



Student Mental Health Services Testimony  
Presented To  
The House Education & House Human Services Committees  
By  
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May 24, 2021  
10:00 a.m.

Good morning Chairman Sonney, Chairman Farry and the esteemed members of the House Education and House Human Services Committees. My name is Amy Tielemans, and I am the Legislative Chairperson and Past President for the Pennsylvania Association of Marriage and Family Therapists otherwise referred to as PAMFT. Seated next to me is Matthew Mutchler, current Chair Elect of PAMFT and Suzanne Morano, Executive Director of PAMFT.

PAMFT is the professional association for marriage and family therapy (MFT), which represents the interests of licensed marriage and family therapists (LMFT), students of marriage and family therapy and pre-licensed marriage and family therapists within the Commonwealth. LMFTs provide therapy to individuals, couples, and families through private practice, courts, private schools, health intuitions, child protective services, mental health treatment centers, research centers, prisons, businesses, and other organizations to assess, diagnose and improve mental and emotional disorders within the context of family or larger social systems.

MFTs are licensed by the State of Pennsylvania and must hold a master's or Doctorate degree in marriage and family therapy, have extensive education, training, clinical fieldwork and pass a rigorous exam to demonstrate professional competency and meet the highest ethical standards of the profession.

MFTs are specifically trained in systemic therapy to identify the behavioral, emotional, or mental health illness for individuals, groups, and families within the context of all the relationships which they are participants. Relationships impact a person's mental well-being, behavior, and emotional stability.

Like other states in the nation, the Commonwealth is facing a major mental-health crisis and unfortunately, our schools are feeling the brunt of this crisis. According to the National Alliance on Mental Illness, 17% of youth ages 6-17 live with a mental health condition and 98,000 Pennsylvanians aged 12-17 have depression. High school students with depression are more than 2x more likely to drop out of school than their peers and 57.1% of Pennsylvanians aged 12-17 who have depression did not receive any care in the last year.

Additionally, the CDC's Youth Risk Behavior Surveillance Data Summary & Trends Report: 2009-2019 stated that more than 1 in 3 high school students had experience persistent feelings of sadness or hopelessness in 2019 and approximately 1 in 6 youth reported making a suicide plan in the past year.

The COVID-19 pandemic has compounded this crisis and continues to present challenges to Commonwealth schools, educators, students and parents. Students already coping with mental health conditions have been especially vulnerable to changes, and now we are witnessing the broad impacts on Commonwealth students as a result of schools being closed, challenges with virtual learning, physical distancing guidelines and isolation, and other unexpected changes to their lives. Now more than ever, it is imperative that the General Assembly implement sound public policies to ensure Commonwealth students get the best possible care from clinical mental health care providers in order to promote early intervention and care integration while ensuring that the right services are available to students within the school system at the right time.

To that end, PAMFT is requesting that the Pennsylvania Department of Education remove the barriers in place that deny access to clinical mental health care for students and families by creating a School Clinical Mental Health Care Provider Certificate within its education specialist category, so all clinical mental health care providers have the ability to work in and be directly employed by schools.

The Pennsylvania Department of Education (PDE) requires an education certification for all professional positions in public schools. Teachers, school counselors, nurses, school psychologists, and administrators all hold a PDE professional certification in their specific area of expertise or subject matter. This ensures that Pennsylvania students are being educated by the highest quality of professionals that have successfully completed higher education course work, a supervised practicum, and passed a state issued exam. To date however, PDE has failed to acknowledge the necessity for and development of a school clinical mental health education specialist certification for ALL clinical mental health providers to respond to the mental health crisis in Commonwealth schools. While LMFTs employed by third party organizations and agencies contracted by school districts to work with educators and students, LMFTS and other clinical mental health care providers cannot be hired directly by school districts because there is no education specialist certification for clinical mental healthcare providers in PDE.

Rather than develop a comprehensive school clinical mental health provider education specialist certification for all clinical mental health care providers to assess, evaluate, diagnose and treat mental health and behavioral issues in schools, the Wolf Administration and the Department of Education have been solely focused on hiring more school social workers and guidance counselors to address the Commonwealth's mental health crisis in its schools. School social workers are viewed as experts about community resources in that they develop relationships with agencies albeit mental health services, food programs, or government resources and know the paperwork process to fully assist families. However, unless school social workers are licensed as clinical social workers and guidance counselors are licensed as professional counselors, neither are trained or have the statutorily defined clinical education, training and expertise to assess, evaluate, diagnose and treat mental health issues anywhere in this Commonwealth, including schools.

The over reliance of the Wolf Administration and PDE to hire more school social workers and guidance counselors who are not trained in nor maintain a clinical mental health care license to

“treat” mental health issues in schools could potentially do more harm than good. School social workers and guidance counselors do play an invaluable role in assisting students with acquiring the appropriate mental health care, community resources and school/career advancement guidance. However, they cannot legally assess, evaluate, diagnose and treat mental healthcare in the Commonwealth’s school system and there is continued confusion in terms of the roles and responsibilities of school-based mental health and support professionals.

