NEW YORK STATE EDUCATIONAL CONFERENCE BOARD

Mental Health Education and Support Services Needed in New York Schools

Additional funding must support access and training for school mental health services

The academic and socioemotional needs of students are increasingly complex. Societal pressures, rapidly changing environments, economic disparities and educational demands impact students. School districts have been challenged to identify and provide programs aimed at meeting these needs. In particular, the alarming rise in students' mental health needs is of great concern to educators. Anecdotal evidence of this increasing prevalence of mental health needs is supported by research from many sources:

- A 2016 study by the Child Mind Institute found that mental health disorders are the most common health issues facing youth today.
- The Centers for Disease Control and Prevention (CDC) reports that one in seven children ages 2-8 is diagnosed with a mental, behavioral or developmental disorder; among adolescents (ages 13-18), that figure rises to one in five.
- A *Pediatrics* national trends study on depression among adolescents and young adults found that teens suffering with "low-mood" rose by 37 percent between 2005 and 2014; this encompasses low self-esteem, loss of interest in normally enjoyable activities and problems with sleep, energy and concentration *(http://pediatrics.aappublications.org/content/early/2016/11/10/peds.2016-1878)*.
- The number of children and adolescents admitted to children's hospitals for thoughts of suicide or self-harm more than doubled between 2008 and 2015; in 2010, suicide was the second leading cause of death among adolescents ages 12-17, according to a recent study presented by pediatricians at the 2017 Pediatric Academic Societies Meeting *(http://www.aappublications.org/news/2017/05/04/PASSuicide050417)*.

The availability of services has not kept pace with these mounting needs. The Child Mind Institute estimates that 60 percent of youth with depression and 80 percent of youth with a diagnosable anxiety disorder go without treatment.

Educational Conference Board Mental Health Education and Support Recommendations

1. **Allow school district facility space dedicated for student health services to be eligible for building aid.**
2. **Create a reimbursement aid category for the costs of providing mental health services.** Such an aid could be a "last dollar" reimbursement, after other state and federal funding streams are used. A district wealth-based aid ratio, similar to other expense-based aid categories that support the provision of direct student services, could be utilized.
3. **Provide funding to expand school-based mental health services.**
4. **Provide technical assistance on model curricula, innovative programs/services and instructional materials at no cost to districts.**

A Critical Need for Access to Treatment

Researchers have attributed the increase in student mental health needs to a number of factors. Rapidly changing family demographics and the challenges in rural, suburban and urban communities are vastly different. Communities now see concentrated poverty, social exclusion and isolation, income gaps, and heightened stress and adversity as a result of shifting cultural diversity of towns and cities.

The lasting effects of parent and family stress on children, as measured by an Adverse Childhood Experiences (ACE) score, has become an indicator for identifying the likelihood a student will suffer from a mental health disorder and/or physical health problems later in life. The ACE score measures the long-term impact of an individual's exposure to traumatic events and toxic stress. Physical, emotional and sexual abuse, physical and

emotional neglect, domestic violence, mental illness in the home, substance abuse, divorce and incarceration of a family member are all considered when determining an ACE score. The more traumatic the childhood, the higher the score.

Impact on Schools

Some policymakers, state agencies and advocacy groups, including The Mental Health Association in New York State (MHANYS) and its affiliates, recognize that the alarming increase in childhood mental health challenges has a severe impact on New York's schools. The number of school-aged children in need of mental health support is outpacing the school staff's capabilities to appropriately identify, address and make referrals to licensed providers when needed. The mental health needs of students fall along a continuum. It will be important for practitioners to understand where students fall along that continuum to identify and provide appropriate services and programs.

Beyond some of the easily identifiable impacts on learning — from classroom disturbances, behavioral outbursts, demonstrations of self-harm or physical harm to others — students with mental health needs have an impact on New York's school districts in less obvious ways. Chronic absenteeism, graduation rates, special education costs, out-of-school suspensions, counseling referrals and psychological evaluations all chronicle the growing body of evidence that supports the need for early detection and intervention of mental health disorders.

Nationally, 60 percent of high school students with mental health needs fail to graduate from high school. On average, one in every five youth, ages 12-17, has a mental health disorder diagnosis. In New York, that's more than 283,590 children in middle and high school. This doesn't take into account those students who exhibit symptoms of mental health challenges but go undiagnosed. New York's students are in desperate need of access to quality mental health resources. New York's educators are in desperate need of robust training that empowers them to facilitate help for students suffering with mental health issues.

The mental health crisis in schools is increasing quickly. However ,the policy and regulatory response has been piecemeal and lacks integration. Many of the regulations address a portion of the problem, but the state does not yet have a comprehensive approach to addressing the issue.

