Improving access to care through school-based mental health programs

The U.S. is experiencing a youth mental health crisis, and Pennsylvania is no exception. In 2022, 117,000 youth in Pennsylvania experienced a major depressive episode and more than half did not receive any treatment. Youth from minority backgrounds are even less likely to access treatment.

MEETING STUDENTS WHERE THEY ARE

The Independence Blue Cross (IBX) Foundation is supporting youth mental health through the Philadelphia school-based mental health initiative with Children's Hospital of Philadelphia (CHOP), beginning at Girard College.

"Meeting people where they are" is a tenant shared by education and public health. In every community, county, and state, children are at school. Schools play a critical role in increasing youth's access to mental health care. Currently, 35% of children receiving behavioral health services do so exclusively within the school setting and youth are six times more likely to complete evidence-based treatment when offered in a school setting compared to a community setting.

In the United States, fewer than 30% of children with a significant mental health condition receive the care they need. When youth do not have access to appropriate mental health treatment, they are more likely to experience relationship difficulties and have lower academic achievement. And, because half of all lifetime mental illness begins by age 14, youth with untreated mental health conditions will be more likely to experience long-term consequences such as unemployment, substance use disorder, and lower quality of life. It is estimated that untreated mental health conditions cost the United States up to $300 billion annually.

Our approach:
The Philadelphia school-based mental health initiative pilot program integrates school support and telehealth services.

A framework: School-based mental health program models

The Philadelphia school-based mental health initiative utilizes a multi-tiered system of support structure to integrate school support with telehealth services provided by CHOP.

Multi-tiered systems of support in school-based mental health programs are associated with improved treatment access, health, behavioral, academic, school climate, and school connectedness outcomes.

Multi-tiered system of support describes a tiered framework meant to support all students with the appropriate treatment intensity:

- **Tier 1** serves all students and can include universal screening for mental health conditions and student and teacher education about mental health, coping skills, or stigma.
- **Tier 2** serves students identified as needing additional support in Tier 1 and often includes peer support groups and connecting students to a mentor with a similar lived experience.
- **Tier 3** supports are the most intensive and often include one-on-one therapy sessions.

School-based mental health programs can be tailored to meet school needs, student demographics, and level of resources.

Embedding providers on campus

In this model, providers can be school-employed or external partners who are provided with on-campus time and space. Embedding providers on school campuses helps increase access to services by reducing transportation barriers and caregiver time needed away from work. Providers can become familiar with the school environment, build rapport with students and staff more efficiently, and observe students in a space where their challenges may arise.

Embedded providers also help facilitate care coordination between tiers of support. If the program has been effectively integrated into the school's culture, students may feel less stigma when receiving care. Furthermore, depending on a student's age, minor consent laws, and the care provided, students can access care without parental opposition.

While the on-campus care model offers numerous benefits, it also presents challenges. The need for on-campus space can make it more expensive to sustain. Although this model ensures provider consistency, students may lose access to their preferred provider when they graduate, move schools, or during school breaks. It also limits the providers that youth have access to, which may be harmful to youth from underrepresented backgrounds or who need specialized treatment.

The convenience of receiving care on campus and during school hours may make it harder to get caregivers involved or make students

who are receiving more intensive support than their peers feel more stigmatized. Finally, students may not be comfortable sharing certain information with school-based providers that they feel may get them in trouble.

Referring students to community partners and providers

In this model, schools implement Tier 1 support then refer students out to appropriate community partners and providers for Tier 2 and Tier 3 services. This model results in fewer overhead costs to the school and helps overcome spacing, and licensing barriers — which increase the likelihood of program sustainability. While this model can cause difficulties in coordination and linkages to care, it increases the number and diversity of providers that students can access.

Furthermore, this model is not tied to the school schedule, meaning students can still access care during school breaks and outside of school hours. While this model does introduce transportation barriers for some, caregivers may be more involved in children's care as they must be taken to appointments. However, this may present issues for students whose families are not on board with them needing care. Finally, this model can be more private and prevent students from feeling stigma from their peers.

Telehealth

Telehealth has dramatically increased access to mental health care for many people. Telehealth can bridge the gaps between the previously mentioned models, creating a hybrid model of care. Telehealth helps remove location barriers, increasing patients' access to diverse and specialty providers.

Schools can provide a dedicated private space where patients can attend their appointments or access care from their homes, giving providers insight into a patient's home life and allowing patients to receive care during school breaks. However, if a school cannot provide the space or equipment, it should be noted that students may not have the space or resources to access care. Patients may also prefer in-person care. Lastly, some experts have expressed concern about the quality of care telehealth companies provide.

