

Access To School Based Mental Health Services Across District Socioeconomic Status In Massachusetts

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ABSTRACT

This study evaluates how access to school-based mental health resources varies by district and socioeconomic status, using data collected from 30 Massachusetts school districts. Socioeconomic status was measured by the percentage of students who were classified as low income or who qualified for free or reduced-price lunches (FRPLs). Access to mental health resources was measured by the number of students per licensed mental health professionals. While some lower income districts provided high staffing ratios, others faced severe shortages. The data suggests a complex relationship. The overall pattern observed displays no linear relationship between the factors of socioeconomic status and numbers of mental health staff at schools. The study builds on prior research that identifies inequalities in school mental health support by offering more localized, district-level insight. It is able to highlight inconsistencies that broader studies could overlook. Through analyzing staffing ratios of mental health professionals to students, the findings in this study reveal a lack of resources for mental health support does not directly reflect the socioeconomic status of a district– suggesting that other factors may cause the disparities as well.

Keywords: Mental health professional; high school; school counselor; psychologist; socioeconomic status

INTRODUCTION

Mental health is a critical component of student development. It influences academic performance, social functionality, and long-term well-being (1). School-based mental health professionals including psychologists, social workers, counselors, and therapists provide essential services such as early identification of risk factors, crisis intervention, and regular emotional support (1, 2). These services are widely recognized as

important for promotion of both academic success and overall student health.

Despite the recognized importance of these resources, access to school-based mental health services is not evenly distributed. Given the importance of mental health to student development, unequal access to school-based mental health resources remains a substantial concern. Most existing research suggests that disparities in access are widespread, particularly along socioeconomic lines. National data indicates ongoing shortages of mental health professionals in schools, particularly in underserved districts (3). Similarly, prior research by Hoover and Bostic (1) finds that these disparities can negatively impact students, especially in lower income communities where barriers to adequate support may be more common (3). Together, these findings point to a broader pattern in which lower-income districts tend

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to have fewer mental health resources. However, the relationship between socioeconomic status and resource availability is not always consistent, as variations in funding priorities, state aid, and local policy decisions can influence staffing across districts (4). This inconsistency suggests that while socioeconomic status is an important factor, it does not operate in isolation and must be considered alongside policy and funding differences.

Understanding how access to mental health professionals varies across different socioeconomic contexts is essential for identifying gaps in service provision and informing more equitable policy decisions. This study examines the relationship between socioeconomic status (SES) and access to school-based mental health professionals at the district level in Massachusetts. This study examines whether school-based socioeconomic status is associated with access to school-based mental health professionals in Massachusetts. The percentage of low-income students is a proxy for socioeconomic status and the student-to-mental health professional is a measure of access. The expected results are to find a general trend of a greater number of students per mental health professional in low-income school districts. To formalize the hypothesis, it was expected that lower-SES districts will exhibit significantly higher student-to-MHP ratios. The null hypothesis would be that there is no correlation between district SES and student-to-MHP ratios.

METHODS AND MATERIALS

Data Collection

Data was collected across 30 randomly selected school districts in Massachusetts across multiple variables: number of mental health professionals (MHPs), total number of students, percentage of low-income students, and student to MHP ratio (5). The enrollment number of students was collected between February and March 2026 from the publicly available Massachusetts Department of Education's website, specifically in the 2025-26 Enrollment by Grade Report. Out of the 395 school districts in Massachusetts, those eligible to be randomly selected had to have had high school level enrollment. However, while random, the schools selected were stratified in proportion to the real ratios across all of Massachusetts school districts in NCES poverty levels. Using a random number generator, 30 school districts were chosen to represent 10% of all 305 Massachusetts school districts that have high

