What's the Goal Here? Educators' Perspectives on Iowa's Senate File 496 on School Mental Health Systems

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Abstract: Iowa's Senate File 496 requires parent permission to formally survey students about their mental health, bans the discussion of gender identity and sexual orientation in schools before seventh grade, mandates schools obtain parental permission to use a nickname, and bans any books that depict or describe sex acts in schools. This instrumental case study examines how educators and school board members (*n* = 21) perceived the law's influence on school-based mental health systems and the ways they believed it shaped student mental health. Key findings reveal educators perceived Senate File 496 dismantled essential mental health screening processes, restricted identity-affirming practices, and created ambiguity around emotional support. Participants describe these shifts as contributing to fragmented support systems, moral conflict among educators, and potential long-term harm to student well-being.
Keywords: Senate File 496; parental rights bills; "Don't Say Gay" laws; school-based mental health; education policy; mental health promotion in schools

¿Cuál es el objetivo aquí? Perspectivas de los educadores sobre el *Senate File 496* de Iowa en los sistemas escolares de salud mental
Resumen: El *Senate File 496* de Iowa (*Proyecto de Ley del Senado 496 de Iowa*) exige el permiso de los padres para encuestar formalmente a los estudiantes sobre su salud mental, prohíbe la

discusión de la identidad de género y la orientación sexual en las escuelas antes del séptimo grado, obliga a las escuelas a obtener el permiso de los padres para usar un apodo y prohíbe cualquier libro que represente o describa actos sexuales en las escuelas. Este estudio de caso instrumental examina cómo educadores y miembros de juntas escolares (*n* = 21) percibieron la influencia de la ley en los sistemas escolares de salud mental y de qué manera creían que daba forma a la salud mental de los estudiantes. Los hallazgos clave revelan que los educadores percibieron que el *Senate File 496* desmanteló procesos esenciales de evaluación de la salud mental, restringió prácticas de afirmación de la identidad y generó ambigüedad en torno al apoyo emocional. Los participantes describen estos cambios como contribuyentes a sistemas de apoyo fragmentados, conflictos morales entre los educadores y un posible daño a largo plazo al bienestar estudiantil.
Palabras clave: *Senate File 496*; proyectos de ley sobre derechos parentales; leyes "Don't Say Gay"; salud mental escolar; política educativa; promoción de la salud mental en las escuelas

Qual é o objetivo aqui? Perspectivas de educadores sobre o *Senate File 496* de Iowa nos sistemas escolares de saúde mental
Resumo: O *Senate File 496* de Iowa (*Projeto de Lei do Senado 496 de Iowa*) exige a permissão dos pais para pesquisar formalmente os estudantes sobre sua saúde mental, proíbe a discussão sobre identidade de gênero e orientação sexual nas escolas antes do sétimo ano, obriga as escolas a obter a permissão dos pais para usar um apelido e proíbe qualquer livro que retrate ou descreva atos sexuais nas escolas. Este estudo de caso instrumental examina como educadores e membros de conselhos escolares (*n* = 21) perceberam a influência da lei nos sistemas escolares de saúde mental e de que maneiras acreditavam que ela moldava a saúde mental dos estudantes. Os principais achados revelam que os educadores perceberam que o *Senate File 496* desmantelou processos essenciais de triagem de saúde mental, restringiu práticas de afirmação de identidade e criou ambiguidade em torno do apoio emocional. Os participantes descrevem essas mudanças como contribuintes para sistemas de apoio fragmentados, conflitos morais entre educadores e possíveis danos de longo prazo ao bem-estar estudantil.
Palavras-chave: *Senate File 496*; projetos de lei sobre direitos parentais; leis "Don't Say Gay"; saúde mental escolar; política educacional; promoção da saúde mental nas escolas

What's the Goal Here? Educators' Perspectives on Iowa's Senate File 496 on School Mental Health Systems

Mental health issues in K-12 students have been increasing over the past decade and were further exacerbated by the COVID-19 pandemic (American Foundation for Suicide Prevention, 2020; Fontenelle-Tereshchuk, 2020; Wright et al., 2023). Best practices in policy recommendations call for increased access to individual support in schools such as early detection and prevention initiatives (Wright et al., 2023). This can be done by leveraging universal screeners that help identify students with internalizing symptoms such as depression or anxiety (Ormiston & Renshaw, 2023), or social emotional learning (SEL) and other programs that promote executive functioning and interpersonal skills (Kishimoto et al., 2023). Additionally, these efforts can be supported by school personnel who make up student mental health support teams such as counselors (Christian & Brown, 2018) and teachers (Deaton, 2022). To support these efforts, there has been a rise in training to ensure educators can identify, support, and refer students who show signs of mental health issues to school-based mental health professionals. For example, in Iowa, the Scanlan Center for School

Mental Health, funded by a state grant, provides this type of training to educators through their BEST+Well curriculum (Scanlan Center for School Mental Health, 2024).

Amidst the growing concern around student mental health issues, the state of Iowa passed Senate File 496 in May 2023 (IA S.F. 496 [SF 496], 2023). The law includes four major provisions: (1) active parental consent is required for all student surveys, (2) bans discussion of gender identity and sexual orientation before seventh grade, (3) requires parental permission for student nicknames, and (4) prohibits books that depict or describe sex acts in schools (SF, 2023). This legislation has been widely critiqued for being vague and overly broad and school districts report struggling to implement the legislation due to the ambiguity of the writing and lack of guidance from the state. The legislation was passed in an environment of Republican-led initiatives (Ujifusa, 2022). The legislation mirrors House Bill 1557 in Florida indicating a coordinated effort to reshape educational policies in line with conservative values (House Bill 1557, 2022). The passing of the legislation reflects Iowa's historical support of localized power for education and constituents' desire to increase parental involvement and oversight in schools (Waagmeester, 2023). Considering the importance of mental health screeners and the implications the legislation had for mental health systems combined with the different interpretations from school districts, the researcher designed this instrumental case study to gain a better understanding of how Senate File 496 influenced school-based mental health systems and practices and how educators perceive the legislation influenced student mental health.

Literature Review

Schools are regarded as the ideal place for students to receive mental health interventions and support as most students spend a significant amount of time in schools and schools house different professionals such as teachers, counselors, psychologists, nurses, and social workers who compose a student's mental health support team (Ormiston et al., 2021; Russo 2015). These individuals complement and compose aspects of school climate that also influence students' mental health. In fact, schoolwide systems that promote inclusive, anti-bullying, and positive climates indicate schools with lower rates of mental health issues amongst students (Kishimoto & Ding, 2023).

Demand for School-Based Mental Health

Mental health issues are common amongst school-aged children. In children ages 3-17, 13% have a diagnosed mental health issue with this number increasing to more than 20% in teenaged children (Centers for Disease Control and Prevention [CDC], 2025). Among high school students, 40% reported feelings of sadness or hopelessness, 20% report considering suicide, with 9% attempting suicide in the past year (CDC, 2025). For students identifying as lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+), these rates are at least three times higher than their cisgender heterosexual peers (The Trevor Project, 2024). These are important to consider as suicide is the second leading cause of death for school-aged children (Singer et al., 2019). Not only are mental health issues related to suicide, but they are correlated with lower student achievement and graduation rates as well as increased discipline and behavior issues, dropout rates, and make students more likely to end up on the school-to-prison pipeline (Brown et al., 2019; Deaton et al., 2022). It takes an average of 11 years from onset of mental health illness for people to seek treatment (Jorm, 2012). Moreover, it is estimated that untreated mental health issues strain the national economy costing $247 billion annually (Bohnenkamp et al., 2015). However, many of these estimates are pre-COVID, and Weist et al. (2024) argue these estimates do not reflect the increase in mental health

needs caused by the pandemic. Nevertheless, early intervention and prevention methods can reduce the severity, onset, and longevity of mental health (Watanabe et al., 2020).

School Climate and Student Mental Health

Research consistently highlights the role of school climate in shaping student well-being. School climate is comprised of the quality and character of school life and encompasses dimensions such as physical and emotional safety, relationships among students and staff, the teaching and learning environment, and the institutional environment (Thapa et al., 2013). A positive school climate characterized by supportive relationships, clear behavioral expectations, and inclusive practices is associated with reduced psychological distress and increased academic engagement (O'Malley et al., 2015). Conversely, negative school climates marked by bullying, exclusion, or lack of emotional safety are linked to increased internalizing symptoms, behavioral problems, and absenteeism (Bradshaw et al., 2014). These dynamics are especially salient for marginalized student groups, including LGBTQ+ and Black, Indigenous, and People of Color (BIPOC) students, who may face heightened mental health risks in unsupportive school environments (Kosciw et al., 2022).

