

School Practitioner Community of Practice

(A network for sharing & exchange)

March 13, 2019

Topic for discussion

>Cautioning legislators about mandating MH screening of students

Links to a few other relevant resources & other topics of concern

Note: Go to <http://smhp.psych.ucla> for links to other Center resources including

- >Upcoming initiatives, conferences & workshops
- >Calls for grant proposals, presentations, and papers
- >Training and job opportunities
- >Upcoming webcasts & other professional development opportunities

This resource is from the
Center for MH in Schools & Student/Learning Supports, UCLA

Given shrinking education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).

For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

For previous postings of community of practice discussions, see <http://smhp.psych.ucla.edu/practitioner.htm>

Topic for Discussion –

>Cautioning legislators about mandating MH screening of students

From a colleague: “I am doing some research to fight a bill introduced in our state senate (SB199) that would require depression screenings for public school students grades 6-12.* I have many concerns about this bill. One thing the bill does not do is require that these initial screenings be done in the schools. It requires parents to get them done on their own. The problems potentially begin when the initial screening results come back. First of all, it looks like the way the bill is written, the screenings will mostly be done by the family pediatrician. Is the average pediatrician trained to do these screenings on a wide scale such as this, and to know how to evaluate results and advise the parent? This is all uncharted territory. The bill explains that the parent may choose to bring these results to their school for referral. Now we have turned our public schools into mental health delivery services, for which they are not ready! I believe passing this bill will lead to further push for expansion in the future, when they see all the referral problems that are created. I believe we are being distracted from our primary function as educators. Whether or not, or to what degree the State should be involved in mental health is one issue. But this is interfering, in my view, with the mission of public education, which has been assuming

more and more of a substitute-parent role over the years. I see this backfiring in weakening family obligations instead of strengthening and empowering them. My suggestion to the State Senator's office was to make this recommendation optional, and allow school districts to decide on a case-by-case basis if they wanted to adopt it, instead of making it statewide law. That way we can see how it works in the various districts that adopt it first, without overwhelming the healthcare market with thousands of screenings being conducted overnight. Can you provide me with current research that has been done related to cautions about mental health screening?"

*[The text of the legislation is appended at the end of this Community of Practice *Practitioner*.]

Center Response: State legislators across the country are introducing bills to address mental health in schools. Some encourage screening.

MH screening is a controversial issue (especially in schools) and raises concerns about instrument reliability/validity, overdiagnosis, confidentiality, stigma, self-fulfilling prophecies, and more.

Legislators need to be cautioned about the downsides of screening in schools.

The Center's perspective is conveyed in the following online resources:

> *Screening Mental Health Problems in Schools* –

<http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf>

Excerpt: New initiatives seek to increase the scope of mental health screening. The emphasis is on identification of those with mental health problems and those at risk for such problems. A major focus is on depression and suicidality. The intent is to find and treat as many problems as possible before they become severe and to reduce the numbers diagnosed with a mental illness. For a variety of reasons, schools are a prominently mentioned venue for large-scale screening programs. Few argue against the *intent* of efforts to find, treat, and prevent. Issues arise related to the appropriateness of large-scale screening for mental health problems, whether the costs of such largescale screening outweigh the benefits, and about whether schools are an appropriate venue for such programs. Embedded in these issues are arguments about rights to privacy and informed consent, how good first-level mental health screens are, how likely good follow-up assessments will be used to identify errors, how available treatment will be for most who are identified, how negative the consequences will be with respect to stigmatization and self-fulfilling prophecies, and the role of schools related to public health concerns....

> *Thinking Cautiously About Screening for Major Depressive Disorder (MDD) in Adolescents: The U.S. Preventive Services Task Force Recommendations and Implications for Schools*

<http://smhp.psych.ucla.edu/pdfdocs/depress.pdf>

Excerpt: "In discussing screening in general, the Task Force cautions: 'A positive result on an initial screening test does not necessarily indicate the need for treatment.' And they emphasize that initial screening is to be 'followed by a second phase in which skilled clinicians take into account contextual factors surrounding the patient's current situation, through either additional probing or a formal diagnostic interview.' It is particularly noteworthy that the Task Force stressed the importance of having 'adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.' They caution that 'inadequate support and follow-up may result in treatment failures or harms....'"

