



Pennsylvania Association of School Administrators

Testimony to the House Education Committee

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Mental Health

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Good morning Chairman Schweyer, Chairman Topper, and members of the House Education Committee. I am Dr. Sherri Smith, Executive Director of the Pennsylvania Association of School Administrators. Thank you for hosting this informational hearing on the issue of student mental health and inviting PASA to speak on behalf of more than 970 PASA members including 590 who are sitting school superintendents, assistant superintendents and executive directors. The current state of mental health wellness of our students is a concern of all of us and one that we all need to work on in tandem if we are going to provide appropriate levels of services and overcome this concern. As a state, we appreciate the legislative funding and support we have received over the past few years, however, there are still many concerns that need to be addressed to ensure our children are receiving the services they need in a timely and effective manner. PASA provides this testimony to not only emphasize the need for continued improvements in our systems to address this crisis but also to bring potential strategies to assist our schools and communities in developing a collaborative and comprehensive approach.

Mental health issues are affecting all our schools- rural, urban, and suburban. The difficulty of managing mental health issues is that in many cases, it is co-mingled with other difficult society basic care issues such as hunger, homelessness, drug and alcohol abuse, and neglect. Untreated mental health wellness often leads to depression and anger, school truancy, physical aggression, drug and alcohol abuse, and thoughts of self-harm. To add to the complexity of this issue, there are many students and their parents who are in denial of their own mental health concerns and refuse any form of support or treatment. All these issues compound into a very difficult issue to overcome – one however, that we need to resolve as untreated mental health concerns of our students only lead to increased emotional, mental, and physical health concerns for themselves, their families, and the broader community.

According to the U.S. Department of Health and Human Services in 2021¹, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise, particularly among youth. Unfortunately, many children and youth do not receive the help they need, and disparities in access to care exist among low-income communities and minoritized youth. Among the 3.8 million adolescents ages 12–17 who reported a major depressive episode in the past year, nearly 60% did not receive any treatment, according to a 2019 report by the Substance Abuse and Mental Health Services Administration. Of the adolescents who do get help, nearly two-thirds do so only in school.

¹ National Association of School Psychologists. (2021). Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists [handout]. Author.

Insufficient and ineffective support of students with mental health challenges has a direct impact on their ability to achieve academic success. It can also lead to drug and alcohol abuse, aggression, and truancy from school. To implement a comprehensive program of support, there needs to be a continuum of services that can only be accomplished by a team approach with county and other community programs. Schools are not able to manage these concerns alone.

Over the past few years, schools across the Commonwealth have focused on increasing and enhancing their in-school programs and services. With the addition of Mental Health funding, schools have expanded their programs and services based on their local needs.

Schools have also focused on building stronger working relationships with their community and county services. These partnerships are necessary to provide a full continuum of services for students. The success of these coordinated partnerships with community partners is dependent on resources available in the community and their willingness to partner with schools. There are both success stories as well as concerning stories from our school leaders depending on where they are located in the state.

For instance, here are some statements provided by Superintendents when asked the questions “How are MH services being delivered?” and “Is there a coordination of efforts in your region/community?”

- (Bucks County) We have a coordinated approach in support of the subacute, school-based partial program we operate; the I.U. has a good relationship with county mental health (MH) and there is regular coordination, collaboration, and discussion on a micro and macro level (for ex., County MH team rep at two county-wide SW meetings a year; ongoing collaboration with interagency coordinator); in short, there has been a definite increase in collaborative efforts over the past five plus years.
- (Northumberland County) We are in year one of implementing a comprehensive behavioral/mental health Multi-Tier Systems of Support (MTSS) system across all buildings in our district (elementary, MS, HS). There is continuity of our system across all three buildings. Each building has a dedicated guidance counselor and social worker. Additionally, we also have a social worker who is dedicated to serving students with IEPs. Operating within a three-tiered MTSS system, we are using evidence-based interventions and meeting regularly to ensure fidelity and consistency. In terms of coordination with our region/community, we have a strong collaborative relationship with Northumberland County Behavioral Health and work with their CASSP coordinator, when necessary, to assist families in receiving outside services.
- (Mifflin County) MH services in our district are mostly provided by district employees, specifically licensed social workers and school-based therapists. Our school counselors and school psychologists assist, as well. While we try to coordinate with our local MH providers, our community is sorely lacking in mental health providers. The ones that we do have are limited with staff and there are still pretty long waiting lists for our students and families to access these services. Many times, our local CYFS and other agencies refer families back to the school to see what assistance we can provide. Our SAP program has also helped connect students with services.
- (York County) Through our Student Assistant Program (SAP) we work with the York County MHIDD office to coordinate mental health services. We refer to CASSP to coordinate services which include access to mental health services. We have an in-house social worker and school counselors to assist families and make referrals to community programs and private providers. We have an MOU with PCBH to provide school-based outpatient counseling. We work with
 - NAMI to provide peer support group services- PAUSE.

