

Written testimony in support of SB0856
By Caroline Kemp, on behalf of herself
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I am a nurse practitioner and a Doctor of Nursing Practice (DNP) student. My DNP capstone project has been a policy analysis on school-based mental health services. Based on my research including interviewing school nurses in different states, I have found that school nurses are an *essential* component to combatting the mental health crisis facing our youth today.

Even before the COVID-19 pandemic, mental health concerns were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, developmental, or behavioral disorder (Hamilton & Gross, 2021). More than 1 in 3 high school students experienced persistent feelings of sadness or hopelessness in 2019, a 40 percent increase since 2009 and about 1 in 6 youth reported making a suicide plan in 2019, a 44% increase since 2009 (CDC, 2021).

The mental health crisis has now been compounded by the pandemic. In December, the Surgeon General Dr. Vivek Murthy issued an advisory to highlight the urgent need to address the nation's youth mental health crisis (Office of the Surgeon General, 2021). In his State of the Union last week, President Biden called the nation's mental health crisis a priority for his administration. The psychological costs of the pandemic will continue to persist for years to come, especially with the concurrent rise in social media use, with students as young as kindergarteners getting smartphones. The role of the school nurse is more crucial than ever.

First, children and adolescents may not have access to trained mental health care providers outside of the school setting. Placing a nurse in every school will help increase access to care for all students, regardless of their socioeconomic status, where they live, or their level of health coverage. School nurses consult with counselors and therapists in the school setting,

make referrals and coordinate care with providers in the community, and communicate with teachers and families.

Second, nurses are trained to use critical thinking and look at the whole child, including both physical and mental needs or symptoms. So often physical conditions have a mental health component, and vice versa. School nurses are sometimes the first to notice symptoms of mental distress through somatic manifestations, such as headaches, dizziness, nausea, or noticing signs of self-harm. Students will often open up to a nurse before talking to a therapist or counselor. There is no stigma attached to the nurse's office. Having a reliable and consistent nurse present in schools can facilitate engaging families in the care of their students. Parents are often hesitant to talk about mental health but are more open to talking with the school nurse.

Third, school nurses can also help teachers and staff with their own self-care through employee wellness programs but even more importantly, they can reduce the burden of non-healthcare staff members functioning as such. When school nurses are rotating between schools or simply not present in schools daily, other staff members must fill in with triaging medical or mental health issues or administering medications, which can be very dangerous. Placing a nurse in every school will improve the care provided to students which will alleviate that burden from overworked teachers and administrators.

Using the policy analysis paradigm of evaluating effectiveness, efficiency, and equity, this bill checks all the boxes. Putting a nurse in every school would improve the effectiveness of mental health care by increasing screening, diagnoses, and referrals. This bill would improve efficiency of mental health care by investing in low-cost prompt care as opposed to costly in-patient services if mental health concerns go undiagnosed. And this bill would improve equity by increasing access of care to all students. Maryland should be a leader in the US and put a nurse in every school.

References

- Centers for Disease Control and Prevention (CDC). (2021, May 12). *Mental health*. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyyouth/mental-health/index.htm#:~:text=Mental%20Health%20Is%20A%20Growing%20Problem,-chart%20bar%20icon&text=More%20than%201%20in%203,a%2044%25%20increase%20since%202009>.
- Hamilton, L., & Gross, B. (2021). *How has the pandemic affected students' social-emotional well-being? A review of the evidence to date*. Center on Reinventing Public Education. <https://files.eric.ed.gov/fulltext/ED614131.pdf>
- Office of the Surgeon General. (2021, December 27). *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis further exposed by covid-19 pandemic*. HHS.gov. <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>