Substance Use Prevention and Mental Health Education in Waukesha County K–12 Schools and Universities: Results of a 2024–2025 Environmental Scan

Prepared by Waukesha County Department of Health and Human Services with support from Elevate, Inc. and the Addiction Resource Council

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ABSTRACT

Background: Schools are a primary setting for universal prevention and health education. Waukesha County Health and Human Services, in partnership with Elevate, Inc. and the Addiction Resource Council, Inc., conducted an environmental scan to describe the presence, types, and perceived barriers related to (1) substance use prevention education and (2) mental health education/awareness activities in Waukesha County schools.

Methods: A short-answer survey (Google Form) was distributed to school contacts during the 2024–2025 school year. Outreach was conducted by seven Elevate Peers 4 Peers clubs and advisors using a school list developed from the Wisconsin Department of Public Instruction (DPI) School Directory Public Portal and supplemented by community partner contacts. Surveys were collected March 1–May 5, 2025. Responses were coded as "yes," "no," or "unsure" for program presence; non-responding schools were coded as "no data."

Results: A total of 75 survey responses yielded data for 106 schools. Substance use prevention education was reported by 61% of responding schools. Among respondents, mental health education (general mental wellness, bullying, suicide, anxiety/depression) was reported by 74% schools. Co-occurrence analysis indicated that 53% of schools offered both substance use prevention and mental health education; 21% offered mental health education only; and 8% offered substance use prevention only.

Conclusions: The scan suggests broad implementation of prevention-oriented education across Waukesha County, with relatively higher reported coverage of mental health education among respondents. Key cross-cutting themes included staffing/scheduling capacity, variability in curricula and fidelity, resource constraints, and stakeholder perceptions—particularly around "age-appropriateness" and suicide prevention.

BACKGROUND

Waukesha County Department of Health and Human Services is releasing this report to present results of an environmental scan of substance use prevention and mental health awareness activities across Waukesha County K-12 schools and universities, developed with Elevate, Inc. and Addiction Resource Council, Inc. The scan was designed to document existing programs and practices supporting student well-being, identify alignment and unmet needs, and highlight opportunities to strengthen coordination across education and community systems.

Preventing substance use is likely to decrease disciplinary referrals and student involvement with the juvenile justice system, while increasing school safety and health outcomes (Washington State Health Care Authority, 2021). The National Center for Drug Abuse Statistics (2025) indicates that more than 1 in 10 (11%) of Wisconsin 12-17-year-olds reported using marijuana in the last year. Data also shows that the average age of initiation for alcohol consumption in Wisconsin is 16 (ICCPUD, 2024). Research shows that one in eight children in the U.S. lived with at least one parent or caregiver who had a substance use disorder in 2023, and many of those parents began substance use as a youth (NIH, 2025).

Approximately one in five youth (20%) experience a mental health disorder each year that significantly impacts daily functioning (SAMHSA, 2024). Approximately 19–22% of U.S. high school students seriously considered suicide in the past year (CDC, 2023). Implementing evidence-based substance use prevention and mental health education programs benefit the community in the long-term (SAMHSA, 2024).

Operational definitions (*for this scan****):***

Substance use prevention education was defined as any initiative that addresses substance use and aligns with prevention education as a prevention strategy described by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Mental health education was defined as any initiative addressing mental health (emotional, psychological, and social well-being), including raising awareness, reducing stigma, and promoting access to resources.

The scope of this scan focused on prevention and awareness and did not attempt to measure school-based intervention or treatment activities.

METHODS

Scan Design

This project used a cross-sectional environmental scan approach based on a short-answer survey of school contacts regarding prevention education programming implemented during the 2024–2025 school year.

Sampling Frame and Recruitment

A spreadsheet of Waukesha County schools was developed using the Wisconsin DPI School Directory Public Portal and supplemented with community partner contacts. School contacts were approached by phone, email, or in-person outreach by seven Elevate Peers 4 Peers clubs and their advisors.

Data Collection Instrument and Timeframe

Contacts completed a Google Form survey between March 1, 2025, and May 5, 2025. Survey questions were primarily short answer, allowing variability in the level of implementation detail provided.

