

# Testimony of Christine Stutman, ACSW, LSW Executive Director, NAMI Montgomery County PA Pennsylvania Senate Majority Policy Committee Hearing on Youth Mental Health, Social Media, and Increased Digitalization October 15, 2026

---

Chairman Argall, Senator Pennycuick, and members of the Senate Majority Policy Committee:

Thank you for the opportunity to provide testimony regarding youth mental health, social media, and increased digitalization.

My name is Christine Stutman, ACSW, LSW, and I serve as Executive Director of NAMI Montgomery County PA, the local affiliate of the National Alliance on Mental Illness. NAMI Montgomery County provides free mental-health education, peer support, advocacy, and community awareness programs to individuals and families throughout Montgomery County.

Our organization works extensively with young people, families, educators, and school communities. During our most recent program year, NAMI Montgomery County delivered 162 Ending the Silence presentations reaching 4,962 students. We currently partner with schools throughout Montgomery County and have continued expanding our relationships with school districts across the county.

Our experience reinforces a fundamental principle that I hope guides the Committee's consideration of this issue: Pennsylvania cannot address youth mental health solely at the point of crisis. We must invest in prevention, mental-health literacy, early identification, and trusted pathways to help.

The testimony that follows is grounded in our direct experience with students and school communities, current public-health data, and published research. These sources point to the same practical conclusion: prevention, education, and responsive services should be designed as parts of a continuum, not as competing priorities.

## **The State of Youth Mental Health**

The mental-health needs of young people remain significant.

According to the Centers for Disease Control and Prevention's 2023 Youth Risk Behavior Survey, approximately 40 percent of U.S. high school students experienced persistent feelings of sadness or

hopelessness, 20 percent seriously considered attempting suicide, and approximately 9 percent reported a suicide attempt.

Here in Montgomery County, the most recent 2025 Pennsylvania Youth Survey provides both encouraging and concerning information.

The percentage of Montgomery County students reporting that they felt depressed or sad most days during the previous 12 months declined from 38.4 percent in 2021 to 29.8 percent in 2025. Similarly, the percentage reporting that they sometimes think life is not worth it declined from 27 percent in 2021 to 18 percent in 2025.

These improvements are encouraging and remind us that the trajectory of youth mental health is not necessarily one of continued deterioration. They do not, by themselves, establish what caused the change. At the same time, they reinforce the importance of sustaining prevention, education, access to services, and early intervention rather than retreating from those investments.

At the same time, nearly three in ten students reporting persistent sadness and almost one in five reporting thoughts that life may not be worth living remain deeply concerning.

Behind every percentage is a young person, a family, a classroom, and a community.

The CDC's 2023 national Youth Risk Behavior Survey similarly found that approximately four in ten high school students reported persistent sadness or hopelessness, roughly one in five seriously considered suicide, and close to one in ten reported a suicide attempt. These are survey indicators of distress and risk, not clinical diagnoses. National surveillance data continue to evolve, and any comparison of survey years should use consistent measures. [1]

## **The Digital Environment**

Today's children and adolescents are growing up in an environment fundamentally different from that experienced by previous generations.

Digital technology and social media have eliminated many of the traditional boundaries between school, home, peers, and the larger world.

A young person experiencing conflict at school may once have had a reprieve when they returned home. Today, that conflict can continue through text messages, group chats, social media, gaming platforms, and other digital spaces.

Young people may experience constant social comparison, cyberbullying, pressure for validation, disrupted sleep, and repeated exposure to distressing or developmentally inappropriate content.

According to the U.S. Surgeon General's Advisory on Social Media and Youth Mental Health, up to 95 percent of young people ages 13 to 17 report using a social-media platform, and approximately one-third report using social media "almost constantly." The advisory concluded that available evidence is not sufficient to determine that social media is adequately safe for children and adolescents and identified meaningful risks associated with some forms and patterns of use.

These findings deserve serious attention.

At the same time, policymakers should be cautious about framing social media as the sole or even necessarily the primary cause of worsening youth mental health.

Mental-health conditions are complex. Biology, family circumstances, trauma, poverty, discrimination, academic stress, bullying, social isolation, substance use, community violence, and many other factors can contribute.

Digital technology can also provide benefits. For some young people, particularly those experiencing isolation, technology provides opportunities for connection, information, peer support, and access to resources that may not otherwise be available.

The U.S. Surgeon General's advisory cautions against treating all social-media use as uniformly harmful. The effects can vary with a student's circumstances, the content encountered, the intensity and timing of use, and the nature of online interactions. This uncertainty argues for sensible safeguards and continued research, not inaction. [2]

The appropriate policy question, therefore, should not simply be: "How do we get young people off their phones?"

