Heather Bagnall
Legislative District 33
Anne Arundel County

Health and Government Operations
Committee

Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 160
Annapolis, Maryland 21401
410-841-3406 · 301-858-3406
800-492-7122 *Ext.* 3406
Heather.Bagnall@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
Annapolis, Maryland 21401

February 26, 2020

Testimony in SUPPORT of HB 782 – Mental Health Access Initiative

Teenagers today face many stressors that they may not want to discuss with their parents. Current law, however, states that they must be 16 to consent to mental health diagnosis, consultation, and treatment without parental notification.

The mental health landscape for young people has changed drastically in recent years. Because of technology, children today may face their stressors on a near-constant basis, exacerbating any underlying mental health issues they may have.

According to the CDC, approximately one in five children in the US today has a diagnosable mental health condition. These children already face stigma from their peers and society that can deter them from asking for help—they do not need to face the added hurdle of fear that their parents will be told to prevent them from seeking care.

For minors whose parents stigmatize mental health problems or are unsupportive of their child's identity, fear that their parents could be told they are seeking help could prevent them from accessing the care they urgently need.

This bill removes that barrier by stating that, if parental notification will deter the minor from seeking care, a provider does not have to notify the minor's parents. HB 782 does not state that a provider must give a minor care, but rather that they may determine if parental notification is in the minor's best interest. Further, the amendment submitted for this bill clarifies that this does not extend to prescribing medication as it relates to this statute.

Additionally, this bill does not prohibit providers from seeking parental consent if they deem it is in the best interest of the minor child. Under most circumstances, providers will still seek consent from the parent or legal guardian before treating a minor child. It is <u>only</u> if they believe parental notification will deter the minor from seeking care that they can choose to not notify the minor's parents.

This bill will eliminate a barrier many minors face in seeking mental health treatment and help ensure that some of our most vulnerable young people are able to get the mental health help they need.

Thank you and I ask for a favorable report on HB 782.

Children's Mental Health

Key Findings: Children's Mental Health Report

On May 16, 2013 a CDC report was released that describes, for the first time, federal activities that track U.S. children's mental disorders. Find out about children's mental health and what we have learned.

The term *childhood mental disorder* means all mental disorders that can be diagnosed and begin in childhood (for example, attention-deficit/hyperactivity disorder (ADHD), Tourette syndrome, behavior disorders, mood and anxiety disorders, autism spectrum disorders, substance use disorders, etc.). Mental disorders among children are described as serious changes in the ways children typically learn, behave, or handle their emotions. Symptoms usually start in early childhood, although some of the disorders may develop throughout the teenage years. The diagnosis is often made in the school years and sometimes earlier. However, some children with a mental disorder may not be recognized or diagnosed as having one.

Childhood mental disorders can be treated and managed. There are many evidence-based treatment options, so parents and doctors should work closely with everyone involved in the child's treatment — teachers, coaches, therapists, and other family members. Taking advantage of all the resources available will help parents, health professionals and educators guide the child towards success. Early diagnosis and appropriate services for children and their families can make a difference in the lives of children with mental disorders.

An Important Public Health Issue

Mental health is important to overall health. Mental disorders are chronic health conditions that can continue through the lifespan. Without early diagnosis and treatment, children with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood.

Children's mental disorders affect many children and families. Boys and girls of all ages, ethnic/racial backgrounds, and regions of the United States experience mental disorders. Based on the National Research Council and Institute of Medicine report (Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities, 2009) that gathered findings from previous studies, it is estimated that 13 –20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year and an estimated $247 billion is spent each year on childhood mental disorders. Because of the impact on children, families, and communities, children's mental disorders are an important public health issue in the United States.

Monitoring Children's Mental Health

Public health surveillance – which is the collection and monitoring of information about health among the public over time – is a first step to better understand childhood mental disorders and promote children's mental health. Ongoing and systematic monitoring of mental health and mental disorders will help

- increase understanding of the mental health needs of children;
- inform research on factors that increase risk and promote prevention;
- find out which programs are effective at preventing mental disorders and promoting children's mental health; and
- monitor if treatment and prevention efforts are effective.

CDC issues first comprehensive report on children's mental health in the United States

A report from the Centers for Disease Control and Prevention (CDC), Mental Health Surveillance Among Children —United States, 2005–2011, describes federal efforts on monitoring mental disorders, and presents estimates of the number of children with specific mental disorders. The report was developed in collaboration with key federal partners, the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Mental Health (NIMH), and Health Resources and Services Administration (HRSA). It is an important step towards better understanding these disorders and the impact they have on children.