Coding and Analytical Approach

Because responses ranged from detailed to minimal, answers were coded as follows:

- "Yes": any reported programming of any duration or frequency (evidence-based or not)
- "No": no programming reported
- "Unsure": respondent uncertainty reported
- "No data": school did not submit a response

A descriptive analysis summarized program prevalence, grade-level distribution (where available), reported methods/curricula, program delivery providers (where available), and barriers (where available). A SWOT (Strengths, Weaknesses, Opportunities, Threats) framework was applied to interpret findings for county and school partners.

Sample

A total of 75 survey responses were received. Some responses were submitted on behalf of multiple schools at a district level, yielding data for 106 schools. Of those 106 schools, 105 were grades K-12 and one was a local university.

RESULTS

Prevalence of Substance Use Prevention Education

Among responding schools, 61% reported implementing substance use prevention education; 26% reported no programming; and 13% were unsure.

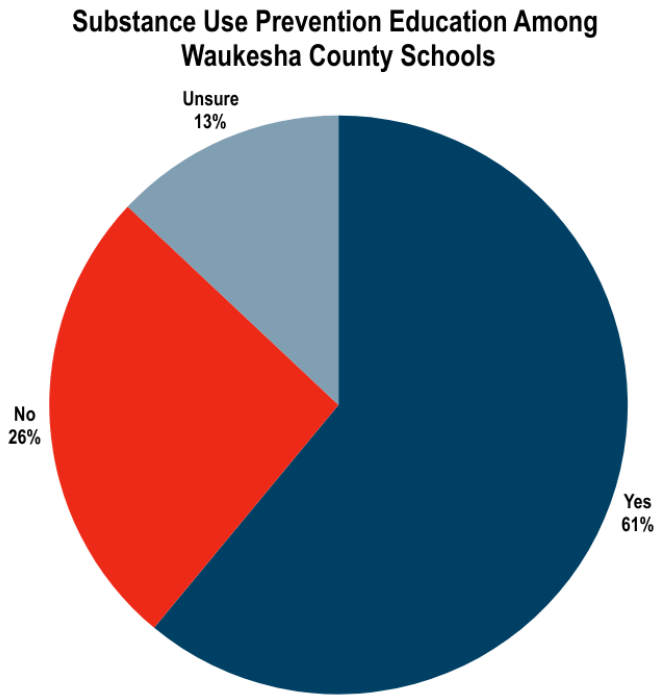

Figure 1

Grade-level Distribution (K–12)

Across the 106 schools, there were 489 grades offered (1st–12th). Of these grades:

- 102 grades and the university (21%) incorporated some level of substance use prevention
- 230 grades (47%) did not
- 29 grades (6%) were coded "unsure"
- 128 grades (26%) had "no data" due to non-response

Lower elementary grades (particularly 1st–3rd) accounted for many "no" responses.

