



September 13, 2021

The Honorable Alice H. Peisch
Chair, Joint Committee on Education
Massachusetts State House, Room 473G
Boston, MA 02133

The Honorable Jason M. Lewis
Chair, Joint Committee on Education
Massachusetts State House, Room 511-B
Boston, MA 02133

RE: Strong Support for H.616, *An Act relative to the promotion of mental health education* and S.292, *An Act relative to mental health education*

Dear Chair Peisch, Chair Lewis, and Honorable Members of the Committee:

Thank you for the opportunity to submit testimony in support of H.616, *An Act relative to the promotion of mental health education* and S.292, *An Act relative to mental health education*.

The Children's Mental Health Campaign (CMHC) is a coalition of families, advocates, health care providers, educators, and consumers from across Massachusetts dedicated to creating a system where all children in Massachusetts have access to resources that can prevent, diagnose, and treat mental health conditions in a timely, effective, and compassionate way. The CMHC is led by six partner organizations: Massachusetts Society for the Prevention of Cruelty to Children, Boston Children's Hospital, the Parent/Professional Advocacy League, Health Care For All, Health Law Advocates, and the Massachusetts Association for Mental Health.

We are the President and CEO, and Director for Knowledge Dissemination and Technical Assistance, of the Massachusetts Association for Mental Health (MAMH). We also serve as members of the CMHC Executive Committee. Formed over a century ago, MAMH is dedicated to promoting mental health and well being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise.

The Need is Greater than Ever for Mental Health Education in Schools

Most children and adolescents experience positive mental health, and it is a normal part of development for them to experience a wide range of emotions. However, youth have been particularly vulnerable to poor mental health outcomes stemming from COVID-19. Isolation, changes in routine, anxiety and uncertainty associated with the virus, financial and food insecurity, and parental stress can all negatively impact child mental health. This puts youth at risk for mental health and substance use challenges that left unaddressed can create lifelong difficulties.

In May 2020, 29 percent of parents in a nationwide survey reported that their child’s emotional health was already harmed; this figure increased to 31 percent—one in three surveyed parents—by October 2020. It has also been well documented that adolescents, young children, LGBTQ+ youth, and children of color are disproportionately vulnerable to negative mental health consequences surrounding COVID-19.ⁱ

Here in Massachusetts, in an online survey conducted by the MA Department of Public Health (DPH) between September and November 2020, almost half of all youth in Massachusetts (48%) reported feeling sad or hopeless almost every day for two or more weeks in a row. This is 21% higher than data from the 2017 Youth Risk Behavior Survey. Youth from American Indian/Alaskan Native, Multiracial, and Hispanic/Latinx communities were more likely than white youth to report feelings of sadness and hopelessness. Youth in Massachusetts are also reporting Post-Traumatic Stress Disorder-like (PTSD-like) reactions, including having nightmares, avoiding situations, constantly being on guard, and feeling numb or detached. Sixty-one percent of Queer youth, 55% of Non-binary youth, and 53% of youth of transgender experience report having at least three PTSD reactions during COVID. Youth with disabilities are twice as likely as youth without disabilities to report PTSD reactions.ⁱⁱ

More recently, in June 2021 the Centers for Disease Control and Prevention (CDC) reported that visits to emergency departments for suspected suicide attempts for adolescent girls increased roughly 50 percent in early 2021 compared with the same period in 2019.ⁱⁱⁱ Compared to adults the COVID-19 pandemic may continue to have increased adverse consequences on youth mental health over the longer-term.^{iv} Mental health concerns and conditions can interfere with academic performance, social development, and health. Too many children and adolescents lack the information, skills, and support needed to understand or navigate these experiences.

Purpose of H.616 and S.292, Access to Mental Health Education for All K-12 Students

The purpose of H.616, *An Act relative to the promotion of mental health education* and S.292, *An Act relative to mental health education* is to provide students with information to understand their own mental health, skills to build and strengthen their own resilience, and resources to provide them additional support when they need it. Requiring mental health education appropriate for developmental stages at each grade level will help students understand, value, and protect their mental health. Studies of several mental health education programs indicate that they are effective in improving knowledge about mental health and may help to decrease stigma and increase students’ willingness to ask for and receive help for mental health problems.^v

We also know that resilience is activated when youth have information and resources to develop their capacity for coping and thriving, even in the face of adversity. In 2017, the Robert Wood Johnson Foundation reported that “children ages 6 to 17 who have had two or more adverse childhood experiences but learned to stay calm and in control when faced with challenges are over three times more likely to be engaged in school compared to peers who have not learned these skills.”^{vi} Helping to mitigate the effects of significant stress and trauma on youth requires a community-wide approach. Schools are the logical partner to provide mental health awareness and resiliency education, as they are where children and adolescents spend most of their time.

H.616, *An Act relative to the promotion of mental health education* and S.292, *An Act relative to mental health education* also build on a movement of states passing laws to advance mental health education in their schools. Five states in particular – New York, Virginia, Florida, New Jersey, and Maine – have already passed laws that require schools to provide mental health awareness instruction.

New York, which adopted its mental health education requirement in 2016, developed a Mental Health School Resource & Training Center to provide a recommended curriculum framework aligned with the state’s curriculum standards. The Center established mental health domains and specific learning objectives for each developmental stage, along with tools and resources for curricular development such as sample lesson plans and exercises. Lesson plans cover issues such as the multiple dimensions of health, the identification and expression of feelings,

understanding self-care and the development of coping strategies, and recognizing when and how to access help. They include sample classroom exercises, book and article recommendations, and other resources to empower students to understand and develop strategies to manage their emotions. The Mental Health School Resource & Training Center has been a critical training and technical assistance provider as schools across New York adopt and engage in early implementation of mental health education instruction.

