

## **School Practitioner Community of Practice**

(A network for sharing & exchange)

*November 14, 2018*

**Topic for discussion**

***Student engagement and school climate***

**Where do you stand with respect to**

***mental health screening in schools?***

**Learning from the field**

***about depression screening in schools***

**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).***

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**For those who have been forwarded this and want to receive resources directly, send an email to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

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

## Topic for Discussion – **Student engagement and school climate**

Excerpt from: *Institute for Education Statistics Newsflash* (10/30/18)

*Measuring School Climate Using the 2015 School Crime Supplement: Technical Report*  
<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2018098>

The National Center for Education Statistics released a new Technical Report entitled *Measuring School Climate Using the 2015 School Crime Supplement*. This report examines the various facets of school climate including perceptions of school climate overall, school environment, school safety, and student engagement, by both student demographics and reported bullying or criminal victimization experiences. Key findings for student characteristics were as follows:

- >Overall school climate was scored higher by Asian students in comparison to all other racial subgroups....
- >The engagement domain of school climate was the only subscale of school climate with a gender difference, where females expressed higher scores than males, indicating increased engagement with the school and school activities
- >In the environment domain, Asian students reported the highest scores among all race categories, as did students whose family income exceeded \$50,000, indicating these groups of students had more positive perceptions of the school environment than other student groupings.
- >In the safety domain, middle school students reported a higher score and felt safer at school and in the surrounding areas than high school students.
- >For those students who reported being bullied, the differences in scores between bullied and not bullied was largest on the safety and overall school climate scales. For students who reported victimization, the largest differences were also on the safety and overall school climate scales....

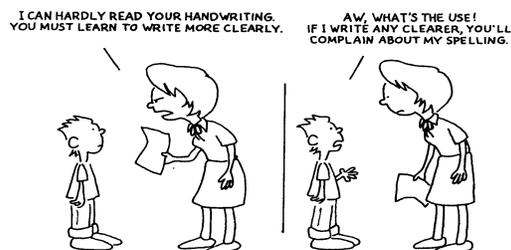
Other researchers have looked at bullying in school in relation to school climate characteristics, finding that students who feel teachers care about and respect them report that they are more often willing to seek help when witnessing or experiencing bullying and that students reporting positive school climates less often report being bullied... In addition to overall school climate, a similar construct related to the domain of Engagement, school connectedness, is defined as including the sense of attachment and commitment a student feels as a result of perceived caring from teachers and peers, and has been associated with lower levels of student aggression and bullying in several studies that are based on student-reported data... School connectedness was also found to work alongside other experiences as a protective factor for individuals, buffering the effects of exposure to violence or violent behavior in students. ...

### Invitation to listserv participants to share perspectives

**How are your local schools improving and measuring school climate?**

**Let us hear whatever you want to share about the above or other related matters!!**

**Send your responses to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**



## Where do you stand with respect to *mental health screening in schools*?

We receive frequent requests for information about mental health screening in schools.

Here's a recent example from a college student:

*In school we are screened for vision, hearing, and other health concerns, but I don't ever remember being screened for mental health concerns. Why not?*

**Center Response:** Certainly, schools must be alert to students who are not doing well. And there are many resources available to guide school staff in monitoring for warning signs as part of their regular encounters with students. However, not all health concerns that plague young people can be screened easily and without controversy.

In particular, there are many problems and issues that arise related to universal screening of mental health in schools (e.g., Will the cost of the screening program outweigh the benefits? How many false positives will result from such large-scale screening and will the errors be corrected? Is the school able to do more than screen? and more). See

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

*And there is the problem of what schools are doing beyond just identifying problems.*

The school's primary role is to support students who manifest warning signs in ways that enable all students to have a equal opportunity to succeed at school (and beyond). This includes

- (a) promoting whole child development, especially social-emotional learning to foster wide-spread empathic and supportive transactions among students and between staff and students,
- (b) preventing subsequent learning, behavior, and emotional problems, and
- (c) carefully monitoring for any additional problems that arise in order to address them as quickly as feasible.

As with all mental health and psychosocial concerns, such a broad commitment requires development of a potent student/learning supports system. Therefore, when considering a formal screening program, schools also must focus on ensuring there is a well-designed intervention system in place for preventing and addressing learning, behavior, and emotional problems. Such a system includes pursuing positive changes in the school environment and providing a unified, comprehensive, and equitable student/learning support system; it encompasses

- (a) personalized instruction, accommodations, and special assistance in regular classrooms,
- (b) supports that facilitate transitions,
- (c) practices that increase connections with families,
- (d) strategies for responding to and, where feasible, preventing school and personal crisis and traumatic events,
- (e) outreach to increase community involvement, and
- (f) a focus on facilitating student and family access to effective services and specialized assistance as needed.

