Excused Mental Health Absences: Current Policies and Implementation Considerations for Educational Leaders

Megan Gildin, American Institutes for Research

February 2026

Addressing chronic absenteeism and supporting youth mental health are two interconnected priorities in school communities across the United States. Chronic absenteeism, often defined as missing 10% or more of school days in a given school year, has become a growing issue. The rate of chronic absenteeism nationally was 31% in the 2021–2022 school year and 28% in the 2022–2023 school year (U.S. Department of Education, 2025). A new public health framework for addressing chronic absence has emerged, citing mental and physical health challenges among the most common contributors to absence (Falconer, 2025). Youth mental health has become a critical concern, with rates of mental health issues like anxiety and depression steadily increasing over the past two decades (Centers for Disease Control and Prevention, 2022; Hopeful Futures Campaign, 2022; Whitney & Peterson, 2019). Although one in six youth have a mental health condition, only half receive mental health services (Whitney & Peterson, 2019).

Both chronic absenteeism and mental health challenges can hinder students' engagement in school and connection with their peers, which in turn can negatively affect their academic and social development (National Alliance on Mental Illness, 2021; U.S. Department of Education, 2025). As school communities work to address these issues, it is important to consider how they influence one another. The designation of excused mental health absences is one state strategy that has emerged in recent years. Since 2019, 17 states have passed legislation that designates mental and/or behavioral health as an excused absence.

By the Numbers

Chronic Absenteeism	Youth Mental Health
2021–2022 School Year • 31% national rate of chronic absenteeism (U.S. Department of Education, 2025) • 43% of all schools reported a chronic absenteeism rate of 30% or more (Attendance Works, 2023; ED Data Express, n.d.) **2022–2023 School Year** • 28% national rate of chronic absenteeism (U.S. Department of Education, 2025) • More than 20 states reported that 30% or more of their students had missed at least 3 weeks of school (U.S. Department of Education, 2025) **Additional data related to chronic absenteeism can be found here:** Chronic Absenteeism, U.S. Department of Education Rising Tide of Chronic Absence Challenges Schools, Attendance Works	Rates of mental health issues, such as anxiety and depression, have been steadily increasing over the past two decades (Centers for Disease Control and Prevention, 2022; Hopeful Futures Campaign, 2022; Whitney & Peterson, 2019). • One in six youth have a mental health condition, but only half receive mental health services (Whitney & Peterson, 2019). • Many teens see anxiety and depression as a major problem among their peers, regardless of whether they experience these conditions personally (Horowitz & Graf, 2019). • The percentage of students who experience persistent feelings of sadness or hopelessness steadily increased from 2009 to 2019 (Centers for Disease Control and Prevention, 2019). • Youth suicides have increased by more than 70% and are now the second most likely cause of death for children and young adults between the ages of 12 and 17 (Heron, 2019).

In addition, institutions of higher education (IHEs) are increasingly focusing on student mental health, which can support students' well-being and academic performance. Focusing on student mental health also supports IHEs' academic and economic goals with higher graduation rates (Lipson et al., 2019). Concerns about student mental health have been prevalent for years, with data from the Healthy Minds Study showing steady increases in student mental health issues over time (Lipson et al., 2019). The 2024–2025 Healthy Minds Study shows a slight decrease in students reporting moderate to severe anxiety and depression from 2022 to 2025; however, only 38% of students met the threshold for positive well-being on the Flourishing Scale (Cook, 2025; Healthy Minds Network, 2025). Although IHEs are increasing the availability of mental health services, the rise in distress is outpacing their use. IHEs are considering additional actions they can take for a more proactive, preventive approach to student mental health, including promoting social connectedness and identifying students at risk for suicidality (Abelson et al., 2023; The Jed Foundation, 2021). More recently, some institutions have implemented excused absences for mental health, often driven by student efforts. As shared by Villanova University's Student Government Association Student Body President Thomas Dessoye, "The purpose of this policy is not only to provide students with an opportunity to take a day off to care about their mental health and well-being, but it is also designed in a way where the University administration allows students to know that it is okay to not be okay" (Carlin, 2023).

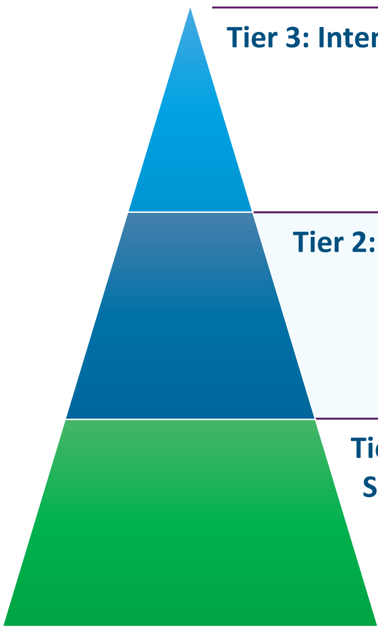
This brief explores the context and key features of excused mental health absence policies. It then provides four considerations for policy implementation that best support student attendance and mental health and includes planning tools for each. Finally, it provides a comprehensive kindergarten through Grade 12 (K–12) excused mental health absence policy summary and a template for communicating with families about using mental health absences effectively.