School-Based Mental Health Systems

Schools are often the first line of defense in identifying student mental health issues. This can include universal screening, schoolwide or class-based social emotional learning (SEL), and individual and group counseling (Christian & Brown, 2018). Often, these practices are integrated into a multi-tiered system of support (MTSS; Russo et al., 2015). At Tier 1, universal screeners, which screen students for internalizing and externalizing behaviors, and positive behavior intervention systems (PBIS) and SEL are effective prevention and support for student mental health needs. Tier 2 of MTSS systems focus on the needs of about 20% of students who may struggle with certain emotional/behavioral/academic needs that are addressed through short-term counseling, group counseling, or additional support to mitigate challenges (Romer et al., 2017). Finally, about 5% of students are considered Tier 3, and are referred to targeted interventions which may include one-on-one counseling and other long-term support for student needs (Nese et al., 2021). Often, mental health screeners and/or teacher referrals are used to identify students in need of Tier 2 and Tier 3 support.

Social Emotional Learning and Positive Behavior Intervention Systems

Social emotional learning (SEL) is a widely used approach that can be applied either universally or in more targeted ways to support students' development. SEL focuses on building skills such as empathy, emotional regulation, and effective communication. According to the Collaborative for Academic, Social, and Emotional Learning ([CASEL], 2022), effective SEL frameworks target five core areas: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These programs are commonly facilitated by school-based support teams, including teachers, counselors, and other trained staff (Bastian et al., 2019; Lambie et al., 2019). Meanwhile, PBIS provides positive feedback and rewards for desirable behaviors (Calais & Green, 2022). Research has shown that SEL and positive behavioral interventions and supports (PBIS) not only promote positive student behavior and mental health but also contribute to long-term cost savings by reducing chronic absenteeism, dropout rates, and disciplinary issues which are key aims of Tier 1 interventions within a multi-tiered system of support (MTSS). Additionally, these practices have been associated with reductions in bullying (Cavioni et al., 2020). Nevertheless, it must be noted that PBIS promotes the values of those in charge, which are often white educators and can perpetuate racial barriers by failing to recognize cultural differences (Calais & Green, 2022). However, PBIS leaders themselves have acknowledged this problem, emphasizing that implicit bias

plays a critical role in shaping disciplinary decision-making, particularly for students of color (McIntosh et al., 2014).

Screeners

Universal screeners are extremely helpful in identifying students who experience mental illness and increase the likelihood of early intervention and prevention as a majority of mental illness is not treated for at least 11 years after the initial onset (Jorm, 2012). Universal screeners typically screen for symptoms of psychological distress and students' overall well-being and SEL strengths (Burns & Rapee, 2022). Additionally, universal screeners are also useful tools that prioritize prevention efforts and encourage collaboration amongst educators and are six times more likely to ensure a student receives support (Goodman-Scott et al., 2023). Moreover, universal screeners help to reduce stigma around mental health issues and can identify symptoms that parents and teachers may have missed (Burns & Rapee, 2022). In addition, these screeners can be used to measure student conscientiousness, self-control, grit, and growth mindset, which are associated with higher attendance, better behavior, and higher test scores (West et al., 2016). Some screeners include the Social, Academic, Emotional Behavior Risk Screeners (SABERS; Ormiston & Renshaw, 2023) and the Strengths and Difficulties Questionnaire (SDQ; Youth in Mind, 2024) as well as Behavior Assessment System for Children (BASC; Kamphaus & Reynolds, 2015), Behavior Intervention Monitoring Assessment System (BIMAS; McDougal et al., 2011), and Early Screening Inventory (Meisels et al., 2018).

Previously, parents provided passive consent during registration for students to take mental health screeners and surveys (U.S. Department of Education, 2020). With the new legislation, parents instead have the option to opt out of different screeners. This reduces the ability of schools to identify students with internalizing mental health symptoms (Goodman-Scott et al., 2023). Historically, Iowa has implemented the Youth Risk Behavior Survey (YRBS), which is conducted by the Centers for Disease Control and is a key source of data around health outcomes for K-12 students and is used to inform policy, funding, program strategies, surveillance, and research efforts (Iowa Health and Human Services, 2023). Additionally, the state of Iowa has the Iowa Youth Survey (IYS), which mirrors YRBS but does not ask students about their gender identity, thus data surrounding trans and non-binary students is missing, and lacks many questions around mental health (Discher, 2023). This is essential to note as YRBS data reflects that 74% of LGBTQ+ Iowa high school students feel sad or hopeless and 25% of LGBTQ+ students in Iowa attempt suicide compared to 31%, and 7% of straight, cisgendered peers, respectfully (Discher, 2023).

Teachers

Teachers are on the front line of providing early intervention services, such as SEL, and interpersonal skills and executive functioning development (Deaton et al., 2022; Nygaard, 2022). They are a natural extension of a student's support team as they see students daily and are in unique positions to reduce psychological distress and improve academic performance through the implementation of SEL (Deaton et al., 2022). In addition, teachers are responsible for administering 40% of universal interventions per Tier 1 of MTSS (Deaton et al., 2022; Ohrt, 2021). Furthermore, teachers can employ trauma-informed practices and implement classroom management that uniquely address students' needs (Resa, 2017) as they value and desire to support student mental health and student achievement (Watson, 2022). These efforts can be employed through differentiated lessons, varying tasks, group assignments, outcome measures, resources that accommodate student needs, (Resa, 2017), student check-ins, and other classroom management efforts (Watson, 2024b).

Counselors

School counselors are key school-based mental health personnel. Often, they are licensed mental health clinicians that also provide assistance with scheduling, life readiness guidance, and short-term mental health interventions (Bastian et al., 2019). Typically, students who require long-term counseling are referred to community services, though sometimes these can be provided in school settings (Christian & Brown, 2018). The American Counseling Association (2020) calls for a student to counselor ratio of 250:1; however, in Iowa the ratio of students to school counselors is 391:1, with higher discrepancies in rural areas (Hopeful Futures Campaign, 2022). This drastic shortage leads to counselors often feeling overburdened and unable to meet the expansive demands of their time, thus not all students are able to receive the support they need (Whinnery, 2019). What is more, recent legislation in Iowa has potential impacts on existing school-based mental health systems across the state. While national data show rising rates of youth mental health concerns, Iowa students, particularly LGBTQ+ youth, report even higher levels of distress. For example, 74% of LGBTQ+ high school students in Iowa report persistent sadness or hopelessness and 25% report suicide attempts, compared to 40% and 9% of their national peers (CDC, 2025; Discher, 2023). These discrepancies underscore how restrictive policies may exacerbate already heightened vulnerabilities in the state.

Additional Personnel

In addition to teachers and counselors, school psychologists, social workers, and administrators play critical roles in supporting comprehensive school-based mental health systems. School psychologists often lead mental health assessments, contribute to behavioral intervention plans, and participate in crisis response and prevention efforts (National Association of School Psychologists [NASP], 2023). School social workers also provide direct mental health services and help address the intersection of family and community challenges with student well-being, offering case management and facilitating referrals to external mental health services (Kelly et al., 2015). They often do the majority of mental health interventions through crisis intervention and provision of counseling. Administrators are instrumental in setting school-wide mental health priorities, allocating resources, and promoting a culture that values staff collaboration and student support (Forman et al., 2009). Additionally, many schools, particularly in rural or under-resourced areas, rely on community-based mental health providers or telehealth services to offer Tier 2 and Tier 3 interventions (Fazel et al., 2014). While universal screeners are an essential early detection tool, a complete MTSS framework also includes evidence-based SEL programs, such as PATHS or Second Step, which support emotion regulation, empathy, and conflict resolution at the Tier 1 level (Domitrovich et al., 2010). Implementation, however, varies by school context. For example, high schools often face lower buy-in for SEL initiatives than elementary schools, and rural schools may struggle to hire licensed professionals or form community partnerships (Reaves et al., 2022). Even when systems are in place, barriers such as limited funding, insufficient staff training, and stigma surrounding mental health services can inhibit effective implementation (Moon et al., 2017). These complexities highlight the importance of examining not only the presence of mental health systems in schools, but also their functionality across different contexts.

