

To: United States Department of Education
From: Robert Roseman
Subject: Implement Comprehensive Mental Health Education in Schools Nationwide
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Introduction

Suicide is the second leading cause of death amongst people ages 10-34 in the United States. The mental health crisis that has been brewing in our nation for decades is reaching a breaking point. Over the course of the past two decades, the rate of suicides in the United States has risen at an alarming rate. The only way to curb this frightening pandemic that our nation is facing is to institute comprehensive mental health education in every school across the country. Comprehensive mental health education would decrease the stigma associated with mental health while training students and educators alike to notice the warning signs associated with mental health crises and challenges. The Department of Education must ensure that mental health education is a priority in our educational institutions.

Rapidly Rising Rates of Mental Health Crises in the United States

Across the United States, the rates of suicide have been increasing dramatically over the past twenty years. Focusing on the twelve-year span of 2006-2018, the suicide rate increased by 2.1% per year. Simultaneously, the suicide rate rose from 10.5 per 100,000 U.S. standard population in 1999 to 14.2 in 2018.¹ At the same time that rates of mental health concerns are rising in the United States, 75% of schools reported that inadequate funding limited schools' abilities to provide mental health services to students. In addition, 64% of schools reported that inadequate access to licensed mental health providers limited schools' abilities to provide mental health services to students as well.²

The Department of Education has begun to provide limited resources to school districts in order to expand their mental health services. In 2019, the Department of Education created the Mental Health Demonstration Grant program which awarded \$11 million to 27 state education authorities in order to provide more funding for school-based mental health providers.³ While the distribution of this money can provide more mental health resources to a few localities, it does not provide anywhere near sufficient resources to tackle this nationwide crisis.

¹ "Products - Data Briefs - Number 361 - March 2020." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, April 8, 2020. <https://www.cdc.gov/nchs/products/databriefs/db362.htm>

² "Explore Data on Mental Health Services in K-12 Public Schools for Mental Health Awareness Month." IES, May 30, 2018. <https://nces.ed.gov/blogs/nces/post/explore-data-on-mental-health-services-in-k-12-public-schools-for-mental-health-awareness-month>.

³ "U.S. Department of Education Announces New Grant Awards to Address School Safety and Improve Access to Mental Health Services." U.S. Department of Education, October 8, 2019. <https://www.ed.gov/news/press-releases/us-department-education-announces-new-grant-awards-address-school-safety-and-improve-access-mental-health-services>.

Since children in the United States are not receiving the mental health education and support that they need early enough, the crisis continues to affect individuals well into college and young-adulthood. The burden of mental health education and intervention is being shifted from local schools to colleges, universities, and even the criminal justice system. Colleges and universities are facing students with undiagnosed and untreated mental health conditions. Between 1992 and 2002, visits to the counseling center at 11 large Midwestern universities had risen 42%.⁴ Colleges and universities are not the only institutions being confronted with large populations of people who are dealing with undiagnosed and untreated mental health concerns, though. Studies have shown that up to 70% of youth in the criminal justice system have mental disorders.⁵ Local schools are failing our young people and forcing other institutions and systems to treat people with mental disorders.

Methods to Infuse Mental Health Education in Schools

Schools must infuse mental health education amongst the educators themselves, the students, and community partners. There are three primary ways that schools should disseminate mental health education. Through the implementation of Mental Health First Aid programs, the Hope Squad, and Positive Behavioral Interventions and Support, schools will be able to more effectively address mental health concerns. These programs have been shown to be effective in educating students and teachers as well as in minimizing the rate of mental health concerns. In addition to the benefits that these programs have for educators and students, they also bring together community mental health organizations to share expertise and participate in these critical advancements.

Mental Health First Aid (MHFA) is a relatively new training that provides teachers and educators with the knowledge to be able to effectively provide front-line, temporary support to students who have shown signs of mental health struggles. The Rand Health Quarterly provides significant insights into the promising success that Mental Health First Aid can have. In a review of a number of different studies of Mental Health First Aid, the authors found that “MHFA appears to be useful in improving mental health knowledge and reducing stigma across most target populations.” They also recognized that MHFA was “associated with self-reported increases in providing help to others with mental health needs.”⁶ While there are limitations with the efficacy of this program in regards to ethnic minority groups, when used in conjunction with other mental health education programs this program can help to minimize stigma and increase recognition of mental health concerns.

