



NJPSA Survey Results on Student Mental Health/NJ4S Services

In anticipation of proposed changes to the state's delivery of student mental health services in New Jersey by the Sherrill administration, the NJ Principals and Supervisors Association (NJPSA) conducted a member survey between March 27, 2026 and April 14, 2026. The focus of the survey is student mental health needs in New Jersey, the provision of mental health services in and outside of school, and our members' experiences with NJ4S, the NJ Statewide Student Support Services program offered by the NJ Department of Children and Families. The following is a summary of the Survey results.

Survey Respondent Demographics

NJPSA's Student Mental Health/NJ4S Survey was completed by 201 respondents serving in a broad range of school leadership roles including principals, assistant principals, directors, assistant superintendents, counselors, and supervisors. Respondents work in schools across all regions of the state and serve a diverse population of students. Respondents also represent all grade levels and grade bands including PreK-2, grades 3-5, middle level, high school and districtwide.

Survey Framework

The NJPSA Survey is organized into four sections, Section I, respondent demographic information, Section II, student mental health needs in schools, Section III, NJPSA member experiences with NJ4S and Section IV, NJPSA member recommendations. At the end of Section II, members were asked if they had experience with the NJ4S program. If a member answers "yes", the member is directed to Section III of the survey which contains 18 questions on their experience working with the NJ4S program. Out of the 201 total respondents, 165 members completed the NJ4S Section III. If a member answers "no", he/she is directed to the Section IV recommendations section which contains four additional substantive questions. All respondents were directed to Section IV. Key questions provided an opportunity for a member to comment.

Executive Summary

New Jersey school leaders report a systemic and escalating student mental health crisis that schools are increasingly unable to manage with existing resources;

Over 90% of respondents identify anxiety as a primary issue, with depression, trauma, and home-related stress also widespread;

Up to 40%+ of students in many districts are experiencing mental health challenges;

Schools are functioning as a primary mental health provider, due to failures in access to community-based care; however staffing challenges, the lack of licensed mental health staff in many schools, and insufficient mental health training limit schools ability to respond to overwhelming student needs;

School leaders identify a variety of local resource gaps that impact their ability to respond including insufficient funding, a lack of resource support at the elementary levels, language barriers that impact service delivery and communications with parents, insurance barriers, and regional service gaps.

The most urgent need is increased in-school clinical capacity, supported by sustainable state funding and stronger integration with external services. Without intervention, districts warn of continued increases in crisis events, school avoidance, and unmet student needs.

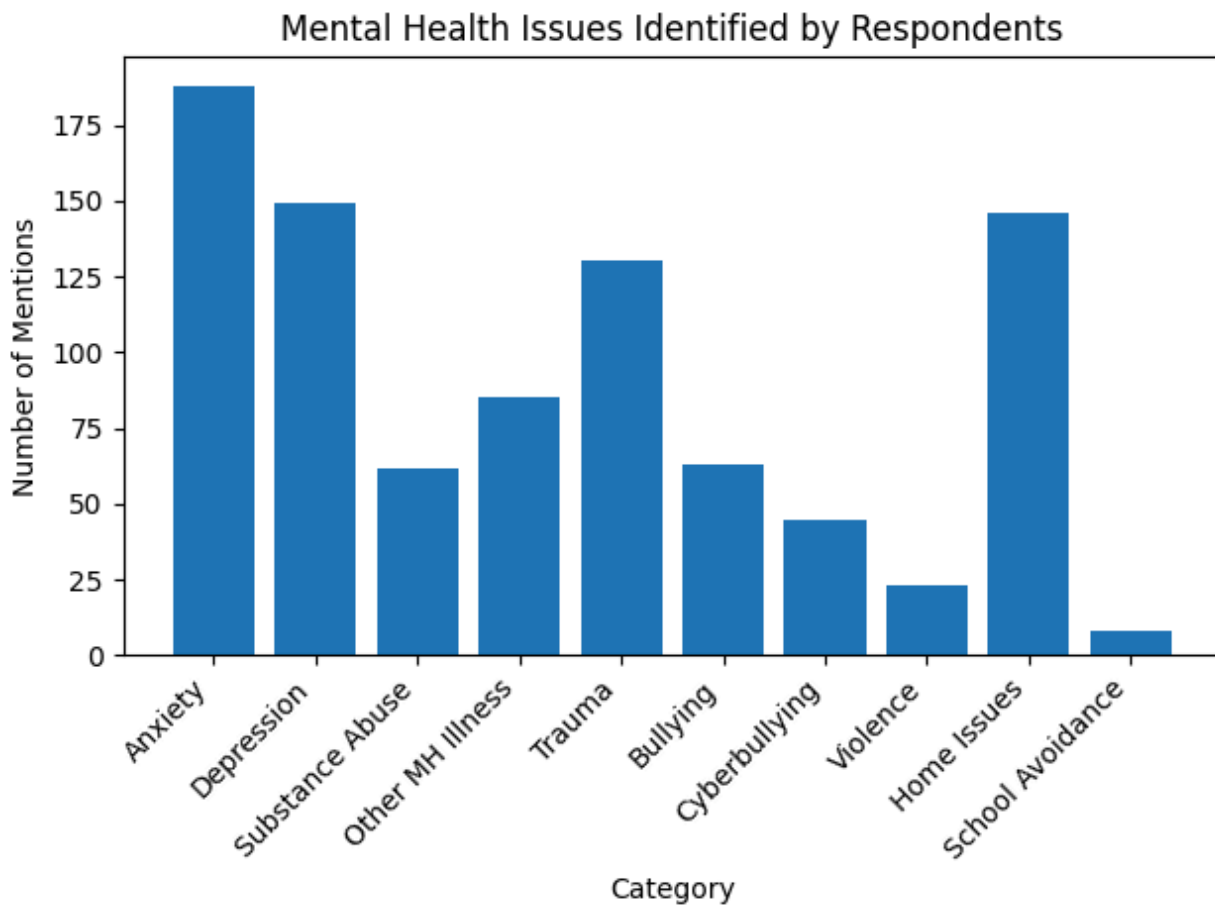
School leaders also strongly value the services currently provided by the NJ Statewide Student Support Network (NJ4S) noting that this program has had a critical impact on their neediest students, has removed important barriers to mental health access (insurance and transportation) through on-site services, and has empowered staff through specialized training. **They urge continued funding of NJ4S in FY 2027, coordination of agency roles, and stakeholder engagement in the development of SPARK to avoid the disruption of student services and to build upon what works in schools.**

Section II Student Mental Health Needs in School - Taking the Pulse

Section II focuses on the range of mental health needs our members are experiencing with their local student populations, the types of resources schools need to meet these needs, barriers to providing services and member priorities.

Most Pressing Mental Health or Behavioral Issues

Respondents were asked to indicate all areas that applied in their schools and had the opportunity to comment. The top mental health issues our members are experiencing include student anxiety (89.9% of respondents), depression (70.2%), issues at home (69.7%) and trauma (61.8%).