school education. Of the 30 chosen, groups are stratified into high, mid-high, mid-low, and low income. To be truly representative of the incomes of Massachusetts populations, the ratio of these groups to each other was observed, then appropriately shrunk to meet the total of 30. Further, 4 school districts without available information on their websites about the number of mental health professionals on their staff were excluded and randomly replaced. Mental health professionals were operationalized as psychologists, therapists, adjustment counselors, and social workers. Those excluded held the title of exclusively Special Education Counselors, Guidance Counselors, Occupational Therapists, and alike. To validate the coding of mental health staffing a second researcher randomly coded a set of 15 of the 30 for consistency. While this study observes a wide range of job titles, those considered must have a direct correlation to school mental health. Lower student to MHP ratios indicate better access, while higher ones indicate poorer access. A stratified representation of 30 school districts were sampled in this study (Table 1).

Ratio Definition

The ratio of students to mental health professionals was computed by adding up all the staff in one district who qualified as a mental health professional, and dividing that total value from the number of students.

Socioeconomic Status

In the year 2026, for a district to qualify as low income, over 75% of their students needed to qualify for FRPLs. Further, to qualify for an FRPL, a household must meet specific federal thresholds based on household size; for example, for a family of 4 the maximum income permitted for FRPL is \$41,795 annually (6). In accordance with the National Center for Education Statistics, poverty levels are sorted into high-poverty/low income, mid-high poverty/mid-low income, mid-low poverty/mid-high income, and low poverty/high income (7). High-poverty districts are categorized by 75% or more of the student population qualifying for FRPLs; mid-high poverty is 50-75%; mid-low poverty is 25-50%; and low poverty is under 25%.

Sourced Recommendations

The National Association of School Psychologists recommends 1 school psychologist for every 500 students (3). This is a higher ratio than most of the study's data indicates as this study included other professionals capable of providing mental health support.

While the National Association of School Psychologists (3) recommends a ratio of about 1 school psychologist per 500 students, the American School Counselor Association recommends 1 school counselor for every 250 students - a much lower ratio (3,8).

Quantitative Study

While this study does not assess the quality of service, student outcomes, or qualitative perspectives on staffing ratios, established professional guidelines still provide important context for interpreting the results, particularly considering that this study's methods combine multiple staff roles.

Ethics Statement

This study used publicly available, district level data and did not involve direct human subjects. Institutional Review Board approval was not required.

RESULTS

Across all 30 Massachusetts public school districts analyzed, the average student-to-mental health professional (MHP) ratio was highly variable. Districts were grouped into four socioeconomic categories based on the percentage of students eligible for free or reduced-price lunch (FRPL). Descriptive statistics for each SES group are summarized in Table 1.

At the district level, no clear linear relationship was observed between the percentage of low-income students and the student-to-mental-health-professional ratio (Figure 1). Regarding the ASCA staffing benchmark, 9 of 15 low-poverty districts, 6 of 7 mid-low-poverty

districts, and 4 of 7 mid-high-poverty districts met the recommended standard, whereas the single high-poverty district did not meet the standard (Table 2).

Among districts classified as low poverty ($n=15$), the mean student-to-MHP ratio was 251.79 students per mental health professional— with the standard deviation between 126.28 and the median being 228.5 (Table 3). The 95% confidence interval for this group ranged from 181.75 to 321.83 students per MHP, indicating modern uncertainty around the estimated mean (Table 3). The observed range was 486.33 students per MHP, demonstrating notable variation in access even among relatively lower-poverty districts (Table 3).

The mid-low poverty group ($n=7$) demonstrated the highest average student-to-MHP ratio, with a mean of 279.95 students per MHP— the standard deviation between 308.18 and the median being 162 (Table 3). The

