



Kansas Association of School Psychologists

RE: House Bill 2322, Revising the definition of “children with disabilities” for purposes of providing special education to replace emotional disturbance with emotional disability.

The Kansas Association of School Psychologists (KASP) advocates for the academic and psychological well-being of children, for their benefit and that of their families, schools, and communities. KASP recognizes and supports a change to the term “emotional disturbance” to “emotional disability” as an avenue to decrease stigma and increase accessibility to services necessary to support students with social emotional and behavioral needs noting that “Emotional Disturbance” is the term used by twenty-four states, “emotional disability” by 9 states, “serious emotional disturbance” by 3 states, and “emotional impairment” by 2 states (Wery & Cullinan, 2011). KASP is in agreement that “Emotional Disability” achieves the necessary transparency related to special education identification while also utilizing terminology that is more diplomatic and less offensive.

While KASP is in support of the label change to “Emotional Disability” as proposed in House Bill 2322, our association does not believe that changing the label will affect needed systemic change regarding increased accessibility to mental health supports and services across Kansas public schools.

It is important to note that the proposed term change to “Emotional Disability” may uphold the implication that a mental health condition has been diagnosed. Nationally, 75-80% of students who have mental health needs never receive services outside of the school setting (Kataoka, Zhag, & Wells, 2002). Currently, a diagnosis from an outside agency or provider is not a requirement to meet the exceptionality criteria for an Emotional Disturbance. Continued guidance and support to schools should be provided to ensure continuity in the application of the exceptionality requirements and to ensure that the change in label does not result in unintentional limitations to the access of special education services for students that do not have an outside diagnosis.

KASP appreciates the efforts being put forth by those in support of a change to the exceptionality name with the intent of ensuring appropriate services to children in need and helping to reduce stigma associated with the term Emotional Disturbance. KASP also wishes to recognize that while the name could potentially change, the Association is not aware of research supporting the assertion that it will have this intended effect. Keeping in mind that correlation is not causation, changing a label may not have the intended effect of altering outcomes of poor academic/work performance, attendance, discrimination or stigma. The empirically supported avenue through which to impact those outcomes is through explicit teaching of skill deficits related to the characteristics of what we now refer to as “Emotional Disturbance” and to continually increase awareness related to mental health and wellness through additional advocacy efforts.

KASP would also like to recognize that there are continued barriers related to equitable access to mental health services and supports within schools across Kansas. One significant barrier is related to the ratio of students to mental health providers in our schools. The National Association of School Psychologists recommends a school psychologist to student ratio of 1 to 500; however, Kansas's average ratio is over double this recommendation at 1 to 1,195 (National Center for Education Statistics, 2020). The shortage of school psychologists (and other school mental health professionals) in our state and across our country has been attributed to several factors, which will require multiple strategies to improve and overcome (National Association of School Psychologists, 2021). Of the recommendations from NASP, KASP continues to seek legislative support for Kansas School Psychologists to perform their roles as articulated in the NASP practice model, which would allow school psychology practitioners to provide additional needed mental health services and supports within Kansas schools. For this goal to be actualized, our School Psychologists need to be afforded access to relevant professional development and reduced ratios. Additionally, we need to continue work related to recruitment and retention to the field as means to ensure provision of appropriate services to students, families, and school communities across the state of Kansas. KASP again wishes to extend gratitude to those involved in the legislative process and welcomes continued collaboration with the committee to explore legislative support and solutions to the mental health needs of Kansas children within our schools.

KASP would like to thank the panel for the opportunity to be part of this conversation as all in attendance work to advocate for and support Kansas students and families.

References

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