



ALLIES
FOR CHILDREN

ADDRESSING MENTAL HEALTH IN SCHOOLS

APPROACHES TO
SCHOOL BASED
PREVENTION,
TREATMENT, AND
INTERVENTION



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The Youth Mental Health Crisis

Students and educators don't leave their mental health status at the classroom door. As many children struggle with a variety of mental, emotional, and behavioral disorders, it is frequently easiest to get assistance in the places they already spend their time. As many educators and existing resources are at capacity, schools and other children's spaces need additional professionals, partnerships, and sustainable funding sources. The shortage of mental health professionals has only been complicated by the rising demand as the COVID-19 pandemic exacerbated existing mental health struggles. To address these challenges, facilities that work with children are adopting comprehensive approaches to mental health support and services.

Before the pandemic, the Centers for Disease Control and Prevention (CDC) reported that 1 in 5 children lived with mental disorders, but less than a quarter of those children (20%) received professional care.¹ In 2021, 37% of high school students reported experiencing poor mental health since the onset of the pandemic, while 44% dealt with persistent sadness or hopelessness.² Younger children also suffer from higher rates of mental health emergencies than before the pandemic. Compared to 2019, mental-health-related emergency department visits increased by almost a quarter (24%) for children 5-11 years old, and 31% for 12-17 year-olds in 2020.³ The pandemic's negative impact on students' mental health furthered pre-existing gaps in mental health services.

Children are not alone in facing additional pandemic-induced mental health challenges. Educators are experiencing burnout: 90% of National Education Association survey respondents reported burnout as a severe problem in education.⁴ When asked what actions would best reduce burnout among teachers, 94% of respondents cited "offering additional mental health services for students."⁵ Schools need more resources to offer additional mental health services without further taxing educators.

Unfortunately, progress is complicated by a shortage of mental health professionals. More than half of US counties lack a single psychiatrist.⁶ According to the Kaiser Family Fund's Health Care Professional Shortage Areas tracker, all states are experiencing mental health professional staff shortages. Only three states meet more than half of staffing needs relative to population size. Pennsylvania ranks tenth, with nearly 41% of employment needs met.⁷

A series of factors are driving this labor shortage. In addition to facing an aging workforce, the mental health profession faces a unique challenge: demand for services exceeds supply. For example, there are not enough available residency spots for psychiatrists in schools and other institutions.⁸ Low pay is also a factor. As of 2021, the median annual wage for mental health

¹ [Improving Access to Children's Mental Health Care](#)

² [Youth Mental Health Coronavirus 2019](#)

³ [Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic](#)

⁴ [National Education Association](#)

⁵ [National Education Association](#)

⁶ [Estimating the Distribution in the U.S. Psychiatric Subspecialist Workforce](#)

⁷ [Kaiser Family Foundation Mental Health Care Health Professional Shortage Areas](#)

counselors (including substance abuse and behavioral disorder counselors) was \$48,520,⁹ compared to \$58,260 for occupations overall.¹⁰ However, the Bureau of Labor Statistics projects that these occupations will grow by 22%, or “much faster than average,” from 2021 to 2031.¹¹



Photo by [Taylor Flowe](#) on [Unsplash](#)

⁸ [Association of American Medical Doctors](#)

⁹ [Bureau of Labor Statistics Occupational Outlook Handbook](#)

¹⁰ [Bureau of Labor Statistics Occupation Employment and Wage Statistics](#)

¹¹ [Bureau of Labor Statistics Occupational Outlook Handbook](#)

What is being done?

While many school districts have mental health services like counseling or therapy, they are often under-resourced. Some school districts have used federal funds to help close the gap. In 2021, the Elementary and Secondary School Emergency Relief (ESSER) funds became available to school districts in three rounds and must be spent by September 2024. Districts are using these funds for a variety of things including, but not limited to, assisting vulnerable students with distance learning, health and safety improvements to school facilities, and supporting new approaches to address mental health struggles. Across Allegheny County, school districts spent more than \$4 million in ESSER funds on social workers, psychologists, and therapists.¹² While incredibly helpful, ESSER funds are a one-time infusion, and sustaining these investments will remain a challenge for many districts. Districts will need dedicated long-term funding to continue quality mental health services in schools.

Recognizing that existing mental health services are overtaxed, the 2022 Pennsylvania state budget designated \$95 million for school districts to address mental health.¹³ Grants start at \$100,000 for school districts and \$70,000 for career and technical centers, scaling with student enrollment. Funds can be used for a variety of social-emotional health interventions. At this time, it is unknown if these funds will be continued into future state budgets.

What makes these investments different from past approaches is a recognition that mental health care goes beyond emergency treatment and also includes prevention and intervention. School environments and other places where children spend their time are well suited for exposure to preventative care and learning treatment strategies. Space, staff, and partnerships are needed for long-term success. While these recent budget designations are promising, mental health supports are at risk of being lost without consistent funding pipelines.

