[00:00:00] **Michael Donovan:** Welcome to the Evidence to Impact podcast, the podcast that brings together academic researchers and government and practitioner partners to talk about research insights and real-world policy solutions in Pennsylvania and beyond.

[00:00:11] I'm Michael Donovan, the Associate Director of the Evidence-to-Impact Collaborative at Penn State. In this episode, we'll be discussing mental health screenings for adolescents among other related topics.

[00:00:22] With me today is Deepa Sekhar Associate Professor in the Department of Pediatrics at the Penn State College of Medicine and Executive Director of Penn State PRO Wellness. We have Perri Rosen, consulting psychologist in the Office of Mental Health and Substance Abuse Services at the Pennsylvania Department of Human Services. Lastly, we have Steve Sharp, school counselor and K-12 counseling coordinator in the Hempfield School District here in Pennsylvania.

[00:00:48] So to start things off Deepa, could you just give us a brief introduction on your background and your roles?

[00:00:56] **Deepa Sekhar:** Sure. Michael. Hello everyone. I am a general [00:01:00] pediatrician. I have been practicing at Penn State for 14 years now. Back in 2019, I took over as Executive Director of Penn State PRO Wellness, which is a center within Penn State College of Medicine that does a wide variety of research and educational programming. A lot of our work is in partnership with schools.

[00:01:22] **Michael Donovan:** Great. Thank you. Welcome to the show. Perri?

[00:01:26] **Perri Rosen:** Yes, thank you. Hi. So I am a school psychologist by training. I have been working with the state for about seven years. And I came on to really work on our federal youth suicide prevention grants that we've received from SAMHSA. Since then, my role has expanded to work on a bunch of other youth mental health focused initiatives. I'm also helping to oversee the Student Assistance Program for the state of Pennsylvania with two other agencies.

[00:01:53] **Michael Donovan:** Great. Thank you. Welcome, and Steve.

[00:01:58] **Steve Sharp:** Yeah, I'm Steve Sharp. [00:02:00] Pronouns he, him. So I'm a school counselor at Landisville Middle School in the Hempfield School District. I'm also the K-12 school counseling coordinator at our school district.

We did pilot mental health screening on behalf, the state of Pennsylvania for roughly a half decade. And I also speak train and write on suicide prevention, including recent piece in the Pennsylvania Principals Magazine.

[00:02:22] **Michael Donovan:** Great. Thank you. Thank you for all the hard work you all do in this important field.

[00:02:27] So to start off our conversation, I thought we could just discuss what health screenings writ large look like currently for adolescents in Pennsylvania and maybe to start things off, maybe Perri what could you describe what the Student's Assistance Program is?

[00:02:42] **Perri Rosen:** Sure. Absolutely. The Student Assistance Program is not unique to Pennsylvania, but Pennsylvania definitely has our own very unique model. It has been in place for over 30 years and the Department of Human Services where I am based, has been collaborating with two other state agencies. So the Department of Education. [00:03:00] And the Department of Drug and Alcohol Programs, and we as three state agencies just oversee SAP for the Commonwealth.

[00:03:06] And really what it is, I know it's Student Assistance Program, but we don't see it as a program. We really see it as a process and schools are required to have SAP in Pennsylvania. And they base it off of these teams that are multidisciplinary trained professionals in schools that are really looking to identify any kind of barrier that might be impacting a student's learning. And then gathering data in a team process, trying to figure out what supports and services may be helpful in order for that student to be able to progress in school and sat teams in schools are also supported by county behavioral staff liaisons. They're either from the mental health or drug and alcohol system.

[00:03:51] So if the team thinks there could be an underlying mental health or drug and alcohol issue that is somehow impacting that student's progress, those liaisons [00:04:00] are really that linkage to helping to screen or assess that student. And figure out if additional supports could be needed within a community setting as well as the supports that the school might provide. So it's really a mechanism for early identification and referral and connecting school and family and really working with the community as well.

[00:04:22] **Michael Donovan:** And could you go into a little detail on other types of screenings or health screenings? And others, please feel free to jump.

[00:04:30] **Perri Rosen:** Yeah, so most of my work has been in schools. And with outside of the SAP system, which screening and assessment has definitely been a huge part of the SAP liaison role to really gather that information, to figure out if there's a need. I think that this type of screening has been newer to schools.

[00:04:45] All those schools do a whole range of screenings, of course, more, more often in the academic realm. Behavior screenings or social emotional screenings, mental health screenings. I know the focus of what we're talking about today are definitely much newer to schools as compared to these [00:05:00] other types of screenings.

[00:05:01] And there's really no, no requirement for that. So a lot of times these screenings. Are happening in schools within some of our multi-tiered frameworks. Multi-tiered systems of supports that schools are really looking at to, again, take comprehensive approaches to trying to identify students that may need something beyond what they're getting within the regular classroom, the general education type setting.