School Context

The implementation and impact of school-based mental health systems vary significantly by school context, age group, and demographic composition. Elementary schools often have more structured implementation of Tier 1 supports, such as social emotional learning (SEL), due to greater integration of whole-child approaches in early education (Nygaard et al., 2022). In contrast,

secondary schools face unique challenges including academic scheduling constraints, staff turnover, and limited mental health training for teachers which often limits the fidelity and effectiveness of mental health interventions (Bastian et al., 2019; Deaton et al., 2022). Additionally, urban schools tend to have more access to school-based personnel, but these individuals frequently face unmanageable caseloads, limiting their capacity to deliver individualized services (Bastian et al., 2019; Hopeful Futures Campaign, 2022). Rural schools, meanwhile, often lack access to mental health professionals altogether, forcing them to rely on community partnerships or inconsistent telehealth services (Discher, 2023; Kelly et al., 2015). Context also intersects with student identity. Research demonstrates that LGBTQ+ and BIPOC students report less supportive school climates, particularly in settings where policies or practices limit identity-affirming education or fail to collect inclusive data (Discher, 2023; Kosciw et al., 2022; Tran et al., 2023). This is particularly concerning in states like Iowa, where legislation such as Senate File 496 restricts schools' ability to collect mental health data or support LGBTQ+ students through inclusive policies (Connor, 2023; Searles & Beck, 2023; SF 496, 2023). These contextual differences highlight the need for school-based mental health systems that are not only evidence-based, but also responsive to age, geography, policy context, and community demographics.

Senate File 496

In May of 2023, the state of Iowa passed Senate File 496. The law contains four major provisions:

1. active parental consent is required for all student surveys,
2. bans discussion of gender identity and sexual orientation in schools,
3. requires parental permission for student nicknames, and
4. prohibits books that depict or describe sex acts in schools (SF 496, 2023).

There are a growing number of states passing similar laws which restrict teacher autonomy for higher rates of accountability such as Florida and Texas (Tran et al., 2023). The law comes at a time when the state also shared it would no longer be participating in the YRBS survey and would instead be relying on data from IYS (Iowa Health and Human Services, 2023). However, students are unable to take the IYS unless a parent has seen the survey in advance and provided permission to take the survey (Waagmeester, 2023). The central difference of these assessments is YRBS allows for a national comparison of mental health indicators, bullying, and victimization for LGBTQ+ students. The IYS assessment does not allow students to select their gender identity or sexual orientation, silencing the experiences of LGBTQ+ communities. Educators who do not comply with the legislation risk losing their job and/or education license (Hernandez & Akin, 2023). Punishments for not complying were intended to begin January of 2024 (SF, 496).

Proponents of Senate File 496, such as the non-profit political organization Moms for Liberty, say this legislation helps increase parental control and increases the transparency of what is going on in schools (Waagmeester, 2023). This sentiment is shared by Iowan Governor Kim Reynolds, who states the legislation helps ensure student safety and prevents Iowa's children from "woke indoctrination" (Nguyen, 2023). Critics of the legislation claim the legislation unjustly targets LGBTQ+ students in efforts to silence them and argue the legislation mirrors states like Alabama and Florida (Tran et al., 2023).

In 2025, there were two court cases pending challenging Senate File 496. One case, brought about by the American Civil Liberties Union is challenging Senate File 496 on the grounds that it seeks to silence LGBTQ+ students and erase recognition of these people in schools as a violation of the First Amendment and a violation of the Equal Protection Clause of the 14th Amendment

(Searles & Beck, 2023). Meanwhile, Penguin Random House, a publishing company, four authors, and classroom educators filed a lawsuit arguing Senate File 496 violates the First and 14th Amendments in response to the book ban (Nguyen, 2023). In December 2023, a federal judge in Iowa issued an injunction blocking enforcement of the provisions in Senate File 496 that banned discussion of gender identity and restricted books, noting that the law was so broad it could be interpreted as prohibiting even basic recognition of whether someone is male or female (Connor, 2023). In January 2024, the state of Iowa appealed the injunction (Higgins, 2024). Because the legislation is both new and contested in the courts, there remains limited understanding of how Senate File 496 is shaping school-based mental health systems and student well-being. Additionally, recent research from Eisner et al. (2024) found that restrictive policies have increased stress biomarkers and higher rates of psychological distress in marginalized communities and their allies than those not influenced by the policies. This suggests that legislation like Senate File 496 may not only shape school systems, but also directly affect the well-being of students and educators through stress pathways. Moreover, Watson (2024a) notes the chilling effect Senate File 496 had on school climates. This study was designed to gain insight into educators' and board members' perceptions of Senate File 496 and its implications for school-based mental health systems and student well-being.

The following research questions guide this inquiry:

1. How do educators and board of education members perceive Senate File 496 as shaping school-based mental health systems and practices?
2. How do educators and school board members in Iowa perceive Senate File 496 shaped students' mental health?

Conceptual Framework

The conceptual framework used to ground this study is Cavioni et al.'s (2020) mental health promotion in schools (MHPS) model. This model outlines best practices for supporting student mental health and provides a comprehensive lens to evaluate how educational policy aligns—or misaligns—with these practices. Given that Senate File 496 alters or restricts many school-based mental health supports, MHPS is used in this study as an analytic tool to explore tensions between the policy's mandates and evidence-based frameworks for supporting student well-being. (MHPS). Mental health promotion in schools is comprised of three domains: (1) promotion of SEL, (2) promotion of resilience, and (3) prevention of mental health issues, social emotional issues, and behavioral problems. The first domain argues for active social emotional learning in schools. Social emotional learning is widely accepted as an effective intervention for reducing internalizing and externalizing problems for students. It is also associated with enhanced self-esteem and connectedness to school, improved classroom behavior, academic motivation, and a reduction in bullying and aggression. Cavioni et al. (2020) also note schools are an ideal location for SEL as a majority of youth spend a significant time in schools.

The second domain of MHPS focuses on the need for resilience promotion. Resilience is a protective skill that supports positive mental health and can both mitigate and prevent different mental health problems. Indeed, higher rates of resilience are associated with lower rates of mental health issues. Thus, MHPS posits schools are ideal places to develop resiliency to improve stress management and coping skills, social emotional competence, and reduce anxiety, depression and risk-taking behaviors. Resiliency can be taught across classroom settings and integrated into school cultures and climates (Cavioni et al., 2020).

The third domain of MHPS calls for active prevention in schools for behavioral, emotional, social, and mental health problems (Cavioni et al., 2020). These interventions can be targeted, or

geared to specific students, or universal, meaning all students receive the intervention (Barnes, 2019). School-wide positive behavioral interventions systems are common forms of universal interventions (Cook, 2015). These universal interventions also assist in reducing the stigmatization surrounding student mental health issues (Burns & Rapee, 2022). Meanwhile, counselors, psychologists, social workers, and other school professionals can offer group or individual counseling as a means of a targeted intervention.

Cavioni et al. (2020) suggest that through the active promotion of social emotional learning, resilience, and strategic prevention methods are effective means to address the growing number of student mental health issues in schools, while promoting an inclusive school climate. Additionally, effective MHPS calls for strong cooperation between policy makers and schools to ensure the programs and interventions in schools are sustainable. The researcher selected this framework to guide the study as Iowa has seen a rise in student mental health needs, and this is one of the few known frameworks for sensemaking and guidance around evaluating school-based mental health policies and practices.

Method

Research Design

This inquiry employs an instrumental case study as outlined by Stake (1995) to explore educator experiences and thoughts on Senate File 496's influence on school-based mental health systems and practices. Instrumental case studies are not conducted for the sake of understanding the case itself, but rather to illuminate a broader issue or phenomenon through the lens of a specific case. In contrast to intrinsic case studies, which are focused on a case for its own unique characteristics, instrumental case studies help generate insight into larger processes or concerns, in this instance, the tensions between restrictive educational policy and evidence-based mental health supports. This study uses Iowa's Senate File 496 as an entry point because the legislation raised significant questions about how schools would adapt existing mental health supports under new legal constraints. By focusing on Iowa, I was able to capture how a single, bounded case offers insight into broader national debates about parental rights, student well-being, and restrictive education policy. Educator and school board member perspectives were central because they are the actors most directly positioned to interpret and implement the policy within schools, making them key informants for understanding its potential influence on school-based mental health systems. This approach allows for a detailed, contextualized investigation of a pressing national issue—growing state-level restrictions on student support—through a single, bounded context. Data were collected in Fall 2023 and Spring 2024, during the first full academic year following the legislation's enactment, allowing for a timely and grounded exploration of its early impact.

