

# Policy At A Glance:

## Mental and Behavioral Health Support for Students in California

*Multiple factors are threatening the mental and behavioral health of students. This brief will focus on three recently enacted California policies that address the mental and behavioral health crisis faced by these young students.*

### Introduction

Even before the COVID-19 pandemic, 1 in 5 children and adolescents were dealing with a mental health or learning disorder.<sup>1</sup> When the pandemic hit, there was an uptick in youth reporting mental health challenges.<sup>1</sup> To exacerbate the matter further, there is limited access to mental health services by this population.<sup>2</sup> Although school-based health systems help to eliminate transportation barriers, improve both health and education outcomes, and meet students where they are, few schools are fully equipped to address students' mental health needs in California. Thus, there is an increase in the urgency to develop and implement policies that transform and enhance school-based mental health programs and interventions.

This brief will cover recent California policies that aim to support students experiencing mental and behavioral health concerns and to equip educators and other school employees with the tools, skills, and knowledge they need to identify these students and refer them appropriately and promptly. In addition, these policies strive for early detection and prevention to address challenges sooner and save children from further trauma.

### *New California Mental and Behavioral Health Laws for Students*

- AB 309** Pupil mental health: model referral protocols
- SB 14** Pupil health: school employee and pupil training: excused absences: youth mental and behavioral health
- SB 224** Pupil instruction: mental health education



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# Student Mental Health Referral Protocols for School Employees

## Background Information

Governor Gavin Newsom signed Assembly Bill 309 (AB 309) into law on October 8, 2021. AB 309 requires the California Department of Education (CDE) to consult with the State Department of Health Care Services (DHCS) to develop standard protocols for schools in referring K-12 students for mental health support. Components of the protocols will include but are not limited to the following:<sup>3</sup>

1. Reflect evidence-based and culturally appropriate approaches to student mental health referral
2. Include community stakeholder involvement (e.g., current high school students, parents of current elementary school students, parents of current middle school or high school students, and other stakeholders)
3. Ensure appropriate and prompt referral of students with mental health concerns by school employees
4. Reflect a multilevel system of support processes and positive behavioral interventions

## The Impetus for AB 309

Researchers have found a link between access to school-based health care and improved school attendance, improved classroom behavior, fewer emergency room visits, and lower rates of depression.<sup>4</sup> Teachers are often among the first to encounter signs of mental health needs among their students but report a lack of training and experience to support the mental health needs of their students.<sup>2</sup>

The need for school-based mental health services has increased due to the COVID-19 pandemic. Of note, students have dealt with an increase in disruptive routines, social isolation, and decreased access to schools which serve as a mental health system for these students.<sup>5</sup>

Furthermore, as more schools are opening back up for in-person learning, it is critical to equip school employees with proper tools to appropriately and promptly identify and address children dealing with mental health concerns. The implementation of AB 309 is essential because a standardized referral protocol to guide schools and local educational agencies does not currently exist.

## Declaration of A National Emergency in Child and Adolescent Mental Health

A declaration from the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association was made on October 19, 2021, to address the worsening crisis in child and adolescent mental health and the enormous adversity and disruption this population is facing. Also, this group of professionals highlights the impact of racial injustice and the disproportionate impact this crisis has on communities of color. Furthermore, they stress the importance of using a local, state, and national approach to improving the quality of and access to care across the mental health promotion, prevention, and treatment continuum.<sup>6</sup>



# Student Mental and Behavioral Health Education & Training

## Mental Health Integration in Student Health Instruction

Senate Bill 224 (SB 224) is another student mental health support bill Governor Newsom signed into law on October 8, 2021. Before the passage of SB 224, there was no state-mandated health education course at the middle or high school level in California. Consequently, many California students did not receive formal instruction in mental health.<sup>7</sup>

SB 224 contains the following provisions:<sup>8</sup>

1. Requires the California Department of Education to develop a plan to expand mental health education instruction in California by January 1, 2024
2. Requires middle or high schools that offer one or more courses in health education to include mental health instruction

SB 224 aims to build awareness about mental health among school-aged students to empower them and hopefully reduce the stigma attached to mental health. Some experts in the field of mental health believe SB 224 will “improve the well-being of our children and youth at school, at home, and within their communities.”<sup>7</sup> Proponents of the bill view mental health education as one of the best ways to empower students to seek help and increase awareness.<sup>7</sup>



## School Employee and Student Training

Senate Bill 14 (SB 14) is also one of the three student mental health bills signed into law on October 8, 2021. SB 14 aims to support K-12 students who need mental and behavioral health support and provides school employees with the tools they need to address youth behavioral health.<sup>7</sup> A few of the many provisions included in SB 14 are as follows:<sup>9</sup>

1. Appoints the California Department of Education to provide guidance to local schools on identifying and managing absences due to mental or behavioral health illnesses
2. Expands excused absences that are due to illness to include absences that benefit students' mental or behavioral health
3. Instructs the California Department of Education to recommend best practices and identify evidence-based youth behavioral health training programs for schools by January 1, 2023

## Conclusion

Due to the COVID-19 pandemic, the existing youth mental and behavioral health crisis worsened and led to the urgent passage of state policies such as AB 309, SB 14, and SB 224. Although these policies are a step forward in addressing student mental and behavioral health issues, more work needs to be done. There is a pressing need to improve and expand policies, programs, and interventions that address the stigma associated with mental health and establish local, state, and national approaches to improving the quality of and access to care across the mental health promotion, prevention, and treatment continuum.<sup>6</sup> Furthermore, students from communities of color that are known to be resource-poor and marginalized should be at the forefront of these efforts because they are disproportionately impacted by this crisis. Lastly, supporting the mental health of students from an earlier age provides an opportunity to create positive, lasting impacts such as fewer emergency room visits, lower rates of depression, and a reduction in the stigma surrounding mental health.<sup>2</sup>

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## Did you know?

Between March and October 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24% for children ages 5-11 and by 31% for children ages 12-17.<sup>10</sup>



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### Questions?

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