This report explores some initiatives addressing mental health, including best practices through prevention, treatment, and intervention and is meant to spur collaboration and idea-sharing by providing a snapshot of work already occurring in youth mental health spaces. Prevention, treatment, or intervention along a continuum of mental health care can assist school districts and organizations in addressing specific community needs. Several programs are profiled, with case studies of student services along the continuum of care. However, this is just a small sampling of the innovative approaches that schools, community organizations, out-of-school time programming, and others are doing to address the mental health needs of the children and youth in our region.

¹² [Allegheny County School Districts Use \\$420 Million in COVID-Relief to Recovery](#)

¹³ [School Districts Benefit from Mental Health Funding in the New Pa. Budget. Here's How](#)

It is important to note that a lot of these innovative approaches have been operating for a number of years and have been spurred by the generous philanthropic support of our region, including from funders such as the Staunton Farm Foundation, RK Mellon Foundation, and others.

Youth mental health is a complex topic with no easy solutions. There are three main stages at which schools and organizations are in a position to support children and youth:

1. PREVENTION: promoting healthy behaviors and creating inviting environments
2. TREATMENT: directly focusing on students' needs and teaching tactics to address wellness
3. INTERVENTION: direct, individualized action through partnerships beyond the classroom



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Prevention

Preventative mental health care begins with meeting basic needs. Within a school context, prevention aims to promote social-emotional learning and equip students and educators with tools and tactics to self-regulate their emotions. According to Johns Hopkins, the first signs of anxiety disorders often develop during childhood or adolescence.¹⁴ Additionally, anxiety can further compound problems young people are vulnerable to, including substance abuse and eating disorders.¹⁵

¹⁴[Johns Hopkins Mental Health Disorder Statistics](#)

Schools and educators are well-positioned to implement preventative practices as they have an audience with youth. As part of a continuum of mental health care, prevention tools should range from individualized activities to group or mentor support. Examples include:

- **The Youth Advocacy Network** empowers teens to organize around youth mental health education and advocacy.
- **Youth Engagement Specialists** address the root cause of disruptive behaviors rather than relying on policing.
- **Chill Rooms** use underutilized classrooms as calming spaces by changing lighting, putting calming paint colors or art on the walls, and creating a general relaxing atmosphere.
- **The Communities in Schools** model is a national framework that surrounds students with a community of supports for achieving attendance, social-emotional development, and college and career readiness goals.

Treatment

When considering a continuum of mental health care, treatment can vary based on student needs and how students learn. School-based therapy treatment may be more approachable for students and families. While school-based treatments can be open to all students, they are essential for students with mental health disorder diagnoses. Students with mental health disorders face potential long-term adverse effects without treatment, including lower grades, higher risk of dropping out, and future unemployment.¹⁶ Therapy in a school environment can range from listening sessions to workshops centered around topics such as anxiety or anger. Emphasizing emotional intelligence (EQ) alongside IQ can prepare students for postsecondary education or entering the workforce. Examples of local school-based treatment include:

- **School-Based Therapy** utilizes school counselors/social workers or contracts partner organizations to support all students' mental health and academic progress. Often school-based therapy is offered through contracted providers from the community such as Family Links, Glade Run, and Mercy Behavioral Health.
- **New Directions** creates three separate rooms for school counselors to offer a continuum of mental health support.
- **Matt's Maker Space** installs creative spaces in schools to promote STEAM learning and increasingly recognizes the therapeutic potential of such rooms.
- **COOL Zones** offer relaxation space alongside counseling services—from group and individual therapy sessions to positive reinforcement activities guided by a trained specialist.

Intervention

¹⁵ [John Hopkins Mental Health Disorder Statistics](#)

¹⁶ [Young Adults with Serious Mental Illness](#)

Interventions differ based on the unique needs of students and families. For schools, the purpose of interventions is to connect those experiencing mental distress to the proper resources. Interventions require partnerships with professionals outside school districts to ensure students receive proper care. School districts are uniquely positioned to connect students to community resources and ease students' transitions to or back from specialized programs. Examples include:

- **Handle with Care** connects school districts to local police, who notify appropriate staff when a child's home has been part of a police investigation. These children may need special attention or trauma counseling.
- **Acute Partial Hospitalization, Non-Acute Partial Hospitalization, and School-Based Partial Hospitalization Services** connect students to facilities or comprehensive care programs but maintain relationships between the new setting and home school.

In the following section, we explore these cases in more detail, including costs, program overview, and potential challenges for implementing.



