School Mental Health Quality Guide

Screening

SHAPE School Health Assessment and Performance Evaluation System

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

School Mental Health Quality Guide: School Mental Health Screening is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine for The SHAPE System. The Quality Guides provide guidance to help school mental health systems advance the quality of their services and supports. This guide contains background information on school mental health screening, best practices, possible action steps, examples from the field, and resources.

What is School Mental Health Screening?

School mental health screening is defined as the use of a systematic tool or process to identify the strengths and needs of students. Screening is conducted for all students, not just students identified as being at risk for or already displaying mental health concerns. This might involve screening an entire population, such as a school's student body, or a smaller subset of a population, such as a specific grade level.

Most commonly, mental health screening is used to identify individual students who are experiencing or are at risk of experiencing social, emotional, and/or behavioral difficulties. The use of screening as an early identification strategy detects the onset of challenges early so that they can be addressed before they escalate.

Screening measures can also ask students about:
- indicators of well-being and positive mental health
- life satisfaction
- school belonging
- social determinants of mental health
- adverse early life experiences

Why Screen?

Support a Multi-tiered System of Supports (MTSS)
- Screening can help promote comprehensive school mental health strategies across all tiers. As a result, appropriate supports can be provided to more than just those students who present with the highest level of risk.
- With a multi-tiered approach, students are more likely to learn core social-emotional-behavioral skills and may have their mental health needs addressed before they escalate.

Inform Prevention and Early Intervention Strategies
- About 20% of students show signs and symptoms of a mental health disorder in a given year. Mental health screening is a proactive approach to gathering valuable information for planning and implementing prevention and early intervention strategies for the other 80% before problems develop or worsen.
- When schools systematically ask students about indicators of well-being and social-emotional distress, they gather information that enables them to implement targeted prevention and early intervention strategies that can address the unique needs of a school or community.
- Example: If screening reveals high levels of student stress and anxiety, teaching coping skills to help reduce anxiety may be a helpful strategy to implement in classrooms. Screening with follow-up support can also detect and address student mental health problems early before they escalate.

Identify concerns specific to certain grades or classrooms
- Screening data can also shed light on strengths and concerns specific to certain subsets of a school's population, such as a single grade or age group. Understanding these possible trends can be critical for providing equitable supports within a school.
- For example, a school-wide screening effort may reveal that several classrooms may have a significant number of students with more intensive social-emotional-behavioral needs.
- Rather than take the time to individually follow-up with every student, it may be helpful to provide classroom supports directly to the group to assess if there are larger group dynamics and classroom factors that can be addressed.
- Screening data can help prioritize which students may benefit from more individualized services versus those who can have their needs addressed as part of a classroom intervention.

Identify students with highest well-being
There is mounting evidence that asking students about their well-being and social-emotional strengths, in addition to their psychological distress and functioning, has several benefits:
- Reduces stigma around asking youth about mental health within the school setting
- Enhances students' sense of empowerment and self-esteem
- Provides valuable information about all students
- More acceptable to youth and families across cultural groups due to varying perspectives on mental health.

Research suggests that students who experience average to high levels of well-being also experience better current and long-term outcomes, including academic success, than students who report low levels of well-being. These findings remain true regardless of level of psychological distress and impairment reported by students. Thus, screening for complete mental health, including both strengths and symptoms may be warranted.

Identify students at risk for a mental illness or harm to self or others
- Some school teams might screen to identify students who are in the most immediate need of mental health supports.
- This can include students who endorse suicidal or homicidal ideation, have a certain number of risk-taking behaviors, or office discipline referrals, and/or experience poor academic progress.
- As part of the screening process, screening teams must ensure that referrals to school and community mental health services are provided in a timely manner and that any student who may be a danger to self or others is further assessed immediately to ensure safety.

Make economically sound decisions
- Early identification of social, emotional, and behavioral difficulties and early intervention services are less costly than long-term, intensive mental health care options such as emergency department care and inpatient hospitalization.
- Universal school screening has been shown to connect students and families to cost-effective services such as individual and group outpatient mental health services and support groups.

