

# Mining for a Nevada ‘Counselor Lode’: Mental Health, Schools, and the Need for Responsive Legislation in the Silver State

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Nationally, rates of mental health concerns such as depression and psychological stress have been rising, but individuals receiving treatment remains disproportionately small. The acute shortage of mental health professionals further worsens the persistent problem of providing access to mental health services. In addition, with less than 1,000 school counselors serving Nevada’s nearly half a million students, currently, we are not meeting students’ academic, career and personal/societal development needs. National survey data shows students desire greater access to school counselors, but Nevada’s student-to-counselor ratio, 508 to one, is more than twice what is recommended by industry experts. Therefore, unmet mental health needs of children and adolescents pose a challenge to the academic success of students in Nevada’s K-12 system.

There is a strong body of research pointing to the effectiveness of clinical mental health counseling in treating and of school counseling in affecting positive academic outcomes for students and schools. This suggests that these professions could make a much-needed positive impact in Nevada. However, the shortage of clinical mental health counselors and school counselors in a state where demand for both is rising at a faster rate than the national average, creates a culminating crisis for the state.

## Nevada Facts & Statistics

- In 2014, Nevada was ranked lowest (51st) in the nation for “access to care” regarding mental health, moving from the 2011 ranking of 49th.
- Studies show 69 percent of adults 18+ having any mental illness did not receive any form of treatment at any point from 2009-2013 (SAMHSA, 2014).
- Nevada’s rates of mental illness are consistent with national averages, but substance abuse rates are higher in Nevada (12.6 percent) than comparable states (AZ: 11.6 percent; CO: 9.5 percent; and FL: 7.4 percent) (Denby, Owens, Kern, 2013).
- Children and adolescents’ mental health needs are even higher at 14 percent, but Nevada has considerably lower rates of access to services than for children in comparable states.
- There is a significant shortage of mental health care professionals in the state, with only 1.7 licensed counselors per every 100,000 people in the state (Brune & Carreón, 2014).
- Nevada at 9 percent.
- In 2013, State Mental Health Agency (SMHA) expenditures per capita in the U.S. were approximately \$120. Nevada’s average was nearly 26 percent lower at \$89 (Kaiser Family Foundation, 2015).
- Reducing the student-to-counselor ratio parallels a 59 percent decrease in student discipline problems (Carrell & Carrell, 2016), contributing to fewer disciplinary incidents and higher graduation rates (Lapar, Gysbers, Bragg & Pierce, 2012). And elementary schools with model school counseling programs achieved higher proficiency scores in language arts and math (Wilkerson, Perruse & Hughes, 2013).
- Counseling is one of the fastest growing occupations in the US with a growth rate of 20 percent from 2014 to 2024. In Nevada, the demand and growth rate is at 17 percent. Substance abuse and behavioral disorders counselors have an even higher demand with anticipated growth of 22 percent in Nevada and the U.S. Demand for school counselors is even higher in Nevada, projected to grow 30 percent in the same time frame (compared to 8 percent nationally) (Bureau of Labor Statistics, 2017).

## U.S. Facts, Statistics & Comparisons to Nevada

- The Center for Disease Control reports the prevalence of mental illness in approximately 25 percent of adults. Depression rates nationally are approximately 8 percent, with

### Recent Actions in Nevada

- Moving from 49th to 51st from 2011 to 2014, Mental Health America (MHA) indicates “a lack of movement at the bottom indicates continued neglect of the mental health needs of constituents” (Mental Health America, 2016, p. 15).

### Considerations for Future Actions

Nevada, which has rates of mental illness consistent with national averages, but far fewer counseling/mental health professionals, may consider the following mitigation measures to address the counselor shortage in the state:

- Support federal legislation that addresses the mental health needs of adults and youth in Nevada.
- Remove obstacles to licensure for clinical and mental health professionals coming from out-of-state.
- Revise state mandates to provide K-8 students and schools with school counselors as well as lowering the existing, overtaxed student-to-counselor ratios to meet national recommendations.
- Develop innovative state legislation that stimulates and supports additional students to pursue degrees in higher education in order to fill currently vacant counseling roles.

