

[Second Reprint]

**ASSEMBLY, No. 3926**

**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

INTRODUCED MAY 10, 2018

**Sponsored by:**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Assemblywoman PAMELA R. LAMPITT**

**District 6 (Burlington and Camden)**

**Assemblywoman CAROL A. MURPHY**

**District 7 (Burlington)**

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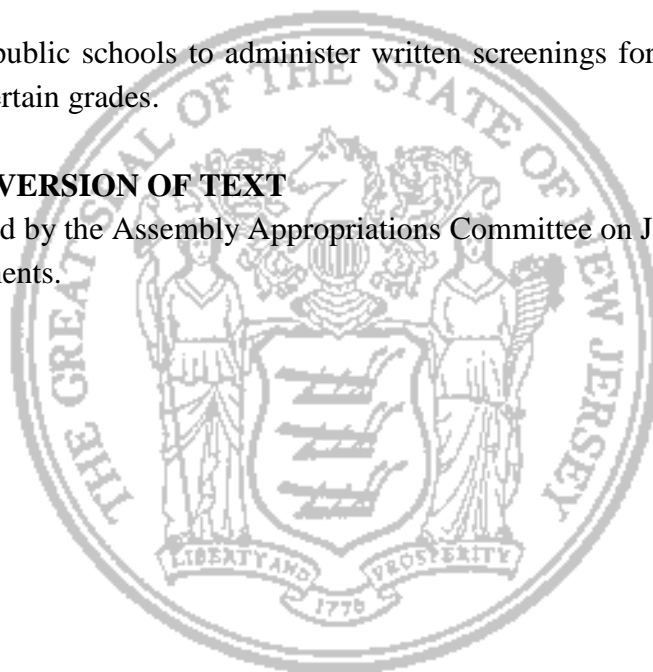
**Assemblyman Benson, Assemblywoman Vainieri Huttle, Assemblyman Verrelli, Assemblywoman McKnight, Assemblymen Armato, Danielsen, Assemblywomen Sumter, Mosquera, Speight, Reynolds-Jackson, Assemblyman McKeon and Assemblywoman Downey**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As reported by the Assembly Appropriations Committee on January 6, 2019, with amendments.



**(Sponsorship Updated As Of: 1/14/2020)**

1 AN ACT concerning student mental health and supplementing  
2 chapter 40 of Title 18A of the New Jersey Statutes.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 <sup>1</sup>1. The Legislature finds and declares that:

8 a. Depression is the most common mental health disorder  
9 among American teens and adults, with over 2.8 million young  
10 people between the ages of 12 and 17 experiencing at least one  
11 major depressive episode each year, approximately 10 to 15 percent  
12 of teenagers exhibiting at least one symptom of depression at any  
13 time, and roughly five percent of teenagers suffering from major  
14 depression at any time. Teenage depression is two to three times  
15 more common in females than in males.

16 b. Various biological, psychological, and environmental risk  
17 factors may contribute to teenage depression, which can lead to  
18 substance and alcohol abuse, social isolation, poor academic and  
19 workplace performance, unnecessary risk taking, early pregnancy,  
20 and suicide, which is the third leading cause of death among  
21 teenagers. Approximately 20 percent of teens with depression  
22 seriously consider suicide and one in 12 attempt suicide. Untreated  
23 teenage depression can also result in adverse consequences  
24 throughout adulthood.

25 c. Most teens who experience depression suffer from more than  
26 one episode. It is estimated that, although teenage depression is  
27 highly treatable through combinations of therapy, individual and  
28 group counseling, and certain medications, fewer than one-third of  
29 teenagers experiencing depression seek help or treatment.

30 d. The proper detection and diagnosis of depression is a key  
31 element in reducing the risk of teenage suicide and improving  
32 physical and mental health outcomes for young people. It is  
33 therefore fitting and appropriate to establish school-based  
34 depression screenings to help identify the symptoms of depression  
35 and facilitate access to appropriate treatment.<sup>1</sup>

36  
37 <sup>1</sup>[1.] <sup>2</sup>1. a. A board of education shall ensure that each  
38 student in grades seven through 12 annually receives a health  
39 screening for depression. The screening shall be <sup>2</sup>[administered by  
40 a] <sup>2</sup>proctored and conducted electronically via a computer<sup>2</sup> <sup>1</sup>[school  
41 physician or school nurse] <sup>2</sup>[qualified professional<sup>1</sup>]<sup>2</sup> and shall  
42 <sup>2</sup>[consist of]<sup>2</sup> <sup>1</sup>[a written self-report tool containing a range of  
43 questions for students to complete] <sup>2</sup>[the Patient Health  
44 Questionnaire-2 or an equivalent depression screening tool] utilize

**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:

<sup>1</sup>Assembly AHE committee amendments adopted September 13, 2018.

