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Texas Can Improve Children's Mental Health Through School-Based Strategies

Testimony to House Public Health Committee

There are a number of reasons for state policymakers to address children's mental health, including the opportunity to reduce the risk of youth suicide, substance use, bullying, delinquency, and school dropout and the opportunity to improve student learning and behavior at school. Schools are uniquely positioned to implement (and benefit from) strategies to address children's mental health, and this testimony outlines several school-based strategies and programs that have proven effective. Nonetheless, the state has played a limited role in supporting these efforts or developing a statewide strategy on student mental health. This testimony closes with concrete steps that the Legislature and other state leaders can take to strengthen student mental health efforts in Texas.

Background on Children's Mental Health

Mental disorders are common among school-age children. Half of lifelong cases of mental illness emerge by age 14, and two-thirds emerge by age 25.[1] In any given year, up to one in five children experience a mental disorder, with the prevalence of these conditions increasing in recent years.[2] The majority do not receive treatment.[3] The Texas Health and Human Services Commission estimates there are more than 500,000 youth age 17 and younger in Texas who have a mental disorder that substantially interferes with their lives.[4] In 2013, one in six high school students in Texas reported making a plan to attempt suicide during the previous year. One in ten attempted suicide one or more times in the previous year.[5]

Trauma and chronic adversities during childhood are the most preventable causes of serious mental illness.[6] When a child experiences traumatic events or adverse conditions that are chronic, the body reacts by producing stress hormones that can bio-physically disrupt normal development of the brain. Trauma and

adversity are associated with nearly half (45 percent) of all childhood-onset mental disorders.[7] In Texas, nearly one in four (24 percent) children are estimated to have multiple traumatic experiences that jeopardize their health in the short and long term.[8]

Trauma and mental health concerns in children often co-occur with other public health, social, and educational challenges like substance use, bullying, delinquency, and dropping out of school. These problems share many of the same *risk factors* (things that <u>increase</u> the likelihood of developing problems) and *protective factors* (things that serve as a "buffers" to risk factors and are known to <u>reduce</u> the likelihood of developing problems). The interconnectedness of these problems mean that when improvements are made in one area (such as mental health), there are likely be improvements in other areas (such as substance use). Prevention and early intervention strategies that build up children's protective factors, especially in children who are at-risk, can work "up-stream" to prevent and divert children and youth from needing more intensive (and costly) interventions and treatments in the first place. Prevention and early intervention are instrumental in both saving money and saving lives.

Schools are in a unique position to provide children and youth with skills and experiences that help prevent mental and behavioral health concerns from developing or worsening. Multiple state agencies serve children and youth who are at-risk or are already struggling with behavioral health concerns. However, the public education system by far serves the largest number of students and does so on an ongoing basis. Schools are second only to families in their potential to affect children's mental health.[9] They are a natural place to provide for early identification and intervention for mental health concerns.

Schools also significantly benefit from effectively addressing these challenges. They have a great deal at stake in addressing student trauma, mental health, and substance use because each one has significant implications for student learning and behavior. A growing number of school districts are taking steps on their own to provide these services and strategies, and state leaders who focus on education increasingly understand that their education strategies much include a plan for student mental health.

A range of school-based practices and programming are known to prevent students from developing mental health concerns. There are also things schools can do in the way they interact with, teach, and support students with mental health challenges that have been shown to keep them healthy, safe, and successful in school. When implemented properly, they have been shown to improve student discipline, attendance, and academic performance. A large scale research study examining the effects of school mental health programs found benefits such as reducing anxiety, improving reading scores, reducing bullying at school, and lowering rates of substance abuse in young adulthood.[10] This is why more

schools are working to educate the "whole child," as recommended by the Centers for Disease Control and Prevention, and address factors outside the classroom that threaten student learning.