Contents

Positioning Excused Mental Health Days Within a Comprehensive K–12 School Mental Health System

When students are experiencing mental health challenges like anxiety or depression, it can be difficult for them to engage in school, which can lead to increased absences (Lawrence et al., 2019; National Alliance on Mental Illness, 2021; Robert Wood Johnson Foundation, 2016). Schools play a critical role in addressing these challenges by providing comprehensive school mental health systems that offer both proactive and responsive supports. In fact, most students receive mental health services through their schools. These comprehensive school mental health approaches are often positioned within a multi-tiered system of supports (MTSS), which helps schools identify student needs and provide effective interventions (see Exhibit 1). Early identification and intervention can make a difference in helping students stay engaged in school, whereas untreated mental health issues can lead to higher rates of school dropout (National Alliance on Mental Illness, 2021; National Center on Safe Supportive Learning Environments, 2021).

Exhibit 1. Comprehensive School Mental Health System



Tier 3: Intensive Support	Includes strategies to support students in need of more significant mental health supports and treatments, which may be provided within the school or through community-based mental health professionals and organizations.
Tier 2: Targeted Support	Includes strategies to support early identification and intervention for students experiencing mental health challenges, such as group programs. Students who use multiple excused mental health days in a row may be referred to Tier 2 services.
Tier 1: Universal Support	Includes strategies that are implemented to support mental health promotion for all students, such as excused mental health days policies.

Excused mental health days function as a Tier 1 strategy within this larger system of supports. The intention for these days is to allow students to attend to their needs and be able to fully reengage once they return to school. When teenagers were asked about the top three most beneficial ways to support their mental health in a survey conducted by Mental Health America in 2020, more than half selected taking a mental health break from school or work (Caron, 2021; Davis & Fritze, 2020). As Sara F., a student, shared, “We really need excused mental health days. There have been plenty of times I’ve needed one or a friend needed one, but stress is our normal, and you just push through” (Gewertz, 2021). Although research has not yet been conducted on the implementation of excused mental health absences, experts in youth mental health and school attendance have weighed in on the potential implications of these policies:

- Excused mental health days can be an important tool to help students support their mental health (Gewertz, 2021; Jacobson, 2025; Mahnken, 2022).
- Providing opportunities for students and families to address mental health needs as readily as physical illnesses can help reduce the stigma of mental health and open lines of communication among students, families, and school staff about seeking additional mental health supports (Caron, 2021; National Alliance on Mental Illness, 2021).
- Excused mental health days can help foster a sense of belonging, because students may feel more supported, which in turn may positively affect student well-being and encourage attendance and engagement in school (Chang et al., 2019; Jacobson, 2025; Osher et al., 2018; U.S. Department of Education, 2023; U.S. Department of Education Office of Special Education and Rehabilitative Services, 2021;).
- Students might use mental health days in a variety of ways. Some approaches may support mental health and reengagement in school, whereas others may further exacerbate mental health issues and school avoidance. Exhibit 2 presents recommendations that can be shared with students, families, and school staff for how and when students might take mental health days to support positive outcomes.

Exhibit 2. Excused Mental Health Day Do's and Don'ts

Do's	Don'ts
Taking mental health days to help students care for themselves, resting and recharging so they are able to reengage in school and ready to learn (Gewertz, 2021; Jacobson, 2025; Mahnken, 2022).	Taking mental health days to get out of something, like a test or conflict. In this case, avoidance and anxiety can increase rather than helping students build skills to address their needs (Jacobson, 2025).
Spending mental health days engaging in supportive activities, like going for a walk, reading, and drawing (Jacobson, 2025).	Spending mental health days engaging in activities that have the potential to be mentally harmful, like endlessly scrolling on social media (Jacobson, 2025).
Using mental health days as one strategy within a larger system of supports; identifying practices to help students reintegrate into their classes and potentially referring students to additional supports (Gewertz, 2021; Mahnken, 2022).	Using mental health days as a substitute for needed mental health supports and services (Prothero, 2023).

Current Excused Mental Health Absence Legislation and Policies

Legislation and policies for excused mental health absences have been steadily emerging in K–12. As of November 2025, 17 states had passed legislation[1] designating absence due to student mental or behavioral health as an excused absence (see Appendix A for a full policy summary). In at least three states (Oregon, Maryland, and Kentucky), student groups have collaborated with legislators to recommend, draft, and pass legislation for K–12 policies (Gewertz, 2021; Lex18 Web Staff, 2022; Mahnken, 2022).

