**RSAI Position Paper**

**Mental Health Services for Students: A 2018 Legislative Priority**

**Background:** All school districts in Iowa, including rural schools, are observing an increased incidence of mental health challenges for students. These needs, when unmet, inhibit the learning experience of the student and may interrupt learning for others.The following statistics demonstrate the significance of this issue to students, as reported in: *Statewide Call for Action: A Strategic Plan for a Children’s Mental Health Redesign in Iowa DRAFT* <https://www.namigdm.org/documents/resources/Final_Document_A2BABAF6FDF28.pdf>

* Suicide is the second leading cause of death among persons aged 10 – 24.
* Suicide rate for African American children has doubled since the 1990’s.
* 90% of those who die by suicide experience mental illness.
* Over 20% of children have a seriously debilitating mental illness during their lifetime. (Over 45% of children have had any mental illness.)
* Half of all lifelong cases of mental illness begin by age 14 (75% by age 24).
* 80% of children who need mental health treatment never receive treatment.
* Minority children are half as likely to receive any mental health services and more likely to receive services that are inappropriate, fragmented, or inadequate.
* 70% of youth in state and local juvenile justice systems have mental illness.
* 50% of youth in the child welfare system have mental illness.
* Treatment works. Treatment of mental illness reduces disability, leads to recovery and is most effective during the brain’s development from birth to age 26.

**Current Reality:** Unless a student with mental illness is identified by some other characteristic which generates funding, such as special education, there is no funding available to provide treatment. Mental health services are not readily available in many communities, particularly in rural areas, requiring either travel and time away from school or no service at all.

The Children’s Mental Health and Well-Being Workgroup made recommendations in December 2015, <http://dhs.iowa.gov/sites/default/files/MHDS-Childrens-Mental-Health-and-Well-Being-Final-Report.pdf> to integrate mental health services and education for students with severe emotional disturbance (SED): “ Local Education Agencies (LEAs) supported by the Area Education Agencies (AEAs) should offer the same full array of current evidence-based practices and models of service delivery regardless of student's education placement.” In the state’s current low-funding environment, expanding services without resources to an increasing number of students remains problematic if not impossible.

Iowa’s Children’s System State Board Strategic Plan, Nov. 2018, recommends screening for all students and provision of services, but aside from a statement that funding from local, state and federal sources must be sufficient, did not specify how the screening or services would be paid. See their plan here: <https://dhs.iowa.gov/sites/default/files/ChildrensStateBoard_StrategicPlan_Nov2018.pdf>

**RSAI supports Services for Student Mental Health:** Given lack of access to mental health services and increasing mental health challenges for students, especially in rural Iowa, RSAI supports increased access to and funding for mental health services for children, including telehealth services as received at school reimbursable in Iowa’s Medicaid services plan.