
THIRD READING

Bill No: SB 224
Author: Portantino (D) and Rubio (D), et al.
Amended: 5/20/21
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 3/10/21
AYES: Leyva, Ochoa Bogh, Cortese, Dahle, Glazer, McGuire, Pan

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/20/21
AYES: Portantino, Bates, Bradford, Jones, Kamlager, Laird, Wieckowski

SUBJECT: Pupil instruction: mental health education

SOURCE: California Alliance of Child & Family Services
California Association of Student Councils
California Youth Empowerment Network
Mental Health Services Oversight & Accountability Commission
National Alliance on Mental Illness
National Center for Youth Law
The Children's Partnership

DIGEST: This bill requires each school district, county office of education (COE), state special school, and charter school to ensure that all pupils in grades 1 to 12, inclusive, receive evidence-based, 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.

ANALYSIS:

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) 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)

This bill requires each school district, COE, state special school, and charter to ensure that all pupils in grades 1 to 12, inclusive, receive evidence-based, 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 signs and symptoms of 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 evidence-based services and supports that effectively help individuals manage mental health challenges.
 - d) Promoting mental health wellness and protective factors, which includes positive development, social and cultural 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 professionals and services within the school district that includes, but is not limited to, school counselors with a pupil personnel services credential, school psychologists, and school social workers, and in the community for themselves or others.
 - ii) 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.
- 2) Requires instruction and materials required for these purposes to satisfy all of the following:
- a) Be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.
 - b) Be accessible to pupils with disabilities, including, but not limited to, providing a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.

- c) Not reflect or promote bias against any person on the basis of any category protected by state law.
- 3) Specifies that its provisions do not limit not a pupil's health and mental health privacy or confidentiality rights.
 - 4) Prohibits a pupil from being required to disclose their confidential health or mental health information at any time in the course of receiving that instruction, including, but not limited to, for the purpose of the peer component.
 - 5) Specifies the following definitions:
 - a) "Age appropriate" refers to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.
 - b) "Evidence-based" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the mental health field.
 - c) "Instructors trained in the appropriate courses" means instructors with knowledge of the most recent evidence-based research on mental health.
 - 6) Includes legislative findings and declarations relating to these provisions.

Comments

- 1) *Need for this 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. Thirty-two percent felt sad or hopeless almost every day for two 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. Seventeen percent of pupils in grades 9-12 reported considering suicide attempts, while nine percent reported they attempted suicide at least once within the past 12 months.

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 (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, 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.
- 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.

Related/Prior Legislation

SB 14 (Portantino, 2021) includes, specifically, “for the benefit of the mental or behavioral health of the pupil” to the “illness” category for excused absences for purposes of school attendance; and requires the California Department of Education to identify (1) an evidence-based training program for LEAs to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health, and (2) an evidence-based mental and behavioral health training program with a curriculum tailored for pupils in grades 10 to 12, inclusive. SB 14 is pending on the Senate Floor.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, 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).

SUPPORT: (Verified 5/21/21)

California Alliance of Child & Family Services (co-source)
California Association of Student Councils (co-source)
California Youth Empowerment Network (co-source)
Mental Health Services Oversight & Accountability Commission (co-source)
National Alliance on Mental Illness (co-source)
National Center for Youth Law (co-source)
The Children's Partnership (co-source)
AFSCME
Alliance for Children's Rights
American Academy of Pediatrics
American Civil Liberties Union – California
Aviva Family and Children's Services
California Academy of Child and Adolescent Psychiatry
California Association for Bilingual Education
California Association for Health, Physical Education, Recreation & Dance
California Association of Local Behavioral Health Boards and Commissions
California Association of Marriage and Family Therapists
California Catholic Conference
California Hospital Association
California School-based Health Alliance
Californians for Justice
Californians Together
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

Hillsides
Los Angeles County Office of Education
Mental Health America of Los Angeles
National Association of Social Workers, California Chapter
NextGen California
Psychiatric Physicians Alliance of California
Public Advocates
San Francisco Unified School District
Steinberg Institute
The Kennedy Forum
United Parents
Wellness Together
Westcoast Children's Clinic

OPPOSITION: (Verified 5/21/21)

None received

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