

ASSESSING IMPLEMENTATION READINESS OF KEY STAKEHOLDERS FOR PROMOTING UNIVERSAL SCHOOL-BASED DEPRESSION SCREENING

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BACKGROUND

Despite estimates that nearly 20% of adolescents in the U.S. have a diagnosable psychiatric disorder, depression screening rates remain extremely low.

School-based depression screening has a significant potential to increase rates of early detection and treatment of major depression in adolescents. Barriers to widespread implementation include concerns about privacy and confidentiality, the additional burden on school personnel and resources, and a lack of institutionalized mechanisms to connect screening with mental health services in the community.

For this reason, it is critical to assess the readiness of key implementation stakeholders to implement a universal depression screening program in schools and to identify and address common implementation barriers.



METHODS

We report findings from a comprehensive mixed-methods research project designed to evaluate the feasibility and acceptability of implementing universal, evidence-based adolescent depression screening annually in public schools state-wide. Key implementation stakeholders were identified in collaboration with a community advisory board. Research activities included:

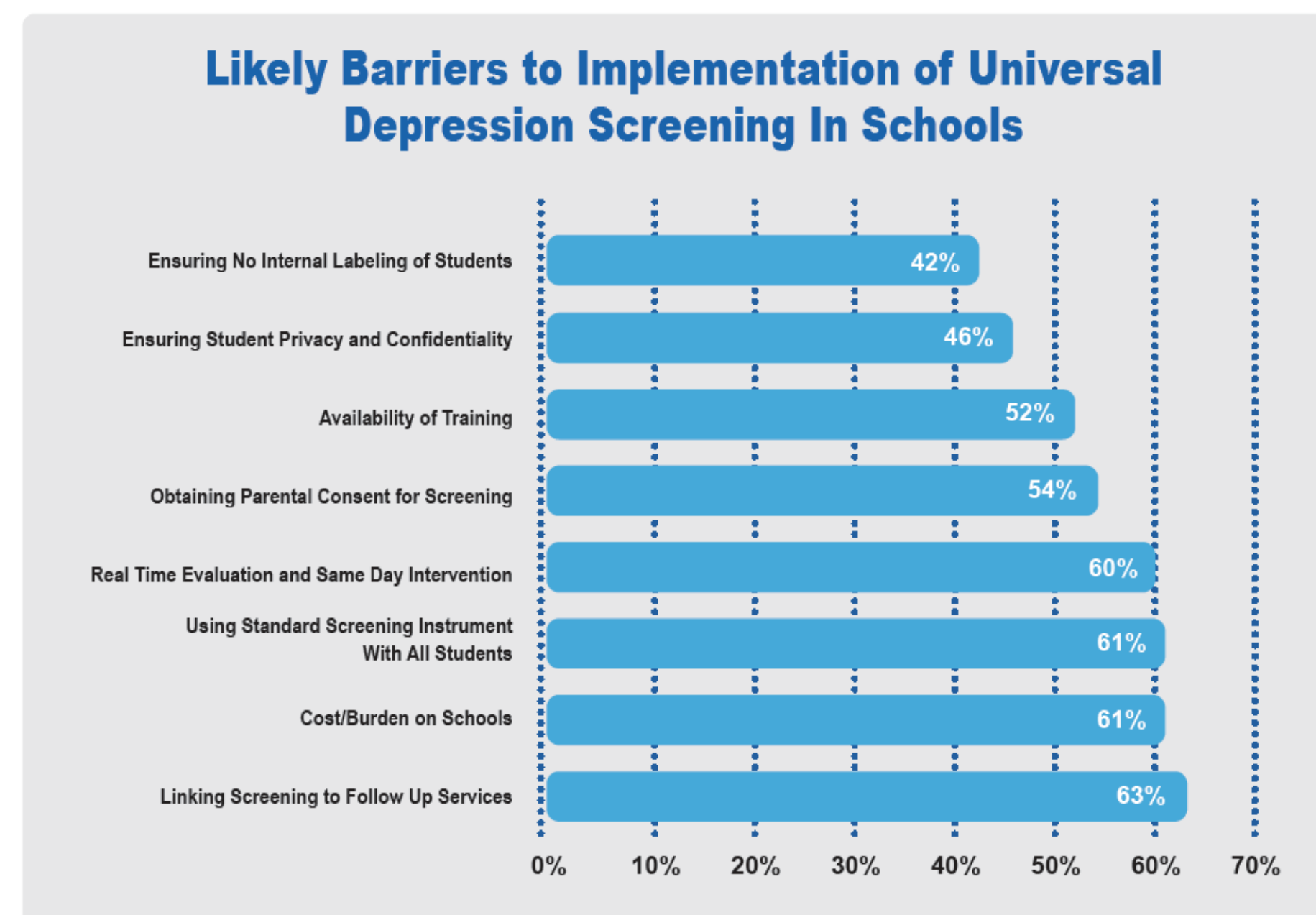
- Key-informant interviews with purposive samples of middle and high school administrators and health professionals (N=15 key-informants), augmented with an online survey of 70 school psychologists and social workers, to assess implementation readiness of school personnel.
 - Inputs provided by prominent mental health advocacy organizations (NAMI, MHA, etc.) and professional associations (e.g., American Academy of Pediatrics, American Psychiatric Association, etc.) active on this policy issue were extracted and content analyzed from transcripts of state legislative hearings, reports and testimonials (N=99), local news stories (N=213) and official statements (N=27).
 - A survey of a state representative sample of parents of middle and high school students (N=678) to assess parental views and concerns regarding implementation.
- The combination informed readiness assessment of key themes and constructs from behavior change and implementation science frameworks, including:
- Attitudes regarding acceptability, appropriateness, and feasibility of implementation;
 - Perceived barriers and concerns regarding implementation;
 - Perceived capacity (professional and organizational) and self-efficacy to implement the program; and
 - Resources or policies needed to enable successful implementation.