Yet, the role of the state of Texas in supporting these recommended practices has been very limited. The Statewide Behavioral Health Coordinating Council (SBHCC) has found multiple challenges in providing students with school-based behavioral health services and supports that stand to significantly change their trajectories in life in a positive way, including the lack of a statewide infrastructure to support the use of effective services in schools (*See Gap 2: Behavioral Health Needs of Public Students; Gap 7: Implementation of Evidence-based Practices; and Gap 11: Prevention and Early Intervention Services*).[11] However, while the SBHCC's official statewide behavioral health strategic plan includes strategies that can be leveraged to improve how student behavioral health is addressed, the SBHCC does not include any formal goals or strategies within its strategic plan that target the education system per se.

Research-Based Strategies To Address Mental Health In Schools

Trauma-Informed Schools

With the high prevalence of students affected by trauma, it is critical that all educators be trained on recognizing potential symptoms of trauma and knowing how to respond in ways that help students learn instead of being further harmed. Many symptoms of depression, such as agitation and irritability, difficulty paying attention, or outbursts in the classroom, are behaviors that teachers respond to with discipline. Exclusionary discipline responses, like removing a student from the classroom, are the most common response to student misbehavior.[12] Substantial research shows that traditional disciplinary responses, like suspensions or expulsions, do little to nothing to reduce rates of disruptive behavior among students.[13] It is important for teachers to have a mindset not of "what's wrong with you?" but instead "what happened to you?"

Creating Safe and Supportive School Climates

School climate refers to the quality and character of school life as experienced by students, school staff, and parents. Research shows that positive school climates in which students feel safe, supported and connected to their school are associated with reduced rates of mental health concerns, bullying, violence, or alcohol or drug use. Many schools are adopting positive behavior intervention and support (PBIS) models that emphasize strategies to support social and behavioral improvement, such as character education, social skill instruction, bullying prevention, behavior support, and building consultation teams. Research has shown that for every dollar spent on PBIS, there are $13 in benefits to society.[14]

Youth Prevention Programs

A strong interconnectedness exists among youth substance use, dropout, delinquency, and other social problems influenced by common root causes, such as poor coping and decision making skills, feeling disconnected from peers and school, and difficulty managing emotions and behavior. Many school-based youth prevention programs, such as substance abuse prevention programs funded using Substance Abuse Prevention and Treatment block grant funds administered by the Health and Human Services Commission (HHSC), help students develop life skills shown to make them more resilient to adversity and stress and less likely to need mental health services, use alcohol or illicit drugs, engage in risky health behaviors, or be involved in bullying and other types of violence. These skills include things such as managing stress, making responsible and healthy decisions, tolerating frustration, and managing emotions. Such prevention programs or strategies are often complementary and can be leveraged to reinforce one another, supporting and enhancing multiple goals.

School-Based Mental Health and Related Services

Embedding a mental health provider within schools has great potential to improve student access to services when they need them. Mental health providers, such as school social workers or psychologists, can be employed directly by the district or through a school partnership with a community provider to help address the mental health needs of students through prevention, early intervention, treatment, and referral services. With an average of 470 Texas students for every school counselor, according to a 2014 report, counselors are able to provide little support to students in need.[15] A few Texas school districts have partnered with their Local Mental Health Authority (LMHA) or established school-based health centers that include mental health support, although the state has provided neither funding nor guidance for these efforts. The state's role in supporting school-based mental health-related services is largely limited to providing funding to Communities in Schools (CIS) and Services to At-Risk Youth (STAR), effective programs that reach a small fraction of Texas students.

Policy Recommendations

1. Direct TEA and HHSC to sustain and extend the work begun by the *Hurricane Harvey Task Force on School Mental Health Support* to assist schools statewide. The Task Force provides a great launching point for the state to systematically identify statewide challenges and opportunities that schools and communities face and ways the Texas Education Agency (TEA), HHSC, and other state agencies can assist schools and communities in addressing the behavioral health of students. The Task Force, a temporary working group with no statutory authority or dedicated funding, is a promising start to this work but not an adequate solution. Yet, if the Legislature provides leadership and support, TEA, HHSC, other SBHCC member agencies can start building a statewide infrastructure that supports the implementation of

practices, programs, and services known to improve student behavioral health and create safe and supportive school learning environments. The agencies should assess the needs of districts and communities within the state to support the behavioral health of students; the availability of resources to meet those needs; and concrete steps that will be taken to address gaps in resources. The agencies should develop and administer a phased-in multi-year state plan with goals and benchmarks to ensure schools can access the tools and resources they need to support the behavioral health of students, including services delivered through other SBHCC agencies that can support student behavioral health.

