



Mental Health Services Act

The California Association of School Psychologists (CASP) is very encouraged by, and strongly supports, the state's commitment to the use of MHSA monies for prevention and early intervention (PEI) in the K-12 education system. Research has consistently shown that PEI services are significantly more cost effective than later intensive intervention. Not only will students and families benefit from having services in close proximity, but having services available on school campuses will help diminish the stigma attached to mental health illness and services. In addition, classroom teachers and school support staff are the people who can reliably identify children with emotional needs.

One area in which funding mental health services in the schools could prove to make a significant difference is suicide prevention. The research indicates the number of at-risk youth is increasing. The Youth Risk Behavior Surveillance (YRBS), 2005 indicates 28% of youth report feeling a prolonged sense of depression or hopelessness over the past year. Depressed children attend school because that is where their basic needs are met. Their safety and security is assured in the schools, and their "connections" are there in the form of other kids and adults. Sadly, reading, math and spelling are much lower on the average child's list of daily priorities.

Suicide prevention advocacy and practice is critical to school safety plans. The same YRBS survey indicated 16% of youth have thought about suicide; 14% have thought how they might do it and 8% of students report making "one or more" attempts in the past year. As high as 60% of California school children know someone who has attempted suicide and 20% know someone who has attempted suicide THIS YEAR! *Of the 8% of kids who reported making a suicide attempt over the past year, only 1 in 4 actually got to mental health or emergency medical services.* In California, for every four students who attempt suicide, three get up and go to school the next day.

Promising strategies to address suicide prevention include gatekeeper programs; depression screening programs and having access to mental health services. School psychologists and other school mental health professionals can provide the guidance for these programs in the schools and they can be critical in identifying and collaborating with community resources.

Bullying and incidents of school violence are other areas in which school psychologists can work in partnership with mental health professionals to ensure safe school environments for all students, teachers and staff. In a 2003 California survey, 22 percent of students reported being victims of bullying. Nationwide studies show that 77% of students are bullied mentally, verbally, & physically.

Schools already play a critical role in crisis prevention and response, meeting not just the needs of students but also of staff, families, and often the local community. Indeed, as evidenced by crisis events over the past decade, schools are integral to overall

community crisis response in terms of providing safe havens, disseminating information, identifying individuals at risk, providing mental health services, linking individuals with community services, tracking displaced families, supporting long-term recovery, and generally serving as a focus of normalcy in the face of trauma.

School psychologists and other school-based mental health professionals possess:

- The skill sets best utilized when they are embedded within a multidisciplinary team that engages in crisis prevention, preparedness, response, and recovery;
- The best preparation and resources to address the psychological issues associated with school crises, trauma, self-injurious and suicidal youth.
- The collaborative skills to bring together school and community resources, as well as early identification of these students through school-based interventions that would compliment and reinforce other, outside therapeutic recourses to create a circle of care around each child.

By funneling the MHSA funding through the education system, mental health workers (including school personnel) will be able to reach children, youth and their families, with special emphasis on:

- Children and youth who engage in self-injurious and suicidal behaviors
- Children and youth who are survivors of trauma (80% of urban students have been exposed to trauma and 30% display symptoms)
- Children and youth from ethnically and racially diverse communities where research demonstrates they are at-risk for specific mental health disorders (and often there is a higher level of stigma attached to mental health services within these communities). There is considerable evidence to report increasing suicidal risk for Black males; Asian-American females; Hispanic males and females; LGBTQ youth and of course, the highest risk group in America, Native American youth.
- Children and youth at-risk for school failure (this comprises 30% of the school age population)
- Children and youth at-risk of entering the juvenile justice system or the foster care system
- Children and youth experiencing a first episode of a severe mental illness (50% of all lifetime mental health disorders are evidenced by the age of 14; 25% of youth report prolonged depression; and 1% are being diagnosed as bipolar)
- Children, youth and their families who are homeless

There are many well researched programs, in addition to the promising strategies to address suicide prevention previously mentioned, to deal with these needs that are already being implemented within the K-12 education system. The MHSA monies could be used to support new programs and those modeled after these proven methods:

- Depression screening (*Signs of Suicide Prevention Curriculum [has a depression inventory]; Columbia University's Teenscreen; Reynolds Adolescent Depression Scale – 2nd Edition*)
- Bullying programs (*Bully Proofing Your School; Bully Busters; Bully Prevention Program*)
- Crisis Intervention (the National Association of School Psychologist's *PREPaRE* model – this includes a prevention component)

- Anger Management Programs (*Second Step; Peacemakers Program; Promoting Alternative Thinking Strategies; Anger Replacement Training*)
- Curriculum for building resiliency (*Primary Intervention Program, Caring School Community, Resiliency and Leadership; Al's Pals: Kids Making Healthy Choices*)
- Healthy Start
- Substance Abuse Programs (*Life Skills Training [substance abuse and violence prevention program]*)

School psychologists have the training and expertise to facilitate implementation of these programs as well as an understanding of the internal functioning of school districts. School psychologists are ideally located on school sites and are familiar with the school climate as well as the students, families and staff. In addition, we are experienced in interfacing with county mental health agencies which would further facilitate implementation. Use of public monies, as well as best practice, requires data-based program evaluation and outcome assessment. School psychologists have the background and training to implement and oversee this evaluation process.

The California Association of School Psychologists as a founding member of the Pupil Services Coalition, is grateful for the opportunity to host this forum and is looking forward to further dialog with the commission on how school psychologists and other school-based mental health professionals can work with MHSA monies for prevention and early intervention in the K-12 education system with students who are already in the schools.

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