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June 16, 2021

The Honorable Julian Cyr  
Chair, Joint Committee on Mental Health, Substance Use, and Recovery  
24 Beacon Street, Room 312-E  
Boston, MA 02133

The Honorable Adrian Madaro  
Chair, Joint Committee on Mental Health, Substance Use, and Recovery  
24 Beacon Street, Room 134  
Boston, MA 02133

**RE: Testimony in support of H.2084, *An Act to create a thriving public health response for adolescents*, and H.2108/S.1286, *An Act relative to a PACT pilot program for children***

Dear Chair Cyr, Chair Madaro, and Honorable Members of the Joint Committee on Mental Health, Substance Use, and Recovery:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for strong and steadfast leadership in advancing the health of people with behavioral health conditions and their families across the Commonwealth. I am writing to respectfully submit this testimony in support of H.2084, *An Act to create a thriving public health response for adolescents (Thrives Act)*, and H.2108/S.1286, *An Act relative to a PACT pilot program for children*. Regarding the Thrives Act, my testimony will focus on Section 9—a mental health education requirement for students in public and private schools—to complement the testimonies of my fellow panelists.

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 to inform public policy.

MAMH is also an Executive Member of the Children’s Mental Health Campaign (CMHC). The CMHC is a large, statewide network that advocates for policy, systems, and practice solutions and shared responsibility among government and institutions to ensure that all children in Massachusetts have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way.

**H.2084, *An Act to create a thriving public health response for adolescents (Thrives Act)***  
**Section 9—A mental health education requirement for students in public and private schools**

I urge you to report H.2084, *An Act to create a thriving public health response for adolescents (Thrives Act)*, favorably out of Committee. MAMH supports this child and adolescent behavioral health omnibus bill and will focus this testimony on Section 9—a mental health education requirement for students in public and private schools—to complement the testimonies of fellow panelists.

Children and adolescents have been particularly vulnerable to poor mental health outcomes stemming from the COVID-19 pandemic. 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, as you know, puts our children and youth at risk for mental health, substance use, social and learning 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.<sup>i</sup> Here in Massachusetts, in an online survey conducted by the MA Department of Public Health (DPH) between September and November 2020, 83 percent of youth identifying as non-binary or queer reported more than 15 days of poor mental health in the past 30 days.<sup>ii</sup> Compared to adults, the COVID-19 pandemic may also continue to have increased adverse consequences on children's and adolescents' mental health over the longer-term.<sup>iii</sup>

H.2084, *An Act to create a thriving public health response for adolescents*, would require that mental health education be taught as a required subject in all grades for all students in public schools. Because mental health is essential to overall health, mental health education should be offered to all students, rather than just those diagnosed with or at risk of a condition. Requiring mental health education appropriate for developmental stages at each grade level will help students understand, value, and protect their mental health. The goal 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. 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.<sup>iv</sup>

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.”<sup>v</sup> 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.

The Massachusetts Department of Elementary and Secondary Education (DESE) has 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.<sup>vi</sup> DESE is currently revisiting its curriculum framework and we anticipate that the mental health standards will be more comprehensive. However, this curriculum framework is not required for districts and schools. H.2084, *An Act to create a thriving public health response for adolescents* would help ensure that students across the Commonwealth receive important mental health knowledge and skills.

Related, many schools are integrating social emotional learning (SEL) into classrooms. The core skills emphasized in SEL – self-management, self-awareness, social awareness, relationship skills, and positive decision making –

support mental wellness and engage educators and students together in creating positive school cultures. SEL complements mental health education, and there are some important differences. For example, while SEL focuses on broad social and emotional development and is integrated throughout the school, mental health education provides concrete information about mental health and wellness skills using curricula that usually are delivered as part of a larger health curriculum.

H.2084, *An Act to create a thriving public health response for adolescents* also builds on a movement of states passing laws to advance mental health education in their schools. Virginia and New York were the first states to pass such laws. Virginia requires schools to incorporate mental health education into the ninth and tenth grade curricula. In 2016, New York passed a law requiring schools to provide mental health education for all students, grades K-12. Since then, other states have enacted similar legislation including Florida (five hours of mental health education each year from sixth through twelfth grade) and New Jersey (mental health education, including substance use education, must be incorporated into curricula in an “age-appropriate way”).

Section 1 of H.2084, which creates an Advisory Council on School-Based Behavioral Health and a School Mental Health Technical Assistance Center, would support districts and schools in delivering mental health education. MAMH and the Behavioral Health Integrated Resources for Children (BIRCh) Project at UMass, in partnership with the Children’s Mental Health Campaign, were fortunate to receive funding in the FY21 state budget to collaborate on planning for a School Mental Health Technical Assistance Center. The vision is for such a center to work with schools throughout the Commonwealth and support them in implementing the Multi-Tiered System of Supports (MTSS) model to address the behavioral health needs of students. The center would support school and district administrators, school-based providers, and school behavioral health/emotional health personnel by providing evidence-based or evidence-informed best practices and resources, professional development and training opportunities, as well as technical assistance and coaching around implementation support. Focusing on districts and schools that disproportionately serve children of color and have been historically under resourced will help to address systemic racism in our education and behavioral health systems and advance equity.