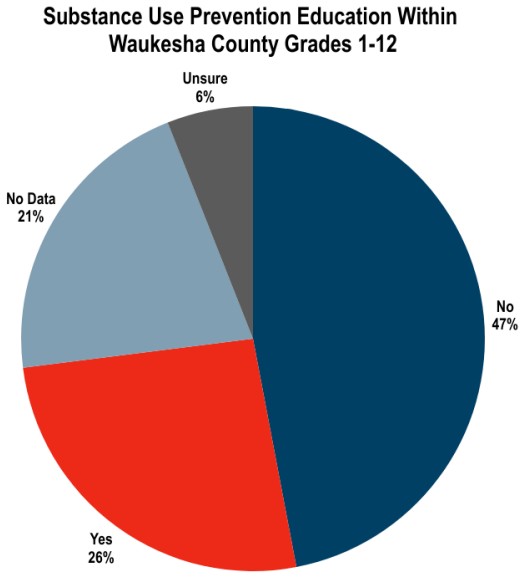

Figure 2

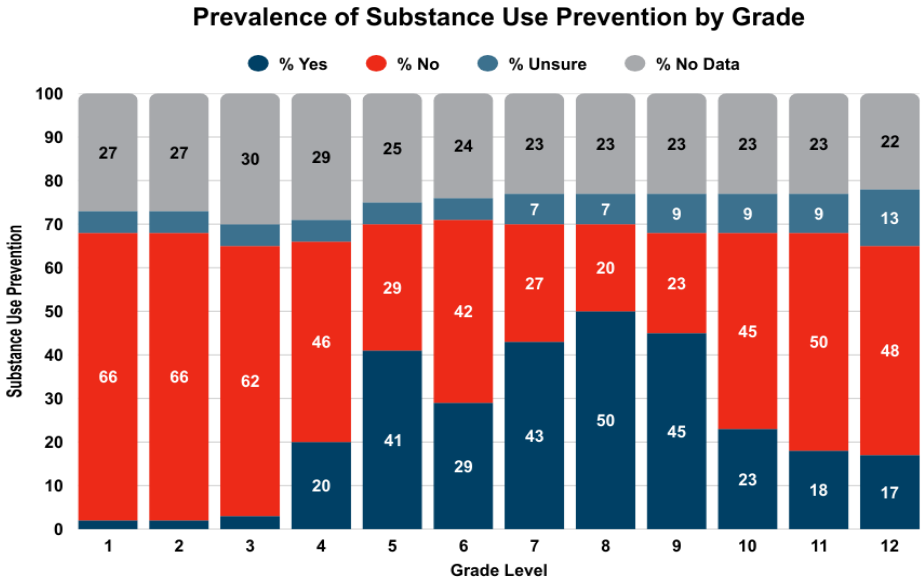

Figure 3

Program Delivery/Provider (Substance Use)

Among schools implementing substance use prevention, the most common providers were:

- School staff (non–School Resource Officer): 65%
- Combination of providers (e.g., school staff + outside agency or SRO): 16%
- (Other categories included outside agencies such as ARC, Elevate, and local law enforcement, and SRO-led delivery.)

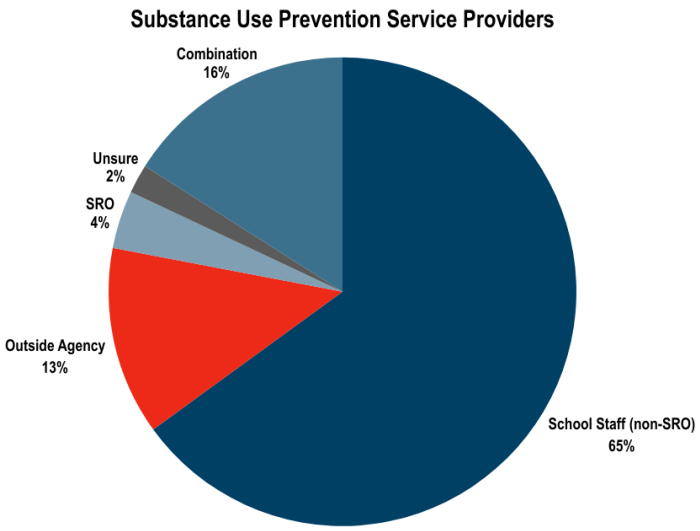

Figure 4

Program Methods/Curricula (Substance Use)

A wide range of methods were reported (20 categories). The most reported method was Too Good for Drugs (Mendez Foundation). D.A.R.E. and non-specified health lessons were also frequently cited; "health lessons" typically reflected substance use prevention content embedded within health class without a named curriculum.