A broader and more useful question is:

How do we create an environment in which young people are mentally and emotionally equipped to navigate both their digital and their offline worlds safely?

Policies restricting cell-phone use during the school day may help schools reduce distractions and promote engagement. A bell-to-bell approach, however, does not remove the social pressures, cyberbullying, unhealthy comparisons, or sleep disruption that can follow young people home. It is therefore incomplete as a youth mental-health response. We should combine reasonable technology safeguards with education that helps students recognize distress, navigate digital pressures, and seek support and provide guidance for parents who are managing these issues outside school.

## **Mental-Health Literacy as Prevention**

If we are serious about addressing the mental-health needs of Pennsylvania's young people, we must recognize that mental-health education is not simply a supplement to treatment. It is an essential component of prevention.

We would never expect young people to understand the importance of physical health without providing them with education about nutrition, exercise, and healthy behaviors. Yet when it comes to mental health, we too often expect students to recognize the warning signs of a mental-health condition, understand what they are experiencing, and know when and how to seek help without ever having been taught those skills.

Mental-health conditions frequently emerge during adolescence, and the early warning signs may be subtle. Changes in behavior, withdrawal from friends, difficulty concentrating, disrupted sleep, or increasing anxiety may develop gradually, sometimes long before a young person comes to the attention of a mental-health professional. Without education, these signs can be misunderstood, dismissed as typical adolescent behavior, or simply go unrecognized until the situation becomes more serious.

This is precisely where mental-health education can make a difference. When we teach young people to recognize warning signs, understand that mental-health conditions are treatable, and know how to seek help for themselves or a friend, we create opportunities for intervention before a situation becomes a crisis. We also help dismantle the stigma and misconceptions that too often prevent young people from speaking up when they are struggling.

An effective approach to prevention must go beyond trying to prevent mental-health conditions from developing. It must also focus on recognizing warning signs early, reducing the stigma and other barriers

that prevent young people from seeking help, and ensuring they have access to appropriate support before their struggles escalate into a crisis. Mental-health education cannot guarantee any of these outcomes for every child. Its practical value is that it gives students a vocabulary for what they may be experiencing and teaches them where to turn.

Research provides meaningful support for the role of mental-health education in prevention. Systematic reviews have demonstrated that school-based mental-health education can improve students' knowledge and understanding of mental-health conditions and reduce stigmatizing attitudes and beliefs. A large-scale analysis published in *JAMA Network Open*, encompassing 97 randomized clinical trials involving more than 43,000 young people, also found improvements in mental-health knowledge, attitudes, and intentions to seek help following interventions designed to reduce mental-health stigma.

While additional research is needed to better understand the long-term effects of these programs on actual help-seeking behavior, the evidence supports the value of providing young people with foundational mental-health knowledge and addressing the stigma that can discourage them from seeking assistance. When combined with clear pathways to appropriate support and intervention, mental-health education is an important component of a comprehensive prevention strategy.

At NAMI Montgomery County, this is the foundation of our Ending the Silence program, a 50- to 60-minute classroom presentation for middle and high school students. The program provides practical, age-appropriate education about mental-health conditions, warning signs, and pathways to support. Just as importantly, it includes a young adult who shares their personal experience living with a mental-health condition and their journey toward recovery.

That personal testimony is an especially meaningful part of the program. It helps students understand that mental illness does not define a person, that recovery is possible, and that asking for help is a sign of strength rather than weakness. Hearing directly from another young person who has navigated these challenges can make mental-health concerns feel less frightening and conversations about seeking help more approachable.

Perhaps one of the most powerful examples of the importance of this work is what happens after our presentations end. Time and again, students approach our presenters privately to share their own struggles with mental health. In many cases, they tell us that they have never shared these experiences with anyone before.

Think about the significance of that. A young person who may have been struggling silently for months, perhaps even years, feels comfortable enough after a single classroom presentation to speak openly about what they are experiencing. When these disclosures occur, our presenters help connect students with appropriate resources and support, both within their schools and in the broader community.

These experiences demonstrate why mental-health education is such a critical component of prevention. It does far more than provide information or raise awareness. It helps break down the stigma and fear that often prevent young people from asking for help, creates opportunities for early identification and intervention, and provides a pathway to support before a young person's struggles escalate into a crisis.

These accounts are observations from NAMI presenters, not a formal measure of treatment initiation or long-term clinical outcomes. Nonetheless, they show why safe opportunities for disclosure, knowledgeable adults, and immediate connections to resources are essential elements of responsible prevention programming.

The value of this education extends beyond the individual student. A young person who recognizes the warning signs in a friend, knows how to respond, and understands the importance of involving a trusted adult can become an important connection to support. In that way, mental-health literacy strengthens not only individual awareness but also the capacity of entire school communities to identify concerns and respond earlier.