Policies for excused mental health absence are also starting to emerge in higher education, coupled with broader mental health policies and supports (see Exhibit 3 for examples). In some cases, they stem from K–12 policies. For example, students at Illinois State University who benefited from excused mental health days in high school found a need for a similar policy on campus. They created the Mental Health Day Coalition and are working with the university, six additional postsecondary institutions in Illinois, and state officials to promote a mental health days policy for all Illinois colleges and universities (Manning, 2024).

Exhibit 3. Examples of Higher Education Policies

Institute of higher education	Number of days	Mental health supports website
Northeastern University	Two nonconsecutive days per semester (Northeastern University, 2025).	Northeastern Wellness Days
Villanova University	Two personal days for 50-minute classes that meet three times per week and 1 personal day for 75-minute classes that meet two times per week (Villanova University, 2025).	Health and Well-Being at Villanova

[1] The legislation was identified through a policy scan of state legislature websites as of November 2025 using keyword searches.

Across all policies and legislation, there are three common themes:

Recognizing mental health as part of overall student well-being.

Balancing student mental health needs and maintaining school attendance standards.

Connecting students with mental health supports and resources as part of a broader system of supports.

Following are examples for each theme from the legislation and policies for K–12 and higher education:

Recognizing mental health as part of overall student well-being

K–12

Across legislation, "mental and behavioral health" is often listed alongside physical illness, expanding the understanding of student health to a more holistic perspective.

Higher Education

Policies highlight the importance of the development of the whole student, including academics, mental health, social connection, physical health, and more.

Balancing student mental health needs and maintaining school attendance standards

K–12

States understand that school attendance affects academic success and student well-being, and there may be negative impacts if a student misses too many days of school. One strategy that some state legislation uses is to designate a maximum number of excused absences that can be taken for mental health. States are also mindful of the total number of excused absences allowed so that attendance policies do not unintentionally let students miss 10% of instructional time and fall into chronic absence.

Higher Education

Policies designate a specific number of days or class hours per semester for mental health absences, generally ranging from 2 to 3 days per semester. Policies include additional parameters, such as being unable to take a mental health absence on an exam day or for a lab, and they note that using a mental health day does not grant automatic extensions for assignments that are due. To ease stress, policies also provide a system for students to easily notify instructors.

Connecting students to mental health supports and resources as part of a broader system of supports.

K–12

Some states explicitly connect mental health absences to mental and behavioral health supports, recognizing that there are practices they can implement proactively to support student well-being. Proactive evidence-based practices in the legislation include

- ensuring resources related to student well-being, community-based health services, and suicide prevention (including the telephone number for a suicide prevention hotline) are readily accessible to students and families on school websites or student identification cards;
- providing direct instruction to students related to mental health and well-being; and
- providing staff training to address youth behavioral health.

States also recognize that absence due to student mental health may be an indicator that students need additional supports to manage challenges they may be facing. Responsive evidence-based practices in the legislation include