[00:05:25] **Steve Sharp:** Yeah. Just pivoting off of what Perri was saying, like what strikes me is. There is a strong history of screens in school, not just academic, but we screen for things like vision and heart disease and scoliosis, but it's very, up until recently, been rare to screen for the leasing causes of death and disability, like suicide or any, or depression or other risk.

[00:05:48] When we talk about like these tier supports too, the rules of the game did change a little bit since last October when the Department of Ed and the Department of Civil Rights issued a joint letter talking about supporting [00:06:00] students at risk of suicide or self harm. And really some of the recommendations, and there were range, but was really trying to support students in the early identification through things like multi-tiered systems of support and universal screenings, and really with the school safety grants that have come out.. What we see is one, some of the qualifications for receiving some of that school safety grant through PCCD were things like these tier supports like SAP, and then in addition to having a screening mechanism like universal mental health screenings.

[00:06:32] **Deepa Sekhar:** So I'll echo this a little bit from a primary care perspective, which is I got interested in this topic back in 2017, 2018 because I was filling out school physical forms for kids in the office and we have to, put in vision and hearing and body mass index and there was nowhere on this form asking whether those student. With the patients I was seeing were in [00:07:00]

a , a good mental health space to be successful in the school setting. And the goal of all of these screenings in the school setting in particular is to help identify and deal with barriers to student academic success.

[00:07:15] **Steve Sharp:** The only other thing that I wanted to add to is we understand outside of students, like when it comes to public, Initiatives like screenings, work, like the Marine Intercept Program the United Marine Corps used to have the highest suicide rate of any of the armed services and through the Marine Intercept . They provided universal screening tools to things like financial assistance advisors, clergy advisors, so that they could provide at any junction of crisis, the tools to identify suicide and then have the procedures to plug soldiers into the appropriate care. And when we saw it was for the United States Marine Corps, they went from the highest rate of suicide to one of the lowest. It's just very clear, screening saves lives.

[00:07:55] **Michael Donovan:** So recognizing this need, [00:08:00] this gap in, services provided or screenings provided. , Could you describe a little bit the SHIELD Study itself and what that was really trying to accomplish, and also how that has been born from and integrated with Penn State Pro Wellness.

[00:08:14] **Deepa Sekhar:** Penn State PRO Wellness ran the SHIELD Study. My research team came out of pro wellness. It stands for screening in high schools to identify, evaluate, and lower depression. And it was a. Randomized clinical trials, so a research study funded by both the Health Resources and Services Administration and the Patient Centered Outcomes Research Institute.

[00:08:37] Perri was actually on the study with us as a stakeholder collaborator. and the goal of this study was to answer a question that we posed here. So if positioning, depression, screening in a school setting would be more effective at identifying students at risk and getting them connected with treatment or getting them to initiate treatment. [00:09:00]

[00:09:00] And then, related to this, whether this would help in addressing some of the disparities in mental health screening and access to care that we see. And the bottom line was it worked, so we worked with 14 Pennsylvania public high schools. They were 12,909 students in the study as a whole.

[00:09:20] They were split into two groups, so half of the students got universal screening. The screening tool we used is called the Patient Health Questionnaire, which is a very common well-known screening tool. We use it in our primary care clinic, and that was compared against the current process, which is used in many schools throughout the country, whereby students are

identified as being in need of potentially additional services based on concerning behavior or observable behaviors of concerns. So they have to show you something as opposed to the screening where everyone gets it regardless of how they're acting.

[00:09:58] **Michael Donovan:** [00:10:00] And Perri, could you describe your experience from a stakeholder perspective?

[00:10:07] **Perri Rosen:** Sure. I think a real huge benefit of the study and the stakeholder group that was part of SHIELD was that, it was really a kind of a collaborative group. So bringing researchers together with teachers, with youth, with community members to really try to underscore the value of screening, to talk about how you take research and translate that into something that.

[00:10:30] People can use out in the real world and to really get that youth voice and that perspective in terms of how we're talking about this and how we're talking about mental health in general. And so I think it sparked a lot of those conversations. And I just feel like, it's not so common that you have a research team that is really working so closely with stakeholders to try to make meaning of, something that, that looks really technical and something that probably wouldn't otherwise be very accessible to those that are actually, the ones out there in the school day to day.

[00:10:58] So that was just really [00:11:00] valuable to see that process and see how that input from all those stakeholders was valued and integrated throughout the course of the study in various ways.

[00:11:09] **Michael Donovan:** And Steve, coming from an implementation perspective, we're looking at how do we implement this with fidelity to a model? What barriers and challenges that you could see on the front lines? I wonder if you had some insights to SHIELD and what a universal screening tool like this can do.

