

## House Public Education Committee RFI Submission

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### About NAMI Texas

The National Alliance on Mental Illness of Texas (NAMI Texas) is a 501(c)3 nonprofit organization founded by volunteers in 1984. NAMI Texas is affiliated with the National Alliance on Mental Illness (NAMI) and has 27 local Affiliates throughout Texas. NAMI Texas has nearly 2,000 members made up of individuals living with mental illness, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy.

### Interim charge: Related to Behavioral Health

- HB 18, which enhances school safety and mental health resources for students and school personnel and works to reduce the stigma around mental health conditions. Monitor the process by which state agencies coordinate to implement the legislation and their compliance with various requirements, including providing required guidelines and resources to schools.
- HB 19, which places non-physician mental health professionals at education service centers to provide resources for educators and administrators in school districts and charter schools.
- HB 906, which creates the Collaborative Task Force on Public School Mental Health Services.
- SB 11, which creates the Texas Child Mental Health Care Consortium to facilitate access to mental health care services through telehealth and expands the mental health workforce through training and funding opportunities. Monitor the creation of the consortium and agencies' rulemaking processes. Review how school districts are spending their school safety allotment.

### Introduction

NAMI Texas is proud of the work the Texas State Legislature completed during the last session to improve the mental health and well-being of children and youth across Texas. Texas made significant strides in improving access to mental health services for students, and in creating a more supportive school climate for students with a wide range of mental health and social well-being needs. However, it is also important to recognize areas where Texas can refine and continue to improve children's mental health in Texas. A global pandemic and the resulting economic instability has caused depression and anxiety symptoms to increase across the country and has harmed the mental health and well-being of Texans living with mental health disorders. It is critical for Texas to continue its work on improving the mental health and well-being of all Texas children to meet these growing needs.

## COVID-19 and Student Mental Health

Children's mental health has become a bigger issue during this pandemic. Over a quarter of parents surveyed nationwide in early June stated their mental health had worsened during the pandemic, 14% stated their child's behavior problems intensified, and about one-quarter stated they experienced a loss of regular child care as a result of the pandemic<sup>i</sup>. Children are uniquely vulnerable to the stressors connected to public health emergencies, as they have lost a sense of routine and connection with peers, have fewer coping skills developed than adults, and can still feel the psychological, financial, and emotional distress experienced by their parents or caregivers.<sup>ii</sup>

Many students are returning to the classroom this month after six months of being away from in-person schooling, while others may continue virtual learning through the next several months. For many students, this has meant reduced access to counselors and other supportive adults at their school, and fewer adults seeing the student to recognize the warning signs of a mental health issues, substance misuse, or any other concerns.

To ensure students have consistent access to mental health services, Texas should:

- Protect and increase health coverage for children and youth, including mental health coverage and access to services.
- Make the emergency regulations around telemedicine and telehealth permanent, in order to remove barriers to care.
- Ensure students and families have consistent access to broadband internet and technology needed to engage in services.
- Incorporate additional groups of mental health providers into resources provided by the Texas Child Mental Health Care Consortium.

## Family Education and Engagement

Family support has been proven to be essential in mental health recovery. When families are accepted as full partners in care and have access to education and support, the outcomes are better all around.

- For clinic-based services, between 40% and 55% of 15- to 17-year olds report that family was the major influence on their help-seeking behavior.<sup>iii</sup>
- Psychoeducation for parents, or education on mental health services, has been proven to increase parental and youth satisfaction with mental health treatment, increase attendance in treatment programming, increase adherence to treatment plan, and reduce stigmatizing and negative beliefs around mental health disorders.<sup>iv</sup>

However, many families may not be involved in their child's recovery process. Families often take on the role of daily caregivers with little or no support and training, becoming easily frustrated, overwhelmed, or lack an understanding of their child's condition. Family beliefs around talking about mental health or personal problems, as well as family experiences and cultural beliefs, influence the likelihood a family will seek out help. Stigma, judgment, and guilt

about the child's mental health issues may also limit parents' willingness to seek out help for their child.<sup>v</sup>

- Parents struggle to identify when their child's problem requires help (versus "normal teenage behavior"), how they can help their child if they do recognize an issue, and how to emotionally support their child with complex mental health needs.<sup>vi</sup>
- Two-thirds of parents in a 2013 survey stated they would feel uncomfortable if an individual living with a serious mental illness worked at their child's school, and a little less than half of Americans stated they would feel uncomfortable living next door to an individual living with a serious mental illness.<sup>vii</sup>
- Parental stigma around mental health disorders often becomes self-stigma for children and youth living with a mental health disorder.<sup>viii</sup>

Existing statute within Senate Bill 11 allows school district plans on mental health to include broader psychoeducation and awareness programming for families on mental health disorders and requires school local health advisory committees to develop recommendations to their school districts on how to effectively engage with families on concerns or risky behaviors around mental health, substance use disorder, or suicide, and provide them with information on resources. **However, this only allows, not requires, school districts to incorporate this family-oriented mental health programming into the district plans, and the bill does not provide funding opportunities to implement parent education on mental health.**

NAMI Texas encourages the state to invest in family-based mental health services and supports that recognize the key role parents and guardians play in the mental health and well-being of a student. Two effective strategies include partnering with family mental health education and support programs, such as NAMI programs, and improving the capacity of Certified Family Partners.