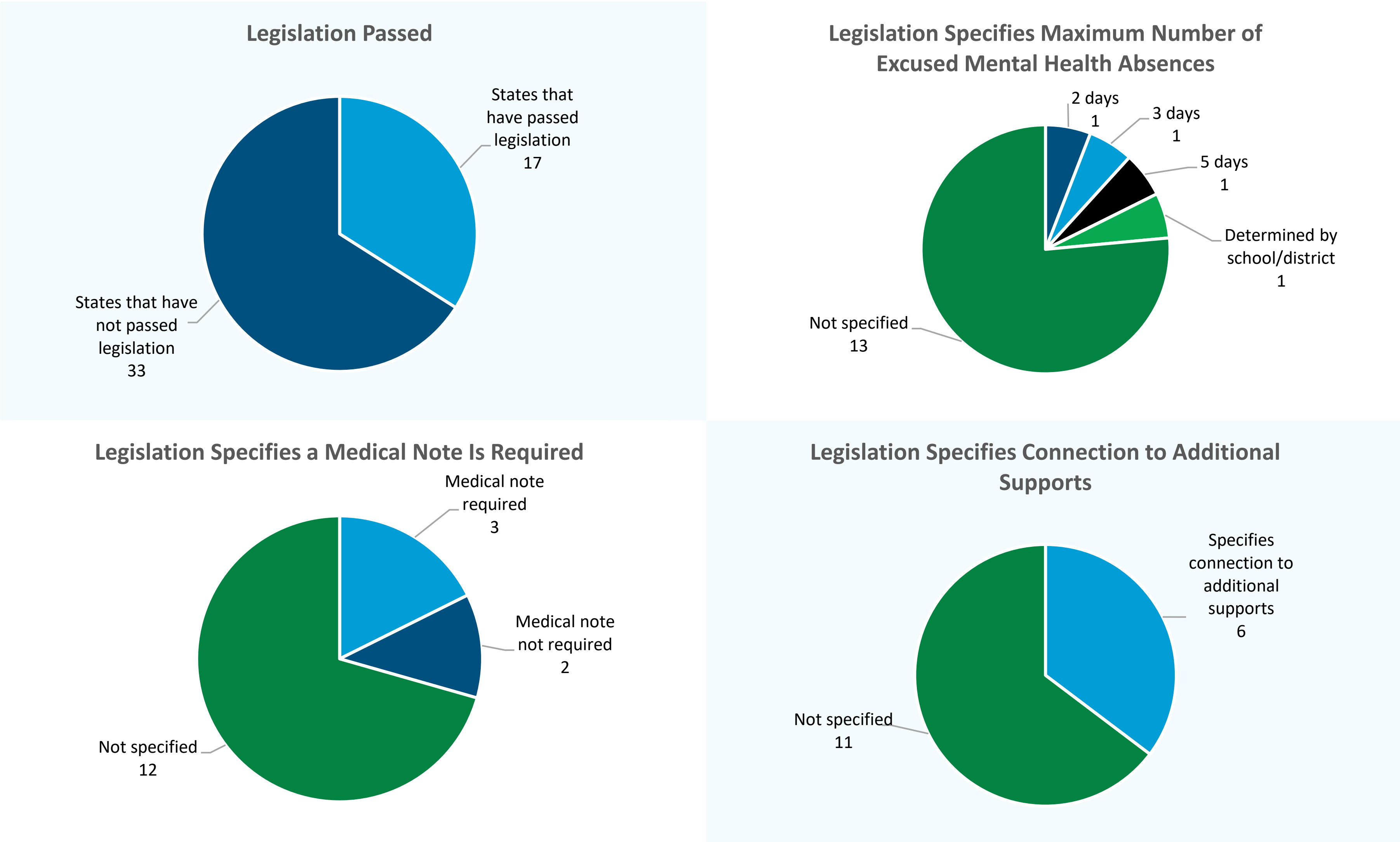
- referring students to school support personnel after the second absence due to mental health to address underlying issues and
- sharing resources to support student well-being and community behavioral health services with students and families.

Higher Education

Efforts also focus on ensuring that students are aware of and can easily access support and resources for their mental health and well-being. Across efforts, there are common practices:

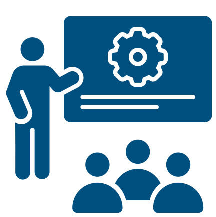
- access to counseling services, medical services, and mental health services, including emergency hotlines and services;
- mental health resources curated in one easy-to-access location, like a website or student guide; and
- a communications toolkit to ensure that students are aware of mental health resources.

Exhibit 4. By the Numbers: U.S. State Legislation on K–12 Excused Mental Health Absences



Considerations for Implementation

The effectiveness of a policy relies on how it is implemented (Blase et al., 2015; Fixsen et al., 2009). Based on current policies and promising practices, there are four core considerations for implementation. Each consideration is highlighted below and includes tips, guiding questions, and planning notes to support action planning for implementation.



Provide clear messaging, guidance, and training for staff.

Engage students and families throughout.

Build the policy within a comprehensive school mental health system.

Use data to strengthen implementation and supports.

Provide clear messaging, guidance, and training for staff

For staff to effectively implement an excused mental health absence policy, they need to understand what the policy is, why it matters, and how to implement it. This can happen through messaging, guidance, and training. Exhibit 5 provides considerations to guide planning for communications and supports for staff.

Exhibit 5. Considerations to Guide Communications and Resources for Staff

What needs to be communicated to staff?

Considerations	Planning notes
Who • Anyone responsible for implementing the policy or affected by the policy (e.g., attendance clerks, school leaders, classroom teachers, counselors) – Consider what information they need to know, depending on their role.	
What • The language of the policy • The timeline for when the policy goes into effect	
Why • The origin and importance of the policy (e.g., student mental health statistics, chronic absence rates, effects of absence on academics and well-being) • The intended outcomes (e.g., supporting student mental health, building trusting relationships with students and families, increasing student engagement and attendance)	
How • How to implement the policy (e.g., entering mental health absences into data system, checking in with students, submitting follow-up referrals to student support personnel) • How to regularly communicate with students and families (see Engage Students and Families section for examples)	

How will it be communicated to staff?

