

Review of School-Based Mental Health Services

Academic Year 2025–2026

Prepared For: Board of Education

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Reporting Period: 2025/2026 School Year

1. Executive Summary

During the 2025/2026 academic year, school-based mental health services experienced a substantial volume of engagement, underlining a persistent and vital need for dedicated clinical infrastructure within our school community. Through a multi-tiered referral network—including a formalized QR code intake pipeline and direct staff interventions—students were connected with clinical staff to address severe psychological, social, and familial stressors. This report synthesizes quantitative referral data, case management metrics from our clinical staff, and qualitative outcomes to provide a comprehensive evaluation of the program's strategic impact.

2. Quantitative Intake & Referral Analysis

The district utilized a standardized QR code referral infrastructure that captured a total of **84 independent responses** during the school year. This system allowed for multi-channel intake, identifying students in distress through a variety of lookouts:

- **School Counselor:** 35 referrals (41.7%)
- **Parent/Guardian:** 33 referrals (39.3%)
- **Self-Referral:** 33 referrals (39.3%)
- **School Staff:** 12 referrals (14.3%)
- **Teacher:** 5 referrals (6.0%)
- **Student:** 3 referrals (3.6%)

Note: Percentages exceed 100% as the intake framework allows respondents to select multiple categories. Isolated critical referrals (1.2% / 1 case each) were also received from specialized sources including School Administration, Deans of Students, the Department of Children and Family Services (DCFS), medical professionals, and specialized community case managers.

3. Diagnostic Categorization & Clinical Presentation

The underlying catalysts for mental health referrals reflect deep psychological complexity. Clinical presentations frequently exhibited comorbidities across four primary thematic pillars:

- **Mental Health Concerns:** Anxiety remains the leading diagnostic driver, accounting for 45 cases (53.6%), followed closely by anger management and explosive/violent behaviors at home (22 cases, 26.2%). High-acuity markers were recorded, including 5 explicit cases of suicidal ideation (6%) and 3 cases of active danger to self/others (3.6%), alongside persistent depressive symptoms and severe school-related stress.
- **Family and Home Instability:** Students faced immense systemic hurdles outside school, including parental separation/divorce, substance abuse (alcohol/narcotics),

inter-parental abuse, parental incarceration, housing insecurity, and sudden custody adjustments.

- **Trauma and Grief:** A significant portion of the student cohort required clinical stabilization due to profound grief/loss (19 cases, 22.6%). Severe traumatic triggers included domestic violence, physical assaults (stabbing), motor vehicle accidents resulting in parental paralysis, and devastating house fires.
- **Academic and Social Difficulties:** Chronic social issues impacted 21 students (25%), while academic achievement and performance concerns were cited in 19 cases (22.6%). These manifested as failing grades, chronic truancy/attendance deficits, emotional dysregulation, and behavioral acting out within classrooms.
- **Staffing Preferences:** A notable number of intake forms contained explicit student requests regarding therapist gender, split between requests for female and male clinicians.

4. Provider Case Management & Workload Metrics

The district's two primary mental health clinicians, Sam and Eirik, managed independent caseloads composed of direct QR code intakes as well as direct institutional assignments.

Clinician	QR Intake Referrals	Active Caseload	Closed Cases	Primary Closure Rationales
Sam	35	36	17	6 Graduated; 4 Met Goals; 3 Client Refusals; 2 Educational/Attendance; 2 Transferred
Eirik	46	54	20	6 Early Graduation; 8 Transferred/Moved; 4 Inactive Status; 2 Met Goals
System Totals	81	90	37	12 Graduation; 6 Goals Met; 10 Transferred; 9 Refused/Inactive/Other

Note: The minor variance between QR intake totals handled by providers (81) and total QR responses (84) is accounted for by cross-transfers and multi-provider triage.

5. Qualitative Impact & Programmatic Success Stories

Longitudinal Intervention Highlight (Sam's Caseload)

"Two high-risk graduates who engaged continuously in counseling since their freshman year successfully completed their high school careers this spring. Both students triumphed over multi-layered adversities, including profound self-esteem deficits, complex psychological trauma, chronic anxiety, academic hurdles, and systemic poverty. Crucially, both individuals are the first in their respective families to earn a high school diploma. Through sustained therapeutic intervention, they mastered

symptom regulation for anxiety, advanced their communicative proficiencies, and implemented adaptive problem-solving skills under duress—ultimately stabilizing their grades and attendance. Both have finalized post-secondary transitions, including formal plans to attend college."

Acute Stabilization Highlight (Eirik's Caseload)

"A student experiencing severe, sudden-onset school anxiety was referred due to debilitating panic attacks that impaired cognitive focus and caused somatic illness. Historically an excellent student in advanced coursework, he initially could not verbalize or understand the root cause of these symptoms. Within the therapeutic space, the student built clinical trust, allowing him to process repressed, unaddressed memories that he had historically been encouraged to ignore. Gaining the psychological strength to confront these past experiences, the student achieved a complete reversal of academic and social withdrawal. His academic marks have successfully normalized, and he has re-engaged socially by joining an after-school club."