

# Playbook: State Laws for K-12 Mental Health Education to Promote Mental Health, Early Intervention, and Support

State in Focus: New York

# K-12 Mental Health Curriculum Requirements

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## Why MH Curriculum?

Advocates and state-level policymakers are developing requirements for mental health education. Increased mental health literacy will ensure that students know how to stay mentally healthy, recognize the signs of a problem, know how to get help, and can support a friend.

# K-12 Mental Health Curriculum Requirements

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## How can this playbook help?

This playbook is designed for state advocates who want to understand the highlights of how to use effective sponsors, youth voices and storytelling, and data to get mental health education legislation passed.

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A longer report and information on other school-based mental health policy initiatives can be found [here](#).






# Who is this Information for?

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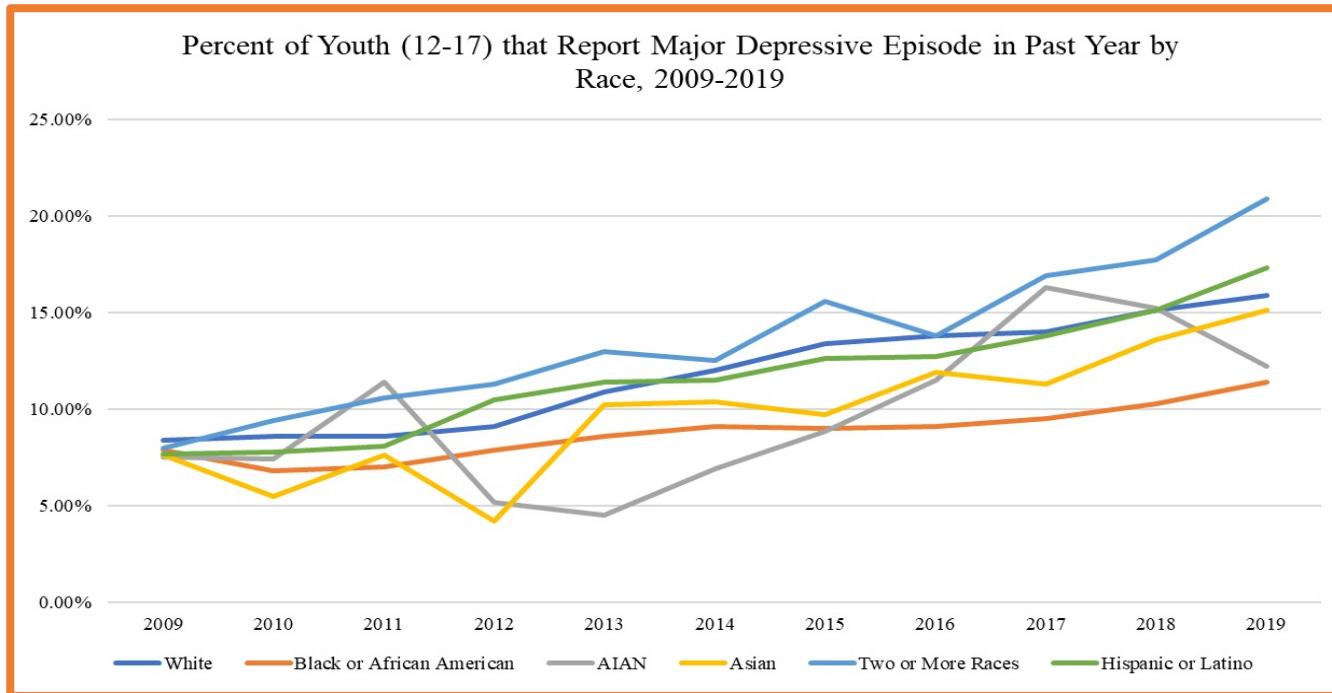
## **The Target Audience for this Resource Includes:**

- Advocates for children, mental health, education, and public health
  - Mental health and health providers
  - Youth and families
  - Teachers, administrators, school personnel
  - Policymakers
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# Youth Mental Health Trends are Troubling and Access to Care is Limited

