
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair
2021 - 2022 Regular Session

SB 224 (Portantino) - Pupil instruction: mental health education

Version: March 17, 2021

Urgency: No

Hearing Date: April 5, 2021

Policy Vote: ED. 7 - 0

Mandate: Yes

Consultant: Lenin Del Castillo

Bill Summary: This bill requires local educational agencies (LEAs) 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.

Fiscal Impact: This bill could result in a reimbursable state mandate ranging from the millions to low tens millions of dollars statewide in Proposition 98 General Fund each year for LEAs to provide the prescribed mental health education. This estimate assumes LEA training costs that range from \$1,000 to \$5,000 for each school in the state. Charter schools would also incur additional costs but are not eligible to claim reimbursement for state mandated activities. However, they do receive funding from the K-12 Mandates Block Grant and this bill could lead to pressure to increase it (Proposition 98 General Fund).

Background: Existing law 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.

Existing law 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. The law specifies that "mental health instruction" shall include specified components, including:

- 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.

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. The health framework will not be revised again until 2027.

Proposed Law: This bill requires each LEA 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. The instruction shall 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.

Related Legislation: AB 2601 (Weber, Chapter 495, Statutes of 2018) required all local educational agencies, including charter schools, to provide comprehensive sexual health education and HIV prevention education at least once in junior high or middle school and at least once in high school.

AB 329 (Weber, Chapter 398, Statutes of 2015) required schools to provide comprehensive sexual health education in grades 7-12, and modified the content of instruction on sexual health education and HIV/AIDS prevention.

Staff Comments: 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 many LEAs 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. Consistent with the previous determinations by the Commission on State Mandates (Commission) regarding the AIDS instruction mandate, the Commission is likely to also determine the requirements in this bill to be a higher level of service and therefore a reimbursable state mandate. According to data from the State Controller's Office, program costs attributed to the AIDS instruction mandate have been around \$1.5 million.

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