

School Practitioner Community of Practice
(A network for sharing & exchange)
(3/16/22)

Contents

> **What about universal suicide screening in schools?**

> **Working with communities**

> **Links to a few other relevant shared resources**

(Scroll down to read about the above and for hotlinks to resources)

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

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

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>

Nothing good comes out of war—ever. But my heart is filled with love for all the people who are sending help to Ukraine, in whatever form that may be. Let us keep helping in whatever form we can. Nicole Baptista

Peace is the virtue of civilization. War is its crime. ~ Victor Hugo.

For discussion and interchange:

> **What about universal suicide screening in schools?**

Request from a colleague:

Our state legislature has filed a bill to require schools to conduct suicide screening for all students in grades 8-12. Individual student responses will be available to school staff members. What are your thoughts about universal suicide screening?

A Comment from the Field

Here is a response from a colleague who worked at a state department of education when that state did suicide screening:

“In our case, funding was made available to schools who wanted to conduct screening.... Schools that participated were very surprised at the high rates of suicidal ideation. The problem was that no funding was made available to develop interventions or provide training for school staff once data were collected and analyzed. Since mental health resources for youth was non-existent, nothing came of the effort except that teachers became even more stressed out once they learned how many of their students were thinking about suicide. My advice is to forget screening unless you can get resources in place to actually do something about the data you'll collect. ... Once again, multiple disciplines teach about the 3 levels of need (universal, targeted, and indicated) so why not focus on building resources to address these needs rather than spend time, energy and resources gathering ‘scary’ data that will tell you exactly the same thing.”

Center Comments:

Questions about screening come to us every week. That's not surprising because most folks want to be sure that the problems experienced by young people are not ignored and hopefully suicides and other terrible events can be prevented.

As we noted in a recent commentary:

Schools already have good sources for screening a student's problems; they don't need to waste resources by adopting another screening instrument

For a variety of reasons, screening is a widely advocated practice. And schools are a prominently mentioned place for screening students to identify those with problems. Over the years calls for first-level, universal screening have focused on identifying potential suicides, perpetrators of violence, student depression, ADHD, LD, obesity, and more. The trend is increasing in response to the impact of COVID 19 and actions such as California's plans to screen for dyslexia.

An irony in all this is that teachers and parents already are providing large-scale screening data on more students than many schools are prepared to help. That is, on a daily basis, teachers and parents can tell anyone who will listen that certain youngsters are manifesting learning, behavior, and emotional problems and need special assistance to succeed at school.

Another irony is that investing sparse resources on instruments to conduct universal screening of students reduces what is available to ameliorate the problems.

There are many issues and more ironies in all this (e.g., see

>Chapter 6. "Labeling, Screening, and Over pathologizing" in *Embedding Mental Health as Schools Change* <http://smhp.psych.ucla.edu/pdfdocs/mh20a.pdf>

>*Screening Mental Health Problems in Schools*
<http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf>

A major problem for schools is following-up effectively when a student is identified. In the matter of potential suicide, schools need to be able to reach out quickly to the family and help them immediately contact a qualified professional.

And from a "universal" intervention perspective, it is critical to attend as much to doing something about the factors that contribute to teen suicide as it is to identifying students for whom such factors already have played havoc. With this in mind, here are excerpts from three Center resources:

(1) From: *Suicide Prevention and Schools: Some Basic Information*
<http://smhp.psych.ucla.edu/pdfdocs/suicideoutlined.pdf>

Our Center at UCLA stresses that all efforts to address students' learning, behavior, and emotional problems be embedded in a unified, comprehensive, and equitable system of student/learning supports. Such a system encompasses a focus on primary, secondary, and tertiary prevention.

- *Primary Prevention*: Everything a school does to address barriers to learning and teaching and reengage disconnected students. Some schools include school-wide suicide prevention programs aimed at raising awareness of faculty and students about warning signs and risk factors.
- *Secondary Prevention*: Interventions immediately after a problem occurs are designed to provide accurate information and resources to ensure all students and staff feel supported and safe. Procedures usually are in place to provide special assistance and mental health referrals for a student who has threatened or attempted suicide.
- *Tertiary Prevention*: The concern here is with minimizing the longer-term impact of problems. This involves special assistance for students who manifest chronic emotional problems, supports for others affected by a suicide....

The Role of the School Support Staff – Support staff such as counselors, psychologists, social workers, and nurses can play a critical role in identifying youth at risk for suicide and determining the type of help they need. They also can take a proactive role in addressing factors that contribute to students' problems, such as bullying. (Too frequently, peer bullying is a significant factor leading to adolescent suicide ideation. This includes cyberbullying.)