Districts and Schools Have New Resources to Support Mental Health Education

Here in Massachusetts, the Massachusetts Department of Education has also long acknowledged the importance of mental health education in schools. Since 1999, the state's curriculum framework has included a mental health standard for PreK-12. In recent years, the Department has been working to update the curriculum framework and it is anticipated that there will be increased emphasis on mental health. However, the curriculum framework is not required, and as such, not all schools provide this critical information to students. H.616, *An Act relative to the promotion of mental health education* and S.292, *An Act relative to mental health education* would ensure a more equitable approach, that is, that ALL students are provided behavioral health knowledge and support access skills.

Since MAMH last testified before this Committee on the topic of mental health education in schools, we have been actively engaged in responding to the recommendations of the Committee to develop reliable resources and technical assistance capacity to support schools in adoption of the bill's proposed mandate. In the FY21 and FY22 state budgets, the Legislature was gracious to include funding for the Department of Mental Health (DMH) to contract with the Behavioral Health Integrated Resources for Children (BIRCh) Center and the MAMH to create a plan for a statewide School-based Behavioral Health Technical Assistance (TA) Center. Over the past year, the BIRCh Center conducted a needs assessment consisting of key informant interviews with leaders at Massachusetts state agencies, school professionals, and community-based professionals; informational interviews with nine school TA centers in other states; surveys with nearly 500 school and community behavioral health professionals across Massachusetts; and focus groups with school and community providers. The result is a detailed report entitled, "Development and implementation of the Massachusetts technical assistance center for school-based behavioral health," with detailed recommendations:

Grounded in an Interconnected Systems Framework (ISF) and an equity driven approach, the TA Center will provide regional support to districts at varying levels of intensity according to district need. Each regional hub will develop formal partnerships with associated Community Behavioral Health Centers according to the New Behavioral Health Roadmap (Executive Office of Health and Human Services, 2021), and all TA Center operations will be coordinated by the TA Center's central office. In its direct work with districts and community partners, the TA Center will support the implementation of social, emotional, and behavioral screening, programming and instruction related to behavioral health promotion, training and support for evidence-based practices and interventions at Tiers 1, 2, and 3, and strategies for connecting students and families with community resources. In addition, the TA Center will support districts in developing the structures to sustain this work, such as clinical supervision and leadership and effective staffing models. At the universal level, all districts will have access to online learning modules, resources on best practices, drop-in support hours, and annual live training.^{vii}

The BIRCh Center is now poised to initiate a phased implementation strategy to support school districts in developing comprehensive and sustainable school mental health structures.

At the same time, MAMH has been gathering and curating mental health education resources to support students and their families. MAMH has been working with the above-mentioned New York State Mental Health School Resource & Training Center to identify age-appropriate resources for youth in grades K-5, 6-8, and 9-12. The resources include TV shows; games to play; articles, blogs, books, and other reading materials; activities such as breathing exercises, journaling, and short meditations; and a list of podcasts and apps. Likewise, MAMH is

developing a series of short videos on different mental health topics. The purpose of these resources is to raise awareness about mental health; teach children and adolescents skills to promote positive mental health; equip youth with knowledge and skills to foster healthy coping and resiliency; and to teach youth and families where to go if they need further help. The BIRCh Center will include these tools in its Tier 1 online resource library, as they are excellent resources for school personnel in educating their students on mental health.

For students and families that identify as needing additional support beyond these mental health education resources, new tools and resources have also launched in the past two years. MAMH has been partnering with the Executive Office of Health and Human Services on the #JustAsk Campaign to encourage youth in need to reach out for help. The campaign encourages young people to talk to family and friends, find resources and services in their community through Network of Care Massachusetts, and call 211 to be connected to someone to talk with immediately. More information on #JustAsk can be found here: <https://www.mamh.org/justask>.

[Network of Care Massachusetts](#) was launched on March 16, 2020 and is now in its second year of operation. It is the singular place where all mental health, substance use, and related social services programs and organizations are curated into a state-wide online, user-friendly, searchable tool. It supports people in taking their first steps in accessing behavioral health care by helping them find reliable information on behavioral health resources and supports in their communities. The searchable directory of 5,200 resources is complemented by an extensive library of health information, including over 30,000 high-quality articles, fact sheets, and interactive tools written by leading experts in their fields. Since its inception, over 93,000 unique visitors representing all counties in the Commonwealth have visited Network of Care Massachusetts. The tool is designed to be user-friendly for lay audiences, and therefore accessible to adolescents, families, and school personnel looking for care and support.

Thank you for your leadership, consideration of this testimony, and attention to the needs of some of your youngest constituents and their families. The Children's Mental Health Campaign (CMHC) and the Massachusetts Association for Mental Health (MAMH) strongly support H.616, *An Act relative to the promotion of mental health education* and S.292, *An Act relative to mental health education* and urge you to take swift action to favorably report them out of committee.

Sincerely,



Danna Mauch, PhD
President and CEO
Massachusetts Association for Mental Health (MAMH)
On behalf of the Children's Mental Health Campaign (CMHC)



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- ^v Salerno J. (2016). Effectiveness of universal school-based mental health awareness programs among youth in the United States: A systematic review. *J. School Health* 86(12): pp. 922–931.
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