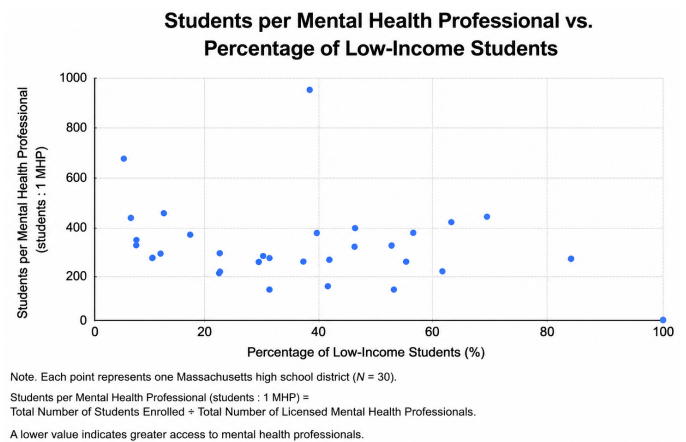


Table 1. Distribution of the 30 Massachusetts public school districts included in the study by socioeconomic status category. Defined using the percentage of low-income students reported by the Massachusetts Department of Elementary and Secondary Education. Districts were classified as Low Poverty (<25% low-income students; $n=15$), Mid-Low Poverty (25.0-49.9%; $n=7$), Mid-High Poverty (50.0-74.9%; $n=7$), and High Poverty (>75.0%; $n=1$).

District Poverty Level	Number of Schools
Low Poverty	15
Mid-Low Poverty	7
Mid-High Poverty	7
High Poverty	1

Figure 1. Relationship between district socioeconomic status and access to school-based mental health professionals among the 30 Massachusetts public school districts included in this study. The x-axis represents the percentage of low-income students in each district, and the y-axis represents the percentage of students per one school-based mental health professional, calculated as the number of mental health professionals divided by total student enrollment times 100. Mental health professionals included licensed school counselors, school psychologists, school social workers, and school adjustment counselors. Districts were stratified into four SES categories based on the percentage of low-income students: Low Poverty (<25% low-income students), Mid-Low Poverty (25.0-49.9%), Mid-High Poverty (50.0-74.9%), and High Poverty (>75.0%). The recommended staffing benchmark referenced in this study is one school psychologist per 500 students, consistent with National Association of School Psychologists (NASP) guidelines.

group also displayed the greatest variability, with a range of 897.95 students per MHP and a wide 95% confidence interval (-5.07 to 564.97) (Table 3). The large standard deviation suggests considerable differences in mental health professional availability among districts within this socioeconomic group.

The mid-high poverty group (n=7) had a mean ratio of 222.62 students per MHP (standard deviation=122.38; median =235), with a 95% confidence interval from

109.44 to 335.8 (Table 3). Although these districts generally had higher poverty levels, their average student-to-MHP ratio was lower than both low-poverty and mid-low poverty districts, suggesting that socioeconomic status alone does not consistently predict access to mental health professionals, or abundance.

The high poverty category only contained one district (n=1), therefore inferential statistics and confidence intervals were not calculated for this group due to an insufficient sample size (Table 3).

A one-way ANOVA was conducted to examine whether student-to-mental health professional ratios differed significantly across SES groups. The analysis included lower poverty (n=15), mid-low poverty (n=7), and mid-high poverty (n=7) districts; the high poverty category was excluded from the inferential analysis due to insufficient sample size (n=1).

Pairwise comparisons of group means indicated modest differences in student-to-MHP ratios across socioeconomic groups. The mid-low poverty group had an average of 28.16 more students per MHP than the low poverty group, while the mid-high poverty group had 29.16 fewer students per MHP than the low poverty group and 57.33 fewer students per MHP than the mid-low poverty group. These effect estimates suggest variation in access across SES categories; however, the magnitude and direction of differences do not indicate a consistent relationship between poverty level and student-to-MHP ratios. Results indicated no statistically significant differences between groups. The mid-low poverty group differed from the low poverty group at 28.16 students per

Table 2. Number of the 30 Massachusetts public school districts that met or did not meet the American School Counselor Association (ASCA) recommended staffing standard, stratified by socioeconomic status (SES). SES categories were defined using the percentage of low-income students reported by the Massachusetts Department of Elementary and Secondary Education: Low Poverty (<25%; n=15), Mid-Low Poverty (25.0-49.9%; n=7), Mid-High Poverty (50.0-74.9%; n=7), and High Poverty (>75%; n=1). Districts were classified as meeting the ASCA staffing standard if the student-to-school counselor ratio was 250:1 or lower. The table also reports the total number of districts within each SES category.