## Data Shows Significant Inequity in Outcomes and Access



The percent of youth experiencing depression has **doubled in the past decade.**

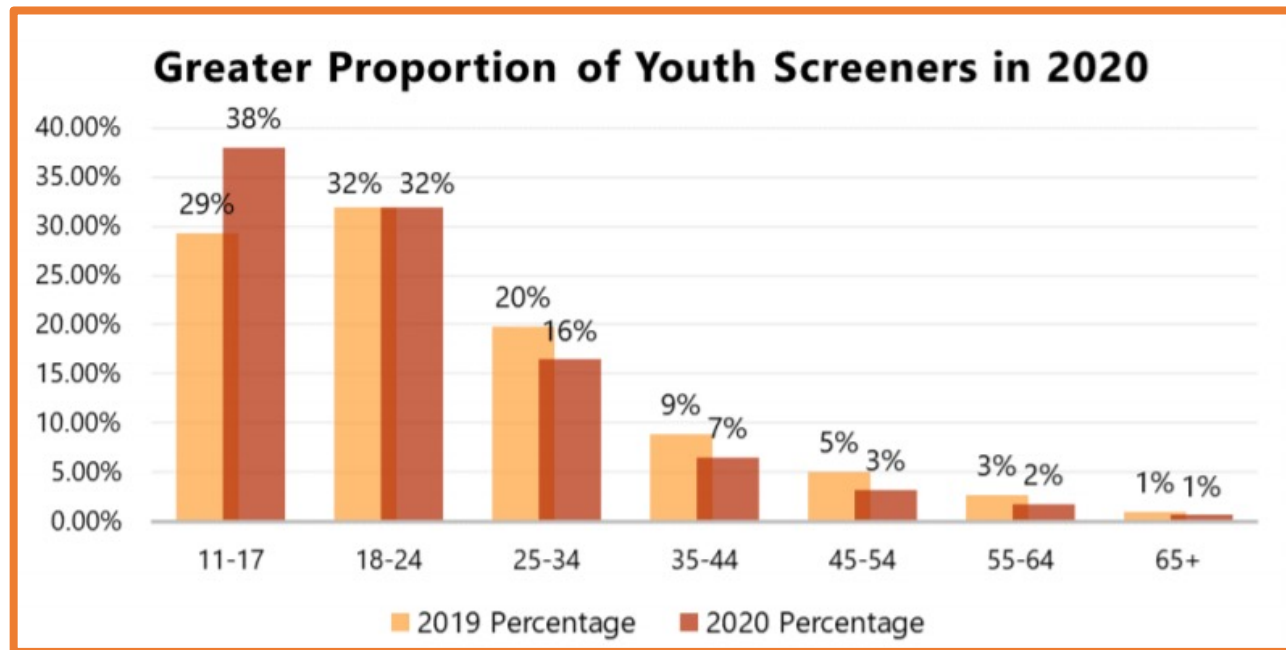
50% of mental health conditions begin before the age of 14 and **75% by age 24.** The average delay is 11 years between symptoms and accessing care.

**Suicide is the second-leading cause of death** for youth, and the suicide death rate for Black youth is rising faster than any other racial/ethnic group.

Only roughly half of white youth and **one-third of Black and Latino youth** with major depression received treatment.

# COVID-19 Has Made the Youth Mental Health Crisis Worse

## Youth Mental Health Data from 2020



From March to October of 2020, children's visits to the emergency room for mental health conditions **increased 31% for those 12-17 years old and 24% for children ages 5-11** compared to the same period in 2019.

In 2020, **nearly 1 million youth ages 11-17 took a clinically-validated mental health screen** through the MHA Online Screening program, a 628% increase over 2019; this age group was more likely than any other to screen moderate-to-severe for anxiety and depression.

# Mental Health Education Leads to Improved Outcomes

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## Mental Health Education Reduces Suicide Attempts

A recent meta-review of effective suicide prevention strategies concluded that educating high school students with a mental health curriculum was one of the few policies that was **proven to reduce suicide attempts and suicidal ideation**.

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A randomly controlled study of a suicide education program provided to diverse technical high school students showed students who received the intervention were **64% less likely to report a suicide attempt**.



# Mental Health Education Leads to Improved Outcomes

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## **States With Better Mental Health Policies Had Better Mental Health and Substance Use Outcomes**

States that mandate more mental health policies have significantly lower adolescent and young adult suicide and substance abuse rates.

