

SB 14 (Portantino)

Mental Health: Training and Excused Absence

PROBLEM

COVID-19 has increased feelings of isolation and loneliness, and exacerbated California's youth mental health crisis. We need to build ensure that members of our schools and communities are equipped with the skills and knowledge to recognize and respond to the signs of mental illness and substance use. Under existing law, the California Department of Education is not required to identify an evidence-based mental health training program for local educational agencies to use to train teachers and other school personnel who have direct, daily contact with pupils. Furthermore, although physical health challenges merit excused absences, mental and behavioral health challenges are not considered sufficient grounds to excuse absences for K-12 pupils.

BACKGROUND

The Centers for Disease Control believes that the percentage of children aged 3-17 that suffer from depression and anxiety has steadily risen this century, while also estimating that approximately 4.5 million children in that age range have been diagnosed with a mental or behavioral health challenge.

The CA Mental Health Services Oversight and Accountability Commission released a report in October, that details what one educator described as the "crisis filled lives" of children and youth. The report found that one in three California high school students report feeling chronically sad and hopeless – and more than half of LGBTQ students have reported feeling this way. Furthermore, one in six high students report having considered suicide in the past year and one in three LGBTQ students have had suicidal thoughts.

The report also found that racial, ethnic and cultural disparities concrete the risk factors, prevalence rates and service gaps in low-income communities of color. COVID-19 has increased these gaps and disparities as our students struggle to transition to hybrid learning environments.

The report also synthesizes the experience, the collective wisdom and the emerging evidence and insight about how the mental health needs of children and youth can be met, and the essential role of schools as means for responding to these needs.

This analysis yielded the Commission's overarching conclusion that the State should respond to this imperative by establishing a leadership structure, investing the resources, and helping communities build the capacities required to provide effective and sustainable supports to students and school communities.

Evidence-based training programs provide instruction on how students, teachers, school staff can best provide referrals to mental health services, substance use disorder services, or other support to individuals in the early stages of developing a mental illness or substance use disorder.

Between 2007 and 2017, suicide rates for people aged 10-24 increased by 56%, increasing from 6.8 suicides per 100,000 to 10.6 per 100,000. Suicide is now the second leading cause of death for teenagers in the US after accidents.

In response, the New York legislature enacted and governor signed Senate Bill 6046 in September 2016 which requires all schools under

the jurisdiction of the department shall ensure that their health education programs recognize the multiple dimensions of health by including mental health and the relation of physical and mental health so as to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.

In Virginia, the legislature enacted and governor signed Senate Bill 953 in March 2018 that added the following to law: Such health instruction shall incorporate standards that recognize the multiple dimensions of health by including mental health and the relationship of physical and mental health so as to enhance student understanding, attitudes, and behavior that promote health, wellbeing, and human dignity.

With the increase in suicide and higher need for mental health care, Oregon's legislature passed HB 2191 in 2019, providing its students the opportunity to excuse absences related to mental health. Students of Oregon may now excuse up to five mental health related absences within a three-month period.

SUMMARY

SB 14 would require the California Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health.

The bill will also permit 10-12th grade students to receive training on the signs and symptoms of a behavioral health disorder. It will ensure that youth absences from school for a mental health issue or appointment will be an excused absence in the same fashion absences for physical health ailments or appointments are treated.

EXISTING LAW

Existing law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil's illness. MHSa addresses a broad continuum of prevention, early intervention, and service needs but does not require the California Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health.

SUPPORT

California Council of Community Behavioral Health Agencies (Sponsor)

NextGen Policy (Sponsor)

County Behavioral Health Directors Association (Sponsor)

Born this Way Foundation

Version: 12/9/2020