

(6/10/26)) **This continuing education resource is from the national Center for MH in Schools & Student/Learning Supports at UCLA**

Featured

(1) Pros and Cons of Universal Mental Health Interventions in Schools

(2) Teaching about mental health: Much more than mental illness

And, as always, you will find

(3) Links to more resources

This community of practice Practitioner is designed for a screen bigger than an phone.

For discussion and interchange:

> Pros and Cons of Universal Mental Health Interventions in Schools

Schools are being called upon to implement a variety of universal interventions related to addressing learning, behavior, and emotional problems. Universal preventive interventions are delivered to an entire population regardless of individual risk. Previously we have discussed one kind of universal intervention: *first-level screening* (<https://smhp.psych.ucla.edu/pdfdocs/5-7-26.pdf>).

Here we discuss the matter of universal interventions aimed at preventing depression.

Drawing on a public health model, these approaches are appealing in school settings for both practical and ethical reasons: they offer broad reach, minimize stigma, and promote equity of opportunity (Munoz et al., 2012; Werner-Seidler et al., 2017).

However, the empirical literature consistently indicates that the effects of universal depression prevention programs are modest. Meta-analytic reviews show small effect sizes for reductions in depressive symptoms, with limited evidence of sustained impact and inconsistent effects on the onset of diagnosable depressive disorders (Chippers et al., 2008; Horowitz & Garbed, 2006; Merry et al., 2011). Concerns also have been raised about potential harmful effects in some contexts and whether scarce resources might be better allocated to strengthening a schools overall approach to providing student and learning supports (Werner-Seidler et al., 2017; Adleman & Taylor, 2018, 2020).

The following are key take-away from a brief synthesis of pro and cons:

Pros

- Reaches all students, reducing stigma and promoting equity (Munoz et al., 2012)
- Supports early prevention and can enhance overall school climate (Merry et al., 2011)
- Cost-efficient at scale and provides a foundation for tiered systems of support (Werner-Seidler et al., 2017)

Cons

- Insufficient intensity for students with elevated or clinical levels of need (Horowitz & Garbed, 2006)
- Effects tend to be small, variable, and sometimes short-lived (Chippers et al., 2008)
- Requires strong implementation fidelity; otherwise impact is minimal (Merry et al., 2011)

Bottom Line – Effective interventions for depression requires integration with targeted and intensive supports within a unified, comprehensive, and equitable system of student/learning supports (Adleman & Taylor, 2020; Werner-Seidler et al., 2017).

References

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Here is an excerpt from a discussion of universal interventions focusing on:

> ***Identifying and De-Implementing Low-Value Practices in Education:
A Multi-Disciplinary Approach for District and School Leaders***

“...An example of low-value practices for which some mixed evidence exists are universal interventions for preventing depression. Rates of depression among adolescents have increased significantly over the past two decades with many adolescents unable to access care for these concerns.

School-based universal interventions for preventing depression are designed to address the rising rates of depression along with the lack of access to services. To do this, these interventions often provide psychoeducation about mental health concerns, and promote cognitive (e.g., identifying and replacing distressing thoughts, mindfulness) and behavioral (e.g., problem-solving) methods for coping with emotional distress.

These universal interventions are designed to support the mental health of all individuals within a school regardless of their risk of developing mental health disorders.

The research on these interventions, particularly for preventing depression, is mixed with some findings indicating improvements in youth’s functioning and other findings indicating these interventions may be ineffective. Some studies suggest these programs may even worsen symptoms for some students.

On the positive side, several meta-analyses demonstrate that these interventions can result in short-term reductions in students’ depression and anxiety symptoms and improvements in knowledge and attitudes toward mental health services. These results are certainly encouraging and warrant consideration if schools are interested in implementing a universal mental health program.

Other studies have different findings. One meta-analysis of school-based prevention programs for depression and anxiety failed to detect significant effects for universally implemented programs targeting depression. More recently, in one randomized controlled trial, students who participated in a universal, health, cognitive-behavioral therapy (CBT) derived intervention reported increased depression and anxiety symptoms 18 months after the intervention, compared to a control group that received standard school support.