We cannot prevent every mental-health condition from developing. But we can help prevent young people from suffering in silence, going without support, or reaching a crisis before anyone recognizes that they need help.

That is why mental-health education must be treated as a fundamental part of Pennsylvania's school mental-health strategy, rather than an optional enrichment activity. If we want to move beyond responding to crises and begin addressing mental-health concerns earlier, education must be part of that investment.

The experience also illustrates an important implementation principle: education is most useful when it is linked to an actual pathway to care. Student disclosures must be handled respectfully, with clear school protocols for confidentiality, safety concerns, and appropriate referrals. Education and intervention are mutually reinforcing, not substitutes for one another.

### **Parents and Educators Need Support Too**

Education about mental health must extend beyond the classroom. Parents, caregivers, educators, coaches, and other trusted adults are often the first to notice changes in a young person's behavior, mood, attendance, sleep, relationships, or academic engagement. Yet recognizing that a child may be struggling is not the same as knowing how to help.

Many families are trying to understand a rapidly changing digital environment as well as the difference between ordinary adolescent experiences and warning signs that warrant attention. Caregivers need accessible information about how to initiate supportive conversations, respond without judgment, and connect their children to school-based and community resources.

Educators face similar challenges. Teachers and school staff are increasingly expected to recognize concerns while meeting significant instructional responsibilities. They should not be expected to act as clinicians; they should be supported by clear referral pathways and partnerships with qualified mental-health professionals and community organizations.

The purpose of adult education is not diagnosis. It is to give adults the confidence and practical tools to notice concerns, listen, respond appropriately, and know when professional support is needed.

When students, families, and school personnel share a basic understanding of mental health and know where to turn, they form a stronger network of support. This is particularly important when social media pressures extend beyond school hours and cannot be addressed by school rules alone.

A comprehensive school approach should include developmentally appropriate education for young people alongside regular opportunities for parent and staff learning, culturally responsive outreach, clear referral protocols, and coordination with community supports.

### **A Comprehensive Continuum of Support**

Schools should not have to choose between universal mental-health education and counseling, clinical assessment, or crisis response. The most effective public policy framework makes room for each: broad education that reaches all students, targeted supports for those showing early signs of difficulty, timely access to treatment when indicated, and crisis services when necessary.

This continuum must also recognize practical barriers that families face, including cost, transportation, waiting lists, language access, and uncertainty about how to navigate services. Providing information about help is not sufficient unless appropriate support can realistically be reached. Partnerships among schools, families, clinical providers, and community organizations can make connections more understandable and responsive.

In Montgomery County, NAMI's role is education, peer and family support, outreach, and linkage to resources. We do not present classroom education as a replacement for school counselors, clinical care, or emergency services. Instead, our work complements these functions by helping individuals recognize concerns, reducing the isolation surrounding mental illness, and directing people toward additional support.

## **Policy Recommendations**

NAMI Montgomery County respectfully encourages the General Assembly to consider the following priorities:

### **1. Preserve and strengthen Pennsylvania's investment in school mental health.**

For FY 2026–27, Pennsylvania law directs \$100 million from the School Safety and Security Fund toward school safety and mental-health grants, with additional carry-forward amounts addressed by the statute. PCCD has also announced a larger available 2026–27 formula-grant funding round. These figures describe related but distinct funding measures and should not be conflated. [4, 5]

As school entities decide how to use these resources, prevention and education should remain visible priorities alongside clinical services, crisis response, and physical safety needs. The Commonwealth should clearly communicate which qualified student, parent, and staff education activities are allowable and how districts can work with capable community providers. Rather than assuming all districts need the same intervention, state guidance should support locally responsive choices.

### **2. Make mental-health literacy a core component of school mental-health strategy.**

Students should receive developmentally appropriate education about mental health, warning signs, coping, help-seeking, and how to respond when they are concerned about a friend.

Mental-health literacy should be treated as a meaningful part of universal school prevention, similar to other forms of health education. It should be paired with practical help-seeking information, access to trusted adults, referral pathways, and appropriate follow-up rather than presented as a stand-alone cure for mental-health concerns.

Programs should teach specific actions: identify a trusted adult, take a peer's concerning statements seriously, avoid assuming confidentiality when someone may be unsafe, and know how to reach school or community help. Age-appropriate content should be integrated into wider school wellness and support systems.

### **3. Pair youth education with education for parents and caregivers.**

Families need support understanding both youth mental health and the digital environments their children navigate.

Programs should help parents distinguish normal developmental behavior from potential warning signs and provide clear information about when and where to seek help.

Family education should be offered through accessible formats, including evenings or virtual sessions where practical, and tailored to the communities served. It should cover digital stressors alongside warning signs, communication, referral options, and crisis resources.