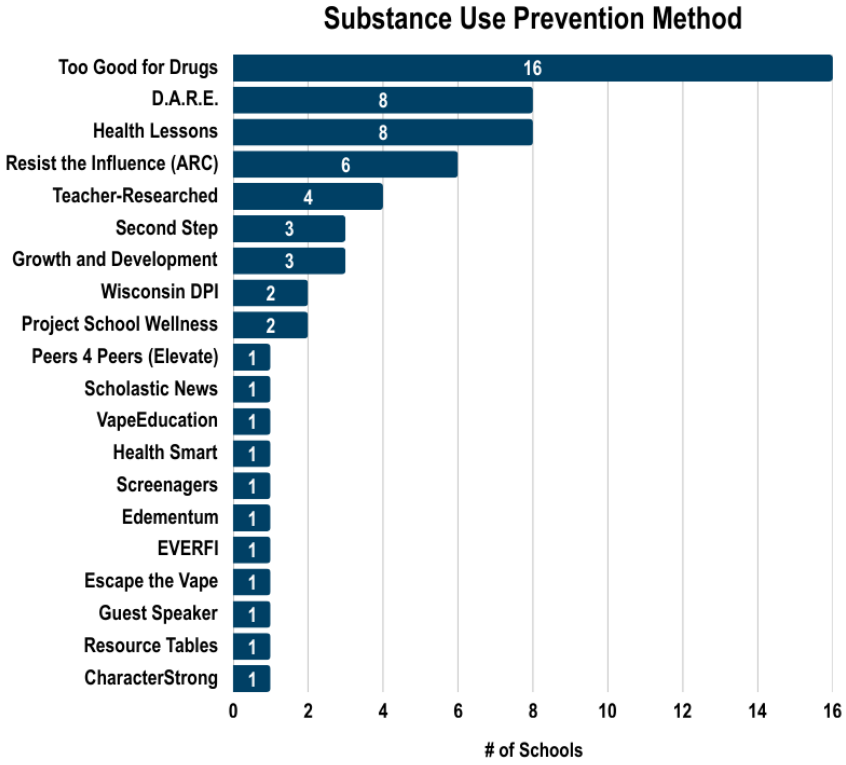

Figure 5

Barriers and Support Needs (Substance Use)

Barriers were reported in short-answer format. The most common barrier was staff capacity/time/scheduling (38%); 25% reported no barriers.

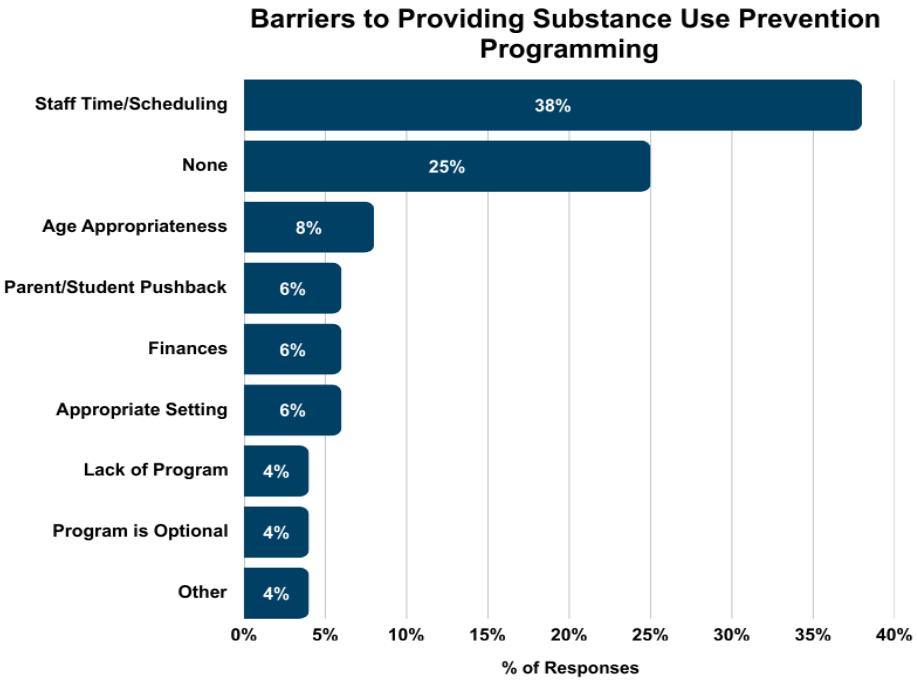

Figure 6

Schools also reported interest in strengthening programming:

- 43% indicated interest in additional resources to support/enhance substance use prevention
- 27% indicated interest in staff training to enhance or implement prevention programming
- "Unsure" responses were substantial for both questions.