### Statewide Benefits of Future Action

- Counseling as a profession contributes to the success of other professions. Such training not only addresses mental health treatment, but also increases the likelihood of wellness in preventive services.
- Evidence has shown that counseling is a proven a cost-effective intervention. Moreover, research indicates that counseling/therapy is related to a decrease in the need for physical medical/healthcare.
- School counseling seems likely to improve college access as well as the increased academic success of English language learners and students entering STEM careers, further boosting Nevada’s output of qualified workers to service a 21st century economy.

### Implications of Maintaining Status Quo

- State and national employment trends place school counseling and clinical mental health counseling as fast-growing occupations,

however demand is already exceeded the number of graduates from the only nationally accredited programs at NSHE intuitions.

- Continued low rankings will indicate that Nevada is not adequately addressing the mental health needs of its residents.

### Introduction

What is ‘counseling’? As a word the definition could mean everything from a diplomat to summer supervisor of a cabin full of kids. Clinical mental health counseling and school counseling, however, are distinct professions that serve persons/students in ways unique from psychology, social work, marriage/family therapy, or other helping professions.

“Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association: ACA, 2017). Counselors work to help individuals and groups find solutions to problems, develop coping skills, improve relationships, and make life changes in order to develop optimal mental health. One of the unique features of the counseling profession is the emphasis on culturally competent practice and the ubiquitous ability of the profession to work effectively in a variety of settings. Clinical mental health counselors work in hospitals, inpatient/outpatient addiction centers, nursing homes, college counseling centers, on military bases, in career centers, and vocational rehabilitation, as examples of the wide range of settings served by counselors.

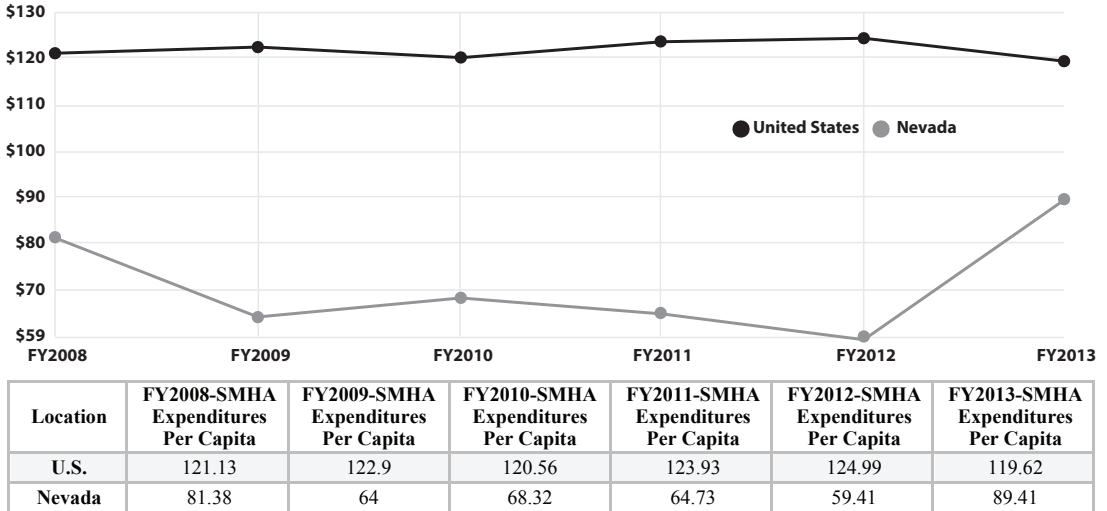
School counselors work in elementary, middle schools/junior highs, and high schools, helping students maximize their academic achievement and college/career readiness (ASCA, 2014a). The American School Counselor Association provides a definition of professional school counselors: “School counselors are certified/licensed educators with the minimum of a master’s degree in school counseling and are uniquely qualified to address the developmental needs of all students through a comprehensive school counseling program addressing the academic, career and personal/social development of all students” (2017, p. 2).