- (2) From: *Affect and Mood Related to School Aged Youth*
<http://smhp.psych.ucla.edu/pdfdocs/affect/affect.pdf>

A large number of students are unhappy and emotionally upset; only a small percent are clinically depressed.... Individuals suffering from true internal pathology represent a relatively small segment of the population. A caring society tries to provide the best services for such individuals; doing so includes taking great care not to misdiagnose others whose "symptoms" may be similar, but are caused by factors other than internal pathology. Such misdiagnoses lead to policies and practices that exhaust available resources in ineffective ways. A better understanding of how the environment might cause problems and how focusing on changing the environment might prevent problems is essential.

- (3) From: *School Interventions to Prevent Youth Suicide*
<http://smhp.psych.ucla.edu/pdfdocs/sampler/suicide/suicide.pdf>

When it is evident that factors in the environment are major contributors to problems, such factors must be a primary focal point for intervention. Many aspects of schools and schooling have been so-identified. Therefore, sound approaches to youth suicide, depression, and violence must encompass extensive efforts aimed at systemic change. Of particular concern are changes that can enhance a caring and supportive climate and reduce unnecessary stress throughout a school. Such changes not only can have positive impact on current problems, they can prevent subsequent ones.

From a psychological perspective, a classroom and school-wide atmosphere that encourages mutual support and caring and creates a sense of community is fundamental to preventing learning, behavior, emotional, and health problems. ..

Efforts to create a caring classroom climate benefit from programs for cooperative learning, peer tutoring, mentoring, advocacy, peer counseling and mediation, and conflict resolution. Clearly, a myriad of strategies can contribute to students feeling positively connected to the classroom and school.

It is essential for schools to play a role in supporting students who manifest warning signs. However, we view that role not as one of formal first level screening of depression (or of screening for the many other pathologies that can plague young people). Certainly, schools must be alert to students who are not doing well. However, schools must do more than identify problems. They must have an intervention system in place to address learning, behavior, and emotional problems in ways that enhance equity of opportunity for success at school and beyond. Such a system includes pursuing changes in the school environment that create unhappy students (and staff) as well as providing a comprehensive set of student and learning supports.

No one is likely to argue against the value of preventing and responding quickly when problems arise. Policy conflicts arise over whether schools should play a formal, institutionalized role in screening for mental health problems. Issues arise around:

- >Is universal first level screening for behavior and emotional problems an appropriate role for schools to play?
- >If schools do first level screening, what procedures are appropriate and who should do it?
- >Given the screening will produce false positives, won't this collude with practices that label commonplace adolescent problems as mental illness?
- >By focusing mainly on screening individuals, are schools avoiding the reality that some students' problems are the product of bad environmental conditions (at school, home, in the neighborhood). As a result, does such screening contribute to "blaming the victim."
- >And given the various costs of school-wide screening, what is the evidence that the benefits will outweigh costs? Will school screening do more harm than good?

Changing systems in schools to support students and reduce unnecessary stress is the first line of defense. However, when concerns arise about a specific student, school staff must be ready to respond. In most cases this involves working with the students and families of students experiencing the problems to talk about treatment options in the community. The commitment to the referral can be strengthened by engaging the student and family in the selection of available resources. While treatment in the community may not be immediate, school staff can continue to provide primary and secondary prevention through efforts to link the most vulnerable students to staff and students who can provide positive and supportive relationships and experiences.

