

Date of Hearing: January 12, 2022

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 748 (Carrillo) – As Amended, January 3, 2021

SUBJECT: Pupil mental health: mental health assistance posters

SUMMARY: Requires each schoolsite in a school district, county office of education (COE), or charter school, serving pupils in grades 6 to 12, to create and post a poster on pupil mental health by the start of the 2023-24 school year, and requires the California Department of Education (CDE) to develop a model poster. Specifically, **this bill:**

- 1) Requires each schoolsite in a school district, county office of education, or charter school, serving pupils in grades 6 to 12, to create a poster on pupil mental health by the start of the 2023-24 school year.
- 2) Authorizes the schoolsite to partner with local, state, or federal agencies, or nonprofit organizations in the design and content of the poster.
- 3) Requires that the language of the poster be age appropriate and culturally relevant.
- 4) Requires that the poster be displayed in English as well as any primary language spoken by 15% or more of the pupils enrolled at the schoolsite, as specified.
- 5) Requires that the poster be no smaller than 8.5 by 11 inches and use at least a 12-point font and include, but not be limited to, all of the following:
 - a) Identification of common behaviors of those struggling with mental health or suffering a mental health crisis, including anxiety, depression, eating disorders, emotional dysregulation, bipolar episodes, and schizophrenic episodes;
 - b) A list of schoolsite-specific resources including counselors, wellness centers, and peer counselors, as well as community resources including suicide prevention, substance abuse, child crisis, and nonpolice mental health hotlines, as well as public behavioral health services, and community mental health centers;
 - c) A list of positive coping strategies to use when dealing with mental health, including meditation, mindfulness, yoga, breathing exercises, grounding skills, journaling, acceptance, and seeking therapy; and
 - d) A list of negative coping strategies to avoid including substance abuse, self-medication, violence and abuse, self-harm, compulsivity, disassociation, catastrophizing, and isolating.
- 6) Requires the poster to be prominently and conspicuously displayed at each schoolsite beginning in the 2023-24 school year and authorizes the governing board or body to select appropriate public areas within each schoolsite to display the poster, which may include bathrooms, locker rooms, classrooms, hallways, gymnasiums, auditoriums, cafeterias, wellness centers, and offices.

- 7) Requires that the poster be digitized and distributed electronically to pupils.
- 8) Requires the CDE to develop and maintain a model poster, in collaboration with mental health experts, pupils, and administrators, to serve as a guide for schools.
- 9) Exempts school districts, COEs, and charter schools from civil liability for any damages arising from compliance, or failure to comply, with these requirements.

EXISTING LAW:

- 1) Expresses the intent of the Legislature that the governing board of each school district and each county superintendent of schools maintain fundamental school health services at a level that is adequate to accomplish all of the following: preserve pupils' ability to learn, fulfill existing state requirements and policies regarding pupils' health, and contain health care costs through preventive programs and education. (Education Code (EC) 49427).
- 2) Establishes the Mental Health Student Services Act (MHSSA) as a competitive grant program for the purpose of establishing mental health partnerships between a county's mental health or behavioral health departments and school districts, charter schools, and the county office of education within a county. Requires the Mental Health Services Oversight and Accountability Commission (MHSOAC) to award grants to fund partnerships, subject to an appropriation being made for this purpose. (Health and Safety Code 5886)
- 3) Requires CDE to establish the Office of School-Based Health Programs to assist LEAs regarding information and participation in health-related programs, as well as to collaborate with the State Department of Health Care Services (DHCS) regarding school-based health services. (EC 49419)
- 4) Establishes the School Health Demonstration Project and requires CDE to select Technical Assistance teams to assist 25 pilot LEAs with training and support to expand comprehensive health and mental health services to pupils. (EC 49421)
- 5) Requires the CDE, in consultation with DHCS and stakeholders to develop guidelines on the use of telehealth technology in public schools to provide mental health & health services to pupils on school campuses, by December 31, 2022. (EC 49429)
- 6) Requires the DHCS (or a contracted vendor) to award competitive grants for school-linked behavioral health partnership grants to eligible entities (counties, city mental health, tribal entities, LEAs, higher education institutions, publicly funded early childhood education providers, health care service plans, community-based organizations, and behavioral health providers. (Welfare and Institutions Code (WIC) 5961.2)
- 7) Requires the DHCS to make incentive payments to qualifying Medi-Cal managed care plans to increase access to behavioral health services in publicly funded childcare and K-12 schools. (WIC 5961.3)
- 8) Requires the DHCS to develop a statewide fee schedule for school-linked outpatient mental health and substance use disorder treatments provided at a schoolsite. (WIC 5961.4)

- 9) Requires the DHCS to develop and select evidence-based interventions and community-defined promising practices to improve outcomes for children and youth with or at high risk for behavioral health conditions. Requires the DHCS or contracted vendor to provide competitive grants to entities deemed qualified to support implementation of evidence-based interventions/promising practices. (WIC 5961.5)

FISCAL EFFECT: The Office of Legislative Counsel has keyed this bill as a possible state-mandated local program.