Participants

Twenty-one educators and board of education members were recruited from districts across Iowa. These participants represent a subset of 31 total interviews. The 10 interviews excluded from analysis focused only on book bans or LGBTQ+ content restrictions rather than mental health systems. These participants focused on the book ban or LGBTQ+ limitations of Senate File 496. Recruitment occurred by randomly selecting schools within 149 Iowa districts and emailing publicly available staff and board member contacts with a study invitation. This strategy was chosen to maximize variation across geographic settings and school types while maintaining feasibility for outreach. Those who responded and consented formed the final participant group. Participants were incentivized with a $15 e-gift card. Participants in the study ranged from being in their first year in

their educational role, to having been in education for over 33 years. The educational roles of participants range from English teacher, counselor, science teacher, school board member, superintendent, principal, assistant principal, special education teacher, social studies teacher, to teacher librarian. The school board member had a background in education. The researcher contacted school board members in each district and only one agreed to participate yet was responsible for determining how to implement the policy within the district. Participants represent city, suburban, town, and rural schools as listed by the National Center for Education Statistics.

Across these categories, the districts varied widely in size and demographics: urban districts served more than 10,000 students with racially and economically diverse populations, while rural districts often served fewer than 1,000 students and were predominantly White and lower income. Suburban and town districts fell between these extremes. These contextual differences shaped how the legislation was interpreted and enforced. All participants in the study were assigned a pseudonym in efforts to protect their confidentiality. Moreover, at times educators held multiple roles or responsibilities. These additional roles are not reported in efforts to ensure confidentiality. Instead, the researcher reports the participants' principal role. Participant demographics are further outlined in Table 1.

Table 1

Participant Demographic Table

Pseudonym	Role	School Setting	Years in Ed
Alexis	Elementary SPED	City	15
Anastasia	High School English	Rural	30
Ari	High School English	Rural	4
Ava	Middle School Social Studies	Suburb	12
Avery	Middle School English	Suburban	10
Bailey	Elementary Counselor	Rural	8
Bri	Elementary ESL	Town	6
Brian	High School Science	Town	5
Cindy	High School Teacher Librarian	Suburb	13
Danielle	High School English	Rural	30
Elly	High School English	Town	18
Erica	Elementary Counselor	Rural	1
Haley	High School English	Rural	3
Jeff	Elementary Teacher	Rural	19

Pseudonym	Role	School Setting	Years in Ed
Kersten	High School Assistant Principal	Suburb	12
Lexi	High School English	Town	22
Maud	Middle School Counselor	Town	17
Meryl	High School SPED	City	17
Rebecca	High School English	Rural	8
Skylar	High School Teacher Librarian	Suburb	13
Taylor	BOE	City	16

Districts varied considerably in their approach to Senate File 496. Some implemented the provisions immediately and comprehensively, while others delayed or limited compliance until directed by community pressure or school board actions. These differences reflected broader policy contexts; for example, rural districts often faced staff shortages that limited mental health supports even before Senate File 496, while suburban districts with more resources sometimes maintained select practices until challenged by parents. This variation in local implementation shaped participants' experiences and reflects the ambiguity of the law. At the same time, participants' perspectives on policy implementation were shaped by their professional roles. For example, counselors discussed ethical conflicts related to parental disclosure, English teachers focused on the book ban, and some math or science teachers reported limited awareness of the legislation's effects on their daily practice, while counselors shared large shifts in their practice. These role-based differences underscore that the data reflect situated experiences of the educators themselves rather than uniform district-wide implementation.

Data Collection

After obtaining Institutional Review Board approval, all participants received an informed consent form and exempt status outlining the purpose of the study, survey and interview procedures, and safeguards in place to protect privacy and confidentiality. To learn about participant experiences, the researcher used semi-structured interviews with pre-developed questions and allowed for additional questions to probe for clarification or meaning (Patton, 2015). The questions focused on participants' experience with Senate File 496, their thoughts on the legislation, any training they received to ensure they were following the legislation, and ways the legislation influenced their practice. The interviews averaged 45 minutes in length. Only de-identified information was saved on the researcher's secured server. Sample questions for this study included:

1. Please describe your familiarity with File 496, the legislation that bans schools from formally surveying students about their mental health, bans discussion of gender identity and sexual orientation before seventh grade, and bans any books that depict or describe sexual activity from schools.

2. What are your thoughts on this legislation?

3. Please describe the training you received, if any, on how to ensure you are following Senate File 496.

4. How has this legislation influenced your practice?

5. What do you need to ensure you are following Senate File 496 successfully?

Positionality

Lincoln and Guba (1985) encourage researchers to disclose their positionality to help readers understand the unique perspectives a researcher brings to their work. The researcher for this study is a cisgender woman trained in education policy who identifies strongly with constructivist epistemologies with a background in K-12 teaching. The researcher has not taught in Iowa; thus, she examines data from an outside perspective. Moreover, she has a history of advocating for student mental health in efforts to lessen mental health issues as a barrier to learning.

Data Analysis

The researcher analyzed data through Stake's (1995) four step strategy for data analysis to examine educator experiences with Senate File 496 and the ways the legislation is influencing students and school-based mental health practices. Cavioni's (2019) MHPS guided the development of a coding protocol to make sense of educator experiences. The four-step deductive analysis included direct interpretation, where codes are created to represent the participants' words, and categorical aggregation, where preliminary themes are developed from the codes. Next, the researcher engaged in pattern recognition by refining more precise codes before entering the final step, naturalistic generalizations, where the research further clarifies themes to ensure the themes represent the data and can be applied broadly. Lastly, the researcher reached out to participants after analysis to ensure the themes reflected their experience through the process of member checking.

Trustworthiness

The researcher ensured trustworthiness by engaging in credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). To ensure credibility, the researcher used cross-case examination to note how themes related across perspectives. Additionally, transferability was instilled by using thick, rich descriptions in participant voices. To address dependability, the researcher engaged in reflexivity and bracketing, and finally confirmability was ensured by validating themes along all stages of the data analysis process and by engaging in member checking (Lincoln % Guba, 1985).

Limitations

Needless to say, this study has limitations. First, due to the highly politicized nature of Senate File 496, some educators declined to participate but reached out to the researcher through their personal email saying they feared participating could place their employment at risk. Similarly, the researcher omitted specific details from some participants by not using their quotes in the text as the information could threaten their confidentiality. Additionally, the researcher has not worked in the Iowa K-12 school system, thus while she holds an outsider perspective, she may lack a nuanced understanding of the K-12 system in the state.

Findings

Using Cavioni et al.'s (2020) mental health promotion in schools (MHPS) framework to guide analysis, the findings are organized across the framework's three central domains: (1)

promotion of social emotional learning (SEL), (2) promotion of resilience, and (3) prevention of mental, emotional, and behavioral health issues.

Disruption of Social Emotional Learning Promotion

Senate File 496 significantly limited the implementation of SEL strategies in schools, which MHPS defines as a core component of promoting positive mental health. The policy requires active parental consent before administering any screeners (SF 496, 2023). Many educators described the elimination of tools like school climate surveys and SEL-based student check-ins, and other screeners, which were used to build relationships and promote students' sense of belonging, as a result of the legislation. These practices are foundational to MHPS's (Cavioni et al. 2020) emphasis on fostering connectedness, self-esteem, and positive student-teacher relations. At the school level, several districts halted universal screeners, including SABERS and school climate tools. Educators like Kersten explained their district's new stance: "we just can't give the official screeners that we were doing." She went on to worry they would miss students with internalizing issues, which reflects MHPS's goal of using proactive strategies to detect students' emotional struggles before they escalate into crisis (Cavioni et al. 2020). Meryl added that requiring active parental consent for such tools dramatically decreased participation: "kids don't want to bring things home," or she shared, they simply forget resulting in missed early indicators of mental health issues. In this regard, active parental consent reduces participation in screeners simply by adding another step to collecting data. These barriers to participation in mental health screeners undermines MHPS's preventative nature, which relies on universal participation to identify struggling students. Ari lamented losing the climate survey, particularly because it asked students about trusted adults:

> I thought [the mental health screener] was really great because like some of the questions on there were, do you have a trusted adult in the building? Who is that person? And students would write their trusted adults or adults. And like we as teachers would get those names so that we kind of knew. Not necessarily to like keep an eye out for them, but we knew that they felt comfortable around us. And then also, like the data of knowing how many of our students feel safe in the building.

The loss of this intel created a barrier to supporting students and further restricting screening efforts of Cavioni et al.'s (2020) MHPS. Participants, such as Danielle, were perplexed by this: "why would we not want to give those [screeners] to students?" Danielle's sentiment reflects teacher buy-in and trust in mental health screeners within MHPS (Cavioni et al. 2020). Her sentiment reflects teachers' recognition of screeners as core MHPS tools for prevention, early intervention, and relationship building.