Some Relevant Research Related to Concerns About Suicide

- (1) From: *Suicide screening in schools, primary care and emergency departments*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2879582/>
"...In the school setting, universal screening with the current tools available produces a great number of false positives, which can burden scarce mental health resources. For this reason, universal screening is recommended only when the screening is part of a larger suicide prevention program or when the school system is prepared with a cogent plan to evaluate all positive screens in a timely manner. In the absence of such a program, targeted screening of students at greatest risk..."
- (2) From: *Evaluating the Signs of Suicide Program: Middle School Students at Risk and Staff Acceptability*
<https://www.tandfonline.com/doi/full/10.1080/2372966X.2021.1936166>
"... staff may be concerned about the potential of false negatives and false positives,.... Previous research indicates that about 4 out of 40 at-risk high school students identified using the TeenScreen program were false positives (i.e., a 10% false positive rate... Hilt et al., 2018 identified about 48% (n=?259) of 543 ninth grade students as at-risk for suicide using the Diagnostic Predictive Scales, though 56 of these students were considered false positives in the follow-up clinical interview (i.e., 21.6% false positive rate)....
The results of the current study indicated youth with lower socioeconomic status were at heightened risk of suicide and depression; therefore, it is essential that future researchers continue this work among populations of students who experience socioeconomic stressors.
Importantly, school buildings with the highest proportions of students with low socioeconomic status may already be substantially under resourced and overburdened. Given that implementing suicide prevention programs can tax any school, this strain may be even more intensely felt by schools with fewer financial resources...."
- (3) From: *School-Based Suicide Prevention: A Framework for Evidence-Based Practice*
<https://link.springer.com/article/10.1007/s12310-018-9245-8>
"... greater focus on implementation and evaluation of upstream prevention may help to identify those points in a student's life where thoughtful programming will reduce or eliminate future suicide risk, and these efforts need not differ from other school-based initiatives that support the overall behavioral, social, and emotional functioning of students (e.g., multi-tiered systems of support). Unless schools are actively implementing suicide prevention programs, we will never be able to identify what works, for whom, and under what circumstances."
4. From: *The Suicide Wave That Never Was*
<https://www.theatlantic.com/health/archive/2021/04/pandemic-suicide-crisis-unsupported-data/618660/>
"...Jonathan Singer, the president of the American Association of Suicidology and an author of *Suicide in Schools*, cautions against drawing a straight line between pandemic shutdowns and suicide rates among teenagers. He believes there were indeed teens and adolescents at higher risk from suicide last year, or who died by suicide, because they felt cut off from their friends, or were in an abusive home, or found a parent's firearm. But other kids might actually have been protected from harm by being out of school, because "their stressors were in-school bullying, or being misgendered, or maybe access to substances through peers," Singer told me. He pointed out that school attendance is itself a known risk factor for suicide, as rates have dipped consistently during the summer months and over winter break."

Finally, we stress that the heightened concerns about emotional, behavior, and learning problems resulting from the pandemic not only require immediate attention but also are a reminder about the need for improving the student/learning support system at schools.

For more resources from our center and from others related to suicide prevention, see http://smhp.psych.ucla.edu/qf/p3002_02.htm

Is universal screening for problems a topic being discussed in your locale?

Please let us know so we can share the info widely. Send to ltaylor@ucla.edu

For discussion and interchange:

>Working with communities

Increased funding for Community Schools has resulted in growing interest in school-community collaboration. Our Center's long-standing emphasis on schools and communities braiding resources is reflected in numerous resources. See, for example:

>*Evolving Community Schools and Transforming Student/Learning Supports*
<http://smhp.psych.ucla.edu/pdfdocs/evolvecomm.pdf>

>*Collaboration: School and community* http://smhp.psych.ucla.edu/qf/p1201_01.htm

>*Community outreach* <http://smhp.psych.ucla.edu/qf/commoutreach.htm>

A recent article by S.M. Rumping, L. Boendermaker, and R.G. Fukkink stresses the importance of understanding more about working with neighborhoods.

From: *What works for whom: A realist synthesis of neighborhood interventions for families in the community* <https://www.sciencedirect.com/science/article/pii/S0190740922000019>

"... Neighborhood interventions are important for creating supportive structures for parents and children and for other community members. Little is known, however, about what works for whom in what situation... Four types of community intervention are distinguished: community as a setting, community as a target, community as a resource, and community as an agent ...

Mechanisms for the implementation of community-based interventions were identified. Positive mechanisms were: motivated community leaders, adapting the program to the local context, training for staff, infrastructure to support continued training, intersectoral participation, connection with local resources, use of capacity-building strategies such as 'train-the-trainer', and funding...

Positive mechanisms for neighborhood youth development interventions: understanding the neighborhood in advance, partnership between community members' organizations and the intervention, community support, and community involvement with intervention participants. ...

Mechanisms on the interpersonal level for positive outcomes for parents: getting to know each other, exchanging experiences, co-production, a higher frequency of meetings, and supportive professionals. These mechanisms are important for implementing and developing interventions, specifically peer-to-peer interventions with a focus on strengthening supportive community structures....

Another finding at the community level was that the proximity and flexibility of professionals in collaboration with parents is an important mechanism to establish positive contact. This is especially the case when support professionals (e.g., outreach workers) collaborate with community members. This finding shows that a shift from service-oriented towards support-oriented organizations is a pre-condition to collaborate effectively with community members...

When the aim of the peer-to-peer intervention (i.e., interpersonal level) in neighborhoods is to increase social support or social networks, attention of organizations may be required to the amount

of meetings and the supportive role and related skills of professionals regarding group support. When it comes to increasing interaction between parents in peer-to-peer groups, organizations may focus on the level of co-creation and parents attitude into exchanging experiences. On the community level, it may be required to pay more attention to implementation strategies, developing trust within community interventions, the adoption of intervention principles and proximity and flexibility in collaboration skills of professionals...”