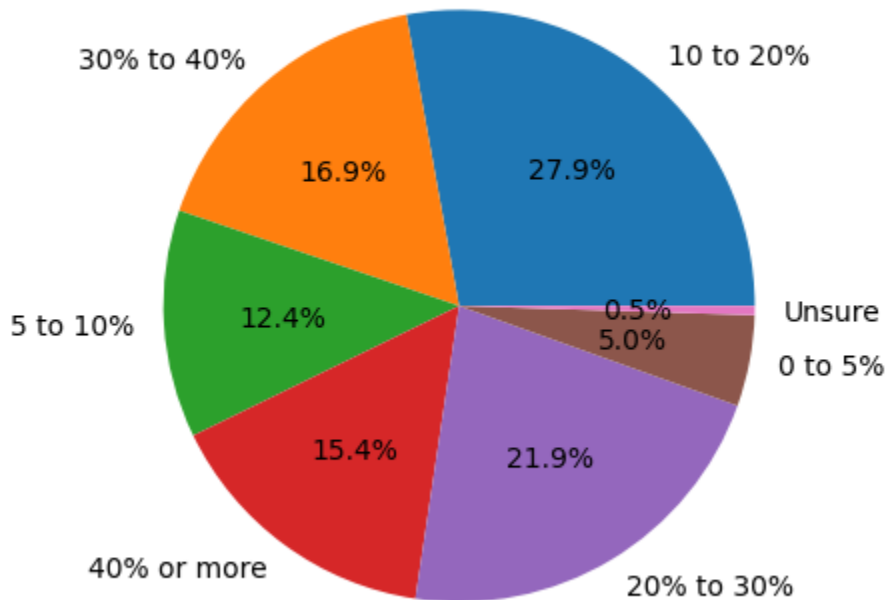


Scope of the Challenge

Respondents estimated the percentage of their student bodies currently experiencing one or more mental health issues:

- Student mental health needs are widespread, with a majority of respondents reporting that at least 10% - 30% of their student population is impacted.
- Nearly half (49%) report moderate to high prevalence, estimating that 20% to 40% of students are experiencing mental health challenges.
- More than 1 in 3 respondents indicate high-impact environments where 30% or more of students are affected.
- The largest group of respondents (27.9%) report 10-20% of students with challenges.
- Findings also show that extreme levels of need, identified as 40% or more of the student populations, exist in some districts.
- Only a small minority of school leaders report low prevalence (under 10%).

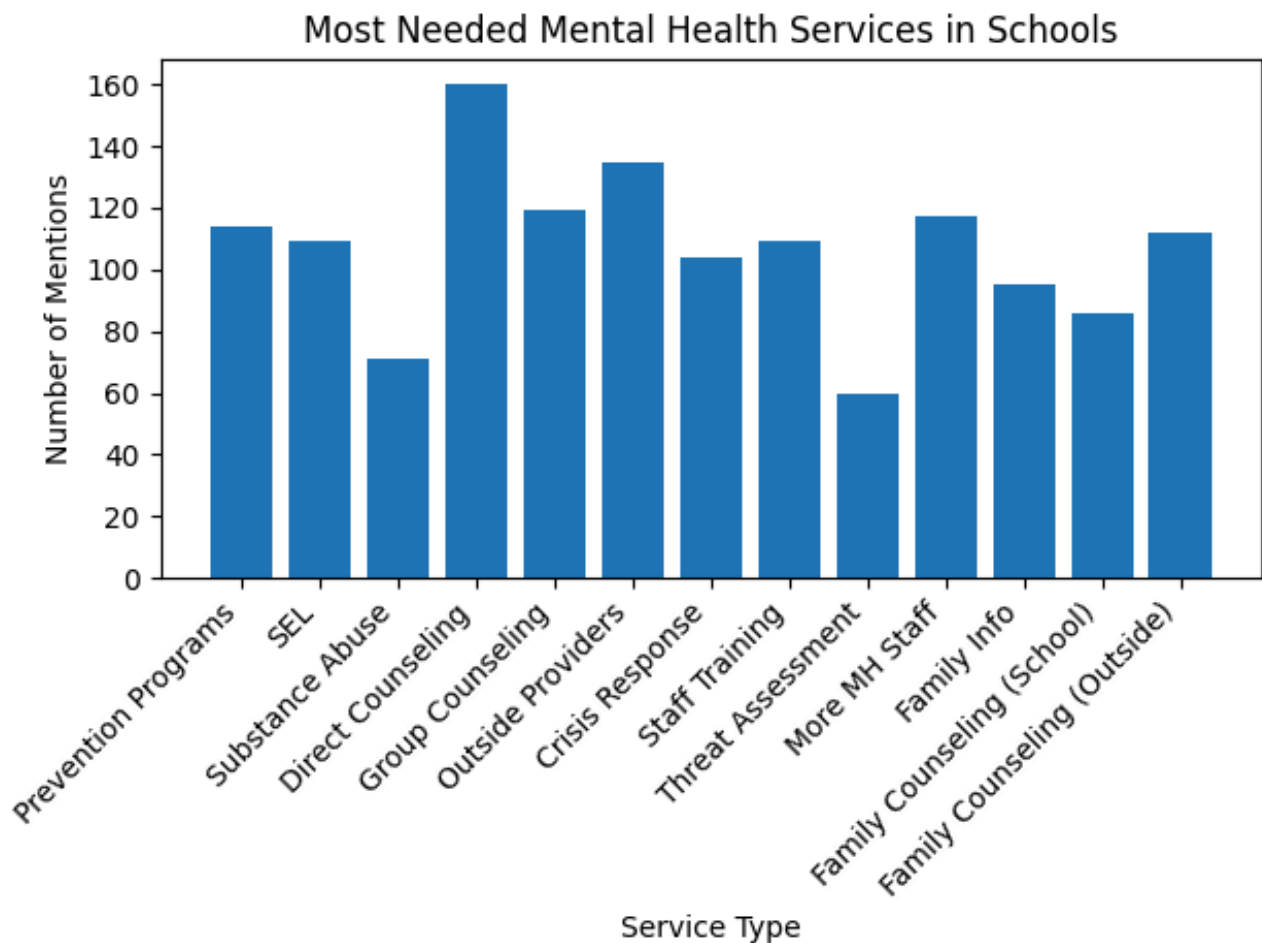
Scope of the Challenge: % of Students Affected



Most Needed Mental Health Services

Survey respondents strongly identified direct student counseling services at school (79.6%) as the top need in their schools. Other critical services identified include access to outside mental health professional services, group counseling in school, family counseling options and prevention programs.