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State-mandated school-based mental health centers, social-emotional curricula, and school professional development in suicide prevention are all associated with significantly lower adolescent and young adult suicide and substance abuse rates.

# Case Study

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## New York

K-12 Mental Health  
Education Mandate

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Technical Assistance Center  
for Implementation



# Local Community's Experience Leads to State-Level Policy

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## Learning from Doing

A Mental Health America affiliate on Long Island, NY was offering mental health education in Nassau County schools.

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**Sylvia Lask**, a leader of the educational work on Long Island, was a board member of the state organization, Mental Health Association in New York State (MHANYS).

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She urged the state association to seek state legislation to mandate mental health education which was working so successfully in her community.



# Statement by MHANYS Upon Governor's Signing

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**Glenn Liebman,**  
*CEO of MHANYS*

“Mental health education in schools will impact youth in a positive way by providing them with knowledge about mental health so they can recognize signs in themselves and others when help is needed.

“Also, mental health education in schools will provide a greater understanding of these issues and will help reduce stigma and play a role in educating youth about suicide prevention.”



# Building Off of Existing Legislation

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## Bill Text: The Difference Two Words Can Make

“§ 804. Health education regarding **mental health**, alcohol, drugs, tobacco abuse and the prevention and detection of certain cancers.

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1. All schools 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.

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2. All schools shall include, as an integral part of health education, instruction so as to discourage the misuse and abuse of alcohol, tobacco and other drugs and promote attitudes and behavior that enhance health, well-being, and human dignity.”

# Ensure Implementation: Technical Assistance Center

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## Proposal

“The Resource Center shall help schools identify evidence-based resources to develop mental health curricula, provide resources and guidance to support schools’ ability to comply with the required mental health education of students, make available and accessible mental health training for staff, and provide schools with assistance identifying local mental health services for students in need.”

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Appropriations language allocated \$1 million in the 2018 budget and \$500,000 annually since then.



# Pathway to Legislation

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## Resistance

State had regulations on mental health curriculum, but was not seeing widespread implementation and attention

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Secured powerful sponsors for the bill in relevant committees

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Bill introduced but stalled by resistance from education stakeholders

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Considered moving from mandate to encouragement, but bill still stalled

# Pathway to Legislation

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## Mobilization and Advocacy

Sponsor worked through relationships to neutralize opposition from key stakeholders

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Youth voice was a key factor in convincing legislators. MHANYS developed civic curriculum to encourage participation in legislative action and mobilized youth to secure final passage



## Virginia Followed Similar Playbook

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### VA's Path to Legislation

Youth led effort to secure legislation requiring high school mental health education

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Powerful sponsor in Sen. R. Creigh Deeds, who had family experience with mental illness

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Built on existing curriculum requirements

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Needed additional advocacy to spur implementation; youth played crucial role





# Lessons Learned

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## **Build on what exists.**

Find out where your state is and consider what you can add to what you already have regarding health curriculum requirements. Try to increase coverage to K-12 students, but at a minimum cover 6-12. Include a technical assistance center to implement the requirement or as a stand-alone if the curriculum requirement is not moving forward.

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**Develop key relationships with education stakeholders** who will be needed to secure passage early. Build on these relationships for implementation.

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**Find a high profile, motivated, and effective sponsor** in the legislature or executive branch because that can be very impactful.

# Lessons Learned

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**Empower youth leadership** because they can powerfully articulate the need for this legislation and reach legislators in their districts.

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**Be vigilant with implementation.** Getting a bill passed is only the first step. So, if your state has any requirements, find out if they are being implemented. Ensure that equity is considered in all aspects of implementation.

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**Leverage student education requirements to have a more holistic approach,** either through technical assistance and training or more comprehensive initiatives for programs such as peer support or staff training. Ensure equity within reform efforts through a wellness and mental health focus.

## Next Steps

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### State Legislation

Virginia, New York, and several others have statutes, while some states have regulations or education standards related to mental health education

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Even those with standards and regulations will find that statutes will provide momentum

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To find out about your state and mental health education in schools, click [here](#).

## Next Steps

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### **Federal Attention Needed**

Education on sexual risk avoidance, pregnancy, and STD issues for adolescents are included across multiple agencies within HHS and funded at hundreds of millions of dollars

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However, there is currently no similar effort for mental health education activities in the federal government