[00:11:25] **Steve Sharp:** Yeah. I think really for far too long in like really, whether it be in behavioral, physical health from the community and definitely from education. Well into the 21st century, I think there was just a strong misconception that like suicide and suicide crisis was an individually isolated experience that needed to have an individual assessment and analysis.

[00:11:48] And what what we've come to know to be true is like people are in a suicide crisis. Like it's the convergence of a lot of different systemic issue. Leading to that crisis for that [00:12:00] individual. And so one thing when it

comes to the implementation was understanding the different points that we could gather meaningful information, also make meaningful intervention along the continuum.

[00:12:10] And who are the meaningful allies and partners that we could bring in, including the students, their families, community resources? Definitely family physicians. There's been a lot of great work happening through our. Physicians and general practitioners and pediatricians as well as far as the work to educate them and starting to look how we can align and coordinate services.

[00:12:29] I think these are some ways that we've been able to really help to further support students both within and beyond the walls of schools.

[00:12:36] **Perri Rosen:** I can just add, I know something that we've looked at really closely over time is our Pennsylvania Youth Survey data. It's really one of our richest sources of data in the Commonwealth and is information about different risk and protective factors coming directly from youth. It's a survey that schools can opt to participate in and it gets administered to students in grade 6, 8, 10, and 12. And actually we've piloted fourth grade for moving forward, but it's overseen [00:13:00] by the Pennsylvania Commission for Crime and Delinquency and gives us that information directly from youth about the prevalence of some of these concerning behaviors, especially around mental health and suicide risk.

[00:13:09] And especially coming out of the pandemic, we definitely saw an increase in the percentage of students that reported seriously thinking about suicide in the past 12 months. Also increases in those that reported attempting suicide and I think one of the value adds that we've really heard from schools in piloting universal screening is that, they know that this is happening. They know that statistically speaking, there are kids in every classroom and every school that have had suicidal thoughts or experienced mental health challenges.

[00:13:38] But through this data they haven't necessarily been able to identify who those students are. And so while other types of screenings that schools have done, Or other ways that schools are picking up on, students tend to rely more on, those externalizing type of behaviors that people can more easily see.

[00:13:55] I think that schools really got to a point. Many schools that we've [00:14:00] piloted our work with or have been part of studies like this, have really gotten to a point where they've really wanted to figure out how can we be more proactive in identifying these students. And we do know from screenings that students tend to be pretty honest when they're asked these questions

directly. And so as a result, schools have been able to look at these percentages of students that they know are there, but start to figure out who these students may be and then take steps accordingly to intervene and support them.

[00:14:28] **Deepa Sekhar:** Steve talked a little bit about suicide outcomes. I'll add that the PHQ that I mentioned is really a depression screening tool. It doesn't diagnose anything. It's looking for depression symptoms. One of the questions, the last question asked about suicide risk, however, and we looked at. How that question did in terms of picking up students. So for that one, students were seven times more likely in the universal screening arm to be picked up four times as likely to initiate treatment. So [00:15:00] again, it was a, it wasn't the primary goal of the study, but I think the findings underscore the value of this type of screening in saving lives.

[00:15:08] But, with all of that, and I'm curious as to Perri and Steve's thoughts on it. The schools we partnered with were great and they knew this was gonna be extra work, but, I can't tell you the number of times people said to me, oh, it's gonna be work, but our kids need this and so we're gonna, we're gonna do this with you. And we went back to them with their results and figured like they had done this. My research team did very little, all the follow up was done in the schools. .But you know, schools looked back at us and they were like, well, what do we do next? And I was like, What do you mean, what do you do next? Right? Like, you're ready, right? Like off you go. But they weren't. And I think, despite the fact that we agree that it's potentially a good thing, like there are significant challenges for schools to be able to implement and then to sustain a practice like this long term.

[00:15:58] **Perri Rosen:** Yeah I couldn't [00:16:00] agree more, Deepa. And I know Steve is looking to chime in on this one too. But in our pilot work, we really identified schools based on, their readiness and their, interest to do something like this. And that question has come up a lot in terms of well, why don't all schools just do this? And I think there's a lot of reasons that a school would take pause in, in figuring out, because there, there is a lot to it and we spend a lot of time kind of thinking about what do schools need to really get prepared to do this in a safe and effective way. And you're right, the sustainability piece of course, because sometimes there might be someone at the top, a leader, a school administrator that says, We have to do this, and then there's turnover and that person's no longer there.

[00:16:38] And a new person comes in and says why are we doing this? And it's like starting from scratch a little bit. And I think that's just the reality of schools on many different levels. But I do know that for us in the schools that we've

piloted with, They really have had been the drivers of being the ones to say, this is something we wanna do.