- Valley Youth House to provide life skills training.
- ELECT program to provide support to expectant teenage parents.
- Highmark Caring Place to provide peer support groups for grief.
- York County Communities that Care to provide- Strengthening Families Program, Family Group Decision Making

In some regions of the state, our schools are not as fortunate in the coordination and availability of out-of-school services and agencies, which has a direct impact on their ability to provide needed services for their students. For instance, one Superintendent reported “The system is so broken. What made it worse was when the county folks lost their staffing. There is a need for case management -for instance, if students need partial hospitalization, there is a current 6-12 month waiting period. Compounding issues are created by waiting for services, the schools are trying to maintain the students in the schools without the support. Many of these students are so aggressive.”

Coordination of mental health efforts varies widely across regions and communities. In some regions, as in the examples above, there is a concerted effort to integrate mental health services with primary care, education, and community resources. This coordination of efforts by the school, county, and other community resources is needed in all regions of the state. There are many levels of support needed by students based on their individual circumstances – some of these needs can be met by school-provided services and therapies, however, there are many more intensive services that are more appropriately provided by county or other health and community agencies.

What obstacles are your schools facing in providing these services?

Although there have been great strides to provide mental health services in our public schools, there are continued obstacles that need to be addressed. PASA received the following responses to this question:

- System Overwhelmed: The existing mental health system is overwhelmed due to the high demand for services. There is a need for more providers and services. The lack of available staff and providers, as well as turnover of staff, are challenges that lead to longer wait times for students seeking help and may compromise the quality and accessibility of mental health care.
- Finding Qualified Staff: Recruiting and retaining qualified mental health professionals, such as psychologists, social workers, and counselors, is a major challenge. The demand for these professionals often exceeds the available supply, leading to shortages in many areas and an inability to provide the needed services. Low salaries for mental health professionals are also a barrier.
- Community Provider availability to provide services.
 - This causes long waitlist times for services. *“Families regularly report that out-patient providers have long wait lists and they are unable to access services.”*
 - Lack of choice or flexibility. *“The main issue in our county is that we cannot partner with who we want.”*
 - Many of these services are not local, therefore families are not able to easily access these services. *“There are no community options available to our families without a roughly 30-minute travel time.”*
 - Effective collaboration and coordination of services *“The county only permits us to use _____ services which prohibits private insurance kiddos from receiving services due to the company’s inability to provide the properly certified counselors/ social workers.”* *“Some community services do not want to engage and provide student mental health supports in the district setting.”*

- **Inconsistent and Sustainable Funding:** Schools often struggle with securing consistent and adequate funding to sustain mental health programs. Budget constraints can limit the scope and effectiveness of mental health services, hindering schools' ability to meet the diverse needs of their students. The financial burden of hiring mental health professionals often falls on individual schools which results in disparities, with schools in wealthier areas having more resources for mental health services compared to those in economically disadvantaged regions.
- Refusal of parents and/or students to consent to services and/or lack of follow through with services.
- Cumbersome and lack of Student Insurance qualifications and coverage.
- Needed building space to offer additional programs.
- **Overcoming Stereotypes:** There is still a stigma and misinformation surrounding mental health within communities. Overcoming these barriers requires education and awareness campaigns to change attitudes and perceptions, fostering a more supportive environment for mental health services.
- Lack of consistency across regions of the commonwealth that provide a systematic approach to mental health services. Effective mental health care requires coordination and collaboration among various stakeholders, including educational institutions, law enforcement, healthcare providers, and community organizations.
- More focus is needed on promoting proactive approaches, such as prevention and early intervention strategies to contribute to a more comprehensive and effective mental health system. Right now, the system is focused more on reactive than proactive.

