Behavioral Health Business

Universal Screenings Could Be a Game-Changer for Youth Mental Health – If the System Doesn't Break

By Ashleigh Hollowell | August 14, 2025

Back-to-school season is an inherently exciting time. Changing grades – maybe transitioning from elementary school to middle school, or from middle school to high school – and reuniting with favorite friends, teachers and coaches is an annual milestone ingrained in many of us.

Beyond the ad campaigns for supplies, new shoes and backpacks, back to school is also the time of year when kids have more watchful eyes on them. As a result, it's also a time when reports of family incidents, home abuse and mental health issues climb.

Of course, to couch the educational system as a "catch-all" net for mental health or abuse issues that might have been missed over the summer or at home would be negligent.

But beginning with the 2027-2028 school year, Illinois could be the state to change that with its roll-out of universal mental health screenings in public schools. Students in third grade or higher will be eligible for free annual screenings, though they aren't mandated.

While it may not be a silver bullet, the new Illinois law requiring schools to offer this resource for students and families is the first proactive step on a legislative level in addressing youth mental health since the U.S. Surgeon General declared it a crisis in 2021.

As a volunteer with foster youth, I've worked with children who deal with far more adult things than many of their peers (and some adults) ever will – navigating court systems, moving homes, witnessing violence. Even outside of that, I think public systems forget that even when you are a kid, you can encounter many adult-like situations that anyone would need additional support to navigate.

Students of today also experience higher rates of gun violence than any generation before them. Nearly 3 million children each year experience shootings either in their schools, communities or at home.

It's great to see a start, but I wonder: Will the Illinois model be enough when behavioral health and school resources are already strained? And once more needs are identified, what guardrails will keep the system sustainable?

Gearing up and best practices

Rates of anxiety, serious mental illness (SMI), major depressive episodes and suicidality went down slightly among adolescents across the U.S. in 2024, but these statistics far from mean the crisis is over.

Last year, 2.6 million youth between 12-17 reported serious thoughts of suicide, 1.2 million of them made a suicide plan, and 700,000 attempted the act, according to data from the new National Survey on Drug Use and Health. On top of that, 300,000 fewer adolescents received any mental health treatment compared to the prior year.

Health screenings in schools are not new. In fifth grade, that's how I found out I needed glasses. I failed a routine vision check in my elementary school nurse's office, and they sent me home with a notice to inform my parents, recommending I see an optometrist for follow-up.

Universal mental health screenings in Illinois schools aren't going to be all that different.

"The No. 1 thing people don't realize is how much schools are already providing mental health services. This isn't a new thing …," Dr. Elizabeth Connors, associate professor at Yale School of Medicine and faculty member at the National Center for School Mental Health, told me. "Most of the young people who receive any mental health services in this country do so at their public school building right now."

The Illinois initiative expands on the existing services and will make schools a low-barrier point of entry for students and families to obtain mental health services.

But schools aren't alone in the execution, triage or process of handling this. The Illinois State Board of Education will lead the roll-out and collaborate on these efforts with five other state agencies, including the Illinois Department of Human Services, the Department of Children and Family Services, the Department of Public Health, the Department of Healthcare and Family Services, and the Illinois Department of Juvenile Justice.

The state is giving school districts and the state agencies in charge of carrying out the new initiative time to ramp up before the debut of new universal mental health screenings, which will begin the 2027-2028 school year.

“State agencies are working closely with school districts across Illinois to ensure a smooth roll-out of this initiative,” a spokesperson for the Illinois State Board of Education and Illinois Healthcare and Family Services, told me.

The agencies are prepared to “support districts through every stage of implementation,” the spokesperson said.

Throughout the next year, the Illinois State Board of Education will be assigned to provide the necessary resources, materials and policy documents for schools to successfully implement the screenings. The agency has until September 2026 to finish this leg of the roll-out. Schools will then have time to conduct staff trainings, coordinate with their community partners and ready their processes.

The screening tools must be provided by the state to school districts at no cost and feature a self-reporting option for students, according to the legislation. An adviser to Illinois Gov. J.B. Pritzker confirmed to CNN that the screening tools the state is currently evaluating for this purpose are going to be self-guided questionnaires, similar to the PHQ-9 and GAD-7.

“Mental health is a secondary job for schools, and the best school systems understand that students who are not mentally healthy are not going to be available for learning,” Connors said. “I think it can really feel like extra to some schools whenever there’s a requirement that schools do something that’s not focused on academic education. There have to be resources, supports and professional development that’s going to follow.”

The provisions of this law will provide those necessities for schools from the state level, but it’s also critical for schools to use the lead time to prepare communications around the process, build opt-out frameworks, and pilot test their tools and triage systems, Connors said.

“I think what people get very concerned about is that schools are going to start doing some activity without the support or partnership of their communities or their families,” Connors told me. “So, if schools are doing their due diligence to bring families and communities and students in alongside this work, and build some buy-in and momentum early on, I do think that would also help with scale.”

As these screenings are implemented at scale, the National Alliance on Mental Illness (NAMI) in Illinois is anticipating “a significant increase in demand for behavioral health services because of universal school-based screenings,” Sara Gray, executive director of NAMI Illinois, told me.