In addition to educators being trained in Mental Health First Aid, students must have access to positive peer role models. The most effective way to institute this is through the implementation of Hope Squad programs in schools. An article in the journal *Children & Schools* provides

⁴ Schwartz, Victor, and Jerald Kay. “The Crisis in College and University Mental Health.” *Psychiatric Times*, October 10, 2009. <https://www.psychiatrictimes.com/view/crisis-college-and-university-mental-health>.

⁵ Kutcher, Stanley, and Ainslie McDougall. “Problems with Access to Adolescent Mental Health Care Can Lead to Dealings with the Criminal Justice System.” *Paediatrics & child health*. Pulsus Group Inc, January 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661329/>.

⁶ Wong, Eunice C, Rebecca L Collins, and Jennifer L Cerully. “Reviewing the Evidence Base for Mental Health First Aid: Is There Support for Its Use with Key Target Populations in California?” *Rand health quarterly*. RAND Corporation, July 15, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5158252/>.

statistically significant evidence that Hope Squad programs achieve positive outcomes in the schools that they have been implemented in. The conclusions that they made were that Hope Squad programs improve “self-efficacy in crisis response and increases knowledge of how to help a suicidal peer and understanding of resources that help a suicidal peer.”⁷ Implementing Hope Squad programs at all levels of schooling can lead to better mental health outcomes not only in the short-term, but also in the long-term mental well-being of the participants.

The other program that must be instituted nationwide is that of Positive Behavioral Interventions and Supports (PBIS). PBIS is a program that trains educators on ways to alter the educational setting through different disciplinary policies and positive reinforcement measures. These policies create positive change in educators which leads to increased positive actions by the students as well. A three-year randomized trial of PBIS policies shows promising student results. Their findings show that Positive Behavioral Interventions and Supports is associated “with improvements in students’ perceptions of safety at school, an increase in third-grade reading performance, and reductions in office disciplinary referrals.” Such improvements led to a “significant reduction in students’ need for and use of school based counseling services.”⁸ Effective disciplinary policies along with positive reinforcements through the implementation of Positive Behavioral Interventions and Supports leads to better mental health outcomes of students.

Conclusion

At a time when mental health crises in our nation are continually rising at increasingly alarming rates, action must be taken. Comprehensive mental health education is the most effective and efficient way to promote positive mental health outcomes and erase the stigma that derives from mental health challenges. The lack of attention that mental health education gets in the American school system leads to long-term negative consequences for students’ well being. The way to address this problem is through mental health education. The Department of Education must make mental health education a priority. The education systems in the United States are designed to prepare students for their futures. When students are facing unrecognized, undiagnosed, and untreated mental health challenges, they are unable to effectively learn and prepare for their futures.

Monetary resources must be directed to programs such as Mental health First Aid, Hope Squad, and Positive Behavioral Interventions and Supports. Research on these policies must be pursued to gain a better understanding of the benefits that programs like these can have. Nationwide, there must be a mandate for mental health education and awareness to be discussed in public schools. To appropriately address the mental health epidemic that our nation is facing, attention must be directed to educating our teachers and students on warning signs of suicidality and interventions that can be implemented to decrease the rate of suicides in our nation. If our students are our future, shouldn’t we ensure that they have the tools needed to be successful?

⁷ Wright-Berryman, Jennifer, Greg Hudnall, Rodney Hopkins, and Cathy Bledsoe. “Hope Squads: Peer-to-Peer Suicide Prevention in Schools.” *Children & Schools* 40, no. 2 (2018): 125–26. <https://doi.org/10.1093/cs/cdy005>.

⁸ Bradshaw, Catherine P., Mary M. Mitchell, and Philip J. Leaf. “Examining the Effects of Schoolwide Positive Behavioral Interventions and Supports on Student Outcomes.” *Journal of Positive Behavior Interventions* 12, no. 3 (2009): 133–48. <https://doi.org/10.1177/1098300709334798>.