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OFFICE OF ELEMENTARY AND SECONDARY EDUCATION, U.S. DEPARTMENT OF
EDUCATION

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Education, and Related Agencies

“Oversight Hearing – Children’s Mental Health”

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I. Introduction

Chairman Kingston, Ranking Member DeLauro, and Members of the Subcommittee - thank you for holding this hearing on children’s mental health. I appreciate the opportunity to share the Department of Education’s (Department) efforts and the Obama Administration’s plan for improving mental health supports for students. I am very pleased to be here with my colleague, Pam Hyde, from the Substance Abuse and Mental Health Services Administration.

Our students today face a myriad of challenges impacting their mental, behavioral, and emotional wellbeing – in their schools, in their homes, and in their communities. There are many complexities of life impacting children’s overall wellbeing and, in turn, affecting their academic achievement and their feelings of inclusiveness and safety in school settings.

There is a growing awareness among policymakers of the linkages between children’s exposure to violence and their mental and emotional wellness. The Department of Justice’s (DOJ) and Centers for Disease Control and Prevention’s (CDC) groundbreaking National Survey of Children Exposed to Violence has demonstrated the impact of violence on the wellbeing of students. As many as ten percent of children in this country are polyvictims – that is, they have been exposed to multiple forms of violence, such as community violence, sexual abuse, domestic violence, and others. Repeat victimization, by multiple forms of violence, increases the risk and severity of health and mental health disorders for exposed children by at least twofold and up to tenfold.¹ Children who have been experienced victimization and trauma often have cognitive, physical, social, and emotional needs that may or may not meet the diagnostic criteria for a mental health disorder but still must be addressed in order for them to be successful in school, at home and in the community.

¹ Report of the Attorney General’s National Task Force on Children Exposed to Violence, 2012.

More than ten percent of girls will have been physically forced to have sexual intercourse by the time they graduate from high school.² Victims of sexual assault are more likely to suffer academically and from depression, post-traumatic stress disorder, to abuse alcohol and drugs, and to contemplate suicide.³

Further, the data clearly shows that more progress is needed in the area of youth suicide. According to the CDC's Youth Risk Behavior Surveillance Survey, almost 16 percent of students seriously considered attempting suicide in 2011, and almost 8 percent actually attempted suicide.⁴

To ensure that our students are able to focus on learning, our schools must equip staff with effective tools and strengthen partnerships with community mental health professionals to help identify risk factors, identify students displaying signs of emotional and mental distress, and offer strategies to connect students to a continuum of supports to help them cope, recover, and continue in their academic careers. School-based mental health services are one important tool to help ensure that our students obtain the care they need. School-based mental health services have many benefits, including easy access for all students and a positive effect on the learning environment and educational outcomes.

Under applicable federal laws, schools have an obligation to identify, evaluate, and provide special education and related aids and services to students who are known or suspected to have disabilities, including mental-health-related disabilities.⁵ Providing school-based mental health services offers the convenience of location for busy families who need care, which can mean less time away from work and the classroom. The capacity to provide individually tailored mental health supports and counseling services helps schools keep students with social and emotional challenges engaged and successful in school.

However, addressing the mental health needs of all children requires a broad array of approaches and techniques - some of which are beyond the resources of a school. For

² Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance survey – United States, 2011. MMWR 2012; 61(No. SS-4):[10].

³ Centers for Disease Control and Prevention, Understanding Sexual Violence Fact Sheet (2011).

⁴ Trends in Prevalence of Suicide-Related Behaviors. National YRBS: 1991- 2011.

⁵ Under the Individuals with Disabilities Education Act (IDEA), school districts have a "child find" obligation, which requires districts to identify, locate, and evaluate all children with disabilities in a State from birth through age 21, regardless of the severity of disabilities. 34 CFR 300.111. Likewise, under Section 504 of the Rehabilitation Act of 1973, school districts must conduct an evaluation before placement or change in placement for any student who, because of disability, needs or is believed to need regular or special education or related aids and services. 34 CFR 104.35(a).

example, while the American School Counselors Association recommends a ratio of 250 students to every counselor, the national student to counselor ratio is approximately 450 to 1, as of 2010. Only five states maintain ratios under 300 to 1.⁶ Additionally, it is not common to have adequate numbers of social workers and psychologists working in schools to train staff and meet the needs of our students, especially those who are most vulnerable.

Therefore, we need to not only improve and increase access to school-based mental health supports but also foster close partnerships between schools and mental health organizations within the broader community. These community resources can provide information and resources about mental health, and high-quality treatment options, to help our educators provide high-quality instruction to all students, especially those most at risk.

