

## 11.26 Supporting the Mental and Behavioral Health Needs of Children and Youth

*Resolution passed 2017; amended 2020*

**Whereas**, the Centers for Disease Control and Prevention (CDC) defines mental health disorders, as “serious deviations from expected cognitive, social and emotional development” – including, but not limited to anxiety, attention-deficit/hyperactivity disorder, alcohol or substance use disorder, and depression; and

**Whereas**, research also shows that most mental health disorders will emerge or begin to manifest symptoms by age 14 and the prevalence of mental health disorders among children and youth is a critical issue due to the effects on the child/youth, their family, and the community; and

**Whereas**, Washington State Healthy Youth Survey data show more than half of students in grades 8-12 report feeling anxious and one-third report being depressed for more than two weeks in the last year; and

**Whereas**, mental health disorders for children and youth are often misdiagnosed or never identified; and

**Whereas**, early intervention and prevention can help to address mental and behavioral health needs before symptoms exacerbate into more detrimental social, emotional or academic behaviors or activities; and

**Whereas**, many children and youth do not to receive treatment because of stigma and negative perceptions of mental health disorders; consequently, they may develop behavioral problems resulting in disciplinary action such as suspension, which increases risk for dropping out of school and contact with the criminal justice system; and

**Whereas**, even as access to mental and behavioral health care for children and youth has been increased, the lack of mental and behavioral healthcare providers and of treatment facilities remain significant barriers; and

**Whereas**, schools are uniquely situated to provide mental health prevention and intervention models and provide appropriate connections to mental health services and providers, as they have daily contact with children and youth and their families; and

**Whereas**, National PTA’s position is that it is imperative that parents and families are part of any school-based or medical decision-making team that provides early intervention, preventive programs and/or mental health services; and that a strong and trusting relationship among the providers, school, school-based mental health professionals, school leadership, educators, and parents is essential to support positive mental, behavioral, interpersonal, and academic outcomes for children and youth.

**Therefore, be it**

**Resolved**, that Washington State PTA and its local PTAs and councils support and promote an environment of well-being throughout all schools that does not stigmatize mental health disorders but encourages addressing mental health as pro-active, positive, and necessary in order for everyone in the community to thrive;

**Resolved**, that Washington State PTA and its local PTAs and councils support mental health education for school staff, and professional development to assist with addressing mental health disorders with emphasis on early detection and early intervention; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils advocate for:

- state and local policies which prioritize the funding and availability of mental health professionals for school-based mental health interventions and services—pre-kindergarten through grade 12— including adequate access to school psychologists, school counselors and school social workers
- equitable access to integrated and culturally competent community-based services
- and funding to expand residential treatment facilities; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils promote education about the importance of mental health professions as a critical career option for students and adults who wish to have a vital and positive impact on society.