Another study that examined the effects of a universal mindfulness intervention to address mental health problems found students with elevated mental health symptoms at baseline experienced an increase in those symptoms following participation in the intervention. Even when positive effects

are found with these interventions, there is evidence that these effects are often not maintained long term.

Although the mechanisms that may explain the inconsistencies in these effects have not been fully determined, some have identified possible explanations. In a meta-aggregation of qualitative research on universal depression interventions, it was found that some adolescents reported the focus on negative thinking patterns had limited applicability, perhaps reducing their motivation, engagement, and ultimate benefit from these interventions. When a universal intervention provides psychoeducation without teaching appropriate skills to improve mental health, the potential for harm may increase.

Others have questioned the developmental appropriateness of these interventions along with the targets of these programs, suggesting addressing sleep issues, procrastination, or the social environment may result in better outcomes....

There are certainly reasons that universal interventions to prevent depression continue to be implemented. First, there is evidence that they are effective. Second, the need for mental health support in schools has increased greatly in recent years. Universal interventions are feasible, cost effective, and often reach many students that may not have access to support. Some have cautioned against their widespread use until the mixed evidence has been resolved

We are not suggesting that administrators de-implement these interventions. The decision to de-implement an intervention that produces mixed effects should be made by school leaders with significant knowledge of the local context. In these cases, school leaders should be aware of the evidence-base and make decisions with their student body in mind. In fact, for the implementation of a specific universal mental health intervention, the use of plan-study-do-act cycles could be useful for teams in studying whether the intervention is having the desired effects on student outcomes, and if not, strategically de-implementing that intervention....”

For discussion and interchange:

>Teaching about mental health: Much more than mental illness

We note that schools are adopting the widespread tendency to limit the concept of mental *health* to mental *illness*. The problem is highlighted by the **CDC guidance** which states:

“Classroom-based mental health education can increase students' mental health literacy. Curricula should focus on key mental health concepts. These include identifying causes and symptoms of mental illness, treatment barriers and opportunities, and mental health stigma...”

Framing mental health education in this way risks narrowing the focus to problems and disorders rather than also promoting healthy development and well-being. In schools, teaching about mental health certainly needs to go beyond an emphasis on illness.

Mental *health* involves a range of knowledge, skills, and attitudes that enable students to:

- Promote overall well-being
- Prevent the onset of problems
- Enhance resilient coping

Accordingly, a major emphasis in providing mental health education should focus on strengthening students' capacity to understand and manage everyday feelings, challenges, and social situations. This includes helping them develop practical ways to coping, problem-solve, and build healthy relationships.

The following resources provide useful examples of this more whole-child approach to mental health education:

- >**Building Student Resilience** (APA) – Classroom lessons designed to help students adapt and grow academically, emotionally, and socially through resilience-building skills.
- >**Why try: Teaching the Skills of Resilience** – A curriculum for elementary and secondary students focused on motivation, resilience, and social-emotional skills.

Here is an excerpt from a related article:

>*Young people are living in unprecedented times – too much chaos or too little resilience?*

“...Decades of resilience research show that most children are likely to have the internal and external capacities to withstand age-appropriate stressors when those stressors are defined as normal and expected in a particular context or culture. We assume, though, that children must be shielded from the negative consequences of all stress and adversity. The result is children being labeled as vulnerable when they need not be.

An excessive focus on trauma overlooks the fact that with even minimal amounts of support, children are able to sustain themselves and grow their way out of a crisis. Even studies of children who have experienced unusual challenges, show that with just a small network of social supports, some emotional regulation strategies, and when possible, access to healthcare and social services, successful development is achievable....