Further, this capacity to provide school-based mental health services and referral to community resources is critical to ensuring that educators are able to prevent and respond effectively to the myriad of incidents that can impact students – from emotional distress that students bring with them to school, to bullying, harassment and teen dating violence. Last December, I testified before the Senate Judiciary Committee about the epidemic of school suspensions, expulsions, and referrals to law enforcement that are pushing our students into the juvenile justice system, and are creating obstacles to high school completion. Schools' staff must be trained to recognize that some misbehavior may be symptomatic of mental illness or substance use disorder and should not automatically lead to detention or suspension which contributes to the school to prison pipeline for this population of students. Behavioral incidents can be an opportunity to help a student who is dealing with trauma and to support the needs of students with emotional and behavioral difficulties. In 2011, 18.2 percent of youths aged 12 to 17 who had a major depressive episode (MDE) also had a substance use disorder.⁷ Yet, only 21.5 percent of children 12-17 with a diagnosis of depression, 10.5 percent of youth with drug use who reported a need for treatment and 6.4 percent of youth with alcohol use disorders⁸ reported receiving treatment at a specialty facility. Without this

⁶ The College Completion Agenda: 2012 Progress Report. CollegeBoard Advocacy and Policy Center.

⁷ Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

⁸ Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

understanding, many schools turn to suspension or expulsion, attempting to remove a disruptive “problem child” from the classroom and school. Too many of our schools are, unfortunately, operating in a reactive mode rather than a proactive one. Such a deficit model is not conducive to the emotional wellbeing of our students.

II. Recent Department Efforts

In recent years, the Department has worked to improve educator and student access to mental health resources and supports through financial support to school districts, technical assistance, and interagency partnerships with federal partners such as the Department of Health and Human Services’ (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA).

Safe Schools/Healthy Students (SS/HS). Since 1999, the Department has partnered with DOJ and SAMHSA to address youth violence prevention and supporting the social-emotional and behavioral needs of students and communities through the SS/HS initiative. Through the Supportive School Discipline Initiative and the National Forum on Youth Violence Prevention (described below), the SS/HS initiative has partnered with other federal initiatives to share the important teachings from SS/HS grantee communities.

Elementary and Secondary School Counseling Grants. Our Office of Safe and Healthy Students also administers a grant program to establish or expand school counseling in elementary and secondary schools. In 2012, we awarded \$21.2 million to 60 recipients in 24 states to hire and train qualified mental-health professionals with the goal of expanding the range, availability, quantity, and quality of counseling services.

National Center for Safe Supportive Learning Environments. In 2012, the Office of Elementary and Secondary Education worked closely with SAMHSA to jointly establish a new technical assistance center focused on helping elementary, secondary, and postsecondary schools to improve school climate and strengthen mental health supports for students and to prevent bullying in schools. This collaboration aims to help schools better access SAMHSA’s wealth of information and resources on mental and behavioral health promotion.

Positive Behavioral Interventions and Supports (PBIS). The Office of Special Education and Rehabilitative Services (OSERS), which has invested in behavioral research, demonstration, and technical assistance activities for more than 20 years, including through the Positive Behavioral Interventions and Supports Center, provides states, schools, and communities with a clear, evidence-based roadmap to safer school climates that support students through evidence-based behavioral frameworks.

National Forum for Youth Violence Prevention. The Department is one of multiple federal partners supporting the National Forum on Youth Violence Prevention – an interagency initiative to help 10 cities across the Nation elevate youth and gang violence as an issue of significance; enhance the capacity of participating localities, along with others across the country, to more effectively prevent youth and gang violence; and sustain progress and systems change through engagement, alignment, and assessment. We are working closely with DOJ and HHS to strengthen the use of behavioral frameworks in these cities’ schools. The ten cities⁹ that comprise the National Forum have pledged to strengthen local capacity to prevent youth violence and gang violence. We see behavioral frameworks as a key strategy for their schools to boost capacity in delivering mental health and social and emotional supports, and creating safer and more productive environments for their students and staff.

Supportive School Discipline Initiative (SSDI). As I noted earlier, the Department sees a relationship between schools’ ability to support students’ mental health and their ability to manage and respond to student misbehavior. We have partnered with DOJ to reduce school reliance on suspensions, expulsions, and referrals to law enforcement, and, at the same time, help educators identify effective alternatives to exclusionary discipline. At the core of the SSDI is an effort to develop a broad consensus on the steps that the education, judicial, and health communities must take to realize essential changes. As part of this effort, the Department and DOJ have supported the efforts of the Council of State Governments Justice Center, in concert with members of the philanthropic community, to lead the development of consensus-based recommendations on how to keep school environments safe and students productively engaged in school. Over the course of the next year, this national consensus-building project will convene groups from multiple disciplines – including education, behavioral health, juvenile justice, social services, law enforcement, and child welfare—to first identify key issues related to academic success, juvenile justice concerns, and safe and engaging learning environments, and then recommend solutions that keep students engaged in school and out of the justice system. The strength of this work lies in its ability to bring together adults from different sectors, including mental health professionals, who care deeply about our most vulnerable children and support collective action on behalf of these youth.