Improve Access to Mental Health Supports

- Only a fraction of children, adolescents, and families who experience mental health concerns access outpatient care in traditional, community mental health settings, and of those that access care, about 40-60% drop out of treatment early.
- These rates speak to the barriers that keep many families, especially racial and ethnic minority families and those from low socioeconomic backgrounds, from accessing mental health care. Many of these barriers can be avoided by identifying and supporting students in school.
- It is estimated that over 70% of all mental health services received by youth in the United States are provided within schools. Children and adolescents are much more likely to initiate and continue mental health care in school than in other community settings, including community mental health centers.
- Several barriers, including stigma, transportation, and financing, contribute to the high no-show rates for mental health services in the community. Identifying and addressing student mental health concerns at school improves access to mental healthcare for all students, including traditionally underserved youth.
- The provision of mental health supports and services in school positively impacts student outcomes including improved academic performance, fewer special education referrals, decreased need for restrictive placements, fewer disciplinary actions, increased student engagement and feelings of connectedness to school, and higher graduation rates.

Mental health screening, planning, and implementation

- ✓ Include students and families in informing the screening, planning, and implementation process.
- ✓ Use a selection process for a screening tool that considers reliability, feasibility, cost, and fit with the goals of screening.
- ✓ Share information about screening in multiple formats prior to implementation.
- ✓ Inform students and families about screening procedures in advance and offer the opportunity to consent or opt out.
- ✓ Roll out initial screening efforts gradually to ensure the effectiveness of all processes before scaling up.
- ✓ Respond to risk of harm to self and others immediately.
- ✓ Have a defined process to assess screening/assessment results that allows for triaging students to further assess the need for Tiers 2 and 3 services and supports.

Indicate the number of students:

- enrolled in school.
- formally screened in the absence of known risk factors.
- identified as being at-risk or already experiencing a mental health problem.
- referred to a mental health services following identification.

Document how many students were screened for each specific screening area: depression, suicidality, substance use, trauma, and other mental health concerns (e.g., ADHD, conduct, life satisfaction, academic engagement).

Tips

Start small: Many schools and districts have found that piloting screening procedures with small groups of students is helpful to best understand and adapt screening procedures. Starting small and scaling up to the entire student population in a gradual way allows school and district teams to make course corrections and build on successes. For example, many school district leaders have pointed to the usefulness of piloting a screener with a few students and getting feedback or starting with a classroom or grade and then making corrections/adjustments to the process rather than starting the screening process with an entire school or district.

Assemble a team. School mental health screening should be planned and implemented by a core screening team comprised of leadership from the school community.

- Include school administrators and staff.
- Screening leaders and teams should include school staff with knowledge and training in mental health. Specifically, leadership roles should be held by school staff members who can identify mental health symptomatology, conduct assessment, and implement intervention.
- In most cases, a school psychologist or school mental health clinician should undertake the leadership role or divide the role according to given grade levels.

Resource: The School Mental Health Team Roles and Functions Template

The screening team needs to ensure all the following processes are addressed with appropriate leadership and staffing to guide the process:

- Planning the screening process.
- Administering screening measures, including administering and interpreting other languages, as needed
- Scoring surveys and identifying any students at imminent risk.
- Coordinating follow-up supports, as needed.

Community members or staff from child-serving organizations, students, and families can be key leaders throughout the screening process.

- Including school-based community providers and other community leaders from mental health and business organizations broadens the knowledge, experience, and perspectives gained by the team.

Resource: Forming school-community partnerships

- School screening teams must include students and families and consider communicating with students and family members in a culturally responsive way throughout the screening process, from garnering input to providing results and referrals for follow-up.
- Including students and family members as critical team members helps to ensure cultural relevance for and support from students and families.
- Community members such as interpreters, clergy, and community program staff can also be important for consultation and referral to programs that may be more accessible and acceptable to students and families.

Tips

You don't always need to create a whole new team for screening! Here are some questions to ask when deciding who will work on the effort:

- What teams or groups are already working on something related to health/mental health that we can expand?
- How does your school screen for academic performance? Are there people or processes that could be included in mental health screening?
- Who (staff, family, community members) has expressed interest in mental health, collecting and analyzing data, or systems-level change? Can they lead or be involved?

Generate Buy-In and Support:

Before deciding on the purposes for screening and measures to be used, screening teams should gather input from several groups, including school leadership and staff, students and families, and community agencies and organization staff.

Input can be gained by using several different strategies:

- Focus groups: Led by members of the screening team, focus groups can be held with key stakeholders and community members. Possible topics to address could include perceptions of:
  - Benefits of screening
  - Challenges and concerns related to screening
  - Consent and privacy considerations
  - Screening implementation, scoring, and referral

Agenda item at staff and parent meetings:

- Feedback can be elicited at regular staff meetings, Back-to-School Night, and PTA and other caregiver sponsored activities.

