

Indigenous Student Wellness and Mental Health Supports and Services in South Dakota Schools

Background

The Native American Student Wellness and Mental Health Survey was administered by the South Dakota Department of Tribal Relations-Office of Indian Education to inform the design of wellness and mental health supports and services to better serve Native American students. The potential impact for this population is more than 33,134 children.¹ The survey was administered to 569 South Dakota principals representing public, private, and Bureau of Indian Education/Tribal contract schools in the spring of 2024.



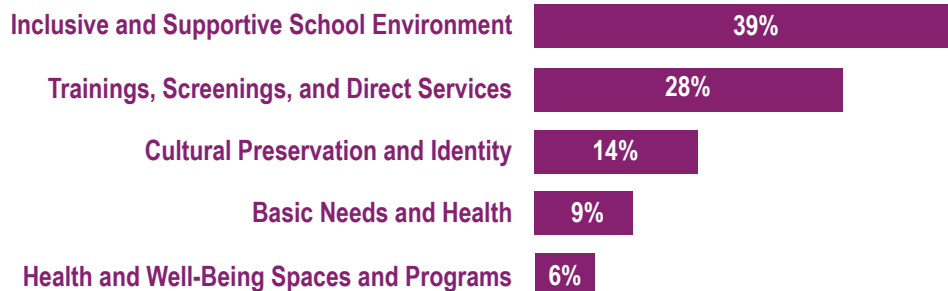
25 principals participated in this survey (4%).

n = 25

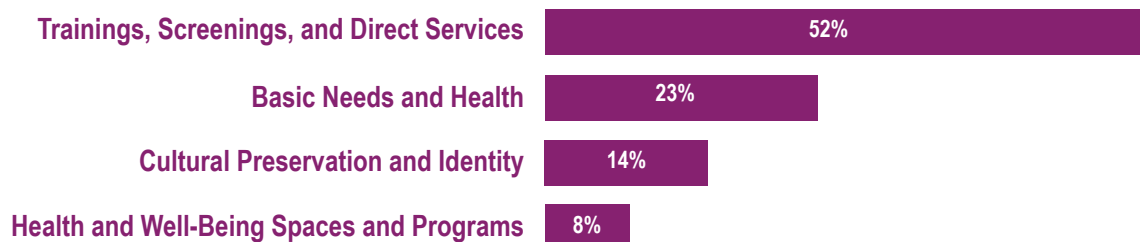
N = 569

Wellness Supports and Services

Nine principals (39%) identified **Inclusive and Supportive School Environment** as the most pressing student wellness need. The top five needs identified include:²



Trainings, Screenings, and Direct Services are the most effective wellness resources and supports available to students ($n = 21$). Other effective resources and supports include:



¹ Kids Count 2023, <https://sdkidscount.org/>

² *Inclusive and Supportive Environment* includes belonging, positive relationships and family connections, and trust in leadership. *Trainings, Screenings, and Direct Services* includes prevention, healthy relationships and lifestyles, and counselors. *Cultural Preservation and Identity* involves traditions, language, practices, cultural curriculum, and camps. *Basic Needs and Health* includes food, clothing, medical and health supports, and hygiene products. *Health and Well-Being Spaces and Programs* includes leadership, mentoring, and equine therapy.



Principals identified three primary challenges to providing students with supports and services ($n = 22$):



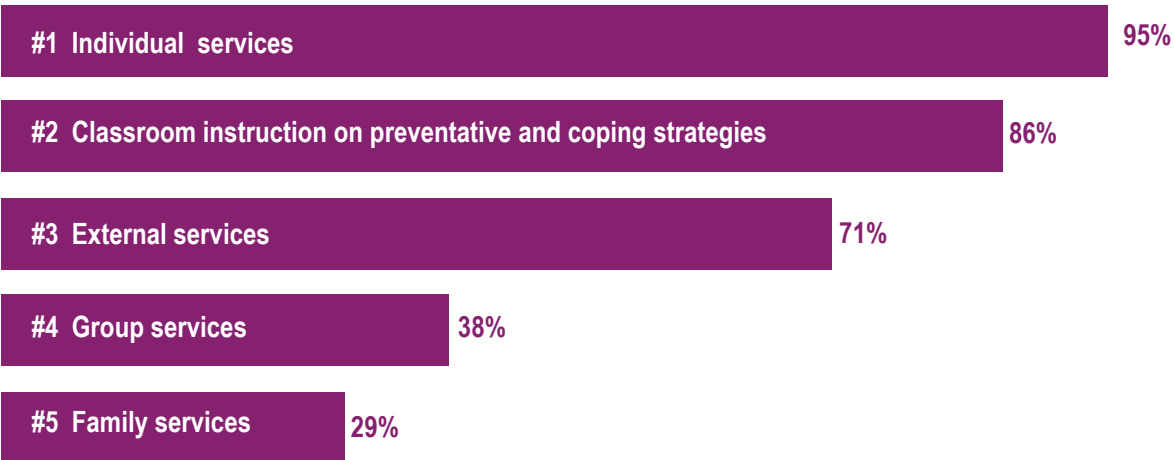
From the Principals

"We would like to offer Lakota language to connect our students to their heritage, but it is difficult to find adults with that training and expertise."