[00:16:56] We feel like we have capacity to do this. We have functioning teams that [00:17:00] can take this data in and look at it in the context of other information that we already have about our students. And, we're using SAP for example, or we're using our MTSS teams. And really trying to integrate that in a way that it. Align with kind of existing policies and fit with the things that schools are already doing. But that process has taken a lot of work and sometimes we've worked with schools for upwards of a year just to even get ready to start screening on a small scale before they're even, you know, growing it much larger.

[00:17:29] And that has seemed to be necessary. And I think once schools get things underway, it's easier for them to make those tweaks and adjustments. But gathering this type of data isn't typically in the wheelhouse of schools. And so it really takes time to think carefully because it can be pretty sensitive data. It can lead to the necessity for lots of different follow up steps on many levels, conversations with parents and families trying to connect with resources. And there's just a lot of things that schools do need to think through in planning and getting ready to do this, and then of course, and [00:18:00] sustaining it later.

[00:18:00] **Steve Sharp:** We think of suicide prevention and kind of the context of systemic structure, What I very much appreciate is like this. This is something that we have a little bit more control on. We get to control the narrative. We get to stage when we invite students in to provide us this valuable information.

[00:18:18] That can be very powerful information to have, but also something that we don't have to weigh into when it's 2:45 on the Friday at the end of the school year, like at least last year and throughout the pandemic, we structured our screenings intentionally understanding that come really about this time of year, like October, we're going to see a dramatic spike when it comes to things like outpatient therapy, referrals.

[00:18:40] And so one thing we did is we were intentional about providing our early our screenings in the month of September so that we could get ahead of when families would be frankly facing things like weeks or months long wait lists or not being scheduled at. Like one of those things is that fundamentally, I think where schools [00:19:00] are very uniquely positioned when it comes to suicide prevention work and for early intervention work when it comes to

mental health screening, is that we get to catch them earlier on in the crisis cycle or before the crisis cycle has fully developed.

[00:19:15] The problem is fundamentally, if they're already seeing a therapist, if they're already seeking out a psychiatrist, they're likely already on the crisis cycle at that point then. So we have a chance before that point, to provide more efficient, less costly early intervention services at less of a crisis and more of a sensitive time period. So it just, it makes sense to me on why it works in so many different levels.

[00:19:40] There is absolutely in 2022, like there's a demand on staffing. The reality is that a lot of things throughout the pandemic, lot of different educators and school staff are taking on different roles. We have superintendents serving lunch in elementary schools.

[00:19:55] This trickles all across Pennsylvania. And one of these challenges is how are [00:20:00] we trying to sustain that, particularly in Pennsylvania when it comes to like funding to support staffing. I believe we were 49th of the 50 states. And so these are some things that we need to look at as far as what are the broader infrastructure pieces to support our students at need. It does take investment.

[00:20:16] The one part that is unique though, not just in Pennsylvania but across the country, is both the SR grant and then the school safety grants have provides some unique funding opportunities where funding used to be one of the barriers, but is not the central barrier anymore. It is things like, I think bandwidth staffing. These are some things that I think are more manageable pieces to address when it comes to the implementation of very valuable practices like these early intervention screen.

[00:20:45] **Michael Donovan:** I really appreciate your comments on system level challenges, Steve, cuz that's something that comes to mind for me is as we approach this really remarkably valuable prevention tool and we indicate how many more adolescents [00:21:00] are of need of services. What happens when the pipeline is clogged up elsewhere, right? When the wait lists are so long. And how can we use this defensible empirical evidence to motivate? Resources being shifted in different directions to improve the overall system because as we all know Steve, you all and your colleagues in school counselors there are too few of you and it's a challenging space. So does anyone have a solve for that? I don't know.

[00:21:28] **Perri Rosen:** No, but I don't have anything solved for that. But I just really wanna emphasize I think something that both Steve and Deepa touched on, which is just the place for universal screening in that early identification continuum. And the purpose of screening isn't just to get them into treatment. And I think that's if that's the mentality that become. Very challenging, right? Because again these systems are already pretty clogged up. There, there's, potentially wait lists and we know that not every student that comes up in a screen is going to necessarily be in [00:22:00] need of formalized treatment services.

[00:22:02] And so I think that was a, just with Deepa's and the SHIELD study using the Student Assistance Program as like the team structure for that. Doing this and doing this proactively and as part of your prevention continuum helps you identify kids that may be having some symptoms. They may not have a full diagnosis, they may not be fully in crisis, but you're trying to get ahead of that curve and you're trying to identify kids that may be struggling in some way that could benefit from some supports, but many of those supports could potentially be things that are already in place and available in a school setting. It could just be that a student needs connected with a mentor or a student may need, you know, to be part of a small counseling group for a few sessions to learn some coping strategies. Right?

[00:22:46] So it doesn't necessarily have to be, I think sometimes it gets misperceived as the fast lane. The treatment or the fastline to crisis, and then people get concerned that we're going to backlog systems that are already overtaxed. [00:23:00] But when we do this proactively, we can actually flip the needle a little bit and focus more on our prevention efforts as a result.

