From the national Center for MH in Schools & Student/Learning Supports at UCLA

Schools have a role in screening students' problems -- but policy must be realistic and responsible

Public K–12 schools in the United States are increasingly expected – by law, policy guidance, funding requirements, or professional recommendations – to screen students for a wide and expanding array of problems. These include physical health, academic risk, behavior and social functioning, mental health and emotional distress, and broader risk factors that interfere with learning and well-being.

While some screening is mandated, far more is promoted by advocates for specific problems. The cumulative effect of pressures for universal screening is a de facto policy assumption: that schools can do more and more. ***This assumption is flawed.***

Schools are indeed a logical setting for identifying child and adolescent problems. But ongoing debates too often treat screening as a technical solution, detached from context, capacity, and consequences. Decisions about what to screen for, how to do it, and what happens next are not merely technical – they are ethical, legal, fiscal, and educational choices.

From a policy standpoint, three core problems stand out.

First, screening expectations far exceed school capacity. Many schools already struggle to comply with existing mandates. Expecting them to implement multiple universal screening protocols – often layered on top of one another – ignores chronic understaffing, limited time, inadequate infrastructure, and undesired consequences. Policy that adds responsibilities without adding capacity is not reform; it is overload. Policy that doesn't consider the downside can be counterproductive.

Second, formal screening is routinely treated as a prerequisite for assistance, when in reality schools already possess abundant identifying information. Teachers, parents, administrators, and support staff function every day as first level screeners. Through direct observation and interaction, they identify far more students with evident needs than systems are prepared to help. Current policy frameworks often discount this professional and relational knowledge in favor of instruments that may add little new information but carry significant cost.

Third, and most troubling, screening policy often violates a basic equity principle: do not identify needs you are unwilling or unable to address. Widespread screening generates data – and frequently labels – without guaranteeing access to meaningful follow up supports. This undermines trust, contributes to over pathologizing students, and raises serious ethical concerns. From a fiscal perspective, it also creates an economic irony: scarce resources are diverted to identifying problems, thereby reducing what is available to ameliorate them.

The policy implication is clear: screening should not be pursued as an end in itself. It must be embedded within a coherent system of learning and student supports that prioritizes readiness, responsiveness, and sustainability.

More responsible policy would:

- Emphasize capacity building and problem response systems before expanding screening mandates.
- Legitimize and strengthen natural, ongoing identification processes rooted in everyday school practice rather than replacing them with costly parallel systems.

- Limit universal screening to areas where there is strong evidence of benefit and a clear plan and capacity for follow up intervention.
- Guard against excessive labeling and over pathologizing by ensuring screening is used to improve learning opportunities, not merely to categorize students.

In short, schools do have a role in screening – but policy must stop confusing identification with solution. Until policymakers align screening expectations with what schools can realistically provide in follow up supports, expanded screening will continue to strain resources, heighten inequities, and distract from the real work of improving student learning and well-being.

There are many more issues and ironies in all this as we have stressed for decades in our Center's work. See, for example:

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

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

Recent national analyses and large scale studies reaffirm long standing concerns that universal screening in schools – particularly when not embedded within a robust system of learning and student supports – identifies more problems than schools can address and diverts resources away from intervention and prevention. See, for example:

>Gorman, C.D. (2026). *Universal Mental Health Screening in Schools: A Critical Assessment.* https://manhattan.institute/article/universal-mental-health-screening-in-schools-a-critical-assessment

>Cantor, J., et al. (2025). *Screening for Mental Health Problems in U.S. Public Schools.* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2836563

Let us know your views on this matter, and we will share them widely.

Best wishes and be well,

Howard & Linda

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