### NAMI Programming

For over thirty years, NAMI's affiliates across the state of Texas have fulfilled a critical role in educating and supporting individuals, parents, and families on mental illness by using the stories of people with lived experience navigating mental health recovery for themselves or a loved one to break down stigma and myths, educate on potential symptoms, and help others navigate the recovery process. Several NAMI affiliates in Texas have partnered with school districts to offer informative mental health programming to students and families.

#### *NAMI Ending the Silence (Includes Versions for Students, Parents, and Teachers)*

NAMI's 50-minute mental health awareness program Ending the Silence teaches participants to recognize the early signs of mental illness and what to do if they or someone they know are exhibiting these signs. The program focuses on promoting a sense of hope and reducing stigma and silence around mental illness. The program is delivered in person by a two-person team, one of whom is a young adult living in recovery with a mental health condition, and includes personal stories, educational slides, videos, and discussion. An evaluation by the Rand corporation showed that this curriculum improves student knowledge of mental health conditions and attitudes towards people with mental illness.<sup>ix</sup>

### *NAMI Basics*

NAMI Basics is a 6-session education program for parents, caregivers and other family who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms. The in-person course is taught by a trained team with lived experience raising a child with a mental health condition. In an early evaluation of NAMI Basics, parents or caregivers reported improvements of feelings of empowerment managing their family's needs, their child's services, and their own well-being, and reported reduced conflict in communication with their child.<sup>x</sup>

Both of these classes can be provided online or in-person. The NAMI affiliate presence across the state means these programs may be available to families in rural, suburban, and urban settings in Texas.

### **Certified Family Partners<sup>xi</sup>**

Certified Family Partners play a key role in child mental health support services in Texas. A Certified Family Partner (CFP) is a parent or guardian with lived experience raising a child with mental, emotional, or behavioral health challenges and who has at least one year navigating a child serving system. Family partners provide skills in the areas of informational/education support, skills development, emotional support, instrumental support, and advocacy. Family partner services have been shown to improve service retention, increase knowledge, and improve family engagement.

This effective program, however, needs more consistent funding streams to ensure families can access these peer services within and outside community mental health centers. HHSC requires family partner services be offered to at least 10% of families seen by community mental health centers, but unique funding is not appropriated for their services. As a result, families have limited and inconsistent access to these peers due to workforce shortages and funding is inconsistent. Texas must explore more stable funding streams for this workforce program, including funding to expand the program outside community mental health centers, to ensure families whose children have serious mental health needs can receive the support they need to help their child and themselves.

<sup>i</sup> Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. Stephen W. Patrick, Laura E. Henkhaus, Joseph S. Zickafoose, Kim Lovell, Alese Halvorson, Sarah Loch, Mia Letterie, Matthew M. Davis, Pediatrics, Sep 2020.

<sup>ii</sup> Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan journal of medical sciences*, 36(COVID19-S4), S67–S72.

<sup>iii</sup> Rickwood D. J., Mazzer K. R., Telford N. R. (2015). Social influences on seeking help from mental health services, in person and online, during adolescence and young adulthood. *BMC Psychiatry*, 15, Article 40.

<sup>iv</sup> Lukens, E.P., & McFarlane, W.R. (2004). Psychoeducation as evidence-based practice: Considerations for practice, research, and policy. *Brief Treatment and Crisis Intervention*, 109 4(3), 205-225.

<sup>v</sup> Rickwood D. J., Mazzer K. R., Telford N. R. (2015). Social influences on seeking help from mental health services, in person and online, during adolescence and young adulthood. *BMC Psychiatry*, 15, Article 40.

<sup>vi</sup> Hassett, A., Green, C., & Zundel, T. (2018). Parental Involvement: A Grounded Theory of the Role of Parents in Adolescent Help Seeking for Mental Health Problems.

<sup>vii</sup> Henry J. Kaiser Family Foundation. Kaiser Health Tracking Poll: February 2013. Retrieved from <https://www.kff.org/disparities-policy/poll-finding/kaiser-health-tracking-poll-february-2013/>.

<sup>viii</sup> Moses, T. (2010). Adolescent mental health consumers' self-stigma: associations with parents' and adolescents' illness perceptions and parental stigma. *Journal of Community Psychology*, 38(6).

<sup>ix</sup> Wong et al. (2016). Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority An Evaluation of NAMI's Ending the Silence. *Rand Health Q.* 5(3):6.

<sup>x</sup> Brister, Teri & Acri, Mary & Olin, Serene & Shen, Sa & Burns, Barbara & Hoagwood, Kimberly. (2012). An evaluation of the NAMI basics program. *Journal of Child and Family Studies*.

<sup>xi</sup> Lopez, M. A. and McClung, D. (August, 2017). Family Peer Support in Texas: An Exploratory Analysis 2017. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.