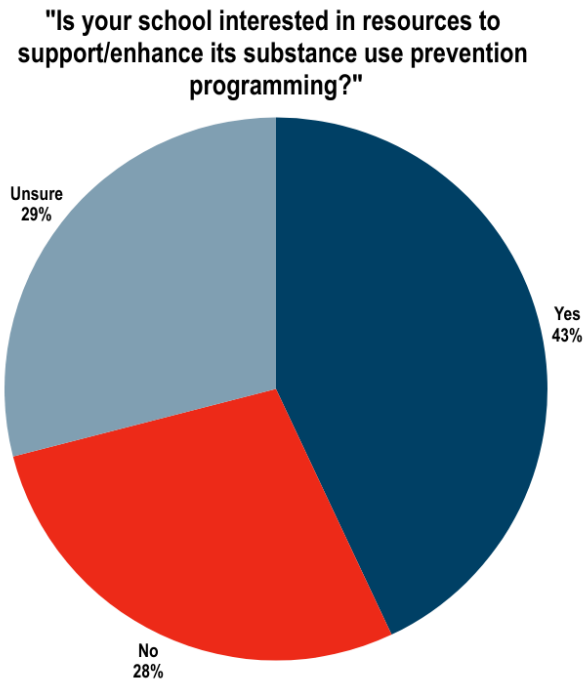

Figure 7

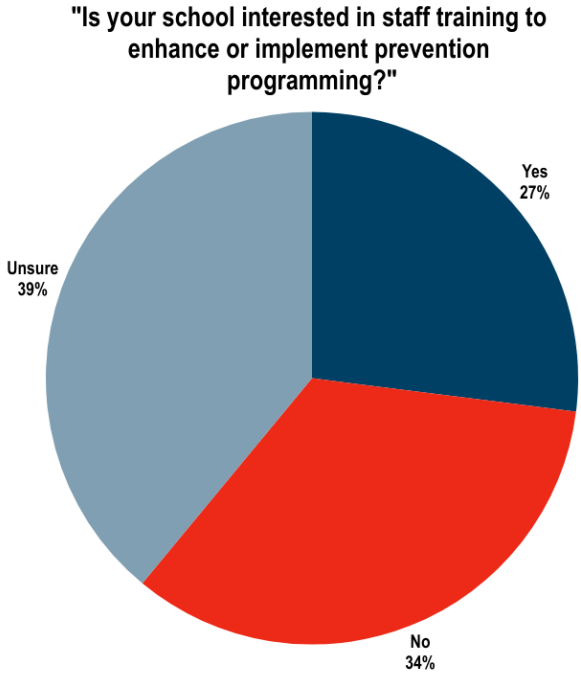

Figure 8

Prevalence of Mental Health Education

Mental health education was measured as any programming in one or more of the following topic areas: general mental wellness, bullying, suicide, and anxiety/depression. Across 106 schools:

- 58% (including the university) reported mental health education in one or more topic areas
- 6% reported no mental health education
- 5% were unsure
- 32% were "no data" due to non-response

When limited to responding schools, 74% reported mental health education—approximately 13 percentage points higher than substance use prevention prevalence among respondents.