This is the first report to describe the number of U.S. children aged 3–17 years who have specific mental disorders, compiling information from different data sources covering the period 2005–2011. It provides information on childhood mental disorders where there is recent or ongoing monitoring. These include ADHD, disruptive behavioral disorders such as oppositional defiant disorder and conduct disorder, autism spectrum disorders, mood and anxiety disorders including depression, substance use disorders, and Tourette syndrome. The report also includes information on a few indicators of mental health, specifically, mentally unhealthy days and suicide.

Who is Affected?

The following are key findings from this report about mental disorders among children aged 3–17 years:

- Millions of American children live with depression, anxiety, ADHD, autism spectrum disorders, Tourette syndrome or a host of other mental health issues.
- ADHD was the most prevalent current diagnosis among children aged 3–17 years.
- The number of children with a mental disorder increased with age, with the exception of autism spectrum disorders, which was highest among 6 to 11 year old children.
- Boys were more likely than girls to have ADHD, behavioral or conduct problems, autism spectrum disorders, anxiety, Tourette syndrome, and cigarette dependence.
- Adolescent boys aged 12–17 years were more likely than girls to die by suicide.
- Adolescent girls were more likely than boys to have depression or an alcohol use disorder.

Data collected from a variety of data sources between the years 2005-2011 show:

Children aged 3-17 years currently had:

- ADHD (6.8%)
- Behavioral or conduct problems (3.5%)
- Anxiety (3.0%)
- Depression (2.1%)
- Autism spectrum disorders (1.1%)
- Tourette syndrome (0.2%) (among children aged 6–17 years)

Adolescents aged 12–17 years had:

- Illicit drug use disorder in the past year (4.7%)
- Alcohol use disorder in the past year (4.2%)
- Cigarette dependence in the past month (2.8%)

The estimates for current diagnosis were lower than estimates for "ever" diagnosis, meaning whether a child had ever received a diagnosis in his or her lifetime. Suicide, which can result from the interaction of mental disorders and other factors, was the second leading cause of death among adolescents aged 12–17 years in 2010.

Looking to the Future

Public health includes mental health. CDC worked with several agencies to summarize and report this information. The goal is now to build on the strengths of these partnering agencies to develop better ways to document how many children have mental disorders, better understand the impacts of mental disorders, inform needs for treatment and intervention strategies, and promote the mental health of children. This report is an important step on the road to recognizing the impact of childhood mental disorders and developing a public health approach to address children's mental health.

What You Can Do

Parents: You know your child best. Talk to your child's health care professional if you have concerns about the way your child behaves at home, in school, or with friends.

Youth: It is just as important to take care of your mental health as it is your physical health. If you are angry, worried or sad, don't be afraid to talk about your feelings and reach out to a trusted friend or adult.

Health care professionals: Early diagnosis and appropriate treatment based on updated guidelines is very important. There are resources available to help diagnose and treat children's mental disorders.

Teachers/School Administrators: Early identification is important, so that children can get the help they need. Work with families and health care professionals if you have concerns about the mental health of a child in your school.

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1. National Research Council and Institute of Medicine. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, DC: The National Academic Press; 2009.
2. Centers for Disease Control and Prevention. Mental health surveillance among children – United States, 2005—2011. MMWR 2013;62(Suppl; May 16, 2013):1-35.

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EDUCATION

Unhappy with their school's approach to mental health, students at Severna Park are taking it into their own hands

By LAUREN LUMPKIN
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Parker Cross, a junior at Severna Park High School, was motivated by the death of her best friend to start 'Our Minds Matter,' a movement to raise awareness about mental illness and suicide prevention. (Joshua McKerrow / Capital Gazette)

Parker Cross, 16, remembers her best friend as “very outgoing and friendly.”

“He smiled all the time,” she said.

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Edmond Proulx was 16-years-old when he died “suddenly” March 1, according to a letter sent to Severna Park High School families. He played baseball and was active in his church’s student ministry. Parker said she met Ed when they took weightlifting class together.

It didn’t take long for them to get close.

Parker’s family sometimes gave Ed rides to school, she said. When the weather started to chill, the Crosses bought Ed a winter coat.

EDUCATION

Anne Arundel sees rising number of student mental health problems. Students blame schools.

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“When people thought of Ed, it was like, me and Ed,” Parker said.