[00:23:10] **Steve Sharp:** And just pivoting off of it. That's one of the reasons I do like school systems, particularly now as we provide and have more resources to provide things like not just screening tools, but also social emotional learning tools as well. We can have a chance to help provide all of our students with more consistent language to understand like emotional regulation and coping strategies that for students that again, that we're identifying early and were just trying to some like just we would do for math or reading some skills remediation for them to highlight some skills that we've already provided, some baseline instruction. It provides our ability in the small group instruction to be just more impactful and more effective.

[00:23:46] **Deepa Sekhar:** I will also add, I think, primary care could be another option in terms of resources. In some of the conversations we've had, I think we seldom think about a primary care [00:24:00] provider being able to

provide basic mental health treatment, what we're doing so much more of it than we ever had before. But the other piece that sort of pitch in terms of the school being potentially the better place to identify early is that you see these kids so much more. I see many healthy teenagers. Once a year, and especially with covid, I find kids rescheduled onto my schedule who I've never met before. And I think it's really naive to think that you're gonna spend 20 minutes with, a 15 year old and then ask them a bunch of sensitive questions and they're gonna spill everything to you in that time. Because I think most adults might not be comfortable with that. So, I think that daily interaction really increases the opportunity for somebody who's struggling to say, Hey, I know you and maybe you can help me.

[00:24:48] **Steve Sharp:** Yeah. And this part I need to just kind of caveat I think I can speak on behalf of my district to a certain degree cuz we, a school counselors have led when it comes to our screening for [00:25:00] years. But not speaking on behalf of the school counseling profession, there's not really consensus in this area. This is why I do feel like we as school counselors are uniquely positioned to do things like early intervention screening because more than most other school based mental health staff, we do have that regular and frequent contact with students, which like, when we talk about what we do in screenings, our screenings are tools to provide more meaningful discussion and identify students to have more meaningful discussion, and frankly, those more meaningful discuss are a lot more effective when we have a pre-established relationship with the student. When we talk about really even some of the stronger, more evidence based models for suicide prevention, like the CAMS model., the CAMS model through David Jobes is focused on building a collaborative relationship with your client so that you can build trust, so you can better assess suicide risk, better build safety plans, and also build aftercare plans . So conversely, then through that same lens, we understand we can build better prevention models by building [00:26:00] collaborative relationship with our students. Just effectively we as school counselor, our position to build effective relationships with our students.

[00:26:09] **Perri Rosen:** And Steve, I think that's so huge. And you know, I'll just say that we've gotten a lot of feedback from schools that have reported back to us that, they've set up screenings so that they have a touchpoint with every single student following the screen.

[00:26:25] Like they make it a two phase process no matter what. So it's not just that they're following up with kids that screen positive, but they're still making a connection, even if it's very brief. After they screen a student, just to say, how was this for you? And how did it go and what did you think of this? And

overwhelmingly the feedback is that students say, I think it's great that you're asking these kinds of questions and they feel very comfortable with that. And if nothing else, it's the opportunity for the counselor or whoever else is the one that is responding in those situations to.

[00:26:57] Oh, and by the way, I'm your school counselor. I'm [00:27:00] so and so. We haven't met yet and really just taking the opportunity to just make that connection and say, you know, this is a mental health screening. So just because the child doesn't screen positive today doesn't mean that something's not gonna happen a couple months from now and they're gonna need some sort of support. So it is building it into that whole continuum where even if you're not identifying someone right then and there, you're creating a structure where you are. really normalizing mental health and mental health challenges, and you are taking an opportunity to put resources out there, make connections with students, and hopefully set them up so that in the future they feel like, Oh, I, I did meet this person, I do know this school counselor. It's not weird for me to show up and knock on their office, or they seem nice and cool when I met them a few months back, so maybe I could go to them now if I had some sort of issue. So I think it's just, we've gotten that kind of feedback as well that there's so much value beyond just identifying kids and putting screenings like this in place to have those conversations. And then another [00:28:00] side of that is that, beyond just identifying individual students, we've worked with schools to really look at their data in aggregate or even start to disaggregate that so they can look at trends, you know, let's look at boys versus girls, or, let's look by race ethnicity or by grade level to see what are the pressing issues. We used a broad based screener for our, so I know Deepa talked about the depression screener that had the suicide item. In our grant project, we used a screener that had 13 different behavioral health domains so it was a lot in terms of the planning piece, but it gave a lot of information and when schools went to really explore the findings, they were able to find things like, oh, a pretty significant percentage of our middle school students were reporting some substance use concerns, and maybe we really need to look at some of our prevention education around drug and alcohol and, that was our seventh grader, so maybe we should look at putting something in place for sixth grade and try to get ahead of the issue. [00:29:00] And so they're just really working it into these broader frameworks and really, schools know how to look at data and they have trained staff and schools that can help them do this. And just having everything in house in those settings, it just opens up the door, I think, to a lot of other opportunities beyond just the identification piece.