Considerations	Planning notes
Messaging • What needs to be communicated in both the initial rollout and on an ongoing basis to ensure staff fully understand the policy and implementation expectations? • How are communications being delivered (e.g., newsletter, staff meeting)? • What are the different languages in which the messaging will be delivered to ensure all audiences have been reached? • How is information being communicated to account for different views on mental health and reducing the stigma related to mental health?	
Guidance • What considerations and expectations need to be included in guidance to support effective implementation (e.g., what, why, and how sections above)	
Training • What additional training or supports do staff need to implement the policy effectively (e.g., understanding youth mental health, cultural considerations related to mental health)? • What can be put in place to continue to check in regarding needed training and supports?	

SAMPLE GUIDANCE AND TOOLS

The following are sample guidance and tools from state education agencies related to attendance, including resources specific to implementation of excused mental health absence policies.

- Attendance, Chronic Absenteeism, and Truancy: Policies, Guidance, and Data Reporting—Washington Office of Superintendent of Public Instruction: The Mental Health Absences section of the webpage provides guidance and tools to support implementation of the excused mental health day policy, including:
  - Mental Health Related Absences: Guidance to Support Implementation of House Bill 1834
  - OSPI Webinar on Mental Health Related Absence Guidance
  - Mental Health Related Absence Media Toolkit
  - Mental Health-Related Absences (HB 1834) Explainer for School Districts
- Attendance Toolkit: Resources for Schools to Increase Student Attendance—Maine Department of Education: Designed to help school staff understand how attendance can affect a variety of health factors for students as it relates to health services, school climate, family engagement, and community involvement.
- FAQ: When Mental Health Challenges Contribute to Absences—Wisconsin Department of Public Instruction: Provides answers to frequently asked questions regarding situations involving mental health challenges and absences.
- Frequently Asked Questions Public Act 102-0321—Illinois State Board of Education Wellness Department: Provides nonregulatory guidance for the excused mental health day policy.
- Guidelines for Granting Excused Absences Due to Mental or Behavioral Health—Virginia Department of Education: Provides guidance for the excused mental health day policy and links to additional resources.

Engage Students and Families Throughout

It is important that students and families understand the policy and how to use it effectively. This is an opportunity to educate and engage students and families in supporting mental health as well as get their insight into what is working and what they need. The considerations listed in Exhibit 6 and the Communication Template for Families (Appendix B) can guide planning for communication with families.

Exhibit 6. Guidance for Communicating With Families

Topics	Communication mechanisms
• What the excused mental health policy is, when to use it, and how to use it. • General messaging and education about mental health • Accessing available mental health resources and support through the school, community providers, and community-based organizations	**Proactive Communication** • Sharing infographics, one-pagers, and webpages with information about mental health policies and resources at the beginning of the school year and throughout the school year. • Sharing information with families during back-to-school night, family events, conferences, etc. • Sharing information with students during advisory periods, assemblies, etc. **Responsive Communication** • Following up with students once they have returned from using a mental health day to help them reintegrate back into the classroom and complete missed assignments. • Sharing resources and supports with students and families when they have taken an excused mental health absence. • Referring students to student support personnel for additional assistance, as needed. **Two-Way Communication With Students and Families** • Opportunities for students to share questions with a trusted adult about mental health or when they are experiencing a mental health challenge. • Opportunities for families to speak with educators, administrators, and school support personnel regarding mental health concerns and needs.

Planning notes	
Proactive communication	
What will be communicated?	
When will these communications happen?	
Who is responsible for delivering the communication?	
What materials or systems are needed?	
Action steps	
Responsive communication	
What will be communicated?	
When will these communications happen?	
Who is responsible for delivering the communication?	
What materials or systems are needed?	
Action steps	
Two-way communication with students and families	
What will be communicated?	
When will these communications happen?	
Who is responsible for delivering the communication?	
What materials or systems are needed?	
Action steps	

Build the policy within a comprehensive school mental health system

To support student mental health effectively, excused mental health days need to be positioned as one support within a comprehensive school mental health system. Following and in Exhibit 7 are recommendations for building this system (National Center on Safe Supportive Learning Environments, 2021). More information and planning tools can be found in the Developing a Comprehensive Mental Health Program in Your School-Community online module.

- **Align interventions across a continuum of supports** (Tier 1—universal support, Tier 2—targeted support, and Tier 3—intensive support) to ensure that proactive supports and responsive supports are in place to serve the variety of student needs.
- **Incorporate youth and family voices** to ensure their perspectives and needs are central to planning and implementation.
- **Engage leadership, school climate, and attendance staff in planning and implementation** to support sustainability and alignment with other policies and practices.
- **Build staff mental health knowledge and capacity** to recognize how mental health concerns may manifest in students to staff and what staff can do to support mental health.
- **Use data for continuous improvement** to better understand student needs and the effectiveness of supports.
- **Build school–community partnerships** to strengthen mental health programs and services.