<sup>2</sup>Assembly AAP committee amendments adopted January 6, 2019.

1 a screening tool that has been validated to screen depression in  
2 adolescents<sup>2</sup> , as determined by the Commissioners of Education  
3 and <sup>2</sup>【Health<sup>1</sup>】 Children and Families<sup>2</sup>. The Commissioner of  
4 <sup>2</sup>【Health】 Children and Families<sup>2</sup> shall select <sup>2</sup>【the】 one  
5 electronic<sup>2</sup> screening tool to be utilized by <sup>2</sup>【each】 all<sup>2</sup> school  
6 <sup>2</sup>【district】 districts<sup>2</sup>. The screenings shall be conducted in a  
7 manner that <sup>2</sup>accommodates students with developmental  
8 disabilities, intellectual disabilities, or low reading proficiency, and  
9 that<sup>2</sup> ensures the privacy of the student during the screening process  
10 and the confidentiality of the results <sup>1</sup>consistent with State and  
11 federal laws applicable to the confidentiality of student records.<sup>1</sup>  
12 The Department of Education and the Department of <sup>2</sup>【Health】  
13 Children and Families<sup>2</sup> shall jointly establish standards on the  
14 procedures to be implemented to conduct the screenings <sup>1</sup>for  
15 depression and <sup>2</sup>may<sup>2</sup> provide for other screening tools, including,  
16 but not limited to, <sup>2</sup>【a】<sup>2</sup> screening <sup>2</sup>【tool】 tools<sup>2</sup> for anxiety, <sup>2</sup>【such  
17 as the General Anxiety Disorder-7 or an equivalent anxiety  
18 screening tool】 substance use disorder, and suicidal ideation and  
19 behavior<sup>2</sup> , as determined by the Commissioners of Education and  
20 <sup>2</sup>【Health<sup>1</sup>】 Children and Families. The Commissioners of  
21 Education and Children and Families shall make recommendations  
22 for conducting screenings in a manner that accommodates students  
23 with developmental disabilities, intellectual disabilities, or low  
24 reading proficiency<sup>2</sup>.

25 b. A <sup>1</sup>【board of education】 superintendent<sup>1</sup> shall notify the  
26 parent or guardian of a student whose screening for depression  
27 detects <sup>2</sup>【a suspected deviation from the recommended standard.  
28 The <sup>1</sup>【board】 superintendent<sup>1</sup> shall inform the parent or guardian  
29 that the screening is not a diagnosis and shall encourage the parent  
30 or guardian to share the results of the screening with the student's  
31 primary care physician】 an abnormality and advise the parent or  
32 guardian to seek the care of a health care professional in order to  
33 obtain further evaluation and diagnosis<sup>2</sup>.

34 <sup>1</sup>【c. A student shall be exempt from the depression screening  
35 upon the written request of his parent or guardian.】<sup>1</sup>

36 <sup>1</sup>c. <sup>2</sup>【Boards】 As determined by the Department of Education  
37 and the Department of Children and Families, boards<sup>2</sup> of education  
38 shall forward data collected from screenings administered pursuant  
39 to this section to the Department of Education and the Department  
40 of <sup>2</sup>【Health】 Children and Families<sup>2</sup>, provided that any data  
41 forwarded shall be aggregated and shall not contain any identifying  
42 or confidential information with regard to any individual. Data  
43 collected by the departments pursuant to this subsection shall be  
44 used by the departments to identify <sup>2</sup>【Statewide】<sup>2</sup> trends

1 concerning teenage depression and to develop school and  
2 community based initiatives to address teenage depression.

3 <sup>2</sup>[e. As used in this section, “qualified professional” means a  
4 school psychologist, school nurse, school counselor, student  
5 assistance coordinator, school social worker, or physician.<sup>1</sup>]

6 The Department of Education and the Department of Children  
7 and Families shall annually publish on their Internet websites  
8 findings and recommendations that are based on collected data as to  
9 additional resources that may be necessary to screen adolescents for  
10 depression and further evaluate adolescents who have exhibited  
11 abnormalities in depression screenings.

12 d. A school district shall obtain written consent from a  
13 student’s parent or guardian, upon enrollment or at the beginning of  
14 each school year, prior to screening the student for depression  
15 pursuant to this section.<sup>2</sup>

16

17 <sup>1</sup>[2.] 3.<sup>1</sup> The State Board of Education, in consultation with the  
18 Commissioner of <sup>2</sup>[Health] Children and Families<sup>2</sup>, shall  
19 promulgate regulations pursuant to the “Administrative Procedure  
20 Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to effectuate  
21 the provisions of this act.

22

23 <sup>1</sup>[3.] 4.<sup>1</sup> This act shall take effect in the first full school year  
24 following the date of enactment.