Mental Health America (MHA) ranks the 50 states and Washington D.C. on 15 measures that are indicators of prevalence and access to care. MHA compares 2011 to 2014 rankings as a mea-

sure of the impact of local and state policies on mental health care. Nevada is ranked at 51st, the lowest out of all the states (2016). In the specific “access to care” category Nevada is also ranked last, having moved from 49th in 2011 down to 51st in 2014. MHA maintains that “...a lack of movement at the bottom indicates continued neglect of the mental health needs of constituents” (2016,p.15).

The Kaiser Family Foundation provides state data on mental health expenditures for the years 2008-2013. As illustrated in Figure/Table 1, Nevada’s expenditures per capita have been half of the national average for four of the six years in the timeframe.

**Figure/Table 1.** State Mental Health Agency (SMHA) Per Capita Mental Health Services Expenditures, Nevada vs. National Average



*Source: Kaiser Family Foundation, 2015*

Access to school counselors for Nevada students does not look much better. National survey data show students desire greater access to school counselors and a lack of good counseling experience is related to delayed college and possibly college dropout (Johnson, Rochkind, Ott, & DuPont, 2010). Yet at 508 to one, the student to school counselor ration in Nevada is over twice what is recommended by the American School Counselor Association (ASCA, 2014b).

This paper discusses the high demand for clinical mental health counselors, and school counselors in the state of Nevada. While Nevada has rates of mental illnesses fairly consistent with the national averages, the average rate of substance abuse is higher in Nevada. The mental health needs of children/adolescents is even higher with an alarmingly smaller percentage of youth receiving treatment. Equally alarming is the decline in K-12 education rankings of the state of Nevada, placing it at the very bottom in comparison to all other states. With a student to school counselor ra-

tio over twice the ratio recommended by the ASCA (2014b), Nevada contributes to the increasing deficit of school counselors in schools. Moreover, state and national employment trends place school counseling and clinical mental health counseling as some of the fastest growing occupations with demand already exceeding the number of graduates from the two largest universities in Nevada (and the only nationally accredited programs). This paper discusses the evidence pointing to the need for more counselors in the state of Nevada and makes policy recommendations for addressing this growing crisis.

**Need for Counseling**

The increased need for clinical mental health counselors and school counselors is predicated on the unmet mental health treatment needs of children and adults as well as the need for addressing personal/social obstacles to that impeded academic success in schools and workforce stability respectively. This section briefly discusses the

prevalence of mental health needs and the percentage of individuals not receiving treatment.

The national rates of mental health concerns such as depression and psychological stress have been rising, but the proportion of individuals receiving treatment (such as counseling) is still disproportionately small. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015) about 2.8 million adolescents (12 percent) had a major depressive episode in the last 12 months. This figure represents a 5.4 percent increase for females and a 1.3 percent increase for males over the previous four years. Equally concerning, 9.4 million adults reported having serious thoughts of suicide in the previous year. The Center for Disease Control reports prevalence of mental illness to be about 25 percent of adults (2011). Nationally depression rates appear to be around 8 percent with Nevada being slightly higher at 9 percent. Rates of individuals experiencing serious psychological stress within the last 30 days are 3.6 percent nationally (CDC, 2011) and 4 percent in Nevada (CDC, 2016).

Of the 23.5 million people needing treatment for substance abuse, only 11 percent received the needed treatment (NIDA, 2011). According to the National Survey on Drug Use and Health (NSDUH, 2014) conducted by SAMHSA, Nevada's rates of substance abuse and addiction is also on parity with the national average. In Nevada, 21.56 percent of adults aged 18-25 years old report illicit drug use in the past month compared the national average of 21.44. Rates of drug/alcohol abuse in Nevada appear to be slightly higher than the national average.

Denby, Owens, and Kern (2014) made state comparisons regarding adult treatment for mental illness. For 2011, adults in Nevada had lower rates of diagnosable mental illness (11 percent) compared to Arizona (21.4 percent), Colorado (18.8 percent), and Florida (15.5 percent). But again, the disproportion of treatment was very high. SAMHSA (2014) indicates that in Nevada - 69 percent of adults aged 18 or older having any mental illness did not receive any treatment at any point from 2009-2013. It is not surprising that the National Alliance of Mental Illness has given Nevada a 'D' grade in 2006 and 2009 (NAMI, 2009).