Exhibit 7. Assessing Comprehensive School Mental Health System Practices Planning Notes

Recommendation	Current practices	Practices to strengthen or add
Align interventions across a continuum of supports		
Incorporate youth and family voices		
Engage leadership in planning and implementation		
Build staff mental health knowledge and capacity		
Use data for continuous improvement		
Build school–community partnerships		

Resources and Sample Guidance

Following are sample guidance and tools from state education agencies related to comprehensive school mental health systems.

- Developing a Comprehensive Mental Health Program in Your School-Community: Online module that describes why mental health is important and offers best practices on how to develop, implement, and sustain a comprehensive school mental health program.
- Mental Health—California Department of Education: Webpage that provides strategies, resources, and training in psychological and mental health issues, including coping with tragedy, crisis intervention and prevention, school psychology, and suicide prevention.
- A Guide to School-Based Mental Health Services and Professionals in Colorado–Colorado Department of Education: Guidance document that addresses common questions surrounding school-based mental and behavioral health services and provides insights into the collaborative efforts needed for effective implementation.
- Student Wellbeing—Delaware Department of Education: Webpage that provides an overview of Delaware's Social, Emotional, and Behavioral Wellbeing plan and provides resources to support the whole child.
- Mental Health—Illinois State Board of Education: Webpage that provides information on the importance of mental health as well as related legislation, resources, and guidance, including guidance for mental health days.
- Louisiana Coordinated School Health—Louisiana Department of Education: Webpage that provides an overview of Louisiana's approach, which connects physical and mental health with education through eight interrelated components.
- Minnesota Multi-tiered System of Supports (MnMTSS) – Minnesota Department of Education: Webpage that provides an overview of this framework's components and resources to support implementation.
- Mental Health—Oregon Department of Education: Webpage that provides resources and information to promote mental health and well-being.

Use data to strengthen implementation and supports

Consider how data can be used to engage in continuous improvement for interventions aimed at improving student mental health and reducing chronic absenteeism, including excused mental health absence policies and beyond. Because excused mental health absence policies are recommended as one intervention within a broader system of supports, it is important to look at a variety of interventions and data sources to fully address student mental health and chronic absenteeism. Additionally, assemble a team to regularly review the data that includes roles supporting student attendance, engagement, and mental health, such as attendance clerks, MTSS coordinators, schools counselors, and behavioral specialists. Use the following information to identify ways to use data effectively, beginning with considerations for a mental health absence code, and then taking a broader view of interventions and data use.

Excused Mental Health Absence Code Considerations

To monitor the use and effectiveness of excused mental health absences, some local and state education agencies might designate a code specific to excused mental health absences in student information systems. Considerations to help in deciding whether to use a designated code are presented in Exhibit 8.

Exhibit 8. Considerations for Using a Designated Excused Mental Health Absence Code

Pros	Cons
• May support referring students who are in need of additional mental health supports • May support monitoring overall use of excused mental health absences and potential implications	• May hinder students from using excused mental health absences out of fear of being labeled • May trigger student privacy concerns

Guiding Questions:

- What are the benefits of collecting/monitoring these data at the school, district, or state level?
- What are some potential unintended consequences of collecting these data?
- How will these data be used? Who will have access to the data (in our building and reporting up to the district or state)?
- What mechanisms need to be in place to ensure protections for student privacy? Who is responsible for putting those protections in place?

Planning notes
Discussion notes:
Decision Point: Will there be a designated code for excused mental health absences? Y / N
If yes, what actions need to be taken?

Intervention and Data Inventory

Fill in Exhibit 9 to identify ways to use data for monitoring and improving interventions that support student mental health and reduce chronic absenteeism. Start with what is already in place, and then identify what could be strengthened or added to improve data use.

- **Intervention**—a practice or policy that is being implemented to support student mental health and/or reduce chronic absenteeism (e.g., excused mental health absence policy)
- **Data currently being collected related to this intervention**—data currently being collected that will provide information or insight into the use and effectiveness of the intervention (e.g., attendance data, school climate surveys, students and family surveys, behavior and discipline data)
- **How the data are used to inform continuous improvement efforts**—the ways in which data are reviewed or used to monitor and adjust interventions (e.g., reviewed at weekly MTSS meetings, shared during staff or grade-level meetings)
- **Opportunities to strengthen data use**—actions that can be taken or systems that can be established to strengthen data use (e.g., identifying additional data to collect or data sources to use, increasing the frequency or improving the quality of data collection, identifying systems or teams to consistently review data and monitor adjustments)

