

## The Importance of Mental Health Services and Healthy Supportive Environments In All Schools

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Children spend more time in school than in any other formal setting.<sup>1</sup> Accordingly, schools play a key role in a child’s development -- from peer relationships and social interactions to academic attainment and cognitive progress, to emotional, physical and behavioral well-being. All these areas are affected by mental health, which research shows bears directly on academic attainment.<sup>2</sup>

### ***Why The District Must Focus on Mental Health***

Increasingly schoolchildren across the United States have been identified as having significant mental and behavioral health needs. Among the more common disorders diagnosed in childhood are attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders.<sup>3</sup> One in six U.S. children aged 2–8 years (17.4%) has had a diagnosed mental, behavioral, or developmental disorder.<sup>4</sup> The Centers for Disease Control and Prevention reports that one in five U.S. children currently have, or at some stage have had, a debilitating mental illness.<sup>5</sup> Fifty percent of mental illness begins by the age of 14, according to the American Psychiatric Association.<sup>6</sup> In addition, an increasing number of children suffer from depression and anxiety, ranging from mild symptoms to more severe

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<sup>1</sup> Rutter M, Maughan B, Mortimore P, Ousden J. Fifteen thousand hours: secondary schools and their effects on children. Harvard University Press; Cambridge, MA: 1979.

<sup>2</sup> *Id.*

<sup>3</sup> Data and Statistics on Children's Mental Health at <https://www.cdc.gov/childrensmentalhealth/data.html>.

<sup>4</sup> Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383. [[Read article](#)]

<sup>5</sup> Merikangas KR, He J, Burstein M, et al. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*. 2010;49(10):980-989. doi:10.1016/j.jaac.2010.05.017. *See also* <https://www.cdc.gov/mentalhealth/learn/index.htm>

<sup>6</sup> Warning Signs of Mental Illness, American Psychiatric Association, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018839/> // [www.psychiatry.org/patients-families/warning-signs-of-mental-illness](https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness)

forms, such as panic attacks. When mild symptoms are ignored, they can lead to more significant depression, withdrawal from school, and increase the risk of substance abuse.<sup>7</sup> Childhood psychiatric disorders are also associated with educational failure<sup>8</sup> and are associated with a range of additional adverse outcomes, including being more likely to enter the criminal justice system.<sup>9</sup>

Children who are struggling with psychological conditions or might need mental health support do not form a discrete or finite group. Rather, any student may experience a mental health crisis due to a wide range of circumstances and conditions. This is why creating a universal response that centers on a safe, supportive, and trauma-informed school environment is needed for all children. In addition, as childhood and adolescent mental and behavioral health disorders have become more common, schools must ensure that students receive accommodations and special education services in school as required to ensure equal access to learning under federal disability and civil rights laws.<sup>10</sup> In addition, students must be connected to mental health services in schools and in their communities. Addressing all of these important issues is critical to meeting the learning needs of all District students.

### ***Schools Must Be Safe, Supportive, Trauma-Informed Environments That Support Positive Mental Health***

Several school-specific factors are recognized as impacting mental health including school climate, bullying, and the quality of relationships between teachers and children.<sup>11</sup> The prevalence of bullying, which often takes place in the school context, doubles the odds of suicidal ideation and suicidal attempts for young people who report peer victimization.<sup>12</sup> Bullying can also affect children into adulthood by increasing the prevalence of anxiety, depression, and self-harm.<sup>13</sup> ELC receives many complaints from parents about bullying in District schools, and submitted important proposed revisions

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<sup>7</sup> Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018839/>.

<sup>8</sup> Riglin L, Frederickson N, Shelton KH, Rice F. A longitudinal study of psychological functioning and academic attainment at the transition to secondary school. *J Adolesc.* 2013;36:507–17.

<sup>9</sup> Kim-Cohen J, Caspi A, Moffitt TE, Harrington H, Milne BJ, Poulton R. Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Arch Gen Psychiatry.* 2003;60:709–17; Ramey CT, Ramey SL. In defense of special education. *Am Psychol.* 1998;53:1159–60.

<sup>10</sup> See Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 701 *et seq.* and *Individuals with Disabilities Education Act*, 20 U.S.C. § 1400, *et. seq.*

<sup>11</sup> Mina Fazel, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford, Mental health interventions in schools 1, *Mental health interventions in schools in high-income countries Lancet Psychiatry.* (Octo. 15, 2014): 377–387, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/#R21>.

<sup>12</sup> Van Geel M, Vedder P, Tanilon J. Relationship between peer victimization, cyberbullying, and suicide in children and adolescents: a meta-analysis. *JAMA Pediatr.* 2014;168:435–42.