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Case Studies

Prevention



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Teen Advocacy and Mobilization: Youth Advocacy Network & Teen Mental Health Collaborative

Developed in 2018 and 2020

School District(s): Implemented across the Commonwealth of PA and the Pittsburgh Metro-Area

Supported by: The Jewish Healthcare Foundation

Overview of the Program: The PA Youth Advocacy Network allows high school students across the state to collaborate and make a difference regarding youth mental healthcare. The PA Youth Advocacy Network (the Network) is sponsored and managed by the Jewish Healthcare Foundation (JHF). The Network is a youth-led platform that allows teens to gain advocacy skills and build awareness around the mental health issues that impact their community.¹⁷ The PA Youth Advocacy Network brings together a diverse group of youth advocates, including those with lived experience, and partner organizations, including school-based mental health programs focused on stigma reduction, service learning, and peer support, like Allegheny County's Stand Together program and the Beaver County Youth Ambassadors Program. Examples of their work include the declaration to make May 23rd Teen Mental Health Awareness Day in Pittsburgh and at the state level.¹⁸

¹⁷ [The Network](#)

¹⁸ [PA Youth Advocacy Network](#)

In recognizing the importance of supporting partners to help amplify the work of teen advocacy, JHF also organizes the Teen Mental Health Collaborative. The Collaborative was created in 2020 to connect and support community-based, youth-focused organizations. The Teen Mental Health Collaborative promotes sharing and networking between collaborative participants, including the Boys & Girls Club of Western Pennsylvania, Mentoring Partnership of Southwestern PA, Center of Life, Allies for Children, and others. The collaborative focuses on identifying opportunities for shared advocacy, teen engagement, mental health training, health system connections, and the significance of out-of-school time (OST) and school partnerships. The Teen Mental Health Collaborative has transformed from a group of grant recipients into a way to bring together community organizations working towards improving teen mental health.

The Boys and Girls Club of Southwestern PA Teen Outreach Program is a Collaborative member that promotes positive youth development through a social-emotional curriculum, community service learning, and supportive relationships with adults. The program aims for students to experience personal growth, improve self-esteem, and increase knowledge to reduce risky behavior and decision making.

Another school-based partnership is through the KRUNK Movement, a student-led music and health initiative serving teens. Based out of Center of Life Hazelwood, this initiative uses the elements of hip-hop through dance, songwriting, beat making, recording engineering, and visual art to spread messages of positive mental and physical wellness. KRUNK programming provides teens with emotional support, connection, and experiences to help them better navigate the current world and their futures.

Resources/Challenges: Both the PA Youth Advocacy Network and Teen Mental Health Collaborative exemplify cross-district partnership. Given the PA Youth Advocacy Network spans beyond a single district, school counselors can encourage their students to become involved and connect with other teens also navigating mental health support. School districts can also adopt and publicize campaigns of the PA Youth Advocacy Network. There is also an opportunity for districts to use the advocacy group as a model for localized peer support groups.

School districts should also consider partnering with organizations that are members of the Teen Mental Health Collaborative, as these organizations offer programs specifically designed for young people. Relationship building between school districts and such organizations can allow students to access a continuum of care even after the dismissal bell or on school breaks.

Youth Engagement Specialists

Developed in 2020

School District(s): Penn Hills School District

Supported by: School districts through partnerships

Overview of Program: At Linton Middle School in the Penn Hills School District, security guards were replaced with youth engagement specialists in 2020.¹⁹ There are two specialists for each

grade and one roving specialist. These specialists use a therapeutic approach to intervene in student issues before behavior escalates.²⁰ Specialists mediate between students in the case of group disagreements. For individual issues, specialists take students to a room to process their emotions.²¹ A retired police officer remains in the front lobby, helping with arrivals and dismissals, providing security presence, addressing outside threats, and assisting visitors coming inside the building.²² The purpose of replacing the majority of the police presence with youth engagement specialists is to move away from issuing punitive sanctions for misbehavior and instead addressing the root cause of those behaviors.²³

Resources/Challenges: The Youth Engagement Specialists are a collaborative effort between Pressley Ridge and the Penn Hills School District. The school district provides the funds for Pressley Ridge specialists assigned to Linton Middle School. Expanding the Youth Engagement Specialist program to other schools is achievable through sustainable funding sources and partnerships.

Chill Room Project

Developed in 2019

School District(s): Baldwin-Whitehall School District, Jefferson Hills School District, Chartiers Valley School District, Northgate School District, and others

Supported by: ESSER funds. Northgate School District committed \$800,000 across four years²⁴

Overview of Program: Baldwin High School, in the Baldwin-Whitehall School District, has a classroom space painted in calming colors with couches and a fireplace. This room is called the Chill Project, and it is meant to provide a break from the school atmosphere, giving students and staff an opportunity to learn skills to reduce stress and be more mindful.²⁵ It was created in collaboration with Allegheny Health Network, through support by the Staunton Farm Foundation, and has been implemented in schools across Allegheny County.^{26,27,28} The Northgate School District implemented Chill Rooms in all three of their buildings and hired supportive staff, such as a full-time behavioral specialist and a licensed clinician.^{29,30}

¹⁹ [Penn Hills School District to replace middle school security guards with youth engagement specialists](#)

²⁰ [Penn Hills School District to replace middle school security guards with youth engagement specialists](#)

²¹ [Interview with a youth engagement specialist](#)

²² [Penn Hills school board approves changes to school safety model at Linton Middle School](#)

²³ [Penn Hills school board approves changes to school safety model at Linton Middle School](#)

²⁴ [Allegheny County School Districts Use \\$420 Million in COVID-Relief to Recover](#)

