

Issue Brief 2018

Student Mental Health Services

Current Reality: Staff members from UEN districts and AEAs gathered in October 2014 for the UEN Mental Health Symposium, to hear presentations from three exemplary districts and discuss observations about student need, barriers to meeting that need, and share best practice. Overwhelmingly, the group concluded:

- Mental Health needs of students and their families have increased (See back page for data regarding incidence of mental health issues for students and other resources.)
- Access to services is limited for many reasons, sometimes lack of professionals in the community, sometimes lack of access at school, sometimes lack of parent willingness to connect students to services, or lack of funding to provide appropriate services.
- School staff support is inadequate to meet the mental health needs of students, although every district reported heroic efforts. School counselors are not adequately trained to meet every student's need. Students with mental health issues who are not designated as special education or do not have mental health services included in their individual education plan if they are receiving special education services are increasingly falling through the cracks.
- The intersection of education, juvenile court, law enforcement, human services, public health and local and state governments and programs has further compounded the responsibility and services for students with mental health needs. As such, these players must come together to define solutions and support each other, putting students first.
- Failure to meet mental health needs of students and their families prevents students from achieving academic success and may risk the health and safety of other staff and students.
- Statistics from *Statewide Call for Action: A Strategic Plan for a Children's Mental Health Redesign in Iowa* and a link to the Children's Mental Health and Well-Being Workgroup Recommendations Dec. 2015 follow below.

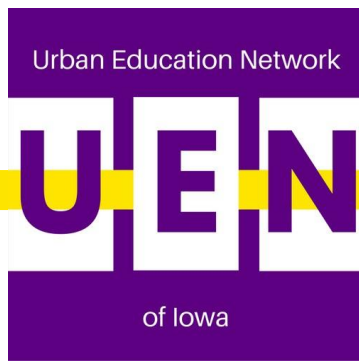
The UEN calls on the Iowa Legislature to provide access to mental health services for students and clarify funding sources and responsibilities. Fund mental health student supports through the school foundation formula (student weighting, shared obligation across districts or AEAs) and/or early childhood, human services and juvenile justice appropriations when appropriate.

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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_A2BABA6FDF28.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.

Children's Mental Health and Well-Being Workgroup Recommendations Dec. 2015
<http://dhs.iowa.gov/sites/default/files/MHDS-Childrens-Mental-Health-and-Well-Being-Final-Report.pdf>