Tips

Anonymous student and family feedback cards:

- If age appropriate, homeroom teachers can pass out anonymous feedback cards for students to fill out during the first 10 minutes of homeroom on a designated day. Similarly, feedback cards can be made available in the front office and in other spaces that parents and guardians frequent. The screening team would then review the feedback, assess for common themes, and problem-solve to address suggestions and concerns.

- To increase caregiver participation, have screening team members set up a room for focus groups or feedback on a parent/teacher conference day. Recruit parents to stop by on their way in or out to participate.

Cultural Considerations:
- It is important to understand cultural values and unique considerations of different communities and subgroups of students when implementing school mental health screening and supports.
- Complex stress related to poverty, immigration, and language barriers
- Cultural beliefs about mental health and how concerns should be addressed may vary within and across cultural groups.
- It can be difficult to nearly impossible for some subgroups of students to receive mental health care in a timely and appropriate manner, particularly those groups that have been historically marginalized and underserved.
- Across cultural groups, research indicates that families are more supportive of screening and assessment processes that take a strengths-based approach.

action steps — Clarify Goals

It is imperative to clarify the goals of screening prior to selecting screening tools or communicating to those outside of the screening team about upcoming screening administration.
Examples:
- Screen all 6th grade students in one district for anxiety to inform who may benefit from additional support during the transition to middle school.
- Screen all 9th grade students in one high school for depression, including suicidal thoughts, to improve identification of students for counseling and inform school-wide suicide prevention efforts.
- Screen all students in one district for school connectedness to identify which schools have higher rates of school connectedness and learn from their efforts to improve this in other schools.

action steps — Identify Resources and Logistics

Staffing
- Screening teams should collaborate with school staff and community providers to support screening at different stages of the process. For example, buy-in and availability of student instructional support personnel (school psychologists, school counselors, school social workers, and other school health professionals) needs to be considered to allow for appropriately staffed administration and follow-up support when needs are identified.
- Teachers and paraprofessionals can be critical to help with classroom administration.
- When coordinating follow-up supports, ensure that recommended school-based and community-based programs have the capacity receive new referrals in a timely manner.

Data Infrastructure
- Screening teams may find it helpful to integrate data from screening into existing data systems. Several online platforms for behavior management exist, as well as Student Information Systems (SIS) used to track academic and behavioral data.
- When considering using existing SIS, screening teams must consider if they have the proper consents that explain how the data would be stored, who would have access, and how it would be used to include it in the data system. Data can also be collected using an electronic survey administration.
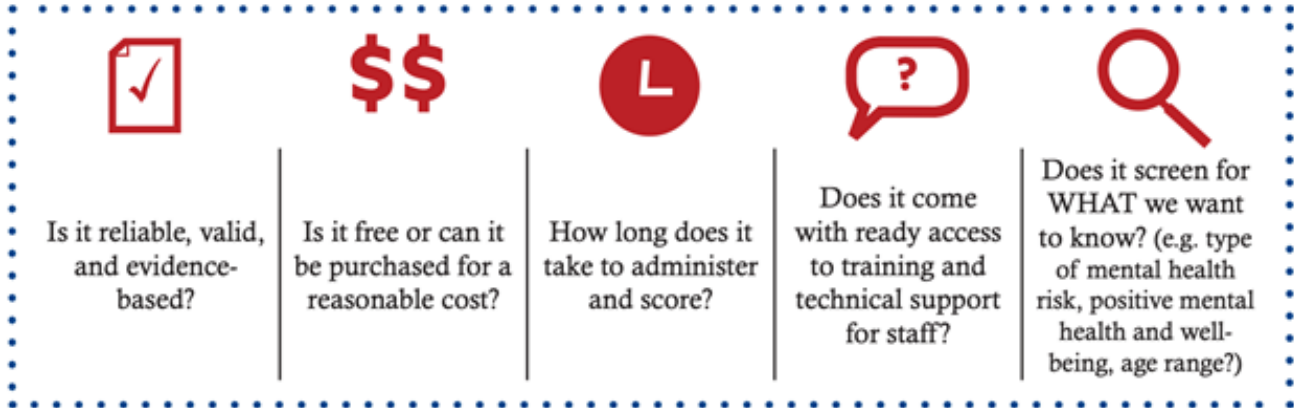
Resource: The Student Information Systems Brief provides evidence for the benefit of using SIS, as well as comparison of several SIS available.