²⁵ [Local school district creates special room to help students with stress](#)

²⁶ [Local school district creates special room to help students with stress](#)

²⁷ [The Chill Room at WJHSD: A Space for Relaxation and Personal Growth](#)

²⁸ [Chill Project](#)

²⁹ [Allegheny County School Districts Use \\$420 Million in COVID-Relief to Recover](#)

³⁰ [Superintendent Goal Areas 2021-22](#)

In response to the pandemic, Pittsburgh Public Schools introduced a Virtual Calming Room that serves a similar function as the Chill Project but offers activities remotely, based on student grade level. The Virtual Calming Room also includes resources on restorative practices and self-care, as well as a list of mental health and wellness apps for students, teachers, and families.³¹

Resources/Challenges: Installing a Chill Room requires a significant upfront investment. School districts have used ESSER funds and partnered with Allegheny Health Network. State funds and partnerships will be necessary as ESSER funds become exhausted.

Communities in Schools

Developed in 1994 in Pennsylvania

School District(s): East Allegheny School District, Sto-Rox School District, Pittsburgh Public Schools, and Duquesne School District

Supported by: A variety of sources and partners, including the national Communities in Schools organization

Overview of Program: Communities in Schools (CIS), established in Pennsylvania in 1994 and brought to Allegheny County through support from the Staunton Farm Foundation, is a long-standing model that invests in schools as community hubs.³² The model co-locates basic need services in educational facilities. Mental health services, including on-site therapists or group sessions, make a natural addition to these services.

As a national nonprofit, Communities in Schools uses a three-tier approach. The first tier offers school-wide assistance, such as food or school supply distribution, that any student can access. The second is addressing a targeted group of students who have specific social and emotional needs, an example being organizing a Lunch Bunch. The Lunch Bunch provides a space for students to make connections with peers as well as work toward specific social-emotional goals during a lunch meeting with a trusted and caring adult. The third tier offers individual support for students with more critical needs. They connect the student and their family with the resources that the student needs to perform well in school.^{33,34} The organization understands what specific strategies to use in all three tiers through a needs assessment of the community, school, and students.³⁵ This system has been successful at reaching goals relating to attendance, social-emotional development, and college and career readiness.³⁶ In Pennsylvania, Communities in Schools has 164 program sites, serving more than 40,000 students.³⁷

³¹ [Virtual Calming Room Pittsburgh Public Schools](#)

³² [Communities in School of Pennsylvania - About Us](#)

³³ [Using Research Evidence to Strengthen Support for At-Risk Students - A Case Study of Communities in School](#)

³⁴ Interview with Communities in School Pennsylvania staff

³⁵ Interview with Communities in School Pennsylvania staff

³⁶ [Using Research Evidence to Strengthen Support for At-Risk Students - A Case Study of Communities in School](#)

In Allegheny County, there are four school districts involved in program: Duquesne School District, East Allegheny School District, Sto-Rox School District, and Pittsburgh Public Schools.³⁸ In the county, 94% of students participating in Communities in Schools are eligible for free or reduced lunch, and 45% identify as African-American. In 2021, the program saw 80% of students in the program improve their GPA, 80% meet attendance and behavior goals, and 100% complete their school year.³⁹ As part of its programming, Communities in Schools in Allegheny County offered free clothing stores, a vaccination van, free food boxes, and local delivery of essential items—contributing \$128,000 worth of goods and services to students.⁴⁰ According to a Communities in Schools Pennsylvania staff member, it costs \$80,000 for a school district to hire one full-time site director at each school. If a school does not have all the funds, Communities in Schools Pennsylvania can help them find a grant or other funding.⁴¹ Given the comprehensive approach, there is a greater opportunity to tie in mental health support. As needs are identified through the program’s tiers, students can be matched with counselors for school-based therapy or with case managers.

A local organization that has a similar program to Communities in Schools is Homewood Children’s Village. They offer a “Full-Service Community School,” which serves as a school and a partnership between local community organizations. In addition to the education that the school provides, the Full-Service Community School focuses on “early childhood development, health and wellness, academic support, extended learning opportunities, and family and community stability.”⁴² This program requires one full-time site director partnered with a school to create connections with community organizations. Homewood Children’s Village has site directors at Lincoln Pre-K-5, Faison K-5, and Westinghouse High School.⁴³

Resources/Challenges: Communities in Schools and Homewood Children’s Village emphasize how overall environments and having one’s basic needs met impact a student’s academic achievement and overall wellbeing, including mental health. Alleviating the stress of not being able to meet basic needs, like having friends or knowing where your next meal is coming from, can greatly improve mental health. A needs assessment is critical to identifying the specific needs of communities, schools, and students. Once this is complete, it is possible to integrate being a liaison for local nonprofits to support the goals at each process tier.

