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Good morning Chairman Sonney, Chairman Longietti, Chairman Farry, Chairman Cruz and members of the House Education and Human Services Committees. My name is Dr. Perri Rosen, and I am a Consulting Psychologist within the Bureau of Children's Behavioral Health Services. This bureau is housed in the Office of Mental Health and Substance Abuse Services (OMHSAS) within the Department of Human Services (DHS). It is my pleasure to appear before you to discuss mental health in schools.

The COVID-19 pandemic has presented a crisis of broad magnitude that has impacted every youth-serving system, every individual within those systems, and every youth and family served by those systems. Since the start of the pandemic, school systems have acknowledged concerns for potential negative outcomes for students, including increased mental health concerns, social isolation, grief and loss, substance use, and increased risk of suicide. These issues can be compounded by how families have been individually impacted by the pandemic. Examples include physical illness or death due to COVID-19 or other physical health conditions, mental health or substance use concerns among family members, job loss and financial instability, or domestic violence or abuse within the home. What may not have been as apparent at the start of the pandemic is the impact that the pandemic has had on the adults within school systems. Almost a year after schools were first closed due to the pandemic, the chronic stress, burnout, and compassion fatigue have become a reality for teachers, support staff, board members, administrators, school mental health professionals, and their family members.

Presently, there is not enough research to draw reliable conclusions regarding the impact of the pandemic on mental health in Pennsylvania or nationwide. Some nationwide studies are showing indicators of increased mental health concerns, suicide risk, and substance use while there are other studies that have shown that some people with pre-existing mental health conditions prior to the pandemic have experienced a decrease in some of their

symptoms. Preliminary data from the Centers for Disease Control and Prevention (CDC) also indicate that nationwide suicide rates decreased in 2020 by approximately 5-6%.

Pennsylvania's data from the Crisis Text Line, a national crisis intervention service, does provide some information about the concerns youth 17 and younger faced during the current school year (August 2020-May 2021). During this time period, more than 1,500 youth engaged in more than 4,000 conversations with crisis counselors. Concerns with school (38%), anxiety/stress (37%), and depression/sadness (37%) were the most frequent issues reported during conversations, followed by relationship issues (32%), suicide (29%), self-harm (20%), and isolation/loneliness (19%). The number of Pennsylvania youth engaging with this service during the current school year represents a 25% increase from the prior school year (August 2019-May 2020). However, the top reported issues were highly consistent between this school year and last, with no significant changes in the prevalence of these concerns. The increase does not necessarily reflect more students "in crisis" but may be indicative of increased help-seeking behavior.

While there is a lack of data on the impact of the pandemic, existing data indicate that trauma, mental health and suicide risk have been significant ongoing concerns prior to the pandemic and are not new issues for schools. According to the 2019 Pennsylvania Youth Survey (PAYS; 2019), more than a third of Pennsylvania students in grades 6, 8, 10, and 12 reported feeling depressed or sad most days in the past 12 months, while one in seven students reported engaging in self-harm and one in six students reported seriously considering suicide. Beyond the more direct indicators of mental health concerns, fewer than 40% of students reported that they enjoyed being in school, and research has shown that a sense of belonging and connectedness are significant protective factors for mental health. Further analysis of 2019 PAYS data by the State Epidemiological Work Group found that students who reported feeling safe at school had lower likelihood of using substances and experiencing symptoms of depression and suicidal thoughts when compared to students who did not feel safe at school.

The number of schools throughout the commonwealth that engage in evidence-based and best practice approaches to support student social, emotional, and behavioral wellness has increased over the past decade, in part due to school mental health and safety legislation (e.g., Act 71 of 2014, Act 44 of 2018, Act 18 of 2019). These efforts include school climate initiatives, equity work, bullying prevention, suicide prevention, trauma-informed practices, and multi-tiered approaches (e.g., Positive Behavioral Interventions and Supports) to support student behavior and improve the learning environment. However, these efforts tend to be inconsistent and uncoordinated, rather than integrated and aligned to increase efficiency and effectiveness, while promoting sustainability. Comprehensive school mental health approaches rely on multi-tiered approaches that includes prevention, intervention, and response efforts that are grounded in data-based decision-making and evidence-based practices. A comprehensive and multi-tiered approach is equitable in that it ensures that mental health supports and services are available to all students in the school community, rather than reserved for students that have already been identified as having mental health challenges and concerns. These efforts rely on strong leadership and teaming efforts that are supported through adequate behavioral health staffing, as well as effective partnerships with organizations, youth, and families. This work has already begun in Pennsylvania, with OMHSAS and the Pennsylvania Department of Education (PDE) supporting several districts to implement comprehensive school mental health approaches through a grant overseen by the National Center for School Mental Health.

