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**YOUTH MENTAL HEALTH**

**Get Help Early**

Early identification and treatment of symptoms is crucial to any health condition, and mental health is no different. Early signs of a mental health condition can present at any age, but research reinforces the importance of access to timely and evidence-based care that can help a person get and stay well. NAMI believes that public policies and practices should promote greater awareness and early identification of mental health conditions. **It is especially critical that states step up to meet the growing need for youth mental health treatment amid a well-documented youth mental health and suicide crisis. Identifying and providing early supports for young people experiencing mental health conditions will ensure that they can lead healthy and fulfilling lives. In addition to early intervention and suicide prevention strategies, mental health education and support in school is crucial to ensuring that young people get help early. School mental health programs can raise awareness and destigmatize mental health conditions, provide pathways for students seeking help and assist school officials in identifying students who are struggling and connecting them to mental health care.**

Early diagnosis and treatment of people experiencing mental health conditions can greatly reduce the escalation of symptoms and the risk of a person experiencing crisis. On average, it takes approximately 11 years to receive mental health treatment after symptoms first occur. That delay is harmful and unsustainable — like any health condition, early intervention is key to preventing symptoms from becoming worse and helping a young person stay engaged socially and in school, work or other activities. While 75% of all mental health conditions develop by age 24, early intervention is critical at any age, regardless of when symptoms first arise. The years of the pandemic, however, exacerbated mental health struggles across the country, particularly for children and adolescents. In 2021, the U.S. Surgeon General issued a rare advisory, focused on the nation’s youth mental health crisis. In early 2021, emergency department visits in the U.S. for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019. Nearly one in five young people reported that the pandemic had a negative impact on their mental health. With the increase in youth experiencing symptoms of mental health conditions, providing avenues to intervene early has taken on more urgency. States must also recognize that certain factors are associated with higher risk of suicide, and policy efforts can be made to protect individuals at risk. Although having a mental health condition is a risk factor for suicide, anyone experiencing hopelessness or despair due to a variety of stressors can be at-risk for suicide.

**What does early intervention look like?**

Early intervention generally refers to recognizing the signs and symptoms of common mental health challenges and intervening before someone’s condition worsens. Early intervention policies occur at the individual, community and systems levels. Strategies include:

* Developing and coordinating comprehensive mental health care services available to youth
* Enhancing mental health screening opportunities
* Increasing the number of educational programs, advertising materials and trainings on mental health conditions and suicide prevention
* Expanding access to mental health services and supports for children and young adults.

**Mental Health Screenings**

Mental health screenings help with the early detection and intervention of a mental health condition. The primary strategy to increase mental health screenings in legislation during 2020 and 2021 was requiring insurance coverage of exams such as depression screenings of adolescents or requiring Adverse Childhood Experience (ACEs) screenings for children. Another strategy has been to engage providers to proactively offer screenings, including both prenatal and postpartum depression screenings. Relatedly, several states took efforts to implement mental health screenings in school settings.

**Access to Child and Adolescent Mental Health Treatment**

When children and adolescents need mental health intervention and treatment, they and their families often face significant barriers in accessing those resources. Policymakers have worked to alleviate some of the most common barriers that children, youth and families face, including costs, bureaucracy, lack of information about mental health care and gaps in services. This has been addressed by providing free therapy sessions to expand access, by giving adolescents the ability to initiate a mental health evaluation without parental consent, and by making information about children’s mental health services readily available in key settings, such as emergency rooms.

**Suicide Prevention**

States have explored several legislative strategies to help reduce the risk of suicide, particularly focused on raising awareness of existing resources and providing additional support to vulnerable populations. Strategies include sharing information on suicide crisis resources in highly visible public areas, such as highways. States have also acted to provide support when individuals are or may be at an elevated risk for suicide, such as if they recently purchased a firearm, have made a recent suicide attempt, or are part of a demographic known to be at elevated risk for suicide, like emergency first responders.

**School Mental Health**

With the growing mental health crisis for youth, schools provide an avenue to reach children where they are. School-aged children generally spend over one-third of their waking hours in school settings, and schools and teachers can serve as trusted resources for mental health information. Schools provide a safe and appropriate setting to receive mental health education, and they can help normalize and raise awareness of mental health conditions. Moreover, adolescents are increasingly expecting schools to fill this need. A national poll conducted by NAMI of U.S. adolescents aged 12-17 found that seven in 10 teenagers believe schools should offer mental health education, and 68% of adolescents say schools should communicate treatment options that may be available.

The COVID-19 pandemic has negatively contributed to student mental health concerns. Students reported that their mental health had been worsening even before the pandemic. In 2019, 36.7% of high school students reported experiencing persistent feelings of sadness and hopelessness, a 40% increase from 2009. In 2021, 44% of high school students reported feeling persistently sad or hopeless.

While schools are an important resource to improve awareness of mental health conditions and resources, as well as connect children to care, schools can also be a source of stress for children and adolescents. Policies that recognize and adapt to these stressors can serve to improve youth mental health.