[00:29:17] **Michael Donovan:** I'd love to draw on a piece of what you just said, Perri, about the kind of normalization of mental health challenges, mental health supports that that you're noticing in your experience? My wife is ninth grade

teacher here in state college and is a SAP team lead here as well. And I just get, secondhand, anecdotal evidence to support that in her 15 year career she's really recognizing that students are normalizing and destigmatizing the need for mental health or, mental health first aid kit concepts. You know, I wonder through your careers, what have you experienced? Is that validated or what kind of texture is there?

[00:29:52] **Steve Sharp:** At least in our district. Yeah. Really since the rise of Act 72, we provide more chance to have classroom [00:30:00] lessons on depression awareness and suicide prevention awareness. We've recently worked in our district with community services group for teen mental health first aid training for 10th graders as well, which had some really interesting results. Just with respect to all of our SAP professionals and all the educators and all the counselors and school-based mental health professionals, we do hear crises and we do hear very concerning things that really, I know retch my heart. But our students hear more of it and they hear it a lot sooner than we hear it. So any chance that we have the tools to help, to equip them to know how to navigate, to know how to appropriately help seek one thing that we've done in our district, which I really celebrate is on the back of all of our student IDs, we do have the National Suicide Lifeline. We do have our local crisis line. We do have all those tools at our student's fingertips if they would need them. Just to make sure that if our students find themselves having a difficult conversation, because the reality is our students have authentic relationships with other students, and other students have difficult situations sometimes, that they will have [00:31:00] some tools through classroom education and resources provide to help them navigate them either to the community based resources or to the school-based resources like counselors, social workers, and psychologists.

[00:31:12] **Perri Rosen:** Yeah. I do think in, in some of my experiences, it seems like it's more often the adults that are much less comfortable having these conversations than the students are. And, when we've worked with certain districts to try to put universal screening in place, it's become maybe an issue among the board members who get concerned that, we're just trying to push kids into treatment, you know, medicate. And kind of missing the mark on really just again, trying to open the door to these conversations, realizing the prevalence of these mental health issues and how that, provides justification for trying to screen and identify early. But it seems like through the pandemic talking about mental health, recognizing mental health is important as something that, kids and adults have spent time thinking about and talking about. But for the most part it definitely feels like we again, get [00:32:00] validation with these types of practices that this is a good thing to do, that kids are fine with this. This isn't phasing them in any major way. In fact, they like that they gotta ask these questions and. It has, led to some other things as well. We do have some

organizations in Pennsylvania that are very focused on the youth voice and using youth to really underscore the importance of mental health and share their voice and message in that. And we've had a lot of schools, and I know Deepa you could probably speak to this through the studies you've done as well, that have like youth led awareness clubs. Again, all driven by youth wanting to think about how they can try to build more connections in the district, try to get more people to talk about this topic. And in, some unfortunate cases where there has been a suicide kids that are like what can we do to just make sure this does not happen again here? And a lot of times the youth have been the drivers of those efforts because I think sometimes the common myths that are out there, if we, you know, if we talk about it, [00:33:00] we're gonna put it in everyone's head tend to be really prevalent among adults and that really been a barrier to some of the efforts around suicide prevention and mental health for a long time. So I do think that youth are often leaders in their districts and that their voice can be lifted up. You can't see it right now because we're just on audio, but I have in my background a PSA that was created by high school students and one of our statewide organizations Prevent Suicide PA leads this contest every year to have youth create posters or videos or audio clips to highlight, the crisis resources and to highlight warning signs and create a message of hope for their peers.

[00:33:37] **Deepa Sekhar:** So there is a lot of really great work happening in Pennsylvania that, has youth at the forefront, which is really exciting. Perri, I don't know where to start. You gave me so many interesting things to comment on. I guess I will go back to your comment about screening, cuz I think the one big thing to emphasize with screening that seems to confuse folks is that it's not a diagnosis, right?

[00:33:59] It is really [00:34:00] just picking up symptoms. So again, nobody is diagnosing your, child with depression by giving them a depression screener. And if they are like they shouldn't be So that's the thing we like to emphasize. In fact, our stakeholders told us don't call this a depression screen. They said call it a mood screener, because that's what it is. So that, that was good feedback. The other piece you commented about peer organizations. Yes, we, so I have to give a shout out to the Jana Marie Foundation and to Avedo, because they were stakeholders right in our project and you're right.

