
To: Our Colleagues

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

The July 18, 2025 news release for study by RAND states;

“One-Third of U.S. Public Schools Screen Students for Mental Health; Providing Proper Care Is Often Hard to Achieve”

<https://www.rand.org/news/press/2025/07/one-third-of-us-public-schools-screen-students-for.html>

We are always glad for updated data, but we worry that the implications that will be taken from this report are that more schools *should do* formal first level universal screening and devote more of their sparse student support budgets to serving those screened.

If that's how school planners are interpreting such data, we hope you will read the following for a different perspective:

(1) Schools already have good sources for screening a student's problems; they don't need to waste resources by adopting another screening instrument

For a variety of reasons, screening is a widely advocated practice. And schools are a prominently mentioned place for screening students to identify those with problems. Over the years calls for first-level, universal screening have focused on identifying mental health problems, potential suicides, perpetrators of violence, student depression, ADHD, LD, dyslexia, obesity, and more. The trend is increasing in response to the impact of the pandemic.

An irony in all this is that teachers and parents already are providing large-scale screening data on more students than many schools are prepared to help. That is, on a daily basis, teachers and parents can tell anyone who will listen that certain youngsters are manifesting learning, behavior, and emotional problems and need special assistance to succeed at school.

Another irony is that investing sparse resources on instruments to conduct universal screening of students reduces what is available to ameliorate the problems.

There are many issues and more ironies in all this (e.g., see

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

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

(2) Schools can make a major contribution to mental health. However, for this to happen, the work must be framed as doing much more than enhancing access to mental health services, enhancing coordination and integration of services, increasing the focus on social emotional learning, adopting a MTSS framework, and other such initiatives.

Our Center's policy and practice analyses stress that all endeavors concerned about advancing mental health in schools need to be embedded into a broad concept related to school improvement -- such as addressing barriers to learning and teaching. Such a broad emphasis is essential in countering the continuing marginalization not only of the focus on mental health concerns, but of all efforts to address learning, behavior, and learning supports.

For a discussion of this, see the following brief documents:

>*Schools and Mental Health: A Position Statement* <https://smhp.psych.ucla.edu/pdfdocs/fall2021.pdf>

>*Time for Straight Talk about Mental Health Services and MH in Schools*
<https://smhp.psych.ucla.edu/pdfdocs/mhinschools.pdf>

>*Embedding Mental Health into a Learning Supports Component: An Essential Step for the Field to Take Now*

<https://smhp.psych.ucla.edu/pdfdocs/embeddingmh.pdf>

For an in-depth discussion of the opportunity to advance mental health in schools at this critical moment in time, see

>*Embedding Mental Health as Schools Change* https://smhp.psych.ucla.edu/improving_school_improvement.htm

Let us know what you think about all this.

Best wishes and be well,

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