#### **4. Support school-community partnerships.**

School districts should not be expected to create every mental-health intervention internally.

Community organizations, behavioral-health providers, peer organizations, family organizations, and others already possess expertise that schools can leverage.

State grant guidance and implementation supports should make it straightforward for eligible schools to collaborate with qualified community organizations where permitted. Partnerships should include clear scopes of work, developmentally appropriate materials, safety and referral protocols, and evaluation expectations.

#### **5. Evaluate prevention investments with practical, proportionate measures.**

The Commonwealth should encourage schools and community partners to report more than numbers of presentations delivered. Useful measures include reach, changes in students' knowledge, awareness of where to seek help, adult learning, and whether referral processes are understood and used appropriately. Strong privacy protections are essential, especially when students disclose personal mental-health concerns. Long-term outcomes should not be attributed to any single education session without adequate evidence.

#### **6. Address digital risks through complementary safeguards and education.**

There is sufficient evidence to justify concern about how certain forms of social-media use affect young people.

At the same time, the science does not support attributing the youth mental-health crisis to a single cause.

Policy responses should therefore include reasonable safeguards around technology while also addressing the broader protective factors that support youth well-being: supportive adults, strong family and peer relationships, belonging at school, mental-health literacy, access to care, adequate sleep, and opportunities for meaningful in-person connection.

### **Moving Upstream**

Our behavioral-health system frequently responds after a young person has already reached a crisis.

By that point, the intervention is more difficult, more disruptive to the child and family, and considerably more expensive.

Pennsylvania has an opportunity to move further upstream.

Imagine if every middle and high school student knew the warning signs of a mental-health condition.

Imagine if every student knew how to respond when a friend said, "I don't think I want to be here anymore."

Imagine if parents knew where to call before a situation became an emergency.

And imagine if educators could readily connect a struggling student with a network of resources rather than trying to navigate that system alone.

No single program, law, funding stream, or restriction on technology will solve the youth mental-health crisis.

Prevention requires sustained investment. Education matters, relationships matter, and access to appropriate support matters. The strongest strategy connects all three rather than treating any one of them as sufficient on its own.

I urge the Committee and the General Assembly to ensure that mental-health literacy, family and educator education, and school-community partnerships remain central components of Pennsylvania's school mental-health strategy. Young people should not have to reach a crisis before anyone recognizes that they need help—and they should not have to struggle in silence because no one has shown them where to turn.

Thank you for your attention to this important issue and for the opportunity to provide testimony.

## References

- [1] Centers for Disease Control and Prevention. Youth Risk Behavior Survey, 2023. <https://www.cdc.gov/yrbs/>
- [2] Office of the U.S. Surgeon General. Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory (2023). <https://www.ncbi.nlm.nih.gov/books/NBK594761/>
- [3] Pennsylvania Commission on Crime and Delinquency. (2026). 2025 Pennsylvania Youth Survey: Montgomery County Profile Report, p. 29. <https://www.pa.gov/content/dam/copapwp-pagov/en/pccd/documents/juvenile-justice/pays/2025-pays/2025-county-reports/2025-montgomery-county-profile-report.pdf>
- [4] Pennsylvania Public School Code, School Safety and Security Fund, FY 2026–27 allocation (2026 amendment). <https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?act=014&chpt=13B&sessInd=0&smthLwInd=0&txtType=HTM&yr=1949>
- [5] Pennsylvania Commission on Crime and Delinquency. 2026–27 School Safety & Mental Health Grants and Behavioral Health Baseline Criteria (2026). <https://www.pa.gov/agencies/pccd/programs-and-services/school-safety-and-security/baseline-criteria>
- [6] Ma, K. K. Y., Anderson, J. K., & Burn, A.-M. (2023). Review: School-based interventions to improve mental health literacy and reduce mental health stigma—A systematic review. *Child and Adolescent Mental Health*, 28(2), 230–240. <https://doi.org/10.1111/camh.12543>
- [7] Amado-Rodríguez, I. D., Casañas, R., Mas-Expósito, L., et al. (2022). Effectiveness of mental health literacy programs in primary and secondary schools: A systematic review with meta-analysis. *Children*, 9(4), 480. <https://doi.org/10.3390/children9040480>
- [8] Ma, K. K. Y., Burn, A.-M., & Anderson, J. K. (2023). Review: School-based mental health literacy interventions to promote help-seeking—A systematic review. *Child and Adolescent Mental Health*, 28(3), 408–424. <https://doi.org/10.1111/camh.12609>
- [9] Crockett, M. A., Núñez, D., Martínez, P., et al. (2025). Interventions to reduce mental health stigma in young people: A systematic review and meta-analysis. *JAMA Network Open*, 8(1), e2454730. <https://doi.org/10.1001/jamanetworkopen.2024.54730>