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H.817

An act relating to mental health literacy and peer-to-peer supports in schools

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 18 V.S.A. § 7209 is added to read:

§ 7209. MENTAL HEALTH LITERACY AND PEER SUPPORT

INITIATIVES

(a) Purpose. This section aims to strengthen protective factors among Vermont’s youth, increase mental health literacy within school communities, and expand access to developmentally appropriate peer-to-peer initiatives that promote early identification of mental health challenges.

(b) Mental health literacy training.

(1) To the extent funds are available, a public school may apply to the Department of Mental Health or designee for a grant to provide mental health literacy training to educators and other school personnel. Mental health literacy training shall include topics related to working with youth in an educational setting, such as:

(A) information about mental health conditions and symptoms;

(B) understanding common youth mental health and substance use challenges;

- 1 (C) reducing stigma and promoting supportive school environments;
2 (D) strengthening protective factors and help-seeking behaviors;
3 (E) recognizing risk factors and warning signs;
4 (F) responding to students with empathy and appropriate boundaries;
5 (G) information about mental health treatments; and
6 (H) accessing mental health resources or services throughout the
7 State.

8 (2) This section shall not be construed to require the adoption of a
9 specific curriculum or instructional content.

10 (c) Peer-to-peer mental health support.

11 (1) A school, afterschool program, or youth mentoring agency may
12 establish a peer-to-peer mental health program that:

13 (A) provides structured opportunities for student peer connection in a
14 supervised school or afterschool setting;

15 (B) is overseen by an adult, who is not required to be a licensed,
16 certified, or rostered mental health professional under title 26; and

17 (C) emphasizes school and community-based resources and how to
18 access professional services when additional support is needed.

19 (2) The Department of Mental Health shall provide oversight and
20 guidance to any school, afterschool program, or youth mentoring agency
21 seeking to establish or maintain a peer-to-peer mental health program pursuant

1 to this subsection, including qualifications of the adult overseeing the peer-to-
2 peer mental health support program.

3 (3) A peer-to-peer program established pursuant to this subsection shall
4 be supportive and nonclinical. It shall not replace mental health services
5 provided by a mental health professional licensed, certified, or rostered
6 pursuant to title 26.

7 (d)(1) Developmentally appropriate guidance. For any mental health
8 literacy or peer-to-peer support programs established pursuant to this section,
9 the Department of Mental Health shall develop age-appropriate guidance:

10 (A) for elementary school-aged youth, that emphasizes social and
11 emotional development, peer connection, and strengthening protective factors;
12 and

13 (B) for middle and high school-aged youth, that emphasizes
14 protective factors, reducing stigma, and supporting students in recognizing and
15 appropriately responding to risk factors and warning signs associated with
16 mental health and substance use challenges, including co-occurring challenges.

17 (2) As used in this subsection, “guidance” means defining and
18 disseminating best practices in a written format.

19 (e) Reporting. Annually, on or before January 15, the Department of
20 Mental Health shall submit a written report to the House Committee on Health
21 Care and to the Senate Committee on Health and Welfare evaluating the

1 effectiveness of programming established pursuant to this section, including
2 aggregated information on:

3 (1) the number of schools, afterschool programs, and youth mentoring
4 agencies requesting and receiving the Department's support;

5 (2) the number of students, educators, and school personnel participating
6 in programming pursuant to this section; and

7 (3) findings and recommendations regarding mental health literacy and
8 peer-to-peer programming.

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on July 1, 2026.