

Adolescent Depression Screening

EXPLORING BARRIERS AND FACILITATORS OF IMPLEMENTATION IN SCHOOL SETTINGS

Prevention and early detection of adolescent depression is a national health priority. Current guidelines recommend routine screening for depression in children and adolescents and subsequently linking those in need to additional evaluation and care. Early detection through school-based screening has considerable potential to identify at-risk adolescents for referral to effective therapeutic services but significant barriers stand in the way of widespread implementation and sustainment. Thus, successful implementation of adolescent depression screening in a school-based setting should prioritize: (1) establishing positive attitudes toward mental health and depression; (2) securing sufficient financial and human resources; and (3) tailoring screening systems to account for individual school context.

Rates of depression spike dramatically during adolescence. Despite broad scientific consensus that early detection and treatment are key to preventing negative, long-term effects of adolescent depression, current screening rates among this population remain extremely low. A broad review of key barriers and facilitators to school-based depression screening was conducted with the goal of informing policy and practice. This paper details key findings and recommendations from the review.

What We Know About Adolescent Depression Screening In Schools

Adolescent Depression

Nationally, 15.7% of youth (ages 12-17) reported suffering at least one major depressive episode in the past year. Rates of depression spike dramatically during adolescence and is associated with a number of adverse outcomes, including suicide, educational and professional underachievement, and later psychopathology.

Adolescent Depression Screening in Schools

A broad scientific consensus has formed that early detection and treatment are key to preventing negative, long-term effects of adolescent depression. Major stakeholder groups, including mental health experts, medical associations, and mental health advocacy groups, advocate integrating depression screening in schools. The current guidelines of the U.S. Preventive Services Task Force recommend routine screening for depression in children and adolescents (ages 12-18) and suggest that this screening should be implemented with adequate

systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

The school setting is seen by many as an opportune environment in which to target all adolescents for screening, particularly students (a) with elevated symptoms of depression who may not have sought help yet or been identified as being symptomatic, (b) at risk of developing symptoms due to external stressors or internal vulnerabilities, (c) with sub-threshold symptoms of depression, and (d) who are asymptomatic but who may develop symptoms in the future. Accordingly, a growing number of states are in the process of adopting policies to institute school-wide screening. Despite broad support for school-based screening, legitimate concerns remain regarding the feasibility and potential unintended effects of implementing these programs. Below is a summary of the key barriers and facilitators to implementing school-based adolescent depression screening.

Acceptability Factors

Mental Health Attitudes

Limited knowledge about the need for mental health services or the role of emotional health in academic performance was found to be associated with lower acceptability of depression screening by school personnel. Conversely, more knowledge was linked to greater acceptability. Other themes that impact acceptability include caregivers and staff mistrusting mental health interventions and the belief that schools over-emphasize testing and assessment. These fears bolster a more pragmatic concern that screening activities will take away from valuable instructional time, where state education guidelines continue to become increasingly restrictive.

Instrument or Process Reliability/Validity

At base, families and school staff care significantly about the reliability and validity of screeners and worry about the impact of either false positives or false negatives. Implementation studies consistently find little evidence to substantiate this concern. The majority of youth who screen positive for depression are confirmed to be true positive by follow-up assessment. Another major concern about screening instruments is the need to

account for a variety of developmental, learning, and language levels.

Privacy, Stigma, Student Impact

A consistent objection to screening is the threat to student privacy and the challenge of maintaining confidentiality when conducting universal screening. Breaches of confidentiality are reportedly believed to expose the student to labeling and stigma, expressed by both school personnel and students. Few tangible examples of adverse events have been reported, but parent fears of stigma and confidentiality persist. Another variation on these fears involves the possible impact that screening results could have on student eligibility for school services, programs, or admissions.

Preferences for Tailored Approaches

Case studies and stakeholder surveys and interviews indicate a strong preference for screening systems that take local school context into account. For example, qualitative interviews of caregivers and school staff indicated a preference for a teacher training program over curriculum-based or universal and selective screening programs.