2. **Provide school- or community-based mental health services to students with serious mental health concerns.** Support funding to districts to expand the number of school counselors and other mental health personnel in schools to improve access to services when students need them. Direct HHSC and TEA to provide districts and community-based mental health providers with guidance on forming effective partnerships to increase student access to mental health services.

3. **Support funding to sustain and expand evidence-based youth prevention programs, practices, and policies to ensure access for every Texas student.** For example, evidence-based substance abuse prevention programming is not only effective at reducing substance use among youth; it also increases healthy coping and social skills in students, like giving kids tools to resolve conflicts or manage anxiety, and helps students develop strong self-esteem and make healthy decisions - all competencies that promote student mental health, well-being, and academic success. Yet these prevention programs only reach about half of the school districts in Texas. Many other prevention programs that target bullying, delinquency, domestic violence, or suicide use similar skill building strategies and target a common set of risk and protective factors.

4. **Improve coordination of school-based prevention programs that target common risk and protective factors.** Include HHSC and substance abuse prevention programs in legislative direction to coordinate state agency dropout and delinquency prevention and intervention services (Art. IX Sec. 17.05). The 2018-2019 General Appropriations Act. Section 17.05 of Article IX directed the Texas Department of Family and Protective Services (DFPS), the Texas Juvenile Justice Department (TJJD), TEA, and the Texas Military Department to coordinate the delivery of juvenile delinquency prevention and dropout prevention and intervention services and to report to the Legislative Budget Board detailed monitoring, tracking, utilization, outcome, and effectiveness information on all juvenile delinquency prevention and dropout prevention and intervention services. Many of the programs included in the interagency report target risk and protective factors that are common to mental health and substance abuse concerns.[16] Amending this budget rider to include HHSC and youth-focused substance abuse prevention services will make it easier for policymakers to evaluate the outcomes of substance abuse prevention programming (including those funded by HHSC and other systems, such as TJJD community-based prevention grants) and for state

agencies and community-based providers to identify opportunities to better collaborate and coordinate with each other.

5. **Require each Education Service Center (ESC) to employ at least one staff person that is dedicated to assisting districts and educators in addressing student mental health.** The state network of 20 ESCs is the primary infrastructure for TEA to provide educators with training and technical assistance. However, the ESC network does not currently provide training or technical assistance that focuses on student mental health (outside of activities currently funded through FEMA grants in regions impacted by Hurricane Harvey).

6. **Direct TEA and HHSC to develop and disseminate a model framework that school districts can use to support the behavioral health of all students.** The framework should include guidance on:

    a. Implementing school-wide strategies to prevent mental health concerns from developing, such as providing students with safe and supportive school climates, using positive behavior strategies, and teaching students important life skills such as managing stress and resolving conflicts in healthy ways;

    b. Identifying students who are at risk of developing or who are experiencing behavioral health concerns, such as students affected by trauma, and providing them with early interventions that support their well-being and success in school;

    c. Forming effective partnerships with community-based youth service providers to increase student access to behavioral health services; and

    d. Appropriately assessing, identifying, and serving students with Emotional Disturbance (ED).

TEA and HHSC can look to resources created by other states, as well as resources available from Substance Abuse and Mental Health Services Administration (SAMHSA), such as the *School Mental Health Referral Pathways Toolkit,* which includes best-practice guidance, tools, and strategies to improve coordination and collaboration among schools and community partners in referring youth to mental health services and related supports.[17] The Connecticut Education Department produced *Guidelines for Identifying and Educating Students with Emotional Disturbance (ED),*[18] a comprehensive document that provides guidance to schools, parents/guardians, and mental health professionals to make appropriate decisions regarding both eligibility and specialized services for students with ED, including recommended practices and procedures concerning assessment, determination of eligibility, and non-biased, non-discriminatory identification processes. Maine, New Mexico, North Dakota, and Wisconsin are other states that have developed guidelines and tools for the identification of ED in students.

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