



# MHANYS Mental Health Matters Day

## LEGISLATIVE BRIEFING BOOK

### Mental Health Public Policies that Matter to Communities and Schools across New York State



Wednesday, March 11, 2020

[MHANYS.org](http://MHANYS.org)



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The Mental Health Matters Day Legislative Briefing Book is a guide to public policy initiatives that are priorities for the Mental Health Association in New York, Inc. (MHANYS). Our hope is that you will find it helpful in understanding some of the mental health policy issues that are important across all New York State communities.

Each year MHANYS and the MHA network of community-based providers work to answer the mental health needs and challenges that present in their communities. From workforce development to suicide prevention to issues concerning transition-aged youth or veterans, the MHA network in New York addresses pressing needs in local communities, provides pathways to recovery for individuals, and builds better understanding of mental health through literacy and stigma reduction efforts for the benefit of all.

With the understanding that schools are microcosms of the communities we serve, school communities are an important area of focus for MHANYS.

This guide introduces some key legislative issues, explains why the issues are important and offers legislative recommendations for action to address each issue. Please use this guide to prepare for conversations with your elected officials or as a basis for crafting letters, editorials or position papers and reports.

## Legislative Issues Summary

- ✓ 3for5 – So Communities Thrive
- ✓ School Mental Health Resource and Training Center
- ✓ Mental Health Training for School Personnel
- ✓ Suicide Prevention: Model School Policy
- ✓ Enhanced School-based Mental Health Services
- ✓ Whole Health Equity for Colleges
- ✓ Veterans and Military Families: Peer-to- Peer Support

## 3for5 - So Communities Thrive

**What's the Issue?** Funding for nonprofit human service providers in New York has been slashed by 26% since 2008, resulting in funding levels lower than in 1980. Non-profits are expected to continually do more with less, but these providers cannot continue to provide quality services to communities without adequate funding. Part of assuring that providers can continue to operate involves having sufficient and qualified workers. Today, 60 percent of the human services workforce qualifies for some form of public assistance and wages have stayed the same year after year. The average human services worker is living at or below the poverty line.

**Why it Matters?** Nonprofit human service providers care for the most vulnerable people in our state. They provide services that no other entity is able to or willing to provide. Whether caring for people in need of mental health services or supportive housing, the elderly in nursing homes, at-risk children in after school care, people with addictions or those with physical or developmental disabilities, we need nonprofit human service providers. And we need them to be adequately funded so they can continue to fulfill their missions.

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**Recommendation for Legislators:** MHANYS is joining the chorus of nonprofit human service providers to urge the State to commit to a three percent increase on nonprofit contracts and rates for each of the next five years.

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## School Mental Health Resource and Training Center

**What's the Issue?** In 2018 the NYS Assembly invested \$1 million in the School Mental Health Resource and Training Center to ensure that schools succeed in meeting the legislative intent of these laws. The Center was established by the Mental Health Association in New York State, Inc. (MHANYS).

With the first year of Legislative funding, MHANYS developed the infrastructure of the Resource Center, including state-wide staff available for technical assistance and training, and a dynamic interactive website. This has positioned the Resource Center to support a school's efforts in sustaining K-12 mental health instruction and providing professional development to school personnel.

**Why it Matters?** Many additional schools are discovering the value of the Resource Center every day. This growth underscores the significant need that schools have for mental health instruction, guidance and training.

MHANYS is committed to helping schools succeed in responding to the mental health education law and annual mental health training for school personnel.

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**Recommendation for Legislators:** MHANYS is pleased that the proposed Executive Budget for 2020 includes up to \$500 thousand to fund the Resource Center. MHANYS is seeking an additional \$500 thousand dollars to support an expansion in its ability to provide teachers and school leaders with mental health training and to support family engagement.

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## Mental Health Training for School Personnel

**What's the Issue?** Legislation signed into law in 2016 now requires all schools in New York State to teach students in grades K-12 about mental health from a mental health literacy perspective as part of the school health curriculum. Teachers and other school personnel, however, are not currently required to have any training in mental health.

**Why it Matters?** As students begin to learn more about mental health it is vital that teachers, administrators and school support personnel have similar training. A shared knowledge of mental health across the school community helps promote a school culture and climate of wellness that benefits everyone in schools as well as families and the community at large.

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**Recommendation for Legislators:** MHANYS supports the passage of S.7612 (Carlucci)/A.9806 (Fernandez) which would require all holders of a professional certificates in the classroom teaching service, all holders of a level III teaching assistant certificates, and all holders of professional certificates in educational leadership service to receive three hours of mental health training annually.

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## Suicide Prevention: Model School Policy

**What's the Issue?** Schools can play a critical role in suicide prevention and intervention efforts for youth in crisis. Unfortunately, according to The Trevor Project, over 1/3 of New York school districts do not currently have a suicide prevention policy and there is currently no legal requirement for them to have such policies. When youths are in crisis, it is essential that the adults around them be equipped to recognize issues and respond appropriately. It is equally important that those in crisis be able to access resources that provide care, support and safety.

