



Legislative opportunities for school-based mental health services

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Healthy Minds: What we do

We work to end untreated mental illness and addiction in Oklahoma through policy and practice transformation.

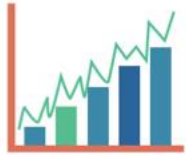
- Advancing an impactful public policy agenda
- Growing public investment in services
- Coordinating partnerships and community coalitions
- Disseminating data, research, and best practices



Mental health: The opportunity



11 percentage point increase in test scores possible with appropriate school services



Businesses gain back **31 days of lost productivity**, \$193B in lost economic potential



Better use of **police and criminal justice** time and money



Better health outcomes overall, less early death, and less expense transferred to ratepayers



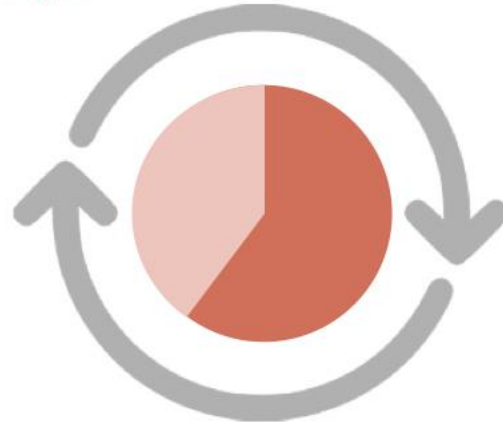
More **economic activity**, more **effectively used resources** in public and private sectors

Mental health: The cycle of unmet need

59% of Oklahomans with mental illness don't receive help.



Patients end up in inpatient mental health hospitals and hospital emergency rooms — **the most expensive settings of care.**



Untreated mental illness costs us 2x-3x more in health care overall.



82% of Oklahomans who enter prison with non-violent offenses mental health or substance abuse needs.



Police have become our default mental health providers.

Mental health: The impact on education

Students experience:

- Higher rates of absenteeism
- Lower school engagement
- Decreased academic performance

Teachers experience:

- More challenging interactions with students
- Higher levels of job-related anxiety and depression
- Increased burnout and turnover

The state of student mental health (pre-COVID)

1 in 5 students experience a diagnosable mental health disorder every year.

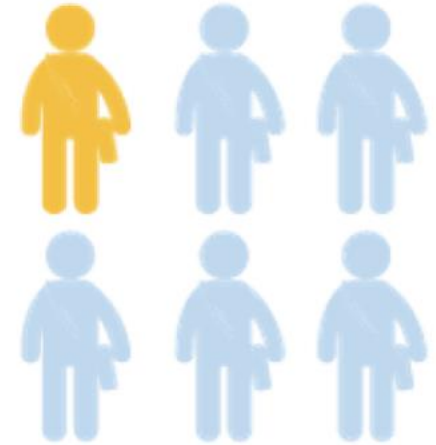


About half of these experience onset of a disorder by age 14.

