



Mental Health Association in New York State, Inc.

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Testimony to

Joint – Assembly Standing Committee on Mental Health,
Assembly Standing Committee on Health and
Assembly Standing Committee on Veterans' Affairs

Hearing on Suicide Prevention Supports and Services

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HEALTHY MINDS FOR A HEALTHY NEW YORK

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Good Morning. My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). Our organization has members in fifty two counties throughout New York State where we provide community based mental health services, trainings, education and advocacy.

Our members have been working on suicide prevention efforts for many years and have been able to educate thousands of New Yorkers through community education efforts which we will discuss in greater detail in the testimony. In addition, our affiliate in New York City, Vibrant Emotional Health, runs the National Suicide Prevention Lifeline.

We are very appreciative of the Mental Hygiene Committee Members, Health Committee Members and Veteran Affairs Committee member for holding this hearing around suicide prevention. The rising number of individuals that complete suicide in the nation are increasing at alarming rates. This is much more than a mental health crisis, it is a public health crisis.

We are very supportive of the Legislative efforts taking place on this front as well as the work of New York State. The New York State Office of Mental Health and Suicide Prevention Center of New York have done innovative work around zero suicide initiatives, suicide prevention in schools and trainings such as ASIST and SAFETALK.

For purposes of today's hearing, we are going to focus on suicide prevention for school aged children and trainings for at risk populations.

I. Youth and Suicide Prevention

The numbers are alarming in New York State and across the country. According to the Center for Disease Control (CDC), each year approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at ER's across the country; 1 in 12 high school students have attempted suicide in any given year and 1 in 6 have seriously considered suicide.

A) Increase in Anxiety, Depression and Suicide Completions Among Young People and Role of Social Media

A question our organization frequently gets is why is there such an increase in recent years, not only around suicide attempts and completions, but also the high percentage increase among young people related to anxiety and depression.

The answers are complex but one of the most important factors that most experts agree on is the expansion of social media and technology in general. The increase in bullying and peer pressure can be traced to social media.

How could the constant barrage of Instagram, Twitter and Facebook where likes have become the new affirmation of self-worth, not impact the mental health of a young person?

It is also important to recognize that social media can be incredibly beneficial as well. Young people with mental health issues have utilized it to bond with each other, create support groups and gotten valuable resources. Expansion of the Suicide Prevention Lifeline and apps geared to suicide prevention efforts are directly related to the ability to market these resources through social media platforms.

B) Mental Health Education in Schools

In this environment where statistics about students and mental health related issues are on the upswing, our organization thought it would be of great importance to identify how we can best address their needs. As a result of advocacy by MHANYS and the leadership of the Legislature and the Governor, New York became the first State in the nation to mandate the teaching of mental health in schools.

Legislation was passed in 2016 and implemented in 2018. This law has helped to change the perception of mental health in schools. The law mandates that mental health has to be taught in schools from K-12. Students are being taught about mental health the same way they are taught about physical health through health educators.

C) Changing School Climate to be more inclusive of mental health.

By the time students reach 18, one in five will have experienced a severe mental health disorder. Over the course of a lifetime, one half will struggle with some type of mental health disorder. If you include families and close friends, we are all impacted. Given that everyone is a mental health stakeholder, we felt the most appropriate way to teach about mental health in schools was to use a wellness approach.

We recognize that teachers have difficult jobs without taking on the role of mental health clinicians as well. The notion of mental health education is to help provide schools with a basic knowledge of signs and symptoms of mental health issues, a working knowledge of wellness techniques and programs that create a school environment that is helpful and conducive to good mental health and wellness. The results are that students get help sooner and help eliminate the stigma of mental illness.

For example, there was a recent story in Newsday that highlighted the legislation as an impetus for changing the vision of mental health and wellness in schools. Examples include classes on mindfulness, resiliency, independence and self-esteem as well an increase in the number of social workers, counselors and psychologists in schools throughout Long Island. This evolution is happening throughout New York State.

The idea is to normalize mental health. When I was young, we used to whisper about cancer. Now that notion is laughable. We feel the same way about mental health. We truly believe that schools hold the key to changing perceptions about mental health and dramatically reducing anxiety, depression and suicidal thoughts.

D) Impact to Young People Entering the Military

This mental health crisis for young people is very relevant to young people entering the military. About 184,000 personnel must be recruited into the Armed Forces every year to replace those who have completed their commitment or retired. All branches of the Armed Forces require members to be high school graduates or have equivalent credentials such as GEDs. Many will be exposed to active duty, combat and the trauma that accompanies exposure to battle.

Military personnel are challenged mentally and physically with rigors of training, the demands of military life, and separation from family.

Until the mental health education in schools law was signed, there were limited means by which a young person could receive mental health instruction in a manner that would prepare them for stress and mental health challenges inherent in military life. A young person headed to combat had limited understanding of mental health disorders such as PTSD, depression and, where and how to get help.