- Direct, in-school counseling is the top priority (79.6%), reinforcing that schools need immediate, on-site clinical capacity to meet student demand.
- Access to external mental health providers remains a critical gap (67.2%), highlighting ongoing barriers beyond the school system, including cost, availability, insurance restrictions, and coordination.
- Schools are seeking a multi-tiered support model, with strong demand for group counseling (59.2%), prevention programs (56.2%), and social-emotional learning (54.2%)
- Family engagement is a key component of effective care, with significant demand for family counseling (42.8%–55.2%) and family information programs (46.8%).
- Training and crisis response capacity are essential but insufficient, as over half of respondents identify the need for staff training (54.2%) and crisis response services (51.2%).

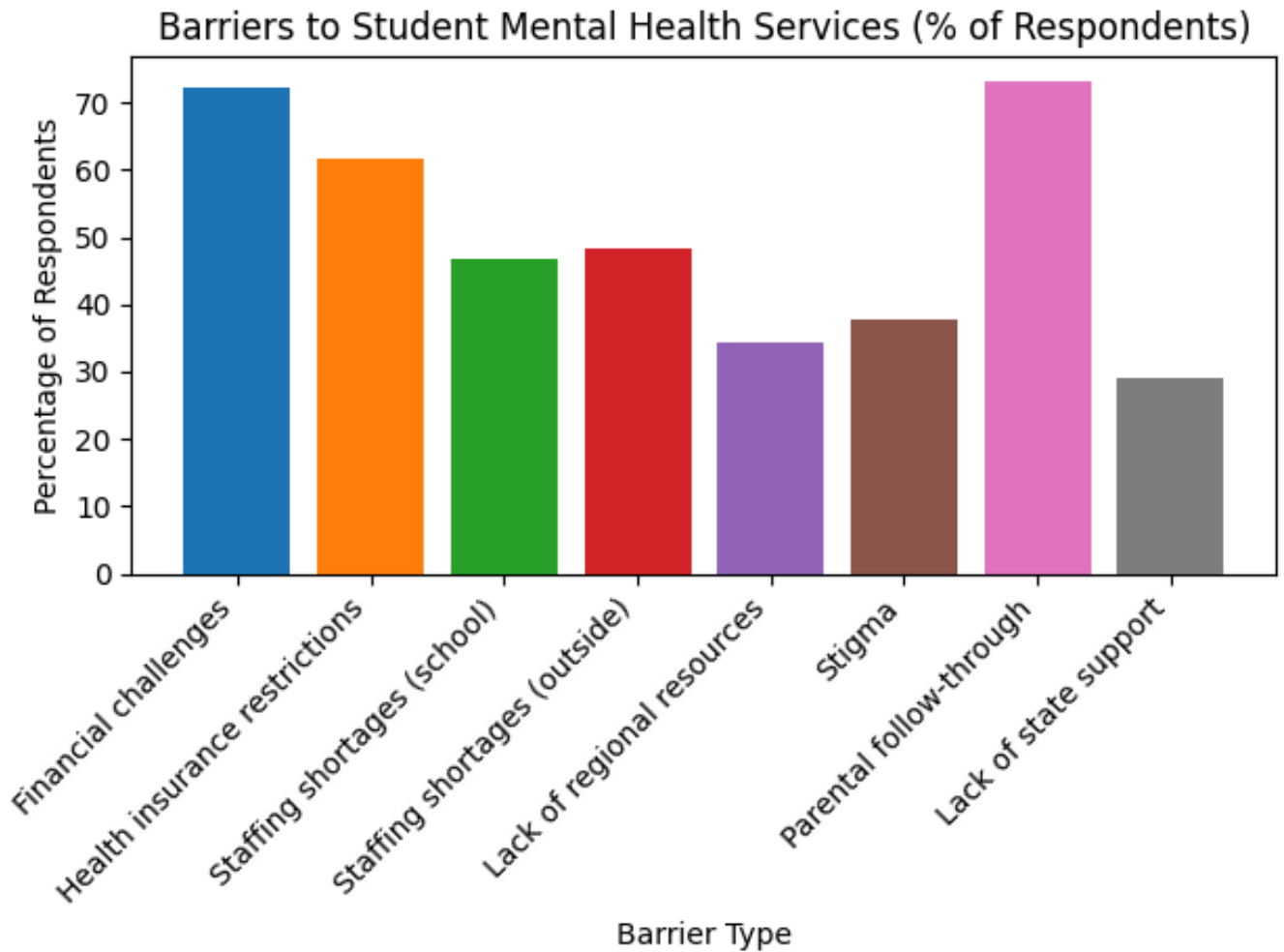


Primary Access Barriers to Mental Health Services

Survey respondents reported that the top barriers are:

- Lack of Parental Follow-Through (73.1%) (pink bar)
- Financial Challenges (72.1%) (blue bar)
- Insurance restrictions

While often minimized, it is clear that better communication and resources for parents are critically important issues that need to be addressed.



Identified Mental Health Resource Gaps in Districts

Survey respondents answered an open-ended question (Question 10) asking them to share what mental health services resource gaps existed in their district. The 201 respondents answered this question with the following trends emerging in their responses:

- **Insufficient In-School Staffing and Resources:** Districts lack sufficient mental health professionals (counselors, social workers, clinicians) in schools, resulting in high student-to-counselor ratios (e.g., 450-to-1), shared counselors across buildings, and limited capacity for individual, small group, and long-term counseling, particularly at the elementary level. Many feel the need for more dedicated mental health staff to move beyond triaging and focus on consistent, preventative programs.
- **Barriers to Accessing Outside Services:** Families frequently struggle to secure mental health support outside of school due to issues with insurance (including lack of coverage or few providers accepting Medicaid/NJ FamilyCare), affordability, transportation challenges (especially in rural areas), and long waitlists for external providers, including partial hospitalization programs (PHPs) and intensive outpatient programs (IOPs).
- **Need for Tiered and Specialized Support:** There is a significant gap in providing consistent Tier 2 and Tier 3 interventions, including individualized counseling and specialized behavioral therapies. There is also an urgent need for community-based, after-hours care, as school staff cannot provide 24/7 crisis support.
- **NJ4S is Currently Filling Key Gaps:** Multiple districts explicitly state that NJ4S has been "successful" and "invaluable" in bridging resource gaps by providing student counseling and connecting families to outside services, especially for students whose parents cannot afford or access external therapy, or for those needing individual counseling in school. **There was a widespread sentiment expressed that the potential loss of NJ4S would create significant new resource gaps.**
- **Gaps in Training, Family Engagement, and Language Accessibility:** Districts report a need for more free or low-cost staff training options in trauma-informed practices, de-escalation, and mental health awareness. Additionally, there is a recurring gap in engaging families, with many noting difficulty in obtaining "parent buy-in" and follow-through with outside referrals. There is a critical shortage of bilingual/Spanish-speaking mental health professionals, which limits equitable care for multilingual learners and engagement with Spanish-speaking families.

