



July 8, 2019

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

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

RE: In Support of S.244 *An Act Relative to Mental Health Education* and H.482 *An Act Relative to the Promotion of Mental Health Education*

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

Thank you for the opportunity to submit testimony in support of S.244 *An Act Relative to Mental Health Education* and H.482 *An Act Relative to the Promotion of 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 issues 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.

I am the President and CEO of the Massachusetts Association for Mental Health (MAMH) and a member of the CMHC Executive Committee. Formed over a century ago, MAMH is dedicated to promoting mental health and preventing mental 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. MAMH has a demonstrated track record of convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy.

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, a significant and growing number of youth experience mental health issues and concerns that are distressing and

can interfere with their academic performance, social development, and health. Too many lack the information, skills, and support needed to understand or navigate these experiences.

For example, in 2017 approximately 23% of Massachusetts youth ages 0-17 experienced some form of trauma, abuse, or significant stress in the prior year, with more than 15% experiencing multiple traumas. Indicators of significant stress and trauma on children include difficulty getting by on the family's income, a parent or guardian that died, a parent or guardian that served time in jail, being victim or witness to domestic violence, and being witness to violence in the neighborhood.ⁱ A growing body of evidence shows that trauma and chronic stress can “diminish concentration, memory, and the organizational and language abilities children need to succeed in school. For some children, this can lead to problems with academic performance, inappropriate behavior in the classroom, and difficulty forming relationships.”ⁱⁱ

Likewise, a growing number of Massachusetts high school students are reporting feelings of sadness or hopelessness that last longer than two weeks. Students of color are at particularly high risk. In 2017, more than 35% of Hispanic Massachusetts high school students reported feeling sad or hopeless over at least two weeks and stopping of some of their usual activities. This compares to 28.6% of Black, 27.4% of Asian, and 25% of White high school students. Across all Massachusetts high school youth in 2017, 10.9% reported making a suicide plan and 5.4% reported attempting suicide in the past year.ⁱⁱⁱ

The purpose of *S.244 An Act Relative to Mental Health Education* and *H.482 An Act Relative to the Promotion of 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 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.^{iv}

We also know that resilience is possible 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.”^v Helping to mitigate the effects of significant stress and trauma on youth requires a community-wide approach. Schools are logical partner to provide mental health awareness and resiliency education, as they are where children and adolescents spend most of their time.

S.244 An Act Relative to Mental Health Education and *H.482 An Act Relative to the Promotion of Mental Health Education* also build on a movement of states passing laws to advance mental health education in their schools. Three states in particular – New York, Virginia, 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.

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. However, the curriculum framework is not required, and as such, not all schools provide this critical information to students. *S.244 An Act Relative to Mental Health Education* and *H.482 An Act Relative to the Promotion of Mental Health Education* would ensure that all students in public and private schools across the Commonwealth receive this important knowledge and skills.

Thank you for your leadership, consideration of this testimony, and attention to the needs of some of your youngest constituents and their families. The CMHC strongly supports *S.244 An Act Relative to Mental Health Education* and *H.482 An Act Relative to the Promotion of Mental Health Education*, and I 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)

ⁱ Child and Adolescent Health Measurement Initiative. 2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved [07/08/2019] from www.childhealthdata.org.

ⁱⁱ Why We Need Trauma Sensitive Schools. Massachusetts Advocates for Children, 2017. Retrieved [07/08/2019] from https://traumasensitiveschools.org/wp-content/uploads/2017/04/TLPI_Video_Discussion_Guide_04-2017-Ver3-color.pdf.

ⁱⁱⁱ Massachusetts Department of Elementary and Secondary Education (DESE) and Department of Public Health (DPH). Massachusetts Youth Risk Behavior Survey 2017. Retrieved [07/08/2019] from <https://www.mass.gov/files/documents/2019/01/09/health-and-risk-behaviors-mass-youth-2017.pdf>.

^{iv} 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.

^v The Robert Wood Johnson Foundation. Traumatic Experiences Widespread Among U.S. Youth, New Data Show, October 2017. Retrieved [07/08/2019] from <https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s-youth--new-data-show.html>