Participants underscored that screeners were instrumental in identifying students in need of support, with Rebecca noting: "Not being able to screen without parent permission is wild...even using that information internally to help students with anxiety navigate the challenges that come with being in school..." Her statement illustrates how the absence of screening undermines the MHPS's call for schools to serve as protective environments that detect and address internalizing symptoms (Cavioni et al., 2020). Together, these experiences illustrate how restrictions on surveys disrupted daily SEL practices that MHPS positions as central to fostering connectedness and early identification. Even basic SEL-aligned practices like mood check-ins were restricted. Cindy shared: "I was using a...Google form where they just...get a collective response...and we aren't supposed to do those anymore." This example highlights how low-stakes relational tools, which MHPS identifies as essential for daily SEL promotion, were curtailed (Cavioni et al., 2020). At the individual level, teachers were explicitly discouraged from forming connections with students. Anastasia was told not

to ask students for preferred pronouns, while Jeff said: "It's really hard to ask kids how they're feeling...we can't ask them how they are doing." As Bri noted she tried to speak to send a student to a counselor but first needed parent permission, disrupting the promotion of SEL: "I think there's some stuff going on here. I think she needs to talk to you'[counselor]. She was like, 'okay, but I need parent permission first.' This reflects relational barriers within MHPS (Cavioni et al. 2020).

Bri went on to explain the need for translators to help facilitate communication, adding another barrier to obtaining parental permission. This highlights how permissions can disproportionately hinder students from non-English-speaking families. These inequities further constrain everyday relational and preventive practices emphasized in MHPS (Cavioni et al., 2020). Avery added to the frustration of not being able to address student needs by saying: "It is technically illegal for me to formally ask a kid I see crying...'Oh my gosh, what's going on?'...That is a normal human empathy function..." These practices directly interfere with the first domain of MHPS, which calls for intentional, relationship-based SEL initiatives to strengthen students' school connectedness, self-esteem, and emotional regulation (Cavioni et al., 2020). Participants felt these restrictions dramatically reduced their ability to connect with students to gain an understanding of their mental health. Haley highlighted the chilling effects of these restrictions: "All of the sudden, we're not supposed to like, talk about mental health, like it's a bad word. You can't like ask kids how they're doing." Her experience reflects how Senate File 496 curtailed what MHPS identifies as everyday relational practices. Intentional teacher-student interactions promoting connectedness and trust (Cavioni et al., 2020). In MHPS, teacher-student interactions are central mechanisms for fostering connectedness, trust, and psychological safety in schools (Cavioni et al., 2020).

Cross-district differences also shaped implementation. While some districts abandoned surveys entirely, others continued certain practices. For example, Brian noted, "we do at least one survey every year… about the social and emotional environment of the school," and Lexi explained that her district had not yet faced restrictions, though she anticipated a shift "until some parent freaks out and causes a hullabaloo at a board meeting." These contrasts illustrate how the same policy text produced divergent interpretations in practice, which aligns with implementation research showing that vague mandates often exacerbate local inequities (Cavioni et al., 2020). This variation highlights how vague legislative language created inequities across districts, leaving some students with access to SEL supports while others lost them entirely, which reflects a pattern that MHPS warns undermines systemwide equity in mental health promotion. Taken together, the evidence shows that Senate File 496 constrained SEL not only through explicit prohibitions (e.g., surveys, pronouns, check-ins), but also through uneven application across contexts.

Erosion of Resilience-Promoting Practices

The second domain of MHPS emphasizes resilience-building through school culture, identity development, and social competencies (Cavioni et al., 2020). Several provisions of Senate File 496 (2023) directly intersect with this domain, including requirements for parental disclosure of student nicknames or pronouns, restrictions on gender identity discourse, and removal of anti-bias curriculum. These provisions limit opportunities for students to safely explore identity, develop coping skills, and build inclusive peer and adult relationships; core practices MHPS identifies as protective. Counselors in the study noted that Senate File 496 made it nearly impossible to support students' identity development, a key element of resilience, without risking legal or ethical violations. Bailey described students withdrawing from preferred name use to avoid parental disclosure: "I've had at least three students this year pull back...'fine, I'll just do what I need to do.'" This illustrates how policy restrictions undermined MHPS's focus on fostering students' agency, advocacy, and sense of belonging (Cavioni et al., 2020). Counselors emphasized that these shifts undermined students' development of agency, voice, and advocacy. Bailey shared: "It just takes away a lot of skill

building that I was doing before…" She worried about students failing to get the support they need as a result of the legislation. Her reflection highlights the loss of everyday opportunities to cultivate coping skills and self-confidence, which is central to resilience-building outcomes as outlined in MHPS (Cavioni et al., 2020).

> Maud, whose lessons included anti-bias content, had to remove her curriculum:
>
>> I would say it was really hard in the fall for me to swallow that pill and like, figure that out. And what's really hard is for, like, my trans student right now in sixth grade who has experienced bullying. It's really awkward to how do you have prevention around that when you're like literally not allowed to talk about it in the classroom?

Maud's experience reflects how erasing anti-bias curriculum removed school level protections, which MHPS identifies as critical for reducing stigma, strengthening inclusivity, and promoting resilience against peer victimization (Cavioni et al., 2020). Ultimately, these changes stripped away many protective school practices. Erica stated:

> It puts school counselors in a like an ethical dilemma because, you know, we talk to students about confidentiality and how, like, if you aren't hurting yourself, you're not hurting somebody else or somebody is hurting you, what's said in the room stays in the room. And so now this legislation is like putting a stop to like our ethical oath and our ethical guidelines that we follow as counselors. So, I think that kind of puts us between a rock and a hard place, and it stops us from doing our jobs.

This ethical conflict showcases how Senate File 496 obstructed relationships with trusted adults and safe environments MHPS identifies as central for resilience promotion and identification and support for students with challenges (Cavioni et al, 2020).

> Bailey expanded on this: "Now I have to enter with, well...I'm going to have to inform your parents before I make the switch [to a preferred name]." She shared this violated her ethics as a counselor and a patients' right to confidentiality, which is in direct conflict with MHPS's principles of creating psychologically safe spaces where students can explore their identity and practice self-advocacy without fear of harm (Cavioni et al., 2020). Notably, MHPS calls for promoting resilience through inclusive school environments, coping skills, and positive adult relationships, many of which were curtailed by Senate File 496 (Cavioni et al., 2020). Taken together, these accounts illustrate how specific provisions of the bill (e.g., parental disclosure, restrictions on gender identity, elimination of anti-bias curriculum) translated into both implementation barriers and experiential harms for students. Although the degree of enforcement varied across districts, the overall impact was consistent: restrictions on identity expression, counselor confidentiality, and inclusive curriculum undermined students' opportunities to build resilience. This variation underscores how the same provisions of Senate File 496 produced uneven but broadly harmful outcomes, eroding the protective environments MHPS identifies as critical for fostering coping skills and agency (Cavioni et al., 2020).

Undermining of Prevention Strategies

The third MHPS domain emphasizes proactive, school-wide and targeted strategies to prevent mental health crises (Cavioni et al., 2020). Senate File 496 undermined these strategies most directly through its parental consent requirement for screeners and its vague prohibitions on emotional check-ins, both of which removed key tools schools previously relied on for early identification and prevention. Participants in this study overwhelmingly viewed Senate File 496 as a threat to these prevention systems. Educators discussed dismantled screeners, limited student

outreach, and legal ambiguity around emotional check-ins. Rebecca shared: "When kids don't have representation [ability to use their preferred name and pronouns] ...what they do instead is they kill themselves. And we know that. We have data." Rebecca's sentiments directly link to MHPS's emphasis on prevention as a means of reducing risk for self-harm by ensuring vulnerable students feel seen and supported (Cavioni et al., 2020). Bailey also spoke of heightened suicide risk: "They don't have anywhere to go and they're not safe...the statistics are clear." Meryl warned of students slipping through the cracks: "[This makes it easier] for us not to notice them." Her observation underscores the need for systematic monitoring to allow for early detection in MHPS (Cavioni et al., 2020). Furthermore, Taylor connected policy to potentially unaddressed trauma: "I worry so much about our kids and what we are doing to just create trauma for them." Her concern aligns with MHPS's recognition that prevention is not only about crisis response, but minimizing sources of trauma, especially in schools (Cavioni et al., 2020). Erica went on to link these consequences to school safety: "Unfortunately, we just saw [the Perry school shooting] ...when that's not addressed." This reflects the integral nature of prevention frameworks for student mental health and broader school safety outcomes (Cavioni et al., 2020). Collectively, these experiences illustrate how Senate File 496 weakened prevention systems by dismantling proactive monitoring, restricting inclusive environments, and forcing educators into workarounds—conditions that stand in direct opposition to MHPS's call for comprehensive, school-wide strategies to prevent mental health crises (Cavioni et al., 2020).