Representative Member Comments for Question 10

“Students are not able to access quality mental health services due to insurance, transportation, affordability, quality and availability issues. Crisis resource options are poor.” - School Administrator

“The gaps largely center on limited access, insufficient staffing and lack of preventative supports. Our schools have overburdened counselors and no licensed mental health professionals. Additionally, stigma, low awareness, and limited trust among families reduce student engagement with available supports. The community faces gaps in early intervention and consistent, equitable delivery of mental health services.” - Director

“The biggest mental health gap is access to mental health services outside of school for young students (under 10) who need intense therapy/need a therapeutic setting. There is a group of students whose needs go beyond the services of school-based counseling, Perform Care, UBHC and /or CHAT.” - Instructional Dean

“NJ4S fills some gaps since health insurance is not required.” -Director

“There are very few services for children and adolescents and the ones out there are overburdened so they are very selective on who they accept and approve for services. They also do not serve a lot of families without insurance. Access to bilingual services is also a major roadblock.” -Principal

Key Change/Resources Needed for Improved Mental Health Outcomes

Survey respondents answered this open-ended question with the following themes and trends in many comments.

- **Increased Staffing and Direct In-School Counseling:** The most frequently cited need is increased funding for, and hiring of, dedicated mental health professionals (school counselors, social workers, psychologists, and clinicians) who can provide direct, consistent, one-on-one, and group therapeutic counseling services during the school day. This is crucial for immediate access, crisis evaluation, reducing caseloads, and providing Tier 2 and Tier 3 supports, especially at the elementary level.

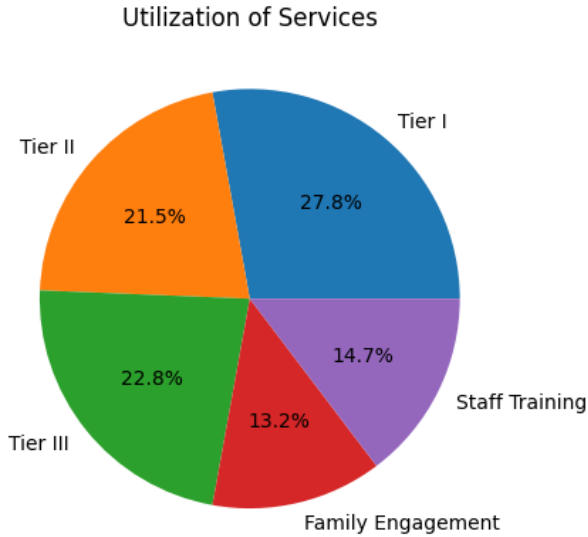
- **Improved Access and Reduced Financial/Systemic Barriers:** Respondents repeatedly called for more access to low-cost or free mental health resources for students and families, particularly those that eliminate significant barriers such as long waitlists, complex paperwork, insurance limitations, and financial burdens. This includes establishing a formal clinical bridge between school and community care, regardless of insurance carrier.
- **Enhanced Family Engagement and Outside Resources:** A critical need is for stronger connections and collaboration with external mental health providers, as schools are often overburdened. This includes providing in-home family support, parent education, offering services after school hours, and ensuring parental follow-through in treatment plans.
- **Funding and Program Sustainability:** Maintaining and increasing state funding is essential, with many responses specifically mentioning the importance of continuing the NJ4S program, while also expanding programs to earlier grades (primary/elementary) and ensuring long-term sustainability against rising costs.
- **Specialized and Crisis Services:** There is a need for specialized, mid-level resources for mental health crises that are more than a school counselor but less than an overwhelmed emergency room.

Section III: NJ4S Review

Section III focuses on school leaders' experiences working with the NJ Statewide Student Support System (NJ4S). Respondents were asked to identify what NJ4S services they have utilized, to rate the effectiveness of each tier of services utilized, to rate the responsiveness of the program and its providers, and to provide input and recommendations for the future. Of the 201 respondents, 64.2% (165) have utilized NJ4S services in their school, 17.9% were unsure of district participation and 17.9 % had not used NJ4S services.

Respondents who answered "no" to this question moved on to Section IV. Respondents (36) who indicated that they have not utilized NJ4S services cited a lack of awareness of NJ4S services; the availability of certain services in-house, no outreach from NJ4S and concerns with the quality of services available.

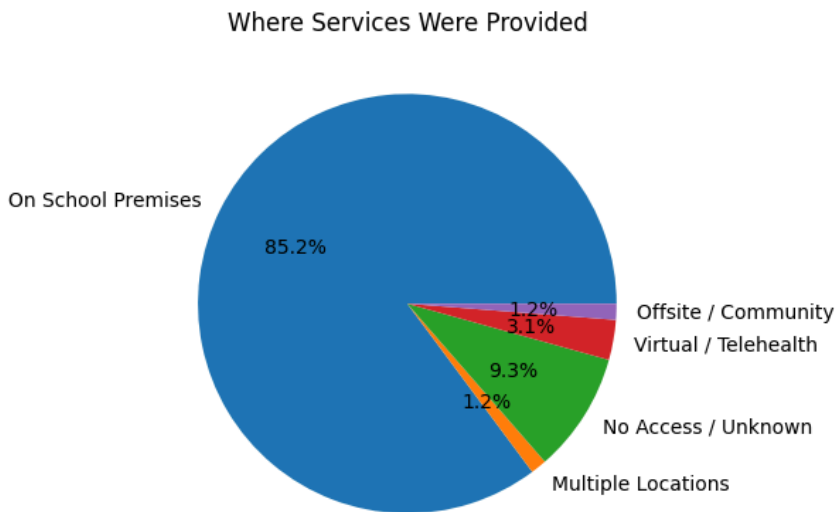
Services Utilization



While Tier I to Tier III services show strong utilization, lower engagement in family and staff supports highlights a critical gap in system-wide impact.

- Tier I (27.8%) → largest share (broadest reach)
- Tier III (22.8%) and Tier II (21.5%) → strong clinical and targeted usage
- Gap areas:
 - Staff Training (14.7%)
 - Family Engagement (13.2%)