APR 18, 2019 | 11:00 AM

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In the weeks since Ed's death, Parker has sought therapy outside of school. But she can't help but think his death could have been prevented.

Anne Arundel County Public Schools policy regarding therapy is a barrier to students who seek help, Parker said. And there just aren't enough mental health professionals to deal with every students' needs.

"The system is kind of trying but still constantly failing, and I witnessed it first hand," she said.

Despite dozens of initiatives from county schools aimed at addressing mental health issues among young people, students like Parker still struggle. So, they're taking it into their own hands.

As the conversation about dealing with youth suicide shifts, parents, students and school officials are trying to find common ground. The school system has

traditionally taken a private approach to the problem, while members of the community want to confront the issue head-on.

Ed's death motivated Parker to organize Our Minds Matter, a series of demonstrations designed to teach students and adults "how to be more proactive and not reactive" to mental illness, she said.

She and a group of friends are planning a march outside Severna Park High School the morning of May 1, and a rally — followed by educational workshops for parents and kids — on May 18 in Annapolis.

EDUCATION

Parents line route to Severna Park High with suicide prevention messages

MAR 11, 2019 | 5:35 PM

Proulx's family declined to comment on Ed's death, or the response among his friends. Anne Arundel County Public Schools has only described it as "sudden."

"As a whole, it was really hard to get the proper help that he needed," Parker said about Ed. "He could have been saved."

Philosophies collide

Severna Park High School has one of the county's highest graduation rates — more than 98 percent of seniors graduated in 2018.

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The school is known for sending students to prestigious colleges and universities. The surrounding area's poverty rate is half that of the county average. And Severna Park is an affluent ZIP code — with a median household income of $132,000 — where students seem to have advantages over other jurisdictions. But the school has a dark history of mental illness.

There are many reasons, Parker said. Students say they're under intense academic pressure. Some are battling drug addictions. Five counselors and one part-time psychologist serve a student body of more than 1,800.

And, Severna Park enforces a policy that requires students who want to see the school's psychologist more than once to turn in a permission slip signed by a parent or guardian.

EDUCATION

For kids who have strained relationships with their parents, that's a problem, Parker said. School officials believe it's best to involve parents or guardians.

Students should know where to turn for help, Parker said.

At least three Severna Park High School students and one employee

Southern High family shares news of student's suicide to help others in crisis

APR 24, 2019 | 6:40 PM

have died by suicide since 2012, according to sources close to the deceased and reporting from *The Capital*.

While there was an outpouring of support from the Severna Park community, students and staff didn't directly address the most recent student death, said Samantha Jaffe, a senior.

"I was personally upset by the lack of anything happening really. I had some teachers that wouldn't acknowledge it and I was a little bit offended," the 18-year-old said. "I don't think anyone's really surprised when things happen."

It's the school district's practice to deal with student deaths in "private," said Bob Mosier, a schools spokesperson. Officials discourage public displays, memorials and other acknowledgments of student suicides.

"The practice is to avoid public displays because if you have other students who are experiencing anxiety and may be prone to self-harm, these things can have a contagious effect," Mosier said. "The guidance is clear that the most effective way to address these types of issue is in private, one-on-one settings."

The school district relies on guidance from the National Association of School Psychologists, the American School Counselor Association and the Anne Arundel County Mobile Crisis Team, among other sources.

Following the March death, school system leaders deployed a trauma team of psychologists, counselors and other professionals into Severna Park. They were in high demand, Parker said.

Recent deaths at the school motivated parents to line the route to Severna Park High School on the morning of March 11. Despite the school district's guidance, dozens of parents held signs bedecked with

inspirational messages. One read, "Don't give up, you're too important."

Ann Brennan was among them. Her son, Ethan, battled mental illness through high school. He graduated from Severna Park in 2015.

Ethan, 22, came out as gay in high school. His first year in college, he told close friends and family he was transgender.

"I don't think anybody talked to me about suicide or depression or anxiety or any of it until I started struggling," said Ethan Brennan. "I think that's one of the biggest issues for kids in high school. They don't know that they can say no, that they can draw the line and say this is affecting my mental health."

He attempted suicide and cut himself while in high school. He missed weeks of school at a time due to extended hospital stays. He clashed with his soccer coach and was kicked off the team his senior year, he said.

Teachers worked with Ethan when he missed assignments and he recalls a time when another student offered him kind words after she saw his scars.