Policy Initiatives

The Children's Mental Health Act of 2006 called on the commissioner of the State Education Department to work with the commissioner of the Office of Mental Health to "develop guidelines for voluntary implementation by school districts to incorporate social and emotional development into elementary and secondary education programs." From that collaborative work, which included a survey of New York state school districts' current practices, the New York State Board of Regents adopted the Guidelines and Resources for Social and Emotional Development and Learning (SEDL) in New York State in 2011.

The SEDL guidelines addressed the education of the"whole child" and provided standards to support National Association of School Psychologists' (NASP) Whole Child model. SEDL outlines the importance of a safe school environment and the ways school

What is an Adverse Childhood Experience (ACE) score?

The ACE score (1-10) is a measure of the long-term impacts of an individual's exposure to traumatic events and toxic stress before age 18. The score is a guideline for determining the likelihood an individual will experience health consequences as an adult. Higher ACE scores have been linked to a increased risk of chronic diseases, as well as social and emotional problems in adulthood. These diagnoses include:

- Alcoholism and Alcohol Abuse
- Illicit Drug Use
- Early Initiation of Smoking
- Smoking

- Early Initiation of Sexual Activity
- Multiple Sexual Partners
- Sexually Transmitted Diseases (STDs)
- HIV
- Adolescent Pregnancy
- Unintended Pregnancies
- Fetal Death
- Risk for Intimate Partner Violence

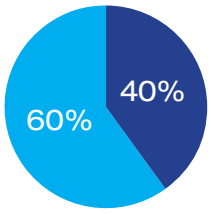
- Depression
- Suicide Attempts

- Health-Related Quality of Life
- Chronic Obstructive Pulmonary Disease (COPD)
- Ischemic Heart Disease (IHD)
- Liver Disease

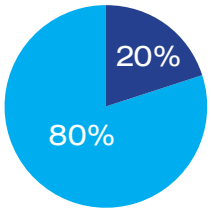
Source: Centers for Disease Control and Prevention: About the CDC-Kaiser ACE Study, https://www.cdc.gov/violenceprevention/acestudy/about.html

climate impacts learning. However, implementation of these guidelines remains voluntary for school districts seven years later.

In 2012, The New York Times article, *Trying to keep students mental health care out of the E.R.*, outlined a concerted effort by mental health professionals and the New York State Education Department to prevent students with significant mental health issues from being referred to the emergency room. In the case of E.R. visits, doctors overwhelmingly released students and approved their return to school the next day. Administrators and mental health counselors were in agreement that the less traumatic response would be a same-day mental health evaluation handled by the school. But school officials in the story cited budget constraints and lack of resources as the primary reason for delayed treatment and intervention for students in need of mental health support services.



An estimated **60% of youth with depression** go without treatment



An estimated **80% of youth with a diagnosable anxiety disorder** go without treatment

Source: The Child Mind Institute, https://childmind.org/2015-childrens-mental-health-report/

The Dignity for All Students Act (DASA) made prevention and intervention training on harassment, bullying and discrimination mandatory for all teachers and administrators beginning in 2012. Through state-required DASA professional development, school administrators and teachers are equipped with the tools to create and maintain positive school environments for all students.

In 2016, amendments to school emergency response planning requirements, known as the Safe Schools Against Violence in Education (SAVE) Act, made annual school safety training for all staff a requirement. The annual training for crisis response teams now includes effectively respond to such student mental health crises as substance overdoses, suicide risks and prevention.

With the start of the 2018-19 school year, districts across New York will be required to teach students in all grades about mental health and wellness. This new mandate for school districts is the first of its kind, and is in direct response to a growing need for students and educators to recognize the signs of potential problems and reduce the stigma surrounding mental health issues.

Adding mental health and wellness as a component of the health curriculum is a start, but without proper training and resources, these efforts will fail to adequately prepare staff and students to reduce risk, manage mental health crises and mitigate the lasting negative impacts of untreated mental health disorders have on student success. This requirement, while being the first of its kind in the United States, equates to minimal instructional time at just a half-credit toward a student's overall high school career.

Current Resources and Best Practices

The CDC's "whole school, whole community, whole child" model keeps the healthy child at the center of education, with a school-wide approach to learning and health as a reflection of the child's local community. The model is a collaboration between schools, health providers and agencies, parents and communities, who share the same goal — to support the health and academic achievement of children and adolescents.

Guidance for New York school district leaders on developing school and mental health partnerships from the Office of Mental Health released in 2015 indicates the role of schools is evolving as the agency transitions children's behavioral health care into Medicaid managed care and eligible children are enrolled in Health Homes (*https://www.omh.ny.gov/omhweb/childservice/docs/school-based-mhservices.pdf p. 4*).

Individual districts across the state have taken the lead on effective intervention and support for their students with mental health challenges. Some have found success when partnering with a local service provider, much like The Cohoes City School District and the Northern Rivers Family of Services. In New York City, there are currently more than 31 school-based mental health clinics serving students.