The 2018 School Safety Task Force Report indicated the need for school personnel, families, and communities to understand the differences among the training and education and expertise of various mental health professionals such as social workers, school counselors, and psychologists working in schools. In the 2018 report, school personnel described times they had to act in the role of a mental health professional even though that is not their professional background and participants agreed that school personnel providing mental health services need to be mental health professionals, not teachers and nurses. 2018 Taskforce participants also reported that school counselors and other support professionals, such as social workers, were often utilized in a capacity that does not allow them to address the needs of students.

In an attempt to further clarify the differences of these roles and responsibilities between licensed clinical mental health providers and specific school personnel, PAMFT submits the following:

“*Licensed*” mental health clinicians at the master’s and doctorate levels all can assess, diagnose, and treat a full range of mental and emotional disorders using the Diagnostic and Statistical Manual in Pennsylvania. Individual professions are trained differently and use a different approach to treat mental health diagnoses.

“Social Worker”, however, seems to have become a catch all phrase that means a mental health clinician. All social workers can connect clients with resources and offer guidance through difficult situations, but only licensed *clinical* social workers can, diagnose, provide treatment and practice independently. Often the term “social worker” is used in documentation for employment when a licensed clinical mental health professional is required to perform mental health evaluations, diagnosis, and treatment. The employed social worker would then be practicing out of scope and endangering the consumer, or students.

Please be advised that in Pennsylvania, Licensed Social Workers, are not legally licensed to assess, diagnose, or treat mental health illness, emotional and behavioral issues.

“*Licensed Marriage and Family Therapist (LMFT)*” are specifically trained in systems therapy and take into consideration the context in which the children are expected to function by identifying and treating their mental health and repairing relationships to remove barriers to learning and academic success.

“*Licensed Clinical Social Workers (LCSW)*” treat individuals behavioral and mental illness by focusing on connecting them to the resources, both external and internal they need to improve their level of functioning.

“*Licensed Psychologists*” focus primarily on the individual and the pathology causing the mental illnesses and behavior.

*“Licensed Professional Counselors (LPC)”* emerged from the school and career counselling profession and diagnose and treat mental and behavioral health by identifying the psychological and social development of the individual.

*“Licensed Social Workers (LSW)”* connect clients with community and health resources and provide guidance for difficult situations.

In consideration of the above, providing for the delivery of clinical mental health care services in schools cannot rest solely on hiring additional professionals who are not educated, trained or maintain the expertise to treat clinical mental health care issues. Unfortunately, PDE and the Wolf Administration have, to date, failed to acknowledge this discrepancy.

Teachers are trained and expected to teach our children. School guidance counselors are expected to coordinate the efforts of the student, faculty, and parents to educate the student assisting the transition to adulthood. School social workers are expected to coordinate the acquisition of community and government resources needed by school students and their families. Again, teachers, school social workers and school guidance counselors are not trained or prepared to diagnose and treat mental health and family relationship issues within the typical school day.

While some school districts have opted to contract out to a mental health agency to provide on campus mental health support, our Commonwealth deserves a uniform approach which includes a continuum of care for students and the school. Mental health treatment requires time to build relationships, reduce stigma and create trust in mental health treatment situations.

We are not suggesting the schools become mental health agencies or hospitals. We support the need for excellence in professionalism and care of licensed clinical mental health care education specialists in schools to address the lack of access to care for our Commonwealth to assess, diagnose and begin treatment while alternative permanent mental health care can be obtained for the student or family.

On a personal note, I began my career as a Marriage and Family Therapist over 18 years ago. As a recent graduate I had provided therapy with families in their homes and in an outpatient setting with families managing substance abuse for a small agency.

This agency had recently been contracted by a local school district to provide what they were going to refer to as a “crisis counselor” and asked me to become that person.

I could never have imagined what I was walking into that first day, but I still talk about my experience with the students, and the range of care I provided and the appreciation I received from students, guidance counselors and eventually, administration.

On my first day as “crisis counselor”, a young lady, not quite 16 years old, came into my office and told me the list of substances she had ingested the prior evening and before school that morning. They included MDMA (Ecstasy) marijuana, pain killers and alcohol. She realized she had ingested too much in too short of a time. She had been unable to sleep from depression and anxiety and could not find someone to talk with that night, so she started self-medicating. The following week, a two-story window came crashing down due to a 17-year-old young man’s anger outburst over a girlfriend.

As I started to meet with identified students, word spread that I was there to talk through issues and emotions they did not have experience to manage. One morning, 21 students were lined up outside the door to my office at 7:30 am, all hoping to talk that day.

Those 14–18-year-old girls and boys came to talk about being sexually abused, bullied, and scared to go home. They had parents who were alcoholics, siblings with severe mental illness or disabilities. They faced issues such as substance abuse as expected, but these kids came to talk because of dysfunctional relationships within the systems they lived in each day. The expectation was that they had to succeed in their school system despite dysfunctional family issues, anxiety, depression, manic episodes, inability to sleep, fears of failure and fears of what happened if they were not successful or perfect, fear if they dropped the ball on the football field or missed the basket at the end of the game. They were bullied, struggling with identity issues around their own sexuality.... Managing their parents' divorce, incarceration, grief and death, abusive dating relationships, foster families, and struggling with undiagnosed ADHD, anxiety, and depression.

