

(6/24/26) **This continuing education resource is from the national Center for MH in Schools & Student/Learning Supports at UCLA**

Featured

(1) About evaluating school mental health programs/services

(2) Cell phone bans are just a bandaid

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:

>About evaluating school mental health programs/services

Requests from colleagues:

Over the years, we have had many requests about evaluating mental health interventions in schools.

Here is the latest and our response:

"How are LEAs determining program efficacy? And, how are LEAs determining success at the particular student level? My questions are specific to those school districts with mental health providers embedded within their schools as opposed to community-based clinics. Any insights would be appreciated. Thank you in advance!"

Center Comments:

You've raised two matters that many LEAs continue to struggle with: (1) determining program efficacy and (2) assessing success at the individual student level when mental health providers are embedded in schools.

In brief, there is considerable variation across LEAs, and in many cases, the answers are still evolving. Based on what we see nationally, several common approaches are being used – often in combination.

1. *Determining Program Level Efficacy* – LEAs with embedded mental health providers typically rely on a mix of:
 - (a) Process and utilization data – Examples include number of referrals, service uptake, attendance at sessions, and reduced wait times compared to community based clinics. While these data are useful for documenting access, they say relatively little about impact on student functioning or learning.
 - (b) Aggregate outcome indicators – Districts sometimes examine trends in attendance, discipline referrals, suspensions, crisis calls, or special education referrals before and after implementation. These indicators can signal system level change but are influenced by many variables beyond mental health services alone.
 - (c) Provider reported outcomes – Some LEAs use standardized screening or progress monitoring tools (e.g., SDQ, BASC 3 scales, PHQ 9, GAD 7), aggregated across students to show general improvement patterns. However, fidelity of implementation and consistency of measurement vary widely.

- (d) Compliance and funding accountability metrics – Especially when services are funded through grants, Medi Cal/Medicaid, or ESSA/IDEA sources, effectiveness is sometimes equated with meeting reporting requirements rather than demonstrating meaningful outcomes.

2. *Determining Success at the Individual Student Level* – At the student level, “success” is often defined more narrowly and pragmatically than one might expect:

- (a) Individual clinical goals – Providers track progress toward treatment goals outlined in individualized service plans (e.g., emotional regulation, coping skills, reduced symptom severity). These data typically remain within the mental health system and are not well integrated with educational data.
- (b) Short term functional improvements – Examples include improved classroom behavior, fewer crisis events, or increased school attendance. Teachers and administrators often rely on observational judgments rather than systematic measures.
- (c) Limited linkage to academic outcomes – Even when improvements in engagement or behavior occur, many LEAs lack formal mechanisms, or data sharing agreements, to connect mental health gains to academic progress or long term trajectories.

About Persistent Challenges

Across districts, several challenges appear repeatedly:

- >Lack of a shared, comprehensive framework for defining outcomes that matter educationally, not just clinically.
- >Weak integration between mental health, MTSS, special education, and student support systems.
- >Overreliance on deficit oriented indicators, with minimal attention to protective factors, resilience, school climate, or learning supports.
- >Insufficient capacity for continuous improvement, leading evaluation to be episodic and compliance driven rather than developmental.

A Needed Shift in Focus and Emphasis

As you know, we continue to emphasize the need for a shift toward using school based mental health as one element of a unified comprehensive, and equitable system of student and learning supports. Such a system fully embeds a broad understanding of mental health in schools and goes beyond mental health problems and symptom reduction to include:

- >Contributions to student engagement and re engagement in learning
- >Improved school climate and classroom functioning
- >Reduced fragmentation across prevention, early intervention, and intensive supports

When framed in this way, evaluation becomes less about proving a specific stand-alone program and more about strengthening, over time, the system of supports for all students -- with special assistance for the many experiencing emotional, behavioral, and learning problems.

For more on this, a good example is *[Student/Learning Supports: A Brief Guide for Moving in New Directions](#)*

We appreciate your raising these questions; they go to the heart of where policy and practice fall short.

Note:

We used AI in generating our response to be sure we gave you as complete an answer as we could.

For more on this, see from our Center:

- >*[Evaluation and Accountability: Getting Credit For All You Do!](#)*
- >*[Evaluation and Accountability: Related to Mental Health in Schools](#)*

For discussion and interchange:

>Cell phone bans are just a bandaid

Smartphones have become deeply embedded in the daily lives of children and adolescents, fueling a national debate over how schools should regulate their use. Concerns regarding academic performance, behavior, and mental health have prompted many states and districts to adopt or expand cell phone restrictions. Policies vary widely – from bans during instructional time (allowing access during lunch or passing periods) to stricter “bell-to-bell” bans that prohibit phones from the moment students enter the school building until dismissal. As of late 2025, more than 30 states have enacted laws or executive actions addressing student smartphone use in schools.

