
SENATE COMMITTEE ON EDUCATION

Senator Connie Leyva, Chair

2021 - 2022 Regular

Bill No: SB 224 **Hearing Date:** March 10, 2021
Author: Portantino
Version: January 14, 2021
Urgency: No **Fiscal:** Yes
Consultant: Brandon Darnell

Subject: Pupil instruction: mental health education

SUMMARY

This bill requires each school district to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses, and that each pupil receive this instruction at least once in elementary school, at least once in junior high school or middle school, and at least once in high school.

BACKGROUND

Existing law:

- 1) Requires the adopted course of study for grades 1 to 6, inclusive, to include instruction, beginning in grade 1 and continuing through grade 6, in specified areas of study that include health, including instruction in the principles and practices of individual, family, and community health. (Education Code § 51210)
- 2) Requires the Instructional Quality Commission (IQC), during the next revision of the publication "Health Framework for California Public Schools" (health framework), to consider developing, and recommending for adoption by the State Board of Education (SBE), a distinct category on mental health instruction to educate pupils about all aspects of mental health. (EC §51900.5)
- 3) Specifies, for purposes of (1) above, that "mental health instruction" shall include, but not be limited to, all of the following:
 - a) Reasonably designed and age-appropriate instruction on the overarching themes and core principles of mental health.
 - b) Defining common mental health challenges such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder.
 - c) Elucidating the services and supports that effectively help individuals manage mental health challenges.
 - d) Promoting mental health wellness, which includes positive development, social connectedness and supportive relationships, resiliency, problem

solving skills, coping skills, self-esteem, and a positive school and home environment in which pupils feel comfortable.

- e) Ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so pupils know to take action before a situation turns into a crisis. This should include instruction on both of the following:
 - i) How to appropriately seek and find assistance from mental health professionals and services within the school district and in the community for themselves or others.
 - ii) Appropriate evidence-based research and practices that are proven to help overcome mental health challenges.
 - f) The connection and importance of mental health to overall health and academic success as well as to co-occurring conditions, such as chronic physical conditions and chemical dependence and substance abuse.
 - g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of culture on the experience and treatment of mental health challenges.
 - h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. This shall include, to the extent possible, classroom presentations of narratives by peers and other individuals who have experienced mental health challenges, and how they coped with their situations, including how they sought help and acceptance. (EC §51900.5)
- 4) Requires the IQC, in the normal course of recommending curriculum frameworks to the SBE, to ensure that one or more experts in the mental health and educational fields provides input in the development of the mental health instruction in the health framework. (EC §51900.5)

ANALYSIS

This bill requires each school district to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses, and that each pupil receive this instruction at least once in elementary school, at least once in junior high school or middle school, and at least once in high school. Specifically, this bill:

- 1) Requires the instruction to include all of the following:
 - a) Reasonably designed instruction on the overarching themes and core principles of mental health.

- b) Defining common mental health challenges. Depending on pupil age and developmental level, this may include defining conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder.
- c) Elucidating the medically accurate services and supports that effectively help individuals manage mental health challenges.
- d) Promoting mental health wellness, which includes positive development, social connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which pupils feel comfortable.
- e) The ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so that pupils know to take action before a situation turns into a crisis. This shall include instruction on both of the following:
 - i) How to seek and find assistance from mental health professionals and services within the school district and in the community for themselves or others.
 - ii) Medically accurate evidence-based research and culturally responsive practices that are proven to help overcome mental health challenges.
- f) The connection and importance of mental health to overall health and academic success and to co-occurring conditions, such as chronic physical conditions, chemical dependence, and substance abuse.
- g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of race, ethnicity, and culture on the experience and treatment of mental health challenges.
- h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. This shall include, to the extent possible, classroom presentations of narratives by trained peers and other individuals who have experienced mental health challenges and how they coped with their situations, including how they sought help and acceptance.

STAFF COMMENTS

- 1) ***Need for the bill.*** According to the author's office, "Education about mental health is one of the best ways to increase awareness, empower students to seek help, and reduce the stigma associated with mental health challenges. Schools are ideally positioned to be centers of mental health education, healing, and support. As children and youth spend more hours at school than at home, the

public education system is the most efficient and effective setting for providing universal mental health education to children and youth.

Historically, health education in subjects such as alcohol, tobacco and drugs, the early detection of certain cancers, and HIV have become required because they were recognized as public health crises. The mental health of our children and youth has reached a crisis point. California must make educating its youth about mental health a top priority.”