Pennsylvania is fortunate to have strong infrastructure through our Student Assistance Program (SAP). Pennsylvania's SAP has been in place for more than 30 years and is overseen collaboratively by OMHSAS, PDE's Office for Safe Schools, and the Department of Drug and Alcohol Programs (DDAP). The Pennsylvania Public School Code requires schools to establish and maintain a SAP for all students K-12.

The primary goal of SAP is to identify and address barriers to a student's learning. This includes the identification of key behavioral health issues impacting students, including alcohol,

tobacco, drugs, and mental health issues which pose a barrier to a student's success at school. The SAP model in Pennsylvania utilizes a systematic team process including four steps: referral, team planning, intervention, and recommendations as well as support and follow-up. Students may self-refer or be referred by others. Teams are composed of SAP-trained professionals from various disciplines within the school (e.g., administrators, school counselors, school psychologists, school nurses, teachers, etc.), as well as liaisons from community behavioral health agencies.

The Pennsylvania Network for Student Assistance Services is comprised of representatives from DHS, PDE, and DDAP and gathers data annually from school districts and SAP liaison agencies to review trends in referral patterns and SAP team recommendations. The most current data from 2019-2020 indicates that SAP teams processed more than 81,000 referrals across the commonwealth, with behavior concerns (externalizing), academic concerns, and family concerns representing the top three referral reasons. Screening by an SAP liaison was among the top services recommended by school SAP teams. Almost 60% of those screens resulted in a mental health assessment recommendation. Overall, SAP liaisons participated in nearly 50,000 school consultations and more than 50,000 parent discussions, and they conducted more than 29,000 screens/assessments.

State-level data and feedback from the SAP stakeholders throughout the Commonwealth highlights increasing trends in youth behavioral health concerns that were observed even prior to COVID-19. School SAP teams responded to the pandemic by transitioning, when possible, to virtual meetings and interfacing with behavioral health liaisons from county mental health and drug and alcohol agencies via remote consultation. In a recent survey from August 2020, a majority of SAP liaisons agencies (60-70%) reported utilizing telehealth during the pandemic, and an even greater majority reported wanting to explore continued use of this modality, as it has enabled ongoing support to schools teams, students,

and families and mitigated prior barriers. This is consistent with an overall increase in behavioral health services being provided via telehealth during the pandemic.

Schools are where students spend a majority of their time and are a critical environment for students to access mental health supports and services. In fact, a majority of students who receive mental health supports do so in the school setting. Given the prevalence of mental health concerns among youth, as well as disparities in identification of mental health needs and access to care, partnerships between schools and mental health providers offer an opportunity to serve more youth within a natural setting. A range of mental health services may be provided within the school setting, such as psychiatric outpatient services and intensive behavioral health services, which include individual services, group services, and applied behavior analysis services. Additional mental health services may be provided in the school setting, including family-based mental health services and mental health targeted case management. Providers of these services are licensed by OMHSAS and credentialed by a behavioral health managed care organization. In reaching out to the county mental health office, schools can learn more about available services and how to establish these partnerships.

In concluding the academic year and beginning to plan ahead, it may be particularly helpful for schools to gather information from the school community to identify and review existing supports and services to assist in identifying strengths and areas for prioritization and growth. These efforts will be foundational in helping schools move toward more comprehensive approaches to supporting student and staff mental wellness. Schools must also recognize that they are not alone in their efforts, nor should they be. To build capacity to address ongoing and increasing needs around mental health, schools must continue to utilize and expand their partnerships with SAP, mental health providers, county mental health offices, community organizations, and crisis intervention to advance collective goals which promote positive outcomes for youth and the school community.

Thank you for the opportunity to provide this information to you today. I am happy to address any questions you may have at this time.

Resources

- Governor's Mental Health Resources - <https://www.pa.gov/guides/mental-health/>
- PA Network for Student Assistance Services - <http://pnsas.org/>
- Prevent Suicide PA
 - Act 71 page: <https://www.preventsuicidepa.org/act71/>
 - [Adapted Postvention Considerations for Schools](#) to support schools in responding to a tragic loss during times of remote learning
 - [Considerations for Virtual Adaptations to School Suicide Prevention Policies and Procedures](#)
 - High School awareness PSAs publicly available: <http://psa.preventsuicidepa.org/>
- Crisis Resources:
 - Persevere PA → 1-855-284-2494
 - National Suicide Prevention Lifeline → 1-800-273-8255
 - Crisis Text Line → Text PA to 741741
 - TrevorLifeline → 1-866-488-7386
 - Trans Lifeline → 1-877-565-8860
 - Local County Crisis Lines
- County Mental Health Administrators: <http://www.mhdspa.org/Pages/Local-Contacts.aspx>
- Child and Adolescent Service System Program Coordinators: https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/CASSP/CASSP-Coordiators_01082020.pdf
- Telehealth Survey results: <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/OMHSAS%20Telehealth/OMHSAS%20Telehealth%20Suvey%202.19.21.pdf>