III. Now is the Time

On January 16th, the President announced a comprehensive plan, *Now is the Time*, to protect our children and communities by reducing gun violence. This plan outlines a multi-

⁹ The 10 cities that currently compose the National Forum for Youth Violence Prevention as of December 2012: New Orleans, LA; Philadelphia, PA; Minneapolis, MN; Camden, NJ; Boston, MA; Chicago, IL; Detroit, MI; Memphis, TN; Salinas, CA; and San Jose, CA.

faceted approach that reflects the complexity of the problem and is based on the recommendations of the Vice President’s Task Force established in the wake of the school shooting in Newtown. No educator, child, parent, family, or community should experience the horrific events such as those of Newtown, Virginia Tech, and Columbine. In communities all across America, young lives are lost due to senseless gun violence at a rate that is absolutely staggering. It is essential that our schools and communities are made safer by identifying and taking common-sense approaches to help prevent future tragedies.

The education-related proposals in *Now is the Time* are organized around improving mental health services for young people and school safety. In designing those proposals, we worked with our partners at HHS to develop a number of policy proposals to ensure students and young adults have access to and receive appropriate mental health treatment when needed. HHS is spearheading initiatives designed to reach 750,000 young people through programs that train teachers and other adults to identify mental health issues early and refer young people to treatment, to support state-based strategies to help individuals ages 16-25 at high risk for mental illness, and to train more than 5,000 additional mental health professionals to serve students and young adults.

Additionally, Secretary Duncan is working with Secretary Sebelius to launch a national dialogue about mental health. This dialogue aims to reduce the social barriers that prevent individuals from seeking the mental health help they need, and to reduce negative attitudes toward individuals with mental illness. The dialogue also will bring to light efforts to diminish the fear or shame associated with having a mental illness, and to correct the misinformation or lack of information about mental health services. The national dialogue, which will begin this spring, will help decrease these barriers so more individuals in need of help will reach out for mental health services and more communities across the country will be better equipped to discuss mental health issues and help those who need services to access them.

While many of the mental-health focused proposals will be led by our partners at HHS, one school-based initiative with a strong mental health component that the Department is leading is a program to address pervasive violence in communities, which can have significant mental health consequences. Exposure to violence affects approximately two out of every three children.¹⁰ In order to help break the cycle of violence and help schools address the effects of pervasive violence that affects many students, *Now is the Time* includes a proposal for a \$25 million initiative that will support school-based violence prevention strategies, conflict resolution programs, and mental health services for trauma or anxiety. This important initiative

¹⁰ <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>.

would help address the effects of violence, reinforce positive learning environments in schools, and help prevent future violence.

A nurturing and supportive school climate is essential to helping students feel safe and we recognize that it significantly impacts student achievement. *Now is the Time* also includes a \$50 million proposal for a new initiative to help schools create safer and more nurturing school climates. These grants would assist schools in the use of evidence-based strategies to address problem behaviors such as bullying and harassment and intervene positively in the redirection of students' behaviors and responses. Our proposal draws heavily from what the Department has learned through OSERS' PBIS work which research shows, when implemented well, improves students' social skills, leading to an improved self concept and a reduction in problem behavior, bullying, peer victimization, and harmful suspensions that disrupt a child's educational opportunities through unnecessary removal from the classroom.

The plan also includes \$30 million to provide one-time grants to states to help schools develop and implement high quality emergency management plans. This investment would help schools review their emergency management plans to make sure they are high quality and are actually practiced and used. The Department also is working with DOJ, HHS, and the Department of Homeland Security (DHS) to release a set of model high-quality emergency management plans. The President's plan will also provide resources to school districts that will be designed to meet local needs, including improving access to mental health professionals, as appropriate. The Comprehensive School Safety program would provide \$150 million to develop school safety plans, improve equipment and systems, and train crisis intervention teams. School districts and law enforcement agencies would hire staff such as school psychologists, social workers, counselors and school resource officers and make other critical investments in school safety based on the needs of the local community and school system. We are working very closely with DOJ on successfully implementing proposals for this program, which DOJ would administer.

Providing essential services to improve the mental health of children is a critical component of our goal of empowering all children to find success in their daily lives and to feel great hope for their futures. By providing support systems for our children, and by offering essential tools and resources to our educators, we demonstrate that children's health and emotional well-being are important and we tell educators that we care about their success.

Again, thank you for this opportunity to testify, and I am happy to answer your questions.