**Why it Matters?** The Centers for Disease Control and Prevention (CDC), reports that among high school students in New York in 2017, 17.4% seriously considered suicide and 10.1% made non-fatal suicide attempts. Each year, 4,600 children and teens, age 10-19, die by suicide making it the second leading cause of death for that age group.

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**Recommendation for Legislators:** Urge lawmakers to support S.7138-A(Hoylman)/A.9032-A( Lentol) which would require all New York school boards to adopt a policy on student suicide prevention, intervention, and post-vention for grades 7 to 12.

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## Enhanced School-based Mental Health Services

**What's the Issue?** Simply put, there aren't enough qualified mental health professionals in schools, and there's a general lack of other therapeutic supports, capable of meeting the growing mental health needs of students.

**Why it Matters?** Anxiety and depression (among other mental illnesses) are rising among school-age youth. According to NIMH the lifetime prevalence rates of mental illness among 13 to 18 year olds is 21% with severe impact and 46% with mild, moderate or severe impact. Therefore, nearly half of youth in this age range has experienced some level of mental health challenge. Left untreated, these conditions can result in poor academic performance, substance use and addiction, legal problems and most tragically, self-harm and suicide. In fact, the suicide rate among youth has risen by 56% between 2007 and 2016.

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**Recommendation for Legislators: MHANYS is seeking funding of several enhancements for schools to support more mental health professionals as well as therapeutic after-school mental health services.**

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## Whole Health Equity for Colleges

**What's the Issue?** The policies and practices of how colleges and universities deal with student mental health challenges is not always fair or helpful, and can at times add to the burden that students have to manage. Whole health equity means that mental health challenges are treated the same way as physical health challenges when it comes to a student's need for accessing help and/or certain accommodations made to the student's schedule, such as when, for example, a leave of absence is needed.

MHANYS wishes to draw policy maker attention to several areas of concern that would benefit from increased awareness among legislators. We recommend three areas of focus for policy makers to explore when considering ways to enhance whole health equity in New York's colleges and universities. These include:

- Timeliness in meeting students' immediate need for initial mental health evaluation and services for students experiencing a mental health crisis or who are otherwise in distress;
- Mental health awareness training policies for college personnel commensurate with physical health awareness training such as first aid, CPR, disease and injury prevention, etc., and;
- Leave of absence and return policies, and reasonable accommodation policies geared toward avoiding leaves of absence when possible.

**Why it Matters?** For most college students the period of time engaged in higher education represents a critical period of development in their lives and marks a period of time that can have serious implications for success in later life. Students are independent adults navigating the challenges of academic life and independent living for the first time apart from direct parental guidance. Yet, at the same time they are entrusted to the care and supervision of colleges, which bear significant

responsibility for student safety and well-being. With this in mind, consider that many mental illnesses reach crisis levels in college often among students with symptoms that may have been present for some time and either went unnoticed or unattended to. Mental illness among college students is on the rise as colleges struggle to adequately meet the need for mental health services and supports for students with psychiatric disabilities. The rate of moderate to severe depression among U.S. college students rose from 23.2% in 2007 to 41.1% in 2018, while rates of moderate to severe anxiety jumped from 17.9% in 2013 to 34.4% in 2018. Twenty percent of all students surveyed had thought about suicide, while 9 percent reported having attempted suicide and nearly 20 percent reported self-injury.

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**Recommendation for Legislators:** Ask lawmakers to create opportunities to hear from a broad and diverse field of stakeholders including students, college officials, mental health advocates, clinicians, parents, higher education stakeholders and civil rights advocacy groups with the objective of identifying needed public policy interventions. MHANYS recommends either a legislative hearing or a “round table” discussion devoted to this issue.

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## Veterans and Military Families

### PFC Joseph P. Dwyer Veteran Peer Support Program

**What’s the Issue?** Launched in 2012 as a pilot project the PFC Joseph P. Dwyer Veteran Peer Support Program takes a confidential, one-on-one, peer-to-peer approach to overcoming these barriers. The mission of the Dwyer Project is to assist Veterans, service members, and their families to achieve and sustain personal health, wellness, and purpose in their post-service lives through the support of trained veteran peers. The Dwyer Project was initially launched in the counties of Suffolk, Jefferson, Saratoga and Rensselaer. The program has since expanded to a total of into 23 projects across New York State.

**Why it Matters?** According to the RAND Center for Military Health Policy Research 20 percent of the vets who served in either Iraq or Afghanistan suffer from either major depression or post-traumatic stress disorder. 19.5 percent of vets in these two categories have experienced a traumatic brain injury. These three service-related disorders alone have an enormous impact on the demand for veteran mental health treatment. Unfortunately, veterans with mental health needs are often reluctant to get help for a variety of reasons including stigma, shame, embarrassment and fear of being perceived as weak. The peer to peer (i.e., vet-to-vet) approach of the program helps to overcome these barriers. The program allows for complete anonymity without fear of reprisal. The program’s goal is to link Veterans together for socialization and friendship and ultimately, if needed, a greater willingness to seek and receive mental health care.

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**Recommendation for Legislators:** Advocate for renewed funding to continue the Joseph Dwyer Peer to Peer Project and expand the program to include additional counties. We would also advocate for greater involvement of families within the funding model.

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