SACRAMENTO COUNTY BEHAVIORAL HEALTH YOUTH ADVISORY BOARD POLICY BRIEF

Mental Health Resource Accessibility and Sustainability



THE NEED

Mental health emergency room visits have spiked dramatically during the pandemic. The pandemic exacerbated issues: disrupting learning, relationships, and routines, and increasing isolation – especially among our nation's young people. More than 40 percent of teenagers state that they struggle with persistent feelings of sadness or hopelessness, and more than half of parents and caregivers express concern over their children's mental wellbeing. Youth in Sacramento are in need of mental health prevention; therefore, the county should provide access to and advertise mental health resources.

CHALLENGES IN RESPONDING TO THE NEED

- In the 2021-2022 school year, 96% of public schools reported offering at least one type of mental health service to their students. Although services are offered, there is still a disconnect between services, as well as inequities in distribution, advertisement, and utilization of these services.
- SCOE has experienced challenges in placing 300 mental health practitioners on school sites due to the shortage in the mental health workforce. Since 2021, SCOE has placed 33 practitioners on school campuses.

STATs

- Suicidal behaviors among high school students increased during the decade preceding COVID.
- In 2009, 19% of youth seriously considered attempting suicide. By 2019, 55% of youth seriously considered attempting suicide.
- In 2009 16% made a suicide plan in the prior year. By 2019, 60% of youth made a suicide plan in the prior year.

Did you know?

- Most schools feel that they cannot allocate enough funding toward mental health clinicians, therefore do not have these programs on campus where it's easily accessible for the students.
- Going into the 2022-2023 school year, 19% of public schools have vacancies for mental health professionals. Among schools with these vacancies, 84% reported it will be somewhat or very difficult to fill these mental health positions.

CHALLENGES CONTINUED

- Only one-third (34%) of schools provide outreach services, including mental health screenings for all students.
- 65% of the student population come from low-income families, therefore access to resources off-campus is unreachable.
- "Title I" school funding was intended to benefit low-income students but has yet to combat youth mental health.
- Approximately 1.8 million California youths under the age 18 have endured an adverse childhood experience.

BHYAB GOALS

- Provide resources, support, and connection for youth to access professional mental health services
- Create a safe environment, both physically and emotionally, honoring culture and community
- Promote equity, justice, and accountability with a concentrated application of resources towards youth in greatest need
- Empower families to engage in their children's mental health

STRENGTH & BENEFIT OF PROPOSED SOLUTION

Our proposed solutions of promoting accessibility to resources and services will enhance mental health prevention. Our recommendations intend to break barriers between systems, in turn, strengthening sustainability of programs developed.

VISION

All Sacramento youth are valued and have direct access to mental health care and services on and off school grounds.

MISSION

The Behavioral Health Youth Advisory Board aims to advise the Board of Supervisors in providing a systemic and sustainable structure to ensure that Sacramento youth have proper, accessible mental health resources.

RECOMMENDATIONS

- Support county collaboration with the office of education in the recruitment of mental health practitioners on school campuses and promotion of schools as centers of wellness and restoration.
- **#2** Support county collaboration with the state in the development and advertisement of telehealth programs, where students can connect with mental health professionals and clinicians online.
- # 3 Engage the county to collaborate with the office of education on providing mental health and harm reduction resources for school staff, parents, and students that educate them on symptoms of and help with mental health problems.
- ## 4 Engage community-based organizations and the school system in advertisement of professional mental health services (that can be accessible outside of school hours).

ADDITIONAL

The schools should provide wellness space on campus and a staff member to coordinate services and agencies, but the actual cost of the services should be paid by local health agencies or nonprofits that bill Medi-Cal alongside private insurance, to ensure all youths have access to services.

Surveys are the best way to track changes made from policy. Once these policies are implemented, we recommend surveying students to get their intake on the new structure in the school. Three broad models of integration are common: individuals from an outside agency are contracted to work within a school, the school includes a mental health clinic staffed by professionals who deliver mental health services, and the school has a health center with mental health as a subspecialty.

Adverse childhood experiences (ACEs) affect the physical and mental health of beings. Our mental health education model needs to have a "whole child, whole family" concept in order to properly combat ACEs.

SOURCES

Citation Number	Citation Source	
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2	https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html	
3	https://calmatters.org/newsletters/whatmatters/2022/03/california-youth-mental-health-crisis/	
4	https://www.kff.org/other/issue-brief/the-landscape-of-school-based- mental-health-services/	
5	https://www.cbhda.org/about-us-1#board-officers	
6	https://safesupportivelearning.ed.gov/sites/default/files/13- ImpSchMnHlthSprtBtPrt-508_0.pdf	
7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/	
8	School 'wellness centers' could be an answer to soaring mental health needs in California EdSource Adverse Childhood Experiences (ACEs) (ca.gov)	
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10	Griffin & Botvin, 2010; Tebes et al., 2007	

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