Service Location is Critical

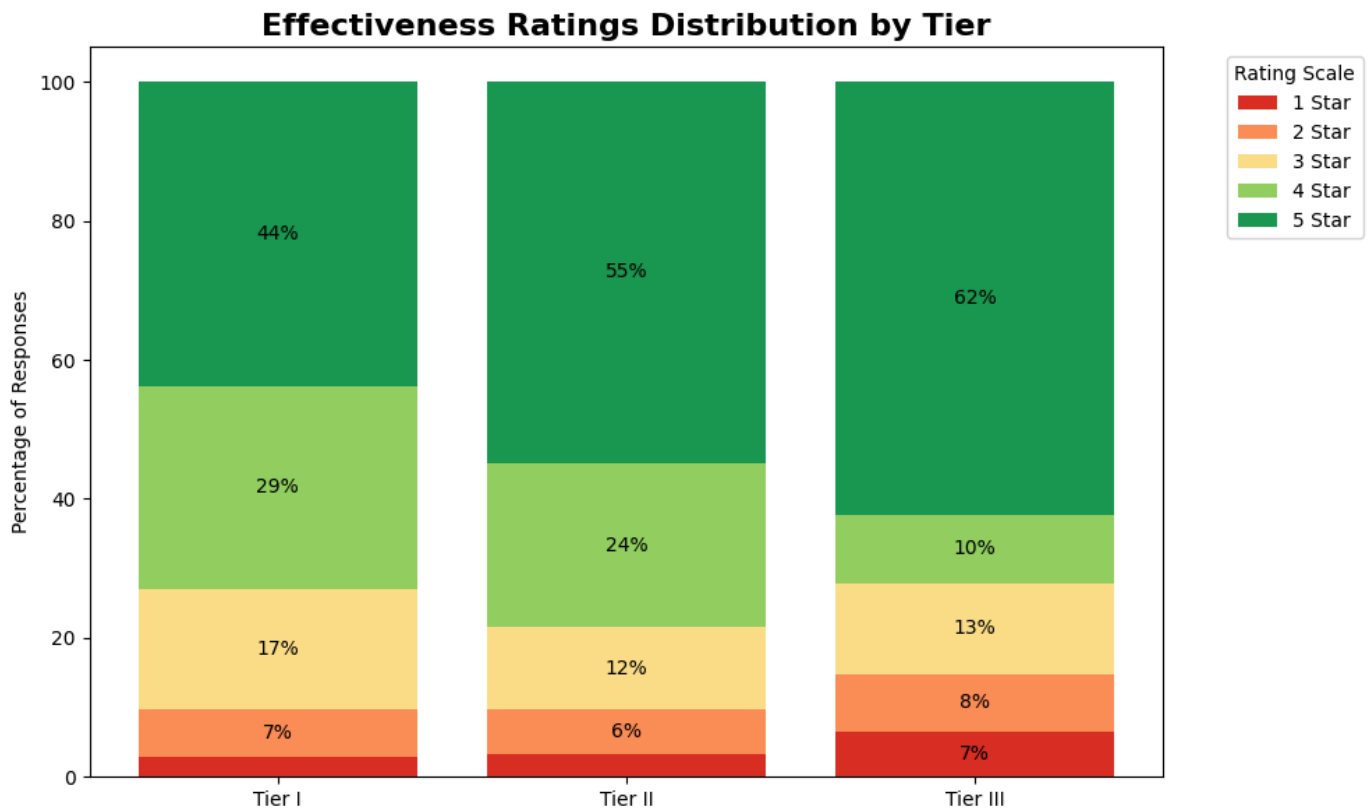


Respondents indicate that school-based access is not optional - it is essential, reflecting the central role schools play in delivering mental health services. Respondents overwhelmingly agreed that providing the mental health services students need **at the school facility** is of the utmost importance.

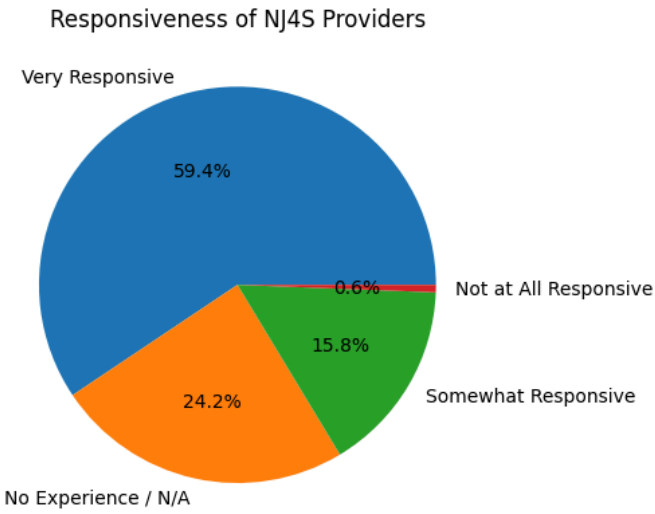
Effectiveness Ratings for NJ4S Tiered Services

School leaders rated the effectiveness of each tier of service provided by NJ4S on a scale of one to five with one being ineffective and five being most effective.

- Tier III stood out among respondents with the highest concentration of “5 (extremely effective)” ratings
- Tier II is strong and well-balanced, with a large share of 4s and 5s
- Tier I shows more spread, with a noticeable mix across 3–5 and slightly more lower ratings than the others
- Across all tiers, negative ratings (1–2) are minimal, reinforcing overall program effectiveness

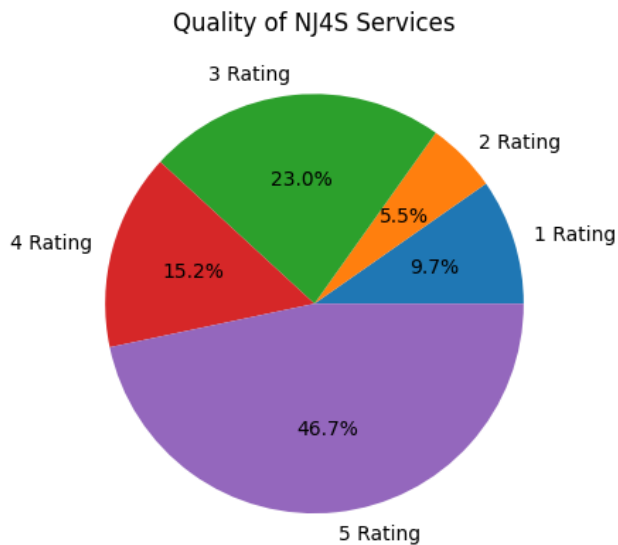


Responsiveness of NJ4S Providers



59.4% of survey respondents reported that providers are “Very Responsive”, while just 15.8% of survey respondents reported that providers are “Somewhat Responsive”

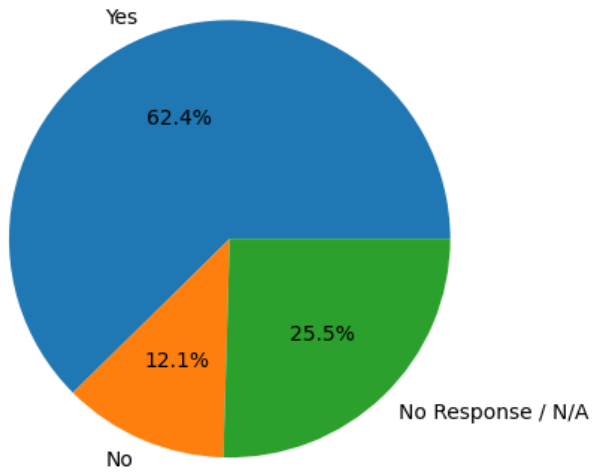
Quality of Services provided by NJ4S Providers



While we did see lower ratings more present here than in other metrics, 46.7% of survey respondents rated services as “5 Extremely Effective” and 15.2% rated a 4 “Effective”.