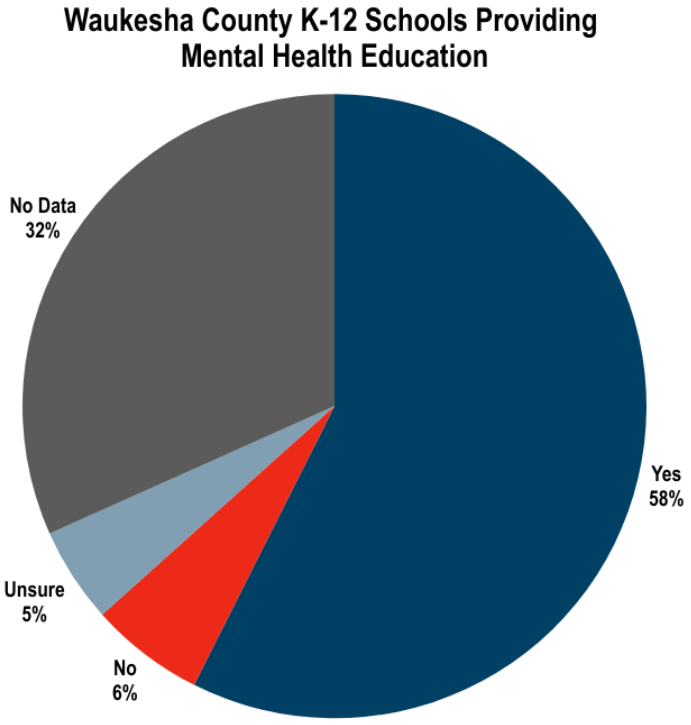

Figure 9

Mental Health Topic Coverage

Among schools reporting on mental health education, the most frequently reported topics were general mental wellness (43 schools) and bullying (34 schools). Suicide prevention education (21 schools) and education about anxiety/depression (20 schools) were the next most prevalent.

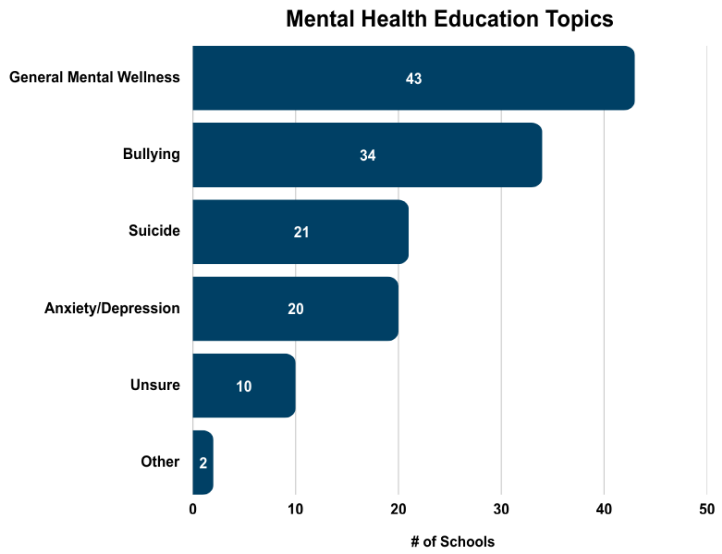

Figure 10

Mental Health Methods/Curricula

Mental health education methods varied widely. Second Step® was most frequently reported, followed by teacher-researched materials and other approaches. Some schools listed programs typically associated with substance use prevention (e.g., D.A.R.E., Too Good for Drugs) as part of mental health/social emotional learning-related efforts. These programs include peer refusal strategies and social-emotional competency outcomes that may be relevant to both prevention domains, depending on district goals.

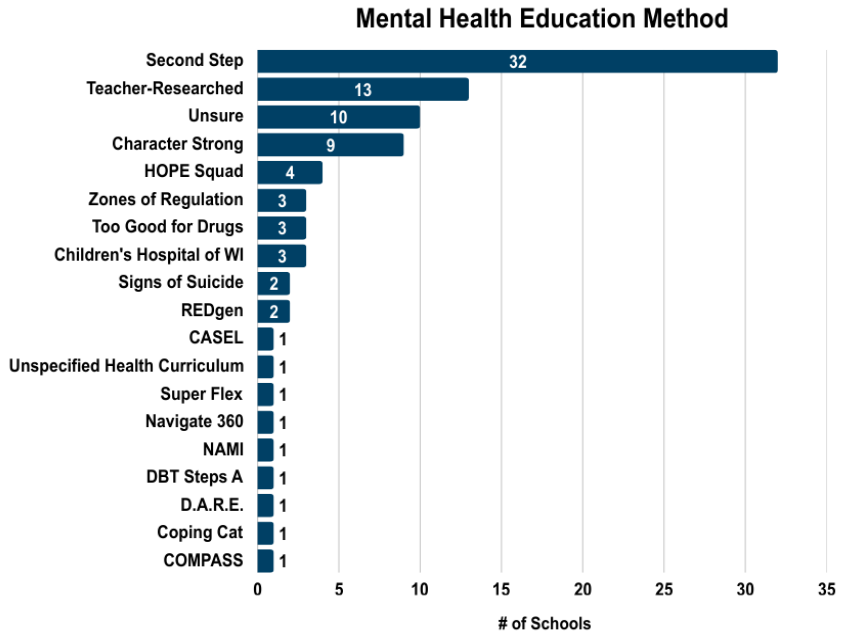

Figure 11

Co-occurrence of Prevention Domains

Among schools reporting either type of programming:

