



NATIONAL ASSOCIATION OF
School Psychologists

4340 East West Highway, Suite 402, Bethesda, MD 20814

PHONE: 301-657-0270

FAX: 301-657-0275

The Honorable Anna Eshoo
Chair
U.S. House Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Burgess
Ranking Member
U.S. House Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

June 29th, 2020

Dear Madame Chair and Ranking Member,

Thank you for holding this hearing to discuss critical mental health legislation during this time of crisis. On behalf of the more than 24,000 members of the National Association of School Psychologists (NASP), we know firsthand that both schools and communities play a vital and irreplaceable role in collaborating to support students' mental health. School psychologists regularly work with students and families who have experienced adversity, stress, and trauma, and see the substantial impacts of those experiences in their daily lives and learning. As schools across the country prepare to re-open their doors in at least some capacity for students to return in the fall, it is essential to understand that children and youth do not leave mental health issues at the classroom door. In light of the serious and traumatic national events that have occurred this year, which will impact the psycho-social development of students for years to come, it will be impossible to meet the sheer need in both schools and communities without serious investment in mental health services. It is absolutely imperative that Congress responds by passing a substantial mental health investment package that will give access to mental health and substance abuse services to all schools and communities.

Mental and behavioral health and wellness are critical to children's and youth's success in school and life. Schools are a natural and logical setting to provide mental health services and provides the ideal context for wellness promotion, prevention, and intervention, all of which directly affect learning and well-being. Students are more likely to seek help if these services are in schools (Slade, 2002). Current data estimate that one in five children will experience a significant mental health issue each year. Only about 20% of those students who need care will receive it, and of those who do receive assistance, the vast majority (70-80%) receive mental health services in schools (Farmer, Burns, Philip, Angold, & Costello, 2003; Rones & Hoagwood, 2000). Both research and everyday experience show that access to school-based mental health services is linked to improved students' physical and psychological safety (Bruns, Walrath, Glass-Siegel, & Weist, 2004; Ballard, Sander, Klimes-Dougan, 2014), academic performance (Jennings, Pearson, & Harris, 2000), and social-emotional learning (Jaycox et al., 2011; Nelson, Martella, & Marchand-Martella, 2002). These services reduce costly negative outcomes such as risky behaviors, disciplinary incidents, delinquency, dropout, substance abuse, and involvement with the criminal justice system (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

The COVID-19 pandemic, ensuing economic fallout, and the growing horror and outrage at the murder of Black people by police are causing high stress and trauma for large numbers of Americans, and are already leading to an increase in suicidal ideation, with mental health crisis call centers reporting significant upticks in dispatches. This is deeply concerning, as suicide was already a serious problem for young people; in the most recent Youth Risk Behaviors Survey, 7.4% of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months, with the highest rate of attempts reported by Black students, at 9.3%. A recent study by the *Wellness Trust*, completed before the recent racial unrest and mass social movement, estimated an additional 74,000 deaths by suicide due to the pandemic; 4,000 of which would be children under 18.

When a large-scale traumatic event, such as mass violence or a natural disaster, affects a community, schools need additional intensive acute crisis mental health response capabilities. This includes a trained crisis response team that involves school-employed mental health professionals who can help assess and triage trauma and other mental health

needs among students and staff. We see school psychologists across the country helping school leaders address these issues as they plan for a return to school. School psychologists, like other school-employed mental health professionals, also provide guidance to school administrators on best practice response interventions and supports for the school community, provide guidance (psychoeducation) for teachers and other staff on how to support students with mental health concerns, and facilitate collaboration with any needed additional community mental health supports. We know with certainty there will be increased need for all of these supports in the months ahead and over time as the ongoing realities of the pandemic and related issues continue to unfold.

Unfortunately, our current system of mental health services is simply inadequate to meet the need that exists in both schools and communities. While NASP recommends a ratio of 1 school psychologist for every 500 students, current data estimate a national ratio of 1:1,381 – with great variability among states. Some states approach a ratio of 1:5,000; and personnel shortages are often more drastic in urban and rural districts. The shortage of school psychologists already makes it difficult to meet student needs because it results in unmanageable caseloads, an inability to provide preventive services, and too narrow a role for school psychologists who are limited to legally mandated special education compliance efforts. In order to effectively meet the increasing mental, behavioral, and social–emotional health needs of students, **an investment in additional school psychologists must be included** in comprehensive efforts to address a community’s mental health and wellbeing.

Within the jurisdiction of this committee, NASP supports and encourages the following legislation to be included in any mental health legislative packages:

- H.R. 1109, the “Mental Health Services for Students Act of 2019”
- H.R. 3165, the “Mental Health Parity Compliance Act”
- H.R. 3539, the “Behavioral Health Intervention Guidelines Act of 2019”
- H.R. 4564, the “Suicide Prevention Lifeline Improvement Act of 2019”
- H.R. 5469, the “Pursuing Equity in Mental Health Act of 2019”
- H.R. 7293, the “Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2020 (STANDUP Act).

To address the concerning shortage of school-employed mental health professionals, we encourage inclusion and passage of the following legislation, under the jurisdiction of the House Committee on Education and Labor:

- H.R. 2958, the “Increasing Access to Mental Health in School Act”
- H.R. 4025, the “Mental Health in Schools Excellence Program Act”
- H.R. 4381, the “Elementary and Secondary School Counseling Act”

We again thank you for holding this important hearing, and urge you to consider a significant investment in school mental health services to meet the increasing needs of our students and communities resulting from the traumatic events that have occurred this year. Now is the time to take this issue seriously; if resources are not invested into mental health services, we are making the choice to ignore a looming crisis and fail our nation’s youth. If you have any questions or would like to follow up, please contact Kelly Vaillancourt-Strobach at kvallancourt@naspweb.org.

Sincerely,



Kathleen Minke, PhD, NCSP
Executive Director
National Association of School Psychologists