School-based mental health in action

The Philadelphia school-based mental health initiative funded by the IBX Foundation is providing access to mental health care for every student at Girard College, an independent, five-day boarding school in North Philadelphia

> What I like the most about this program is that I can feel comfortable enough to talk about certain things I never had the courage to talk about, and I feel safe.
>
> *Girard College Student*

serving approximately 300 students in grades 1 – 12 from families with limited financial resources. The majority of the school's student population identifies as African-American.

IBX Foundation funding supports the ongoing activities of both the Student Success Team at Girard College and the clinical care team at CHOP. The multi-tiered system of support model utilized by CHOP integrates the three components of models previously mentioned: embedding providers at school, referrals to practitioners, and telehealth. By integrating these three models to run simultaneously as one, many of the challenges presented by one model are alleviated by another. For example, embedded providers ease the burden of access, but during out of school hours when an embedded provider would typically not be accessible, students are still able to stay in treatment with their provider via telehealth.

The Student Success Team at Girard College is an integrated part of the multi-tiered system and is the referring party for students to access mental and behavioral health assessment, diagnosis, and treatment services.

The Student Success Team conducts referrals, social emotional learning activities, family engagement activities, tutoring, and academic counseling and collaborates on teacher training with CHOP. The CHOP clinical care team receives these referrals and conduct assessments to identify and address the unique needs of each student. Once a student's needs are clearly identified, the individual is placed in the appropriate care track to receive enhanced social-emotional supports, medication management, group therapy, individual therapy, crisis services, or a combination of these. The multi-tiered system model aims to provide a tailored clinical or non-clinical approach to each student's needs while implementing and operating a system-wide instrument for identifying and providing care.

As a result of this initiative, students engaged in clinical services saw significant improvement in internalized and externalized symptoms. The biggest impact is shown through students' own ratings of their depression and anxiety symptoms. Additionally, the **number of students who were seen for same-day crisis screenings for suicidal or homicidal ideation decreased 100% between the first and third year of implementation** (seven during year one, two during year two, and zero during year three).

From an internal evaluation by CHOP, 14 of the students who had both pre- and post-data showed significant improvement on 12 measures, no significant change on ten measures, and worsening on four measures. Of the worsening measures, several of them were reported by teachers which may be explained by internalization of symptoms by students.

Students have seen an improvement in academic performance and in-class engagement, and teachers report a significant decline in disruptive classroom behaviors.

I like that it was accessible, and I didn't have to wait so long to be connected to a therapist. I like that my therapists were very willing to communicate with my family about my struggles, with my consent of course.
Girard College Student

Training conducted by the Student Success Team at Girard College and CHOP has better equipped teachers to recognize and address concerning behaviors. **Teachers also report improved academic and behavioral outcomes from students who have received care from this initiative. 80% of teacher referrals result in an evaluation by the CHOP care team. 86% of students evaluated by the CHOP care team are seen for therapy and 25% of referred students receive medication management.**

 Expanding school-based mental health programs

Expanding access to mental health services and treatment in the school setting requires several considerations including the mental health workforce, continuity of care, funding, and evaluation. This section describes recommendations to increase capacity for school-based mental health programs which have been compiled from interviews with subject matter experts and existing literature on the topic.

Increasing capacity in the workforce:

- Develop the provider pathway for a diverse workforce representative of the community it serves through training opportunities, fellowships, and certificates
- Qualify other licensed providers and expand use of non-licensed professionals and peers for the school-based setting

- Remove financial barriers to joining the mental health workforce through scholarships, loan repayment, and stipends
- Improve mental health professional-to-student ratios in schools
- Enhance pay and benefits for school-employed mental health professionals
- Align provider licensing across state lines
- Support efforts to raise awareness of school-based mental health career opportunities

Improving continuity of care:

- Expand access to telehealth services
- Institute student case management across child-serving systems and create referral systems
- Utilize student care coordinators
- Protect students from negative repercussions for what is shared during treatment

Funding school-based programs:

- Support for investment and policies across the business, government, education, health, and nonprofit sectors that incentivize the provision of school-based mental health services

Evaluating success:

- Support evaluation and learning with a universal, freely accessible data infrastructure to facilitate data collection and reporting
- Report on cross-sector measures, such as measuring student mental health in education reporting systems or measuring academic outcomes in mental health reporting systems
- Convene continuous improvement collaboratives for school districts
- Include mental health literacy in K – 12 curriculum requirements

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