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Introduction:

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 30 local NAMI affiliate organizations and approximately 2,000 members.

Mental Illness and Violence:

Mental illness does not cause violence. Only 4 percent of violence in the United States can be attributed to a mental illness. People with mental illnesses are three times more likely to be victims of a violent crime than perpetrators. However, these are certain risk factors for violence amongst individuals with mental illness: co-occurring substance abuse, past history of violence, untreated psychosis, and being young and male. Recognizing these risk factors and providing treatment early on is key to preventing violence in schools, but the correlation is still not very strong. Only 12.4% of adults charged with violent crimes offenses in state prisons had a history of psychiatric hospitalization.

Source: Hirschtritt and Binder (2018). A Reassessment of Blaming Mass Shootings On Mental Illness. *JAMA Psychiatry* 75(4):311-312.

Suicide:

We have an opportunity to not only talk about student violence, but also about keeping our children safe through prevention of self-harm and suicide. Suicide is the third leading cause of death amongst youth ages 10 to 24 and 4,600 young people die each year by suicide. Access to a firearm for a young person experiencing suicidal ideation is dangerous: 90 percent of all suicides attempted with a firearm end in death. Suicide prevention is a critically important component of addressing mental health issues in youth.

Source: (2013). *Guns, Public Health and Mental Illness: An Evidence-Based Approach for State Policy*. Consortium for Risk-Based Firearm Policy.

First Episode Psychosis and Coordinated Specialized Care:

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NAMI Texas has focused on treating youth psychosis through the Early Psychosis project, which supports the expansion of Coordinated Specialized Care programming in the state of Texas for young people experiencing schizophrenia.

100,000 young people in the United States experience early psychosis every year. Coordinated Specialized Care programming surrounds the youth after they have experienced their first episode of psychosis with a team of specialists who work with them to develop a personal treatment plan, including case management services, psychotherapy, family education, and medication management. Coordinated Specialized Care programming has been shown to help these young people stay in treatment longer, experience improved quality of life, and experience higher rates of participation in school or work. While this programming has been expanding in recent years, from 2 programs across the state in 2015 to 10 programs in 2017, more support is needed to provide youth across Texas experiencing psychosis with the support they need to be safe and succeed.

Source: National Institute of Mental Health. Recovery After an Initial Schizophrenia Episode (RAISE).

Mental Health Education:

One of the recommendations proposed by Governor Abbott included Mental Health First Aid training as a requirement for teachers. We support mental health first aid training as key in empowering teachers to identify and address mental health issues in students in need.

In addition to training requirements for teachers, youth need education that will empower them to identify mental health issues in themselves and warning signs of a crisis in their peers. Mental health education helps youth normalize mental health issues and value their own mental health needs.

In the last legislative session, House Bill 11 would have required public schools in Texas to implement mental health education curriculum as part of the physical education curriculum. We strongly support the integration of mental health curriculum into the K-12 school system because students need to be empowered to address mental health symptoms in themselves and peers, seek out help as needed, and value their mental health needs.

NAMI's 50-minute mental health awareness program Ending the Silence teaches high school students to recognize the early signs of mental illness and what to do if they or someone they know are exhibiting these signs. The program focuses on promoting a sense of hope and reducing stigma and silence around mental illness. The program is delivered in person by a two-person team, one of whom is a young adult living in recovery with a mental health condition, and includes personal stories, educational slides, videos, and discussion. An evaluation by the Rand corporation showed that this curriculum improves student knowledge of mental health conditions and attitudes towards people with mental illness. NAMI's program is unique in that it utilizes the lived experiences of the facilitators to de-stigmatize and humanize mental illness.

NAMI has similar programming to help parents identify mental illness and support their children through recovery. NAMI has adapted the Ending the Silence curriculum to help teachers and parents learn how to collaborate on care for students with mental health issues, and NAMI Austin's Let's Talk

program teaches parents how to communicate with their children about mental health. NAMI chapters also offer support groups for caregivers of individuals with mental illness

Source: Wong et al. (2016). Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority An Evaluation of NAMI's Ending the Silence. *Rand Health Q.* 5(3):6.

School Mental Health Centers:

NAMI Texas supports the creation of a state mental health center within the Texas Education Agency to provide needed guidance for the prevention and management of mental health disorder symptoms for school districts, similar to the Safe and Healthy Schools Center. School districts need reliable guidance on how to address mental health and behavioral issues in their classrooms aligned with the laws and structure of the Texas education system, and a state center will disseminate best practices. Maryland and California have university-based school mental health resource centers that collaborate with stakeholders to promote best practices in treating mental illness and reducing barriers to student learning.

Source: Center for School Mental Health. University of Maryland School of Medicine.

School-Based Mental Health Professionals:

We appreciate and support Governor Abbott's recommendation to provide resources to free school counselors from administrative academic tasks so they have more time to provide mental health counseling. Additionally, we would like to see an increase in the number of school counselors and social workers hired to work in schools. The American Counseling Association recommends that schools have a ratio of one counselor for every 250 students. Texas currently has one counselor for every 442 students. With this ratio, counselors do not have time to provide the attention each student needs.

In addition to access to counselors and psychiatrists, schools need to have social workers on staff to engage in outreach and case management for students in need. Texas does not currently require schools to employ social workers. Social workers are able to examine a child's home environment to identify strengths, supports, and needs. Children's mental health cannot be treated in isolation, and so it is vital that we strengthen their support networks and provide for the needs that contribute to mental illness.

Source: Phillips, C. (2018). Texas Schools Lack Sufficient Number Of Mental Health Professionals, Experts Say. Houston Public Media.

Conclusion

Addressing youth mental health challenges will require us to design and implement a robust school mental health system that addresses the educational and treatment needs of students with mental illness. We must end the stigma around mental illness and offer students and families a wide range of opportunities for recovery.