

(4/17/24) This continuing education resource is from the national
Center for MH in Schools & Student/Learning Supports at UCLA

Featured

- (1) **Should schools screen students for mental health problems?**
- (2) **A student-centered approach to education involves Personalized instruction and special assistance**
- (3) **Links to a few other relevant shared resources**

For discussion and interchange:

A high school student asked us:

>Should schools screen students for MH problems?

I am a high school senior. I have been reading several articles regarding whether schools should screen students for mental health problems. ... I have read that screening students for mental health has its pros and cons. Do you think that schools should screen students for mental health problems, if so do you think that it would help students in an effective way? Also, how would screening students impact schools? ...

Center Comments:

Clearly, efforts to prevent and identify learning, behavior, and emotional problems are an essential focus at schools. And data gathering plays a basic role in all this. However, assessments in the form of screening tests often are not the best practice for identifying students in need of help. Concerns about screening tests are not new. However, the concerns too often are ignored as advocates call for predicting and identifying problem students

The realities are that in many instances teachers and parents already have identified youngsters who are having learning, behavior, and emotional problems and even have asked for help.

Unfortunately, formal screening tests often use up sparse resources that are needed for problem prevention and correction. And large-scale, first-level screening programs can produce many false positives, lead to premature prescription of "deep end" interventions, focus mainly on the role of factors residing in the child and thus collude with tendencies to "blame victims," and so forth. (The cost-benefit ratio for schools of using screening tests to identify students experiencing problems should be based on how much the data contribute to ameliorating the problems.)

In general, from the broad perspective of addressing barriers to learning and teaching, we argue the need is not for more testing. Plenty of data exist that point to (a) the many students who are not doing well and (b) the need for schools to transform their approaches to ameliorating problems.

Here is an excerpt from Chapter 6, "Labeling, Screening, and Over-pathologizing" in ***Embedding Mental Health as Schools Change***

"...the debate continues over whether schools should play an institutionalized role in screening for mental health problems. Issues arise around:

- >Is such monitoring an appropriate role for schools to play? If so:
- >What procedures are appropriate and who should do it?
- >How will schools avoid doing more harm than good in the process?

Advocates for primary and secondary prevention want to predict and identify problems early. Large-scale screening programs, however, can produce many false positives, lead to premature prescription of ‘deep end’ interventions, focus mainly on the role of factors residing in the child and thus collude with tendencies to ‘blame victims,’ and so forth.

As with most such debates, those in favor emphasize benefits (e.g., ‘Screening lets us identify problems early, and can help prevent problems such as suicide.’). Those against stress costs. For example, one state legislator is quoted as saying: ‘We want all of our citizens to have access to mental health services, but the idea that we are going to run everyone through some screening system with who knows what kind of values applied to them is unacceptable.’

Concerns also arise about parental consent, privacy and confidentiality protections, staff qualifications, involvement of peers, negative consequences of monitoring (especially for students who are false positive identifications), and access and availability of appropriate assistance.

The following are often heard examples of pro and con positions:

- >School staff are well-situated to keep an eye on kids who are “risky” or “at risk.”
- >Teachers can’t take on another task and aren’t qualified to monitor such students.
- >Such monitoring can be done by qualified student support staff.
- >Monitoring infringes on the rights of families and students.
- >It’s irresponsible not to monitor anyone who is “risky” or “at risk.”
- >It’s inappropriate to encourage kids to “spy” on each other.
- >Monitoring is needed so that steps can be made to help quickly.
- >Monitoring has too many negative effects.

Those arguing that schools should implement first-level screening programs emphasize that it is essential to monitor anyone who is at risk or a risk to others in order to intervene quickly. They believe that school staff are well-situated to do so and with good training can screen using effective safeguards for privacy and confidentiality. Moreover, they suggest that positive benefits outweigh any negative effects.