This school had an amazing guidance office with extraordinary talented guidance counselors who were committed to these students and focused on securing their place in either college, the military, a trade school, or a job where they could start to support themselves for the future. What made this guidance department extraordinary was they recognized the mental health needs of their students needed to be met for the successes they were focused on.

I was able to make interventions to educate faculty on managing the mental health issues students were facing, connect students and their families together to seek continued therapy and even teach the school principal to be a bit more sensitive when insisting these students should be happy because we all know...High School is the Best time of your life. Can you imagine, how the adolescents I spoke to each day felt about that statement?

I am sharing this with you not to suggest that schools should become mental health agencies. My experience does, however, speak to the need for specific, well trained, licensed mental health providers to be present in schools to help parents, teachers, and our communities by assessing, diagnosing, and repairing relationships to remove the barriers to learning and raise happy successful adults.

In closing, clinical mental health professionals in schools, reduces the stigma of mental health illness, normalizing the need and the importance of mental health wellness. PAMFT believes that by addressing the relationship dysfunctions and their impact on the mental health of children and adolescents as early as possible in the child's development, leads to successful outcomes including improved school attendance, performance, improved family interactions and involvement, a reduction in substance use and abuse and a decrease in psychiatric symptoms such as anxiety and depression. MFTs are natural additions to school systems because the diagnosis and treatment include the interactions of family, school, community, and additional groups that a child belongs.

PAMFT respectfully requests the enactment of legislation to require the Pennsylvania Department of Education to develop a comprehensive school clinical mental health care provider education specialist certification so licensed clinical health care providers who can legally assess, evaluate, diagnose and treat mental healthcare disorders can be hired by and

provide clinical mental health care services to our Commonwealth's school students. To this end, we respectfully submit the legislative draft proposal in Attachment A to this written testimony for your consideration.

Thank you for inviting us to share our views and concerns about mental health needs and awareness in schools. We are happy to answer any questions the committee may have.

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ATTACHMENT A

AN ACT

Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An act relating to the public school system, including certain provisions applicable as well to private and parochial schools; amending, revising, consolidating and changing the laws relating thereto," in professional employees, further providing for definitions and providing for school clinical mental health care providers; and establishing the school mental and behavioral health care augmentation fund.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 1101(1) of the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, is amended to read:

Section 1101. Definitions.--As used in this article,

- (1) The term "professional employee" shall include those who are certificated as teachers, supervisors, supervising principals, principals, assistant principals, vice-principals, directors of vocational education, dental hygienists, visiting teachers, home and school visitors, school clinical mental health care providers, school counselors, child nutrition program specialists, school librarians, school secretaries the selection of whom is on the basis of merit as determined by eligibility lists and school nurses.
- (2) "School clinical mental health care provider." An individual licensed to practice the identification of psychosocial and behavioral problems in the context of significant interpersonal relationships between students, individuals, families and groups for the purpose of assessing, diagnosing and treating mental and behavioral health issues within the scope of the individual's licensed practice. The term shall not include master level or bachelor level licensed social workers who are prohibited by law from assessing, diagnosing and developing treatment plans for clinical mental health care clients.

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Section 2. The act is amended by adding a section to read:

Section 1106.1. School Clinical Mental Health Care Providers.--(a) The board of school directors in every school district shall employ at least one school clinical mental health care provider. Any individual employed by a school district to provide clinical mental health care services within a school district must:

- (1) maintain a valid license issued by the Pennsylvania Department of State's Bureau of Professional and Occupational Affairs to practice clinical mental health care in accordance with the laws of this Commonwealth; or
- (2) maintain a valid certificate or accreditation from a national or State or recognized accreditation organization to practice mental health care or behavioral health care within their respective scope of practice in this Commonwealth and hold a valid educational specialist certificate.

(b) An individual who holds a valid State-issued license as a clinical mental health care provider or holds a valid educational specialist certificate for a mental or behavioral health provider and is employed by a school district may use the title the individual is licensed or authorized to use under the laws of this Commonwealth.

(c) The requirements of subsection (a)(1) and (2) shall not apply when the individual is employed in a mental health capacity in a public school in this Commonwealth prior to the development of a school clinical mental health care category within the educational specialist certificate developed and issued by the department.

(d) A certified school clinical mental health care provider employed in a school district may work under the supervision of the superintendent, assistant superintendent or other school administrator or employee as determined by the school district.

(e) The department shall develop a school clinical mental health care category within the educational specialist certificate no later than 120 days after the effective date of this section.

(f) When the school district determines that the availability of certified or accredited mental or behavioral health providers is inadequate to serve the educational, social, emotional and general mental health needs of the school district or that the loss of licensed clinical mental health care providers due to early retirement would cause the interruption of suitable and essential mental health care programs and services, the school district may hire otherwise qualified individuals without current educational specialist certificates, provided that individuals employed shall enroll in an education specialist program and meet the certification requirement of the Commonwealth within a period not to exceed three (3) years.

Section 3. This act shall take effect in 60 days.