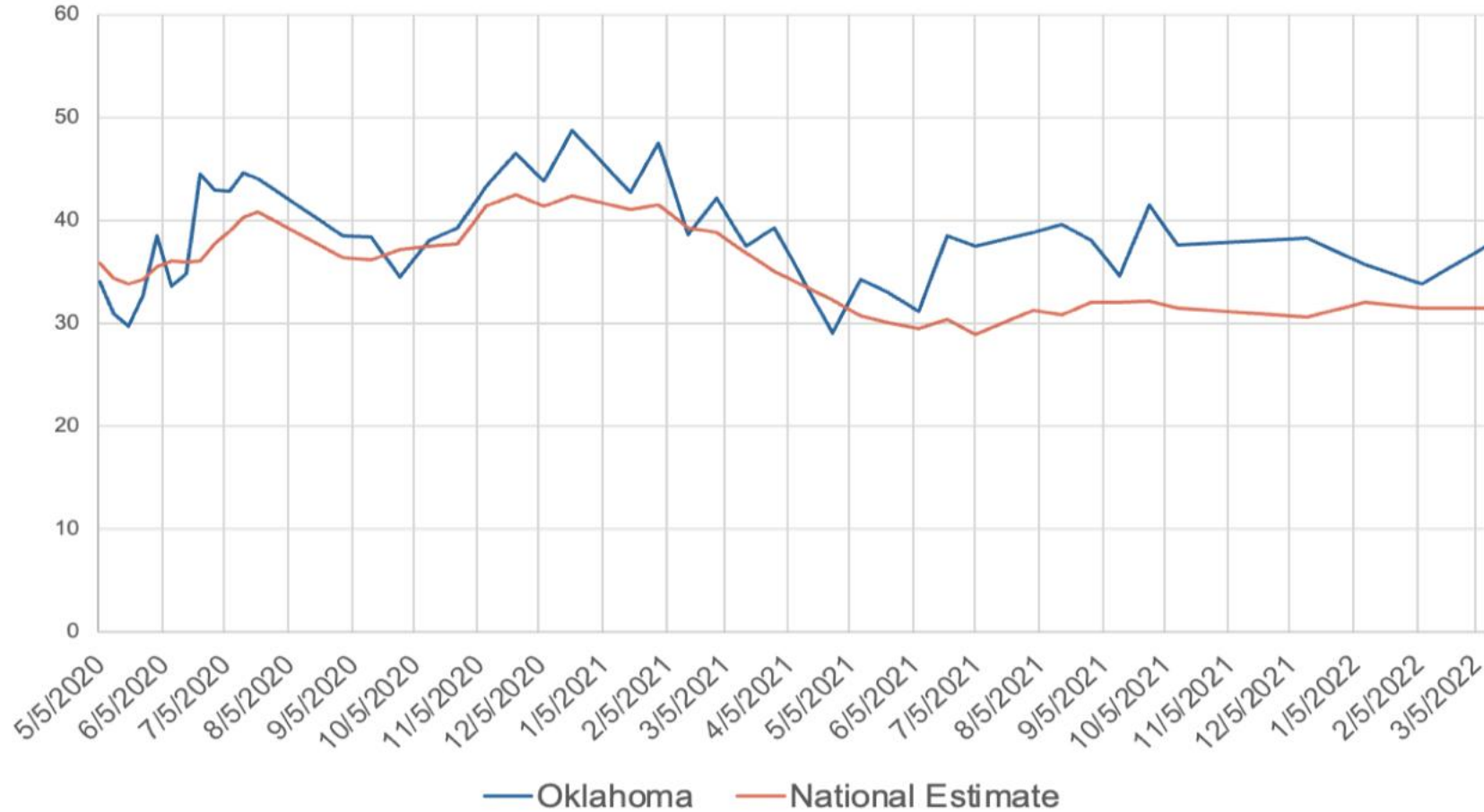
A 2017 survey found that about **6 in 20** high school students reported feeling sad or hopeless almost daily.



Of these students, about **1 in 6** reported seriously considering suicide.



Pandemic-era depression and anxiety



Percentage of population experiencing anxiety or depression

← Rough pre-pandemic baselines

The national youth mental health crisis

“The COVID-19 pandemic further altered (children’s) experiences at home, school, and in the community, and the effect on their mental health has been devastating.”

U.S. Surgeon General Vivek Murthy

Routine disruption, economic downturn, general anxiety:



Learning loss



Increased family stressors



Decreased connectivity,
positive social interaction



Increased risk for suicide

Suicide-related emergency room visits

12- to 17-year-old girls compared to 2019 (CDC)