A central argument against screening students to identify threats and risks is that the practice infringes on the rights of families and students. Other arguments stress that teachers should not be distracted from teaching; teachers and other non-clinically trained school staff are seen as ill-equipped to monitor and make such identifications; students are inappropriately encouraged to play a role in screening peers; existing monitoring practices are primarily effective in following those who have already attempted suicide or have acted violently; and that monitoring others has too many negative effects (e.g., costs are seen as outweighing potential benefits)....”

Also, see [*Screening Students for Problems: Testing Often is Not Needed*](#)

Excerpts from a sample of recent research reports/guidelines exploring the pros and cons:

From: [*A roadmap to equitable school mental health screening*](#)

“...Considering the nation’s legacy of racism and growing recognition of the impact of social determinants of health on educational and mental health inequities, it is imperative to re-envision how we approach mental health screening in schools to center equity. A focus on mental health screening for the sole purpose of identifying individual at-risk students ignores key contextual considerations, is ineffective in addressing health and educational inequities, and has the potential to perpetuate oppressive practices in schools. Equity-focused mental health screening requires a shift from individual- and deficit-focused approaches to systems- and holistic-focused approaches that (a) identify strengths and stressors among individuals, groups, and communities; (b) dismantle structural forms of oppression (c) promote positive mental health outcomes for minoritized youth. ...”

From: *School Mental Health Screening: Benefits and Cautions of Universal MH Screening*

Part I – “...Screening for mental health issues in schools has become a topic of discussion for many district leaders. Will the benefits of identifying students most at-risk of physical health problems translate when those difficulties are in the mental health realm? The answer is complicated....

While there are many benefits to screening all students for mental health concerns, there are also reasons why universal screening may not be right for your school population.

Before beginning this process, ensure that you have a process in place for referral and services for students who are identified. Additionally, consider whether teachers are prepared to implement activities that may facilitate the wellbeing of students who are identified. It would be unconscionable to identify students and then not follow through with some supports....

It can also be challenging to get parental consent due to the prevalent stigma around mental illness. Parents might worry that if their child is identified as potentially having a mental illness, that they may be isolated or bullied by peers. This worry may not be unfounded as mental health labels can follow a child throughout their school career. In addition to peer isolation, educators may consciously or unconsciously treat children who have been identified differently....

While the earliest psychological assessments were largely developed from studies done on White, middle class populations, more recent research has attempted to look at how different populations of children demonstrate traits. Educators who work with diverse populations may find that they are getting a lot of “false positives” or seeing students slip through the cracks without being identified because the language or concepts used in the screeners are not culturally appropriate for their population....”

From: *Acceptability of screening for mental health difficulties in primary schools*

“...Parent comments can be divided into harms of mental health screening for the child, harms associated with screening accuracy/reliability, and harms associated specifically with identification in the school setting.

Of the perceived harms to children, some were more minor and temporary than others, for example children feeling uncomfortable during screening or not understanding the process. More significant and lasting harms related to the singling out and potential stigmatisation of children and the lack of support available for identified pupils.

There were many concerns regarding the accuracy and reliability of screening. Parents were worried about the effects of false positive and false negative results. Some parents felt that it was difficult to identify mental health problems in children, and that schools could misunderstand children’s answers. There were also concerns about children giving false answers in order to please adults, or, more seriously, adults leading children into giving certain answers.

Finally, there were a number of concerns related to screening in the school setting. Several parents believed that schools should not use a whole-school approach to identification, and that identification should instead be done on a case-by-case basis by parents, mental health professionals, or individual teachers. There were further concerns that schools were already overwhelmed and could not add screening to their list of responsibilities....”

Why do they keep screening us for problems?



Because it's cheaper than doing what's necessary to fix the problems!

From: [*School Mental Health Screening Part II: Trauma-Informed Recommendations*](#)

“Is the 17% rise in anxiety disorder diagnoses among American youth (Child Mind Institute, 2018) due to an increase in teens’ rate of anxiety or because more schools, physicians, and other community institutions have increasingly begun to screen for mental illnesses? It’s difficult to discern whether people are feeling more clinically anxious or we’re just better at noticing and diagnosing it....”