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FINDINGS

SCHOOL PERSONNEL VIEWS AND CONCERNS

- Sixty-two percent of school psychologists and school social workers who responded to the statewide survey indicated that depression was common in their school or district. However, most are unsure about whether the rise in cases is due to a higher incidence of depression or higher rates of detection and identification. **Educators and health professionals representing racially diverse districts expressed concerns about rising depression among socioeconomically disadvantaged adolescents, who are also less likely to disclose mental health challenges they experience.**
- Only a handful (less than 5%) indicated that their school or district already has a procedure in place to screen students for depression, and only about half received training on this process. Still, a majority (87%) believe that implementing evidence-based adolescent depression screening would be very desirable and are mostly confident that their school/district can implement such a program. However, they also expressed some concerns (see below).
- Responses to the question of what is needed to ensure successful implementation converged on three elements: (1) explicit guidance to schools regarding the procedure and logistics of conducting screening for adolescent depression; (2) clarity regarding the school's role and responsibilities when screening suggests a potential problem, and (3) adequate funding for additional qualified staff, training, and resources to administer screenings and interpret results.



VIEWS AND CONCERNS OF YOUTH MENTAL HEALTH PROFESSIONALS AND ADVOCATES

There is broad support for implementing universal screening for adolescent depression in schools in accordance with current guidelines within this stakeholder group. Still, three common concerns emerged from the textual analysis:

- Concerns regarding the appropriateness of using a standard instrument to screen all students.
- Concerns regarding the absence of sound plans for integrating school-based depression screening with existing school-based and school-linked mental health services.
- A concern that simultaneous statewide implementation has significant potential to cause unintended effects; a pilot or gradual implementation would be more sensible.



