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RAPID ASSESSMENT OF PANDEMIC IMPACT ON DEVELOPMENT EARLY CHILDHOOD HOUSEHOLD SURVEY

RAPID ASSESSMENT OF PANDEMIC IMPACT ON DEVELOPMENT EARLY CHILDHOOD PROVIDER SURVEY

Philip A. Fisher, PhD
Philip H. Knight Chair and Professor of Psychology
Director, Center for Translational Neuroscience
• Ongoing survey of households with at least one child age 5 and under
• National sample in terms of geography, income, race & ethnicity
• 15-minute paid questionnaire completed via computer or smartphone in English or Spanish
• Survey frequency
  • Weekly surveys April - July 2020
  • 2x monthly surveys August 2020 - present
• Over 1,000 households per survey; total # of participating families to date = 10,000 caregivers in all 50 states
• Quantitative questions and open-ended questions (>150,000 responses so far)
1. Four areas of adult emotional well-being: stress, depression, anxiety, loneliness

2. Two areas of child emotional well-being: fussy/upset; fearful/anxious

3. Economic situation/ability to pay for basic needs, i.e. material hardship, in terms of food, housing, and utilities

4. Issues related to child care: availability, perceptions of safety, barriers to access, preference for type of care, role of child care provider

5. Issues related to pediatric health care: well-baby/well child visit adherence, routine vaccinations, barriers to access, plans for COVID vaccination
RAPID-EC Child Care Provider Survey: Methods

- Began in March 2021
- Runs parallel to RAPID-EC household survey (2x monthly)
- Partnering with Child Care Aware of America and Homegrown to recruit child care providers
- Focus includes well-being, economic hardship, health care, and workforce issues
- 1,700 providers have participated to date
- 15-minute paid questionnaire completed via computer or smartphone in English or Spanish
- Quantitative questions and open-ended questions
RAPID-EC Household Survey: Key Finding 1
Material Hardship has been Pervasive

Percentage of families with at least one material hardship
Debt and pandemic relief spending: Many families with young children have increased debt burden and need money to pay for basic needs and other essentials.
Pandemic Relief Spending and Child Tax Credit Expected Spending

Question: How do you plan to use the income from the Child Tax Credit?

- Basic Needs: 33.26
- Unpaid Bills: 10.51
- Other Essentials: 19.05
- Recreational Activities: 5.2
- Savings: 19.86

Percent of households that used the 1\textsuperscript{st} and 2\textsuperscript{nd} stimulus payments for basic needs

- Recreational activities: 5.8%
- Basic needs: 61.5%
- Other essentials: 75.2%

Percent of households that used pandemic unemployment for basic needs

- Recreational activities: 1.6%
- Basic needs: 72.4%
- Other essentials: 70.8%
COVID-19 widened inequality gaps based on race/ethnicity and family structure: ~60% of Black & Latinx households (including many higher income pre-pandemic), and single parent households report difficulty paying for rent, utilities, and/or food.

**NUMBER OF MATERIAL HARDSHIPS REPORTED**

Caregivers were asked to report which, if any, hardships they expect to face in the next month out of not being able to pay for food, losing housing due to eviction or foreclosure, and not being able to pay utility bills.
Why is this important from a child development perspective? **A Chain Reaction of Hardship**
Economic (and related) unpredictability is an added stressor.
Pandemic hardship and unpredictability are hurting families in part by disrupting family routines.
Child care is essential for family stability and well-being, early learning, social development, and nutrition; but who is providing for the providers?
But who is providing for the providers?