Treatment

³⁷ [Communities in School of Pennsylvania - About Us](#)

³⁸ [Communities in School Pittsburgh - Allegheny County - Our Impact](#)

³⁹ [Communities in School Pittsburgh - Allegheny County - Our Impact](#)

⁴⁰ [2021 Annual Impact Report](#)

⁴¹ Interview with Communities in School Pennsylvania staff

⁴² [Full Service Community School](#)

⁴³ [Full Service Community School](#)



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School-Based Therapy

Developed in the 1980s

School District(s): North Allegheny School District, Pittsburgh Public Schools, and others

Supported by: A variety of methods, may be mandated by Individualized Educational Plans (IEPs)

Overview of Program: In the 1980s and 1990s, states began creating structures around student support services.⁴⁴ Pennsylvania established certification requirements for school counselors and educational specialists in 1980 but did not make counselors compulsory at all schools.⁴⁵ The role of student support services was further standardized in 2005 through the creation of the law, Title 22 Chapter 12.41 Services to Students. However, this law only details three responsibilities of student services: addressing developmental and mental health needs; providing diagnostic, intervention, and referral services; and providing consultation for students with chronic problems that require more staff support.⁴⁶ Each school district must create an implementation plan for comprehensive student services at all grade levels.⁴⁷

⁴⁴ [Embrace the Past, Welcome the Future : A Brief History of School Counseling](#)

⁴⁵ [Title 22 Chapter 49.102 Education Specialist](#)

⁴⁶ [Title 22 Chapter 12.41 Student Services](#)

⁴⁷ [Title 22 Chapter 12.41 Student Services](#)

Many schools in Allegheny County offer some type of school-based therapy. For instance, North Allegheny School District has three tenets for their counseling services: academic support, personal/social/mental health support, and career development.⁴⁸ This school district has counseling staff at every school.⁴⁹ Pittsburgh Public Schools has counselors, social workers, and psychologists on staff district-wide, while most schools have at least one of these three professionals.⁵⁰ These cases are highlighted as models as they go beyond the requirements of the law to address student needs. As internal capacity may vary, school districts can also partner with contracted providers such as Family Links, Glade Run, and Mercy Behavioral Health to offer school-based therapy.

Resources/Challenges: School counselors and psychologists remain in short supply. The American School Counselor Association recommends one counselor for every 250 students. In most states, not even 20% of their school districts meet that criteria. Only three states have over 50% of their school districts reaching the recommended ratio of school psychologists, one for every 500 students.⁵¹ National averages do not meet the recommendation, with one school psychologist for every 1,300 students⁵² and one school counselor for every 430 students.⁵³

School districts are beginning to recognize and address these shortages directly. Two Virginia school districts are offering bonuses and incentive pay to recruit mental health staff.⁵⁴ There are pandemic-related funds to hire staff to support students' social, emotional, and mental well-being, and 42% of schools claimed to do just that in a federal survey.⁵⁵ In addition to compensation, workforce pipeline development is needed for more robust mental health support. Schools are uniquely positioned to partner with colleges or graduate institutions to bring in counseling aids to gain skills while assisting existing counselors/social workers, like traditional teaching assistants. Sustainable funds and better connections between school districts and graduates of the necessary programs are key components of success.^{56,57}

School-based therapy capacity can be further expanded through agreements with local Masters in Education in School Counseling programs. It is commonplace that students in such programs are required to complete a 600-hour internship.⁵⁸ At Adam State University in Colorado, graduate students in school counseling must meet counseling requirements at three grade levels to graduate. This internship must occur on-site, and a portion of it must be direct client work.

⁴⁸ [North Allegheny School District - School Counseling](#)

⁴⁹ [North Allegheny School District - School Counseling](#)

⁵⁰ [Pittsburgh Public Schools - Counseling, Psychological, and Social Work](#)

⁵¹ [School Counselors and Psychologists Remain Scarce Even as Needs Rise](#)

⁵² [Schools Face Shortage of Mental Health Professionals as Students Slowly Return](#)

⁵³ [Schools Face Shortage of Mental Health Professionals as Students Slowly Return](#)

⁵⁴ [Schools Face Shortage of Mental Health Professionals as Students Slowly Return](#)

⁵⁵ [School Counselors and Psychologists Remain Scarce Even as Needs Rise](#)

⁵⁶ [School Counselors and Psychologists Remain Scarce Even as Needs Rise](#)

⁵⁷ [Schools Face Shortage of Mental Health Professionals as Students Slowly Return](#)

⁵⁸ [Practicum and Internships for Counseling Programs](#)

Many counseling programs offer compensation to site supervisors of intern school counselors/social workers.⁵⁹ Each graduate program maintains relationships with some schools, but students can also initiate partnerships by assisting counselors/social workers in other districts. To be a site with a graduate intern, there must be an agreement between both schools. This could be a worthwhile agreement for school districts to help grow the pipeline of licensed mental health professionals and have more professionals in schools.