In Cohoes, Superintendent Jennifer Spring, Ed.D. has worked with her administrative team to transform into a trauma-sensitive school district, shifting from shaming to inclusion and fostering positive student-teacher connections. The district partnered with Northern Rivers Family of Services to open a school-based behavioral health center to provide counseling services to students and their families during the school day.

"Our students with significant mental health issues tend to miss school more regularly and are at greater risk of falling behind academically," explained Dr. Spring. "They're crippled by anxiety or depression, so if or when they do get help, they continue to miss a whole day of school to see a counselor in another town or city."

The district removed the barrier by opening the center inside the middle school — a central location in the city. Cohoes has a significant student population in poverty, with more than 68 percent of students qualifying for free and reduced-price lunch, but mental health challenges are not limited to urban districts with high needs.

In the Hoosick Falls Central School District, Superintendent Kenneth Facin has devoted considerable resources to a preventative approach to students' social-emotional development. Nearly 23 percent of the student population in Hoosick Falls has a diagnosed mental health challenge and another 38 percent have been identified as at-risk for needing clinical services. In a population of 1,040 students K-12, the whole school approach has been well-received.

"Kids are really stressed out. They can't learn when they are in an argumentative, reactive state," said Superintendent Facin. "Our preventative work is really to preset our students in a manner that reduces unnecessary tensions. If we work really hard on social-emotional development, it helps us tether students to the academics." Among the district's approach is time for teacher-led meditative breathing built into the school day and daily yoga.

In 2017, 52 percent of superintendents identified increasing mental health-related services for students as a funding priority, up from 35 percent the previous year (*https://www.nyscoss.org/img/uploads/file/2017-Finance-Survey-FINAL-Post.pdf*).

Recommendations

As the 2018-19 school year approaches and education policymakers are focused on districts' implementation of a new mandate for teaching mental health and wellness in schools, the legislature must consider the fiscal burden districts face when trying to meet students' mental health needs. New York does not yet have a comprehensive systems approach to meeting student needs and, to that end, the legislature must:

- Allow school district facility space that is dedicated for student behavioral health services to be eligible for building aid.
- Create a reimbursement aid category for the costs of providing mental health services. Such an aid could be a "last dollar" reimbursement, after other state and federal funding streams are used. A district wealth-based aid ratio, similar to other expense-based aid categories that support the provision of direct student services, could be utilized.
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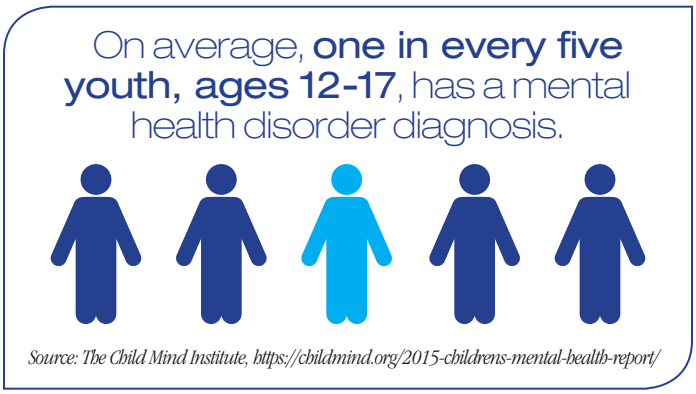

Source: The Child Mind Institute, https://childmind.org/2015-childrens-mental-health-report/

The New York State Educational Conference Board (ECB) — comprised of six leading educational organizations representing parents, classroom teachers, school-related professionals, building administrators, superintendents and school boards — is issuing this set of recommendations designed to ensure that schools are able to better meet students' mental health needs in 2018-19 and into the future.

Conclusion

School-based models are effective because interventions are implemented more quickly and fully address students' mental health needs and prevent challenges from affecting social-emotional, academic and physical health and well-being.

Robust school-based mental health programs should equip educators with the expertise to identify children with behavioral and emotional health needs. There should be certified staff available to conduct same-day assessments, interviews and evidence-based evaluations. Effective programs also provide individual, group and family therapy interventions, as well as psychological evaluations. The most successful programs also include parent and teacher training and consultation on mental health issues.

School-based mental health programs are so effective because they remove the stigma for students receiving services. With programs on-site, teachers can spend more time teaching and students can spend less time out of the classroom. The school also becomes an access point for care — particularly in communities where direct services are otherwise hard to find. Schools must continue to adapt and expand programs to adequately support these growing mental health needs.

The New York State Educational Conference Board is comprised of the Conference of Big 5 School Districts; New York State Council of School Superintendents; New York State PTA; New York State School Boards Association; New York State United Teachers; and the School Administrators Association of New York State.