26%

July 2020



51%

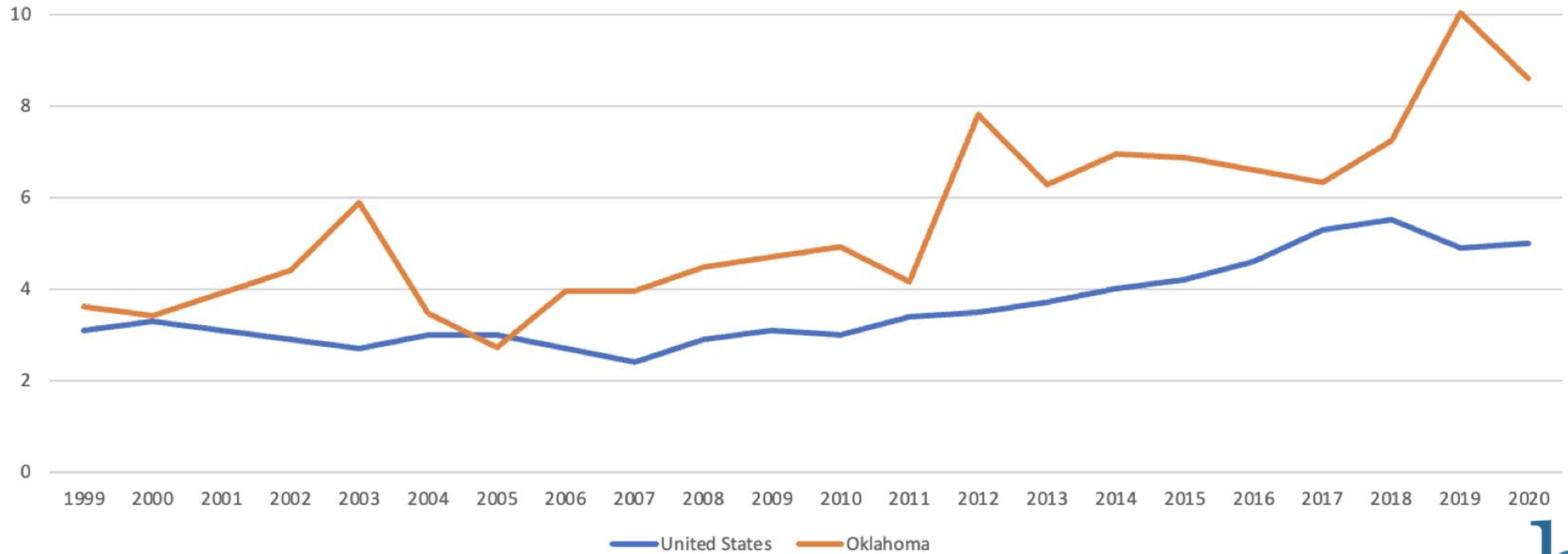
Feb. 2021



The national youth mental health crisis

Suicide death rate, ages 10-17

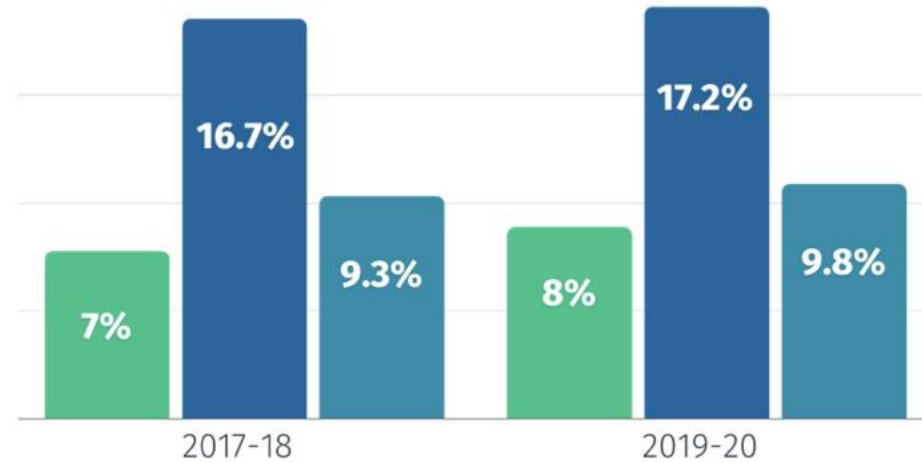
Per 100,000 people



The youth mental health crisis in Oklahoma

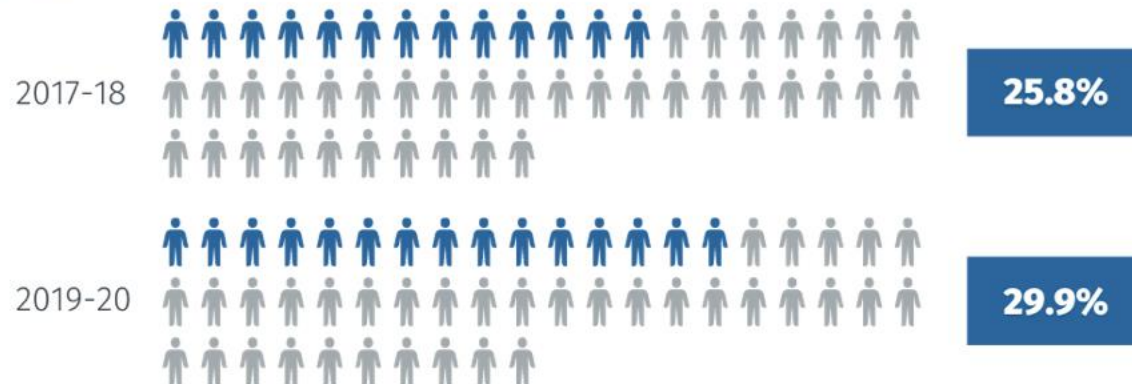
Depression and suicide

- High incidence of depressive symptoms