"Our biggest challenge is recruiting teachers to the reservation because of the isolated area and lack of housing outside of the school district."

Mental Health Supports and Services

Mental health services were most often provided to students individually, during classroom instruction, or through external referrals ($n = 21$).

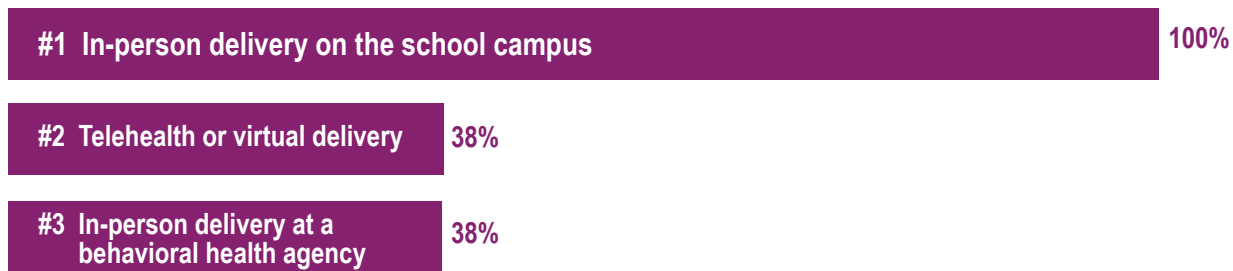


From the Principals

"Having our Lakota Department assist with mentoring by having the Lakota men instructors work with our students having behavioral health issues has been a bonus because they teach from a cultural perspective through stories and working on cultural activities."

Services are most often provided **in-person on the school campus** when counselors visit the school and meet with students in private settings. Individual services provided **at school**, by community providers, and via telehealth are all perceived as effective.





External providers conducting services included **Indian Health Services, Tribal Behavioral Health, and regional behavioral health organizations** ($n = 4$).

From the Principals

"Our external counseling programs are overwhelmed and there is a waiting list for services."

Funding was the most commonly reported challenge for mental health resources ($n = 20$).



The greatest need for providing mental health support was **additional professional staff** ($n = 9$).

From the Principals

"There is a significant NEED for mental health supports in rural Indian country."

"There are not enough trained mental health professionals in our area to handle the quantity of students that we have with the frequency that they probably should be getting."

"We are doing the best we can, but being a part of the co-op provides less services than we need due to the amount of schools and staff they have to work with."

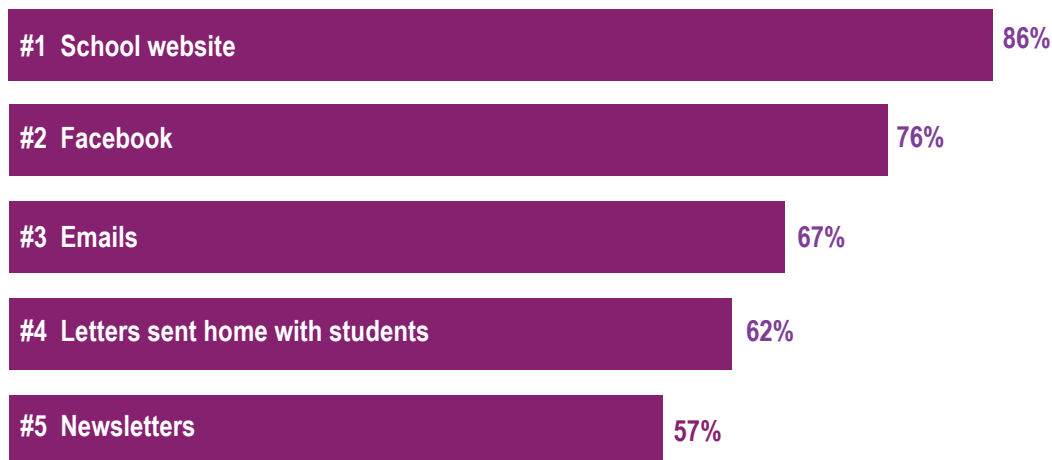
Collaboration and Partnerships

External and internal school-based supports, particularly counselors and staff to support cultural preservation, would advance Native American student mental health and wellness in schools.



Communication

Principals identified multiple methods for communicating **available mental health and wellness resources, services, and supports to communities** ($n = 21$):



Principals reported several preferred methods for the state or other agencies to **share information about resources, services, and supports with schools** ($n = 21$):



Additional Comments

Principals shared that the schools do not have the capacity to provide mental health and wellness services and supports to meet all students' needs. They requested support with navigating and using external services and resources, with attendance, and with transportation services ($n = 8$).

From the Principals

"This [capacity to provide mental health and wellness supports] is one of our biggest needs and it is an obstacle in our student learning outcomes."

The contents of this document were developed by the Region 11 Comprehensive Center under a grant from the U.S. Department of Education. However, the contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal government



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