Urban Education Network of Iowa

Educating Diverse Students in Iowa's Urban Communities
To Become Successful World Citizens
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# UEN 2024 Priority Issue Brief: Mental Health Services

**Mental Health Services**: Iowa children need an improved mental health system, including the structure and funding to eliminate mental health professional shortages, such as loan forgiveness programs. Educators are not trained providers of mental health care, nor do they have the capacity to meet the mental health needs of students. Iowa should engage in every opportunity to maximize school access to Medicaid claiming for health services for all students, not just students with disabilities. The formula should include a categorical funding stream designated for mental health professionals and programs serving students. Such funding would provide case management and service coordination, transition support and services for students returning to school after a mental health placement, ongoing training to improve understanding of child social-emotional, behavioral and mental health needs, actionable classroom strategies to address student needs, and integration of mental health promotion, suicide prevention and coping skills into existing curriculum. The Legislature should avoid enacting legislation and education policies that increase pressure on students with mental health challenges. Legislation must value inclusion and the diverse lived experiences of all students.

**Background:** Mental health challenges for students have increased in all school districts in Iowa, including urban schools. DE's website shares how mental health conditions impact a large number of youth. A National Alliance on Mental Illness (NAMI) infographic includes the following statistics:

- 1 in 5 children ages 13-18 have or will have a serious mental illness.
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
- The average delay between the onset of symptoms and intervention is 8-10 years.
- Approximately 50% of students age 14 and older with a mental illness drop out of high school.
- 70% of youth in state and local juvenile justice systems have a mental illness.

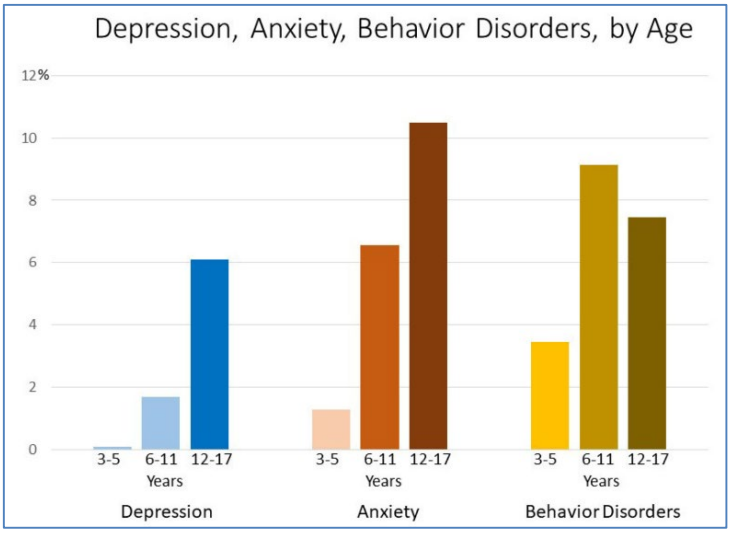
In addition, in 2011, suicide became the second leading cause of death for youth ages 15-24 in the U.S. In 2014, suicide was the second leading cause of death for youth ages 10-14 in the U.S., though it dropped to the third leading cause in 2015. By 2019, suicide is again second, with these CDC statistics Leading Causes of Death and Injury Charts, CDC : "Suicide was the second leading cause of death for age groups 10–24 (19.7% of deaths) and 25–44 (11.0%).

**Impact on Education:** A resource posted on the Iowa DE's mental health page, titled "Children's Mental Health Disorder Fact Sheet for the Classroom", includes information regarding 13 different mental health disorders, fetal alcohol spectrum syndrome, and schizophrenia (listed as a medical illness/disorder that affects about 1 percent of the population). For example, the disorder of anxiety explains the five most common anxiety disorders, the frequency (about 1 in 10 young people, and half of those with an anxiety disorder typically experience another disorder such as depression).

The chart further details educational implications (getting behind in school work due to numerous absences often creates a cycle of fear of failure, increased anxiety and avoidance, which leads to more absences). The chart also provides a list of instructional strategies and classroom accommodations to help students with anxiety disorder be more successful. Many of the symptoms described and

educational implications will resonate with policymakers who have talked to teachers about changes in student behaviors and the need for mental health services.

