

Dear Members of Congress,

I am writing in support of SB 2340. This is my fourth year as a K-12 school counselor at Litchville-Marion school district which serves 141 students. I thought I would share my perspective as I am trained as a mental health professional (I hold a MA in Clinical Counseling) and have a certificate in School Counseling.

I feel that my training as a mental health professional has been much more useful and relevant to the core aspects of this job than the information I learned in my classes to become a school counselor. As would be expected in any school, I frequently address garden-variety issues such as adjustment to divorce and peer relationships. However, I also regularly encounter much more complex issues such as abuse, trauma, and suicidal behavior. My training as a mental health professional has better prepared me for these complicated issues than my training as a career development counselor.

While I feel that career guidance is a value-added component of my work with students, it falls lower on the hierarchy of needs that many of my students exhibit. Over the past few years, I have encountered some very challenging mental health situations including conducting suicide risk assessments. Occasionally even very young children will express suicidal ideation; I have evaluated children as young as nine-years-old. On numerous occasions, I have been the first confidant to a child who gathers the courage to disclose egregious physical, emotional, or sexual abuse. I have emotionally supported some of these students for weeks, months, and even years as they navigate social services and the court system. Even though my school is very small and our community is close-knit, our students have experienced many of the same mental health challenges found in bigger schools.

My school counselling colleagues talk openly about not feeling adequately prepared to handle mental health issues in school. As per the American School Counseling Association (ASCA) recommendations, school counselors are taught to refer mental health issues out to trained mental health professionals. However, a school counselor is often the first point-of-contact a child or family may have with psychological services, and quite frankly, for many children, a school counselor winds up being the only point-of-contact due to an array of factors such as economics, availability, transportation, etc... While the services I provide my students are no substitute for good therapeutic help, they are better than nothing. I very much wish I had the resources to do more for the children in my care regarding mental health.

The North Dakota School Counseling Association has raised concerns that filling school counseling roles with licensed mental health staff will result in students not receiving adequate social/emotional training, college and career readiness training, prevention programming, and academic supports. I rebut those concerns with the following suggestions: 1) Individuals trained in mental health are better prepared to teach comprehensive social/emotional skills than career development counselors. 2) Our local county health departments are adequate for prevention campaigns such as drug/tobacco use and reproductive wellness. 3) Academic supports are best managed by school administrators and teachers (although, if emotional issues seem to be a contributing factor, a consult with a mental health professional may be helpful). 4) College and career development services do not often require one-to-one rapport and can be shared among several communities.

I am hopeful that by making school counseling jobs more accessible to mental health professionals, many more students will receive the first-line care that they need. Thank you for your work on behalf of

North Dakota's students. I welcome any questions or comments you may have. I can be reached at Lacey.enger@litchvillemarion.com or (701)320-7340.

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