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To: Richard Woods, Georgia Department of Education

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RE: Comprehensive Mental Health Education as a Health Class Requirement

Executive Summary

This memo proposed a requirement for mental health education in Georgia public high school health classes. This recommendation responds to the rate of untreated adolescent mental illness in Georgia and the increasing mental health concerns following the Coronavirus (COVID-19) pandemic. Options for addressing the mental health crisis are continuing and expanding Georgia's current adolescent mental health programs or offering mental health education to students. The current programs, Georgia Project AWARE (Advancing Wellness and Resilience in Education) and Georgia Apex Program, focus primarily on mental health providers and school staff, while the education requirement would focus on students (Georgia Department of Education [GADOE], n.d.a; Georgia Department of Behavioral Health and Developmental Disabilities [GADBHDD], 2021). The memo used the criteria of effectiveness, affordability, equity, and acceptability and found that the education requirement is the most affordable, effective, and acceptable option. The curriculum requirement has an estimated cost of $300,000 to develop and implement in schools, in comparison to the $69 million to implement the current mental health programs statewide (Glassdoor, n.d.a; Glassdoor, n.d.b: Glassdoor, n.d.c; Cartridge World, 2019; Harker, 2018; AllonGeorgia, 2020; GADOE, n.d.b). Equity is a concern in education delivery in high-risk and low-income counties because of the existing inequity in education quality. However, the education requirement gives a foundation for well-being to students and can empower them to have agency over their mental health.

Background

Mental health is a rising topic of discussion among adolescents, and with the COVID-19 pandemic, it has never been more critical. Young adults are in a vital stage of life that creates the foundation for the rest of their lives. The unfortunate reality is that many teens suffer from mental health issues during this time. According to the Centers for Disease Control and Prevention (CDC), more than one in three students in high school reported feeling hopeless in 2019 (Centers for Disease Control and Prevention [CDC], 2021a). Students reporting these feelings have increased 40% since 2009 (CDC, 2021a). As a result, suicide is the number two cause of death in adolescents in the US (CDC, 2021b). Additionally, up to one in six students had made a suicide plan in 2019 (CDC, 2021a). Early prevention is vital for good mental health, but the time between symptoms and treatment is lacking. For example, in conditions like psychosis, there is an average of 74 weeks between onset and treatment for adolescents, which is unacceptable (Addington et al., 2015).

The demographics of adolescent mental health in the US show the great inequity at hand. The students who report mental health issues the most in the US already experience inequitable treatment. According to CDC, up to half of lesbian, gay, bisexual, or students unsure of their sexual identity had considered suicide (CDC, 2021a). Additionally, in 2019 the incidence of reported suicide in Black students increased by 50% (CDC, 2021a). The US also reports suicide at higher rates for Native American students than for White students (National Institute of Mental Health, 2021). The mental health issues in the state are bad enough, but knowing these inequities play a part make them absolutely unacceptable.

In Georgia specifically, the prevalence of mental health issues is unfortunate. The age-adjusted suicide rate per 100,000 was between 11.8-15.1 (NIMH, 2021). In addition, the

prevalence of mental health issues among adolescents per 100,000 is between 7.6 and 15.2 (Whitney & Peterson, 2019). Worse, the prevalence of young adults with mental illness who do not receive care per 100,000 in Georgia is between 53.2 and 72.2, among the highest-ranking states (Whitney & Peterson, 2019). Georgia has a significant mental health crisis among adolescents and an even worse crisis among mental health treatment.

Mental health concerns have only risen because of isolation, stress, and other factors during the COVID-19 pandemic. A study done by Holland et al. (2021) showed that emergency department visits for mental health crises had increased from March to October in 2020. The reasons for these visits included suicide attempts, opioid overdose, intimate partner violence, and child abuse (Holland et al., 2021). For adolescents, perceived negative experiences increased during the pandemic, according to Rodgers, Ha, and Ockey (2021). These increases in negative experiences, like social changes, are related to symptoms of depression, anxiety, and loneliness (Rodgers, Ha & Ockey, 2021). The pandemic introduced a new stumbling block in our fight for good mental health, and there must be a response to the increasing incidence of mental health issues in teens.

Schools are a prime environment for intervention because of the high exposure students have there. Students spend at least six hours at school, and the school system reached 56 million students nationally (CDC, 2020). According to CDC (2021a), relationship building at school can help prevent or relieve mental illness. During these critical years of development, a school can influence students to make strong connections. Due to this high level of exposure at schools and desire for students' success, the Georgia school system should seek out solutions to fight the increasing mental health crisis. The current programs, Georgia Project AWARE and Georgia

Apex are not enough to combat the ever-mounting mental health issues for adolescents, especially with the COVID-19 pandemic (GADOE, n.d.a; GADBHDD, 2021).