As part of these collaborative planning efforts, MAMH is curating mental health education and literacy resources for students and their families. Over the past two decades, there have been significant advances in evidence-based mental health education, as well as initiatives in other states that can serve as examples, such as the School Mental Health Training & Resource Center in New York State. The New York State center established mental health domains and specific learning objectives for each developmental stage, along with tools and resources for curricula 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 in early implementation of mental health education instruction.

H.2084, *An Act to create a thriving public health response for adolescents* does not require the use of a specific curriculum or specific educational content. MAMH encourages the use of evidence-informed materials that provides students with developmentally-appropriate knowledge and tools that adhere to the following principles: mental health is essential to overall health; students should be equipped with knowledge to maintain and protect their own mental health, including when and how to ask for help; information should be presented in a public health framework designed to provide students with life-long skills and resources; information should not be designed to teach students to diagnose, treat, or provide counseling to people with mental health conditions; mental health experts, advocates, providers, and people with the lived experience of mental health conditions and their families, including young people, from diverse perspectives should be involved in developing curricula; and mental health education should be adapted to meet culturally and linguistically unique needs.

A silver lining of the COVID-19 pandemic is that it brings opportunity. That is, opportunity to rethink old ways of doing things and addressing issues that were already problematic but have been exacerbated by the viral pandemic. Delivering mental health education to K-12 students across the Commonwealth, as required by H.2084, is one such critical opportunity and I encourage you to report this bill favorably out of Committee.

**H.2108/S.1286, *An Act relative to a PACT pilot program for children***

The problem of children and adolescents boarding in Emergency Departments (EDs) and medical units, waiting for placement in appropriate and therapeutic behavioral health treatment settings, has reached crisis proportions with the COVID-19 pandemic. In addition to creating more inpatient beds and recruiting and retaining trained staff, a strong system of comprehensive community-based care is needed to help prevent crises and visits to the ED, as well as support youth and families who are transitioning back to community from inpatient settings.

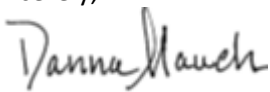
Program for Assertive Community Treatment (PACT) for Youth would be an effective part of the solution. PACT (also known as Assertive Community Treatment or ACT) is an evidence-based program of behavioral health case management, which focuses on developing a strong therapeutic alliance between the child/adolescent, their family, and professionals. H.2108/S.1286, *An Act relative to a PACT pilot program for children*, would create a three year pilot program in the Commonwealth, supported by evidence-based standards established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The program is characterized by person-centered services that are delivered 24/7 by a multidisciplinary team, often in the home setting. Core elements may include but are not limited to: (1) clinical assessment and outreach; (2) medication treatment and outreach; (3) care coordination, including with primary care; (4) symptom management; (5) harm reduction; (6) family services; (7) housing support; and (8) any needs that arise in carrying out the acts of daily living.

A systematic literature review on PACT for Youth was published in *BMC Psychiatry* in 2017. The evidence for adult PACT had been well-documented for some time and this study represented the first systematic review on the effectiveness of youth PACT. The authors included 13 studies in the review in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. The data indicated that PACT for Youth is “effective in reducing severity of psychiatric symptoms, improving general functioning, and reducing duration and frequency of psychiatric hospital admissions.”<sup>vii</sup> The authors additionally concluded that the effect of PACT for Youth is comparable with the effect for PACT/ACT for adults.

H.2108/S.1286, *An Act relative to a PACT pilot program for children*, will help children and families whose needs are not being met with existing community-based behavioral health services such as outpatient therapy, medication management, and even Children’s Behavioral Health Initiative (CBHI) services. PACT for Youth’s team-based, high-intensity, integrated model fills a critical gap in the behavioral health continuum.

Please do not hesitate to be in contact should you have questions, would like additional information, or if MAMH can serve as a resource to your critical work at [dannamauch@mamh.org](mailto:dannamauch@mamh.org) and [jessicalarochelle@mamh.org](mailto:jessicalarochelle@mamh.org). I urge you to report both H.2084, *An Act to create a thriving public health response for adolescents*, and H.2108/S.1286, *An Act relative to a PACT pilot program for children* favorably out of Committee. Thank you.

Sincerely,



Danna Mauch, PhD  
President and CEO



Jessica Larochelle, MPH  
Director for Public Policy and Government Relations

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- <sup>i</sup> Panchal N, Kamal R, Cox C, Garfield R, Chidambaram P. Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic. Kaiser Family Foundation. 26 May 2021.
- <sup>ii</sup> MA Department of Public Health (DPH). MA DPH Community Impact Survey. June 2021.
- <sup>iii</sup> 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.
- <sup>iv</sup> Salerno J. 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 (2016).
- <sup>v</sup> 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>
- <sup>vi</sup> Massachusetts Department of Elementary and Secondary Education, Board of Education. Massachusetts Comprehensive Health Curriculum Framework 1999, pp. 35-37. Retrieved [10/15/19] from: <http://www.doe.mass.edu/frameworks/health/1999/1099.pdf>
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