<sup>13</sup> Meltzer H, Vostanis P, Ford T, Bebbington P, Dennis MS. Victims of bullying in childhood and suicide attempts in adulthood. *Eur Psychiatry.* 2011;26:498–503.

and comments to Board Policy 249 to improve the District’s response to bullying including allowing a “school safety transfer” in extreme cases where a school cannot be made safe for a child.<sup>14</sup> Poor relationships between teachers and students have also been identified as a predictor of the onset of childhood psychiatric disorders<sup>15</sup> and low academic attainment.<sup>16</sup>

In addition, it is also well documented that trauma causes emotional or psychological damage to children.<sup>17</sup> A wide range of experiences can result in trauma, and a child’s response to these potentially traumatizing events will vary depending on the characteristics of the child environment and experience.<sup>18</sup> *An estimated two in three children are exposed to traumatic experiences* that have the potential to impact brain development, social functioning, and ability to learn and engage in school.<sup>19</sup> These students may adopt a set of behaviors or patterns or thinking that put them on a path for further trauma. This “cycle of trauma” is particularly important to keep in mind in the school environment, where students may display problem behaviors related to past trauma and become re-traumatized through school discipline measures that embed the trauma further and continues the cycle of behavioral problems rather than alleviating them. A primary goal of the trauma-informed approaches in schools is to prevent re-traumatization by acknowledging past trauma and its triggers, avoiding stigmatizing and punishing students, and providing a safe supportive environment to lessen the impact of trauma.

Trauma-informed approaches reframe how educators/disciplinarians perceive students’ behavior. Instead of directly placing blame on the child, it requires taking a step back and being mindful of the situation that created the behavior. This attitude becomes more

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<sup>14</sup> ELC submitted written comments regarding Policy 249 to the Policy Committee on November 14, 2019, available here <https://www.elc-pa.org/resource/testimony-meeting-the-needs-of-students-who-experience-bullying-in-the-school-district-of-philadelphia/>. ELC submitted additional written comments regarding Policy 249 to the Policy Committee on January 16, 2020.

<sup>15</sup> Lang IA, Marlow R, Goodman R, Meltzer H, Ford T. Influence of problematic child-teacher relationships on future psychiatric disorder: population survey with 3-year follow-up. *Br J Psychiatry*. 2013;202:336–41. [[PubMed](#)] [[Google Scholar](#)]

<sup>16</sup> Cadima J, Leal T, Burchinal M. The quality of teacher-student interactions: associations with first graders’ academic and behavioral outcomes. *J Sch Psychol*. 2010;48:457–82. [[PubMed](#)] [[Google Scholar](#)]

<sup>17</sup> Center on the Developing Child at Harvard University. (2007). A science-based framework for early childhood policy: Using evidence to improve outcomes in learning, behavior, and health for vulnerable children. Retrieved from [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/policy\\_framework/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/policy_framework/)

<sup>18</sup> Cole, S.F., O’Brien, J.G., Gadd, M.G., Ristuccia, J., Wallace, D.L., & Gregory, M. (2005). *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence*. Boston, MA: Massachusetts Advocates for Children. Retrieved from [http://www.massadvocates.org/documents/HTCL\\_9-09.pdf](http://www.massadvocates.org/documents/HTCL_9-09.pdf).

<sup>19</sup> Children and Trauma: Update for Mental Health Professionals: 2008 Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, available at <https://www.apa.org/pi/families/resources/children-trauma-update>.

reflexive with education and training on trauma and its impacts, trauma-informed policies, and a dedication to rejecting re-traumatization.<sup>20</sup> Committing to creating supportive, trauma-informed schools has the potential to affect all students, and implementing a trauma-informed approach across the District builds on trauma frameworks that have documented widespread positive effects and improve student academic outcomes.<sup>21</sup>

### ***Connecting Students to Mental Health Services and Supports***

Mental health services embedded within school systems can also create a continuum of care that improves both mental health and educational attainment for children. Models include a reconfiguration of education and mental health systems to aid implementation of evidence-based practices or integrative strategies that combine classroom-level and student-level interventions. Such integration supports deeper access to services and can promote the healthy development of children.<sup>22</sup> Even if services cannot be made available in schools, facilitating access to mental health resources in the community is critical to meeting the needs of students.

### ***ELC's Recommendations***

In light of the plethora of research regarding the importance of mental health services, the critical role of schools in creating healthy supportive environments for children, and the need for mental health services and interventions, we urge the School Board to consider adopting the following policy priorities, which are also supported by Youth United for Change:

*The School District should develop and implement a mental health criteria for a healthy schools baseline and a holistic healthy schools action plan and policy that is developed collaboratively with multiple stakeholders.*

*Every school should have transparent and accessible information regarding all mental health support services available to students including resources in the*

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<sup>20</sup> 2 C. Menschner and A. Maul. Key Ingredients for Successful Trauma-Informed Care Implementation. Center for Health Care Strategies. April 2016. Available at: <https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/>.

<sup>21</sup> *Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools* (Education Law Center Dec. 2014), available at <https://www.elc-pa.org/wp-content/uploads/2015/06/Trauma-Informed-in-Schools-Classrooms-FINAL-December2014-2.pdf> .

<sup>22</sup> Mina Fazel, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford, Mental health interventions in schools 1, *Mental health interventions in schools in high-income countries Lancet Psychiatry*. (Octo. 15, 2014): 377–387, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/#R21>.

*District and local community. High schools should be connected with Community Behavioral Health providers just like District elementary and middle schools are.*

*The District should provide mental health & trauma-informed training for school staff and students.*

*All disciplinary interventions should be trauma-informed.*

These changes would make a profound difference for all District students by ensuring a healthy, supportive and trauma-informed environment and that students with mental health needs are readily connected to the support services and interventions they need.

Thank you for the opportunity to submit written testimony.