Exhibit 9. Student Mental Health Intervention and Data Inventory

Intervention	Data currently being collected related to this intervention	How these data are used to inform continuous improvement	Opportunities to strengthen data use
Example: Excused mental health absence policy	*Attendance data (mental health is currently included as part of illness/medical absence code)*	*Attendance team reviews attendance data to identify potential root causes and student interventions.*	*Connect with the MTSS team to build connections between attendance data and potentially needed supports. Can also cross-reference with student well-being survey data.*

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Appendix A. Policy Summary: U.S. State Legislation on K–12 Excused Mental Health Absences

State	Legislation	Days allowed	Medical note needed	Additional supports	Policy summary
Arizona	Chapter 65, Senate Bill 1097 2021	Not specified	Not specified	Not specified	Identifies excused absence due to student mental or behavioral health.
California	Senate Bill 14, Chapter 672, 2021	Not specified	Not specified	• "Existing law requires a school … to notify pupils and parents or guardians no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided." • "… require the State Department of Education … to recommend best practices and identify evidence-based and evidence-informed training programs for schools to address youth behavioral health, including, but not necessarily limited to, staff and pupil training …"	Identifies excused absence for the benefit of student mental or behavioral health.
Colorado	S.B. 20-014, 2020	Not specified	Not specified	Not specified	Identifies excused absences due to student temporary absence due to behavioral health concerns and extended absence due to mental or behavioral health disorder.

State	Legislation	Days allowed	Medical note needed	Additional supports	Policy summary
Connecticut	S.B. 2, Public Act 21-46, 2021	2 nonconsecutive days	Not specified	Not specified	Permits K–12 students to take two "mental health wellness days" during the school year (days cannot be consecutive) during which a student attends to such student's emotional and psychological well-being in lieu of attending school.
Delaware	Laws of Delaware, Volume 84, Chapter 166, Formerly H.B.3, 2023	Each school district and charter school determines maximum number of days	Does not require a medical or doctor's note	• "A student may not be penalized for an excused absence for the mental or behavioral health of the student and must be given the opportunity to make up school work missed during the absence." • "After the second and subsequent absence for the mental or behavioral health of the student, the student must be referred to a school-based mental or behavioral health specialist." • "The attendance policy shall include information on how families and students may access support and resources for student absences due to social, emotional, or behavioral wellness." - Administrative Code. Title 14, 600 School Climate and Discipline, 615 School Attendance	Identifies excused absence due to student mental or behavioral health.
Illinois	Public Act 102-0321, SB 1577 Enrolled, 2022	5 days	Does not require a medical note	• …in which case the child shall be given the opportunity to make up school work missed during the mental or behavioral health absence…" • "…after the second mental health day used, may be referred to the appropriate school support personnel…"	Identifies excused absence due to student mental or behavioral health.

State	Legislation	Days allowed	Medical note needed	Additional supports	Policy summary
Kentucky	Chapter 228 (HB 44), 2022	Not specified	Not specified	Not specified	Instructs that a local school board may include provisions in its student attendance policy for excused absences due to student mental or behavioral health status.
Louisiana	Act No. 318, House Bill No. 353, 2023	3 days	Certification is provided in writing in accordance with the student handbook	• "The student shall be given the opportunity to make up any school work missed during such absences." • "Following the second day of absence in any school year, the student shall be referred to the appropriate school support personnel for help addressing the underlying issue, which may include a referral to medical services outside of the school setting." • Required mental health instruction "shall include, at a minimum, information on the following: – The relationship and difference between mental health and physical health. – The management of stress and anxiety." • "A youth suicide prevention program may include but shall not be limited to the following: – Classroom instruction … – Inform students of the available community youth suicide prevention services and post information about these services on the school system's website …"	Identifies excused absence due to student mental or behavioral health.

State	Legislation	Days allowed	Medical note needed	Additional supports	Policy summary
				• "… establish and maintain in every school such grade appropriate programs of alcohol, drug, and substance abuse prevention, education, information, and counseling …The programs shall include providing the website and phone number of at least one national organization specializing in substance abuse for adolescents." • "The state Department of Education shall develop and administer a pilot program for the purpose of trauma-informed mental health screening for students and mental health and behavioral issues and providing related services with respect to mental and behavioral health."	
Maine	Chapter 562, H.P. 1326 – L.D. 1855, 2020	Not specified	Not specified	Not specified	Identifies excused absences due to health, including the person's physical, mental, and behavioral health.
Maryland	Chapter 554 (House Bill 118), 2022	Not specified	Not specified	"If a student or student's parent or guardian notifies a public school that the student's absence was due to a behavioral health need, the school shall provide information to the student or the student's parent or guardian about school or community behavioral health resources that are available to the student."	Treats absence due to a student's behavioral health needs the same as an absence due to illness or another somatic health need.