COMMENTS:

Need for the bill. According to the author, “AB 748 would ensure that young people have vital information about mental health resources offered to them readily available. The Biannual California Healthy Kids Survey from the Department of Health Care Services and the Department of Education has noted a steady rise in depression and anxiety among young people in the last several years. Studies also note that common mental health issues first emerge in adolescence, but young people often don’t seek help until much later because they don’t recognize the symptoms or don’t know what resources exist. AB 748 would require California’s middle and high schools to display 8x11 posters with information on common symptoms of mental health issues and school site resources that are available.”

Incidence of mental health and behavioral health issues for children and youth. A 2014 UCLA Policy Brief notes that nearly half of all Americans will need mental health treatment some time during their lifetimes, with initial symptoms frequently occurring in childhood or adolescence. According to a report by the American Institutes for Research (AIR), *Mental Health Needs of Children and Youth*, up to 20% of children in the United States experience a mental, emotional, or behavioral health disorder each year.

Youth mental health crisis intensifying as a result of the COVID-19 pandemic. The American Academy of Pediatrics noted in recent guidance that “emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges.” Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10-24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, according to the Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

The pandemic has dealt a particularly hard blow to students’ mental health and well-being - increasing social isolation, disrupting routines, and eliminating social traditions and rites of passage, while also reducing students’ access to schools, which serve as the de facto mental health system for children and adolescents. For students from families also facing economic and other challenges, the crisis is deeper still.

Importance of prevention and early intervention. Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional, and behavioral disorders is greatest when focusing on young people, and that early interventions can be effective in delaying or preventing the onset of such disorders. Mental health problems that are not addressed early in life can result in severe consequences including serious difficulties at home,

with peers, and in school; a higher risk for dropping out of school; and increased risk of engaging in substance use, criminal behavior, and other risk-taking behaviors.

Research suggests that nearly half of all children with emotional or behavioral health difficulties receive no mental health services. Among the relatively few children and youth who do receive mental health services, most do so at school, with schools serving as the de facto mental health system for children in the U.S.

Schools as centers of wellness. The Mental Health Services Oversight and Accountability Commission (MHSOAC) 2020 report, *Every Young Heart and Mind: Schools as Centers of Wellness*, notes that schools are the bedrock of the community and the place where children spend most of their time outside of their homes. The report suggests that “the State must act decisively to establish the leadership structure to support these local efforts and provide the technical assistance required to make schools “centers of wellness and healing.” This school-based approach will allow communities to connect to families with mental health needs, reach younger children at home before they start school, and further empower youth to develop the resilience required in these times. This strategic state support also is needed to build financially sustainable local partnerships designed to become more effective over time.”

Arguments in support. According to the California Association of Student Councils, the sponsor of the bill, “This bill was developed by a robust group of student leaders at our annual Student Advisory Board on Education, representing a diverse delegation of students from across California. At this conference, our students recognized the dire need for a quick solution to the lack of resources students have been receiving regarding mental health. Studies show that common mental health issues such as depression, anxiety, and substance use disorders generally emerge during adolescence.

In addition, the most recent version of the California Healthy Kids Survey found that a long term rise in chronic sadness and hopelessness reported among young people in past surveys has continued. Adolescents also don’t often seek out help, in one study only a third of 15 and 16 year olds with problematic mental health symptoms did, meaning that young people need every intervention opportunity possible to make sure that they end up seeking support.

AB 748 seeks to require California’s middle and high schools to display informative posters and materials that can help students identify signs of mental health decline, have a plan in the event of a mental health crisis, learn about positive coping strategies, and be informed of school site social and emotional resources. All of these resources must be made readily available to students in the easiest way possible by posting them on school campuses. As schools are reopening, the posters can also be distributed digitally.”

Related legislation. AB 543 (Smith) Chapter 428, Statutes of 2019 requires public schools serving pupils in grades 9-12 to create and display a poster that notifies its pupils of the school’s sexual harassment policy, and to provide a written copy of its sexual harassment policy to all students.

AB 58 (Salas) of this Session requires LEAs to provide suicide awareness and prevention training annually to teachers and requires CDE to develop model practices.

AB 309 (Gabriel) Chapter 662, Statutes of 2021, requires the CDE to develop model pupil mental health referral protocols, in consultation with relevant stakeholders, subject to the availability of funding for this purpose.

SB 14 (Portantino) Chapter 672, Statutes of 2021, adds “for the benefit of the behavioral health of the pupil” to the list of categories of excused absences for purposes of school attendance; and requires the CDE to identify an evidence-based training program for LEAs to use to train classified and certificated school employees having direct contact with pupils in youth behavioral health; and an evidence-based behavioral health training program with a curriculum tailored for pupils in grades 10 to 12.

SB 224 (Portantino) Chapter 675, Statutes of 2021, requires schools that offer one or more courses in health education to pupils in middle school or high school to include in those courses instruction in mental health.

AB 2022 (Chu) Chapter 484, Statutes of 2018, requires each school of a school district or COE, and each charter school, to notify students and parents or guardians of pupils, at least twice per school year, about how to initiate access to available student mental health services on campus or in the community.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association for Health, Physical Education, Recreation and Dance
California Association of Student Councils
National Alliance on Mental Illness

Opposition

None on file

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