

# Course of Study: Mental Health Education SB 531

## What will SB 531 do?

SB 531 will ensure that students receive age-appropriate mental health education in elementary, middle, and high schools by amending existing law to include mental health within the course of study for grades 1-12. This will build upon existing law and policy by ensuring that all students, not only a subset, have access to knowledge and skills to promote positive mental health and well-being.

For students in grades 1-6, SB 531 would accomplish this by amending Education Code section 51210 to specify that the health area within the adopted course of study include mental health education. For students in grades 7-12, SB 531 would accomplish this by amending Education Code section 51220 to add mental health education to the adopted course of study.

## Why is this important right now?

From post-pandemic learning loss to the recent California wildfires to threats of federal immigration enforcement to the impact of social media, today's students are facing new and unprecedented stressors that are impacting their mental

health. One third of California adolescents experienced serious psychological distress between 2019 and 2021 (Source: [CHIS 2022](#)), and mental health challenges are among the leading causes of illness and disability among young people (Source: [WHO 2024](#)). Among the most commonly diagnosed mental health issues in children are anxiety problems, behavior disorders, and depression (Source: [CDC 2025](#)).

Unfortunately, only a fraction of young people are receiving the support they need. While half of all mental health disorders in adulthood start by age 18, most cases go undetected and untreated (Source: [WHO 2024](#)). In 2020, California ranked 48th in the nation for providing needed mental health care to children (Source: [Commonwealth Fund 2020](#)).

The impact of unmet mental health needs is devastating to individual youth, their families, and their communities. A distressing 20% of high school students report that they seriously considered attempting suicide in the past year (Source: [CDC 2024](#)).

In 2021, Senator Rubio partnered with former Senator Portantino to co-author SB 224, which created a legal requirement that middle and high schools

with health courses include mental health instruction in those courses. This was an important step. Now it's time to move this work into the next phase, by ensuring that all students - including elementary school students, and students in middle and high schools that do not yet have an existing health course as part of their standard curriculum - receive this important instruction.

By ensuring mental health is included in the course of study requirements for both grades 1-6 and grades 7-12, SB 531 will make mental health education an integral part of every student's learning experience, equipping them with health literacy and the skills for lifelong health and well-being. Now is the time to ensure that every California student - not just a fraction of students - can access the information and skills they need and deserve.

### **What does mental health instruction include? Who determines what content is age-appropriate for students?**

The components of mental health education are described in existing [Education Code, sections 51925-28](#) (as enacted by SB 224). SB 531 will not change these components - it will simply ensure this education is accessible to all students.

Examples of these mental health education components are: reasonably designed instruction on the overarching themes and core principles of mental health; defining signs and symptoms of common mental health challenges; elucidating evidence-based services and supports to help manage mental health challenges; promoting mental health wellness and protective factors (e.g. positive development, social and cultural connectedness and supportive relationships, resiliency, coping skills); ability to identify warning signs of common mental health problems before a situation becomes a crisis (including seeking help from school counselors, psychologists, and social workers); and awareness of mental health challenges across populations as well as how to break down stigma around mental health needs. (See [Education Code, sections 51925-28](#) for the full list of components).

Mental health instruction is not one-size-fits-all and instruction should be appropriate to students' ages and developmental levels. Existing Education Code section 51931(a) defines age appropriate as referring "to topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group." While the Education Code describes the components of mental health instruction, the education and

curriculum experts at the California Department of Education (CDE) have the deep knowledge and experience needed to guide schools and educators as they make local decisions and select age-appropriate content for their instruction (as CDE has been doing for nearly a decade to support implementation of the California Healthy Youth Act (2015)).

### What's the long-term fiscal impact?

Early investments in mental health education have the potential to help not only youth and communities, but also California's economy, thrive in the future, resulting in significant positive long-term fiscal impacts.

It is well-documented that unmet childhood mental health needs contribute to negative physical and mental health outcomes later in life, causing financial strain to systems of care, as well as related negative outcomes like school drop-out, unemployment, homelessness, and incarceration. The combined effects are costly. According to researchers at Columbia Business School, on a national scale, unmet mental health needs cost the U.S. economy more than \$280 billion per year, impacting investment, productivity, and wealth accumulation – an impact comparable to an economic recession.

