Health/Mental Health, **Wellness, Violence Prevention**



In the past three legislative sessions, JFG and our partners have championed several bills in the realm of mental health and violence prevention for WA state girls*. Some prominent successes include providing free menstrual products in schools (HB 1273), implementing school based health centers (HB 1225), instituting comprehensive sex ed in schools (SB 5395), and safe harbors for commercially sexually exploited youth (SB 5395), Last session, several bills were introduced to address the mental health effects of the pandemic. including some federal bills that gimed to increase access to mental health services for BIPOC** communities. Despite these successes, WA still faces a severe problem with understaffing in the mental health workforce and inadequate school-based mental health: the state currently employs only one school psychologist per 1.000 students—far below national recommendations of one to 500-700 (i)—and ranks 43rd on Mental Health America's youth mental health ranking (ii). Further, almost no policies at the federal or state level are actively gender-responsive and centered on the unique mental health challenges facing girls and BIPOC girls.

The need is urgent. The demand and access issues that girls and BIPOC girls face continues to grow, vet mental health policies and services that are gender and culturally responsive are simply not being widely developed. Even before the pandemic, girls in WA were more likely than boys to experience at home emotional abuse, anxiety and depressive feelings, attempt suicide, feel unsafe by a person they are dating, be bullied at school and be harassed on social media (iii). BIPOC girls reported negative impacts more than white girls on all of these indicators except anxiety (iv). Under stay-at-home orders, girls experienced even greater levels of anxiety and mental health challenges, gendered expectations for household responsibilities, potentially elevated levels of abuse by family and caregivers, and increased social media harassment and cyberbullying (v). According to the CDC, emergency room visits for suicide attempts rose 50.6% for teenage girls during the pandemic, compared to 3.7% for boys (vi). The mental health impacts of the pandemic are especially acute for BIPOC communities who are burdened with economic and housing instability, unemployment and increased exposure to the virus, and who often face barriers to mental health treatment. These communities are also continuously exposed to stories and images of violence against BIPOC communities, which can create additional grief and collective trauma for BIPOC youth (vii). These patterns reveal a pressing need for genderresponsive and racially equitable mental health policies.

As schools return to in-person instruction and COVID relief funding reaches states, youth mental and behavioral health challenges are predicted to continue, and it is imperative that policymakers leverage funding and resources to prioritize the mental and physical wellbeing of all students. Reforms must be girlcentered, racially equitable, and community-driven, addressing the ways in which overlapping experiences with systemic racism and dicsrimination exacerbate mental health issues for girls, BIPOC girls, and gender expansive youth.

i. Furfaro, Hannah. "Washington students are facing a mental health crisis. Here's why schools are on the front lines." The Seattle Times.

ii. Mental Health America. <u>2020 Mental Health In America - Youth Data.</u> (2020).

iii. Justice for Girls. Washington State Girls* Fact Sheet on Violence, Mental Health and Well-being. (2020)

iv. Ibid.

v Ihid

vi. Yard, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic— United States, January 2019-May 2021. Centers for Disease Control and Prevention. (2021). vii. Girls @ The Margin National Alliance. <u>Issue Brief: Girls and Gender-Expansive Youth and COVID-19.</u> ((2020).

^{*}Throughout this document, "girls" refers to gender expansive youth (cis girls, trans girls, non-binary youth, gender non-conforming youth, gender queer youth and any girl-identified youth).

^{**}BIPOC refers to Black, Indigenous, and People of Color. We use BIPOC to center the unique experiences of Black and Indigenous communities and to avoid generalizing all people of color. For more information please visit this page: YWCA: Why We Use BIPOC.

Washington Bills Signed into Law in Recent Years*

School-Based Health

<u>HB 1225:</u> Implements School Based Health Centers

*WA School Based Health Alliance priority, LEV priority

HB 1273: Provides free menstrual products in K-12 schools

*WA for Menstrual Equity priority, The Red Sea Collective priority, JFG priority, LEV priority

SB 5395: Institutes comprehensive sexual and relationship health education in all K-12 schools

*Safe & Healthy Youth Coalition priority

SB 6514: Implements a comprehensive approach to suicide prevention and BH in higher ed

Mental Health

SB 5030: Requires districts to have a comprehensive school counselor plan, requires counselors to spend 80% of their time on 'direct' and 'indirect' counseling services *LEV priority

