SB 1178 Deuell (Coleman)

SUBJECT: Requiring training for educators on mental health illness and suicide risk

COMMITTEE: Public Education — favorable, without amendment

VOTE: 11 ayes — Aycock, Allen, J. Davis, Deshotel, Dutton, Farney, Huberty,

K. King, Ratliff, J. Rodriguez, Villarreal

0 nays

SENATE VOTE: On final passage, April 11 — 31-0

WITNESSES: For — Linda De Sosa; Jeff Miller, Disability Rights Texas; Josette

Saxton, Texans Care for Children; Andrea Usanga, Mental Health America of Greater Houston; (*Registered, but did not testify*: Greg

Hansch, National Alliance on Mental Illness - Texas; Gyl Switzer, Mental

Health America of Texas)

Against — (*Registered, but did not testify*: Lelia Culpepper; Lauren

DeWitt, Citizens Commission on Human Rights; MerryLynn

Gerstenschlager, Texas Eagle Forum; Anna Poulin; Judy Powell, Parent

Guidance Center; Michelle Watts)

On — (Registered, but did not testify: David Anderson, Texas Education

Agency)

BACKGROUND: Health and Safety Code, ch. 161, subch. O-1 governs early mental health

and prevention of youth suicide. Sec. 161.325 requires the Department of State Health Services to coordinate with the Texas Education Agency to develop a list of recommended best-practice-based programs in early mental health intervention and suicide prevention for implementation in public K-12 schools. Each school district may select appropriate programs

from the list for implementation.

DIGEST: SB 1178 would require each school district to provide training in the areas

of early mental health intervention and suicide prevention programs for teachers, counselors, principals, and all other appropriate personnel. Each of these employees would be required to participate in the training at least one time and the school district would be required to keep a record of each

SB 1178 House Research Organization page 2

employee who participated in the training. Training at an elementary school would only be required to the extent that sufficient funding and programs were available.

The bill would establish that the subchapter describing the early mental health intervention and suicide prevention programs and training would not waive any immunity from liability for the district or employees, including for emergency care, or create any liability for a cause of action against the district or employees.

This bill would take effect September 1, 2013.

SUPPORTERS SAY:

SB 1178 would provide educators with quick and easily available training to help appropriately respond to students with mental illnesses. This would help the students and improve classroom management and behavioral and academic outcomes. Mental illnesses can hinder a student's academic development, leading to school problems, disciplinary placements, and, in extreme cases, suicide. Without proper training, educators may inadvertently reinforce or escalate illnesses.

This bill would equip school personnel with the basic skills and tools to help identify disorders, properly intervene, and help link students with the needed services, while protecting the educators from liability by granting immunity from prosecution when performing their duties. This requirement is not an attempt to turn teachers into mental health professionals, just as taking a CPR course would not attempt to make someone a doctor. SB 1178 would be a simple way to help teachers reduce potentially dangerous, degrading, and unhealthy situations, benefiting students and improving educational outcomes.

OPPONENTS SAY:

Texas teachers should remain focused on teaching, not on identifying and intervening in students' mental and emotional health disorders. SB 1178 would be an unfunded mandate requiring most school personnel to be trained on an issue outside the scope of the school's primary purpose. It is not the government's role or responsibility to identify and intervene with personal matters that should be left to the family and a physician. In addition, requiring this training could make teachers overly sensitive to students' potential illnesses, which could lead to over-diagnosing and over-prescribing medications to students. Parents might not be informed about what the training included or what actions a teacher would take because of the training.