From: [*Forced mental health screenings: Promising or problematic?*](#)

“... Mental health screening can be helpful in many ways, but it should never be mandatory for school participation. It must always be voluntary and based on informed choice exercised by a child’s parents or legal guardians. ...”

From: [*Screening Mental Health Problems in Schools*](#)

Summary of Key Issues

Arguments for Screening

- Finding many more problems in order to treat them before they become severe
- Preventing problems from becoming worse
- Reducing costs because of less need for intensive treatments and special education
- Enhancing student success at school and related benefits for students, families, teachers, society
- While not perfect, current screening procedures are good enough

Arguments Against Screening

- Fear that society will mandate such screening and thereby interfere with what should remain a personal family matter
- Potential violations of rights to privacy, consent, and parental control
- There are insufficient treatment resources to handle increased referrals
- Available screening methods for use in schools produce too many errors (e.g., false positive identifications, inappropriate over- identification of subgroups of students)
- There is a lack of sufficient follow-up assessment resources to correct errors
- Large-scale screening is too costly
- The dollars budgeted for screening will reduce the dollars allocated for treatment.
- Problems will be worsened through self-fulfilling prophecies and stigmatization

Arguments for Schools as Venue

- Schools provide ready access and reduce costs
- Schools are a direct beneficiary because screening and effective treatment enhances student success at school

Arguments Against Schools as Venue

- MH is one of those matters that should remain a domain for family, not school, intervention.
- Scarce school time/resources will be used for matters not directly related to teaching
- There are not enough competent school personnel to plan, implement, and evaluate large-scale screening”

For more links to resources on this topic, see the Center’s Quick Find on
>[*Assessment and Screening*](#)

For discussion and interchange:

A student-centered approach to education involves personalized instruction and special assistance

From: *Advancing Towards a Student-Centered Approach to Education*

“Across the country, states are moving to education systems that are more student centered, equitable, and competency based. They are doing so because they understand that the legacy model for educating our young people is not working. Although graduation rates have increased, other markers of progress have not. Standardized test scores remain relatively flat. Achievement and opportunity gaps persist despite decades of increased funding and abundant strategies to reduce them. Chronic absenteeism is near an all-time high.

The reality is that too many students do not find school to be interesting, engaging, or relevant for their futures. This is particularly true for youth of color and other marginalized student populations. Rather than continuing to tinker around the edges, we can advance real change!...

Many teachers, schools, and districts have experimented with project-based learning, service learning, civic learning, work-based learning, and other forms of instruction that (by design) engage students in solving real-world problems that have meaning and purpose for students. These schools and districts often engage students by giving them a voice in what they learn, a choice in how they learn and how they demonstrate their knowledge and skills, and a sense of agency to take ownership of their learning journey. Perhaps most important, these learning strategies enable students to center their own identities, cultures, and languages so that they find value, purpose, and relevance in their schooling...

Learning does not happen only in classrooms on school days; it happens at home, in the community, and in the workplace, during all waking hours throughout the year. The state has robustly funded community schools and expanded learning, but we continue to expect that “learning” occurs within the boundaries of the classroom, clock (school day), calendar (school year), and curriculum (core disciplines). This simply isn’t true. We should value the many ways, venues, and times in which students learn and incorporate them into a broader vision for California education. Moving towards a competency-based approach honors diverse learning experiences. Transitioning from traditionally closed systems to open systems would honor learning that takes place across time and space....”

Center Comments:

A primary challenge for student-centered learning is to more optimally match each student’s **motivation and capabilities**. Personalized instruction strives to meet that challenge.

The teaching/learning challenge increases when a student manifests learning, behavior, and emotional problems. Providing personalized special assistance strives to meet that challenge.