- 2) ***Increasing occurrences of pupil mental health issues.*** According to a Pew Research Center analysis of data from the 2017 National Survey on Drug Use and Health, in 2017, 3.2 million teens aged 12-17 said they had at least one depressive episode within the past 12 months. This is up by 1.2 million from the same survey conducted by the National Survey on Drug Use and Health in 2007. One-in-five (2.4 million) teenage girls reported experiencing one depressive episode in 2017, compared to 845,000 teenage boys. According to data from the Centers for Disease Control and Prevention, 13 percent of students in grades 9-12 in California in 2017 reported experiencing at least one depressive episode within the last 12 months. 32 percent felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities within the past year, compared to 31 percent for the United States. 17 percent of pupils in grades 9-12 reported considering suicide attempts, while 9 percent reported they attempted suicide at least once within the past 12 month.

This trend is confirmed by data from the Office of Statewide Health Planning and Development. In 2019, emergency rooms throughout California treated 84,584 young patients’ ages 13 to 21 who had a primary diagnosis involving mental health. That is up from 59,705 in 2012, a 42 percent increase.

- 3) ***COVID-19 has had an exacerbating effect on mental health issues.*** According to the 2020 report, “Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health,” COVID-19 has only furthered the mental health issues children face. As the report notes, “For many children, the school is a bedrock of community belonging. The pandemic has not only disrupted children’s academic opportunities and connections with their peers and educators, it has also surfaced new and difficult experiences in the home: fear, anxiety, financial distress, food and housing insecurity, and countless other challenges. Economic uncertainty is associated with increases in harsh parenting, which increases risk for child abuse and neglect, and the loss of friends and family through illness and isolation can also increase the total dose of acute stress and adversity and reduce the dose of buffering supports available from caregivers, educators, and other adults.”
- 4) ***Health is not a required course or topic in middle school or high school.*** As noted above, the adopted course of study for grades 1 to 6, inclusive, includes health. However, there is not similar requirement for the adopted course of study for grades 7 to 12, inclusive. Health is also not a statewide graduation requirement. While it is true that many local educational agencies teach health in some capacity in middle school and high school, there is no requirement to do so

beyond the requirement to teach comprehensive sexual health education and HIV prevention education, which is not specific to mental health, which is required at least once in middle school and once in high school via the California Healthy Youth Act (CHYA). This bill mimics the CHYA's approach to require specific mental health instruction in school districts. Recently, the CHYA was amended to apply to all local educational agencies, including charter schools (AB 2601 (Weber, Ch. 495, Stats. 2018)). Accordingly, **staff recommends that the bill be amended** to apply to all local educational agencies, including school districts, county offices of education, state special schools, and charter schools.

- 5) **Recently adopted health framework includes mental health.** While health is not a specifically required topic or course in middle school or high school, the SBE has adopted both content standards and a curriculum framework for health. On May 8, 2019, the SBE adopted the *2019 Health Education Curriculum Framework for California Public Schools, Transitional Kindergarten Through Grade Twelve*. The revised framework includes additional instructional strategies relating to mental health. While this bill includes that the same language relating to mental health that existing law required the IQC to consider including in the revised framework, to the extent that the framework does not include each specific item, the bill would require instruction that the health framework does not require. This would repeat a similar problem raised by the CHYA, which required instruction for several years that was not covered by the health framework until its recent revision. The health framework will not be revised again until 2027.
- 6) **Related legislation.** SB 14 (Portantino, 2021) (1) specifically adds “for the benefit of the mental or behavioral health of the pupil” to the list of categories of excused absences for purposes of school attendance, and (2) requires the California Department of Education (CDE) to identify (A) an evidence-based training program for local education agencies (LEAs) to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health, and (B) an evidence-based mental and behavioral health training program with a curriculum tailored for pupils in grades 10 to 12, inclusive. SB 14 is scheduled to be heard by this committee on March 10, 2021.

SUPPORT

California Association of Student Councils (Co-sponsor)
 The Children's Partnership (Co-sponsor)
 American Civil Liberties Union – California
 Aviva Family and Children's Services
 California Academy of Child and Adolescent Psychiatry
 California Association of Health, Physical Education, Recreation & Dance
 California Association of Marriage and Family Therapists
 California Association of Local Behavioral Health Boards and Commissions
 California Hospital Association
 California School-based Health Alliance
 CASA Pacifica Centers for Children and Families
 Children Now
 City of Santa Monica

County Behavioral Health Directors Association of California
Disability Rights California
Five Acres - the Boys' and Girls' Aid Society of Los Angeles County
Generation Up
Mental Health America of Los Angeles
Mental Health Services Oversight and Accountability Commission
Public Advocates, Inc.
Psychiatric Physicians Alliance of California
San Francisco Unified School District
The Kennedy Forum
Wellness Together

OPPOSITION

None received

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