

legislative **action** day

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Mental Health

The Problem

California educators are responding to unprecedented levels of student anxiety, depression, trauma, and suicide ideation. The recent technical report in the Getting Down to Facts II series, Investments in Student Health and Mental health in California's Public Schools, authored by Randall Reback, clearly indicates that mental health plays a critical role in a child's development, and overall poor childhood health can have adverse effects on a child's long-term success (2018).

There are a variety of other studies that show the growth in the unmet mental health needs of California students. Here are some of the poignant statistics:

- 1/3 of high school students in California experience depression-related feelings.¹
- Only 35% of youth in California who report needing mental health support actually receive service.²
- There was a 104% increase in inpatient visits for child suicide, self-injury, and suicide ideation between 2006 and 2011.³
- California ranks at or near the bottom for student access to mental health services at school.⁴

Educate, then advocate.

Policy makers need to understand how mental health impacts students and schools. It must be made clear that there is a prevalent, unmet need which is having serious consequences on the health and well-being of your students. There is nothing more impactful or illuminating than sharing your students' stories.

While schools are uniquely-positioned to help meet the mental health needs of students (due to the amount of time students spend on campus, the trust that is developed between students and staff, the interactions educators have with parents, and the capacity to provide mental health services discreetly and free of stigma) there is not one clear policy, or even a clear set of policy improvements, that will conclusively solve the growing student mental health crisis. Sharing your stories, and those of your students, will help shape an effective policy solution. Consider using the following questions as prompts:

- Describe how mental health has impacted your students.
- How do you provide direct mental health services in our district or at your site?
- Describe the additional mental health services and/or supports you would be able to offer students if you had more resources.

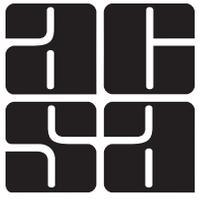
Feel free to mention to your legislators that ACSA has established a Mental Wellness Taskforce, which is focused on developing policy recommendations. As the taskforce's recommendations become clear, staff will provide updates to the Legislature.

1: KidsData: A Program of the Lucile Packard Foundation - Children's Emotional Health

2: CA Children's Trust - Reimagining Child Well Being

3: CA Children's Trust - Reimagining Child Well Being

4: Getting Down to Facts II - Investments in Students' Physical and Mental Health



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ACSA's Position

Improving student access to mental health services will require improved coordination amongst stakeholders and additional resources for Local Educational Agencies.

It is clear that in order to play the critical role of supporting students' mental health, schools must be better resourced. It is also clear there are existing, non-Prop. 98 funding sources, including Mental Health Services Act and MediCal, which could provide additional resources to LEAs. The needs of each community will vary based on the specific needs of their students, the availability of providers, and the extent to which local efforts are coordinated. With that said, ACSA supports the following three bills that would improve schools' ability to meet their students' mental health needs:

- AB 1126 (O'Donnell & Kiley) – Improves the delivery of mental health services to students by increasing Mental Health Services Act (Prop. 63) transparency, accountability, and coordination.
- AB 1546 (Kiley & O'Donnell) – Permits LEAs to make direct claims for Medi-Cal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds.
- SB 582 (Beall) – Restores \$15 million in funding for Prop. 63 mental health triage grants to support LEAs' ability to offer preventative, early intervention, and direct mental health services to youth.