- One in four providers report having at least one other job (higher for Black and Latinx)
- More than 40% report that providing care accounts for half or less of their income

Providers have more difficulty paying for basic needs than the families whose children they care for.
How long in advance do you know your work schedule

• 1 in 4 know their work schedule 2-3 days in advance or less

• Only 1 in 5 know their work schedule more than 2 weeks in advance
Strategies to Support Young Children’s Mental Health and Well-being

• Help the millions of families struggling to pay for basic needs
• Support programs and policies that create greater access, predictability, and stability in all areas:
  • Financial
  • Housing
  • Food
  • Child care/ECE
  • Access to health care
• Mitigate racial and other inequality gaps that have widened
• Fix the child care system
• Encourage communities and families to maintain routines and spend quality time together in the face of challenges
Resources and Contact Information

- RAPID-EC Webpage
- Survey Results
- RAPID Fact Sheets

- Contact information
  Philip A. Fisher, PhD
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MENTAL HEALTH AND WELLNESS CURRICULA

- Requires K-12 Health Education Instruction to Include Mental Health and Relationship Topics (Maine S.P. 303)

- Revises Existing Standards to Address Mental, Emotional, and Social Health (South Carolina H.B. 3257)
SUICIDE PREVENTION PROGRAMS AND SERVICES

- Requires a Policy for Suicide Prevention for High Risks Groups *(California A.B. 1767)*
- States Requirements for Teacher Training Program *(Illinois S.B. 1731)*
- Requires School Districts to Develop Comprehensive Suicide Prevention Plans for K-12 *(Oregon S.B. 52)*
Teachers Must Provide Evidence of Completion of Trauma-Informed Instruction (Indiana S.B. 205)

Requires Teacher Candidates to Study Trauma-Informed Responsive Instruction (Oklahoma H.B. 1905)
MENTAL HEALTH SCREENING

- Requires Local Education Agencies to Develop a Plan to Conduct Mental and Behavioral Screenings for K-8 (Tennessee S.B. 7019)

- Allows for the Implementation of Evidence-Based Mental Health Screening Program (Utah H.B. 323)
MENTAL HEALTH PROFESSIONAL STAFFING RATIOS

- Utilizes a Ratio of Students to Mental Health Professionals in Schools (Virginia H.B. 1508)
- Produces an Interim Report on Ratio of Students to Mental Health Professionals and more (Maryland H.B. 844)
SCHOOL-BASED MENTAL HEALTH PROGRAMS AND SERVICES

- Makes Enhancements to the Safe2Tell Reporting Toll and Provide Resources Statewide (Colorado H.B. 20-1113)
- Provides Telehealth Behavioral Health Services on School Grounds (Iowa S.B. 2261)
- Requires the Development of Comprehensive School Counseling Program (Washington S.B. 5030)
MENTAL HEALTH RELATED ABSENTEEISM

- States a Qualified Mental/Behavioral Health Professional Can Excuse a Pupil *(Nevada S.B. 249)*
- Includes Mental and Behavioral Health Needs as Excusable Absences *(Maine H.P. 1326)*
- Requires Written Attendance Policy to Include Behavioral Health Concerns *(Colorado S.B. 20-014)*
WORKGROUPS, PILOT PROGRAMS, COMMISSIONS

- Convenes a Working Group to Create a Statewide School Policy around Suicide (Hawaii S.R. 45)

- Develops a Commission to Develop and Promote Mental/ Behavioral Health Wellness Programs (New Hampshire H.B. 131)

- Creates a School-Based Mental Health Consultation Pilot Program (Wisconsin A.B. 644)
Questions? Comments? Feel free to reach out:

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How can Schools Address Children’s Mental Health in the Wake of COVID-19?

Sharon Hoover, PhD, Professor

National Center for School Mental Health (NCSMH), Co-Director
National Center for Safe Supportive Schools (NCS3), Director

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National Conference of State Legislatures
July 2021
National Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the US Department of Health and Human Services (HHS), Health Resources and Services Administration

- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

Visit the NCSMH website at www.schoolmentalhealth.org
Our Mission

Provide states, districts, and schools with the knowledge and tools to implement culturally responsive, trauma-informed policies and practices that promote equity and well-being.
Partly hidden by isolation, many of the nation’s schoolchildren struggle with mental health
In a nationally representative survey of young people aged 13-19:

• Approximately 25% felt disconnected from peers and adults.

• More than 1 in 4 reported:
  • increase in sleep loss due to worry
  • feeling unhappy or depressed
  • feeling constantly under strain
  • loss of confidence in themselves

Citation: https://www.americaspromise.org/sites/default/files/d8/YouthDuringCOVID_FINAL%20%281%29.pdf
Mental health challenges are rising

• Mental health-related emergency department visits are up 24% for children (age 5-11) and 31% for youth (age 12-17).

