**UEN 2022 Priority Issue Brief:   
Mental Health Services**

**Background:** Mental health challenges for students have increased in all school districts in Iowa, including urban schools. The following statistics from *A Strategic Plan for a Children’s Mental Health Redesign in Iowa* [*DRAFT*](https://mindspringhealth.org/documents/resources/Final_Document_A2BABAF6FDF28.pdf), are compelling:

* Over 20% of children have a seriously debilitating mental illness during their lifetime.
* Over 45% of children have had any mental illness.
* Half of all lifelong cases of mental illness begin by age 14 (75% by age 24).
* 80% of children who need mental health treatment never receive treatment.
* 50% of youth in the child welfare system have a mental illness.
* Treatment works. Treatment of mental illness reduces disability, leads to recovery and is most effective during the brain’s development from birth to age 26.

**Pandemic Impacts:** [Pew Stateline](https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2021/11/08/covid-harmed-kids-mental-health-and-schools-are-feeling-it), Nov. 8, 2021, explains how child mental health needs have increased over that last 18 months:

“The grief, anxiety and depression children have experienced during the pandemic is welling over into classrooms and hallways, resulting in crying and disruptive behavior in many younger kids and increased violence and bullying among adolescents. For many other children, who keep their sadness and fear inside, the pressures of school have become too great.

According to the federal Centers for Disease Control and Prevention, emergency department visits for suspected suicide attempts among adolescents jumped [31% in 2020](https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm), compared with 2019. In February and March of this year, emergency department visits for suspected suicide attempts were 51% higher among girls aged 12–17 than during the same period in 2019.

Last month, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association [declared](https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/) that the pandemic-related decline in child and adolescent mental health has become a national emergency.

On top of social isolation and family instability, the medical groups said, “more than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted.””

**Recent Strides:** Unless a student is receiving special education services, and the IEP so authorizes, mental health treatment at school is not funded. Even though services are more readily available in urban communities than in rural Iowa, there are long wait times, and many urban school families have transportation or job conflicts in getting children to needed care when it does become available.

The 2019 Legislature created a structure for children’s mental health services. In 2020, the Legislature and Governor approved [SF 2360](https://www.legis.iowa.gov/legislation/BillBook?ga=88&ba=sf2360) Classroom Management/ Therapeutic Classrooms. This legislation sets up a grant process for additional therapeutic classrooms. Both of these efforts require funding to be successful, which the legislature appropriated in the 2021 Session. An appropriation of $3.2 million to the Iowa AEAs in [HF 868](https://www.legis.iowa.gov/legislation/BillBook?ga=89&ba=hf868) to provide mental health awareness training for educators and mental health services must also continue.

Thankfully, the 2020 Iowa Legislature approved schools as originating sites for virtual mental health counseling. The hope is to minimize absenteeism and get students the help they need while at school when virtual telehealth counseling is appropriate for their challenges.

**Service Gaps:** UEN mental health services directors met in September 2021 and agreed that a collaborative community approach is necessary to connect students to needed services. However, there is no funding source to provide for case management and collaborative time to identify appropriate services currently not billable to private insurance, Medicaid, or special education. This group also was concerned about the elimination of audio connection as a viable alternative when students are without enough bandwidth to connect to telehealth services without video.

**Appropriate Roles:** Child mental health policies overlap decision-makers and areas of authority, intersecting human services, health care, county and state government, and law enforcement. Education has a role in identifying students with needs (mental health first aid) and connecting students to services, but schools are not mental health providers, nor should they be. Schools should be on the team, however, as student success depends on transitions returning from mental health placements or needing scheduling and educational supports when treatment is ongoing. Schools should have the resources to educate students and staff about mental wellness, embedded throughout the curriculum where it is topical.

Over the last two years, changes to educational delivery to keep staff and students safe, family job loss, quarantine requirements and illness have added stress to students, parents and staff members with mental illness. The need to continue this important work is more urgent than ever.

**Mental Health Services:** UEN supportsstructure and funding to eliminate the shortage of professionals. Funds to provide case management and service coordination is required when Medicaid, special education or other categorical funds do not cover it. School districts require capacity and/or funding to provide: 1) transition support and services for students returning to school after a mental health placement, 2) ongoing teacher, administrator, and support staff training to improve awareness and understanding of child social-emotional, behavioral and mental health needs, 3) actionable classroom strategies to address student needs, and 4) integration of mental health promotion into instruction when appropriate.