Overall, addressing these obstacles requires a multifaceted and collaborative effort involving educators, mental health professionals, policymakers, and communities. It's crucial to continue advocating for increased awareness, sustainable funding (for both schools and county services), and systemic improvements to create a more supportive and comprehensive mental health infrastructure within and outside of schools.

Innovative School Programs/Services

Schools across the commonwealth have implemented many new and expanded services to address the mental health concerns of their students and staff. A few programs that have been shared with PASA are the following.

- (MidWestern IU Region) The Butler Collaborative for Families is a coalition of nonprofits, the county, nonprofits, service providers, and the school district meet monthly and work to remove barriers and connect children and their families to services they need. A lot more details can be found on the website: Home | butlercollaborative (butlerfamilies.com)
- (Carbon Lehigh IU Region) – Programs provided: Two new positions Family Development Specialists funded through St. Luke's/United Way (ie. Transportation, truancy issues, etc.); Aavidum: "I've Got Your Back"; Students supporting students; Mental Health Symposium; Strengthening Families Program (Valley Youth House); Mental Health Task Force

- (Chester County IU Region). The IU provides Youth Mental Health First Aid and Teen Mental Health First Aid training to all schools in Chester County. They also provide Question, Persuade, Respond (QPR) training, which is a suicide prevention program. This year, on track to train more than 3,000 professionals and high school students. Also, partners with the Chester County Suicide Prevention Task Force and Chester County government to provide community events and training to increase awareness of mental health and the resources available to support individuals and communities in need.

The Chester County Consortium for Mental Health and Optimal Development, led by the Chester County IU and the University of Pennsylvania (UPenn) Graduate School of Education (GSE) is comprised of educators from school districts across the region and liaisons from the UPenn GSE team. The consortium is a multiyear effort to develop strategic mental health plans in schools. Through mentorship from the UPenn team and workshops led by experts in the field, participants collaborate with professionals leading the way in mental health awareness and literacy.

- (Appalachia IU Region) Proactive MTSS Framework: We have, like many schools, invested in a Multi-Tiered System of Support (MTSS) framework as a proactive measure that focuses on preventing issues before they escalate. This approach typically involves different tiers of support, including universal interventions for all students, targeted interventions for those at risk, and intensive interventions for students with specific needs. Implementing such a framework can contribute to a more comprehensive and systematic approach to mental health within schools.
- (Colonial IU Region) Our framework utilizes an integrated Child Study Team/SAP Team process to identify students in need of referrals for Behavioral Health Screenings. Each school has a dedicated team and a dedicated schedule of regular meetings. Our process for identifying students in need of behavioral health services and our process for delivering the services works very nicely.

As gleaned from these examples, a common theme of success is the development of a comprehensive approach to serve the mental health needs of our students. Schools have proactively moved toward instituting mental health interventions in schools. A success model includes the following components – an overall school environment where students feel safe and have a sense of belonging, universal screening techniques, proactive brief intervention of counseling, in-school outpatient therapy, and wrap-around services with county and/or other out-of-school agencies. Out-of-school-day outpatient services are equally important to improve support to the families and to provide social services coordination (housing, food, clothing, adult mental health needs, healthcare, etc.)

Schools cannot manage the current level of mental health concerns alone. It takes a community effort in partnership with the schools to develop a comprehensive continuum of services for our students, as most times, providing services directly to students without the collaborative efforts of the family, yields fewer effective outcomes.

Summary Recommendations for Support:

- Increased and sustainable funding for both schools and county services as both are needed to provide comprehensive wraparound services to students and families.
- Assist in addressing the mental health professionals shortage. Salary and benefits need to be reviewed as these are difficult jobs and we need to incentivize and retain our current professionals. The lack of individuals certified also creates a competitive environment between counties and schools for the same individuals.
- Assist in addressing the shortage of qualified mental health providers and agencies in all regions of the state. Many parts of our state lack available outside-of-school resources to support students and families.
- Coordination of services between out-of-school and in-school services needs to be addressed for all regions of the state so there is not an overlap of services provided, but coordinated services focused on

the same outcomes. There needs to be an analysis of the availability of intensive services and needed inpatient services. There are long wait times for students in need of intensive services – this creates an unsafe environment and undue stressor on the student, family, and school to try and “maintain” a student in crisis.

We appreciate the House Education Committee providing PASA the opportunity to provide these thoughts on student mental health programs and services. We welcome further collaboration to engage in other creative thinking and discussion to strengthen our efforts across the Commonwealth.