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## Senate HELP Subcommittee Hearing: Caring for Our Kids: Supporting Mental Health in the Transition from High School to College

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On Wednesday (Nov. 30), the Senate Health, Education, Labor & Pensions (HELP) Subcommittee on Children and Families held a hearing entitled, “Caring for Our Kids: Supporting Mental Health in the Transition from High School to College.” During the hearing, committee members from both parties raised concerns about the high suicide rate among adolescents and the need to increase mental health resources and treatment for high school and college students. Subcommittee Chair Bob Casey (D-PA) and Ranking Member Bill Cassidy (R-LA) discussed the importance of passing the Health Care Capacity for Pediatric Mental Health Act ([S. 4472](#)), which would create grant programs to support mental health and pediatric care integration, and the Respond, Innovate, Succeed and Empower (RISE) Act ([S. 2550](#)), which would streamline administrative processes for students with disabilities who transition from high school to college. The witnesses emphasized the importance of engaging youth in the conversation on mental health, educating all adults and students on mental health first aid, and improving overall understanding of severe mental illnesses.

- For more information: <https://www.help.senate.gov/hearings/caring-for-our-kids-supporting-mental-health-in-the-transition-from-high-school-to-college>

### Opening statements

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**Subcommittee Chairman Bob Casey (D-PA):** “At any given time 1 in 5 adolescents are experiencing a mental, developmental, or behavioral disorder,” Chair Casey said. He added, “The Biden administration and the 117th Congress has recognized the importance of mental health support in our schools and have made critical investments in our communities.” However, Chair Casey said more needs to be done, including expanding the mental health workforce, training caregivers, teachers, and school staff to recognize students’ mental health needs early and direct them to affordable treatment. He said the Health Care Capacity for Pediatric Mental Health Act and the RISE Act, which he co-sponsored with Ranking Member Cassidy, as well as the Investing in Kids’ Mental Health Now Act ([S. 4747](#)), which he co-sponsored with Sen. Rob Portman (R-OH), would help close some of those existing gaps and address barriers to mental health care for adolescents. [Full statement](#)

**Subcommittee Ranking Member Bill Cassidy (R-LA):** “The statistics bear out the intuition, suicide [was the] third leading cause among those 15 to 24 in 2021. Mental health emergency room visits increased by 25% in children [and by] 30% in teens in 2020. And I go back, this is more than a statistic, it is our future. So, the question is how do we care for those teens who are our future,” Cassidy said. He noted that with support from Congress the United States has “increased access to intervention services, telemental health, and in-school services,” but noted that more needs to be done. To continue existing investments, he called on Congress to reauthorize the 2016 Mental Health Reform Act, which expired in September. To build on those investments, he also urged his colleagues to pass the two bills co-sponsored with Chair Casey: The Health Care Capacity for Pediatric Mental Health Act and the RISE Act. [Full statement](#)

### Witness Testimony

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**Sharon Hoover, PhD, Professor of Psychiatry and Co-Director of the National Center for School Mental Health, University of Maryland School of Medicine.** Speaking from her 25 years' experience as a pediatric mental health professional and a parent to three teenagers, Dr. Hoover said, "Many youth lack the fundamental skills and supports necessary to transition from high school to college and career." Dr. Hoover proposed three solutions to improve the transition and support students' mental health needs: 1) "Invest early in nurturing environments in families and schools"; 2) "Establish comprehensive school mental health systems in all schools"; and 3) "Equip students with high school to college transition skills using evidence-based strategies." For example, she said, "Colleagues at the University of Washington have demonstrated the success of weaving mental health education and support into a comprehensive college preparation program that supports vulnerable youth from middle school through successful college graduation." [Full Testimony](#)

**Curtis Wright, EdD, Vice President of Student Affairs, Xavier University of Louisiana.** Mr. Wright - who has spent his career working with college students, including African American students who attend historically black colleges and universities - said that funding authorized by the Coronavirus Aid, Recovery, and Economic Security (CARES) Act, Consolidated Appropriations Act of 2021, and the American Rescue Plan enabled Xavier University "to expand the reach of our Counseling and Wellness office." He asked that funding for those efforts be extended through at least August 31, 2026, as the university looks to identify other resources to continue those programs. In addition, Mr. Wright proposed several recommendations to improve college students' mental health and well-being, including issuing federal guidance on mental health first aide for all K-16 institutions and passing the Health Care Capacity for Pediatric Mental Health Act and the RISE Act. "We must address the mental health concerns of our youth as the stakes have never been higher and our collective work should be a priority of every American," Mr. Wright said. [Full Testimony](#)

**Ashley Weiss, DO, MPH, Director of Medical Student Education in Psychiatry, Tulane University School of Medicine.** Dr. Weiss, a child and adolescent psychiatrist who works with individuals with severe mental health illnesses, spoke about the challenges and barriers that exist to early detection and treatment of psychosis. For example, she noted that "recovery can take many many months" and students may face barriers re-entering school during recovery. In addition, she highlighted gaps in insurance coverage and other financial barriers may keep people from accessing needed long-term care, as well as a need for more general education around psychosis. She concluded that individuals with severe mental illness require a "specialized approach" that "may require a weekly meeting with their team for years." [Full Testimony](#)

