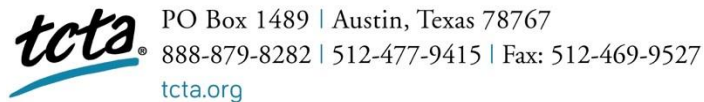


## Texas Classroom Teachers Association



**Testimony of Texas Classroom Teachers Association  
House Select Committee on Youth Health and Safety  
Paige Williams, Director of Legislation  
August 8, 2022**

The Texas Classroom Teachers Association provides the following written testimony regarding the interim charge:

Charge #5: Study the needs of the state related to mental health professionals, educators, school administrators, and related professionals overseeing youth mental health programs and the delivery of those mental health services.

Our recommendations:

- TCTA strongly agrees with mental health experts that mental health first aid training is important; however, teachers are already overburdened and should not be mental health providers nor on the front line for treatment. While SB 1267 (West/Lozano) did much to right-size the number of state-required trainings and professional development for educators, it is important to guard against undoing the progress that has been made by mandating additional training for teachers, especially when it is already robust.
- There must be coordinated systems for referring and addressing mental health challenges on campuses, including financial resources promoting school-based mental health professionals. TCTA believes both students and teachers will be best served by an approach that provides coordinated communication of resources and a member of campus personnel to whom a student may be referred.
- TCTA supports expanding TCHAT statewide so that more families can access tele-mental health options at school. Mental health workforce shortages need to be addressed as well to better ensure students have access to behavioral healthcare in their communities.

It is estimated that one in six school-aged youth experiences impairments in life functioning, including impacts on academic achievement, due to mental illness, and the number of children experiencing mental health challenges increases with age.<sup>1</sup> Additionally, one in three children experience a mental health concern in a given year.<sup>2</sup> Mental health concerns adversely affect the ability of students to meet the many demands of school, including cognitive requisites for learning, and social and emotional prerequisites for making friends and behaving according to school rules, norms, and expectations. These students are more likely to encounter school absences, suspensions,

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<sup>1</sup> Perou R, Bitsko RH, Blumberg SJ, et al. (2013). Mental health surveillance among children—United States, 2005–2011. *Morbidity and Mortality Weekly Report (MMWR)*, 62(Suppl 2),1-35.

<sup>2</sup> Meadows Mental Health Policy Institute. <https://mmhpi.org/work/children-youth/>

expulsions, and credit deficiencies.<sup>3</sup> Attempts to address disruptive behaviors cost considerable teacher time at the expense of academic instruction. Other students are negatively impacted as classrooms with frequent disruptive behaviors have less academic engaged time, and students in disruptive classrooms tend to have lower grades and lower performance on standardized tests.<sup>4</sup> Outside of a youth's home, schools are the most likely environment where mental health concerns will be detected as children spend most of their day at school interacting with teachers, school professionals and peers. Though mental illness afflicts young people disproportionately, fewer than half of youth with mental illness receive sufficient treatment.<sup>5</sup>

When the legislature and school leaders commit resources to address the mental health of students in schools that includes mental health professionals on site, the entire school community and state benefit. In addition to enjoying a healthier student body that is more engaged in school life, young people who receive appropriate mental health supports have improved academic achievement, are more likely to graduate, and are more likely to attend and successfully complete college.<sup>6 7 8</sup> These are outcomes in which all Texans are invested because when young people thrive, school communities and the state economy thrive.

### **Addressing mental health in schools**

Mental and behavioral health are significant for Texas students to successfully learn and progress. In recent years, the Texas Legislature has passed legislation to help promote safe and supportive learning environments that encourage student mental and emotional wellbeing. These policies support and enable schools to engage with community partners; support training of teachers and school staff in mental health, substance use, and suicide prevention; and provide instruction on mental health:

#### **Current policies that support and enable schools to engage with families and community partners.**

- Family/community engagement: [Texas Education Code 29.168](#) (2017) requires districts to adopt plans, policies, or strategies to engage parents and families in the educational process.
- Mental health partnership: [Texas Health and Safety Code 113.0001 et seq.](#) (2019) establishes the Texas Child Mental Health Care Consortium, which consists of several medical schools and other stakeholders and is designed to “leverage the expertise and capacity” of these institutions “to address mental health care needs of children and adolescents.”

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<sup>3</sup> Kang-Yi CD, Mandell DS, Hadley T. (2013). School-based mental health program evaluation: children's school outcomes and acute mental health service use. *Journal of School Health*, 83, 463- 472. 11) Krezmien, M. P., Leone, P. E., & Achilles, G. M. (2006). Suspension, race, and disability: Analysis of statewide practices and reporting. *Journal of Emotional and Behavioral Disorders*, 14, 217–226. 12) Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The achievement gap and the discipline gap: Two sides of the same coin? *Educational Researcher*, 39, 59–68.

<sup>4</sup> Shinn, Ramsey, Walker, Stieber, & O'Neil, 1987

<sup>5</sup> Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. (2007). Age of onset of mental disorders: A review of recent literature. *Current opinion in psychiatry*, 20, 359-364

<sup>6</sup> Kang-Yi CD, Mandell DS, Hadley T. (2013). School-based mental health program evaluation: children's school outcomes and acute mental health service use. *Journal of School Health*, 83, 463-472.

<sup>7</sup> United States Government Accountability Office. (June 2008). *Young Adults with Serious Mental Illness; Report to Congressional Requesters GAO Report Number GAO08-678*. Washington, D.C.