Participants also discussed schools as holistic support for students, as they provide food, clothing, and emotional safety. Lexi noted: "We're more than just school." She went on to identify the key role the school plays in supporting her small community. In this regard, Lexi highlights the ways MHPS frames prevention as encompassing holistic child support, not just crisis intervention (Cavioni et al., 2020). Educators described intense emotional burdens as they weighed compliance with the law against student well-being. Elly echoed this by saying "kids need to have somewhere where they feel safe, where they feel like they can express themselves. And if they don't, that's when we start having major problems with, you know, depression." This sentiment reinforces MHPS's call that prevention hinges on providing inclusive environments where students can safely express themselves (Cavioni et al., 2020). Haley said: "Am I going to get fired? Am I going to be in trouble?" Avery stated: "Fire me or not, I don't care. It's not happening." In this regard, the legislation added to the emotional toll on educators as well. These accounts illustrate how restrictive policies erode educators' ability to deliver preventive care, adding stress that undermines the protective adult relationships central to MHPS (Cavioni et al., 2020).

Despite the law, many found 'workarounds' to provide informal support. Kersten shared: "Rate yourself 1 to 10—how are you feeling today? —that is different than putting out...social emotional surveys." However, this conflicts with check ins in Anastasia's and Avery's districts. Skylar highlighted the importance of this by saying: "It's basic suicide prevention. I'm going to do whatever the student asks." Her concern exemplifies MHPS's preventative principle, that check-ins are vital for reducing suicide risk (Cavioni et al., 2020). As Tim shared "all of us have a goal of helping students to prepare for life and [this legislation], drastically limits our ability to do so." In this regard, the ability for schools to act as institutional protective and developmental spaces for students was eroded (Cavioni et al., 2020). These workarounds, while courageous, point to the collapse of structured, preventive systems that MHPS identifies as vital for student well-being. Instead of institutional support, teachers and counselors were left to quietly defy policy in order to protect students, which is at odds with MHPS (Cavioni et al., 2020). Taken together, these findings demonstrate how specific components of Senate File 496 (e.g., mandated parental consent for screeners, bans on emotional check-ins, restrictions on identity affirmation) disrupted the implementation of preventive strategies across districts. Participants described both the immediate

implementation challenges such as loss of universal monitoring tools, ambiguity in practice, and the broader impacts, including heightened suicide risk, unaddressed trauma, and reduced safety. Despite variation in district responses, the consistent pattern was a weakening of the multi-tiered prevention infrastructure that MHPS identifies as essential for protecting vulnerable students. This uneven application highlights how vague legislative language generated inequities across contexts while still converging on a shared outcome: the dismantling of comprehensive prevention infrastructures MHPS positions as essential for student well-being (Cavioni et al., 2020).

Discussion

This instrumental case study explored how Iowa educators and board of education members perceived the impact of Senate File 496 on school-based mental health systems and student mental health. Through 21 semi-structured interviews, findings showed that interpretations of the bill varied considerably by district, yet core components of the legislation, including mandatory parental consent for screeners, restrictions on gender identity discourse, and vague language around emotional support, left educators and board members to perceive a dismantling of mental health infrastructure, ethical dilemmas, and workarounds by educators. These findings contribute to literature on policy implementation by showing how participants perceived restrictive state legislation can generate confusion and moral conflict in schools while eroding student support. It must also be noted that interviews did not specifically ask about mental health systems and nine of the participants did not discuss any perceived shifts in mental health systems. These individuals' voices are therefore not in this study. For these nine participants, his could indicate that not all schools experienced the same policy implementation, and schools could have seen relatively little change to their mental health systems.

Research Question One

When aligned with Cavioni et al.'s (2020) MHPS framework, Senate File 496 disrupted all three pillars of mental health promotion: SEL, resilience, and prevention. The policy's requirement for active parental consent before mental health screening led many districts to eliminate universal screeners, a foundational MTSS strategy (Resa, 2015). Educators described this as a logistical burden and a lost opportunity to identify struggling students, especially those with internalizing symptoms that might otherwise go unnoticed (Burns & Rapee, 2022; Moore et al., 2015). Some districts continued with screenings, while others abandoned them entirely, reflecting inconsistent interpretations.

Teachers and counselors described reduced capacity to provide emotional support. Teachers shared that they were discouraged from asking students how they were doing or using anonymous SEL tools like Google Forms. In some cases, educators were prohibited from asking about preferred names or pronouns, despite knowing that such practices promote trust and well-being. Participants perceived this as disrupting not only SEL promotion but also relationship-building, a key to student success (Nygaard, 2022; Ormiston et al., 2021).

Counselors in particular faced ethical tensions. They described how Senate File 496 forced them to disclose student identity information to parents, even in non-safety-related cases. This change violated long-standing counseling ethics (Christian & Brown, 2018) and made students less likely to seek help. Participants described these constraints compromised counselors' ability to implement SEL, promote resilience, and offer preventative services, especially as bullying incidents increased following the removal of inclusive curriculum (Kishimoto & Ding, 2023).

Research Question Two

Participants overwhelmingly feared that Senate File 496 would lead to significant, long-term harm for students, especially those already at risk. Educators emphasized that eliminating screeners and mental health surveys removed their best tools for early detection. Many worried about students "falling through the cracks," particularly LGBTQ+ students who already experience elevated rates of suicidal ideation and psychological distress (Discher, 2023). The MHPS framework warns that removing preventative infrastructure can increase emotional and behavioral challenges, a concern echoed across interviews (Cavioni et al., 2020).

These impacts were not evenly distributed. Districts interpreted Senate File 496 differently, some removed almost all preventative tools, while others took a more cautious approach. This policy ambiguity created inequities, particularly for students in under-resourced districts or those without legal counsel to guide implementation. The findings underscore the urgent need for clearer policy language and state guidance that aligns with evidence-based mental health practices. Moreover, the findings highlight how participants perceived the policy as damaging for mental health systems and how fearful it makes educators of losing their position.

Implications for Practice and Policy

The findings of this study illuminate participants perceived a significant threat to existing school-based mental health systems and MHPS. Moreover, the vague nature of Senate File 496 allows for broad interpretation of the legislation. Participants reported that the absence of clear state guidance was perceived as leading to inequitable restructuring across districts and participants feared this left some students without the support they needed. Similarly, the broad interpretations have also placed inequitable restraints on educators in their efforts to implement best practices that leave educators to result balancing their desire to support students with their need for employment. Additionally, participants' accounts point to a critical need for policymakers to consider the intent of policy and the reality of its impact on schools and its influence on school systems and students.

Despite growing societal progress in destigmatizing mental health, particularly through prominent cultural shifts in professional sports, entertainment, and public health messaging, school policies in some states have moved in the opposite direction. Nationally, there has been increasing recognition of the importance of SEL in promoting students' mental health, emotional regulation, and identity development (CASEL, 2022; Domitrovich et al., 2010). However, legislation such as Iowa's Senate File 496, Florida's House Bill 1557, and similar proposals in other states represent a backlash that curtails educators' ability to support students' normative developmental needs (Tran et al., 2023). Adolescence is a period of rapid self-discovery and identity formation, and students require trusted adults to guide them through emotional regulation, peer relationships, and gender or sexual identity exploration (Kosciw et al., 2022; Fontenelle-Tereshchuk, 2020). When educators are restricted from addressing these topics or conducting check-ins, they are prevented from performing the very work known to mitigate risk and improve student outcomes. These restrictions resonate with emerging evidence that restrictive policies can have physiological and psychological consequences beyond the immediate school context. Eisner et al. (2024) demonstrate that restrictive policies elevate stress biomarkers and psychological distress among both marginalized groups and their allies. The present findings suggest that Senate File 496 may function in similar ways, not only disrupting school-based mental health supports but also contributing to heightened stress and reduced well-being among students and educators. In this sense, the legislation compounds inequities in school mental health systems by creating both institutional barriers and psychosocial burdens. Therefore, it is critical that education policy reflects developmental science and public

health evidence, rather than political rhetoric, if schools are to remain safe and inclusive environments for all students.