**Brooklyn Williams, high school senior and founder of the Chill Club.** Miss Williams shared her personal struggles with anxiety, depression, and bulimia and the steps she took to access care. After the passing of her mother, Miss Williams said she "started to paint and do crafts to cope" and eventually started the "Chill Club" at her high school, where other students could engage in activities like meditation, yoga, and crafts, as well as "talk about [their] shared emotions." Miss Williams said to improve adolescents' mental health and well-being we need to "incorporate mental health topics from an early age. ... before [teens] are calling out for help." She also proposed increasing access to mental health professionals in schools, allowing students to take mental health absences similar to those taken for physical illness, and incorporating more anonymous assistance to make teens comfortable reaching out for help. "Everyone needs to be aware of their mental health because it is not selective" and youth should not "be stigmatized or put to the side because it is 'too hard' to understand," Miss Williams said. [Full Testimony](#)

## Q&A

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During the hearing, both Democrats and Republicans reiterated their commitment to addressing the U.S. mental health crisis occurring among adolescents. Lawmakers asked witnesses for their ideas and solutions to build a path forward. The witnesses agreed that the best practice would be the high school counselor initiating the discussion around the individualized education program (IEP) release and HIPAA disclosure form and sending those, with the student's and family's consent, to the college where that information would be used to build out support services for the student. However, they said this is currently not widely done for various reasons. Mr. Wright felt the RISE Act would provide helpful clarity on the topic and that additional federal guidance could further improve processes.

**Chair Casey** asked how to engage families so they can look for signs that their child may have a mental health, developmental, or learning disability. Mr. Wright said parents need additional resources to help them understand what signs to look for. He said the Health Care Capacity for Pediatric Mental Health Act would help by providing additional touch points for care and training people in our schools and communities to identify adolescents who may be struggling with a mental health issue and connect them to care. Dr. Hoover emphasized the importance of every adult, including parents, teachers, and staff, learning about mental health and noted existing training programs such as mental health first aide and the Classroom Well-Being Information and Strategies for Educators (WISE) program.

**Ranking Member Cassidy** deferred his initial time to Sen. Tommy Tuberville (R-AL) but later asked about IEPs, which are legal documents that outline special education services a child may need, and the transition from high school to college. Mr. Wright explained that colleges cannot use the existing IEP unless the student brings it to them because they cannot legally ask about mental health during the admissions process.

**Sen. Tuberville** shared his experience working with youth as a coach and noted the high number of students he encountered who were taking medications for conditions like attention-deficit/hyperactivity disorder (ADHD). Dr. Hoover explained that some of the rise in diagnoses and medication is due to providers being more aware of adolescents' mental health needs. While she noted that medications can be an effective way to manage a mental health or behavioral health condition, research shows they are most effective when combined with other interventions such as those provided by licensed counselors, social workers, psychologists and everyday support from families and faith-based communities. Sen. Tuberville also asked about the best way to direct future spending and ways to reach the nearly 50% of U.S. kids who do not go to college. Dr. Weiss emphasized the importance of early intervention and putting systems in place from pre-K thru grade 12 to support all students' mental health needs. One method proposed is integrating mental health care into primary care and other community-based support settings.

**Sen. Tina Smith (D-MN)** asked about early intervention and the best way to integrate primary and mental health care at the pediatric level. In response, Miss Williams emphasized the importance of ensuring students can see available pathways to care, noting that students may not always be aware a counselor exists for their mental health support. Dr. Hoover said schools and telemental health can be great ways to integrate primary and mental health care and improve students' access.

**Sen. Roger Marshall (R-KS)** asked witnesses about their experience dealing with prior authorization, noting his experience as a doctor and the resulting delays in care for his patients. Dr. Weiss called the prior authorization process "mind numbing" and explained how it delays patients' access to needed medication but also creates financial pressure for her clinic because it requires "astronomical" administrative support. Dr. Hoover noted that while there is some need for prior authorization to ensure patient safety, the wait times are too long and can be difficult for families and providers to navigate. Sen. Marshall also asked about problems with teens accessing fake

pills laced with fentanyl and best practices for ensuring colleges have information needed to support students' mental health needs on day one.

**Sen. Tim Kaine (D-VA)** asked about the processes students use to access mental health and the transition process for IEPs. Ms. Williams said in her case she confided in her principal first because she did not have a consistent counselor to build a relationship with. Miss Williams said she is working with her pediatric therapist on a plan to transition to college and an adult therapist. Dr. Hoover explained that families can use the IEP process for emotional and mental health issues, but many do not because they are unaware.

*If you have questions, please contact [Heather Meade](#) or [Heather Bell](#).*

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