The lack of treatment for individuals struggling with mental health issues poses a concern for the workforce as well. Mental Disorders currently

comprise 30 percent of Social Security Insurance Disability claims (Social Security Administration; SSA, 2016). Within this category, 'mood disorders' has the largest quantity of individuals applying for disability and the largest group of recipients with over 1.2 million Americans receiving benefits for 'mood disorders'.

Lack of mental health services for individuals with drug/alcohol addiction also diminishes workforce strength and poses a drain on the economy in Nevada. Denby et al. (2014) report Nevada as having the highest rate of substance abuse disorder in comparison to similar states (12.6 percent as compared to 11.6, 9.5, and 7.4 percent in Arizona, Colorado, and Florida respectively) and the lowest proportion of individuals receiving services. Looking specifically at illicit drug use/dependence for example, SAMHSA (2014) illustrates that nearly 87 percent of individuals do not receive treatment in the previous year (data from 2005-2013). Overall the illicit drug use has been declining for students in grades 8, 10, and 12 (Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2017). In contrast to this overall trend however, Hispanic students' rates of illicit drug use have been the highest (compared to African-American and White/Non-Hispanic groups) for grades 8, 10, and 12 in 2013-2016.

Compared to adults, an even smaller proportion of adolescents receive adequate mental health services. Of the 2.8 million adolescents experiencing a major depressive episode, 58.8 percent did not receive any treatment (SAMHSA, 2015). Denby, Owens, & Kern (2013) compared the NSDUH data on Nevada to states with comparable metropolitan areas. Nevada youth have slightly higher rates of depression (14 percent) but considerably lower rates of access to mental health services. Only 29 percent of Nevada children received services in comparison to 41 percent in Florida, 46 percent in Colorado, and 54 percent in Arizona. The unmet mental health needs of children and adolescents pose a challenge to the academic success of students in Nevada's K-12 system.

In a later section we discuss the empirical research supporting the argument that school counselors contribute to positive outcomes for students. The growing mental health problems of children/adolescents is one reason for increased need of school counselors. Another compelling rationale is

the research indicating that more school counselors equate to fewer student misbehavior in classrooms (Reback, 2010) and schools (Carrell & Carrell, 2006). Moreover, school counselor programs contribute to higher academic achievement (Lapan, Gysbers, & Petroski, 2001; Lapan, Gysbers, & Sun, 1997; Sink & Stroh, 2003) and greater annual yearly progress (AYP) of schools (Wilkerson, Peruse, & Hughes, 2013). School interventions that improve student academic success are especially important in Nevada, due to the current status of K-12 education in Nevada.

Nevada's K-12 educational system continues to receive poor ratings. Education Week's 2017 *Quality Counts Report* rates Nevada as dead last (51st) in the U.S., similar to previous years (Education Week, 2017). National Assessment of Educational Progress (NAEP, 2015) data indicate that 29 percent of Nevada's 8th graders are below proficiency in reading. The state report card indicates that only 17.6 percent of 8th graders are proficient in math. Disaggregated data reveals that 40 percent and 39 percent of Nevada's African-American and Hispanic students respectively are below proficiency in reading at 8th grade. In earlier grades this disparity is even greater with 58 percent of African-American Students and 49 percent of Hispanic students below reading proficiency in the 4th grade.

### **Nevada Counselor Shortage**

While Nevada has rates of mental illness fairly consistent with the national averages, the average rate of substance abuse is higher in Nevada. The mental health needs of children and adolescents are even higher with an alarmingly smaller percentage of youth receiving treatment. Equally concerning is the decline in K-12 education ranking of Nevada, placing it at the very bottom in comparison to all other states. With a student to school counselor ratio over twice the ratio recommended by the ASCA (2014), Nevada contributes to the increasing deficit of school counselors in schools. Moreover, state and national employment trends place school counseling and clinical mental health counseling as some of the fastest growing occupations with demand already exceeding the number of graduates from the two largest universities in Nevada (and the only nationally accredited programs in the state). This paper discusses the evidence pointing to the need for more counselors in

the state of Nevada and makes policy recommendations for addressing this growing crisis.

