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**House Bill 198:** Relating to providing mental health services and mental health education to public school students at school-based health centers.

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 27 local NAMI affiliate organizations and approximately 2,000 members.

### **Student Mental Health**

- One-fifth of youth ages 13-18 live with a mental health condition.<sup>1</sup>
- Half of all mental health conditions begin by age 14.<sup>1</sup>
- 70 percent of youth in state and local juvenile justice systems have a mental health condition.<sup>1</sup>
- 37 percent of students with a mental health condition age 14 and older drop out of school.<sup>1</sup>
- In 2017, 34.2 percent of high school students surveyed in Texas had experienced persistent feelings of sadness or hopelessness for two weeks or longer in the past year.<sup>2</sup>
- 1 out of every 8 Texas students reported having attempted suicide in the past year, which is almost twice the national average.<sup>2</sup>

### **Increased access to mental health care**

Allowing mental health providers to operate within school-based health centers will increase access to mental health care for students. Texas has about the same percentage of children with various mental health disorders, including depression or a severe emotional disturbance, as any other state.<sup>3</sup> However, Texas has the highest rate nationally of children who have experienced at least one depressive episode in the past year and have not received treatment, with about 70% of these children not receiving treatment.<sup>3</sup>

Schools are settings that have the most contact with children at risk of having mental health issues and are the most accessible space for receiving health services. The vast majority of students who receive mental health services nationwide receive them in the school setting, and disparities in access across race and income are less prominent in school-based care.<sup>4</sup>

## **Mental health education**

Mental health education, in addition to physical health education, is a core part of the service allowed under this bill. This is important because students and their families are often do not learn about mental health until a serious issue has already emerged. Mental health education for students and families is critical to successful recovery because it has been proven to increase parental and youth satisfaction with mental health treatment, increase attendance in treatment programming, increase adherence to treatment plan, and reduce stigmatizing and negative beliefs around mental health disorders.<sup>5</sup>

## **Importance of Integration**

This bill encourages and provides permission for school-based health centers to provide integrated mental health services and de-stigmatize mental health treatment for students. Health care has started moving to an integrated care model, in which multi-disciplinary teams of different medical, health, and mental health professionals work together to meet the full needs of the individual receiving care. These models have been proven to be effective in treating mental health issues in the settings where most individuals are already receiving care, thus normalizing the experience of engaging in treatment.<sup>6</sup>

## **Conclusion**

The future of mental health treatment is not siloed from other forms of healthcare, and we need to embrace strategies that will help schools recognize that the brain is part of the body, and students need to manage their mental health as part of their overall health. This bill would be a great start in encouraging schools to offer mental health services.

## **References**

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