The organization will be monitoring indicators of the initiative’s success, including the number of students screened, referral rates, time from screening to services accessed, and student and family satisfaction. Long-term indicators like reduced emergency visits and crisis interventions will also be tracked.

“To prevent over-referral, screenings must be paired with full triage systems. Not every flag warrants immediate specialty care,” Gray said. “Some may benefit from school-based supports, peer-led interventions or short-term counseling. Training the school staff to differentiate the level of need, as well as investing in tiered models of care can help. Community partnerships are key, as is expanding the use of digital tools and telehealth where in-person resources are limited.”

Connors echoed this idea, adding that tiered approaches to follow-up and even getting more granular about the details of the screening process can help schools and communities avoid overburdening behavioral health systems.

“Schools should take the show on the road gradually, but don’t try to screen every student in the school on one day, even if you have a smaller school community. Really break it down in chunks,” Connors said. “It’s really important that schools have a tiered approach to follow up for those positive screens.”

Fort Health, a telehealth provider of youth and adolescent therapy and psychiatry services, is already prepared for a possible growth of clientele in its Illinois region as a result of the new law.

“I think that there is a real space and opportunity to catch these conditions early and have short non-complex, very effective interventions, and be able to just heighten the ecosystem of care that a child sits in,” Lindsay Henderson, founding clinical director of Fort Health, told me.

At this time, Fort Health is not collaborating with any specific school districts in Illinois, but Henderson confirmed it is actively ready to engage with the state to support these efforts.

While telehealth options are likely to be utilized as a resource alongside the universal screening initiative, in January Illinois also launched its digital Behavioral Health Care and Ongoing Navigation Portal, known as BEACON. The platform is a curated statewide resource for follow-up care connections. It also offers care navigators to more easily link families to resources and state-funded programs.

“Ultimately, this initiative is about expanding access to early identification and support – in the same way that vision and hearing screenings help remove barriers to learning,” a spokesperson for the Illinois State Board of Education and Illinois Healthcare and Family Services told me.

Because of the anticipated demand increase on Illinois’ behavioral health resources, I expect more telehealth companies with a presence in the state like Fort Health, Cerebral and Charlie Health could begin to forge more tight-knit partnerships with school districts.

Colleges and universities that are connected with health systems or providers may also begin to announce more community partnerships, research efforts and develop support frameworks as this takes off. I think it’s reasonable to anticipate an uptick in the number of virtual and hybrid providers that seek to open operations in the state.

Hybrid addiction treatment provider, Eleanor Health, for one, is expected to open its Illinois footprint later this month.

What a national model could look like

Early detection of behavioral health conditions helps curb more pervasive symptoms and crises downstream. Ideally, meeting students – quite literally where they spend most of their time – may help prevent escalated situations and resource utilization.

But Illinois is just one state. While this initiative holds promise, much more work needs to be done to address the youth mental health crisis throughout the nation.

Illinois is debuting its universal mental health screening efforts just as the One Big Beautiful Bill Act is chopping a sizable portion of Medicaid funding. Experts are already bracing for impact with cuts to the largest payer of child behavioral health services. The Medicaid reforms are expected to result in 11.8 million Americans losing insurance by 2034.

In the face of that, will universal mental health screenings be enough to fill the gaps for Illinois children? Or might they simply identify new needs that the system has no capacity to address?

The new law has the potential to do both.

“Early intervention and identification is one of the most effective tools we have to address the youth mental health crisis,” Gray told BHB. “However, without investments into provider capacity, coordination and equity-focused infrastructure, the system risks being overwhelmed.”

The key will be a well-resourced approach with built-in support for schools and thorough provider collaboration and interagency triage.

The No. 1 obstacle standing in the way of that? Funding, experts resoundingly told me.

Any effort to scale this would have to “be accompanied by sustainable funding mechanisms, that’s the real truth of the matter,” Gray said. On a large scale, if it came to fruition, keeping the effort sustainable, she said, would require an ongoing “commitment to continuous improvement based on real-time feedback from schools, providers and students themselves.”

Screenings are information tools – not diagnosis and not treatment for conditions. Although Illinois is the first state to push out a mandate for this service, a handful of school districts throughout the U.S. have adopted mental health screenings to some degree.

Among the motivated school districts that have adopted the screenings on their own without support structures in place, the efforts became a burden. In some cases, “school social workers and school counselors were running around with paper and pencil putting things in Google forms, hand scoring and highlighting things,” just to document and make sense of the associated data, Connors said.

“The workload burden of that is huge, and that gets me really worried about sustainability or scale in other places,” Connors said. “I think funding for online systems, training, support and figuring out the workforce piece –- those are resources that have to be there if this is going to catch on.”

This is where I can see AI playing a role. Baking AI into the process, where it can analyze the data from mental health screenings and predict trends or point out blind spots, might alleviate workloads and give leaders insights they could not see before.

Adopting these efforts in schools nationwide is feasible, Henderson told me. But a more likely adoption approach might be on a state-by-state basis, with similar legislation coming forward after Illinois paves the way.

“The Illinois effort can really show the value of investing in universal mental health screening,” Henderson said.