Exploring Innovative Research & Partnerships to Support School-based Mental Health Services

Behavioral Health

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As we approach World Mental Health Day, our team has been reflecting on the important role schools play in providing mental health services to children. Offering school mental health services has been one way to address long-standing access issues for children. In fact, prior to the COVID-19 pandemic, 35% of youth who received mental health services did so in schools, illustrating the key role schools play in supporting positive youth mental health.

Unfortunately, many children and teens lost access to these services when schools closed and learning went virtual. Throughout the pandemic, increasing rates of behavioral health concerns have been widely reported, and looking ahead, we know more youth will need access to high-quality, affordable behavioral health services. However, only a quarter of the nation's mental health care needs are being met and there are mental health workforce shortages in every state in the U.S. This landscape makes school-based mental health services even more essential for children and teens.

Supporting the mental health of our youth in schools—post-pandemic and beyond—takes a team made up of school leaders, teachers, and staff, and it can also include researchers and partners. Below we talk about what school-based services can look like and how research and partnerships can provide support and innovation to ensure students receive the help they need.

Providing Critical Services for Youth Through Targeted Support

Beyond the fact that most youth receive mental health services in schools, schools and child care settings provide an optimal venue for delivering mental health intervention for several reasons. School-based programs offer an opportunity to target problems without a mental health diagnosis and promote access to care for underserved populations, including communities of color. Schools also provide a natural setting for services and opportunities to leverage existing teacher-student relationships, which helps reduce stigma related to behavioral health care. Additionally, for younger children, child care settings are where youth first interact with peers and adjust to more structured settings, making them ideal for supporting young children.

Many school and child care settings use multi-tiered systems of support (MTSS) as a framework to provide appropriate support to students based on level of academic, behavioral, and emotional need or impairment. MTSS is made up of three tiers, each building on one another and drawing on the broader school systems to fully support students:

- **Tier 1** services are universal supports provided to all children in the school, such as proactive, positive behavior management practices or socioemotional learning programs.

- **Tier 2** services provide targeted supports for children who would benefit from more services than Tier 1 alone. These can include group interventions targeting a specific area of concern or promoting a specific skill.
- **Tier 3** services includes more intensive, individualized supports such as one-on-one counseling services.

Exploring Evidence-based Approaches to Support Schools, Staff & Students

Knowing the importance of these services for overall child health, but also recognizing schools are juggling many competing priorities, several PolicyLab researchers are exploring how to best deliver evidence-based practices within schools and alongside educators. At **Tier 1**, Dr. Marsha Gerdes' research explores the use of Positive Behavior Intervention and Supports (PBIS) in center-based child care settings, providing an opportunity to support toddlers and preschoolers in developing social-emotional skills. The use of Tier 1 supports in child care provides a framework for social-emotional skills needed for school readiness including confidence, interest in learning, emotional regulation, communication skills and cooperativeness.

Also at **Tier 1** at the elementary school level, Dr. Gwen Lawson's research focuses on supporting teachers' use of evidence-based, positive behavior management practices in the classroom. These practices are well-established for elementary school-age children, but it can be difficult for teachers to implement them. Dr. Lawson is developing and testing an implementation resource package that supports teacher use of these evidence-based classroom management interventions.

At **Tier 2**, Drs. Jennifer Mautone, Jenelle Nissley-Tsiopinis and Thomas Power are researching the effectiveness of an organizational skills treatment program in elementary schools. The research team is training school staff to provide this small group program to students who have been identified as having challenges in organization, time management, and planning and is examining the effects of this program on organizational skills, academic self-efficacy and school outcomes.

Additionally at **Tier 2**, Dr. Jami Young's research concentrates on depression prevention programs that can be delivered in middle and high schools. She developed a group depression prevention program, called Interpersonal Psychotherapy – Adolescent Skills Training for adolescents with elevated symptoms of depression. Her team conducted several studies of IPT-AST in schools and found that this program positively impacted depression and anxiety symptoms and decreased the number of depression diagnoses that students experienced. Currently, Dr. Young and colleagues are examining the effects of IPT-AST when delivered in schools through telehealth.

Partnering to Implement Mental Health Services in Schools

Beyond research, partnerships can support the planning, training, evaluation and delivery of school mental health services. Just as schools have flexibility in choosing which evidence-based practices to utilize as part of their MTSS strategy, they can also choose to involve different partners. An academic-school district partnership in Seattle, WA, for example, has been instrumental in the development, implementation, and evaluation of MTSS strategies, including increasing capacity among school personnel, providing training in evidence-based approaches and providing direct clinical services.

In Baltimore, MD, partner agencies work in schools to implement expanded mental health services across the district and MTSS through individual and group services, teacher trainings, classroom activities and consultations.

And in Boston, MA, a hospital-supported partnership coalition is implementing a strategy that combines MTSS and school mental health services with a focus on linking data across systems. Inclusion of families as partners in program development is a helpful approach to encourage family engagement in the school community and to support healthy child development.

Even when strong partnerships exist, developing and implementing school-based mental health services requires substantial resources. School districts report that they must coordinate funding from multiple sources to provide these services. Recognizing the growing need for school-based services to address access issues and workforce shortages, and the challenges that schools face to fund this work, we see opportunity to identify innovative funding, including through insurer payments, to sustainably support these services.

In support of PolicyLab's Behavioral Health Portfolio goals to expand the settings in which mental health services are delivered as well as to address barriers in accessing care, we plan to explore funding and partnership models that support school-based care in a forthcoming white paper.

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