"The school psychologist stood for me and fought for me until the end," he said.

Ethan's struggles inspired his mom to start Burgers & Bands, an annual concert created to raise awareness of mental health issues and raise funds for community initiatives.

Though youth suicide and mental illness aren't limited to Severna Park. Suicide was the second leading cause of death for people between the ages of 10 and 24 in Anne Arundel County in 2016.

Severna Park, Pasadena, Glen Burnie and Edgewater saw a combined 506 youth suicide attempts between 2012 and 2016, according to the county's 2016 Youth

Suicide Report.

As youth suicide rates rise, experts are reassessing the way they talk about the issue.

“Sometimes there’s a disconnect between the community and the school in the perceived needs,” said Chris Maxwell, a spokesman for the American Association of Suicidology.

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MENTAL HEALTH

Bringing light to depression: Parents of Severna Park student who took her life start advocacy organization

JAN 26, 2016 | 4:34 PM

Even if school officials don’t discuss a student’s death — they are often limited by law in what they can disclose — the community will discuss it anyway.

“Mostly, it comes down to creating a proactive strategy that involves the conversation at a more casual level,” Maxwell said. “I think these conversations are happening more and more in the public, and a light is starting to shine on celebrities experiencing suicidal crises or mental health issues, and a lot of

social media influencers are talking about this. Generally, it's becoming more and more OK to talk about it."

'Normalized"

County schools field requests on a regular basis from parents, community members, businesses and other organizations that want to provide mental health education, said Bob Mosier, a spokesperson for Anne Arundel schools.

Not everyone makes the cut.

"Programs get evaluated based on best practices, the content of the program the knowledge of the folks presenting," Mosier said.

The decisions are made on a school-by-school basis.

After Larry and Sherry Leikin's daughter died by suicide in 2015, they started "Ellie's Bus," a mental health awareness organization named after the 16-year-old's orange Volkswagen.

Mosier said Ellie's Bus has been included in some events at the high school. Larry Leikin said he and his wife's county-approved material have been "consistently turned down."

"We've heard everything from, 'we feel that we're already spending enough time and resources on this subject' to such absolutely ridiculous things like, 'we don't want to encourage anybody to take their own life,'" he said.

Mental health experts refer to the idea that exposure to suicide can result in an increase of suicidal behaviors as "contagion." The U.S. Department of Health and Human Services says contagion effects those who are already at risk for suicide, especially young people.

Not everyone in the field agrees.

“We don’t have enough research to really say, one way or another, what causes contagion or if contagion exists,” said Chris Maxwell, a spokesperson for the American Association of Suicidology.

Severna Park High School officials want to educate students about mental illness. They’ve partnered with health professionals in hosting Students Taking Actions Responsibly, or STAR, a program that includes monthly advisory lessons and a week of activities that address social and emotional wellbeing.

“It’s all an effort to continue the conversation and divorce those conversations from the stigma that often accompanies discussions about social and emotional health,” Mosier said.

The school district in March introduced Screening Teens to Access Recovery, a program that connects high school students seeking substance abuse treatment with therapists from the Anne Arundel County Department of Health. Two students have already used the program, Mosier said.

The Leikins are advocating for a public approach.

EDUCATION

Anne Arundel school board splinters over measure to eliminate class rank

APR 03, 2019 | 7:40 PM

“There was a time when cancer was not discussed and not addressed, it was literally referred to as the ‘c-word.’ Only time and education has eradicated any type of stereotype or stigma associated with having cancer,” Larry Leikin said. It’s really no different with mental health.”

Jaffe, a senior at Severna Park, suggests teachers spend more time discussing mental health and suicide during health class.

Emergency numbers — like the Crisis Response System's 24/7 warmline at 410-768-5522, Maryland's youth crisis hotline at 1-800-422-0009, and the National Suicide Prevention Lifeline at 1-800-273-8255 — should be stamped on the front page of class agendas.

"It just needs to be normalized," Jaffe said about mental illness. "A lot of people might be struggling but they don't feel comfortable talking about it with their friends, with their teachers or with their psychologist."

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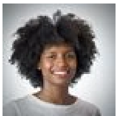
"I think the discussion about mental health needs to be opened up a little more."



Lauren Lumpkin

Lauren Lumpkin is a reporter for the Capital Gazette. She joined the staff in 2018 after interning at The Baltimore Sun. Lauren moved to Baltimore from Washington, D.C. after graduating from American University. Her work has appeared in The Nation, The Washington Post and NBC Washington. Lauren is originally from Cleveland, Ohio.