Policy Options

The options to respond to the mental health crisis in Georgia's adolescents are to **continue and expand current adolescent mental health programs in Georgia** or to include **comprehensive mental health education** in the Georgia standards for health education curriculum. Currently, the Georgia standards for high school health classes include mental health, but they only mentions it in correlation to bullying, sexual activity, substance use, and trauma (Woods, 2021). These areas are vital to mental health, but there is no greater understanding of mental health for illnesses like attention deficit hyperactivity disorder, anxiety, or depression. This absence of education leaves students unable to see symptoms in themselves or know how to ask for help early on. The other programs in the state aim to train faculty and staff to spot signs of mental illness and expand the capacity of mental health treatments (GADOE, n.d.a; GADBHDD, 2021). If Georgia expanded these programs, they could have the potential to reach more students than they currently do. Both programs operate regionally, and the AWARE program is only functioning in three counties in Georgia (GADOE, n.d.a; GADBHDD, 2021). These programs could facilitate learning for the entire state to better spot signs early on and treat them once diagnosed.

The other option for a policy change is implementing comprehensive mental health education as a part of the health class curriculum. This option has already taken place in both New York and Virginia. Both states mandated that mental health be included in the health curriculum to help students understand the signs of illness and the connection between psychological and physical well-being (New York State Assembly, 2018; Virginia Acts of

Assembly, 2018). Including mental health as a comprehensive topic means teaching about the types of mental illnesses, how to spot them, and what next steps to take if students experience or see the signs in others. Mental illness does not have to have a connection to bullying, substance use, or sexual activity, so it is vital to educate students on mental health with and without association to those topics. Additionally, students should have the power to understand their mental health without putting all the responsibility on teachers to spot the warning signs. Including mental health as a topic in class empowers students to act for their mental health and relieves some of the responsibility from already overworked teachers.

Criteria and Trade-offs

The main criteria for evaluation of the school policies are efficiency, affordability, equity, and acceptability. Table 1 shows the rating of one to ten of each criterion with the total score below.

Table 1: Criteria Rating

Criteria	Program Expansion	Education Requirement
Efficiency	3	10
Affordability	2	10
Equity	7	8
Acceptability	6	6
Total	**18**	**34**

Efficiency-

If efficiency is the ability of a policy to prevent mental illness and decrease the time between onset and treatment, then implementing a class requirement is more efficient. The programs currently in place only target faculty and staff and may not be implemented statewide (GADOE, n.d.a). Since programs like AWARE are only in certain areas, they cannot reach all teachers. However, these programs have an advantage because they could be tailored for implementation in the areas with the highest risk.

The primary prevention downfall of the programs is that they do not educate students directly. Mental health conditions develop in earlier years, with 50% of conditions developing by 14 (Kessler et al., 2005). This early onset means that prevention must take place early in life. If only the teachers are informed to spot the signs, the more invisible symptoms will go unnoticed, and students will go without help. Implementing a class requirement puts the prevention in the hands of both teachers and students. The downside of adding curriculum to a class is that teachers will need to downsize other subjects, and there will be a time restriction on the teaching.

Affordability-

Affordability deals with the economic cost of a policy. In comparing both options, including mental health in a class curriculum is more affordable. Programs cost a lot for continual implementation. For AWARE, the program requires health educators and program directors, along with space and time to implement the program (GADOE, n.d.a). The cost of expanding this program means Georgia will have to pay for all charges at all schools where it implements the program. The benefit of the programs is that they are already developed and ready for implementation in other schools, meaning there is little curriculum development cost.

The upfront cost of a class requirement is a downfall because it will take time and money to develop, distribute, and train teachers for a new health class module. The standards of excellence could leave curriculum development to each school, but this would be dangerous because of the vast misinformation about mental health. However, by including mental health as a requirement for the health class curriculum, the intervention opportunity would take place in an already established environment. There is no continual cost other than maintaining the curriculum. Additionally, there is no need for extra time, space, or teacher pay to deliver a mental health class module, giving it a high score for affordability.

Equity-

Equity is the fairness or ethical portion of a policy and is separate from equality. Equity is significant for mental health policies because those most at risk are those who are already treated inequitably in the US, including People of Color, lesbian, gay, and bisexual individuals, those unsure of their sexual identity, communities with low income, and women (CDC, 2021a). Programs have an advantage in this criterion because they can be tailored for at-risk communities specifically. A generalized mental health curriculum cannot cover all specifics for at-risk populations. The downside for programs is that communities already treated inequitably may not have the resources to provide programs because they are usually working with a lower income. While Georgia can implement programs specifically for these communities, the question remains whether those communities can afford them. Additionally, there is always room for a disadvantage when some schools receive programs, and others do not.