There is a significant shortage of mental health care professionals in the state of Nevada (Brune & Carreón, 2014). Specifically, there are only 1.7 licensed mental health counselors per every 100,000 people in the state of Nevada. The Guinn report on Nevada's mental health workforce: Shortages and opportunities (Brune & Carreón, 2014) notes that 1.4 million people in the state of Nevada live in an area specifically designated as a mental health professional shortage area by the U.S. Department of Health and Human Services, Health Resources and Services Administration (2014). The shortage of mental health counselors further exacerbates the pervasive problem of accessing mental health services.

Similarly, Nevada is experiencing a shortage of school counselors. School counselors are on Nevada's designated teacher shortage areas (Maffie, 2016) and have been identified as such for 11 of the past 13 years (Cross, 2016). With less than 1,000 school counselors serving nearly a half million students in the state of Nevada, clearly the lack of school counselors creates a diminished capacity to meet students' needs in the areas of academic, career, and personal/social development.

### **Job Outlook: School Counseling & Clinical Mental Health Counseling**

It is evident that there is tremendous need for clinical mental health counselors and school counselors in the state of Nevada, but are there jobs for the graduates of UNLV and Nevada-Reno? The bureau of labor statistics calculates projected job growth in vocations based on statistical data including the number of retirements in a field, employment trends, and other nationally and regionally available data. Categorized as a 'bright outlook' occupation, clinical mental health counseling is one of the fastest growing occupations in the U.S. with a growth rate of 20 percent from 2014 to 2024. In Nevada, the demand and growth rate is at 17 percent. Substance abuse and behavioral disorders counselors have an even higher demand with anticipated growth of 22 percent in Nevada and nationally. The demand for school counselors is even higher in Nevada as it is projected to grow 30 percent in the same time frame (compared to 8 percent nationally) (Bureau of Labor Statistics, 2017).

### **Research/Evidence of Counseling Effectiveness**

A comprehensive overview of the research literature supporting the efficacy of clinical mental health counseling and school counseling is beyond the scope of this policy paper. A brief synopsis of some empirical evidence in support of these professions is warranted in order to justify an increased employment in these professions as a means to better serve Nevada's adults and children. Due to the large body of research investigating the efficacy/effectiveness of counseling and related interventions, researchers are able to conduct meta-analyses on large groups of studies with different sample sizes. A meta-analysis is a means of reviewing a large body of research and providing a statistical evaluation of the strength of a particular intervention. Quintana and Minami (2006) add the following, "... meta-analyses involve the application of statistical procedures to literature reviews, replacing somewhat subjective decisions about research trends, such as magnitude and consistency of research trends, with statistically informed decisions (p. 840)."

There is (and has been for many years) a strong body of research that supports the effectiveness of counseling. Smith & Glass (1977) conducted a meta-analysis of 375 studies and determined that individuals receiving therapy were better off than 75 percent of individuals receiving no treatment. In their meta-analysis of 76 studies, Griner, & Smith, (2006) determined that culturally adapted mental health interventions are effective for a range of racial/ethnic groups

The research evidence indicates that effectiveness increases with the quantity of counseling sessions (Lambert & Cattani-Thompson, 1996). Whiston, Sexton, and Lasoff, (1998) in their meta-analysis of 46 studies and 4,660 participants, (building earlier research by Oliver & Spokane, 1988) found evidence supporting the effectiveness of career counseling, especially individual career counseling via multiple sessions.

It is important to note that of the many different theories/theoretical orientations in the counseling profession, there is evidence that they are equally effective (Wampold, Mondin, Moody, Stich, Benson, & Hyun-nie, 1997). The parity between counseling theories can be interpreted as indicative that the profession of counseling is effective as a discipline as opposed to a specific theoretical orientation.

Evidence suggests counseling is a cost

effective intervention. As mentioned previously, nearly a third of Social Security Insurance Disability claims are for mental illness. It may not be surprising that there is evidence that counseling is associated with increased work productivity and the cost of treatment for depression (for example) is fully offset by savings from reduced sick days (Zhang, Rost, Fortney, & Smith, 1999). Moreover, research indicates that counseling/therapy is related to a decrease in the need for physical medical/healthcare (Buchanan, Gardenswartz, & Seligman, 1999; Rainer, 1996).