New Directions

Developed in 2018

School District(s): Penn Hills School District

Supported by: A \$15,000 Ready to Learn grant from the Cal Ripken, Sr. Foundation matched by district⁶⁰

Overview of Program: New Directions was piloted at Penn Hills School District's Linton Middle School as a set of three classrooms meant to de-escalate stressed students and support the development of healthy emotional behaviors. The first classroom is a dim, quiet room for calming, the second is an individual counseling room, and the third is a group counseling room.⁶¹

The purpose of these spaces is to give children the opportunity to rethink their decisions so they can make better choices in the future and therefore move in better directions.⁶² This strategy utilizes existing resources, such as school counselors/social workers and spare rooms, to redirect students from receiving suspension and other more serious disciplinary strategies.⁶³ The pilot program is now being adopted in other schools, with Penn Hills High School debuting a New Directions program in 2022.⁶⁴

Resources/Challenges: New Directions may be a good fit for schools with spare classrooms and counselors/social workers who are equipped to address students' mental health needs. There may be minimal upfront costs for outfitting the room with new paint and furniture. Otherwise, this is a low-cost way to utilize current resources and help students understand the available resources.

Matt's Maker Space

Developed in 2021

School District(s): Pittsburgh Public Schools, Brownsville Area School District, Carmichaels Area School District, Charleroi Area School District, Mt. Lebanon School District, New Castle School

⁵⁹ [Hosting a RMHP3 Counseling Intern](#)

⁶⁰ [Linton Middle School Unveils STEM Lab, New Directions Room](#)

⁶¹ [Generation C: Kids More Stressed, More Anxious At School In The Age Of COVID](#)

⁶² [Penn Hills students lean on creative counseling program to cope with behavioral issues](#)

⁶³ [Penn Hills School District introduces new counseling alternative to discipline](#)

⁶⁴ [Penn Hills School District introduces new counseling alternative to discipline](#)

District, Jefferson Morgan School District, Yough School District, South Fayette School District, West Middlesex Area School District

Supported by: Foundations and private donors. Centers cost \$20,000 to \$25,000 to establish on the part of the organization Matt's Maker Space⁶⁵

Overview of Program: Makerspaces have been popping up in schools in recent years to promote science, technology, engineering, arts, and math (STEAM) education.⁶⁶ These spaces are designed to encourage tinkering and accommodate many learning styles. They can include activities such as construction, prototyping, woodworking, electronics, robotics, digital fabrication, building, kinetic art, textiles, and sewing.⁶⁷ Even though these spaces are often introduced for educational and creative purposes, there is a movement to use them for therapeutic purposes.

Having art as an outlet allows people to express emotions that may be more difficult to say in words.⁶⁸ If applied in a school setting for the goal of mental health, the projects in makerspaces serve as a distraction from a student's stress or can be a way to channel their emotions in a healthy manner.⁶⁹ Physical touch and activity have also been shown to decrease stress and relieve anxiety.⁷⁰ This can be a helpful outlet for the additional stress and anxiety many students are experiencing due to the pandemic or other environmental factors.

The nonprofit Matt's Maker Space honors the legacy of Matt Conover by teaching children about technology through hands-on learning.⁷¹ Over 20 Matt's Maker Spaces exist in Pittsburgh, mostly in schools. University of Pittsburgh Medical Center (UPMC) Western Psychiatric Hospital opened a makerspace in collaboration with Matt's Maker Space and is integrating that makerspace into treatments for youth.^{72,73}

Resources/Challenges: There are graduate-level programs that teach people how to become art therapists. Simply having a place to create art does not replace having guidance in the practice of art therapy. To get a Matt's Maker Space, a school needs to have a teacher champion: a teacher or group of teachers that will use the space or support others using the space. In Matt's Maker Space's five-year history, they have not had a counselor as a teacher champion, but this could be a great opportunity to include art and self-regulation tools in counseling.⁷⁴

⁶⁵ [Matt's Maker Space Grows to 30 Locations, Including the First out of State](#)

⁶⁶ [Designing a School Makerspace](#)

⁶⁷ [Designing a School Makerspace](#)

⁶⁸ [UPMC Western Psychiatric Hospital Unveils Matt's Maker Space](#)

⁶⁹ [Makerspace and Student Mental Health](#)

⁷⁰ [An Oft-Neglected Way to Help Restore Students' Mental Health](#)

⁷¹ [Matt's Maker Space - Our History](#)

⁷² [Matt's Maker Space - Our History](#)

⁷³ [UPMC Western Psychiatric Hospital Unveils Matt's Maker Space](#)

⁷⁴ [Interview with Matt's Makerspace Staff](#)

A makerspace is not a replacement for having a therapist, counselor, or psychologist in a school. However, having this space could be a good complement to these services and it helps directly support STEAM education.