Satisfaction with Range of Services offered by NJ4S

Satisfaction with Range of NJ4S Services

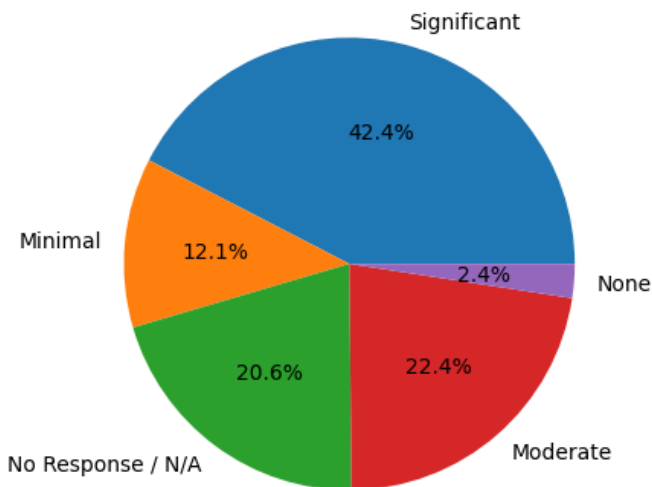


Nearly two-thirds of respondents report satisfaction with the range of NJ4S services

- 62.4% are satisfied (Yes)
- 12.1% are not satisfied (No)

Overall Assessment of the Impact of NJ4S Increasing Student Access to Mental Health Supports

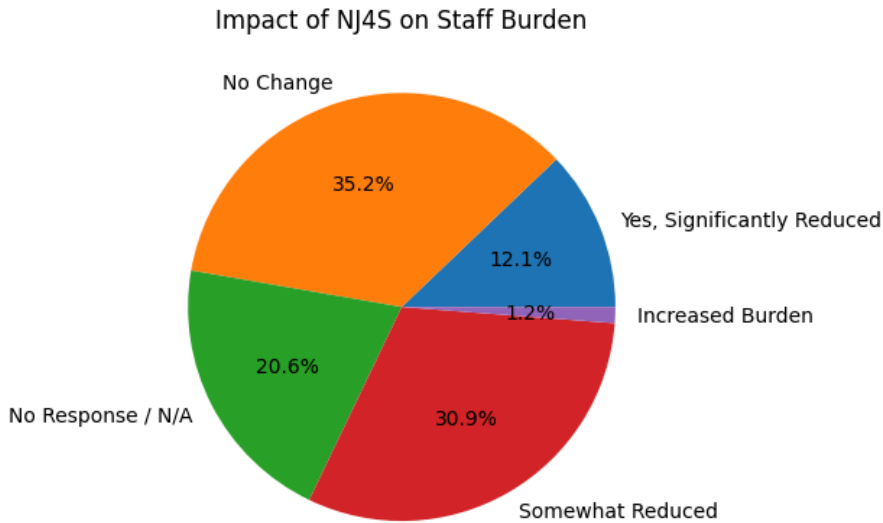
Impact of NJ4S on Increasing Student Access



● NJ4S is expanding student access to mental health supports across the state

- 42.4% of survey respondents report a **significant** impact
- 22.4% of survey respondents report a **moderate** impact

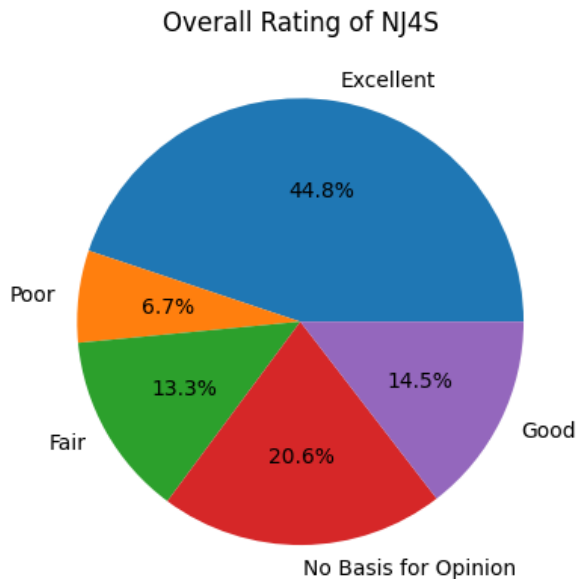
Impact of NJ4S on Staff Burden



NJ4S is reducing staff burdens for many schools, but impact is not yet universal.

- While over 40% report reduced burden, the largest group still sees no change in staff workload.
- 12.1% say it has significantly reduced burden
- 30.9% say NJ4S has somewhat reduced staff burden

Survey Respondents' Overall Rating of NJ4S



- Strong positive perception overall, however, 1 in 5 lack enough exposure to have provided a rating here.
- 44.8% of survey respondents rate NJ4S as **excellent**
- 14.5% of survey respondents rate it **good**

School Leaders Comments on NJ4S

The 165 respondents who answered Section III took the time to submit detailed comments on their experiences with the NJ4S program and the need to continue funding for this program. The following themes crossed many of the comments of school leaders:

- **Positive Impact and Clinician Quality:** NJ4S has been an extremely beneficial and vital resource, providing essential one-on-one clinical care and group therapy for students with complex mental health challenges (including anxiety, depression, suicidal ideation, and trauma), particularly for at-risk and underinsured students. Clinicians are frequently described as outstanding, professional, responsive, flexible, and essential in connecting families to outside, long-term therapeutic resources although some commenters experienced varying levels of quality in the clinicians or presenters provided.
- **Accessibility and Barriers Reduced:** The program's greatest strength is its accessibility; providing services directly in schools removes common barriers such as insurance requirements, transportation, and long waitlists, ensuring students receive timely and consistent professional help. Many school leaders positively commented that student access to mental health assistance had significantly and positively expanded through NJ4S.
- **Areas for Improvement:** A significant number of comments stated that some barriers continue to exist. A common thread criticized the grade level restrictions on service eligibility with many advocating for services beginning before 6th grade. Others noted that the 6–8 week window of services is too short with a need for longer services for their students. Others experienced difficulties in accessing Tier 3 services, sometimes leading to long wait times for students with high acuity needs.
- **Tiered Support and Program Offerings:** NJ4S provides support across all three tiers of intervention, including Tier 1 awareness workshops, assemblies, and staff/parent training, which are often well-received and engaging. While many districts utilize Tier 1 supports effectively, some feel the focus on "prevention" is inadequate for high-acuity needs, and many districts, even those with school-based youth services—wish to increase their utilization of Tier 2 and Tier 3 services.
- **Operational Challenges and Need for More Support:** Although many find the referral process simple, initial access was sometimes difficult. Challenges include disorganized service delivery, inconsistent follow-through on Tier 1 and 2 promises, difficulty staffing in-school programs, and a need for more consistent providers. Leaders also seek greater funding to meet the high demand, as some districts have wait lists for services. Respondents did note that the program is still evolving and improving, noting their reliance on the services provided.