The evidence in support of counseling for adolescents/children is equally strong. In a meta-analysis of 21 clinical trials Erford, Bardhoshi, Ross, Gunther, & Duncan (2017) found counseling to be effective in treating conduct disorders in youth. This finding is especially significant given that in-service training on disruptive behavior disorder has been the greatest professional need in inner city schools and disruptive behavior was listed as the greatest mental health issue in schools by 50 percent of teachers (Walter, Gouze, & Lim, 2006).

Erford et. al (2011) conducted a meta-analysis of 42 published clinical trials from 1990-2008 counseling for youth with depression. The researchers found a moderate effect size for counseling as an intervention and interestingly, no significant difference between school based counseling interventions and clinic based results.

Similarly, Whiston and Quinby (2009) in a meta-analysis of 117 studies including 153 school counseling interventions, and 16,296 students found strong research support for group counseling in schools. Dimmitt & Holt (2011) note that these research are as strong as or stronger than empirical evidence for some medical treatments, "...school counseling interventions have a larger effect size than aspirin for preventing heart attacks" (p.1).

Research supports school counseling as a positive impact on school-wide academic outcomes as well. Bryan, Moore-Thomas, Day-Vines, and Holcomb-McCoy, (2011) found student-school counselor contact to be a positive predictor of college application and the number of school counselors in a school had a positive effect on students applying to two or more colleges. Similarly, Hurwitz & Howell (2014) conducted regression analyses that indicate an additional high school counselor corresponds to a 10 percent increase in four year college enrollment.

Wilkerson, Perruse, & Hughes (2013) examined four year longitudinal data and found that elementary schools with model school counseling programs achieved higher proficiency scores in language arts and math. Sink & Stroh (2003) found that the longer students stayed in schools with comprehensive school counseling programs, the more likely they were to have higher academic achievement test scores as compared to students in schools without such programs. These studies at the elementary school level are consistent with earlier studies that support academic achievement and other positive educational outcomes for students given comprehensive school counseling programs at the middle and high school levels (Lapan, Gysbers, & Petroski, 2001; Lapan, Gysbers, & Sun, 1997).

Perhaps most compelling is the body of research in support of lower student to school counselor ratios. Carrell & Carrell (2006) found that reducing the student to school counselor ratio to the ASCA recommendation corresponds to a 59 percent decrease in student discipline problems. Lowering the number of students per school counselor reduced the probability of a discipline problem occurring and the proportion of students involved in discipline incidents. These effects were greatest for minority students and students in poverty. Lapan, Gysbers, Bragg, and Pierce (2012) also found that lower student to school counselor ratios made the most substantial difference in high poverty schools, contributing to fewer disciplinary incidents and higher graduation rates. Carrell and Hoekstra (2014) determined that an additional school counselor reduces student misbehavior and increases academic achievement for boys. The substantial body of research in describing the effectiveness of school counseling poses the obvious question of why Nevada mandates school counseling in grades 9-12 and not K-8. And moreover, why Nevada maintains a student to school counselor ratio at twice what is recommended by ASCA.

### **Recommendations for Legislators**

This section makes recommendations in four areas: (a) support for federal legislation that addresses the mental health needs of Nevadans, (b) removing impediments to licensure for clinical mental health counselors, (c) revising state mandates to better meet Nevada's mental health needs and provide K-8 students/schools the benefits of

school counseling programs, and (d) develop innovative state legislation that provides stimulus and support for increased training/education of clinical mental health counselors, school counselors, and human services professionals.

### ***Support for Federal Legislation***

There are an unusual quantity of proposed federal legislation developed in the last few years. Representative Murphy (PA) has proposed HR 2646, Helping Families in Mental Health Crisis Act of 2015. Senators Cassidy (LA) and Murphy (CT) proposed the Mental Health Reform Act of 2015 (S. 1945). Senator Murray (WA) and others have proposed The Mental Health Reform Act of 2016 (S. 2680). Mental Health America notes that this pending legislation

Some federal legislation focuses specifically on improving mental health services for youth. The Mental Health Awareness and Improvement Act of 2015 proposes the creation of a youth interagency resource center for research, training and technical assistance.