And here's an excerpt from David Finkelhor's 2018 article, "Screening for adverse childhood experiences (ACEs): Cautions and suggestions" (in *Child Abuse & Neglect*, 85, 174-179)

<https://www.sciencedirect.com/science/article/pii/S0145213417302715>

"...A current strong emphasis in the screening literature is to rigorously consider whether the costs and possible negative effects of screening may counteract benefits.... These costs can include time, effort and training devoted to screening, the stigma, worry, counterproductive reactions and side effects attendant to screening and treatment, and in particular the often wasteful effect of false positives and over-diagnosis, treating people who do not need it or would have gotten better anyway. Examples of unanticipated costs abound in the literature.... Finally, one of the biggest costs to screening is overtreatment, the referral to additional services for people who do not truly benefit from them. The provision of unnecessary services can tremendously outweigh benefits, and we currently have little idea how burdensome this problem could be..."

Comments from Colleagues:

- (1) “Efforts to increase availability of health screenings, including mental and behavioral health, are not new. But *requiring* parents to ensure that the screenings get done is the curious part of this proposal. There is quite a history of efforts to offer or require health screenings, including mental health, for school age children and youth. I think there is a solid consensus of professionals who look at education outcomes in recognizing health barriers to learning, including emotional and mental health. Much of that discussion has centered on ‘Health Barriers to Learning’, including vision and hearing deficits, uncontrolled asthma, mental and behavioral problems, dental pain, persistent hunger, and the effects of lead exposure. Currently there is no federal mandate, and a lot of variance at the state level regarding what issues are screened. For low income children who qualify for Medicaid, there actually is a requirement for screening mental health issues under the EPSDT requirements. ...

Regarding what schools are required to do under IDEA for addressing mental health issues... here is what schools are required to do:

- *The Child Find Requirement: Schools need to identify students with mental-health-related disabilities as possibly needing special education services.*
- *While special education services are not the only recourse, schools should consider whether a student with mental health challenges is eligible for special education programs or services.*
- *Schools must provide mental health services to students needing such services in order to receive a FAPE.*

Requiring parents to have their children screened is the part that's unusual. There are also those who are concerned at the notion of government encroaching on the rights of parents to make decisions about their children. Related to that are concerns that the pharmaceutical industry, with the potential for increased drug sales, is part of the effort to increase screening for mental health issues, which might lead to increased profits. While I certainly see the benefit of improving the effectiveness of all sorts of interventions, including medications, I am a bit guarded about the financial influence of the pharmaceutical industry. Some think we see that influence in the dramatic increase in the number of possible diagnoses each time the DSM is updated (many of the meetings to work on the DSM are supported by the pharmaceutical industry).

I don't know the role of the individual who wrote asking your assistance. From the ‘parents rights’ perspective, I suspect this person has a good case to argue. But if the person is seeking the best outcomes for children and youth, I would hope that they join with the legislator in improving access to early intervention by screening and the provision of effective services. And schools continue to be a key place for those screenings and services to be determined, and maybe even provided. There is a good position paper available that summarizes the opportunity to put effective practices into place. See <http://www.mentalhealthamerica.net/positions/early-identification>

- (2) “Interesting bill. Thanks for passing it along.... I have looked into this topic previously a few times. One of the problems with testing for depression or any other mental health condition is that it is devilishly difficult to do a really great study in this area, so the amount and quality of studies that get published is below what we would like to see. Screening tests may be really wonderful, but there is debate about that and we don't have a ton of science to really settle the matter--yet.

The article ‘Accuracy of Depression Screening Tools to Detect Major Depression in Children and Adolescents: A Systematic Review’ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5564894> is a study of studies that did an extensive literature search. It concluded there is insufficient evidence that depression screenings accurately detect depression in children and adolescents. It noted a lack of agreement on ‘cut-off scores.’ What's a cut-off score? All the screeners provide a range of scores. If we set a low enough cut-off score, just about everybody has depression. If we set a too high cut-off, nobody has depression. Finding the right spot between those two is the challenge. (I would expect it to vary depending on age, gender, and other factors.) This report also noted that tests can be biased for

or against various groups of people and that not enough attention has been given to this aspect of test construction.

What happens *after* we screen for depression? Have we organized our services to provide a variety of treatments for the widely different ways depression presents? (If not, do we just give the depression screeners and then file them?) How do we protect people labelled as depressed (from stigma) and those who really are not (from possibly harmful unnecessary treatment)? How do we locate people who are depressed and need intervention but were not picked up in the screening? If the school system does not provide screening or treatment, how do people with limited funds participate? How do we find non-attending students?"