See

*>Addressing barriers to learning: In the classroom and schoolwide*

*>Improving school improvement*

These two resources can be downloaded from our Center's website at:  
[http://smhp.psych.ucla.edu/improving\\_school\\_improvement.html](http://smhp.psych.ucla.edu/improving_school_improvement.html)

## Learning from the field

### >about depression screening in schools

>>Excerpt from: *Depression Screening and Health Outcomes in Children and Adolescents: A Systematic Review* (2017).

<http://journals.sagepub.com/doi/10.1177/0706743717727243>

“Depression screening is controversial.... Recommendation for screening has been criticized for relying on indirect evidence from studies of screening tool accuracy and treatment effectiveness. ... Concern has also been raised that the recommendation fails to adequately consider possible harms from screening, such as overdiagnosis and overtreatment, as well as the consumption of scarce healthcare resources in a context where people with known mental health problems struggle to obtain adequate care....

The main finding of this systematic review was that no randomized controlled trials have evaluated whether depression screening improves depression outcomes among children and adolescents...A recent systematic review found that there is no single screening tool and cutoff that can consistently identify children or adolescents with depression and rule out those without depression. The small number of studies that have been conducted on screening tools in children and adolescents suggest that many children and adolescents would be falsely identified as likely depressed by these tools, in some cases due to normal variations in mood...

Despite the lack of direct evidence in support of depression screening among children and adolescents and disagreement between current guidelines, screening programs have already been implemented in many schools....

In conclusion, recommendations for depression screening in children and adolescents are not supported by evidence from any randomized controlled trials that screening programs would improve depression outcomes. Implementation of screening programs would result in harm to some children and adolescents who are screened. They would also consume scarce healthcare resources that would thus not be available to treat youth who have mental health problems but do not obtain adequate treatment. There is particular concern about the use of resources and unintended harm that may result from the implementation of depression screening programs for children and adolescents....

Screening is not the only way to improve depression identification and care. Without evidence of benefit from screening, a better option would be to direct resources toward improving access to mental health services and ensuring that healthcare professionals are adequately trained to recognize, assess, and treat depression....”

>>Excerpt from: *Unexamined assumptions and unintended consequences of routine screening for depression* (2018)

[https://www.jpsychores.com/article/S0022-3999\(17\)31068-1/pdf](https://www.jpsychores.com/article/S0022-3999(17)31068-1/pdf)

“...Sensible health care policy should be congruent with evidence.... Before implementing any screening program there must be high-quality evidence from randomized controlled trials that the program will result in sufficiently large improvements in health to justify both the harms incurred and the use of scarce healthcare resources. Helping people who struggle with depression is a critically important public health issue. But screening for depression, over and above clinical observation, active listening and questioning, will lead to over-diagnosis and over-treatment, unnecessarily create illness identities in some people, and exacerbate health disparities by reducing our capacity to care for those with more severe mental health problems—the ones, often from disadvantaged groups—who need the care the most.”

>>*Mental health screening results of LAUSD kids alarming yet typical*

<http://laschoolreport.com/mental-health-screening-results-of-laUSD-kids-alarming-yet-typical/>

“To a layman, the raw data from an ongoing mental health survey of LA Unified’s students is shocking, jaw-dropping and head-spinning: 98 percent reported experiencing one or more stressful or traumatic life events in the past 12 months and at least half suffer from moderate to severe symptoms of Post-Traumatic Stress Disorder (PTSD)....”

>>*In a Fight Against Depression, UCLA Relies on Technology*  
<https://www.chronicle.com/article/In-a-Fight-Against-Depression/242778>

“...UCLA researchers have used an online program to measure the anxiety and depression levels of nearly 4,000 students. In about 12 to 15 minutes, students who volunteer to take the screening tests are categorized on the basis of mild to severe depression, anxiety, or suicidal thoughts. The university then uses those classifications to route students to appropriate mental-health treatments. Roughly 45 percent of the students whom UCLA has screened since January 2017 have been identified with at least mild levels of depression or anxiety...About 23 percent of those student have used the campus counseling service. Like many college mental-health services, UCLA’s are overwhelmed with demand.... Students who are classified in the mild-to-moderate depression level are also routed to the UCLA Resilience Peer Network, a collective of undergraduate and graduate students who have received training in mental-health support, or graduate students in clinical psychology. ...”