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Is it reliable, valid, and evidence-based?	Is it free or can it be purchased for a reasonable cost?	How long does it take to administer and score?	Does it come with ready access to training and technical support for staff?	Does it screen for WHAT we want to know? (e.g. type of mental health risk, positive mental health and well-being, age range?)

Resource: The SHAPE System
The School Health Assessment and Performance Evaluation (SHAPE) System is a free online platform for district and school teams, and includes instruments appropriate for use in school mental health. Search for the screening or assessment tool that best fits the needs of your school by focus area (academic, school climate, or social/ emotional/behavioral), assessment purpose, student age, language, reporter, and cost. Every measure has been carefully reviewed and includes a brief summary with direct links to copies of the instrument and scoring information.

Teacher Nomination:
• Compared to screening tools, teacher nomination procedures have been found to be equally correlated to important student outcomes. Research has indicated that teacher nominations may be most useful for screening students with externalizing types of distress and less sensitive to identifying students with internalizing types of distress.

Other Indicators of Students' Mental Health:
• As part of the measure selection process, it is beneficial to think beyond just measures that focus on mental health symptoms and to include measures that consider social determinants of health and indicators of academic success, well-being, and distress. Inclusion of these factors can help to prioritize which students are in most need of additional supports.

Examples might include:
• Grades
• Attendance
• Office Discipline Referrals
• Engagement in substance use
• Indicators of students' socioeconomic status (e.g., parents' highest level of education or free/reduced lunch status)

action steps

Determine Consent and Assent Processes

• An important decision when planning consent procedures is the type of consent, active or passive/opt-out, sought from students' parents and legal guardians.

Type of Consent	Definition	Strengths	Limitations
Active	A student may only participate in school mental health screening if their parent gives written consent.	Ensures that consent is informed. Is often in line with district protocol. May establish more trust between schools and families	Has been associated with participation of fewer minority students, more students from two-parent households, students with better grades, students who participate in more extracurriculars, students who use substances less frequently, and female students. Participation has been shown to drastically decrease for districts who moved from passive to active consent (on average, 29-60%).
Passive	A parent or guardian's non-response serves as their consent to let their student participate in screening.	Allows for the best chance to reach the largest number of students. On average, participation has ranged from 79-100%	Follow-up screening efforts require active consent.
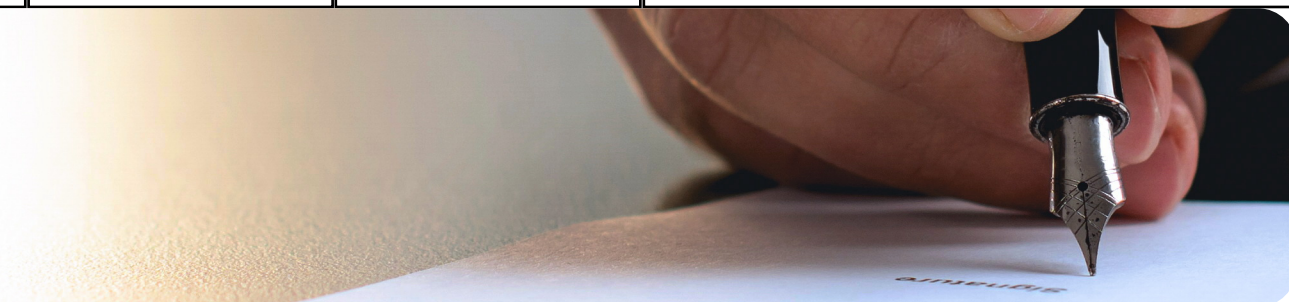
Student assent
• Screening teams should gain students' voluntary assent for participation in screening. Often, this is done at the beginning of administration and an option is provided for students to indicate "Yes, I will take this survey" or "No, I choose not to take this survey."
• It should be made clear to students that there are no disciplinary or academic consequences for choosing not to participate.

