

February 11, 2025

Members of the Senate Education Policy Committee:

Thank you for taking the time to highlight the mental health needs of students. The 2022 Minnesota Student Survey shows that symptoms of anxiety and depression have increased since the 2019 survey. There have also been increases in the percentage of students reporting long-term mental health, behavioral, or emotional problems. Perhaps most pressing of all, the 2022 survey reported over 3,000 11th graders and over 4,000 9th graders had seriously considered suicide.

Minnesota children deserve to learn in environments that are supportive and understanding of mental illnesses. If students are struggling, they should be empowered to access help throughout our education system. As mental health needs have continued to rise, Minnesota must provide more resources to both the education and children's mental health systems.

The good news is that we know what works. Minnesota is actually a leader in the nation in providing direct access to mental health treatment in school buildings. The School-Linked mental health program allows community providers to co-locate in K-12 schools across the state. When a provider can see a child at school, there is less disruption to everyone's routines and schedules and we eliminate barriers. Parents don't need to take time off from work to drive to appointments. Community providers can keep health records separate from school records, protecting families' privacy. School-linked therapists can also support school professionals in maintaining a culture of good mental health. However, the school-linked program is facing a \$5 million funding cliff this year.

Schools can provide critical supports in prevention and intervention, but the best way to improve student mental health is to build the children's mental health system. This means increasing Medicaid reimbursement rates and increasing access to care in the community. Children and families need access to crisis intervention and stabilization, respite care, residential programs, and aftercare services to transition back home. Families need robust in-home services and more services that are covered by private health plans. Students, families, teachers, and professionals all stand to benefit from building our community mental health system.

When people struggle with their mental health, it is common to become isolated and we know that isolation can have a negative impact on one's mental health. Today, people from many communities are being pushed into isolating places by fearful rhetoric. Trans people and immigrant communities have specifically been targeted and made to feel isolated and afraid. We stand with these communities who have unique experiences and in some cases, higher risks for mental illnesses. A 2020 study by the Trevor Project found that transgender and nonbinary youth were 2 to 2.5 times as likely to experience depressive symptoms, seriously consider

suicide, and attempt suicide compared to their cisgender LGBTQ peers.ⁱ We need to be providing support to these youth not working to exclude them.

With mental health in schools in focus, NAMI Minnesota has three education policy proposals this year:

Approval of Mental Health Curriculum: In 2024, mental health education became a requirement for all 4th-12th grade students in Minnesota schools. It is important that curriculum have good information about mental illnesses and have safe messaging around suicide. The wrong practices in suicide education can actually promote contagion and further harm. All mental health education curriculum that is not on the list approved by the Department of Education, should be approved by the Department of Education especially if it contains information around suicide.

Training for Youth Sports Program Coaches: Coaches in schools often play a positive and supportive role in the lives of students. We are advocating for all youth sports program coaches to receive training on recognizing and understanding all kinds of mental illnesses. We know that 50% of all lifetime mental illnesses begin by age 14. If coaches can recognize signs and symptoms, they can contribute to identification and prevention in the sports community, where so many students find meaningful connections.

Seclusion and Restraints Advisory Committee: For many years, the Department of Education has hosted an advisory committee on seclusion and restraints to gain input from advocates and school personnel and help to shape policy. The work of the advisory committee is critical in bringing all voices to the table on such an important subject. The Department of Education recently notified members of the committee that they would not be hosting any more meetings and that the work would be transferred over to the Olmstead Office. We are advocating that the advisory committee be codified in statute to secure its place in the department and to ensure that the data is carefully reviewed and that recommendations to decrease their use are heard.

Lastly, while not before this committee, we need to close the gap in funding for the school-linked mental health program.

Thank you again for taking the time to focus on the mental health of our students. We are happy to partner and continue this conversation this session.

Sincerely,

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ⁱ Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the Mental Health of Transgender and Nonbinary Youth. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 66(6), 684–690. <https://doi.org/10.1016/j.jadohealth.2019.11.314>