HB 1373: Requires schools to publish MH resources on their website home page *LEV priority

HB 1325: Implements policies related to children and youth MH and BH *LEV priority

HB 1363: Addressing secondary trauma in the K-12 workforce *LEV priority

Violence Prevention

2 SHB 1227: Keeping Families Together Act: Protects the rights of families responding to allegations o abuse or neglect of a child *WACHYA priority, WSCADV

priority, LEV priority

SB 5183: Increases access to forensic nurse examiners trained to evaluate nonfatal strangulation *WSCADV priority

HB 1775: Safe Harbors: Limits the crime of prostitution to ages 18+, creates two receiving center programs for commercially sexually exploited youth *Youthcare priority, JFG priority

HB 1742: Decriminalizes sexting among teenagers

Health Care

SB 5097: Expands coverage of paid family and medical leave program

*WSCADV priority

SB 5068: Aims to improve maternal health outcomes by extending coverage during the postpartum period *WSCADV priority

HB 1087: Employee family and medical leave right

*WSCADV priority

^{*}Special thanks to Washington State Coalition Against Domestic Violence (WSCADV), League of Education Voters (LEV), WA School Based Health Alliance, WA for Menstrual Equity, The Red Sea Collective, Safe & Healthy Youth Coalition, WA Coalition for Homeless Youth Advocacy (WACHYA), Youthcare and all other advocates and allies who championed legislation in these policy areas.

Emerging Ideas: Federal Level

Pursuing Equity in Mental Health Act

- · Aims to address disparities in access, care and study of mental health issues among people of color
- Supports research, improves the pipeline of culturally competent providers, builds outreach programs that reduce stigma and develops a training program for providers to effectively manage disparities

STRONG Support for Children Act of 2020

 Establishes two grant programs for governmental health departments to prevent and mitigate childhood trauma and adverse childhood experiences (ACEs)

Strengthening Mental Health in BIPOC Communities Act

 Requires states and other jurisdictions that receive certain block grants for community mental health services and substance abuse prevention and treatment to report on services and outreach provided to members of racial and ethnic minority groups

State Level

Reducing Stigma

Recommendations*: Implement flexible attendance policies to accommodate student MH needs, Increase MH education programs in schools

Model Policies

OR HB 2191: Mental Health Sick Days:
Includes Mental Health as an approved reason fo excused student absences
OK HB 1568: Mandates that all schools provide

Screening and Intervention

Recommendations: Create a statewide youth mental health monitoring system, Strengthen early prevention and intervention measures, Fund and support the implementation of equity-based multitiered systems of school mental health support (MTSS) statewide, Increase MH screening at schools

Model Policies

OR HB 2192: Directs school districts to require students in grades 6-12 to undergo one mental health wellness check per year

<u>WA: OSPI MTSS Decision Package</u>: Requests funding in the 2021-2023 biennium budget to support statewide MTSS implementation by providing training and technical assistance

Mental Health Access

Recommendations: Leverage Medicaid as a funding stream for school MH, Expand youth mobile crisis centers statewide, Expand telehealth, Increase counselor to student ratio, Address racial inequities in MH access

Model Policies

<u>WA SB 6168:</u> Budget proviso to increase Medicaid rates for BH services

<u>WA SB 5389:</u> Establishes a youth telehealth training and treatment program

<u>WA SB 5327:</u> Establishes a confidential youth safety and well-being tip line

<u>WA HB 1444:</u> Provides trauma-informed counseling and supports to students who were impacted by the COVID-19 pandemic

Mental Health Workforce

Recommendations: Improve professional development and technical assistance for school personnel, Expand availability of peer services, Strengthen the pipeline for BIPOC MH professionals

Model Policies

<u>WA HB 1349:</u> Creates a Peer Support Specialist Credential

OR HB 3949: Brings more BIPOC MH professionals into the workforce

WA: OSPI Building Staffing Capacity Decision Package: Increases allocation for MH staff, provides staff training on racial literacy and cultural responsiveness

^{*}The recommendations on this page were informed by the recommendations and policy platforms of the Children and Youth Behavioral Health Work Group (CYBHWG), Mental Health America (MHA), League of Education Voters (LEV), Girls @ the Margin National Alliance and the WA Office of the Superintendent of Public Instruction (OSPI). They were also informed by conversations with JFG allies, staff and youth in WA.