Implementing a class curriculum takes out the possibility for inequity in choosing which schools get programs because it delivers the education statewide. With the curriculum requirement, all schools and communities would have access to the same information. The downside of this policy option is that there will still be inequity among the schools. Schools with high income will have plenty of resources to implement the curriculum, but counties with lower income will not have this same advantage. A class requirement makes sure all students receive the information, but the quality and delivery method may still prove to be inequitable.

Acceptability-

Acceptability is how a community will receive the policy, meaning if they will readily adopt the policy or not. We need to consider acceptability for both the teachers and the students in this case. Programs target only the faculty and staff and leave the responsibility with adults.

This point is a pro for students because the program does not directly impact them, and they do not need to do any additional work. However, it leaves students uninformed, which many students may dislike. Additionally, this policy may leave too much responsibility on the teachers. If they are the only ones tasked with spotting the warning signs of mental illness, many mental health issues may go unnoticed and untreated because teachers cannot connect with all students at an adequate level.

A class requirement addresses the issue of teacher responsibility by educating everyone on how to spot the signs of a mental health issue. The responsibility is placed on the teachers and students and empowers students to speak up when they experience or see something wrong. A class requirement takes some pressure off teachers by making them partners with students for student well-being. Students and teachers may find a class requirement less acceptable because it is more work from the onset. However, the empowerment of students and ease of responsibility on teachers makes the class requirement valuable.

Recommendations

Considering the total criteria score, prevention capability, affordability, and the empowerment of students, I recommend implementing a comprehensive mental health education component to the high school health curriculum. The other option is to remain with the current programs and expand them. Current programs are helpful, but the cost is high for something to be implemented statewide, and the responsibility resting solely on teachers is an undue amount of pressure. Apex cost $4.29 million in grants in 2018, and Georgia AWARE cost $360,000 per school in 2020 (Harker, 2018; AllonGeorgia, 2020). To expand these programs statewide would cost over $65 million for Georgia AWARE alone (AllonGeorgia, 2020; GADOE, n.d.b). In comparison, developing and implementing a curriculum, including two mental health educators,

two curriculum editors, training specialists, and printing and supplies would cost about $300,000 (Glassdoor, n.d.a; Glassdoor, n.d.b: Glassdoor, n.d.c; Cartridge World, 2019). Curriculum development is a far better investment for the entire state that has advantages in prevention. The question of equity is still questioned for both options because the resources in different schools may change the implementation of either policy. However, up to one in six adolescents suffer from a mental health condition, which suggests that Georgia should give all students education on mental health, even if there are higher risk areas (Whitney & Peterson, 2019). A third option is to implement a curriculum and then give extra attention to at-risk areas with programs. Even without additional support, a statewide education requirement lays the foundation for an excellent mental health environment.

A mental health class requirement also scored highly in effectiveness. The gap between the onset of mental illness and treatment is far too long on average, but an intervention to create awareness in students could combat that statistic. The current system leaves sole responsibility on the teachers and staff to refer students to counselors, but this is unfair because teachers will not have the time or ability to build relationships with every student they meet. Educating students helps take the pressure off teachers by empowering students to seek treatment themselves or ask for help when they notice their peers struggling. Allowing students to take control of their mental health is better for prevention in the long run. Teachers and peers may only be able to spot the warning signs when a student's mental health has come to a crisis.

Classroom settings can also address barriers for students to mental health. The main barriers to students seeking help are limited knowledge on mental health and how to ask for help, social stigma, confidentiality concerns, and financial burdens (Radez et al., 2021). A classroom setting can educate students on all the barriers, encourage them to seek help if needed, and

dismantle the stigma associated with mental health treatment. If we educate students about their mental health, they may spot the early signs in themselves and know how to ask for help, thus preventing the crisis. Early treatment can also help students stay in school and perform better and keep the cost of treatment lower (CDC, 2020). The effectiveness of the policy is also linked to affordability because, aside from the initial cost of curriculum development, there is virtually no cost. Georgia can implement the policy in an already established environment with professionals who already have a working connection with students.

Mental health education is vital for students and will only become increasingly more important due to the COVID-19 pandemic. Schools should empower students to take action for their mental health and not need to experience a crisis to receive help. A comprehensive mental health curriculum standard can achieve effective prevention through empowerment at little comparative cost. Student's mental health is worth putting effort into, and while Georgia should continue current programs, they are not enough. Education has always been one of life's greatest assets, and students deserve an excellent mental health foundation.

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