Future Research

Considering the novelty of Senate File 496, future research should consider longitudinal observation of ways the legislation influences student mental health. More work is needed to understand the way Senate File 496 has influenced educators. Additionally, more research is warranted to understand the climate of states that have passed laws in the name of parental rights that end up restricting student rights and access in schools to understand the factors influencing decisions that reflect the desires of few over the needs of many. Finally, there is a need for research to focus on effective means of dissemination to ensure policy makers, stakeholders, and administrators can make informed decisions to promote equitable education.

Conclusion

This instrumental case study used 21 interviews with educators and a board of education member in Iowa to examine how educators and board members perceived Senate File 496 shaped school-based mental health systems and how participants perceive its effects on student well-being. Findings revealed that participants believed the legislation disrupts essential mental health support in schools, which they describe as undermining practices aligned with evidence-based frameworks such as MTSS and MHPS. Educators described heightened professional uncertainty, legal ambiguity, and ethical dilemmas, many expressed a deep fear that providing even basic relational or emotional support could jeopardize their careers or licensure. Participants described this climate of fear not as eroding trust between educators and their institutions but deterring the implementation of interventions that are critical to student development and safety. While advocates for Senate File 496 claim to uphold parental rights, participants emphasized that schools already have systems in place to involve and inform parents, suggesting that they perceived such legislation may reflect political ideology more than educational necessity. Nevertheless, this group holds enough influence to pass sweeping legislation with profound public health consequences. As such, it is essential for policymakers to critically examine the long-term risks of policies that suppress inclusive, trauma-informed, and developmentally appropriate practices. Without this consideration, such laws risk further marginalizing vulnerable students and may infringe upon their First and Fourteenth Amendment rights, raising urgent constitutional and ethical concerns for the future of public education.

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References

American Foundation for Suicide Prevention. (2020). *AFSP applauds passage of K-12 suicide prevention and mental health legislation in NC.* https://www.prnewswire.com/news-releases/afsp-applauds-passage-of-k-12-suicide-prevention-and-mental-health-legislation-in-nc-301073125.html

Barnes, T. N. (2019, August). Changing the landscape of social emotional learning in urban schools: What are we currently focusing on and where do we go from here? *The Urban Review, 51*, 599-637. https://doi.org/10.1007/s11256-019-00534-1

Bastian, K. C., Akos, P., Domina, T., & Griffard, M. (2019). Understanding the allocation of student support personnel in public schools. *AERA OPEN, 5*(4), 2-17. https://search.datacite.org/works/10.1177/2332858419890322

Bohnenkamp, J. H., Stephan, S. H., & Bobo, N. (2015). Supporting student mental health: The role of the school nurse in coordinated school mental health care. *Psychology in the Schools, 52*(7), 714-727. http://doi.org/10.1002/pits.21851 \

Bradshaw, C. P., Waasdorp, T. E., Debnam, K. J., & Johnson, S. L. (2014). Measuring school climate in high schools: A focus on safety, engagement, and the environment. *Journal of School Health, 84*(9), 593–604. https://doi.org/10.1111/josh.12186

Brown, M. H., Lenares-Solomon, D., & Deaner, R. G. (2019). Every Student Succeeds Act: A call to action for school counselors. *Journal of Counselor Leadership Advocacy, 6*(1), 86-96. https://doi.org/10.10/80/2326716X.2018.1557574

Burns, J. R. & Rapee, R. M. (2022). Barriers to universal mental health screening in schools: The perspective of school psychologists. *Journal of Applied School Psychology 38*(3), 223-240. https://doi.org/10.1080/15377903.2021.1941470

Calais, J., & Green, M. (2022). The racial pandemic: Positive behavior intervention support as an asymptomatic carrier of racism. *Perspectives on Early Childhood Psychology and Education, 6*(1), 108–128. https://doi.org/10.58948/2834-8257.1004

Cavioni, V., Grazzani, I., & Ornaghi, V. (2020). Mental health promotion in schools: A comprehensive theoretical framework. *International Journal of Emotional Education, 12*(1), 65-82.

Centers for Disease Control and Prevention. (2025). *Children's mental health.* https://www.cdc.gov/children-mental-health/data-research/index.html#:~:text=20%25%20of%20adolescents%20ages%2012,unmet%20mental%20health%20care%20needs.

Christian, D. D., & Brown, C. L. (2018, September). Recommendations for the role and responsibilities of school-based mental health counselors. *Journal of School-Based Counseling Policy and Evaluation, 1*(1), 25-39 https://scholarworks.wm.edu/jscpe/vol1/iss1/6/

Collaborative for Advancing Social and Emotional Learning. (2022). *Fundamentals of SEL.* CASEL.

Connor, T. (2023, December 30). Judge tears apart Iowa book ban, LGBTQ education law. *The Daily Beat.* https://www.thedailybeast.com/judge-tears-apart-iowa-book-ban-lgbtq-education-law

Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly, 30*(2), 166–183. https://doi.org/10.1037/spq0000102

Deaton, J. D., Ohrt, J. H., Linich, K., Wymer, B., Toomey, M., Lewis, O., Guest, J. D., & Newton, T. (2022). Teacher's experiences with K-12 students' mental health. *Psychology in the Schools, 59*, 932-949. https://doi.org/10.1002/pits.22658

Discher, A. (2023). *Iowa HHS abandons critical adolescent mental health data collection.* Common Good Iowa. https://www.commongoodiowa.org/blog/2023/03/07/iowa-hhs-abandons-critical-adolescent-mental-health-data-collection

Domitrovich, C. E., Bradshaw, C. P., Greenberg, M. T., Embry, D., Poduska, J. M., & Ialongo, N. S. (2010). Integrated models of school-based prevention: Logic and theory. *Psychology in the Schools, 47*(1), 71–88. https://doi.org/10.1002/pits.20452

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry, 1*(5), 377–387. https://doi.org/10.1016/S2215-0366(14)70312-8

Fontenelle-Tereshchuk, D. (2020). Mental health and the COVID-19 crisis: The hope and concerns for children as schools re-open. *Interchange, 52*(2), 1-16. https://doi.org/10.1007/s10780-020-09413-1

Forman, S. G., Olin, S. S., Hoagwood, K. E., Crowe, M., & Saka, N. (2009). Evidence-based interventions in schools: Developers' views of implementation barriers and facilitators. *School Mental Health, 1*(1), 26–36. https://doi.org/10.1007/s12310-008-9002-5

Goodman-Scott, E., Donohue, P., & Betters-Bubon, J. (2023). A phenomenological investigation of universal mental health screening: Making meaning for school counseling. *Professional School Counseling, 27*(1), 1-12. https://doi.org/10.117/2156759X221150008

Higgins, C. (2024). Iowa appeals block on Senate File 496's book ban, gender and sexuality restrictions. *Des Moines Register.* https://www.desmoinesregister.com/story/news/education/2024/01/12/gov-kim-reynolds-appeals-judges-block-on-iowas-book-ban-law/72204242007/

Hopeful Futures Campaign. (2022). America's school mental health report card. *Inseparable.* https://hopefulfutures.us/wp-content/uploads/2022/02/Final_Master_021522.pdf

House Bill 1557, Parental Rights in Education. (2022). https://www.flsenate.gov/Session/Bill/2022/1557/Analyses/h1557z.EEC.PDF

IA S.F. 496, 90th Gen. Assemb. (2023). https://www.legis.iowa.gov/legislation/BillBook?ba=SF%20496&ga=90

Jorm, A. F., (2012, April). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist, 67* (1), 231-243. http://doi.org/10.1037/a0025957

Kamphaus, R. W., & Reynolds, C. R. (2015). *Behavior Assessment System for Children, Third Edition: Behavioral and Emotional Screening System (BASC-3 BESS).* Pearson.

Kelly, M. S., Thompson, A. M., Frey, A., Klemp, H., Alvarez, M., Cosner Berzin, S., ... & Lindsey, M. A. (2015). School social work practice and response to intervention. *Children & Schools, 37*(1), 5–12. https://doi.org/10.1093/cs/32.4.201

Kishimoto, T., Ji, X., & Ding, X. (2023). The multivariate associations among bullying experiences, executive function, and psychological disturbance. *School Mental Health, 15,* 1158-1172. https://doi.org/10.1007/s12310-023-09612-y

Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2022). *The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools.* GLSEN. https://www.glsen.org/research/2021-national-school-climate-survey

Lambie, G. W., Haugen, J. S., Borland, J. R., & Campbell, L. O. (2019, December) Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy and Evaluation, 1*(3), 50-58. https://files.eric.ed.gov/fulltext/EJ1264175.pdf

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Sage.

McDougal, J. L., Bardos, A. N., & Meier, S. T. (2011). *Behavior Intervention Monitoring Assessment System, Second Edition (BIMAS-2).* Edumetrisis.