• Twenty-two percent of parents report their child’s mental health or emotional health is worse than before the pandemic.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm
https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a1.htm?s_cid=mm7011a1_w
Where do we go from here?

Anxiety/Fears
Loss
Equity

Hope and Resilience
Guidance from the Field

- Why Address Mental Health in Schools
- A Public Health Approach to School Mental Health
- The Value of School Mental Health
- Core Features of a Comprehensive School Mental Health System
- Opportunities, Challenges and Recommended Strategies
- Local Spotlights
- State Spotlights
- Moving Forward

www.schoolmentalhealth.org/AdvancingCSMHS
UNIVERSAL School Mental Health Strategies

• Positive school climate

• Culturally responsive, trauma-responsive school policies and practices

• Staff well-being

• Mental health literacy for school staff and students

• Social Emotional Learning (SEL)

TF-CBT = Trauma-Focused Cognitive Behavioral Therapy
CBITS = Cognitive Behavioral Intervention for Trauma in Schools
SSET = Support for Students Exposed to Trauma
STRONG = Supporting Transition Resilience of Newcomer Groups
PFA/PREPaRE = Psychological First Aid
SEL = Social Emotional Learning
MH = Mental Health
Treatment in Schools

• Evidence-based psychosocial interventions – e.g., CBITS/Bounce Back, TF-CBT

• Psychiatric care

TF-CBT = Trauma-Focused Cognitive Behavioral Therapy
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PFA/PREPaRE = Psychological First Aid
SEL = Social Emotional Learning
MH = Mental Health
Why Mental Health Treatment in Schools?

Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010)
What can states do?
1. Establish a State Comprehensive School Mental Health System Framework
2. Assess your district and school comprehensive school mental health system quality

www.theSHAPEsystem.com
3. Conduct well-being check-ins at school
4. Build social emotional learning and mental health literacy into school curricula

What Is Mental Health Literacy?

- Knowledge and beliefs about mental disorders, which aid in their recognition, management, or prevention
- 4 integrated components
  - Obtaining and maintaining positive mental health
  - Understanding mental disorders and their treatments
  - Decreasing stigma related to mental disorders
  - Enhancing help-seeking efficacy
    - Know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)

(Jorm, 2000; Kutcher et al., 2016)
Classroom WISE: Well-being Information and Strategies for Educators
Released June 21st at www.classroomwise.org

• A FREE 5-hour mental health literacy online course for teachers and school staff with brief, high-impact training videos and accompanying website

• Course development process includes input from educators, students, and school mental health leaders
5. Provide robust school mental health staffing, both school- and community-employed.
It is not either/or, it is both/and!

• Element I: Appropriate staffing of school and community mental health professionals
• Element II: Clear roles and responsibilities
• Element III: Funding to support school-community mental health partnerships
Using Recovery Funds to Support Student Well-Being

- Elementary and Secondary School Emergency Relief (ESSER) Funds for state education agencies (SEAs) and local education agencies (LEAs)

- Can use funds to support student and staff well-being and mental health

- Leveraging ESSER Funds to access sustainable funding streams (e.g. Medicaid)
State Education Agency Funding Examples

• Understand the Policy Environment
• Foster Meaningful Collaboration
• Strengthen and Expand School Medicaid Programs
• Promote Multi-tiered System of Supports (MTSS) Implementation
• Enhance Data Systems and Collection
• Build Local Education Agency Capacity
Local Education Agency Funding Examples

• Building Capacity and Infrastructure to Implement the MTSS Framework

• **Tier 1:** Wellness Staff and Teams, Data Systems, Professional Development, Evidence-based Programming and Supports, Policy Considerations

• **Tiers 2/3:** Evidence-based Programming, Mental Health Services
www.schoolmentalhealth.org
www.ncs3.org
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Q&A

Please type your questions into the chat box and we will get to as many as we can!
Thank you!

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