In schools, the number and range of students makes these challenges more demanding. For student-centered learning to be successful, school, home, and a wide range of community resources must be woven together to promote personalized approaches to facilitating positive development, prevent problems, and accommodate and assist in addressing student differences and needs.

Personalization also calls for engaging students in dialogues about their expectations, what they value, and what interests them and, then, helping them make decisions about a learning agenda that they perceive as a good match. And, as new information is acquired about what is and isn’t a good match, stakeholders must be willing to change the agenda.

Discussions of personalization often are limited to how technological innovations can improve instruction. The discussions also often fail to place personalized interventions within the context of other conditions that must be improved in classrooms, schoolwide, at home, and in the community. A student-centered approach to enhancing student learning, performance, and well-being involves personalizing instruction and whenever necessary providing personalized special assistance.

For more on this, see *Improving School Improvement*.

>Links to a few other relevant shared resources

- >Evidence based youth programs
- >The power of educators emotional quotient
- >Evidence2success toolkit
- >Inquiry vs direct instruction
- >Mental Health Screenings: Practices and Patterns of These and Other Health Screenings in U.S. School Districts
- >Recommendations for Regulating Artificial Intelligence to Minimize Risks to Children and Their Families
- >Sexual Violence and Suicide Risk among LGBTQ+ Young People
- >High School Longitudinal Study of 2009 (HSL:09): A First Look at the 2021 Postsecondary Enrollment, Completion, and Financial Aid Outcomes of Fall 2009 Ninth-Graders

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to **Upcoming/Archived Webcasts/Podcasts**

- 4/17 **Family guide to support students mental health**
- 4/17 **Foster care and unhoused families**
- 4/17 **Bullying in elementary and middle schools**
- 4/18 **Mentoring**
- 4/23 **College students share their transition from high school to college**
- 4/23 **Truancy: strategies for prevention and intervention**
- 4/24 **Legal and Ethical Complications in Working with Minors in Schools**
- 4/24 **Getting help for students with mental health needs**
- 4/25 **De-escalation in behavioral health**
- 4/25 **Cyberbullying**
- 4/25 **Social determinants of health**
- 4/25 **Supporting staff in AI driven instruction**

How Learning Happens (Edutopia's updated series of videos explores how educators can guide all students, regardless of their developmental starting points, to become productive and engaged learners.

Webinar recording: **Unpacking the Impacts of Structural Racism on Youth**

For more webinars, go to the our Center's links to **Upcoming/Archived Webcasts/Podcasts** –

To Listserv Participants

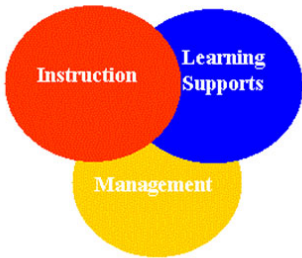
- Please share this resource with others. (Everyone has a stake in the future of public education and this is a critical time for action.)
- Let us know what’s going on to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 130,000 on our listserv.)
- For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

Looking for information? (We usually can help.)
 Have a suggestion for improving our efforts? (We welcome your feedback.)

We look forward to hearing from you!
 Send to ltaylor@ucla.edu

National Initiative for Transforming Student and Learning Supports

Our Center emphasizes the opportunity to start now to transform how schools address barriers to learning and teaching and reengage disconnected students.



Let Us Know about what ideas are being proposed for moving in new directions to transform how schools address barriers to learning and teaching.

And if anyone is thinking about increasing the capacity of a district or school with respect to developing a unified, comprehensive, and equitable system of student/learning supports, we can help. Send all info and requests to ltaylor@ucla.edu

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.

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.

THIS IS THE END OF THIS ISSUE OF THE PRACTITIONER

Who Are We? Recently renamed the Center for MH in Schools and Student/Learning Supports, our national Center was established in 1995 under the auspices of the School Mental Health Project (which was established in 1986). We are part of the Department of Psychology at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor.