



Testimony Regarding S.B. No. 1: An Act Concerning Childhood Mental Health and Physical Health Services in Schools

Karen Siegel, MPH
Education Committee
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Dear Senator McCrory, Representative Sanchez, Senator Berthel, Representative McCarty, and esteemed members of the Education Committee,

Please accept this testimony on behalf of Health Equity Solutions (HES), which is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Thank you for the opportunity to submit testimony regarding S.B. 1, An Act Concerning Childhood Mental Health and Physical Health Services in Schools. **We support efforts to increase access to mental health and childcare services and recommend centering equity in these proposals by focusing on workforce diversity, whole family approaches to care, and efforts to address the root causes of increased mental health needs.**

Children live in families and their mental health depends on not only the mental health of their parents and siblings, but on their family's overall health, economic security, and wellbeing. Due to systemic racism and its consequences, Black, Indigenous, Latino/a, Asian, and other people of color are at higher risk of experiencing trauma, adverse childhood events, poverty, chronic disease, cancer, negative birth outcomes, lack of health insurance, and exposure to unhealthy environments—all of which contribute to mental health.¹ Further, the experience of racism itself—including systemic, interpersonal, and internalized racism—affects mental health.² Finally, the disproportionate impact of COVID-19 on Black and Latino/a residents of our state has further exacerbated disparities in mental health care access and overall health outcomes.³ To equitably address the emerging mental health crisis we must center family voices in developing solutions and meet people where they are with what they need.

Health Equity Solutions strongly recommends embedding a community health worker-based approach to support whole family wellbeing. We applaud the inclusion of measures to fund and expand additional school-based mental health services. At the same time, psychotherapy and other mental health services are just one key part of broader mental health needs. This bill proposes leveraging undergraduate-level social work students, but to what end is unclear. For supports that do not require a

¹ Seaberry, C., Davila, K., Abraham, M. (2021). Equity Report. New Haven, CT: DataHaven. Retrieved from <https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf>

² David R. Williams & Ruth Williams-Morris (2000) Racism and Mental Health: The African American experience, *Ethnicity & Health*, 5:3-4, 243-268, DOI: 10.1080/713667453

³ See, for example: Snowden L. & Snowden J. (2021) Coronavirus Trauma and African Americans' Mental Health: Seizing Opportunities for Transformational Change. *Int J Environ Res Public Health*. <https://dx.doi.org/10.3390%2Fijerph18073568> and Substance Abuse and Mental Health Services Administration. Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. Retrieved from: <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

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master's degree, community health workers of all ages are an evidence-based option. Mental health is impacted by physical health, poverty, experiences of racism, and lack of access to basic needs and services (like food, housing, health insurance, and transportation). Community health workers can help mitigate disparities in health by providing information, helping people to navigate the health care system, connecting people to health insurance, social services, and health care providers, and providing social support throughout the screening, diagnosis, and treatment processes.⁴ Community health workers can provide support for the whole family, helping to address the basic needs and parental health that have a direct impact on children's wellbeing.

Health Equity Solutions appreciates the efforts to increase the mental health workforce in the state and **recommends incorporating aspects of S.B. 2 to address workforce diversity for mental health providers as well educators.** To further diversify the mental health and education workforces and evaluate the success of the interventions proposed here, we recommend regularly publishing demographic data on licensed mental health professionals and educators in the state. Reporting of needs assessments and workforce capacity/placement should disaggregate results by race, ethnicity, and language at minimum and ideally also consider gender identity, sexual orientation, and disability status. Finally, we note that community health workers are disproportionately people of color and recommend not only sustainably funding a community health worker workforce, but also developing career pathways to allow professional development within community health work and to careers that require additional formal education.

HES strongly supports expanding school-based delivery of mental health services to children and young adults. A Connecticut study found Black and Latino adolescent males attended mental health appointments in school-based settings at rates far higher than in community-based settings.⁵ By meeting children where they are, school-based health services remove barriers to behavioral health care. Services located in schools are vital to promoting health equity; at the same time, overrepresentation of Black and Latino/a children in punitive measures at schools and in the child welfare system have led to distrust and Black, Latino/a, and other parents of color may be unwilling to seek support for their own or their family's broader needs in a school setting. **HES recommends complementing school-based mental health services with community-based trusted messengers such as community health workers, doulas, and peer support workers.**

Finally, we note that systemic racism is a root cause of inequities in health outcomes, and we must dismantle the racism in our state's systems, policies, and programs to advance equity in mental health. Thank you for the opportunity to submit this testimony regarding S.B. No. 1: An Act Concerning

⁴ Connecticut Health Foundation, *What is a community health worker?*. Retrieved from: https://www.cthealth.org/topic-guides/community-health-workers/?gclid=CjwKCAjwy7CKBhBMEiwA0Eb7a17pdeYgRAV0ShhoBQui5CeXApukvEGWNydBqNjdFyCk1BCUaChQ7xoCGN8QAvD_BwE

⁵ Connecticut Association of School Based Health Centers. (2011) Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services. Retrieved from: https://www.cthealth.org/wp-content/uploads/2011/04/IssueBrief_web2-Final-2.pdf



Childhood Mental Health and Physical Health Services in Schools. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.