PARENTAL VIEWS AND CONCERNS

- A majority of parents agreed or strongly agreed that adolescent depression screening is beneficial in its potential to prevent the development of mental health problems in adulthood, alcohol and drug abuse, and academic problems. **About one-third indicated they are very likely to consent to their child being screened in school, another third said they are likely, and about 20% said they are unlikely to do so. About 15% said they are not sure.**
- At the same time, some parents expressed concerns that universal implementation can have undesirable outcomes, including leading some students to believe that something is wrong with them, too many students being prescribed antidepressant medications, increasing the financial burden on schools, and taking up valuable class time. **One-in-four parents believe that schools should have no business in screening students for depression.**

Parents of Middle and High School Students' Beliefs Regarding Benefits and Risks of School-Based Depression Screening (N = 650)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Early detection and treatment of major depression can help prevent students from developing mental health problems as adults	12.3%	19.3%	25.3%	26.2%	16.8%
Early detection and treatment of major depression can help prevent students' alcohol or drug abuse	4.2%	3.7%	13.6%	48%	30.5%
It is necessary to screen ALL students 12-18 years-old for major depression	3.8%	3.7%	16.1%	45.5%	30.9%
Early detection and treatment of major depression can improve students' ability to maintain good academic performance	3.5%	4.2%	14%	45%	33.3%
Screening 12-18 year-olds for major depression in school may lead some students to falsely believe there is something wrong with them	20.5%	25.6%	26.4%	20.6%	6.8%
Screening 12-18 year-olds for major depression in school will result in too many students being prescribed antidepressant medications	8.1%	22.7%	26.2%	31.8%	11.9%
Schools are already overwhelmed and financially-strained and asking them to do one more thing will make things worse	8.3%	21.9%	31.8%	25.5%	12.4%
Screening ALL students 12-18 years-old for major depression in school will take up valuable class time	16.9%	30.1%	29.8%	16.1%	7.1%
Schools have no business making decisions about screening 12-18 year-olds for depression. It is up parents to decide	20.3%	29.6%	25.8%	15.5%	8.8%

- Non-White parents were more likely to be concerned about their child's potential misunderstanding of screening questions, the possibility of false positives or negatives, the misinterpretation of results by school personnel, risks to privacy and confidentiality, and potential stigma.
- Hispanic parents were particularly concerned about not knowing how to follow up on a notification of a positive result and being able to afford additional mental health evaluation and diagnosis.

Parents of Middle and High School Students' Concerns Regarding Administration of Depression Screening in School, by Race/Ethnicity of Parent, (N = 650)

	White (n = 335)	Black (n = 72)	Hispanic (n = 158)	Other (n = 85)
My child may not understand the questions asked when being screened for major depression*	34.7%	50%	50.6%	42.3%
Screening of my child could result in false positive or false negative results**	41%	49.3%	56.6%	54.3%
School personnel may misunderstand or misinterpret my child screening results**	47.3%	60.3%	63%	66.3%
My child's school won't do a good job keeping the results private and confidential**	38.8%	40.3%	49.4%	42.9%
My child may be singled out or stigmatized by teachers if screening results detect possible signs of major depression**	40.7%	45.2%	50.9%	50%
I won't know what to do if I receive a notification from my child's school that screening detected possible signs of major depression**	24.1%	34.2%	50.4%	33.6%
I may not be able to cover the cost of additional mental health evaluation and diagnosis for my child if the screening suggests possible signs of major depression**	33.5%	47.9%	52.2%	41.9%

RESEARCH IMPLICATIONS

- The findings underscore the value of engaging proactively with key implementation stakeholders to assess implementation readiness and plan to address potential barriers and concerns.
- Such insights may also productively inform policy deliberations and decisions regarding adequate allocation of resources to support implementation of evidence-based practices as well as regarding phased implementation and monitoring of both intended and unintended effects.
- This type of project can be both very costly and laborious to design and execute. In addition to adequate funding, it is critical to build relationships and engage with key stakeholders, or, if not possible, gain access to them through intermediaries, as well as to seek opportunities to collaborate with other research projects and efforts.