



October 25, 2023

The Honorable Denise Garlick
Chair, Joint Committee on Education
Massachusetts State House, Room 448
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.497, *An Act relative to the promotion of mental health education* and S.240, *An Act relative to mental health education*

Dear Chair Garlick, Chair Lewis, and Honorable Members of the Joint Committee on Education:

Thank you for the opportunity to submit testimony in support of H.497, *An Act relative to the promotion of mental health education* and S.240, *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, the Director for Knowledge Dissemination and Technical Assistance, and the Co-Director of Public Policy and Government Relations 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 CMHC and MAMH are also both members of the Executive Office of Health and Human Services (EOHHS) Community Health Promotion and Prevention Commission. We are deeply committed to the science of prevention, behavioral health promotion, health equity, trauma-informed services, and early intervention.

Mental Health Education in Schools Makes a Difference

The purpose of H.497, *An Act relative to the promotion of mental health education* and S.240, *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.ⁱ

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."ⁱⁱ 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.497, *An Act relative to the promotion of mental health education* and S.240, *An Act relative to mental health education* also build on a movement of states passing laws to advance mental health education in their schools. At least thirteen states have enacted laws to support schools in providing mental health education and resources to their students.ⁱⁱⁱ Some examples include:

- New York (Amended [Section 804](#) of New York's Public Education Law): Requires that health education in K-12 schools must include instruction in mental health (2018).
- Virginia ([S.953](#)): Requires health instruction to incorporate standards that recognize the multiple dimensions of health by including mental health and the relationship of physical and mental health to enhance understanding, attitudes, and behavior that promote health, wellbeing, and dignity (2018).
- Florida ([Florida Administrative Code 6A-1.094121](#)): Requires every Florida public school to provide students in grades 6-12 at least five hours of mental health instruction each year (2019).
- New Jersey ([New Jersey Statutes 18A:35-4.39](#)): Ensures that health education programs for students in grades K-12 recognize the multiple dimensions of health by including mental health and the relation of physical and mental health (2019).
- Maine ([Maine Revised Statutes 20-A 4712](#)): Requires the basic course of study for the junior high schools or middle schools to include instruction that addresses the relationship between physical and mental health in order to enhance student understanding of attitudes toward and behavior relating to mental health conditions and to eliminate the stigma associated with mental health conditions.
- Illinois ([S.818](#), Public Act 102-0522): Requires that health education courses for students include information on mental health resources (2021).
- California ([S.224](#)): Requires all school districts that offer health classes to include mental health as part of the curriculum (2022).

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 all negatively impacted child mental health. This puts youth at risk for mental health and substance use challenges that left unaddressed can create lifelong difficulties.

According to the most recent data released by the Centers for Disease Control and Prevention (CDC), nearly three in five (57%) U.S. teen girls felt persistently sad or hopeless in 2021, representing a nearly 60% increase and the highest level reported over the past decade. Nearly one in three (30%) seriously considered attempting suicide. LGBTQ+ youth are also particularly vulnerable. The data showed that more than half (52%) of LGBTQ+ students

had recently experienced poor mental health and more than 22% attempted suicide in the past year.^{iv}

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 of American Indian/Alaskan Native and Multiracial race/ethnicity 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 that identify as Transgender report having at least three PTSD reactions during COVID. Youth with disabilities are twice as likely as youth without disabilities to report PTSD reactions.^v

Compared to adults the COVID-19 pandemic may continue to have increased adverse consequences on youth mental health over the longer-term.^{vi} 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.

The Difference H.497/S.240 Will Make for Students

H.497, *An Act relative to the promotion of mental health education* and S.240, *An Act relative to mental health education*, require that physical and mental health education be required subjects for students in all grades at Massachusetts public schools. Private schools do not have accreditation, licensing, or registration requirements in Massachusetts, but they must seek approval with the local school committee. School committees will approve a private school when satisfied that its instruction is as thorough and efficient as the public school instruction in the same town, and that private students are making the same progress as public school students.^{vii} When considering private schools for approval, this bill stipulates that school committees shall also require private schools to incorporate a mental health education program into their curriculum (approval cannot be withheld based on the school's religious teaching).

This bill promotes the physical and mental wellbeing of students, and recognizes the multiple dimensions of health and the relationship between physical and mental health. The mental health education requirement will enhance student understanding, attitudes, and behaviors that promote health, wellbeing, and human dignity.

While the bill requires schools to provide mental health education, it is not at all prescriptive in nature. It does not mandate any particular curricula or resources. This is important because schools vary tremendously across the Commonwealth in terms of geography, demographics, language, school culture, etc. This gives districts and schools the flexibility they need to determine the instruction that is most culturally responsive for their students.

