SYNOPSIS
Requires public schools to administer written screenings for depression for students in certain grades.

CURRENT VERSION OF TEXT
As reported by the Senate Budget and Appropriations Committee on January 9, 2020, with amendments.

(Sponsorship Updated As Of: 1/14/2020)
AN ACT concerning student mental health and supplementing chapter 40 of Title 18A of the New Jersey Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. The Legislature finds and declares that:
   a. Depression is the most common mental health disorder among American teens and adults, with over 2.8 million young people between the ages of 12 and 17 experiencing at least one major depressive episode each year, approximately 10 to 15 percent of teenagers exhibiting at least one symptom of depression at any time, and roughly five percent of teenagers suffering from major depression at any time. Teenage depression is two to three times more common in females than in males.
   b. Various biological, psychological, and environmental risk factors may contribute to teenage depression, which can lead to substance and alcohol abuse, social isolation, poor academic and workplace performance, unnecessary risk taking, early pregnancy, and suicide, which is the third leading cause of death among teenagers. Approximately 20 percent of teens with depression seriously consider suicide and one in 12 attempt suicide. Untreated teenage depression can also result in adverse consequences throughout adulthood.
   c. Most teens who experience depression suffer from more than one episode. It is estimated that, although teenage depression is highly treatable through combinations of therapy, individual and group counseling, and certain medications, fewer than one-third of teenagers experiencing depression seek help or treatment.
   d. The proper detection and diagnosis of depression is a key element in reducing the risk of teenage suicide and improving physical and mental health outcomes for young people. It is therefore fitting and appropriate to establish school-based depression screenings to help identify the symptoms of depression and facilitate access to appropriate treatment.

1. A board of education shall ensure that each student in grades seven through 12 annually receives a health screening for depression. The screening shall be administered by a proctored and conducted electronically via a computer school physician or school nurse qualified professional and shall consist of a written self-report tool containing a range of questions for students to complete. 

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
Senate SED committee amendments adopted October 18, 2018.
Senate SBA committee amendments adopted January 9, 2020.
Questionnaire-2 or an equivalent depression screening tool] utilize a screening tool that has been validated to screen depression in adolescents, as determined by the Commissioner of Education and the Commissioner of Children and Families. The Commissioner of Health shall select the screening tool to be utilized by each school district. The Commissioner of Children and Families shall select one electronic screening tool to be utilized by all school districts. The screenings shall be conducted in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency, and that ensures the privacy of the student during the screening process and the confidentiality of the results consistent with State and federal laws applicable to the confidentiality of student records. The Department of Education and the Department of Health Division of Children’s System of Care in the Department of Children and Families shall jointly establish standards on the procedures to be implemented to conduct the screenings for depression and may provide for other screening tools, including, but not limited to, screening tools for anxiety, substance use disorder, and suicidal ideation and behavior, as determined by the Commissioners of Education and Children and Families. The Commissioners of Education and Children and Families shall make recommendations for conducting screenings in a manner that accommodates students with developmental disabilities, intellectual disabilities, or low reading proficiency. A board of education superintendent shall notify the parent or guardian of a student whose screening for depression detects a suspected deviation from the recommended standard. The board superintendent shall inform the parent or guardian that the screening is not a diagnosis and shall encourage the parent or guardian to share the results of the screening with the student’s primary care physician an abnormality and advise the parent or guardian to seek the care of a health care professional in order to obtain further evaluation and diagnosis. A student shall be exempt from the depression screening upon the written request of his parent or guardian. Boards As determined by the Department of Education and the Department of Children and Families, boards of education shall forward data collected from screenings administered pursuant to this section to the Department of Education and the Department of Health Children and Families, provided that any data forwarded shall be aggregated and shall not contain any identifying or confidential information with regard to any individual. Data collected by the departments pursuant to this subsection shall be used by the departments to identify Statewide trends concerning teenage
depression and to develop school and community based initiatives
to address teenage depression. The Department of Education and
the Department of Children and Families shall annually publish on
their Internet websites findings and recommendations that are based
on collected data as to additional resources that may be necessary to
screen adolescents for depression and further evaluate adolescents
who have exhibited abnormalities in depression screenings.

d. The Department of Education and the Division of
Children’s System of Care shall jointly develop and make available
to school districts and families a list of current local resources that
may be of assistance for students whose results on the depression
screening tool may indicate a need for behavioral or mental health
care services.
e. The Commissioner of Education and the Commissioner of
Children and Families shall periodically consider whether it would
be advisable for public schools to administer additional screening
tools related to student mental health including, but not limited to, a
screening tool for anxiety, such as the General Anxiety Disorder-7
or an equivalent anxiety screening tool. A school district shall
obtain written consent from a student’s parent or guardian, upon
enrollment or at the beginning of each school year, prior to
screening the student for depression pursuant to this section.

f. As used in this section, “qualified professional” means a
school psychologist, school nurse, school counselor, student
assistance coordinator, school social worker, or physician.

The State Board of Education, in consultation with
the Commissioner of Health Children and Families, shall
promulgate regulations pursuant to the “Administrative Procedure
Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to effectuate
the provisions of this act.

This act shall take effect in the first full school year
following the date of enactment.