



Minnesota Parents Alliance  
RECLAIMING OUR SCHOOLS

February 12, 2025

Minnesota Senate Education Policy Committee

RE: Mental Health in Schools Day

Dear Chairman Cwodzinski and Members of the Education Policy Committee,

My name is Cristine Trooien, and I am the Executive Director of Minnesota Parents Alliance, a grassroots organization with a mission of educating and empowering Minnesota parents to be strong advocates for academic achievement, equality and parental rights. I am writing today to share my thoughts and words of caution with the committee on the topic of student mental health.

Unquestionably every decision maker who is dedicated to shaping K-12 policy cares about kids' mental health. However, as you consider this topic today and in the future, I encourage you to confidently reject any assertions that schools, teachers and the creation of health services within schools as the right method for addressing it.

The statutorily defined mission of public schools (MN Stat. 120A.03) provides that, among many other functions, the system will “integrate and coordinate” human services for students. However, read in its entirety, it is clear that creating, facilitating, dispensing and funding mental and physical health care is outside the stated scope and purpose of our publicly funded education system.

To be sure, all stakeholders care about students' social emotional learning. However, it has become painfully clear that expensive commercial curricula and identity-focused consulting that many schools have adopted (knowingly or unknowingly) for many years is not the solution as Minnesota children have suffered more than a decade of dramatic increases in student violence, bullying, depression, gender dysphoria, and other indicators of declining mental health. I urge you to consider the following points as you are confronted with opportunities to set state-level policy that aims to address student mental health while prioritizing the obligation of public schools to provide a learning environment where every student can focus on achieving their highest academic and intellectual potential.

- Minnesota schools must respect and reinforce careful distinctions between medical care, mental health care and teaching.
- Teachers cannot be expected to address mental health needs both because schools need them to produce academic outcomes and because they are untrained to act in a counselor or therapist capacity.

- Parents and guardians should not wonder if a school adult is clandestinely counseling or providing medical care to their child. Clear, transparent lines are necessary.
- There cannot be confusion about the hierarchy of decisionmakers in a child's life. While exceptions may be required in abuse and neglect situations, all other parents expect Minnesota law to uphold the primacy of their role. They are not subordinates to school staff and law should not put them in competition with school staff when it comes to determining how to best address the mental health needs of children.
- Minnesota should reject the blurring of lines between education and healthcare with the introduction of full-service community services and ever-growing wrap-around services. Such arrangements invite conflicts, data privacy violations and conflation of roles by well-intentioned-but-misguided staff.
- Embedding the notion of equity into the ethics framework of SEL products as CASEL products and the Minnesota Department of Education desire, makes SEL a wholly inappropriate lens for improving mental health. Instead it encourages a defeatist mentality, a focus on victimhood and unjust obstacles, distrust of organized institutions and societal structures and a self-image based on group identities. All of these weaken a child's resiliency and sense of agency in the world.
- Gender affirming care and treatments *are not shown to alleviate kids' gender distress* and proven by The Cass Review, the largest meta review of all trans and gender care research in medicine found. There is either faulty or absent evidence that alleviation of distress is achieved with these extreme measures which is why England and other European countries have overhauled and moderated their use of both surgeries and chemical treatments, but also gender affirming care in general (language policing, pronoun use, social transition).

Again, I urge this committee and all other decision-making bodies in Minnesota to proceed with caution when it comes to the amount of time and resources that should be allocated to addressing mental health within the context of the public school system. The most valuable currency underwriting the success of our public education system is not public tax dollars, it is trust between schools and families. Engaging in mission creep when student outcomes are at all-time lows and overburdening a system that is already stretched to its maximum capacity on every level has the potential to erode trust and further distract from the goal of providing every student an equal opportunity to achieve.

Thank you for your consideration and service,

Cristine Trooien