Representative Member Comments on NJ4S Experiences

Overall Impacts

“NJ4S has had a critical impact on our neediest students through individual and group therapy. The program has also empowered our educators, fundamentally improving how our school operates through specialized staff training on student crisis intervention, among other topics, allowing our educators to feel confident in their ability to handle student distress. Another of NJ4S’ greatest strengths is its accessibility. The program removes two of the most common barriers to mental health care—insurance requirements and transportation. Because services are provided directly in schools, students who might otherwise go without support are able to receive timely help. The efficiency of the program has also been remarkable. The referral process is simple and quick, and services begin soon after a student is referred, often preventing challenges from escalating into larger crises.”

“My experience with this organization has been overwhelmingly positive. They serve as a crucial partner to our school district, providing students with essential one-on-one clinical care for complex challenges such as anxiety, depression, suicidal ideation, trauma, and school avoidance. Beyond providing direct counseling, they successfully connect families with long-term external therapeutic resources. Furthermore, offering these clinical services on-site has resulted in exceptionally high compliance. Meeting in a familiar school environment eliminates the logistical barriers that typically cause missed appointments, ensuring students consistently receive the professional support they need.”

Student Impacts

“Our experience with New Jersey Statewide Student Support Services (NJ4S) has been overwhelmingly positive, as it has significantly expanded access to mental health supports for our students in a meaningful and engaging way. Programs like Mental-Hop have been especially impactful in normalizing conversations around mental health, building student trust, and addressing real-life challenges such as stress, boundaries, and emotional regulation. NJ4S has also been a strong partner in collaboration, consistently responsive and willing to adapt to our school’s needs. While there is still a need for increased capacity and more individualized services, NJ4S has played a critical role in

strengthening our overall support system and enhancing the well-being of our students.”

“NJ4S has had a critical impact on our neediest students through individual and group therapy. In our district, NJ4S has become an indispensable extension of our student support system. In addition to providing individual therapeutic services, the NJ4S team has implemented targeted group counseling sessions that address the needs of our diverse and historically underserved student populations, students who are often the least likely to access external mental health services. They have also provided Tier I supports to our faculty and school community, strengthening our collective ability to respond to student needs. Without NJ4S, many of our students would not have access to this level of comprehensive, school-based mental health support.”

Staff Impacts

“Having NJ4S staff support our schools has been extremely beneficial in light of the challenges this district faces with school staff already assisting in these capacities. The various tiers directly addressed the needs of specific students affected by a lack of personnel helping to meet the higher demands of their specific individualized supports. These professionals came in and were embedded directly within multiple school locations, helping to minimize the barriers faced by students once they leave our building, including transportation needs or appointment-making/waiting.”

“NJ4S was utilized for crisis management and beyond that will help minimize the severity of mental health issues through quick and early supports. These tiered services helped teachers because they were able to send the students and know that students were being helped, expanding their ability to focus on instruction and not worry about their student's mental health. Our guidance and Child Study Team staff were relieved to have collaborative efforts in managing sometimes complex needs. This partnership is a huge support!”

“NJ4S has been a tremendous asset to our district. We have a wait list of students as we only have one clinician assigned to our school who shares her services with another district. NJ4S has done wonders for our student's mental health. We were devastated to learn this program was going to be taken away. Students need support.”

Need for Elementary Services

“Mental health issues begin prior to grade 6. It is concerning that this fact is not recognized with the number of suicides that are occurring at younger ages.”

“Waiting until sixth grade to help our students is often too late.”

“NJ4S was a great resource for our district. The only complaint was that many of our younger students would have also benefitted from Tier II and Tier III services.”

Areas for Improvement

“Most of what NJ4S delivers is “Tier 1” support- assemblies, staff training, and “awareness” workshops. While education is fine, it does not help a child having a panic attack in the hallway or a family dealing with suicidal ideation at 9:00 p.m. Unlike the old school-based clinics where a kid could walk in, NJ4S requires schools to apply for services through a portal. This creates a bureaucratic barrier that delays actual clinical action. NJ4S is explicitly branded as a prevention program. For a county like mine, where the “broken” system has already led to high-acuity suffering, “prevention” feels like too little, too late.”

“My experience with NJ4S services has been positive overall. The services are approachable and youth-centered, and it is reassuring to know that mental health supports are available in a way that feels accessible and non-stigmatizing. NJ4S does a good job promoting awareness of mental health resources and offering programming that supports prevention, early intervention, and emotional well-being. Continued expansion of outreach, clearer communication about how to access services, and increased availability of staff - especially during high-stress periods - would help ensure even more students are able to benefit from these supports.”

“We have found NJ4S services to be a valuable support for our students, particularly in providing access to mental health resources and crisis response. However, we would benefit from more consistent on-site presence and faster response times, as well as stronger alignment with our school-based initiatives, such as restorative practices and our House System. Expanding preventative supports and increasing opportunities for small group counseling would further enhance the impact of NJ4S services on student well-being and school climate.”

Recommendations and Conclusion

The final section of the survey asked respondents to share their final thoughts and experiences on NJ4S with Governor Sherril and the State Legislature, and to outline considerations they believe should be incorporated into the development of any supplemental or replacement program. School leaders provided extensive comments in this area reflected in the following recommendations for future policy making:

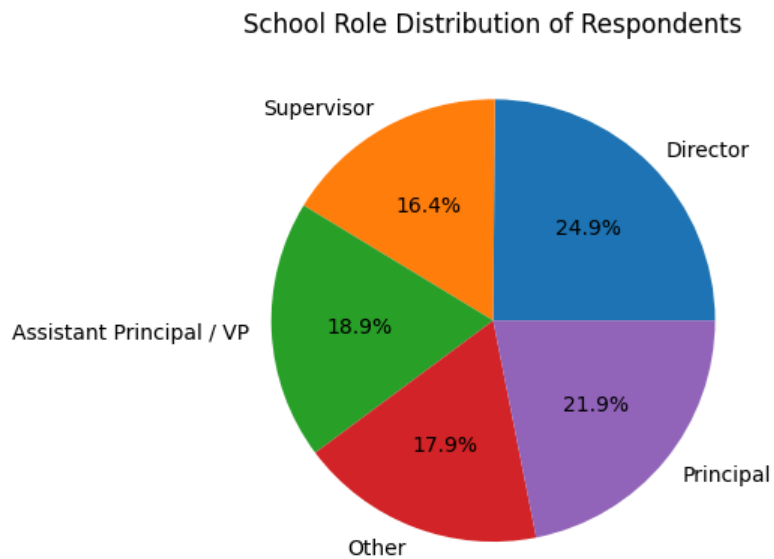
1. School leaders strongly value the support and programming services they have experienced through NJ4S. Although there are areas for improvement and some inconsistency in the delivery of services in different regions of the state, **they ask that there be no break in the delivery of NJ4S services next school year.** They believe that the abrupt ending of NJ4S will result in a quick and direct loss of student access to services, increased burdens on school staff, increased wait times for treatment, and likely increases in student behavioral issues, absenteeism and family strife.
2. As this member survey demonstrates, student needs for mental health interventions far exceeds the availability of services statewide. **For this reason, NJPSA recommends flat funding of NJ4S at the FY 2026 levels in the FY 2027 budget.** The \$38 million proposed for the proposed SPARK program does not meet the \$45 million spent on NJ4S in the current school year. School leaders fear a loss in services will significantly hurt students experiencing mental health challenges.
3. **School leaders stress the need to thoughtfully transition to any new system that provides direct mental health services to students.** School leaders expressed their passionate dedication to assisting their students with mental health needs and their wish to be a part of the discussion of developments in state programming in this area. **We recommend a stakeholder engagement process with agencies, school leaders and other stakeholders, and experts collaborating on the development of new approaches to student mental health.** NJPSA is happy to facilitate this engagement in any way we can.
4. School leaders understand that for many students, school is their safe place where they feel most comfortable sharing their feelings, thoughts and needs. The need for expanded in-school resources and staffing is critical to meet students where they are. Recognizing that schools cannot do it all however, they seek supplemental support, a focus on higher levels of student interventions, and direct local financial support as proposed in concept in the SPARKS program.
5. In the context of a difficult budget year, it is important to coordinate inter-agency resources related to student mental health to promote breadth of services, accessibility and tiered interventions without duplicating resources or creating confusion in the field.

