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Testimony for the House Public Education on House Bill 3888 (Ramos) - Support

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.

A significant number of children in Texas experience mental health issues.
- One-fifth of youth ages 13-18 live with a mental health condition.¹
- Half of all mental health conditions begin by age 14.¹
- 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.²
- The average delay nationally between when symptoms of a mental illness first appear and intervention is 8-10 years.¹

Without intervention, Texas students can face serious negative consequences.
- 70 percent of youth in state and local juvenile justice systems have a mental health condition.¹
- Over one third of students with a mental health condition age 14 and older drop out of school.¹
- About 1 out of every 8 of Texas high school students reported attempting suicide in the past year, which is twice the national average.²

Family support has been proven to be essential in mental health recovery. When families are accepted as full partners in care and have access to education and support, the outcomes are better all around.
- For clinic-based services, between 40% and 55% of 15- to 17-year olds report that family was the major influence on their help-seeking behavior.³
- Psychoeducation for parents, or education on mental health services, 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.⁴

However, many families may not be involved in the recovery process. Families often take on the role of daily caregivers with little or no support and training.
- Family beliefs around talking about mental health or personal problems, as well as family experiences and cultural beliefs, influence the likelihood a family will seek out help. Stigma, judgment, and guilt about the child’s mental health issues may also limit parents’ willingness to seek out help for their child.⁵
• Parents struggle to identify when their child’s problem requires help (versus “normal teenage behavior”), how they can help their child if they do recognize an issue, and how to emotionally support their child with complex mental health needs.5
• A national survey from 2013 revealed that two-thirds of parents stated they would feel uncomfortable if an individual living with a serious mental illness worked at their child’s school, and a little less than half of Americans stated they would feel uncomfortable living next door to an individual living with a serious mental illness.6
• Parental stigma around mental health disorders often becomes self-stigma for children and youth living with a mental health disorder.7

Schools are not required to educate students or families on mental health issues
• Mental health is not currently part of the student health curriculum in Texas schools.
• School districts in Texas are not currently required or expected to educate families on mental health issues.

Parent Education on Mental Health Bill
This bill would improve parent education and engagement on mental health and suicide at the school district level in three ways:
• Allows school district plans on mental health to include broader psychoeducation and awareness programming for families on mental health disorders.
  o Currently, the plans only allow for procedures to be established once a student has already been identified as having an issue.
• Requires Title I school districts develop plans to educate families on identifying warning signs of mental health issues, learning where they can seek out mental health resources for evaluation, treatment, and support, and understanding what campus resources are available to help their child succeed.
• Requires school local health advisory committees to develop recommendations to their school districts on how to effectively engage with families on behavioral health concerns or risky behaviors around mental health, substance use disorder, or suicide and provide them with information on resources.

References