[00:34:35] So, I think it was Steve who commented earlier on the value of these peer networks and the fact that the kids really do rely on each other. And they told us that they would go to their peers and a lot of the time it breaks your heart. But a lot of these kids, when you get them to finally tell you why they didn't let you know, a parent know sooner, they say stuff like, you know, I know my mom is under a lot of stress and I didn't want to [00:35:00] bother her with

this on top of everything else, right? Like a lot of times these kids are trying to not protect, they don't wanna add anything else to their parent's plate. And so they do keep it to themselves, but they will often, share with friends.

[00:35:15] So I think these efforts to change the culture and climate in the school setting can be really helpful in terms of hopefully getting kids to disclose to each other and then that they know where to direct a friend, cuz it's a lot sometimes to be able to help appear in crisis. But if they know where to go, that could save a life.

[00:35:33] **Michael Donovan:** I'd like to shift a little bit and raise something we discussed earlier regarding challenges to screeners around marginalized populations and the conversation of equity in this space, there are historically are issues, different screeners have had issues. I'd love to go into a little more detail there. Anyone would like to, to chime. [00:36:00]

[00:36:00] **Deepa Sekhar:** So, Michael, I can give you my primary care piece on this, and it's very simply, like I, I don't know that I know enough about the performance of different screeners for various, populations, but the fact of the matter is that less than half of us teenagers ever come into the primary care office for routine care. So again, what vision screening and hearing screening does in a school setting is catch these kids who don't get into primary care, who like need glasses. Right? And so the same concept was behind my thinking in trying to position depression screening for the study in a school setting. We were able to get to all of these kids who are not coming into my primary care office, right? Would we be able to better identify these students and get them the help they need? We saw differences in terms of identifying students by male, female and race ethnicity. But that didn't hold up when we got to initiation of treatment. There were not significant differences there.

[00:36:59] **Steve Sharp:** [00:37:00] Yeah. At least from my lens there, like there are two different parts, for districts who are looking to adopt these screening practices, but they have to have a parents written permission. Sometimes that can be a systemic barrier for students to participate in the screening. It really can. And so be intentional with our outreach at first can be really all the difference sometimes. Sending permission slips and information with the start of the school year packet that everyone is accustomed to. Having information like broader parent nights can be one way of engaging, but also conversely, looking to directly partner with student groups. If you have active student groups, whether it be like Gay-Straight Alliance or a youth focused mental health group like Avedo, and using those to directly partner with

outreach are some ways that you can address some of those systemic barriers when it comes to youth engagement in some of these practice.

[00:37:53] **Perri Rosen:** And I would just add that I think, an important consideration for universal screening as an equity [00:38:00] practice is that we know that our traditional methods of identifying kids in school that might have some challenges is often based on more subjective types of referrals, that are very subject to bias. And when kids especially present, we know a lot of internalizing behaviors. Depression, anxiety can have externalizing type of manifestations. And, can be presented in different ways. And I think, we know very well from research that students of color experience this proportionality on things like suspension, expulsions, disciplinary referrals, and maybe more likely to be routed in those directions than to have someone say, Wait a second. Could there be some sort of mental health challenge that's actually going on for this child? Could it be depression? Could it be anxiety? So I think it is something very important for us to consider in terms of getting more objective data from screenings, especially self-report screenings that are what we've [00:39:00] mostly been looking at when we talk to middle and high school students, that information is coming directly from them which many screeners out there are teacher report, which is, something to just be thinking about when schools look to select a screener. So I think there's a lot of considerations, but that self-report data, that objective data, I think can really uncover some other concerns and potentially be a practice that schools need to think about from that equity piece as well.

[00:39:25] **Steve Sharp:** Yeah, just to keep in mind when we talk about engaging with underserved populations, the screening is a very important part of overall comprehensive mental health infrastructure. But it's not the only part. If we screen, we must intervene. And so what are those other resources? And so something like that is far as in addition to building unique partnerships. So you can have something like school-based therapy or service students could have access to care, and those can be some other tools that can be helped. But we need to see screening as a very important tool, but also look. What is the overall ecosystem to support a students mental health.

[00:39:59] **Michael Donovan:** [00:40:00] And out of curiosity, Deepa, what are some of the items on the horizon for the shield study and that line of work?

[00:40:09] **Deepa Sekhar:** Perri's in on this because I roped her back in, but we talked about the fact that our schools really needed something more to be able to implement and to sustain a practice like this. So we went back and forth a little bit and actually did put in for follow up funding to support professional

development of school staff in the space of school based depression screening. And we hope to find out about it soon. But one of the big pieces is moving beyond Pennsylvania nationally to include a larger group of schools to, we know, we know it works. But one of the big things, and this happens in medicine too, is this idea of an evidence to practice gap where you know, something works, but then rolling it out in practice on a wider scale is difficult. So [00:41:00] think in medicine, they've said there's like a 20 year gap between finding something works and it actually getting distributed to primary care practices. That gap is probably even more magnified in the school setting, again, because of challenges with resources and staff turnover and some of the things that we touched on earlier. But we're hoping with this, you know, grant that we have put in and the professional development, we've worked out, again with the input of school staff to be able to close that gap to some degree.