A major overview of the house and senate bills is beyond the purview of this policy paper. For further information, readers are referred to the American Psychiatric Association (APA) document that provides a comparative overview of HR 2646, S. 1945, and S. 2680.

The Affordable Care Act expanded mental health and substance abuse treatment coverage to 62 million Americans (Beronio, Po, Skopec, & Glied, 2013). This legislation and similar laws such as the Wellstone-Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 prevent insurance providers from having different copays for mental health treatment. Previously, some insurance providers would have a higher copay requirement for individuals/couples/families seeking mental health treatment (as an obvious means of preventing the use of insurance benefits for counseling/therapy or similar treatment). The repeal of the Affordable Care Act without protections for mental health treatment could result in a "mental health crisis" that overwhelms the overstretched public mental health care provider infrastructure and places incredible financial burden on counties and states (Chen, 2017). Clearly it is in the best interests of Nevada to advocate for and support federal legislation that helps provide mental health treatment.

### ***Removing Impediments to Licensure***

There are currently seven licensing boards for mental health professions in the state of Nevada, (Brune & Carreon, 2014) including the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors that oversees licensure of clinical mental health counselors. The for licensed clinical mental health counselors is increasing at five times the demand for marriage and family therapists (Brune & Carreon, 2014; Griswold, Packham, Etchegoyhen, & Marchand, 2015) and moreover, there are nearly six times as many annual job openings for counselors in Nevada. Yet, the rate of licensure for clinical mental health counselors is far below that of marriage and family therapists.

In Nevada, the Legislative Committee on Health Care is proposing legislation to consolidate the 20 plus health care licensing boards, including the behavioral health licensing boards such as the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors under the State Board of Health. One concern is if such an infrastructure could adequately monitor and maintain high standards in the mental health areas currently under seven different licensing boards (and another 13 health professions). A greater concern, given the tremendous deficit of certain mental health professionals, is if proportional representation (or if some professions are not represented at all) on the board would contribute to further inequities in licensed professionals. For example, there are currently 7.1 psychiatrists and 1.7 clinical mental health counselors per every 100,000 people in Nevada (Brune & Carreon, 2014). Licensed Clinical Social Workers and Marriage & Family Therapists are three times that ratio, at 21.7 and 24.3 respectively. So, given the disparity between certain mental health professions—proportionate representation on a licensing board or worse, a lack of representation—could perpetuate gatekeeping to protect professional ‘turf’ as opposed to ensuring high quality training and professional competency for respective professions.

The Guinn Center recommends making licensure in mental health professions easier for professionals coming from out of state. The counseling profession has a national accreditation group (CACREP: Council for the Accreditation of Counseling and Related Educational Programs) that monitors academic standards for counselor training

as well as a national exam (NCMHCE: National Certified Mental Health Counseling Examination). With use of these organizations and the guidance of reciprocity agreements from states that have had counselor licensure much longer than Nevada, (Nevada and California were some of the last states to legislate licensed clinical mental health counselors) this suggestion shouldn’t be difficult for a licensing board to address.

### ***Revising State Mandates***

Currently in Nevada, school districts are required to have school counselors at grades 9-12 but not K-8. With increasing awareness of the significance of support for children earlier in their educational experience, legislation that expands the current mandate for school counselors to elementary schools and middle schools/junior high would increase preventative efforts against obstacles to educational success such as bullying/violence and substance abuse.

Unlike other states, Nevada currently has no legislation that mandates the student to school counselor ratio at either 9-12 or K-8. Passing legislation that set standards for maintaining a student to school counselor ratio that approximates the ratio recommended by the leading professional association would help guarantee that there is infrastructure to support comprehensive educational programming for students. Ideally, such legislation would include appropriated funding in support of such an initiative. However, many states enact mandates without specifically designating funding (ASCA, 2017). As with similar mandates for teacher class size, such a mandate serves to make sure public schools and charter schools are appropriating funds and conducting hiring in ways that are consistent with evidence based practice—such as the research on student school counselor ratios discussed earlier in this paper (Carrell & Carrell, 2006 ; Carrell, & Hoekstra, 2014).