Here in Massachusetts, the Massachusetts Department of Early and Secondary Education (DESE) has also long acknowledged the importance of mental health education in schools. In September 2023, the Board of Elementary and Secondary Education approved an updated [Comprehensive Health and Physical Education Framework \(CHPE\)](#). Topics in the Framework include Mental and Emotional Health, and Substance Use and Misuse, among others. The Framework offers age-appropriate guidelines for students in grades Pre-K-12. With the new Framework, schools will now have much better guidance as to what to teach to their students and when.

However, the Framework is not required, and as such, not all schools provide this critical information to students. H.497, *An Act relative to the promotion of mental health education* and S.240, *An Act relative to mental health education* would ensure a more equitable approach, that is, that ALL students are provided with mental health education to enhance their knowledge, address stigma, and increase willingness to ask for and receive help if needed. Mental health education is evidence-based and it is an important strategy to help address the current

youth mental health crisis.^{viii} As such, we believe the time to pass H.497/S.240 is now.

Districts and Schools Have Resources for Implementation of Mental Health Education

There is more capacity than ever in supporting districts and schools to teach mental health education. Now that the Comprehensive Health and Physical Education Framework (CHPE) has been approved, DESE's Office of Student and Family Support, as well as the Center for Instructional Support, are beginning work to support schools with implementation. In the near term, they will be reaching out to districts and schools across the Commonwealth to introduce them to the Framework, and assess what they need for implementation in the short- and longer-terms. DESE doesn't typically develop curricula, but it has processes in place for other Frameworks (i.e., arts, language, math, science, etc.) to review existing curricula for evidence and impact. It then points districts and schools to high quality curricula, resources, and materials. DESE also develops resource and/or reference guides to support teachers and other school staff with Framework implementation.

The BIRCh Project at UMass has also launched a School-Based Behavioral Health Technical Assistance Center (TA Center) to support schools in providing all levels of behavioral health supports to their students. This work was made possible by American Rescue Plan Act (ARPA)/COVID Relief and state budget appropriations by the Legislature. The goal of the TA Center is to build capacity and infrastructure for Multi-Tiered Systems of Support (MTSS) in districts in schools across the Commonwealth. In the past year, the TA Center has supported 106 districts with Tier 1 universal interventions (i.e., professional development, webinars, resources), 24 districts with Tier 2 targeted support interventions (i.e., professional learning communities); and one district with a Tier 3 intensive intervention (i.e., supporting children with urgent or emergency behavioral health needs).

Given the TA Center's experience in supporting schools with universal Tier 1 interventions, it is well positioned to support schools with implementation of the Framework. In the coming year, the TA Center will focus on its communication strategy (i.e., website, social media) and dissemination of professional development materials. It will also continue to develop seminars, protocols/toolkits, and online modules. The reach of the TA Center includes all geographies of the Commonwealth. It has been doing some of its most intensive work – working with district leadership, providing consultation and technical assistance, and evaluating data – in Western Massachusetts and plans to extend these services to the Cape in the coming months.

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 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 has developed a series of short mini lessons 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. All of these materials can be found on the [Mental Health Resources](#) page on MAMH's website.

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.497, *An Act relative to the promotion of mental health education* and S.240, *An Act relative to mental health education* and urge you to take swift action to favorably report them out of committee.

Sincerely,



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ⁱ 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.

ⁱⁱ 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/traumaticexperiences-widespread-among-u-s-youth--new-data-show.html>

ⁱⁱⁱ O. Randi and Z. Gould. National Academy for State Health Policy. Blog: States Take Action to Address Children's Mental Health in Schools. 14 February 2022. Available at: <https://nashp.org/states-take-action-to-address-childrens-mental-health-in-schools/>

^{iv} Centers for Disease Control and Prevention. U.S. Teen Girls Experiencing Increased Sadness and Violence. 13 February 2023. Available at: <https://www.cdc.gov/media/releases/2023/p0213-yrbs.html>.

^v MA Department of Public Health (DPH). MA DPH Community Impact Survey. 4 April 2022. Available at: <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results-full-report/download>.

^{vi} Meherali S, Punjani N, Louie-Poon S, Abdul Rahim K, Das JK, Salam RA, Lassi ZS. Mental Health of Children and Adolescents Amidst COVID-19 and Past Pandemics: A Rapid Systematic Review. *Int J Environ Res Public Health*. 2021 Mar 26;18(7):3432. doi: 10.3390/ijerph18073432. PMID: 33810225; PMCID: PMC8038056.

^{vii} U.S. Department of Education. Massachusetts State Regulations: State Regulation of Private and Home Schools. 16 November 2016 Update. Available at: <https://www2.ed.gov/about/inits/ed/non-public-education/regulation-map/massachusetts.html>

^{viii} U.S. Surgeon General's Advisory. Protecting Youth Mental Health. 2021. Available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.