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Gambrills woman charged with prostitution

A Gambrills woman was arrested and charged with prostitution related offenses Wednesday, according to Anne Arundel County police.

Capital Gazette

POLITICS

Schools in Poor Areas Have More Students with Mental Health Needs

Across the country, schools are ill-equipped to provide necessary mental health screening and services to the neediest students. A new law may change that.

LEAH ASKARINAM AND NATIONAL JOURNAL JANUARY 13, 2016

Joyce Liu, right, and other students at Henry M. Gunn High School writes a message on a Post-it to place them around the school campus in Palo Alto, Calif. Joyce Liu with other students created a student-run support group ROCK, also known as "Reach Out. Care. Know." after the three Gunn students who commited suicide. (AP PHOTO/TONY AVELAR)

Nearly forty percent of youth who needed mental health care between 2011-12 didn't receive the necessary treatment, according to the Children's Defense Fund's 2014 State of America's Children report. For families living in poverty, that number reached 45 percent, and for black and Latino children, it was 55 and 46 percent, respectively.

But schools may soon have more resources to change that.

In addition to shaking up standardized testing rules, the Every Student Succeeds Act, the nation's new federal education law—the successor to No Child Left Behind

—includes funding for schools to invest in the mental and behavioral health of their students.

The new law authorizes grants to the tune of $1.6 billion. School districts that serve the highest concentration of students living in poverty will be eligible for the most funding, at least 20 percent of which must be spent on mental and behavioral health services per district. No Child Left Behind had a narrower focus on mental health needs—namely through the Elementary and Secondary School Counseling Program—which was a competitive grant awarded to select school districts.

"We do a lot of work with superintendents and principals, and they want it. They all say they want more [mental health] services," said Kelly Vaillancourt Strobach, director of government and professional relations at the National Association of School Psychologists. "I'm hopeful that some of this decreased focus on the importance of standardized tests may alleviate some of these challenges because principals might feel that they're actually able to dedicate some more time during their school day to student wellness."

While Medicaid and the Children's Health Insurance Program pay for counselors and therapists for children that need more rigorous treatment off-campus, the new funds can help ensure that schools teach students self-awareness and emotional self-regulation, and identify when a student needs a referral to receive one-on-one treatment.

In this photo taken Monday, Dec. 15, 2014, high school students attend the Augustus F. Hawkins High School in Los Angeles. At Los Angeles Unified School District, the suspension rate has dropped from 8 percent in 2008 to 1.5 percent last school year. (AP Photo/Damian Dovarganes)

Early Intervention Is Key

Students who live in poverty experience a greater degree of adverse experiences, which contributes to mental illness, says Darcy Gruttadaro, director of NAMI's child and adolescent action center. They may deal with housing instability, violence and food insecurity, for example, which could result in long-term (mental) health consequences.

The Adverse Childhood Experiences (ACE) study, a collaboration between the CDC and Kaiser Permanente, found that children who experience or witness abuse, neglect or dysfunction at home are more likely to experience not only mental health issues but also physical disorders later in life. Participants who had experienced four or more adverse experiences were at greater risk for depression and suicide attempts, and for medical conditions such as obesity and cancer. The ACE questionnaire asked participants about adverse experiences such as physical abuse, the loss of a family member, poverty, and emotional neglect.

"Kids in low income communities have those adverse childhood experiences stacked up against them, literally," says Gruttadaro,

Intervening early can help children deal with those stresses, before the symptoms progress to a point that requires intensified care. MaryLee Allen, director of policy at the Children's Defense Fund, describes mental health treatment as a continuum: One end involves helping children deal with trauma, and the other end involves intensified care, such as residential treatment. The stress and violence that children in poverty experience, not a general predisposition to mental illness, makes the beginning of that continuum critical.

"There's just more stress in their lives," Allen says. "So, it's important that we understand the importance of emotional health, that we help them deal with that stress, and get them at a point where it's not impeding their ability to perform in school and other sorts of things."

Early intervention is something Deniece Chi's daughter might have benefited from. The single mom missed work at a nursing home and then at a catering business to repeatedly pick Lucy up from school for behavior issues before the now 24-year-old's bipolar disorder diagnosis a decade ago.

A New York public school nurse and local clinic initially linked Lucy with ADHD, but it wasn't until after she attempted suicide at age 14 that she received the official bipolar disorder diagnosis.