- (3) "I read the proposal from PA and find some parts problematic, although the approach that we're considering in our state has its challenges, as well. Right now there's a work group convened by a board member that's being assembled to look at the most valid and reliable screening tools and to make a recommendation regarding which one(s) to use. The proposal as it stands currently is that there would be recurring times that those age-appropriate screeners would be administered throughout the child's educational span, and that parents would be notified of the ability to opt out of the screening. If the data indicate that there's a marker for a problem, the parent(s)/guardian(s) would be contacted by school personnel to offer next steps.

One of the hitches I see in the PA approach is an assumption that all children have access to a medical provider and that that provider is trained in administration and interpretation of results. I appreciate the wording that protects against inappropriate posting of results on student records.

The analogy that has most often emerged in our discussions is that currently our students are required to be screened for certain physical illnesses, etc. and that part of the concern about requiring screening is that there is still such a stigma about mental health, thus the extra level of angst around this being a requirement, unless parents opt out"

- (4) "As I read over the legislation, this seems to be a well-meaning initiative to do screening and early intervention to make a dent in what is becoming a national crisis. It is an interesting approach and I think responsive to past initiatives. For example, in NYC when they implemented universal screening it was met with considerable pushback from parents and concerns from schools about liability. In this case, they are mandating that parents provide evidence for a depression screening as part of an already mandated annual health screening. Furthermore, they are not requiring parents to release the results of this screening but only to validate that the screening took place. They are further saying that if the screening is positive and the parents want services that the schools would be required to provide intervention. Pretty interesting all around. [There are] articles on the importance of early screening and also some cautions about primary providers lack of ability to screen well. I think the state should provide some resources and also provide web-based training for primary care providers. Overall, I would not be fighting this but helping to make it better."

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**Share with us your comments
about this or other related matters!!**

Send your responses to Ltaylor@ucla.edu

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Links to a few other relevant resources & other topics of concern

- >For more on screening, see the Center's Quick Find on *Assessment and Screening*
http://smhp.psych.ucla.edu/qf/p1405_01.htm .
- >*School Resource Officers, School Law Enforcement Units, and the Family Educational Rights and Privacy Act (FERPA)*
<https://studentprivacy.ed.gov/resources/school-resource-officers-school-law-enforcement-units-and-ferpa>
- >*Technical Packages for Violence Prevention: Using Evidence-based Strategies in Your Violence Prevention Efforts* <https://www.cdc.gov/violenceprevention/pub/technical-packages.html>

- > *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*
https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/apps/connecting-the-dots/themes/ctd_bootstrap/asset/connecting_the_dots.pdf
- > *Preventing Future Crime by Addressing Childhood Sexual Abuse and Later Non-Consensual Sexual Experiences in a Community Context*
https://www.communitypsychology.com/preventing-future-crime-by-addressing-childhood-sexual-abuse/?utm_source=vol2_issue3&utm_medium=newsletter
- > *Promoting the social and emotional learning of millions of school children..*
<https://journals.sagepub.com/doi/abs/10.1177/1745691618817756>
- > *Classroom Management Tips for Co-Teachers*
<https://www.edutopia.org/article/classroom-management-tips-co-teachers>
- > *Policy Considerations for STEAM Education*
<https://www.ecs.org/policy-considerations-for-steam-education/>
- > *Are Psychotherapies for Young People Growing Stronger? Tracking Trends Over Time for Youth Anxiety, Depression, Attention-Deficit/Hyperactivity Disorder, and Conduct Problems*
<https://journals.sagepub.com/doi/full/10.1177/1745691618805436>



 For information about the
National Initiative for Transforming Student and Learning Supports
 go to <http://smhp.psych.ucla.edu/newinitiative.html>

Equity of opportunity is fundamental to enabling civil rights;
 transforming student and learning supports is fundamental to
 enabling equity of opportunity, promoting whole child development,
 and enhancing school climate.

About a unified, comprehensive, and equitable system of learning supports, see:
Addressing Barriers to Learning: In the Classroom and Schoolwide —
http://smhp.psych.ucla.edu/improving_school_improvement.html

On embedding student/learning supports into school improvement, see
Improving School Improvement
http://smhp.psych.ucla.edu/improving_school_improvement.html
Both are available at this time as free resources.

What was the best part of your day at school?



*Text of Pennsylvania Senate Bill 199:

Title: **In school health services, providing for early intervention depression screening.**
<https://legiscan.com/PA/text/SB199/2019>

Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An act relating to the public school system, including certain provisions applicable as well to private and parochial schools; amending, revising, consolidating and changing the laws relating thereto," in school health services, providing for early intervention depression screening.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows: Section 1. The act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, is amended by adding a section to read: Section 1425. Early Intervention Depression Screening.--

(a) All children of school age shall receive a depression screening while in sixth grade and thereafter in accordance with the schedule for mandated medical examinations under section 1402(e). The comprehensive health examination for a child of school age shall include written confirmation from the child's physician or other qualified health care professional that the screening was completed.