### ***Nevada Legislation Providing Stimulus and Support***

The profession of school counseling was greatly expanded by the 1958 National Defense Education Act (NDEA). The legislation was in response to the launching of Sputnik and the fear that Americans were losing the ‘space race’ and needed to encourage more American youth to pursue careers in science and engineering. NDEA provid-



ed funding for training of school counselors often through summer institutes where teachers could go to get their graduate degrees in counseling. This legislation greatly increased the number of school counselors. From 1960 to 1970 the number of college students more than doubled from 3.6 million to 7.5 million U.S. students. As Nehls, Schneider, Espinoza-Parra, and Nourrie (2017) note in their policy brief that over 60 percent of jobs in the future will require college degrees and presently Nevada is below half the capacity to meet such demand (30 percent). So legislation that has the potential to double the number of Nevadans earning college degrees is important.

Nevada needs to build capacity to meet the mental health demands of youth and adults in Nevada, and to help address the obstacles impeding the academic success of Nevada's K-12 students. Toward this goal, the state must develop innovative legislation that stimulates and supports an increase in the quantity of school counselors and clinical mental health counselors entering the Nevada workforce. Legislation such as the 1958 NDEA and federal loan forgiveness programs could provide examples for state legislators to develop similar legislation tailored to the specific needs of Nevada.

It may be that the best approach is to incorporate provisions in pending legislation to address the shortage of counselors in Nevada. One of the major drawbacks in the HR 2646 proposal is that it takes a narrow view of mental health care providers and prioritizes psychologists for leadership in government oversight as well as providing treatment. Excluding clinical mental health counselors may inhibit a more cost effective solution as training counselors is less expensive as is the cost of treatment provided by clinical mental health counselors.

National accreditation standards train counselors to consultation and systemic approaches to working in mental health care. Similarly, recent emphases in school counseling such as the Transforming School Counseling Initiative (TSCI) out of the Education Trust have emphasized the leadership role in designing and implementing school wide educational programming and collaborative team approaches in addressing school problems. The interdisciplinary nature of school counseling and clinical mental health counseling therefore, should lend the profession from inclusion in omni-

bus legislation or legislation addressing outcomes that could be supported by counseling.

Counseling as a profession contributes to the success of other professions. For example, counselors can provide mental health training for a variety of professions in the medical field. Such training addresses not only mental health treatment but also increases the likelihood of wellness and other health related behaviors (depression, substance use, HIV screenings, smoking cessation interventions, domestic/interpersonal violence intervention, and behavioral assessments) in preventative services as an element of patient care (ACA, 2017). Similarly, increasing school counseling seems likely to improve college access, the increased academic success of Nevada's English language learners, and students entering STEM careers. NDEA and the related educational outcomes are in part testament to this plausibility. So including provisions for increased training of counselors in or legislation that addresses mental health in Nevada, and similarly including school counseling in Nevada education initiatives, is quite simply a smart thing to do.

### **Summary**

This paper has discussed the substantial mental health and educational needs in Nevada. There is a strong body of research pointing to the effectiveness of clinical mental health counseling in treating, and school counseling in affecting positive academic outcomes for students and/or schools suggest these professions could make a much needed positive impact in Nevada. The shortage of clinical mental health counselors and school counselors in a state where demand for both is rising at a faster rate than the national average, however, creates a culminating crisis in the state. Therefore, this paper concludes with four recommendations: (1) *increased support for federal legislation* that addresses the mental health needs of Nevadans, (2) *removing impediments to licensure* for clinical mental health counselors, (3) *revising state mandates* to provide K-8 students/schools with school counselors, as well as lowering existing student to school counselor ratios and (4) *developing innovative state legislation that provides stimulus and support* for increasing the needed workforce.

It has been suggested that government might be judged by how it takes care of its most vulnerable members. The large student-to-school

counselor ratio (508 to 1), low proportion of clinical mental health counselors in Nevada (1.7 per 100,000 citizens), and being 51st in terms of education (Education Week, 2017) and mental health care (MHA, 2016) certainly do not bode well in this regard. However, out of such conundrum there is an opportunity for improvement. In the course of history, Nevada could come to be less known for the Comstock Lode but rather the investment in trained professionals it created as infrastructure for the care of its citizens.

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