State	Legislation	Days allowed	Medical note needed	Additional supports	Policy summary
Minnesota	Minn. Stat. § 120A.22, 2009	Not specified	Not specified	Not specified	Identifies excused absence due to student mental health, including: counseling appointments, condition that requires ongoing treatment for a mental health diagnosis, other exemptions in the district's school attendance policy.
Nevada	S.B. 249, 2021	Not specified	Certification in writing from any qualified physician, mental health or behavioral health professional	"… ensure that information relating to mental health resources, including, without limitation, the telephone number for a local or national suicide prevention hotline, appears on the back of any identification card issued to a pupil at a school within the school district or the charter school." "… ensure that information relating to mental health resources appears on any identification card newly issued to or reprinted for a student of the university, state college, or community college. The information must include, without limitation, the telephone number and a text messaging option for the National Suicide Prevention Lifeline, or its successor organization."	Identifies excused absence due to student mental condition or behavioral health. States the excusal must not negatively affect the rating of a public school as determined by the Department pursuant to the statewide system of accountability for public schools
Oregon	H.B. 2191, 2019	Not specified	Not specified	Not specified	Identifies excused absence due to student sickness, including mental or behavioral health.
Utah	H.B. 81, 2021	Not specified	Not specified	Not specified	States "Valid excuse" for absence includes: (i) an illness, which may be either mental or physical; (ii) mental or behavioral health of the school-age child.
Virginia	Chapter 869, (H 308), 2020	Not specified	Not specified	Not specified	Identifies excused absence due to student mental or behavioral health.

State	Legislation	Days allowed	Medical note needed	Additional supports	Policy summary
Washington	H.B. 1834, 2022	Not specified	Not specified	Not specified	Includes excused absence for student mental health under illness, health condition, or medical appointment. States that state agency must engage student advisory committee to develop guidelines for public schools to integrate their responses to student excused absences for physical and mental health into their support systems for student well-being.
Wisconsin	Wis. Stat. sec. 118.15(3)	Not specified	May request a written statement from a licensed physician, naturopathic doctor, dentist, chiropractor, optometrist, psychologist, physician assistant, advanced practice registered nurse, or registered nurse, or Christian Science practitioner	Not specified	Includes excused absence for student who is not temporarily in proper physical or mental condition to attend a school program but who can be expected to return to a school program upon termination or abatement of the illness or condition.

Appendix B. Communication Template for Families

Mental health days may be a new practice for students and families. Take the opportunity to educate and engage them in discussion about using mental health days. The following template can be adapted as a resource to share.

Tips for Taking a Mental Health Day

What are mental health days?

Mental health days are a way to rest and recharge. Students might use them when they are feeling stressed, sad, overwhelmed, or tired, where taking a day to reset will help them be ready to reengage in school. While mental health days can be a way for students to recharge, using them to avoid something at school that is causing stress or anxiety may in fact make students more stressed!

[insert school policy]

How do I know I need to take a mental health day?

Students can check in with their families to decide if taking a mental health day would be useful. It is important to discuss what is going on and figure out together what will be most helpful. Fill in the chart on the next page together.

How can I best use my mental health day?

Mental health days are most effective when they are used in ways that support well-being. Consider activities that are restful, calming, or re-energizing rather than ones that may increase feelings of stress, anxiety, or exhaustion. Here are some potential activities. Mark which activities you want to try:

- **Move your body**—go for a walk, stretch**,** ride your bike, dance around your room
- **Get creative**—draw, paint, create a new game, build something, listen to music, cook a meal
- **Reflect and rest**—write in a journal, take a nap, read a book, breathe
- **Connect with others**—call or talk to a loved one, do an activity together like playing a game

- **Scroll endlessly on social media**
- **Binge shows or movies all day**

Where can I go if I need additional supports?

[Insert school name] values students' mental health. If you need more support or services or want to talk to someone about your needs, please reach out to [insert school support personnel and contact information]. Available supports and services include:

[insert list of school-based services, community-based services, and resources offered]

Do I need to take a mental health day?

Complete this with an adult to talk about how you are feeling and make a plan.

What am I feeling or experiencing?

I am feeling (write or draw) ...

The feeling is ...

☐ small ☐ medium ☐ big

What is making me feel this way?

For example, is there something that happened at school that was upsetting? Am I worried about my schoolwork or an upcoming test? Is there something going on outside of school?

What might help me?

Examples: Talking to a friend or teacher, making a study plan, doing a fun activity

If I decide to take a mental health day, how will I spend the day?

☐ Move my body by: ____________________________________

☐ Rest and reflect by: ____________________________________

☐ Get creative by: ____________________________________

☐ Connect with others by ____________________________________

☐ Other ideas: ____________________________________

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