(b) (1) If the parent or guardian chooses to share the results of the screening with the school entity and the screening indicates the presence of thoughts or behaviors often associated with a diagnosis of depression, the school entity shall refer the child: (i) to the school's student assistance program; (ii) to the school psychologist for evaluation; or (iii) for evaluation under the Individuals with Disabilities Education Act (Public Law 91-230, 20 U.S.C. §§ 1400 et seq.) or under section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. §§ 794). (2) The school entity shall notify the parent or guardian at the point of referral that an evaluation under this subsection will not be performed unless the parent or guardian consents to the evaluation.

(c) Each school entity shall provide notice of the requirement under subsection (a) to the parent or guardian of each child. The notice shall be developed by the Department of Health and made available on the school entity's publicly accessible Internet website or included in any other materials used to effectively communicate with parents or guardians regarding the medical examination requirement and shall:

(1) Explain that a physician or other qualified health care professional shall conduct the depression screening as required under subsection (a) and provide the school entity in which the child is enrolled with written confirmation that the screening was completed.

(2) State that a parent or guardian may opt out of the depression screening required under subsection (a).

(3) Specify that the decision to act on screening results rests entirely with the parent or guardian. State that the school entity will not receive the results of the screening unless the parent or guardian chooses to share the results of the screening with the school entity.

(5) State the following: (i) If the parent or guardian chooses to share the results of the screening with the school entity and the screening indicates the presence of thoughts or behaviors often associated with a diagnosis of depression, the school entity shall refer the child: (A) to the school's student assistance program; (B) to the school psychologist for evaluation; or (C) for evaluation under the Individuals with Disabilities Education Act or under section 504 of the Rehabilitation Act of 1973.

(ii) The parent or guardian shall be notified at the point of referral and that an evaluation under this clause may not be performed unless the parent or guardian consents to the evaluation.

(d) The Department of Health, in conjunction with the Department of Education, shall make available materials:

(1) That at a minimum explain the following: (i) The importance of early diagnosis for mental health and common challenges for students with undiagnosed or untreated depression.

(ii) Related Federal and State privacy protections and parental rights in relation to the health requirements of children of school age.

(2) To school entities in print format. The materials shall also be posted on the publicly accessible Internet websites of the Department of Health and the Department of Education.

(e) The academic records of a child of school age shall not include the child's screening results or information indicating whether a screening was completed.

(f) The Department of Health shall amend the standard private or school physical examination of school age student form to accommodate the depression screening required under subsection (a). The form shall require the physician or other qualified health care professional completing the form to indicate confirmation that a depression screening was completed or not completed or that the parent or guardian of the student opted out of the screening. The physician or other qualified health care professional who completes the screening may use this form or a form that provides substantially similar information to provide confirmation of the screening or that the parent or guardian has opted out of the screening to the school entity of the child of school age.

(g) Nothing in this section shall be construed to create, establish or expand civil or criminal liability on the part of a school entity or school employee.

(h) Within ninety (90) days of the effective date of this section, each school entity shall adopt or revise existing procedures concerning the school entity's response if it is provided with a depression screening indicating that a student has thoughts or engages in behaviors that are often associated with a diagnosis of depression. The Department of Health shall promulgate regulations necessary to implement this section, including a determination of who can be deemed a qualified health care professional for the purpose of this section and privacy procedures that apply when depression screening is conducted in a school entity by a school physician or other practitioner contracted for the purposes of conducting medical examinations under section 1402(e).

(j) As used in this section, "school entity" shall mean a school district, charter school, cyber charter school, regional charter school, area vocational-technical school, intermediate unit or nonpublic school in this Commonwealth. Section 2. The addition of section 1425 of the act shall apply to the 2019-2020 school year and each school year thereafter.

Section 3. This act shall take effect immediately

**THE MORE FOLKS SHARE, THE MORE USEFUL AND
INTERESTING THIS RESOURCE BECOMES!**

For new sign-ups – email Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

We post a broad range of issues and responses to the *Net Exchange*

on our website at <http://smhp.psych.ucla.edu/newnetexchange.htm>

and on *Facebook* (access from the Center's home page <http://smhp.psych.ucla.edu/>)