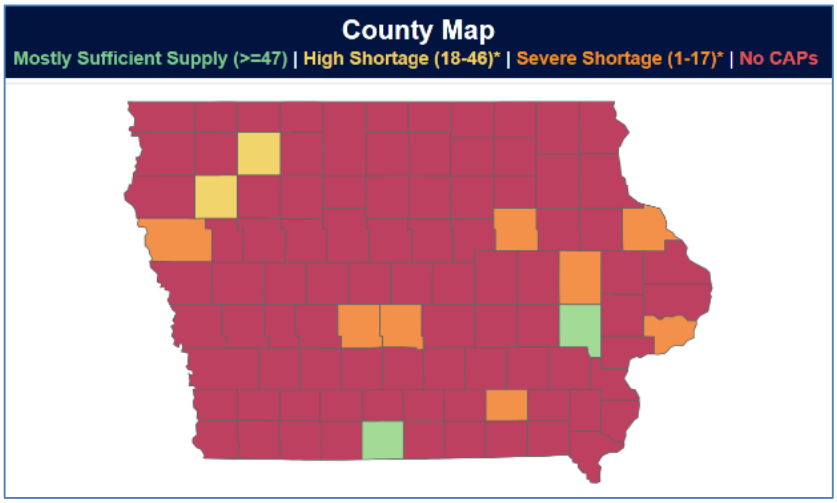
The CDC's Statistics for Children Mental Health Website also indicates conditions commonly overlap. For example, among children aged 3-17 years in 2016:




- Having another mental disorder was most common in children with depression: about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%).[3]
- For children with anxiety, more than 1 in 3 also had behavior problems (37.9%) and about 1 in 3 also had depression (32.3%).[3]
- For children with behavior problems, more than 1 in 3 also had anxiety (36.6%). About 1 in 5 also had depression (20.3%).[3]

Unless a student is receiving special education services, mental health treatment at school has not been funded. Even though services are more readily available in urban areas, there are long wait times. Parents have transportation barriers or job conflicts in getting children to needed care. During the pandemic, family job loss, quarantine requirements and illness added stress to families with mental illness. Many of those families have not yet received mental health care. The need to continue this important work is more urgent than ever.

**Professional Shortage:** The American Academy of Child and Adolescent Psychiatry (AACAP) released workforce maps in 2022 illustrating the severe national shortage of child and adolescent psychiatrists (CAPs) per 100,000 children, which ranged by state from 4 to 65, with a national average of 14 CAPs per 100,000 children. Iowa tied for 43 in the nation with 7 CAPs per 100,000 children. The national average is 14.




**Recent Strides:** In 2020, the Legislature created a pilot grant process for additional therapeutic classrooms. Funding for implementation was initiated in 2021 and increased in 2022. An appropriation of over $3 million to the Iowa AEAs in both 2021 and 2022 provided mental health awareness training for educators and mental health services. Additionally, the 2020 Iowa Legislature set schools as

originating sites for virtual mental health counseling. This minimizes absenteeism, getting students needed help while at school when virtual counseling is appropriate.

The Legislature also created a mental health professional forgivable loan program starting in 2022 to address the shortage of professionals.

**The good news:** Research shows treatment works. Treatment for mental illness is effective. Like physical health conditions, it's clear the earlier you get treatment for mental illness, the better. Some school districts are working with mental health providers to treat students at school during the school day, which removes many of the transportation and time barriers.

With the growth of poverty in the state, nearly half or more of students have HAWK-I (Medicaid) insurance coverage, which can pay for mental health treatment for services provided in person or virtually under certain circumstances. For students whose parents have good employer-sponsored health insurance coverage, there may be services paid by private insurance. For those families with inadequate coverage or very high deductibles/catastrophic plans, the costs may be prohibitive.

**Appropriate Roles and Teamwork:** Child mental health policies overlap areas of authority, intersecting human services, health care, county and state government and law enforcement. Education has a role in identifying students with needs (mental health first aid) and connecting students to services, but schools are not and should not be mental health providers. Schools are on the team, however, as student success depends on transitions returning from placements or scheduling and educational supports when treatment is ongoing. Schools should have the resources to educate students and staff about mental wellness embedded throughout the curriculum where it is topical.

UEN experts met in 2021 and agreed a collaborative approach is necessary to get students to services. However, no funding is provided for team-based case management to identify services not billable to private insurance, Medicaid or special education. This group also suggested an audio connection as a viable alternative when students lack the bandwidth to connect to telehealth services without video.