**RSAI Position Paper**

**Mental Health Services for Students: A 2020 Legislative Priority**

**Background:** All school districts in Iowa, including rural schools, are observing an increased incidence of mental health challenges for students. Unmet mental health needs 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: *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.
* 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.
* 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.

# Chronic Absenteeism is defined as missing 10% or 18 days a school year. Children with mental illness are more likely to miss school due to depression or anxiety, and are then further more likely to miss school to get the mental health care they need. According to the American Academy of Pediatricians[, School Attendance, Truancy & Chronic Absenteeism: What Parents Need to Know](https://www.healthychildren.org/English/ages-stages/gradeschool/school/Pages/School-Attendance-Truancy-Chronic-Absenteeism.aspx), missing school means missing a chance for success.

# “Missing just two days a month of school―for any reason― can be a problem for kids in a number of ways. **Children who are chronically absent in kindergarten and first grade are less likely to read on grade level by the third grade.**For older students, being chronically absent is strongly associated with failing at school―even more than low grades or test scores. When absences add up, these students are more likely to be suspended and drop out of high school. Chronic absenteeism is also linked with teen substance use, as well as poor health as adults.”

**Current Reality:** Unless a student with is receiving special education services, and the IEP so authorizes, there is no funding available to provide mental health treatment. Mental health services are not readily available in many rural communities requiring either time away from school or no service at all. Although virtual mental health counseling is promising as an effective tool to minimize absenteeism and get students the help they need, there are barriers in providing and billing for virtual mental health counseling when delivered at school.

The 2019 Legislature and Governor initiated a solution, forming the Children’s Mental Health Workgroup, creating a structure for services. An appropriation of $2.1 million to the Iowa AEAs to provide mental health awareness training for educators was a critical first step, but must be continued. A bill in the Senate Human Resources Committee, [SSB 1240](https://www.legis.iowa.gov/legislation/BillBook?ga=88&ba=SSB%201240), to provide telehealth screening and treatment in the school setting. Another bill, [SF 376](https://www.legis.iowa.gov/legislation/BillBook?ga=88&ba=SF%20376), would include suicide prevention and mental health content in High School health curriculum. These bills should get serious attention in the 2020 Session.

**Student Mental Health:** RSAI supports increased access to and funding for mental health services for children. In addition to adequate funding for AEA services and access to other service providers, an array of services should also include telehealth services received at school. The state, Medicaid and insurance providers should not pass on administrative or billing work to schools, and schools should not be mandated to be providers of mental health services for children.

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