Chi, who now works at the National Alliance on Mental Illness (NAMI) in New York City as program director, knew little about about bipolar disorder or the types of treatment that might help Lucy. She reached out to family members, who labeled her daughter "crazy" and pegged lenient parenting as the source of her problems. They suggested that strict discipline was the solution.

Looking for information about mental health disorders, Chi called the NAMI-NYC helpline, where she learned about bipolar disorder in detail for the first time. The NAMI representative explained that Chi was not to blame for her daughter's symptoms—and that her daughter wasn't to blame for her own symptoms, either.

"If it's not my fault, if it's not her fault, what is it?" Chi asked. "And he started explaining to me what mental illness really is."

Schools as Mental Health Resources

NAMI walked Chi through options for treatment and support. She was able to send her daughter to one-on-one sessions through a New York State sponsored health care plan, too. Eventually, she started teaching classes to families and professionals about the identifiers of mental health disorders, hoping they could bring those lessons to their communities. Chi never received that type of information from a hospital or from her daughter's school, so she wants schools to receive training.

"Children spend most of the day at the school," Chi said. "So, if you have a guidance counselor or social worker who doesn't know how to exactly identify the symptoms of mental illness or what it looks like, when the child starts acting out, or starts acting out the way my child was acting out, they assume it's something the parents did, or something in the home, or something is not right."

Kamilah Jackson, a child and adolescent psychiatrist in Philadelphia, hopes more schools will consider a tiered mental health system, with training to help teachers understand behavioral health at the basic levels and more intensive approaches for students who require it. While that top tier, which could entail one-on-one therapy,

may require a referral to a professional outside of the school setting, school personnel can help with the lower tiers and with issuing referrals for that top tier.

When school districts are deciding how to use these funds, Jackson suggests that they consider how to ensure that every educator understands the basics of behavioral health, which many teachers do not learn from their training.

"I hear this all the time from teachers: 'Nobody prepares me for what I walk into, when I walk into a classroom with 30 kids who are in and out of their seats, and I have no idea where to start.' So, I think it's really clear that the social and emotional part of training for educators has not been on the radar at all," Jackson says.

Deniece Chi's daughter, Lucy, 24, was diagnosed with bipolar disorder as a teenager. (Courtesy of Deniece Chi)

Low-income Children to Benefit Greatly

Under Title I, school districts already receive some funding for students from low-income families which can go toward mental health resources. But a recent report from Brookings Institution noted that 81 percent of principals spend those funds on professional development. At schools with higher rates of poverty—those which served more than 75 percent of students free and reduced-price meals—more than 90 percent of principals reported spending their funds on professional development.

Michelle Malvey, a principal at an elementary school that receives this funding in Loveland, Colorado, decided to take a different approach. Her school became eligible for a school-wide Title I program this year, meaning more than 40 percent of students qualify for free or reduced-price meals. She used those funds to extend the hours of her half-time counselor to full-time. She said that the additional hours cost more than professional development, but that investing in staff dedicated to mental health was paramount.

"We can have all the professional development in the world, but we can't apply it in the classroom if we don't have kids who are there with us, if we don't have this safe, inclusive learning environment," Malvey said.

Through a grant and an agreement to pilot a new program, Malvey implemented a curriculum based on her students' social and emotional needs. Instead of sending students who demonstrate disruptive behavior to the office, for example, staff members go to their classrooms and sit with them so that students can remain in an educational setting. The school also allocates 20 minutes daily to a social and emotional health curriculum, and the mental health staff meet with Malvey weekly to discuss existing student mental health issues.

Though Malvey said the school-wide attention to mental health has reduced the need for one-on-one sessions between students and counselors, there are still barriers for students with mental health disorders that require individualized attention. While the curriculum supports social and emotional health, it does not provide clinical therapy for students who may need it. School-wide curricula and settings that support self-awareness and self-regulation may prevent a number of

students from reaching the point where one-on-one intervention becomes necessary, and educators who recognize the symptoms of mental illness can issue referrals for resources outside of school before symptoms become difficult to manage.

“When I came in, I was the third principal in three years, so there was a lot of work to be done culturally with the staff and kids,” Malvey said. “And so, we’re over a 50 percent reduction in discipline. If you look at things like in-school suspensions and out-of-school suspensions, that’s probably a 75 to 80 percent reduction. We’re just not having it at the level where a student would need to be removed from the learning environment, which is what we want.”

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