
More Referrals for MH Services than Necessary

Many students are having problems academically (reading, math), but most of us don't think the first step at schools should be to refer *all* of them for special education!

So why is it that when students are having problems with feelings (e.g., feeling sad, lonely), too often the first thought is that they need a referral for mental health *services*?

Is over diagnosing, labeling, and referring students to mental health treatment really the only option?

As with academic subjects, supporting students to deal with feelings starts with strong programs to

- > promote positive mental health through strong connections to school/teachers, peers
- > promote positive mental health through matching instruction to the students so they achieve success and feel competent (e.g., personalizing instruction).
- > promote positive mental health through providing a range of content and process that allow students to choose what fits them the best (e.g., personalizing learning).

When additional student/learning supports are necessary, schools need an effective student/learning supports system.

For more on all this, see the Center's free resources at <https://smhp.psych.ucla.edu/>

Unfortunately, current funding tends to push schools along the wrong pathway. But this need not be the case. We suggest that applications for grants to address the student "MH Crisis" propose ways to unify and develop a comprehensive and equitable system of student supports at schools. This involves using new funds to help rework how existing resources are integrated and deployed. See <https://smhp.psych.ucla.edu/pdfdocs/fundinginteg.pdf>

And let's use future opportunities for professional development and the summer months to map and improve what is being done at local schools to prevent and ameliorate emotional, behavior, and learning problems.

Best wishes and be well,

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