Mental health education will ensure that California students receive the information and skills they need to build up positive mental health protective factors, learn how to regulate their emotions and cope with challenges, and know when and how to seek professional help with their mental health. As students' individual trajectories and outcomes change over time, the cumulative impact could be substantial.

### Educators are already busy and overwhelmed. Would this just add to their workloads?

As a former classroom teacher, Senator Rubio knows how hard teachers work, how much is on their plates, and how undervalued they are. She believes that this bill will not only benefit students, but could also be key to improving teacher experiences. If students have a baseline of knowledge and skills for positive mental health and well-being, including skills for coping with stress, they will be better able to navigate day-to-day challenges and actively engage in learning, and will experience fewer disruptive classroom behaviors that interfere with teaching. This is an opportunity for both students and teachers to benefit from the knowledge and expertise of mental health providers, and for collaboration between mental health experts and educators in supporting students.

### What are you hearing from educators who have implemented mental health education in their schools?

In our conversations with students and staff at schools that have implemented mental health curriculum, stakeholders recognized the value of the added curriculum. Students along with the educators and other staff we interviewed shared that mental health instruction improved student behaviors, increased access and use of mental health supports, and increased student and community engagement with the curriculum. Educators and other school staff uplifted the importance of flexibility in the curriculum to be tailored to the various needs in their local school communities, the importance of age-appropriate curriculum, and the importance of integrating practical strategies that students, and staff themselves, can adopt as ways to increase trust and buy in from students, their families, and the broader community.

Check out this [Issue Brief](#) about mental health education implementation for more information.

### Will this actually help? Why should mental health education be taught in school?

Yes. Health literacy, including mental health literacy, can serve as a protective factor for health and well-being (Source: [Healthy People 2030](#)). As health literacy is often more limited in historically underserved populations, such as low income and uninsured communities, it is also an important tool in addressing health disparities (Source: [Center for Health Care Strategies, 2024](#)).

Moreover, mental health and learning are inherently linked, and schools are ideal settings to promote health and well-being among youth (Sources: [Pulimeno et.al., 2020](#)).

### What are the youth saying about this?

Young people need and want support. Twenty percent of adolescents ages 12-17 report having unmet mental health care needs, and 40% of high school students reported persistent feelings of sadness or hopelessness in the past year (Source: [CDC 2025](#)).

Youth are also specifically asking for mental health education in school. Check out this short video from CACFS Youth Advisory Board members, explaining why

they believe mental health education is important,, and what they would like to see happen:

<https://www.youtube.com/watch?v=rs1H3cm2wXk>

The bill is also supported by youth-led organizations, such as the CA Youth Empowerment Network (CAYEN), the California Association of Student Councils (CASC), and Californians for Justice (CFJ).

### Who is co-sponsoring this bill?

SB 531 is co-sponsored by mental health providers, experts on health equity, and youth advocates: California Academy of Child and Adolescent Psychiatry (CalACAP), California Alliance of Child and Family Services (CACFS), National Center for Youth Law (NCYL), National Alliance on Mental Illness - CA (NAMI-CA), and The Children's Partnership (TCP).

The broad coalition supporting SB 531 includes parents and caregivers, students, mental health providers, educators, and other stakeholders.





### Is there opposition?

There is currently no opposition on record for SB 531.

### Where can I find more information about this bill and this issue?

You can find more information about SB 531 at this link:

<https://youthlaw.org/laws-policy/sb-531-student-mental-health-education-2025>

You can also contact Senator Rubio's office by emailing her staff member Jennifer Romero at [Jennifer.Romero@sen.ca.gov](mailto:Jennifer.Romero@sen.ca.gov).

### Where can my organization sign on to support SB 531?

You can join a support letter for the bill by completing this form:

[https://docs.google.com/forms/d/e/1FAIpQLSdPnNUCUgugtK3IKb7d0wH\\_xC0SIY3NIb5KHuzjtYul1niOhg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSdPnNUCUgugtK3IKb7d0wH_xC0SIY3NIb5KHuzjtYul1niOhg/viewform)

If you prefer, you can download a template support letter at this link (<https://docs.google.com/document/d/1oFJNi5T1pHhEftSZpbNsWnSrkFSc2IAb/edit>), edit it, and submit it via the legislative portal.