



Mental Health

2013 Legislative Session

Education Commission of the States

www.ecs.org

700 Broadway, Suite 810 • Denver, CO 80203-3442

States pass diverse slate of mental health legislation in 2013

By Jennifer Thomsen

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Recent violence in schools and on college campuses has brought into sharp focus the need to address mental health issues in educational settings. Getting students with mental health problems the help they need, without stigmatizing mental illness, may help prevent future tragedies.

Children with mental health problems face a host of challenges, including problems at school and an increased chance for brushes with the child welfare and juvenile justice systems.¹ Schools across the country have struggled with how to identify and help students with mental health issues. Policymakers looking for ways to support schools in meeting this challenge have enacted legislation seeking to address the issue in a number of different ways.

ECS is simultaneously releasing a 2013 legislative scan of changes in school safety policies, a related topic. [Read the report.](#)

ECS conducted a scan of enacted legislation from the 2013 legislative sessions to capture the ongoing work of lawmakers on this issue. This report provides summaries of 17 bills from 13 states that illustrate the diversity of mental health-related legislation passed in 2013 legislative sessions. In addition, it highlights other [ECS resources](#) related to mental health and suicide prevention.

Key highlights from the 2013 legislative sessions

- New requirements for [mental health training for teachers](#), administrators or other school staff were enacted in **Connecticut, Maine, North Dakota, Texas** and **Washington**.
- New requirements for [mental health education for students or parents](#) were enacted in **California, Minnesota** and **Utah**.
- **Minnesota** extended the [allowable uses of an existing funding stream](#) to include paying for mental health professionals.
- [Studies to gather information](#) on mental health issues were initiated in **Louisiana, New Mexico** and **Vermont**.
- While most of the other states focused their efforts on mental health issues in K-12 settings, **Virginia** enacted legislation addressing the issue on [two- and four-year postsecondary institutions' campuses](#).
- [Other legislation](#) included a law in **California** requiring the education department to post links to mental health resources on its website and a bill in **Oregon** allowing students or parents to opt out of mental health screenings.

Teacher, administrator and school staff training

Recognizing that school building staff is on the front line of this issue, five states enacted new training requirements for teachers, administrators and other school staff. While some states require mental health training for new educators, others have opted to set professional development or continuing education requirements.

<p>Connecticut H.B. 6292</p>	<p>Requires candidates of a teacher preparation training program to complete training in children’s social and emotional learning and development. The training must provide instruction about (1) a comprehensive, coordinated social and emotional assessment of, and early intervention for, children whose behavior indicates social or emotional problems; (2) the availability of treatment services for these children; and (3) referrals for assessment, intervention, or treatment services.</p>
<p>Maine H.P. 428</p>	<p>Requires that, beginning in the 2014-15 school year for high schools and the 2015-16 school year for elementary and middle schools, a one- to two-hour in-service training module in suicide prevention awareness be completed by all school personnel. Requires that the training module be completed by the commencement of the school year or, for newly hired employees, within six months of the beginning of employment. Suicide prevention awareness education must be repeated every five years. Beginning in the 2014-15 school year, requires that a one-day course in suicide prevention and intervention training result in at least two school personnel in each administrative unit trained in suicide prevention and intervention. Requires additional trained school personnel above the minimum of two for administrative units with more than 1,000 students.</p>
<p>North Dakota S.B. 2306</p>	<p>Requires school districts to provide at least two hours of professional development relating to youth suicide risk indicators, appropriate staff responses and referral sources to middle and high school teachers and administrators once every two years. Requires the superintendent of public instruction to collaborate with the state department of health to obtain and disseminate to school districts and nonpublic schools, free of charge, information and training materials, including those available through the Jason Foundation, which is a youth suicide prevention and awareness program.</p>
<p>Texas S.B. 460</p>	<p>Requires that any minimum academic qualifications specified for a certificate by the State Board for Educator Certification that require a person to possess a bachelor's degree also require instruction in detection of students with mental or emotional disorders as part of the training required to obtain the certificate. Requires school districts to provide training related to early mental health intervention and suicide prevention for teachers, counselors, principals and all other appropriate personnel, with training provided at an elementary school campus only to the extent that sufficient funding and programs are available.</p>
<p>Texas H.B. 642</p>	<p>Sets a number of new continuing education requirements for classroom teachers and principals including a requirement for instruction on educating diverse student populations, including students with mental health disorders.</p>
<p>Washington H.B. 1336</p>	<p>Requires individuals certified by the Professional Educator Standards Board after July 1, 2015, as a school nurse, school social worker, school psychologist or school counselor to complete a training program that is at least three hours long on youth suicide screening and referral as a condition of certification. For applicants receiving initial teacher certification after August 31, 2014, requires the Professional Educator Standards Board</p>

	to incorporate, into the content required for the course, knowledge and skill standards pertaining to recognition, initial screening and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence and youth suicide.
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Student and parent education

Another approach taken by lawmakers in 2013 legislative sessions was to encourage or require that mental health instruction or information be provided to students (California and Minnesota) or parents (Utah).