In closing, NJPSA applauds the necessary focus on student mental health in New Jersey by Governor Sherrill and the State Legislature. NJPSA stands ready to engage on this critical issue and share the experiences and recommendations of school leaders responsible for leading this important school-based support. For more information, please contact Debra Bradley, Esq. NJPSA Director of Government Relations and Assistant Directors Jennie Lamon and Chris Nelson. Thank you for your consideration.

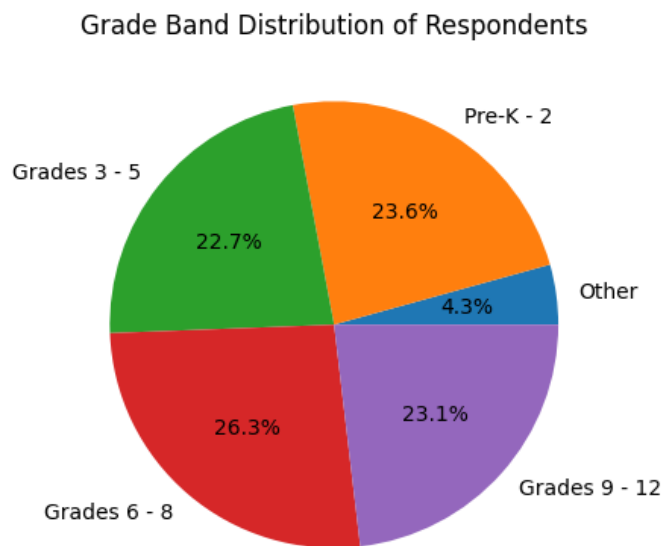
April 16, 2026

Appendix A: NJPSA Survey Results on Student Mental Health/NJ4S - Survey Respondent Demographics

School Roles



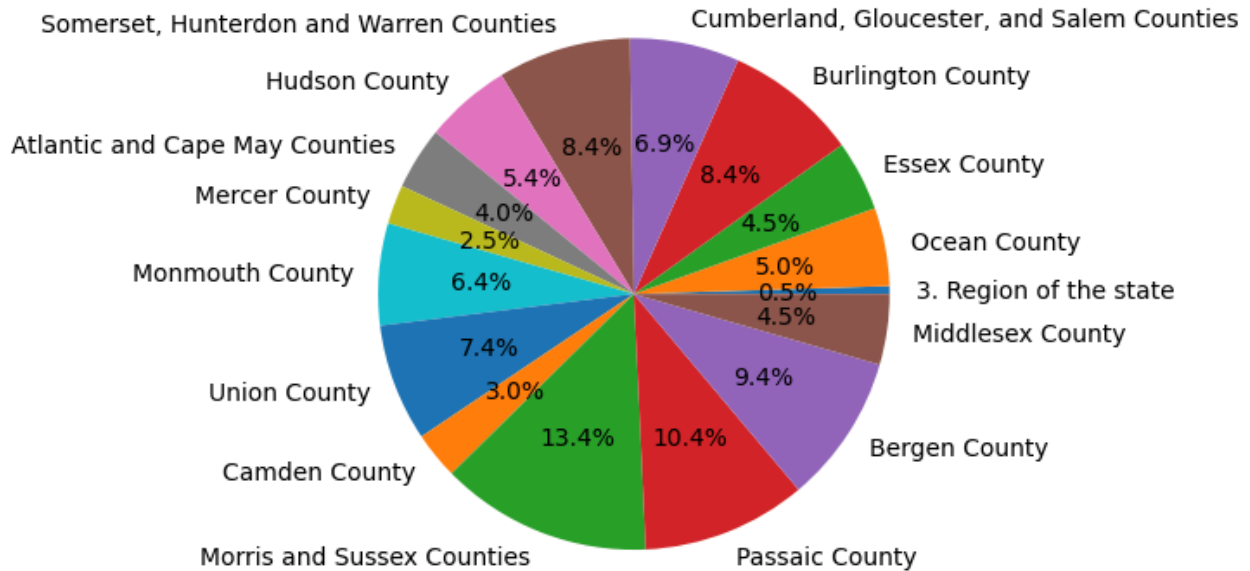
Grade band(s)



Region of the State

Survey Responses Reflect Broad Geographic Representation Across New Jersey

Regional Distribution of Respondents (NJ4S)

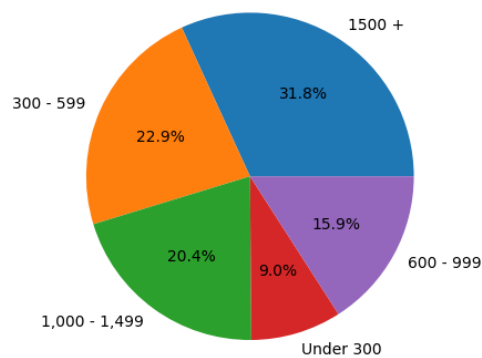


Approximate student enrollment

Survey Responses Skew Toward Larger School Districts

- 31.8% - 1500+ students (largest segment)
- 22.9% - 300–599 students
- 20.4% - 1,000–1,499 students
- 15.9% - 600–999 students
- 9.0% - Under 300 students

Approximate Student Enrollment Distribution



Student population characteristics

Survey respondents reflect high-need student populations across diverse communities

- Urban: 27.1% (largest segment)
- Suburban: 19.2%
- High % Economically Disadvantaged: 19.2%
- Students with Disabilities: 16.7%
- Multilingual Learners: 13.2%
- Rural: 4.6%