<sup>8</sup> Baskin, T. W., Slaten, C. D., Sorenson, C., Glover-Russell, J., & Merson, D. N. (2010). Does youth psychotherapy improve academically related outcomes? A meta-analysis. *Journal of Counseling Psychology*, 57, 290–296.

- School mental health task force: [Texas Education Code 38.301 et seq.](#) (2019) establishes the Collaborative Task Force on Public School Mental Health Services, which is established to study and evaluate school mental health services.

**Current policies that support training of teachers and staff in mental health, substance use, and suicide prevention.**

- Teacher/staff trainings: [Texas Education Code 38.351](#) (2021) requires each school district to adopt a suicide prevention program, which must include training on how to recognize students at risk of suicide or mental health and substance use conditions, and on how to intervene effectively and assist students.
- [Texas Education Code 21.054](#) provides that the State Board for Educator Certification must adopt rules that allow an educator to fulfill continuing education requirements by participating in an evidence-based mental health first aid training program.
- [Texas Education Code 21.4514](#) (2021, SB 1267 West/Lozano) streamlines training and creates a clearinghouse of all training requirements within the State Board for Educator Certification (SBEC). SBEC's clearinghouse includes research-driven best practices recommendations and industry-informed frequency recommendations with an opportunity for stakeholder feedback.

**Current policy that includes K-12 instruction on mental health.**

- **Mental health education:** [Texas Education Code 28.002](#) (2021) requires each K-12 school district health education curriculum to include mental health, including instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making.

**Mental Health Training**

Texas teachers receive ample, best practices training in mental health first aid that better enables them to identify and refer students who may need mental health services. TCTA strongly agrees with mental health experts that this training is important; however, teachers are already overburdened and should not be mental health providers nor on the front line for treatment. Teachers need supports so when they do identify student needs, they can refer them. (Andy Keller/CEO of Meadows Mental Health Policy Institute to the House Youth Health & Safety, Select committee in Oct., 2021)

By virtue of being employed in school settings with school-aged children, educators are also subject to a number of trainings that are more related to that fact than to their actual classrooms and instruction, such as food allergy training, seizure recognition training, and test administration training. Although these are important due to the nature of being a school district employee, the number of these kinds of required trainings has grown consistently through the years, to the point where less and less time is left for teachers to pursue the kind of professional learning that would have the most impact on their instruction and their classrooms.

As a result, the legislature passed Senate bill 1267 in 2021 (West/Lozano) that eliminated the requirement for annual training in certain topics, eliminated a number of duplicative training topics, consolidated scattered requirements for math and literacy training, and created a Clearinghouse that would house best practices and industry recommendations regarding frequency for all educator training topics. The bill provides for school districts to annually review the Clearinghouse in adopting local professional development policies. **While SB 1267 did much to right-size the number of state-required trainings and professional development for educators, it is**

**important to guard against undoing the progress that has been made by mandating additional training for teachers, especially when it is already robust.**

### **Mental Health Professionals in Schools**

Policies on behavioral health school personnel training requirements, identification, and community referrals are important, though to truly improve academic, social, and emotional outcomes of students through positive school climates, **there must be coordinated systems for referring and addressing mental health challenges on campuses, including financial resources promoting school-based mental health professionals.**

Teachers educate students, set the tone of their classrooms, build a warm environment for learning, mentor and nurture students, become role models, and listen and look for signs of trouble; however, they cannot address behavioral health challenges alone. To initiate a best practices problem-solving approach to mental health concerns among their students, teachers need to be able to consult and refer students to school-based mental health professionals who are experts in their field. These individuals are employed by the school and may come from a variety of training backgrounds, including school psychologists, counseling psychologists, school social workers, and behavior analysts or behavior specialists.

School-based mental health professionals are chronically underrepresented in the 1,200 public school and open-enrollment charter districts in Texas. During the 2020-2021 school year:

- 98 percent of students attended districts that did not meet the Texas Education Agency's recommendation of one counselor per 250 students. Current ratio is 1:423.
- The National Association of School Psychologists recommends one psychologist per 500 students. Just 25 districts met that standard. Current ratio is 1:4,962.
- Only four districts met the 250 students per social worker standard recommended by the National Association of Social Workers. Current ratio is 1:13,604.
- Two-thirds of districts failed to meet the ratio of one nurse per 750 students, as recommended by the National Association of School Nurses.

Classroom teachers are not trained mental health professionals, nor do they wish to be. It would be to the detriment of students and teachers to add even more to a teacher's already overwhelming workload, particularly without compensation, that they must also address mental health issues in the absence of trained professionals. Teachers have long asked for direction as to whom on campus they can refer a student to provide or coordinate care for students. **TCTA believes both students and teachers will be better served by an approach that provides coordinated communication of resources and a member of campus personnel to whom a student may be referred.**

### **Access to Community Mental Health Services**

Texas Child Health Access Through Telemedicine (TCHAT) is important in providing telehealth programs to 40 percent of school districts to help identify and assess the behavioral health needs of children and adolescents and provide access to mental health services. **TCTA supports expanding TCHAT statewide so that more families can access tele-mental health options at school.** However, TCHAT on its own cannot be the entirety of the state's strategy for reaching children before they are in a mental health crisis. Mental health workforce shortages need to be addressed as well to better ensure students have access to behavioral healthcare in their communities.