Communication
• By providing a consistent message on the purpose and importance of screening to students, parents/guardians, and school staff, schools improve their likelihood of having higher rates of consent and assent.
• Communication of this message should be done in multiple formats to reach the largest number of students and families including:
  - Phone calls and/or text messages
  - School website
  - Written notification in the mail
  - Flyers sent home with students
  - Forms/information sheets included as part of yearly registration packets
  - Discussions with students in class and parents/caregivers at meetings
  - Signs displayed around the school

Cultural considerations with consent procedures
• Students and families from cultural backgrounds other than the majority group might experience distrust and fear about the screening system. Therefore, communication facilitated by cultural liaisons and brokers, as well as translators for written consent forms, can be critical in ensuring that the purpose of screening is understood by all families in the school. All team members, including translators and cultural liaisons, should be easily reachable by meeting, phone, or email once consent forms have been provided to families. Having someone readily available who can help families to read consent forms aloud, answer questions in preferred languages, and provide needed assurance about screening can increase the likelihood of involvement of caregivers in the screening process.

Tips

- State laws or district policies may impact the ability to conduct active versus passive consent.
- As the screening team decides on consent procedures for their school(s), they must have thorough knowledge of school and district policy and procedures related to asking about and handling information about students' mental health. If working in partnership with an outside entity such as an agency, organization, hospital, or university, it may also be necessary for these entities to have consent procedures approved by their Institutional Review Board (IRB).

Resources: Example of Passive Consent: (either UCSB or MHTTC. UCSB includes consent for research and a version in Spanish).

Example of Active Consent: Alta Behavioral Health Care

action steps — Develop Data Collection Processes

Data Management and Privacy
- Consider data management and privacy according to FERPA and HIPAA.
- Data management often depends on district and federal guidelines for maintaining student and family records within schools and as part a student's healthcare (i.e., Federal Educational Rights and Privacy Act [FERPA] and Health Insurance Portability and Accountability Act [HIPAA]).
- School leadership need to determine where data will be stored, who will have access to it, and how it will be used. Appropriate consents and releases of information must abide by established guidelines and procedures.

Online platform vs. Paper and pencil
- Increasingly, school screening teams are choosing to administer measures through online platforms (e.g., Qualtrics, SurveyMonkey, Google Forms).
- Administering screenings online allows for easier collection and management of data for scoring and follow-up purposes Additionally, online platforms may enable students and families to easily switch between languages to answer items.
- Before selecting online administration, the screening team should confirm that chosen screening tools can be converted to an online format per the author/publisher policy.
- Paper and pencil allows all students in a school to complete the survey at once and does not require all students to have access to computers or other online technology. However, paper and pencil administration requires manual entry of all responses, which can be time-consuming for members of the screening team and increase the likelihood of errors in scoring and data entry, as well as a potential delay in being able to review surveys for responses indicative of a need for mental health referral and/or to address pressing safety concerns.
- For both online and paper and pencil administration, the responses must be reviewed for any pressing concerns (e.g., suicidal ideation, indicators of abuse or neglect). Reviews should occur immediately after the students complete the surveys because of the potential time sensitivity and safety implications. This is most relevant when administering measures that inquire about potential harm to self or others or other serious mental health concerns that would require immediate attention.

Who to screen?
1. Start small
   - Consider conducting a pilot administration with one grade or classroom
   - Then gather feedback, troubleshoot, and assess feasibility for screening the whole school
2. Students, parents, and teachers
   - Depending on the selected screener, there may be a component for each of these stakeholder groups to fill out
   - Note that adolescent students are generally the best reporters of internalizing symptoms (e.g., depression, anxiety)

When to screen?
1. Decide how many time-points you will screen
   - If screening at the beginning of a new school year, you may want to wait 4-6 weeks in until teachers and students have readjusted.
   - A mid-year and end of year screening can help to assess progress and also capture changes that occur throughout the year.
   - When conducting end of year screening, be mindful that students will be leaving for summer, which can present challenges for timely intervention. Also, end of year data may not be valid for the students when school starts again in the fall.
2. Ask for input and be creative to get it done
   - Consult with teachers and administrators about optimal times of day to screen
   - Consider non-instructional time such as a homeroom period
   - Create a school-wide "screening time" where all students across the school complete the survey during the first 20 minutes of a specific subject class period (e.g., all P.E. classes or all Science classes)
   - Track completion and hold makeup screening sessions on multiple days
   - Present about screening to parents at back-to-school night, or other school-parent functions, then have them complete the screeners during the event