From: *Why School Phone Bans Aren't About Kids*

“...A new working paper from the National Bureau of Economic Research (NBER) has found limited academic payoff for the kids—but happier teachers. That may be the real victory in these school bans. The NBER study examined data from 2018 to 2025 at more than 41,000 schools and found little academic benefit from phone bans, with the average effect on test scores described as ‘consistently close to zero.’

The same study found that bans also did not significantly affect attendance, perceptions of online bullying or in-class engagement.... But the policy did move the thing teachers experience minute by minute: device use inside classrooms. The researchers found that cellphone pings fell by roughly 30 percent by the third year of a ban, and teacher surveys showed in-class phone use dropped from 61 percent to 13 percent after schools introduced Yondr pouches to lock away the devices. ...

Teachers in those surveys said strict bans made them happier in their jobs. That is not a trivial finding. It says the first-order effect of phone bans may not be a leap in student achievement, but the restoration of adult authority, a crucial first step in improving educational outcomes down the line. The educator survey data points in the same direction. Preliminary findings from Phones in Focus, a UPenn national survey of more than 20,000 public school educators, found that stricter schoolwide cellphone policies were linked to less in-class phone use and higher teacher satisfaction.

The politics of phone bans works because the policy can be pitched as a child-protection measure while delivering an adult-workplace benefit. It speaks to a universal concern among parents, something that can't be dismissed as a labor issue hyped up by unions, or worse still, a failure of teacher competence.

At least 37 states and the District of Columbia now require school districts to ban or restrict student cellphone use, according to an Education Week tally. ...

The unglamorous truth is that a class with fewer buzzing devices is not automatically a healed childhood, but it may be a more survivable job. And if a teacher can get through to the end of class, chances are the kid will get through to the end of school. ...”

From: *We Took the Phones but Forgot the Kids*

“Across the country, in roughly two-thirds of states, new laws now restrict phones during the school day. In many schools that means sealing them inside a pouch, stowed at the first bell and opened at the last. The hallways are quieter. The classrooms have the stillness a lot of people fought hard to win. I hoped, as many did, that the stillness would mean something about what was being built, learned, and developed in young brains once the distraction of the devices was gone. ...

... *Taking something away changes what a kid does. Putting something in changes who a kid becomes....*

So consider what we did when we sealed kids' phones in those pouches. We removed a machine that had been spiking and crashing a young person's nervous system all day and night. That was worth doing and we need to do more of it; in medicine we take dangerous things off the public market and do our best to make them less and less accessible. But we did nothing here to address the impact of what the phones and apps were doing. The reaching and wanting do not stop when

the phone goes in the pouch. ...

This is what is being called a mental health crisis today. We call these kids anxious, depressed, dysregulated, checked out. Those words point to something we observe. Many forces press on a young nervous system, and they can push the dopamine system to its cliff, because it is asking for more and more - it is designed to ask for more and more. And the phone has produced the most relentless and unforgiving demand on this system. But underneath those labels, layered on top of everything else pressing on a young nervous system, is a reward system pushed past what it was built to hold - and a young person who has lost the steady human presence that once helped them grow, learn, or recover. We keep mistaking the readout of a strained biology for mental health symptoms, for failed character, for a generation that has given up. ...

Center Comments on the Bans:

While there are *pros and cons related to schools banning smartphones*, such bans are just another fragmented intervention aimed at addressing one of many barriers to learning and teaching. The nature and scope of need calls for development of a unified, comprehensive, and equitable system of student/learning supports.

Without such a system, schools will continue to rely on disconnected fixes that have limited impact. For those interested in moving beyond piecemeal strategies, the Center's resources outline how schools can develop and implement such a systemic approach using existing personnel and programs.

Here are a few resources to help those who are ready to move forward.

- >[*Student/Learning Supports: A Brief Guide for Moving in New Directions*](#)
- >[*Transforming Student and Learning Supports: Starting the Process*](#)
- >[*Building on MTSS to Enhance How Schools Address Barriers to Learning*](#)

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*](#).



>Links to a few other relevant shared resources

- >>[*Coordinating Mental Health Supports Across Out-of-School and In-School Providers*](#)
- >>[*School mental health care coordination practices: A mixed methods study*](#)
- >>[*Research on phone free school policies and student social behavior.*](#)
- >>[*Over 30 States Now Ban Phones in Schools. Here's What's Working and What Isn't.*](#)
- >>[*Banning Smartphones in Schools.*](#)
- >>[*Stabilizing Education Opportunity for Students in Foster Care*](#)
- >>[*Understanding Child Care Access Challenges Requires Family-Centered Solutions*](#)
- >>[*Disregarding Inequities Fuels Victim Blaming*](#)
- >>[*So the school has done a threat assessment \(or screened for some other problem\) -- WHAT COMES NEXT?*](#)

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>

6/24 Federal investments in whole child wellbeing
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)

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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

After they banned smartphones, I found myself looking at what was going on in the classroom, and to my surprise, I saw we have a teacher!



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.