

- Commit at least 2 PD days per school year (or the equivalent time) annually to educator mental health.
- **Mandate annual trauma-informed care**, mental health first aid, and referral protocol for all adults in schools (for example, annual SafeSchools Trainings).
 - **Annual training**, tailored by role (e.g. classroom teacher, paraprofessional, etc) embedded into the CPS calendar with tracking for completion.
- Include school climate indicators specific to staff mental health in leadership evaluations, in accordance with the Leadership Evaluation Framework.
- Fund wellness infrastructure at the school level (support groups, staff counselors).

For School Leaders

Your Leadership Has Power!

School leaders and school-level administrators possess the power to make our vision of the Whole Child and the Whole Teacher a reality. The climate and culture of schools are a direct reflection of the priorities of a school leader, whereas, the conditions of success for both teachers and students are heavily influenced by the mission, vision and actions of the school leader.

What you can do for yourself:

- Prioritize mental health as a school leader.
- Prioritizing mental health self care and healthy boundaries.
- Model healthy boundaries and self-care for school staff.

What you can do for your students and school community:

- Prioritize mental health systems and structures in your school community and engage your staff and school to build momentum and show support for mental health (community school model).

What you can do for your district:

- Publicly support passage of the mental health resolution by advocating for its inclusion at school board meetings.
- Champion and drive equity-focused solutions for all schools, being innovative and responsive to your school and the community, regardless of resources or location, such that all students will have access and opportunity to utilize mental health supports that they need most.

What you can do for your staff:

- Model a culture of care and accountability by implementing social emotional strategies and trauma-informed practices that encourage professional development and growth specifically for mental health in your school building.
- Create dedicated roles or teams focused on adult wellness.
- Normalize mental health conversations in staff meetings and as part of regular check-ins with educators.
- **Role-Play Scenarios at PD:** Use PD time for scenario based practice (e.g. a student in emotional distress; a colleague disclosing stress).
- **Behavioral Health Team “PD Ambassadors”:** Members of the school’s BHT can rotate presenting mini-PD at staff meetings or creating ‘quick-tip’ bulletins.
- **Onboarding for substitutes/paraprofessionals:** Create a short school specific mental health orientation for new or part-time staff, reinforcing key student support practices.

For City and State Policymakers:

Prioritizing teacher and student mental health means that we are prioritizing the optimal learning environment that caters to both the Whole Child and the Whole Teacher, where conditions conducive to exponential growth and learning can be actualized. Simply put, prioritizing mental health is prioritizing increased student outcomes.

We are calling on Illinois legislators in conjunction with city officials and educational leaders in the city of Chicago to build on the foundation of the importance of mental health by ensuring that statewide policies not only provide the screening necessary for students, but also has the training, tools, and accountability necessary to not not address the growing mental health crisis impacting our schools, but to be proactive in effecting long-term positive systemic change.

[IL SB1560](#)

[Article explaining SB1560](#)

Why Us? Why Now?

Illinois must lead with bold, systemic solutions to break this cycle.

Mental health challenges are on the rise: Illinois schools are reporting record numbers of students struggling with anxiety, depression, and trauma—yet too many lack access to consistent, high-quality support in order to effectively and equitably address mental health needs of teachers and students.

Teachers are on the front lines: Without proper training and resources, teachers are forced to respond to crises they are unprepared for, leading to decreased job satisfaction, decreased teacher retention, increased burnout and ultimately, stalled or decreased student outcomes.

Equity gaps persist: Students from marginalized communities—particularly Black and Brown students, LGBTQ+ youth, and students from low-income families—often face systemic barriers to accessing care. The schools serve as the place where not only are their academic needs met, but their social emotional needs must be met, in order to ensure they are adequately prepared for the life they choose.

For City and State Policymakers:

Our Priorities

- **Pass a Statewide School Mental Health Resolution:** Require every Illinois district to adopt a **district-wide strategy** for mental health support, ensuring equitable access for students and staff across all schools.
- **Mandate Annual, Role-Specific Training:**
 - Trauma-informed care, mental health first aid, and referral protocols for all adults working in schools—including teachers, paraprofessionals, substitutes, and support staff.
 - Training embedded into the school calendar and tracked for completion to ensure compliance and accountability.
- **Fund Mental Health Programs in Underserved Schools:** Launch and evaluate innovative programs that can be scaled statewide.
- **Establish Accountability & Reporting Systems:** Require annual public reporting on training completion, implementation, and outcomes so families, educators, and policymakers can monitor progress.
- **Center Equity in Mental Health Policies:** Ensure policies are **culturally responsive and equity-driven**, with funding targeted to schools and communities with the greatest need.
- Expand credentialing pathways for community-based and paraprofessional providers.
- Invest in incentives and retention strategies for SBMH professionals.



Conclusion

The mental health crisis in our schools is urgent, but it also demands nuance, collaboration, and teacher leadership. This white paper offers a roadmap for policy and practice grounded in teacher experience and shaped by collective research. The message is clear:

Healthy schools require healthy educators. Healthy students require sustainable systems. And those systems must prioritize mental health supports for educators and students.

As the Chicago community charts its future, we urge decision-makers at every level to listen to teacher voices and to act.

Want to make a difference? [Sign our petition](#) telling Chicago's school board to pass a teacher-led resolution on mental health.

Other sources to consider

- [2025 Voices from the Classroom](#)
- [2023 Industry Outlook Report](#)
- [America's School Mental Health Report Card](#)
- [Supporting Teacher Mental Health](#)
- [Structural Supports to Promote Teacher Well-Being](#)