- 53% (including the university) offered both substance use prevention and mental health education
- 21% offered mental health education only
- 8% offered substance use prevention only

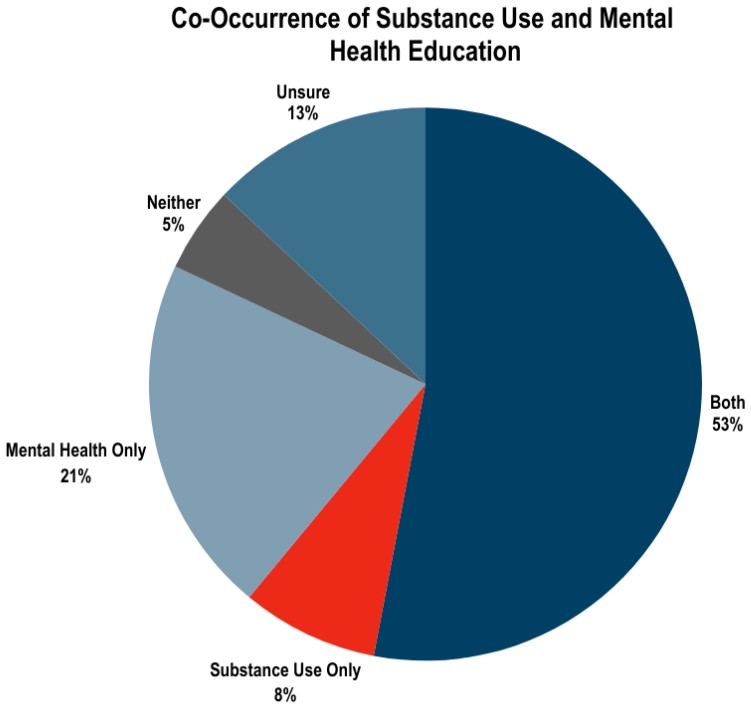

Figure 12

DISCUSSION

Summary of Key Findings

1. Prevention programming was common across Waukesha County schools, with substance use prevention reported by 61% of responding schools and mental health education reported by 74% of responding schools.
2. Implementation varied substantially by grade level for substance use prevention, with higher prevalence in middle school (especially 8th grade) and lower prevalence in early elementary grades.

3. Mental health education was more commonly reported than substance use prevention among respondents, but suicide-specific education was reported considerably less often than general mental wellness.
4. Capacity constraints and curriculum variability were cross-cutting issues. For substance use prevention, staff capacity/scheduling was the most frequently reported barrier (38%), and both domains showed wide variation in methods/curricula.

Interpretation and Implications for Waukesha County

A. Parallel barriers affecting both substance use prevention and mental health education

Although the scan quantified barriers more directly for substance use prevention, the qualitative findings and SWOT interpretation point to several shared implementation barriers relevant to both domains:

1. **Staffing and scheduling capacity**
   - Substance use prevention: explicitly the most common barrier (38%).
   - Mental health education: discussed as similarly affected by capacity limits and the opportunity for consolidation/streamlining.

   County-facing implication: Capacity is a systems issue, not solely a school-level issue. County-led support (shared training, facilitation partners, or coordinated vendor options) may help reduce the 'time burden' schools experience.

2. **Financial constraints and program costs**
   - Financial barriers were reported for substance use prevention (including the cost of evidence-based curricula, training, or contracting).
   - For mental health education, similar cost and contract considerations apply, particularly where districts rely on purchased curricula or external providers (even when not explicitly quantified in the current results).

   County-facing implication: When possible, braided funding, shared purchasing, or centralized contracting support may increase equitable access across districts (especially smaller schools with limited administrative capacity).