[00:41:29] **Michael Donovan:** Great. It's very exciting to have future implications here to grow and extend this work. I have one final question for everyone. It's kind of a tradition here on the podcast to discuss and brainstorm ways that we can bring together academic and research orientations with practitioners and government. So right now we have really three sectors represented in different ways that are wonderful success stories of the integration of these sectors. I [00:42:00] wonder if there's some keys to your success that we could replicate in other areas and what kind of ways could we improve that connection.

[00:42:08] **Steve Sharp:** I'll go first. You like at from the school side, like for educators, I always have two different strategies. The first one is don't be afraid to take part in either your local or state or national professional associations. These can be unique opportunities to engage in cross sector partnerships with some of these highly qualified, amazing humans that I've gotten to know over the past few years. Another one is, I think don't be afraid to cold call if you have a question that you think this might be a promising practice. At least for I think all three of us. It's how we've been able to at least engage in some of the work together, and it can also spur some really interesting innovation and applications of some very valuable work.

[00:42:50] **Perri Rosen:** I think something that has been really neat to see, especially in kind of collaborating with Deepa on some of her projects is that, a lot of times [00:43:00] with research and practice, it's like the researchers, they come in, they have their question. They need their data and that's kind of it. But I feel something that has been really central and something that I've appreciated in working with Deepa on some of her projects is just that it's been really focused on how can this really benefit the schools and how obviously we have a

project to run. Obviously we're looking for certain types of data to answer our research questions but we wanna use this opportunity to also figure out what is it that the schools actually need and how, doing our legwork on our end to try to meet those needs whether it's offering some sort of training or technical assistance or whatever it happens to be that schools may need and I just think that goes a really long way. And I think with the new project that Deepa alluded to just helping schools to take more ownership and build their own capacity to sustain the work. Once the research team has left, because I think that's also one of the challenges great things happen and then once the research team is gone, it's really hard in practice to keep that [00:44:00] going. So I also just feel like the investment in kind of building the capacity with the schools. And from the state standpoint, I think it's just that whenever researchers can work with government agencies to align their work with current initiatives and focus areas. I know the first time I spoke to Deepa, it was when she was asking about the student assistance program and trying to learn more about it, how it works in schools. And again, I think researchers sometimes tend to go in with what their objective is and especially with when it's in a newer setting aren't always taking that time to figure out, well, what are priorities for schools? What is this other initiative that the state agency is trying to put in place? And I just feel like those are the types of things that really facilitated our partnership. And just helped to elevate Student Assistance Program in particular by really bringing them into these now publications, which, that wasn't something that, that had happened previously. So those are a couple things that I saw through this partnership that [00:45:00] I think were really great and really helpful.

[00:45:02] **Deepa Sekhar:** Well, so I'm happy that you said what you said, Perri, cuz the things that popped into my head when I thought about building a partnership I guess the two things I learned in working on this project were to listen and to be humble because you're the researcher at the institution doing whatever your project, right? But you don't know. You certainly don't know everything. And the folks that you're working with have really great insight into, all these aspects of your project. Especially cuz they're working in different settings than you. I left a couple of these school screenings like, Oh my gosh, I'm really tired and, I'm much better off with one kid in an office setting. Like it's hard and it's, it's different. So, it has been a real treat for me to be able to hear the different perspectives. And I think the end result of that is, if you do your research in a tightly controlled bubble, when you try to roll it out in the real world, it flops, right? Because people can't make it work. And [00:46:00] so, think one of the nice pieces that I've learned is, being able to hear what people have to say, even if it's not exactly what you were hoping to hear, right? Like the end product ends up being better.

[00:46:13] **Michael Donovan:** And with that we'll bring this episode to a close. Many thanks to my guests, Deepa Sekhar, Associate Professor in the Department of Pediatrics at Penn State College of Medicine and Executive Director at Penn State PRO Wellness. Perri Rosen, consulting psychologist in the Office of Mental Health and Substance Abuse Services at the Pennsylvania Department of Human Services.

[00:46:34] And last but not least, Steve Sharp, school counselor and K-12, counseling coordinator in the Hempfield School District here in Pennsylvania. And most of all, thank you for your vitally important work that you all do every day. It's so crucial and a service to your students, your patients, your clients everyone involved. Again, I'm your host, Michael Donovan, the Associate Director of the Evidence-to-Impact Collaborative here at Penn State, and this has been another episode [00:47:00] of the Evidence-to-Impact Podcast. If you enjoyed our conversation, please subscribe and thank you for listening. In this episode, we'll be discussing mental health screenings for adolescents among other related topics.