Our Center also emphasizes the range of functions and the need for expanding school improvement policy, and reworking operational infrastructure related to establishing effective school-community collaboratives. Here are a few recent resources about these matters:

>*New Directions for School Improvement Policy*

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

>*Implementation Science and Complex School Changes*

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

>*Improving Student/Learning Supports Requires Reworking the Operational Infrastructure*

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

>Links to a few other relevant shared resources

Connecting Adolescent Suicide to the Severity of Bullying and Cyberbullying

<https://www.tandfonline.com/doi/full/10.1080/15388220.2018.1492417>

School climate improvement

<https://safesupportivelearning.ed.gov/scirp/about>

Asset based community development

<https://resources.depaul.edu/abcd-institute/resources/Pages/tool-kit.aspx>

Helping students in troubling times

<https://www.schoolcounselor.org/Publications-Research/Publications/Free-ASCA-Resources/Helping-Students-in-Troubling-Times>

State Policymakers Can Support Equitable School-based Telemental Health Services

<https://www.childtrends.org/publications/state-policymakers-can-support-equitable-school-based-tele-mental-health-services>

Reducing Inequalities Between Lesbian, Gay, Bisexual, Transgender, and Queer Adolescents and Cisgender, Heterosexual Adolescents: Proceedings of a Workshop

https://www.nap.edu/catalog/26383/reducing-inequalities-between-lesbian-gay-bisexual-transgender-and-queer-adolescents-and-cisgender-heterosexual-adolescents?utm_source=NASEM+News+and+Publications&utm_campaign=c7fda828fb-Final_Book_2022_03_03_26383&utm_medium=email&utm_term=0_96101de015-c7fda828fb-103064593&goal=0_96101de015-c7fda828fb-103064593&mc_cid=c7fda828fb&mc_eid=eac5cd8a62

Mental Health Surveillance Among Children — United States, 2013–2019

https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm?utm_source=SAMHSA&utm_campaign=0a48895b14-SAMHSA_Announcement_2022_02_28_1600785&utm_medium=email&utm_term=0_ee1c4b138c-0a48895b14-167791969

California Special Education Governance and Accountability Study

<https://www.cde.ca.gov/sp/se/ac/documents/segalegreport.pdf>

State-level Data for Understanding Child Welfare in the United States

<https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>

Effects of the Pandemic on Students, Families, and School Staff in 2020

<https://www.bc.edu/content/bc-web/schools/lynch-school/sites/ctc.html>

Investing in the Teacher Workforce: Experimental Evidence on Teachers’ Preferences

<https://edworkingpapers.com/sites/default/files/ai22-528.pdf>

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to Upcoming/Archived Webcasts/Podcasts – <http://smhp.psych.ucla.edu/webcast.htm>

- 3/16 Equity, Race, Gender and the Assistant Principal
- 3/16 Engaging Families + Supporting Children's Educational Needs in Shelter
- 3/22 Shifting the Dominant Paradigm to Center Student Wellness: A Community of Practice
- 3/30 Determining McKinney-Vento Eligibility
- 4/1: Building the Movement to Address Global Crises
- 4/5 Resolving Disputes Through the Special Education Process
- 4/7 Equity Considerations for Collaborative, Comprehensive School-Based MH Systems
- 4/15: Building the Movement through Policy and Advocacy

Series On: **Building a National Movement to Prevent Trauma and Foster Resilience**
https://psu.zoom.us/webinar/register/WN__AYYZY10T4yXthlOdDLBVw

- ~~1/21: Building the Movement in the Education and Health Care~~
- ~~2/4: Building the Movement with Child Welfare and Justice Systems~~
- ~~2/18: Building the Movement through Transformative Justice and Faith-Based Communities~~
- ~~3/4: Building the Movement with Populations with High Prevalence of Trauma~~
- 3/18: Building the Movement with Foundations and the Private Sector
- 4/1: Building the Movement to Address Global Crises
- 4/15: Building the Movement through Policy and Advocacy



Will you do my homework for me?

No. It wouldn't be right if I did.

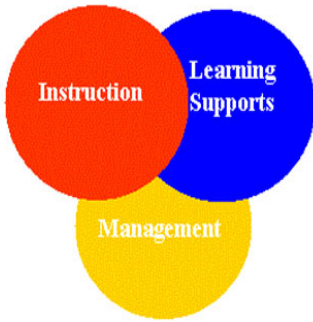


That's O.K. -- I don't get them all right either.



*9 times out of 10, the story behind the misbehavior won't
make you angry; it will break your heart*

Annette Breaux



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 promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

Invitation to Listserv Participants:

Everyone has a stake in the future of public education. This is a critical time for action. Send this resource on to others. Think about sharing with the growing number who are receiving it. AND Let us know about what we should be including.

Send to Ltaylor@ucla.edu

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/>)