California S.B. 330	Requires, during the next revision of the publication “Health Framework for California Public Schools,” the Instructional Quality Commission to consider developing and recommending for adoption by the state board a distinct category on mental health instruction to educate pupils about all aspects of mental health.
Minnesota H.F. 630	Encourages school districts and charter schools to provide mental health instruction for students in grades 6 through 12 aligned with local health standards and integrated into existing programs, curriculum or the general school environment. Encourages the commissioner of education to provide districts and charter schools with age-appropriate model learning activities for grades 6 through 12 and a directory of resources for planning and implementing age-appropriate mental health curriculum and instruction.
Utah H.B. 298	Requires school districts to offer an annual seminar to parents with information on substance abuse, bullying, mental health and Internet safety. Directs the State Board of Education to develop a curriculum and provide it to requesting school districts. Requires the school district to notify charter schools located within its boundaries of the parent seminar. Allows a school district to opt out of providing the parent seminar if the local school board determines the seminar is not needed in its district.

Funding

Funding for programs and services frequently presents a challenge for schools and districts. While providing new funding streams may not always be possible, lawmakers in Minnesota opted to find new ways to use existing monies.

Minnesota H.F. 630	Adds a number of allowable uses for Safe Schools Levy proceeds, including allowing districts to use the funds to pay to co-locate or collaborate with mental health professionals who are not district employees or contractors.
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Studies and advisory councils

Requiring a study to review or develop recommendations for a policy issue can serve as a first step toward eventual implementation of a new program or policy, or the strengthening of an established one. Lawmakers in Louisiana, New Mexico and Vermont chose to initiate a study.

Louisiana H.C.R. 133	Urges and requests the Department of Health and Hospitals, the Department of Children and Family Services and the State Board of Elementary and Secondary Education to jointly study the feasibility of coordinating state mental health and counseling resources to provide supports to public school students. Requests a written report of findings and recommendations prior to the start of the 2014 legislative session.
New Mexico S.B. 447	Establishes an 11-member Native American Suicide Prevention Advisory Council to assist in developing policies, rules and priorities for the New Mexico Clearinghouse for Native American Suicide Prevention.
Vermont S. 4	Requires the secretaries of education and human services to study school-based mental health and substance abuse services and present their research, findings and proposals to the legislature's education and health committees.

Postsecondary

While lawmakers in most states that enacted mental health legislation in 2013 focused their efforts on K-12, Virginia passed bills addressing such issues on two- and four-year institutions' campuses.

Virginia H.B. 1609	Allows governing boards of public four-year higher education institutions to establish a written memorandum of understanding (MOU) with local community services boards or behavioral health authorities and with local hospitals and other local mental health facilities to expand the scope of services available to students seeking treatment. Requires that the MOU designate a contact person to be notified when a student is involuntarily committed or when a student is discharged from a facility. Requires that the MOU provide for the inclusion of the institution in the post-discharge planning of a student who has been committed and intends to return to campus, to the extent allowable under state and federal privacy laws.
Virginia S.B. 1078	Requires the State Board for Community Colleges to develop a mental health referral policy directing community colleges to designate at least one individual at each college to serve as a point of contact with an emergency services system clinician at a local community services board, or another qualified mental health services provider, to facilitate screening and referral of students who may have emergency or urgent mental health needs. Allows community colleges to establish relationships with community services boards or other mental health providers for referral and treatment of persons with less serious mental health needs.

Other

California and Oregon passed legislation related to resources for bullying or harassment and mental health screening, respectively.

California A.B. 514	Requires the superintendent of public instruction to post a list of statewide resources that provide support to youth who have been subjected to school-based discrimination, harassment or bullying, and their families, on the state department of education website. Requires the website to include a list of statewide resources for youth who have been affected by gangs, gun violence and psychological trauma caused by violence at home, at school and in the community.
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<p>Oregon H.B. 3474</p>	<p>Requires school districts, when conducting a mental health screening of all of the students in one or more classrooms or all of the students in one or more grades, to allow a student, or the parents or legal guardians of a student, to request that the student not participate in the screening. Requires school districts to provide written notice, at least two weeks in advance, of the screening and the right to opt out.</p>
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More information

The ECS [State Education Policy Database](#) tracks state legislation on a wide variety of education issues. Updated weekly, it is searchable by year, by state and by issue. The sections on [mental health](#) and [suicide prevention](#) contain summaries and links to enacted legislation, department rules and regulations, and executive orders going back to 1999.

In March 2012, ECS conducted a [policy review](#) of state approaches to suicide prevention in schools. The survey identifies the main approaches used by states and offers examples of some of the more rigorous state approaches and programs, noting that suicide prevention programs are typically not mandated, but only encouraged.²

Endnotes

¹ Shannon Stagman and Janice L. Cooper, [Children’s Mental Health: What Every Policymaker Should Know](#) (National Center for Children in Poverty, 2010).

² Christopher Leahy, [Survey of State Approaches to Suicide Prevention in Schools](#) (Denver: Education Commission of the States, 2012).

The Education Commission of the States was created by states, for states, in 1965 to work with governors, legislators, chief state school officers, higher education officials and other leaders across all areas of education, from pre-K to college and the workforce. We track policy, translate research, provide unbiased advice and create opportunities for state policymakers to learn from one another.

The conclusions presented in this report are those of ECS, which receives the majority of its funding from the member states it serves. State policymakers seeking additional information on this topic should contact author Jennifer Thomsen at jthomsen@ecs.org. As part of the services ECS provides to states, staff members are available for consultation and to serve as third-party experts in legislative hearings.

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