Staff to support screening
1. Communicate clearly
   - Use professional development days or staff meetings to inform teachers and staff about the purpose and importance of screening
   - Discuss the value of using universal mental health screeners in combination with teacher referrals
2. Provide staff with clear written and oral communication about:
   - When screening will take place
   - Who is responsible for distributing surveys (via paper, desktop/laptop, tablet, or other device)
   - Who is responsible for proctoring
   - How to handle students who are late for or miss initial screening administrations
   - How to identify students who declined consent
   - Where to return completed surveys (if paper administration)

Scripts

Screening proctors are typically teachers, paraprofessionals, counselors, or the school psychologist or social worker. Some school districts also partner with community mental health providers or university mental health graduate programs to assist with screening administration. Prior to screening, proctors should be provided a script to read to students at the beginning of administration. This ensures that the screening process is standardized. Scripts should also be translated into other languages spoken at the school, with staff members or cultural liaisons present to read and respond to any questions related to the scripts. Content in the script should include:

- Introduction to the screening process – purpose of screening, confidentiality of results, and relevance to students
- Step-by-step instructions for completion
- Guidelines for returning surveys to the appropriate location (if applicable)

Tips

- If administering the screening through an online platform and the school has a computer lab, schedule 1 week where classrooms rotate through to complete screening during the first 15-25 minutes of a certain subject period.

action steps

Develop Follow-Up Processes

- Literature on screening recommends that interventions based on screening findings be implemented at the universal, targeted, and intensive levels within a MTSS framework.
- A resource map of school and community resources can help identify supports and services to be implemented for students at different levels of risk.

Tips

Example of tiered approach of screening for wellbeing and distress:
- All students can benefit from school-wide mental health promotion to improve mental health understanding and basic coping skills, such as Mental Health Awareness weeks, class-wide social emotional learning curriculum, and staff and parent psychoeducation trainings.
- For students who report low levels of well-being and distress, they may benefit from small group interventions to foster strengths.
- For students with high levels of well-being and elevated distress, interventions that address symptoms while capitalizing on areas of well-being and support can be useful.
- For students indicating low well-being and elevated distress, individualized supports and referrals should be put in place to address distress and bolster wellness.

Follow-up schedule

- Follow-ups with students who might need additional supports should happen as soon as possible. When students have a positive screen, they will be referred for further assessment to better understand specific strengths and challenges.
- Follow-ups should include procedures to follow-up with caregivers and school staff. Recommendations for efficient and responsive follow up are as follows:
  - **High risk:** same day
  - **Moderate risk:** within the week
  - **Low risk:** communicate findings to staff, students, and parents within a reasonable time frame**.**

Identified need will exceed our capacity.	Our community does not like the idea.	Obtaining consent from parents will exceed our capacity.	What will we screen for?
Set triaging data rules in advance.	Involve multiple stakeholders in planning.	Use passive consent and opt-out procedures.	Set triaging data rules in advance.
Review existing resources and capabilities.	Use existing community and parent forums.	Share a consistent message in multiple formats.	Review existing resources and capabilities.
Review surveillance data.	Start by screening for resilience and strengths.	Engage parents in developing your message.	Review surveillance data.
Start small, then adapt and scale up.	Start small, then adapt and scale up.	Start small, then adapt and scale up.	Start small, then adapt and scale up.

Tips

- Alert crisis teams and local community mental health providers to be on call in advance of screenings.
- Community partnerships for follow up and referrals. Once school-community partnerships are established, screening teams should alert crisis teams and local.
- Community mental health providers to be on call before screening administration. This can help ensure that local organizations and providers are prepared and adequately staffed.

Example from the Field

A suburban school district north of Boston, Massachusetts, used quality improvement processes to incrementally build universal mental health screening in the district.

Initial steps included identifying who to screen, choosing screeners that matched population needs, determining consent procedures, and working with a handful of students to inform and refine the screening process. Within one school year, the district moved toward full implementation of two large-scale online screenings at the high school level that integrated a consent and opt-out process, and have since expanded to elementary and middle schools. Follow up data analysis revealed that 100% of students who required follow-up received it within 7 days of the screening, with urgent concerns being addressed immediately upon identification.

Addressing barriers

When planning for school-based screening, teams should consider potential concerns from various stakeholders, including school staff, students, families, and community partners. School screening teams should anticipate these concerns and prepare for issues that may arise.

For more resources, visit the SHAPE Resource Library at www.theSHAPEsystem.com

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