District Poverty Level	Meet ASCA Standard	Does Not Meet ASCA Standard	Number of Schools
Low Poverty	9	6	15
Mid-Low Poverty	6	1	7
Mid-High Poverty	4	3	7
High Poverty	0	1	1

Table 3. Descriptive statistics for student-to-mental health professional (MHP) ratios across the 30 Massachusetts public school districts, stratified by socioeconomic status (SES). The student-to-MHP ratio (students per one mental health professional) was calculated using the total student enrollment divided by the number of school-based mental health professionals, including licensed school counselors, school psychologists, school social workers, and school adjustment counselors. SES Categories were defined using the percentage of low income students: Low Poverty (<25%; n=15), Mid-Low Poverty (25.0-49.9%; n=7), Mid-High Poverty (50.0-74.9%; n=7), and High Poverty (>75%; n=1). Reported statistics include the sample size (n), mean, median, standard deviation (SD), range, standard error, and 95% confidence interval for each SES category. Because the High Poverty category contains only one district, measures of variability and confidence intervals are not meaningful for that group and should be interpreted with caution.

SES Group	n	Mean Students per 1 MHP	Median Students per 1 MHP	SD	Range	Standard Error	95% Margin of Error	Lower 95% CI	Higher 95% CI
Low poverty	15	251.7854701	228.5	126.48	486.3	32.66	70.04	181.75	321.83
Mid-low poverty	7	279.9472789	162	308.18	897.5	116.48	285.02	-5.07	564.97
Mid-high poverty	7	222.6222449	235	122.38	325.39	46.26	113.18	109.44	335.8
High poverty	1	0	0	0	0	0	0	0	0

MHP ($p=0.940$), the mid-high poverty group differed from the low-poverty group by 57.33 students per MHP ($p=0.831$).

In summary, the descriptive analysis indicates no clear linear relationship between district SES and access to school-based mental health professionals. While some higher-poverty districts experienced substantial shortages, other districts with similar or greater levels of economic disadvantage demonstrated relatively stronger access. In parallel, some lower-poverty districts exhibited unexpectedly high student-to-MHP ratios. These findings suggest that factors beyond district socioeconomic status, such as funding allocation, staffing priorities, and local policy decisions, may contribute to variation in school-based mental health access.

DISCUSSION

The results suggest that socio-economic status alone does not determine access to mental health resources within schools. Although many districts exhibited comparable student to MHP ratios, no consistent pattern was observed across socioeconomic categories. While some high-poverty districts benefit from strong support systems, others face extreme shortages. There is high variation between similar SES levels on multiple occasions within the results. These inconsistencies suggest that additional factors, such as district funding priorities, state aid, granted funding, and administrative decisions, play a vital role (4, 8). Existing research supports the idea that structural and policy-level differences contribute to unequal access to school-based services (4). The substantial variation in student to MHP ratios among both lower and higher income districts suggests that socioeconomic status alone may not adequately explain or determine differences in staffing levels. Income level alone does not account for differences in mental health staffing. Factors beyond income level may play a significant role in determining access to school-based mental health professionals.

An important limitation of this study is that the high-poverty socioeconomic category contained only one district. As a result, meaningful within-group comparisons could not be performed for this category, and percentages or descriptive patterns for high-poverty districts should be interpreted with caution. The observed value may not be representative of high-poverty districts in Massachusetts more broadly, and this study does not support drawing conclusions about mental health staffing across all high-poverty districts based on a

single observation. Future studies should include a larger number of high-poverty districts and a larger sample size to allow for more reliable statistical comparisons and stronger conclusions.