Our children's resilience is being undermined by a perception of their vulnerability and need for formal treatment, a pattern sometimes referred to as 'disorders.' This fragility is then internalized and can become part of a child's enduring identity. Within a trauma-discourse, children are encouraged to find ways to avoid (or worse, clinically treat) the very common experience of feeling depressed for a short time, hating their bodies for a short time, being lonely and feeling excluded for a short time, and so on. To even suggest that these experiences are developmentally appropriate building blocks for future resilience has become antithetical to the practice of mental health. Unfortunately, providing a trauma specialist for a child experiencing a normative stressor may, even with good intentions, prove to be iatrogenic....

Unfortunately, our efforts to destigmatize mental health disorders and to educate children to seek help when necessary may have had an unintended consequence. They are self-diagnosing without the clinical experience to distinguish the common from the exceptional. When this occurs on a large scale, and when children misapply labels to themselves (or have those labels attached to them by their care givers and educators), those individuals with very real experiences of PTE are less likely to access the resources necessary to help as helping systems are flooded with the false positives of overdiagnosis.”

For more on matters related to mental health education, see our Center's [Quick Find Menu](#).

And here are a few Center resources to stimulate broad discussion of mental health:

- >*Normalization and Popularization of Mental Illness and Its Impact*
- >*Countering the Over-pathologizing of Students' Feelings & Behavior: A Growing Concern Related to MH in Schools*
- >*Protective Factors/Resiliency*
- >*About Resilience and Schools*

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

- >>**What Is Juneteenth? Information for Kids and Families**
- >>**Teaching juneteenth and the meaning of freedom**
- >>**The historical legacy of juneteenth**
- >>**What predicts improvements from home visits: Implementation fidelity or family enjoyment?**
- >>**The expansion of alternative schools: Impact of schools targeting lower performing students**
- >>**Conditions of Education 2026**
- >>**CDC Mental Health Data Channel**

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>

- 6/10 Understanding Loneliness and Building Social Connections
- 6/11 Collecting prevention data
- 6/11 Analyzing the data for the root cause of intervention failure
- 6/16 Prevention ethics
- 6/16 Collaboration for prevention impact
- 6/17 Strong Teacher-Student Relationships
- 6/17 Coaching for Change: Providing Tier 1 Classroom and Behavior Management Feedback
- 6/17 Youth mental health and well being
- 6/23 Understanding loss and grief
- 6/24 Federal investments in whole child well-being
- 6/24 Coalition and community capacity building for prevention
- 7/8 Equity centered leadership
- 7/9 Supporting new teachers
- 7/14 Real world prevention that drives behavior change
- 7/22 Engaging youth voices to improve prevention
- 7/30 Connecting systems for effective prevention
- 7/30 Shifting environmental conditions to enhance prevention
- 8/12 Strategies for Supporting New Teacher Happiness and Success
- 9/29 Leading Teams: Building Capacity for Teacher Leaders

How Learning Happens (Edutopia's series of videos explores guiding all students, regardless of their developmental starting points, to become engaged learners).
Unpacking the Impacts of Structural Racism on Youth (Webinar recording)

Why aren't you at school?



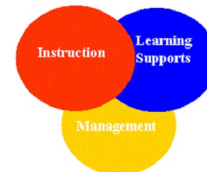
I went. I saw the lessons for the day. I got overwhelmed. So I used my coping skills – I left and came home.

The Case for Systemic Redesign of Student/Learning Supports

Fundamental, systemic redesign is urgently needed for how schools address factors interfering with learning and teaching. Immediate action is essential to move beyond crisis driven responses toward a cohesive, proactive, and equitable system of student/learning supports.

For guidance and resources on how to pursue this transformation, see the

> **National Initiative for Transforming Student and Learning Supports.**



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To Listserv Participants

We hope you will share this resource with others who may find it helpful.

And 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 140,000 on our listserv.)

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

**Send resources ideas, requests, comments,
and experiences for sharing to Ltaylor@ucla.edu**

@#@#@#@#

**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! Contact: Ltaylor@ucla.edu

THIS IS THE END OF THIS ISSUE OF THE PRACTITIONER

Who Are We? 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 and now is named the

Center for MH in Schools & Student/Learning Supports.