Back to School: How Schools Can Lead the Way on Youth Mental Health

Behavioral Health

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The first day of school is rarely a uniform experience. While some students view it as an exciting and fresh start, others find it to be a source of intense anxiety, stress or dread. Many students experience mental health concerns. In fact, in the 2024-2025 school year, more than 50% of public schools reported an increase in students with mental health needs compared to the prior school year.

From the Classroom to the Clinic

We have both previously worked in schools and now work in child and mental health at Children's Hospital of Philadelphia (CHOP). Beth was a high school chemistry teacher and is now a pediatric resident physician in the Leadership in Equity, Advocacy, and Policy track, and Tristan was a school mental health clinician and is now a postdoctoral fellow at PolicyLab and the Department of Child and Adolescent Psychiatry & Behavioral Sciences. With these combined experiences, we are acutely aware of the prevalence of student distress impacting socio-emotional wellness and academic success.

Given how much time children and adolescents spend in school, we also know that these settings are uniquely positioned for mental health programming and have significant potential for early intervention. Below, we'll discuss two research projects we've been involved in to support school mental health and will describe the policy landscape in Pennsylvania for continuing and expanding efforts like these.

Bringing Effective Evidence-Based Mental Health Interventions to Schools

Recognizing the role that schools play in addressing youth mental health, researchers at PolicyLab work closely with schools to develop the evidence for school-based mental health programs and to support schools in delivering these programs.

One such program is Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), an evidence-based depression prevention program that teaches students communication strategies and interpersonal problem-solving skills to improve their relationships and their moods. Much of the research on IPT-AST has taken place in schools. Across this work, it has been important to ensure our research addresses outcomes that matter to

schools and that we get feedback from school personnel on how the program has been effective and what we can do to improve.

As an example, in our recently completed School Adolescent Mood (SAM) project, we tested IPT-AST delivered through telehealth and compared it to usual services in schools for adolescents with elevated depression symptoms. In addition to collecting data from adolescents to examine short and long-term effects of these programs, we collected data on adolescents' grades and attendance and asked teachers to report on the adolescents' mental health as well as their engagement in the classroom.

According to teachers, who did not know which programs students received, adolescents who received IPT-AST were more engaged in the classroom and showed fewer internalizing symptoms and problems overall than adolescents who received usual services in the year following these programs. These preliminary findings underscore the value of incorporating teacher perspectives when evaluating the impact of school-based mental health prevention programs.

Our current work in the CHOP Tri-County School Mental Health Consortium (SMHC) aims to help schools build capacity to provide mental health programs, like IPT-AST, to students. In response to feedback from school partners about students' mental health concerns, and the need for Tier II small group programs for middle school and high school students, the CHOP team has partnered with local schools to provide training and ongoing consultation to school staff implementing IPT-AST.

Beth recently conducted qualitative interviews with school staff who were trained and led IPT-AST groups with students over the course of the school year. In these conversations, staff participants emphasized that they appreciated participating in an organized and structured training program that supported and held them accountable. They found the IPT-AST program to be impactful, as they noticed a difference in students who engaged in it.

One participant shared: "This experience… showed me the fact that we do have programming that is particularly geared toward [delivering Tier II mental health programs] and now I just feel that much more comfortable and confident in being able to deliver that." Another participant shared that students "did the work … and have since taken those skills and really taken off and have been successful with them."

Our work demonstrates that school-based mental health programming is feasible and accepted by school staff and promotes more positive student functioning. Next, our hope is to identify mechanisms to fund and support this work on a larger scale. To do that, it's important to understand the policy context for supporting school mental health.

The Policy Landscape

Our work explores creative ways to establish and maintain partnerships with schools. We have seen that providing preventive mental health services and interventions in schools is effective, though requires significant time and financial investment. Workforce shortages and funding limitations are challenges that many states face as it relates to implementing school-based mental health services.

Policy Options to Close the Gap

The evidence from our school mental health work emphasizes multiple actionable priorities:

1. **Investing in the delivery of evidence-based preventive mental health services.** Evidence-based prevention programs like IPT-AST can be delivered by existing school personnel (such as school counselors, shown feasible by our team's work). These programs can reduce the need for costly higher intensity care and maximize the existing mental health workforce. School districts may leverage different funding sources to implement these programs for lasting academic and emotional benefits.

2. **Expand Medicaid billing for school-based mental health services.** There's opportunity in many states to expand Medicaid reimbursement to all students enrolled in Medicaid, as well as to broaden reimbursement to cover eligible youth without a formal diagnosis, that can bring in federal matching funds.
3. **Connect schools to the broader care system.** Linking school mental health programming to primary care, community mental health, and peer support networks can help students get comprehensive support across systems.

Next Steps

As students are heading back to school this fall, we know that in addition to academic challenges, they will face the many social and mental health challenges that come with childhood and adolescence. We have growing evidence that school-based prevention programs are effective, and that with appropriate support, schools can implement these programs. There are policy strategies that can build on this evidence to further provide care to youth at school.

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