Although previous studies have reported reduced access to educational and health resources in lower income districts, the present study did not identify a consistent relationship between district poverty level and mental health staffing with the sampled districts (Figure 2). This divergence from previous literature may reflect differences in state-level funding policies, targeted grant programs, or individual/local administrative priorities that either exacerbate or mitigate staffing disparities—without regard to district SES.

The presence of extreme cases does raise concerns about equity. Students in these districts may lack access to essential developmental support, potentially impacting academic performance and overall wellbeing (1). Overall, this study's distribution suggests large inconsistency between district poverty level and number of mental

Percentage of Schools that Meet the ASCA Staffing Standard by NCES School Poverty Level

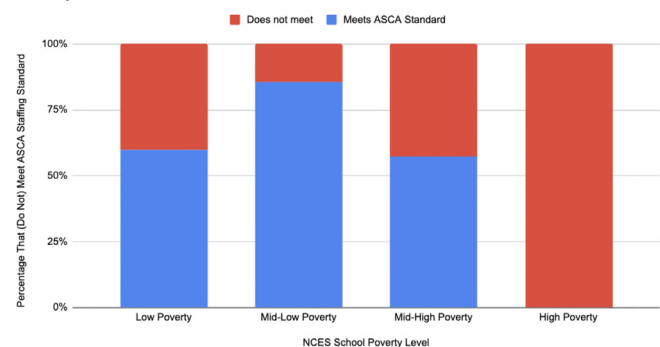


Figure 2. Percentage of the 30 Massachusetts public school districts meeting the American School Counselor Association (ASCA) recommended staffing standard, stratified by socioeconomic status (SES). SES categories were defined using the percentage of low-income students reported by the Massachusetts Department of Elementary and Secondary Education: Low Poverty (<25%; $n=15$), Mid-Low Poverty (25.0-49.9%; $n=7$), Mid-High Poverty (50.0-74.9%; $n=7$), and High Poverty (>75%; $n=1$). Districts were classified as meeting the ASCA staffing standard if they employed at least one school counselor per 250 students (student-to-school counselor ratio <250:1). Percentages represent the proportion of districts within each SES category meeting or not meeting the recommended staffing benchmark. Because only one district was included in the High Poverty category, percentages for that group should be interpreted with caution.

health professionals to students, pointing to the influence of other factors— such as district funding decisions, policy differences, or resource allocation priorities— in shaping access to school-based mental health services. However, other findings indicate that higher-income districts are not consistent in student-to-mental health professional ratios.

A limitation of this study is that these factors could not be tested directly. In addition, the data obtained from the publicly available district websites and reports, which may differ in accuracy, could have obstructed accurate data collection in some way. Furthermore, the sampled districts included in this study may not be entirely representative of all school districts; this study is not exempt from all potential selection bias. Another limitation is that this study only assessed the numbers of mental health professionals; the quality, efficacy, and availability of these individuals was not observed. Therefore, in future research, both quantitative and qualitative analysis surrounding mental health staffing equity may prove beneficial in better understanding equity between districts.

CONCLUSION

Access to mental health resources in Massachusetts high schools varies widely across districts and socioeconomic status is not the only factor. Some lower-income districts provide strong support, while others experience severe shortages. These findings indicate the need for more consistent policies and targeted interventions where needed to guarantee all students have access to adequate mental health support, regardless of district socioeconomic status.

However, these conclusions should be interpreted cautiously due to several limitations, including the usage of only publicly available website data, a limited district-level sample size, and the inability to assess quality of service. Additionally, the highest-poverty socioeconomic category was represented by only one district to preserve proportional representation of Massachusetts districts. Consequently, comparisons involving this category are limited. Future research should incorporate larger samples and examine additional factors such as quality and staffing policies. Combining quantitative analysis like ratio and population number observation with qualitative like interviews with administrators may provide a more comprehensive understanding of the factors that truly influence access to school-based mental health support.

CONFLICT OF INTEREST

This author declares no conflicts of interest.

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