



MHANYS Mental Health Matters Day

Wednesday, March 11, 2020

Legislative Summary

3for5 – SO COMMUNITIES THRIVE. Funding for human service providers in New York has been slashed by 26% since 2008, resulting in funding levels lower than in 1980. These agencies provide care to the most vulnerable people in our state. They care for people in need of mental health services, supportive housing, the elderly in nursing homes, at-risk children in after school care, people with addictions, the homeless and people with developmental disabilities.

Solution: MHANYS is joining the chorus of human service providers to urge the State to commit to 3for5, a 3 % increase on nonprofit contracts and rates for each of the next five years.

SCHOOL MENTAL HEALTH RESOURCE AND TRAINING CENTER. The Resource Center helps schools succeed in teaching students and training teachers about mental health. Many schools are discovering the value of the Resource Center. Funding is needed to allow the Resource Center to continue to operate and to expand its role to training more school personnel and helping families better understand mental health.

Solution: MHANYS is seeking an additional \$500 thousand dollars from the Legislature to support an expansion in its ability to provide teachers and school leaders with mental health training and to support family engagement.

MENTAL HEALTH TRAINING FOR SCHOOL PERSONNEL. Rates of anxiety and depression among students are at an all-time high and teachers and administrators receive very little if any training in mental health. In addition, students in New York are now required to learn about mental health as part of health class. Teachers and leaders need training now more than ever.

Solution: S.7612 (Carlucci)/A.9806 (Fernandez) which would require all teachers, teaching assistants and educational leaders to receive three hours of mental health training annually.

SUICIDE PREVENTION. In New York in 2017, 17.4% of high school students 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. Schools can play a critical role in suicide prevention and intervention efforts for youth in crisis. Unfortunately, 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.

Solution: 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.

ENHANCED SCHOOL-BASED MENTAL HEALTH SERVICES. 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. This is unacceptable because anxiety and depression (among other mental illnesses) are rising among school-age youth and nearly half of youth 13 to 18 years old have experienced some level of mental health challenge.

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

WHOLE HEALTH EQUITY FOR COLLEGES. The policies and practices of how colleges and universities handle 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 accommodating leaves of absence and living situations.

Solution: Ask lawmakers to create opportunities to hear from students, college officials, mental health advocates, clinicians, parents, higher education stakeholders and civil rights advocacy groups to identify needed public policy interventions. MHANYS recommends either a legislative hearing or a roundtable discussion devoted to this issue.

VETERANS AND MILITARY FAMILIES. 20 percent of the veterans who served in either Iraq or Afghanistan suffer from either major depression or post-traumatic stress disorder. 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 PFC Joseph P. Dwyer Veteran Peer Support Program helps to overcome these barriers so that veterans and their families can get the care they need.

Solution: 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.



MHANYS.org



@MHANYSinc



@MHAacrossNYS