**What does school mental health look like?**

* Including mental health education in school curricula
* Providing information about mental health resources to students Implementing policies for training of school personnel, recognizing mental health as reason for an excused absence and other strategies to improve student mental health
* Providing mental health services and screenings in school settings or a direct connection to care in the community
* Directing state agencies to coordinate the response to the youth mental health crisis

**Student Identification Card Requirements**

Suicide is the 2nd leading cause of death for youth aged 10-14 and the 3rd leading cause among those aged 15-24. Many states have taken action to provide youth with mental health and suicide prevention resources. A common trend seen across many states was legislation requiring the National Suicide Prevention Lifeline number (now known as the 988 Suicide & Crisis Lifeline as of July 2022) and other suicide prevention resources to be printed on student identification cards. This was mostly directed at middle school, high school, and higher education institutions, where students are more likely to receive a student identification card.

**Mental Health Education and Social Emotional Learning in Schools**

To raise awareness of the importance of mental health, promote healthy coping mechanisms and encourage help-seeking behaviors, states have passed legislation adding instruction on mental health to their standard health education curricula. Some states worked to create or strengthen their schools’ social emotional learning (SEL) programs. SEL is distinctly different from mental health education, but both efforts complement one another to support students’ well-being.

**Social Emotional Learning**

Across the U.S., state legislatures and school districts are increasingly looking to new strategies to help students of all ages overcome many of the effects of the pandemic and increase students’ success both at school and in their everyday life. Adolescence is a time for young people to have a healthy start, yet the number of adolescents reporting poor mental health is increasing. Building relationships can help youth build important connections that help their mental health and growth into healthy adulthood.

One strategy is Social Emotional Learning. Social Emotional Learning, or SEL, is defined by the Centers for Disease Control and Prevention (CDC) as “developing the skills to recognize and manage emotions, learning to set and achieve a positive goal, learning to appreciate the perspectives of others, establishing and maintaining positive relationships and making responsible decisions.” In short, SEL is the essential knowledge, skills, attitudes and mindsets that individuals need to thrive.

In practice, SEL often consists of dedicated classroom time with regular reinforcement of these lessons throughout the day. It may also include activities like daily greetings, journaling about feelings, positive affirmations, daily reflection, SMART goals, mindfulness, and check-ins. For older students, SEL may also include activities like goal setting, mentoring, creating a classroom charter or using a mood meter. Estimates suggest that schools and school systems spend about $640 million on SEL-related initiatives each year.

However, SEL can take place in a variety of settings beyond schools, including in the home or at after-school programs, and SEL programs are helpful for people across all stages of life. Importantly, there is no one-size-fits-all-approach to SEL; school districts can tailor programs based on community needs and challenges.

While SEL is not mental health education, such programs help promote mental wellness. About 1 in 6 school-aged youth (aged 6-17) experience a mental health condition each year. These youth, or even their peers without mental health conditions, may have other difficulties in their ability to try new things, make new friends or take on new responsibilities and routines. These challenges may cause them to withdraw or act out, hampering their ability to participate in and benefit from their classroom experiences and affecting their mental health. Poor mental health in youth may increase the risk of drug use, experiencing violence, and higher-risk sexual behaviors. Because many habits and traits are established in early years, it is critical to help youth develop strong mental wellness.

While SEL programs have grown in popularity, they also face challenges. For example, SEL programs teach important skills, yet they cannot address the social forces that negatively impact the health and wellness of students. They are also not mental health treatment — for which the demand is high in schools everywhere. Others have misconstrued SEL with political ideologies, although people are often more supportive once SEL programs are more fully explained beyond the name. NAMI believes that all people with mental health conditions deserve access to supports that promote wellness. Since children spend much of their productive time in educational settings, schools offer a unique opportunity for strengthening mental wellness for students and their families.

**School Personnel Training on Mental Health**

Teachers and other school staff are with students for much of their awake hours. They are often a trusted adult resource for students, and if given the proper training, they can also be pivotal in helping with early detection of mental health conditions. A common theme seen across state legislation during 2020 and 2021 is to implement more mental health and suicide prevention training for school staff.

Beyond trainings for staff, it’s important for school districts to examine their existing policies to ensure they promote a safe and healthy environment for students to thrive. For example, some states have amended their school absence policies to explicitly include mental/behavioral health reasons as a valid excuse for absence from school, a strategy NAMI supports. These updated policies recognize that mental health symptoms and treatment are an acceptable reason for absence from school and encourage students to take care of themselves and treat their mental health the same as their physical health. States have also worked to eliminate or reduce the use of isolation and restraints in schools. Restraints refer to restricting someone’s ability to move their torso, arms or head freely by using physical maneuvers, mechanical restraints or other equipment. Seclusion or isolation is confinement in an area without the ability to leave. NAMI supports the elimination of restraints and seclusion in schools, as these practices have no mental health benefit and often cause harm and trauma to the students and school staff involved.

**Mental Health Screenings & Services in Schools**

There is a growing need for programs and services that promote positive mental health and provide early intervention and treatment among children and youth, and schools can provide an important setting to offer these services. A successful tool used to identify and support the mental health needs of students is mental health screenings, which some states have encouraged in school settings through legislation. In an effort to increase students’ access to mental health care, some states have sought to implement national standards for ratios of school mental health professionals to students, which include a recommended ratio of at least one counselor per 250 students and at least one school psychologist per every 500 students. Other states have sought to increase students’ access to mental health care by creating processes for identifying students in need, easing Medicaid billing for services provided in schools and offering more interventions though a Multi-Tiered System of Support framework or school-based mental health consultation program.