- Seriously considered suicide
- Attempted suicide at least once



Psychological distress

Students reporting high psychological distress

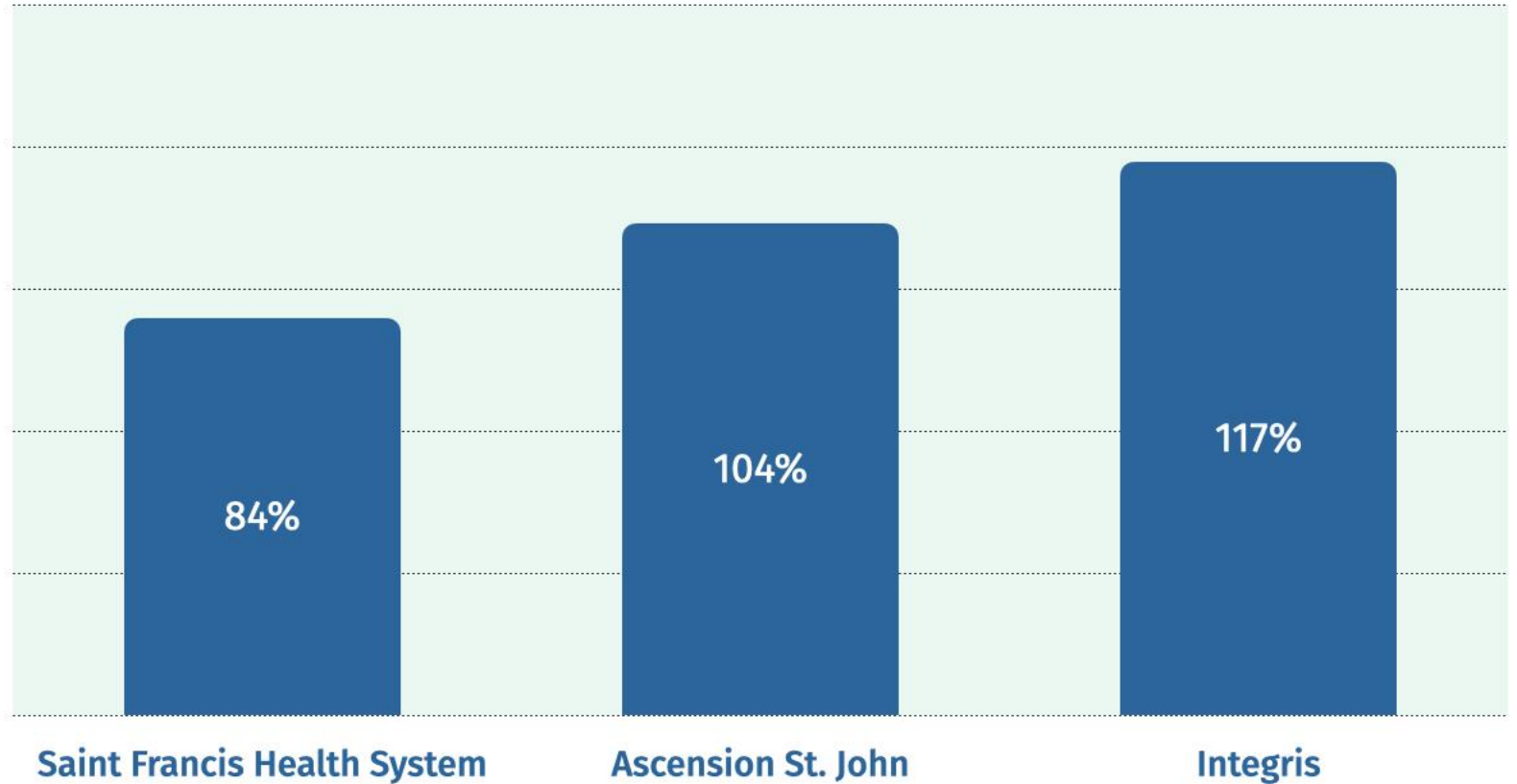


Mental wellness challenges for children and youth began pre-pandemic, but **social isolation, disrupted routines, and general anxiety** have worsened.

