

**Testimony by Dr. Olga Acosta Price
Associate Professor and Director
School of Public Health and Health Services, Center for Health and Health Care
in Schools, the George Washington University**

**House Democratic Gun Violence Prevention Task Force
Mental Health Briefing
January 22, 2013**

Thank you to Congresswoman Napolitano, Congressman Thompson, the other committee members and their staff for inviting the Center's participation in this important meeting.

I am a clinical psychologist and an associate professor in a school of public health at GW, I direct a national center called the Center for Health and Health Care in Schools and have specialized training in school mental health. But first and foremost I am a mother of two children, one in preschool and one in first grade.

The Friday of the shooting at Sandy Hook Elementary I went home and talked to my son. I wanted to gauge how much he had heard about the tragedy, to answer any questions, and most importantly to reassure him that his dad and I were doing everything in our power to keep him safe.

Monday came and we reluctantly sent him back to his first grade class, aided by a strong sense of denial that anything like what happened in Newtown, CT could happen in Montgomery County. That Monday afternoon I received an email from his first grade teacher that read as follow:

"I just want to take a minute to let you all know something that you already know—your children are amazing.

I was really struggling this morning, and all weekend really, with how today would go. The awful images and thoughts that I couldn't get out of my mind, the eerie and sad and horrifying connection that I teach first grade too, and that my own son IS a first grader, the sleepless hours of wondering what I would do and formulating my own plan to keep us all safe... it's been a long few days – for you all as well, I'm sure.

But your children, these 16 little loves, came in here this morning and reminded me that as awful as that all was, is and will continue to be, we're here now, we're together and we're safe. They might have wondered why I kept crying when I looked at them but... I love each of your children. I would like to think that I would have been as brave and as smart as those Connecticut teachers and done whatever

I could to keep our babies safe. Thank you for trusting me with them, especially today. Kristen Kane”

The gift Mrs. Kane gave us that day was not simply that she was thoughtful enough to communicate about how our children were doing, but that she confirmed, through her sensitivity and attentiveness, that she would maintain a classroom environment that would allow each of our children to feel safe and thrive.

Since that day I have asked myself repeatedly-- How do we make sure that every student, not just those in my son’s class, has a Mrs. Kane instructing them AND supporting their social and emotional development? What about students who live in more stressful conditions- those who experience the loss, violence, or trauma directly, and sometimes regularly? How do we protect students like Julio ...

Julio was an 11-year-old 5th grader in Norwood ES in CA who was from a tightknit Mexican family. Although they were a poor family, they believed that if you worked hard and invested in education, happiness and success could be attained. Julio in particular loved school, he did well academically and had many friends, his teachers loved his creative nature and his eagerness to learn. Unfortunately, all that changed one sad day when tragedy struck and almost derailed Julio and his dreams. Julio’s 19-year-old beloved sister was killed in a random drive-by shooting on her way to pick up her younger sister at school. Julio’s family was devastated but Julio took it the worst of all.

He was scared, angry, and depressed, his grades dropped, he got into fights in school, and he became increasingly isolated. His parents were scared they were losing him. His mother, with encouragement from the teacher, saw the school’s mental health professional to seek help. The counselor began to see Julio in school, but it soon became clear the entire family was overcome with grief and fear and so their involvement in services would be critical. It took many weeks, but the counselor’s respectful and dedicated approach helped keep the family engaged and Julio slowly began to open up about his pain, as did his family. With individual and family counseling, that was available at no charge, Julio became less angry, less depressed. His grades improved, he started to enjoy his schoolwork again, and he began to dream of a brighter future. Julio is now in 7th grade and recently won recognition for his talent in math. Although we hope to shield children like Julio from any pain and loss, trauma and violence, sadly we cannot. But, how we act and what we prioritize can mean the difference between a young life defined by pain or by one inspired enough to overcome it.

The President's proposed plan outlines a number of key actions from which to create pathways like those that were made available for Julio and his family. I'd like to share some recommendations to consider as we move forward.

Schools must be invited to play a meaningful role in any system of care where young people are the focus.

For children like Julio, our traditional systems of care are inherently flawed- an individual can access interventions or services only after they have demonstrated failure or experienced a number of detrimental outcomes. Many officials we have spoken with indicate that despite good intentions, and a desire to do differently, the limited funds and resources available in most states and communities continue to be directed to those who are seriously mentally ill. Although these individuals deserve our most urgent attention, young people with early signs of need, as well as those who may be at risk also deserve accessible, effective, care. School-based interventions make available a full continuum of supports that include prevention, early intervention, and treatment services. This support represents what we know to be good care: it is accessible, on-site, proactive, and coordinated with other supports. But, school professionals working with our most at-risk youth cannot be asked to function in isolation from the broader health or mental health systems and with little connection to other child-serving agencies if we want them to be effective.

It is time to take a public health approach and implement strategies that both strengthen individual skills and competencies, but also improve systemic responses, and ultimately reduce environmental risks. This means we think about ways to connect individuals with challenging circumstances to quality care, but also that we think about ways to encourage more Mrs. Kanes to become educators and for their classrooms to be safe havens both physically and emotionally, while we tackle the more complex issue of how to reduce violence in our neighborhoods and communities. We will not curb the demand for services if we focus solely on creating a sufficiently robust clinical workforce or on improving access to treatment services, we must consider complementary strategies such as implementing proven screening and early identification approaches, scaling up training programs that raise awareness and teach warning signs, strengthening linkages to specialists within and outside of the school walls, spreading school-wide practices aimed at improving school climate, and revising policies so they do not punish those with disabilities or who lack necessary life skills.

Educators must be treated as partners in these prevention efforts, not just as stewards of convenient settings for care.

Taking full advantage of the opportunities present in schools means we equip all of the adults, as well as the students and their families, with the interpersonal and emotional skills they need to promote environments conducive to learning.

Educators want to improve their ability to address the emotional and behavioral issues that some students exhibit. Teachers often complain they feel unprepared to deal with the many challenges that students face in school and out, and that impact their ability to learn. One strategy to build teacher competence in this arena could involve the implementation of needed reforms in teacher preparation programs. Including information on child development and social-emotional learning, positive discipline, and creating healthy school climates would expand the capabilities of new educators by equipping them with the skills to respond to children's developmental needs as well as their learning needs.

Current interventions represent knowledge acquired yesterday to apply to practice today. But tomorrow's, indeed today's, consumers may be quite different from those children for whom these best practices were developed.

We all support the implementation and sustainability of evidence-based programs and practices known to be effective, but we must ask ourselves "effective for whom?" I would be remiss if I didn't end by cautioning us on the need to invest in the development of culturally responsive mental and emotional health interventions. Our changing demographics are reflected in familiar statistics. Children from immigrant and refugee families live in communities across the country and make up approximately 20% of the total school-age population. Within the next several years 25% of our incoming kindergarteners will be of Latino descent. This is no longer an issue impacting only big urban areas and traditional resettlement states, this is a national issue and our social, emotional and mental health programs must reflect this new reality.

As Congress and this committee considers what we can do to strengthen our mental health system to better serve children and their families, we must also consider how our health and education policies, practices, and funding streams can be better integrated to improve the odds for achieving positive health and academic outcomes.

In conclusion, I would like to share a quote, by Lynne Friedli, that reminds us that the promotion of our mental health should be a universal concern as well as a national priority:

"Everyone has MH needs, whether or not they have a mental illness, just as everyone has physical health needs, whether or not they are sick."

Thank you for your time and attention.