>>*Effects of mischievous responding on universal mental health screening: I love rum raisin ice cream, really I do!* (2017) <http://psycnet.apa.org/buy/2016-35905-001>

Abstract: “Student surveys are often used for school-based mental health screening; hence, it is critical to evaluate the authenticity of information obtained via the self-report format. The objective of this study was to examine the possible effects of mischievous response patterns on school-based screening results. The present study included 1,857 high school students who completed a schoolwide screening for mental health. Student responses were reviewed to detect possible mischievous responses and to examine their association with other survey results. Consistent with previous research, mischievous responding was evaluated by items that are legitimate to ask of all students (e.g., How much do you weigh? and How many siblings do you have?). Responses were considered “mischievous” when a student selected multiple extreme, unusual (less than 5% incidence) response options, such as weighing more than 225 pounds and having 10 or more siblings. Only 1.8% of the students responded in extreme ways to 2 or more of 7 mischievous response items. When compared with other students, the mischievous responders were less likely to declare that they answered items honestly, were more likely to finish the survey in less than 10 min, reported lower levels of life satisfaction and school connectedness, and reported higher levels of emotional and behavioral distress....”

>>*The Impact of Validity Screening on Associations Between Self-Reports of Bullying Victimization and Student Outcomes* (2018)  
<http://journals.sagepub.com/doi/pdf/10.1177/0013164416671767>

Abstract: “Self-report surveys are widely used to measure adolescent risk behavior and academic adjustment, with results having an impact on national policy, assessment of school quality, and evaluation of school interventions. However, data obtained from self-reports can be distorted when adolescents intentionally provide inaccurate or careless responses. The current study illustrates the problem of invalid respondents in a sample (N = 52,012) from 323 high schools that responded to a statewide assessment of school climate. Two approaches for identifying invalid respondents were applied, and contrasts between the valid and invalid responses revealed differences in means, prevalence rates of student adjustment, and associations among reports of bullying victimization and student adjustment outcomes. The results lend additional support for the need to screen for invalid responders in adolescent samples....

*Note about self-report surveys*

...Even a small proportion of invalid responders can compromise study findings. For example, the National Study of Adolescent Health (Add Health) self-report survey results revealed that adoption was correlated with smoking, drinking, skipping school, fighting, lying to parents, and other problematic behavior.... However, when researchers later checked in-home interviews, they found that about 19% of the adolescents who claimed to be adopted on the school survey were in fact not... Group differences diminished or disappeared when data were reanalyzed following screening for invalid respondents. This study demonstrated that even a relatively low rate of overreporting could produce statistically significant group differences and false findings. Another

study of the Add Health Survey identified students who made inaccurate claims about their nationality and disability status. These so-called 'jokester' responders also reported significantly higher rates of risk behaviors (e.g., drinking, skipping school, and fighting) and lower rates of positive outcomes (e.g., positive school feelings, self-esteem, and school grades) when contrasted with truthful responders.... Results reveal that inclusion of the invalid responders in the total sample inflated the prevalence of all reported risk behaviors with the exception of suicidal thoughts, and deflated student reports of GPA, school engagement, and depression....”

### Invitation to listserv participants to share perspectives

What is your position about universal screening for depression?

**Let us hear whatever you want to share about the above or other related matters!!**

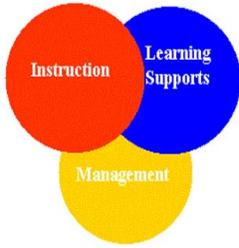
Send your responses to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

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

- > *A Review and Analysis of Selected School Climate Measures*  
<https://www.tandfonline.com/doi/abs/10.1080/00098655.2017.1385999>
- > *Building Strong Partnerships: Education and Mental Health Systems Working Together to Advance Behavioral Health Screening in Schools* (2017)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075829/>
- > *Comparison of Universal Mental Health Screening to Students Already Receiving Intervention in a Multitiered System of Support* (2018)  
<http://journals.sagepub.com/doi/abs/10.1177/0198742918761339>
- > *A Pilot Study Examining a School-Based Parent Engagement Intervention Following School Mental Health Screening* (2017)  
<https://link.springer.com/article/10.1007/s12310-017-9208-5>
- > *Screening for Student Subjective Well-Being: An Analog Evaluation of Broad and Targeted Models* <http://journals.sagepub.com/doi/abs/10.1177/0734282918795797>
- > *The Impact of Validity Screening on Associations Between Self-Reports of Bullying Victimization and Student Outcomes*  
<http://journals.sagepub.com/doi/pdf/10.1177/0013164416671767>
- > *How teacher emotional support motivates students: The mediating roles of perceived peer relatedness, autonomy support, and competence.*  
<https://www.sciencedirect.com/science/article/pii/S0959475216300044>
- > *From our Center:*
  - >> *Youngsters' Mental Health and Psychosocial Problems: What are the Data?*  
<http://smhp.psych.ucla.edu/pdfdocs/prevalence/youthmh.pdf>
  - >> *Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment*  
<http://smhp.psych.ucla.edu/pdfdocs/psysocial/entirepacket.pdf>

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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.**

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**THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!**  
**For new sign-ups – email [Ltaylor@ucla.edu](mailto: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/> )**