Children Overcoming Obstacles & Limits (COOL) Zone

Developed in 2015

School District(s): Woodland Hills School District, McKeesport School District, Penn Hills School District

Supported by: The Pittsburgh Penguins Foundation and Staunton Farm Foundation

Overview of Program: The COOL Zone was developed through a collaboration between the Pittsburgh Penguins Foundation and University of Pittsburgh Medical Center's (UPMC) Matilda Theiss Early Childhood Behavioral Health Center.⁷⁵ The purpose of the COOL Zone is to provide a stigma-free area where children can receive professional mental health care that is family-focused and multi-culturally-sensitive.⁷⁶ It is a comprehensive program that includes the following attributes: a relaxation/play space in the shape of an igloo, group and individual therapy sessions, daily goal setting for emotional behaviors, group and personal positive reinforcement activities, client treatment summaries for caregivers, and case management.⁷⁷ The COOL Zone follows a community and school-based behavioral health services (CSBBH) model.⁷⁸ COOL Zone programs have been implemented in six institutions in the Pittsburgh area, including in the Woodland Hills School District, McKeesport School District, Penn Hills School District, Hosanna House, and Pine Center. There is also a COOL Zone outside the Pittsburgh area at UPMC Western Behavioral Health of the Alleghenies in Altoona.⁷⁹ COOL Zone participants saw a reduction in overall disciplinary referrals and school suspensions, increased ability to meet or exceed academic progress and state testing scores, and significant improvements in standardized assessments of behavior from teachers and caregivers.⁸⁰

Resources/Challenges: The COOL Zone is an incredibly holistic program that can be part of schools or a community organization. Schools/organizations work with the Matilda Theiss Foundation to get a new COOL Zone approved through the Allegheny County Office of Behavioral Health.⁸¹ Due to the number of offices involved, this is more dependent on outside organization capacity than other approaches.

Intervention

⁷⁵ [COOL Zone](#)

⁷⁶ [COOL Zone: A Program of Matilda Theiss Early Childhood Behavioral Health](#)

⁷⁷ [COOL Zone: A Program of Matilda Theiss Early Childhood Behavioral Health](#)

⁷⁸ Personal Communication with a COOL Zone Representative

⁷⁹ [COOL Zone](#)

⁸⁰ [COOL Zone: A Program of Matilda Theiss Early Childhood Behavioral Health](#)

⁸¹ Interview with a COOL Zone Representative



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Handle with Care

Developed in 2021

School District(s): Highlands School District in partnership with the Highlands Family Support Center; and other counties in Pennsylvania, including Lehigh, Luzerne, Northampton and Blair

Supported by: Richard King Mellon Foundation and Highlands Family Support Center⁸²

Overview of Program: In the Highlands School District, the Highlands Family Support Center has started an initiative with police departments in each municipality to notify school leaders when any 911 call goes to a student's home.⁸³ The notifications let teachers and counselors/social workers know that an incident has occurred at a student's home without disclosing any other information. This holistic support model creates communication between multiple members of the school staff. This program is funded by a \$250,000 grant from the Richard King Mellon Foundation.⁸⁴ Handle with Care programs operate in many counties throughout Pennsylvania, including Northampton,⁸⁵ Lehigh,⁸⁶ and Luzerne.⁸⁷

⁸² [Highlands Family Center Launches Student Initiative to 'Handle with Care'](#)

⁸³ [Highland Students Benefit from Trauma Notice Program](#)

⁸⁴ [Highland Students Benefit from Trauma Notice Program](#)

⁸⁵ [Local Schools Implement Handle with Care Initiative](#)

⁸⁶ [Local Schools Implement Handle with Care Initiative](#)

⁸⁷ [Handle with Care \(HWC\) Initiative](#)

The Handle with Care program operates differently in each Pennsylvania county. In Luzerne County, it has been integrated with the Safe 2 Say Something program. The Safe 2 Say Something program is a State District Attorney youth violence prevention program where anyone can give anonymous tips about youth that may be a threat to themselves or others.⁸⁸ Integrating Handle with Care and Safe 2 Say Something allows local law enforcement to send information through the Safe 2 Say Something interface to schools across the county about a student who may have witnessed something traumatic. In Blair County, the Handle with Care program is implemented by having all law enforcement vehicles prepped with resource cards that include contact information for all area schools.⁸⁹ Through this, the police officer can reach out directly to the school to inform them that a child may have witnessed something traumatic.

Resources/Challenges: The challenge with implementing this program comes from the county's population size and relationship with law enforcement. For smaller counties like Blair, it is easier to implement a resource card strategy. A larger county, like Allegheny, would need to consider the Safe 2 Say Something infrastructure to have the process more centralized and streamlined countywide. However, there are benefits to having a district-level approach rather than a county-level approach. In the Highlands School District case, one of the benefits to having a district-level approach is the ability to follow up with families that had a 911 call to offer supplemental services such as alcohol and drug support.⁹⁰

Acute Partial Hospitalization, Non-Acute Partial Hospitalization, and School-Based Partial Hospitalization Services

Developed around 1963⁹¹

School District(s): Acute Partial Hospitalization programs are available in numerous locations throughout Allegheny County, including Mercy Behavioral Health, Wesley Family Services, and Western Behavioral Health. School-based Partial Hospitalization programs are available in specific school entities such as PACE, Watson Institute: Friendship Academy, Pressley Ridge, and others, Non-Acute Partial Hospitalization is available at Deer Lakes School District