Burden Factors

Cost of Instruments, Personnel, and Responsibility for Follow-Up Services

The cost of screening instruments is a core concern for schools that typically are not allotted additional local or state monies for new screening programs. In addition to the financial costs associated with school-based screening implementation, parents and school staff also suggest an additional burden associated with the responsibility and legal risk that the school is accepting. Collaborative efforts between schools and mental health experts alleviate some school staff fears about feasibility even as long-term concerns about budget and ongoing training persist

in mental health screening and for a variety of reasons may not wish to participate. Further, school personnel have varying degrees of experience in using data to plan, implement, evaluate, and sustain programs. Thus, inclusion of current school staff will require careful planning around initial training and continuing education.

Expansion of Staff Roles

A few studies highlight that mental health screening exceeds the typical roles of educators and school staff. Expanding these roles may have to be negotiated with union representatives and requires re-distribution of other roles to avoid placing additional burdens on the existing staff.

Required Training

The majority of school staff do not have prior training

Facilitators To Screening

Positive Mental Health Attitudes

Awareness of mental health problems, their prevalence in youth, and their potential impact on development highly influences community attitudes toward integrated school-based programs. Surveys of caregivers and school staff suggest that understanding the relevance and effectiveness of screening as part of an effective response system is critical for securing community buy-in from relevant stakeholders, including students, caregivers, educators, and administrators.

Instrument Availability and Ease of Administration

Accessibility and affordability of instruments is key to implementation, as is having few requirements for specialized training to administer, score, and interpret results.

Established Relationships Between School and Families

Several studies described collaborative processes between schools, families, and outside experts that built promising screening and triage systems. Active collaboration acknowledges unique values and concerns of key stakeholders and allows for a prior and ongoing problem-solving that builds trust and confidence in professionals and the

system. Successful screening approaches have also developed strong engagement strategies (e.g., motivational interviews, follow-up contact) to solicit and maintain participation.

Established Multi-Tiered System of Support

The majority of studies recommend incorporating screening into a systematic assessment and triage system that provides direct referral to follow-up services, such as those modeled by the approach taken in Multi-Tiered Systems of Support (MTSS). Within a comprehensive school-based system, screening could be used to prioritize triage, support an organized referral management system, and facilitate friendly hand-offs to maximize receipt of care.

Value to Stakeholders and Feedback Systems

The ultimate success of any screening system will rely on the perceived and actual value the program has for families and schools. Collaborative community engagement at the outset can help guarantee that stakeholders are engaged. Incorporating mechanisms to provide feedback (e.g., annual reports) to families and school personnel about the benefits to stakeholders of screening can also foster sustainable motivation and support.

TAKING ACTION: What Can Stakeholders Do?

The promise of school-based screening to optimize the accurate identification and treatment of adolescent depression remains. Several barriers and facilitators to school-based adolescent depression screening are presented here. Findings from this review shed light on several research-, practical- and policy-related implications.

Researchers

Future research should include controlled experimental designs (e.g., randomly assigning schools to multiple screening processes) and

collecting diverse follow-up outcomes (e.g., participation and follow-up rates, attitude surveys, organizational cost-effectiveness) from multiple stakeholder perspectives (e.g., student, caregiver, school, regional legislatures).

Practitioners/Policy-makers

Practitioners will need to build implementation efforts through an iterative and collaborative process that involves relevant stakeholders and forges school-community partnerships.

Project **ASPEN** is a collaboration between a team of researchers from Rutgers University and the National Alliance on Mental Illness New Jersey (NAMI NJ) to improve policy decisionmakers' access to credible and timely research evidence regarding different aspects of formulating and implementing sound youth mental health policies. The project is funded by a grant from the William T. Grant Foundation. The project is led by Dr. Itzhak Yanovitzky (PI), Dr. Matthew Weber (Co-PI), Dr. Cynthia Blitz (Co-PI) and Dr. Brian Chu (Co-PI). To find out more information about the project, please go to aspen.rutgers.edu.

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