3. **Stigma and stakeholder perceptions**
   - Substance use prevention: stigma and 'age-appropriateness' concerns were notable themes included in feedback received by the schools from both students and parents.
   - Mental health education: stakeholder perceptions can be particularly influential for suicide prevention, where conceptions may reduce adoption despite evidence that school-based education can support identification and help-seeking.

County-facing implication: Public communications, school board engagement, and consistent messaging may be as important as curricula selection. Normalizing prevention as protective (not permissive) may be relevant to both domains.

B. Parallel opportunities to strengthen both domains

1. Strategic use of community partnerships and external facilitators

- Schools already report external agency involvement in substance use prevention delivery (either fully outsourced or combined models).
- Similar partnership approaches support mental health education components (e.g., stigma reduction, suicide prevention literacy, and aligned referral pathways) while staying within a prevention/awareness scope.

County implication: Waukesha County may strengthen implementation efficiency and consistency by serving as a convener to expand and formalize a prevention-focused partner network (e.g., substance use agencies, mental health agencies, youth-serving organizations, and relevant coalitions) that support both substance use prevention and mental health education across districts. This may include coordinating shared training opportunities, facilitating introductions and partnership development for schools without established external support, and promoting role clarity regarding prevention education versus intervention services, including clear pathways for responding to student disclosures that may arise during education activities.

2. Program alignment and consolidation

- The qualitative content highlights the potential value of selecting curricula that meaningfully support both mental health/social emotional learning outcomes and substance use prevention outcomes (e.g., resistance skills, emotional regulation, help-seeking). This may reduce duplication and mitigate staff capacity barriers.

County implication: The County may support schools and districts by providing technical assistance and decision-support tools (e.g., a curriculum/outcomes crosswalk) to help educators identify evidence-informed options that advance both substance use prevention and mental health education objectives. In practice, this approach may reduce duplicative programming and mitigate the most reported barriers—staff time and scheduling capacity—by enabling consolidation where appropriate.

3. Standardization of core prevention "minimums" while allowing local flexibility

- Curriculum inconsistency across schools is identified as a weakness for both domains. A compatible approach may be to define a small set of "core elements" (not a mandated curriculum), such as:

- Developmentally appropriate prevention messaging
- Evidence-informed instruction
- Periodic reinforcement across grade bands
- Clear procedures for responding to disclosure. Although the programming scope is prevention/education, program activities may prompt students to seek intervention.

County implication: Waukesha County may increase consistency across districts by publishing a prevention education framework that articulates minimum expectations (core elements) and provides illustrative implementation options (e.g., examples of curricula and delivery models), while leaving curriculum selection to local decision-makers. This framework can also support stakeholder communication by clarifying what prevention education is intended to accomplish (e.g., risk reduction, resilience building, stigma reduction, and increased help-seeking), which may be particularly relevant in areas where stakeholder misconceptions can affect implementation (including suicide prevention education).

LIMITATIONS

Several limitations should be considered when interpreting these findings:

1. **Non-response and missing data:** Many results include a "no data" category due to non-response (e.g., 32% "no data" for mental health education prevalence). This affects generalizability.

2. **Short-answer survey format and variable detail:** Respondents varied from high detail to broad statements of awareness without specificity on some responses. Coding rules counted any programming (evidence-based or not) as "yes," which may overestimate evidence-based implementation.

3. **Differences in measurement between domains:** The scan includes structured, quantified barriers and support-interest questions for substance use prevention (Figures 6–8) which are not measured for mental health. It also includes education topic areas (figure 10) for mental health which are not measured for substance use. This limits direct comparability across those domains, although qualitative responses increased generalizability.

4. **Implementation quality/fidelity not assessed:** The scan documented reported presence and methods, but did not assess dosage, fidelity, or student outcomes.

CONCLUSIONS

1. Both substance use prevention and mental health education are present in many Waukesha County schools, with mental health education reported more frequently among respondents.
2. Capacity and consistency are central implementation challenges, suggesting that county-level coordination, shared resources, and partnership models may improve reach and sustainability across both domains.
3. Suicide prevention education appears less prevalent than general mental wellness education, and stakeholder misconceptions may represent a barrier. County public communications and partner education may help support accurate, evidence-aligned messaging.

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ADDITIONAL RESOURCES

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