Supported by: Public and private partnerships and investments fund Partial Hospitalization Programs. Participation in the programs is supported with public and private insurance

Overview of Program: Acute Partial Hospitalization Programs for youth ages 5-18 provide a safe, structured environment to support their immediate, crucial, and intensive mental health needs. This short-term, intense treatment provides similar treatment to what is available in an inpatient hospital program in a less restrictive, community-based setting that allows for a less drastic change than full hospitalization. Youth return home at night, maintaining important family and community relationships. Partial Hospitalization Programs provide mental health treatment in

⁸⁸ [What is Safe 2 Say Something?](#)

⁸⁹ Interview with Luzerne County staff

⁹⁰ Interview with Highlands Family Support Center Staff

⁹¹ [Psychiatric partial hospitalization programs: What you need to know](#)

clinic or school settings to assist in transitioning from inpatient treatment or for prevention of inpatient psychiatric hospitalization when typical outpatient treatment is not effectively meeting the child's mental health needs. Services provided include individual therapy, group therapy, family therapy, psychiatric evaluation, and medication management. Mercy Behavioral Health, Western Behavioral Health, and Wesley Family Services have Partial Hospitalization Programs.

School-based Partial Hospitalization Programs are designed for children and youth whose needs cannot be met in a traditional classroom setting or with a lower level of care. School-based Partial Hospitalization Programs are typically weekday programs that provide a blend of therapeutic and educational services to children in a group setting and have a multidisciplinary team approach to treatment. A referral to an APS (Approved Private School) that offers a School-based Partial Hospitalization Program is a decision made by teams that oversee a student's Individualized Educational Plan (IEP). The partial program within the APS will then complete an evaluation to determine if the student is appropriate for the School-based Partial Hospitalization Program. If this level of treatment is appropriate, the home school district will provide transportation to the APS. Similar to Acute Partial Hospitalization Programs, services can include individual therapy, group and family therapy, and psychiatric support. Several School-based Partial Hospitalization Programs are available in Allegheny County, including but not limited to Wesley Family Services, PACE, Pressley Ridge, and the Watson Institute: Friendship Academy. Unlike Acute Partial Hospitalization Programs, where treatment length averages 2-3 weeks, the School-based Partial Hospitalization Programs can last months to years, depending on the child's needs and progress.

A Non-Acute Partial Hospitalization Program is a new hybrid model between the Acute Partial Hospitalization Program and the School-based Partial Hospitalization Program. An example of this work comes from the Deer Lakes School District, where Wesley Family Services operates Allegheny County's only Non-Acute Partial Hospitalization Program located in a school environment. The program, called the Child & Adolescent Partial Hospital Program at Deer Lakes High School, is unique in that it is staffed by both Wesley Family Services and school district staff, and it is the only non-acute partial program located in a public school building. Depending on the needs of the student, the average length of treatment is six to nine months and the program operates year round.

Resources/Challenges: Challenges in instituting a Partial Hospitalization Program include maintaining sensitivity, coordinating across institutions, and hiring specially trained staff, among other factors. Partial Hospital Programs require a long start-up time because of the need to coordinate with other partners across the mental health system. However, the program would have to remain flexible to address the individualized needs of students, from the length of participation to transition planning.

Conclusion

Addressing youth mental health remains complex, but there are reasons to be optimistic about the future. The more mental health support becomes available and visible, especially in the school

environment, the less stigma is associated with such services. After engaging in school programming, there is additional opportunity to connect students to wider community networks that seek to address stigma beyond the classroom. For instance, the Yellow Tulip Project (YTP), an initiative brought to the region in partnership with Staunton Farm Foundation, engages students, educators, and community members as ambassadors of hope, mental health stigma reduction, and youth empowerment.⁹² Through YTP's signature tulip gardening events, students serve as community leaders by challenging stigmas and engaging in dialogue about mental health. Providing foundation information in school settings can encourage the next generation of mental health advocates and community leaders.

Increasing emphasis on preventative action and treatment can change mental health care from a reactionary response to an element of emotional intelligence and learning. Schools are uniquely positioned to incorporate lessons on behavior and emotions with the assistance of professionals. Furthermore, additional resources need to be allocated at the federal, state and local level to help support children experiencing mental health crises in schools, educators experiencing mental health crises, and expanding support to all students in K-12 settings.

While the case studies in this report are just a few examples of work that is being done or could be done in the youth mental health space, looking at their commonalities can demonstrate key ideas to take forward into other work.

It is essential to address the shortage of mental health professionals and other staff who support children and youth. If the goal is to be able to provide an individualized response to each child's mental health needs, more educators, mental health professionals, and additional staff will be needed. It is clear from the above examples, that no matter how many people are involved in the process, providing mental healthcare to children needs to be a conversation – between educators, outside partners, the parents or guardians, and the children themselves. Increasing awareness of mental health struggles, decreasing stigma, and making sure that all members of the community are aware of the resources available will make it easier for these conversations to begin.

⁹² [Yellow Tulip Project](#)