E) MHANYS School Mental Health Resource and Training Center

One of the major reasons why we have been able to reach students from K-12 and begin the work necessary to impact this enormous culture shift is because of the creation of the MHANYS School Mental Health Resource and Training Center.

During the first year of the Resource Center, we provided a training referred to as Mental Health and Wellness 101 (a basic primer about understanding mental health) to over eighty schools in New York that reached nearly 5000 school personnel. That was just one of the professional development programs that we provide. In addition, we provided both Adult and Youth Mental Health First Aid trainings on staff wellness, family engagement and other topics as requested by schools.

In the 18 months of existence, the Resource Center has provided mental health instructional resources, support, training and technical assistance to over 70 percent of New York's public schools. In addition, we also provide trainings and support to students and their families.

Without this funding, many schools would not have had the support and assistance necessary to change perceptions about mental health in schools.

The initial funding for this program started with the New York State Assembly. This supported was spearheaded by Assembly member Gunther who helped to provide a million dollars in funding for this program in the 2018-19 budget. We are very appreciative of that support.

In the 2019—2020 budget, the program was funded through the Executive Budget. Our organization is in the process of receiving \$500,000 from the Budget. We are very appreciative of Governor Cuomo having the foresight to fund the program.

This funding has been year to year and as we move forward in the 2020-21 budget, we remain concerned that this vital program must continue to be funded.

F) The Perfect Storm of Need

We are in the perfect storm of need when it comes to adolescents and mental health in schools. Our colleagues at the Council of School Superintendents for the third year in a row have recognized that mental health is the number one issue that schools face. 67% of Superintendents identified improving mental health issues in their district as their top three funding priority moving forward.

In a 2019 Pew study, students rated anxiety and depression on the top of the list of issues that young people face. This was higher than bullying, substance use and alcoholism.

Inroads have been made across New York State to the point where we have become national leaders in this arena.

G) New York as National Leader in Movement for Mental Health Education in Schools

The model created in New York has been of interest throughout the country. We have been contacted by several other States in the last eighteen months about how they can pass a similar law in their States. This is becoming a national movement largely because our entire community has become aware of the growing needs of adolescents when it comes to mental health. We all read the data about the increase in suicide completions and attempts and the dramatic increase around depression and anxiety for young people.

New York has been leading the nation through this innovative programming. That said, we need your support to continue funding for this program.

RECOMMENDATION

MHANYS is advocating for \$1,000,000 in the budget to be included to continue the operation of the School Mental Health Resource and Training Center. This comes to an average of 33 cents per student across New York State. We strongly believe that this is a very worthy investment.

II. Mental Health First Aid Training and Suicide Prevention

A) Mental Health First Aid

Mental Health literacy is key to raising awareness about the link between mental illness and mental health crisis such as suicide. Ideally more and more people in the community will learn to recognize the early signs of mental distress so that proper care can be sought well before a person's distress becomes a crisis.

There are several unique tools around suicide prevention including ASIST, safeTALK and QPR. All of these trainings are evidence-based and would be well suited for specific at risk populations including veterans.

Mental Health First Aid (MHFA) is a best practice public education tool that provides resources to respond to an individual in a mental health crisis as well as a tool to help end the stigma of mental illness.

MHANYS and our members provides Mental Health First Aid trainings throughout New York State. This eight hour training raises mental health literacy in this component but also includes a component intended to provide First Aiders with basic knowledge about how to address suicidality and insure that an individual in distress is connected to care.

Over two and a half million people across the World have been trained in Mental Health First Aid. Outside of New York City, MHANYS is the leading MHFA training organization in the State. Our members have provided training to thousands of New Yorkers to help provide them with a basic knowledge of how to provide support for an individual in a mental health crisis.

B) Suicide Safety for School Staff

MHANYS serves as the Capital Region Coordinator for Suicide Safety for School Staff training. This is an in person training designed to increase awareness about suicide prevention in schools and to empower teachers, staff and administrators to understand their role in identification and prevention. Following the training, participants should be able to identify warning signs of suicide; understand the critical role of faculty; become familiar with school procedures for referring students and be more informed about suicide and preventive factors.

MHANYS also participated with the Office of Mental Health and the Suicide Prevention Center of New York State in development of A Guide for Suicide Prevention in New York Schools. The State's leadership was instrumental in development of this guide which will help provide needed resources to teachers across New York State.

RECOMMENDATION

We are appreciative of the support of the Legislature in helping to provide funding for suicide prevention and Mental Health First Aid. Last year, we received funding in the budget through the New York State Senate to continue our work in this area. We urge the Legislature to continue to support Mental Health First Aid for vulnerable populations at higher risk of suicide completion including veterans and individuals that are aging.