McIntosh, K., Girvan, E. J., Horner, H., R., Smolkowski, K. (2014). Education no incarceration: A conceptual model for reducing racial and ethnic disproportionality in school discipline. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 5*(2). https://doi.org/1058464/2155-5834.1215

Meisels, S. J., Marsden, D. B., Henderson, L. W., & Wiske, M. S. (2018). *Early Screening Inventory, Third Edition (ESI-3)*. Pearson.

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children & Youth Services Review, 73*, 384–391. https://doi.org/10.1016/j.childyouth.2017.01.006

Moore, S. A., Widales-Benitez, O., Carnazzo, K. W., Kim, E. K., Moffa, K., & Dowdy, E. (2015). Conducting universal complete mental health screening via student self-report. *California Association of School Psychologists, 19*, 253-267. https://doi.org/10.007/s40688-015-0062-x

National Association of School Psychologists. (2023). *The role of the school psychologist*. https://www.nasponline.org/about-school-psychology/who-are-school-psychologists

Nese, R. N. T., Kittleman, A., Strickland-Cohen, M. K., & McIntosh, K., (2021). Examining teaming and tier 2 and 3 practices within a PBIS framework. *Journal of Positive Behavior Interventions,* 1-12. https://doi.org/10.1177/10983007211051090

Nguyen, B. (2023, November). Iowa officials sued by Penguin Random House and John Green over school book ban. *Forbes*. https://www.forbes.com/sites/britneynguyen/2023/11/30/iowa-officials-sued-by-penguin-random-house-and-john-green-over-school-book-ban/?sh=6c443f1f78df

Nygaard, M. A., Ormiston, H. E., Heck, O. C., Apgar, S., & Wood, M. (2022). Educator perspectives on mental health supports at the primary level. *Early Childhood Education Journal*. https://doi.org/10.1007/s10643-022-01346-x

Ohrt, J. H., Deaton, J. D., Linich, K., Guest, J. D., Wymer, B., & Sandonato, B. (2020). Teacher training in K-12 student mental health: A systematic review. *Psychology in the Schools*. https://doi.org/10.1002/pits.22356

O'Malley, M. D., Voight, A., Renshaw, T. L., & Eklund, K. (2015). School climate, family structure, and academic achievement: A study of moderation effects. *School Psychology Quarterly, 30*(1), 142–157. https://doi.org/10.1037/spq0000076

Ormiston, H. E., & Renshaw, T. L. (2023). Student demographics as predictors of risk placement via universal behavioral screening. *Student Mental Health, 15*, 1076-1089. https://doi.org/10.1007/s12310-023-096603-z

Ormiston, H. E., Nygaard, M. A., Heck, O. C., Wood, M., Rodriguez, N., Maze, M., Asomani-Adem, A. A., Ingmire, K., Burgess, B., & Shriberg, D. (2021). Educator perspectives on mental health resources and practices in their school. *Psychology in the Schools, 58*(11), 2148-2174. https://doi.org/10.1002/pits.22582

Patton, M. Q. (2015). *Qualitative research and evaluation methods*: *Integrating theory and practice* (4th ed.). Sage.

Reaves, S., McMahon, S. D., Duffy, S. N., & Ruiz, L. (2022). Barriers and facilitators to implementation of universal school-based social-emotional learning programs: A systematic review. *School Mental Health, 14*(1), 3–20. https://doi.org/10.1007/s12310-021-09475-0

Resa, W. (2017). *Quick guide for multi-tiered systems of supports: The classroom*. Board of Education. https://resources.finalsite.net/images/v1568836530/resanet/uqbhj3quz8ct9rmkfiw7/ClassroomMTSSQuickGuide.pdf

Russo, D. A., Stochl, J., Painter, M., Shelly, G. F., Jones, P. B., & Perez, J., (2015). Use of the theory of planned behaviour to assess factors of influencing the identification of students at clinical high-risk for psychosis in 16+ education. *BMC Health Services Research, 15(*411), 1-11. https://doi.org/10.1186/s12913-015-1074-y

Scanlan Center for School Mental Health. (2024). *Imagine Iowa: Building partners in school mental health*. https://scsmh.education.uiowa.edu/imagineiowa/.

Searles, D., & Beck, M. A. (2023). *ACLU of Iowa files federal lawsuit saying SF 496 'seeks to silence LGBTQ+ students'*. We are Iowa. https://www.weareiowa.com/article/news/local/local-politics/aclu-lambda-lawsuit-iowa-senate-file-496-book-ban-lgbtq-students-safe-schools/524-92d4a443-6387-4698-9f2b-f3293626fdcb

Singer, J. B., Erbacher, T. A., & Rosen, P. (2019). School-based suicide prevention: A framework for evidence-based practice. *School Mental Health, 11*(1), 54-71. https://doi.org/10.1007/s12310-018-9266-7

Stake, R. E. (1995). *The art of case study research*. Sage.

Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research, 83*(3), 357–385. https://doi.org/10.3102/0034654313483907

Tran, J. T., Loecher, N., Kosyluk, K. A., & Bauermeister, J. A. (2023). Anti-LGBTQ+ sex education laws: The effects on students and implications for schools and school practitioners. *Psychology in the Schools, 60*(12), 5062-5075. https://doi.org/10.1002/pits.2013

The Trevor Project. (2024). *Facts about LGBTQ youth suicide*. https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/

Ujifusa, A. (2022). GOP governors, state lawmakers push to curb what schools teach, how they operate. *Education Week*. https://www.edweek.org/policy-politics/gop-governors-state-lawmakers-push-to-curb-what-schools-teach-how-they-operate/2022/01

United States Department of Education. (2020). *Student privacy*. https://studentprivacy.ed.gov/sites/default/files/resource_document/file/Superintendents AnnualNoticeApril2020_0.pdf

Waagmeester, J. (2023). Parental permission, survey opt out will affect data on young Iowans, advocates say. *Iowa Capital Dispatch*. https://iowacapitaldispatch.com/2023/06/02/parental-permission-survey-opt-out-will-affect-data-on-young-iowans-advocates-say/

Watanabe K., Kawakami, N., & Nishi, D. (2020). Association between personal values in `adolescence and mental health and well-being in adulthood: A cross-cultural study of working `populations in Japan and the United States. *Annals of General Psychiatry, 19*(7). https://doi.org/10.1186/s12991-020-0260-4

Watson, K. J. (2022). Secondary teachers' self-efficacy in supporting student mental health. *The High School Journal, 106*(1), 55-75. https://doi.org/10.1353/hsj.2022.a906702

Watson, K. J. (2024a). "My job is now illegal": School climate and Senate File 496, Iowa's "don't say gay" legislation. *Journal of Educational Leadership and Policy Studies, 8*(2), 1-22. https://go.southernct.edu/jelps/files/2024-fall/3-final.pdf

Watson, K. J., (2024b). Secondary teachers perceived self-efficacy in supporting student mental health. *Educational Research: Theory and Practice, 35*(1), 232-246. https://files.eric.ed.gov/fulltext/EJ1417714.pdf

Weist, M.D., Garbacz, A., Schultz, B., Bradshaw, C., & Lane, K. (2024). Revisiting the percentage of K-12 students in need of preventive interventions in schools in a "peri-COVID" era: Implications for the implementation of tiered programming. *Prevention Science, 25,* 481-487. https://doi.org/10.1007/s11121-023-01618-x

West, M. R., Kraft, M. A., Finn, A. S., Martin, R. E., Duckworth, A. L., Gabrieli, C. F. O., & Gabrieli, J. D. E. (2016). Promise and paradox: Measuring students' non-cognitive skills and the impact of schooling. *Educational Evaluation and Policy Analysis, 38*(1), 148-170. https://doi.org/10.3102/0162373715597298

Whinnery, E. (2019). *Student mental health*. Education Commission of the States. Retrieved from ERIC: https://files.eric.ed.gov/fulltext/ED599557.pdf

Wright, B., Celeste-Villalvir, A., Moorehead, D., Johnson, C., Mendoza, K. L., Bowers, M., & Zima,
B. T. (2023). A community-partnered qualitative study on multiple stakeholders perspectives:
The COVID-19 pandemic's perceived impact on Black and Latinx youth mental health and
community-driven school policy recommendations. *School Mental Health, 15,* 1145-1157.
https://doi.org/10.1007/s12310-023-09611-z

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At the time of writing, Dr. Watson was a postdoctoral scholar whose research examined the
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taught in K–12 schools across the country, experience that continues to inform her scholarship
on the intersections of policy and practice.

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