MENTAL HEALTH SERVICES AND SCHOOLS: THE MORE YOU KNOW



DESIGNED FOR SCHOOLS OR THE CLINICAL SETTING?

Dialectical Behavior Therapy (DBT), which many school-based mental health programs utilize, was created for use with **adults** in the **clinical setting**. **There is little research to support universal mental health intervention in a school-based setting**.

- One study out of Australia (pre-pandemic) found that teens who completed an eight-session therapy skills training had **worse outcomes** than those who did not have the intervention.¹
- This same study also noted when DBT was used with parent/guardian involvement at home, more positive outcomes were achieved; however, DBT when universally adapted for the school setting, parents were left out of the equation, resulting in lower outcomes.¹

SUPPORT CHILDHOOD

Foundational Reforms to Support An Anxious Generation

Author, professor, researcher, and social psychologist Jonathan Haidt recommends the following changes we can make now in his book *The Anxious Generation.*³

- 1. No smartphones before high school and no social media before 16
- 2. Phone-free schools
- 3. More unsupervised play & childhood independence

Cleaning up ingredients in food to reduce toxins would also play a role. Bipartisan solutions like HB 2116 & HB 2117 are essential.

Resources:

- 1. https://www.sciencedirect.com/science/article/pii/S0005796723001560#bbib7
- 2. https://mentalhealth.bmj.com/content/25/3/117

3. https://jonathanhaidt.com/anxious-generation/

 Another study showed that 11-13 year olds who learned mindfulness techniques in school scored slightly worse on wellbeing than those who did not learn the techniques.² One possible explanation is that the students did not yet have the cognitive skills needed to benefit from this approach.

Scan for more information about school-based mental health



Support bills like HB2116, HB2117, SB913, & HB2043



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