The youth mental health crisis in Oklahoma

Rise in child ER visits for mental health crisis

Annual increase from 2019 baseline



Addressing mental health in schools

School-based services

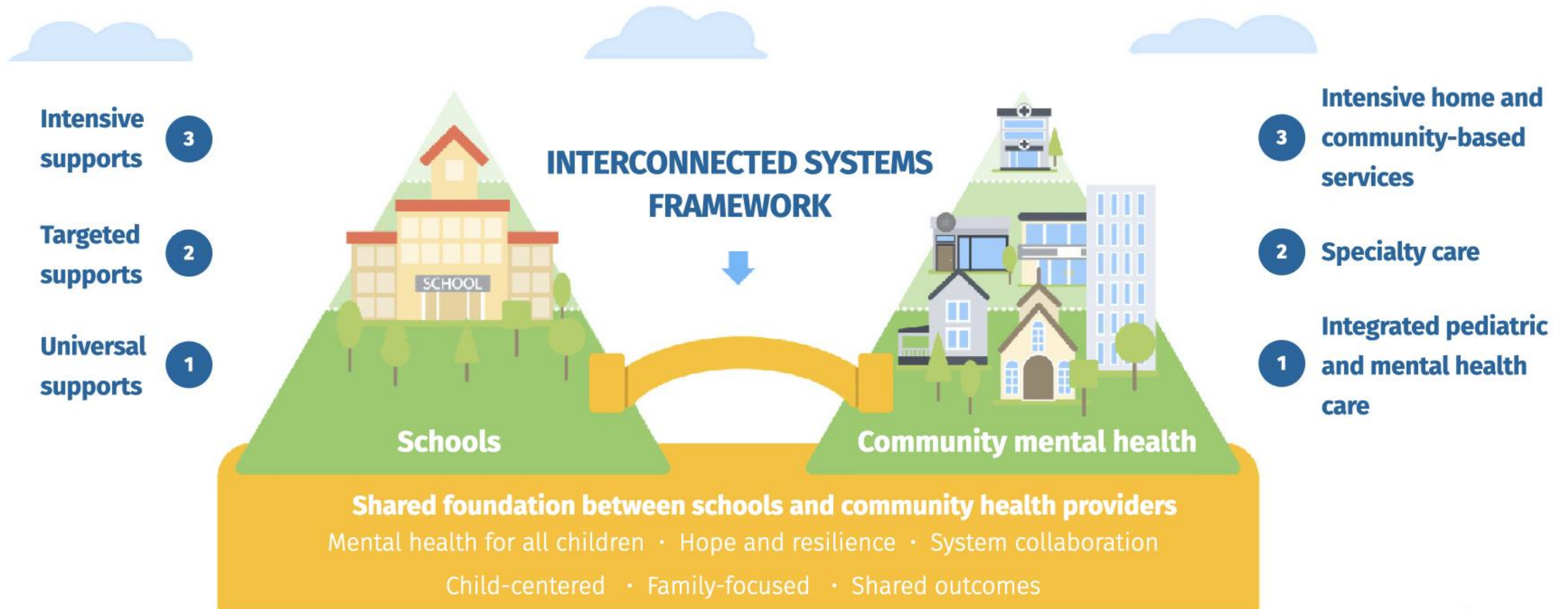


Schools providing mental health services



Students who access services in school

Schools and mental health



Mental health in schools: Policy and regulatory goals

- Well-trained administrators, educators, and support staff
- Create a foundation of appropriate data
- Data-driven, accountable school-provider partnerships
- Multi-tiered systems of support
- Mental health screening
- Multi-agency partnerships on goals, outcomes, improvement
- Family and community involvement
- Appropriate workforce deployment



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