



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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To: All panelists
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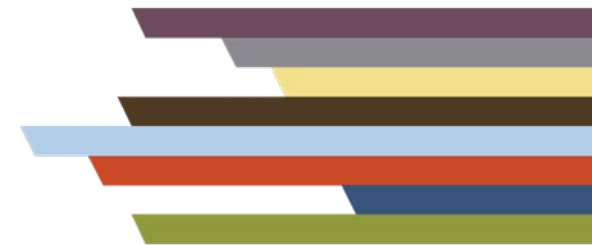
MHTTC School Mental Health Curriculum *Always and Now* 8-Part Learning Series

FEBRUARY-MAY 2021



Presented by the MHTTC Network
and National Center for School Mental Health

Session 4 Screening

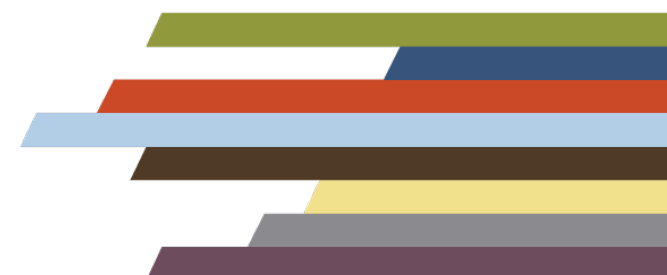
March 23rd, 2021



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- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A Pod
- Have an audio or tech issue? Use the Chat Box
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Please Note:
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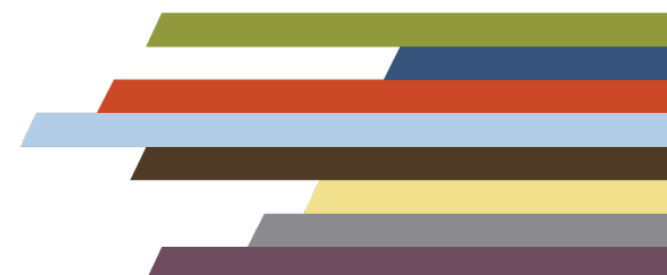


MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office



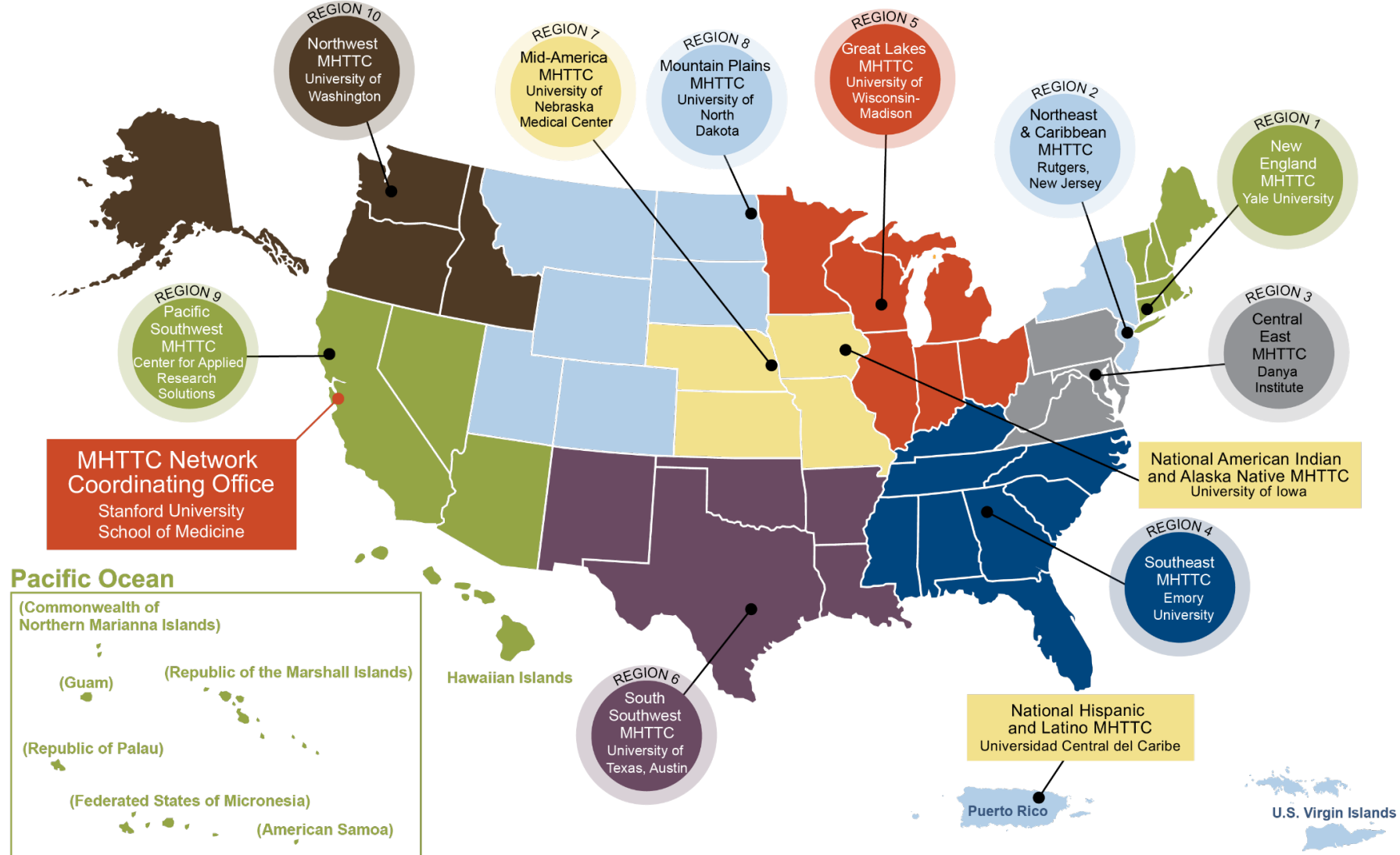
Connect with Your MHTTC at www.mhttcnetwork.org



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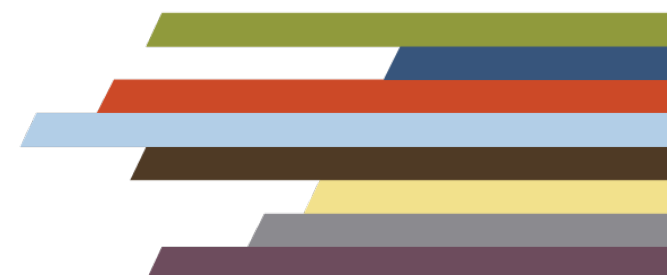
MHTTC Network



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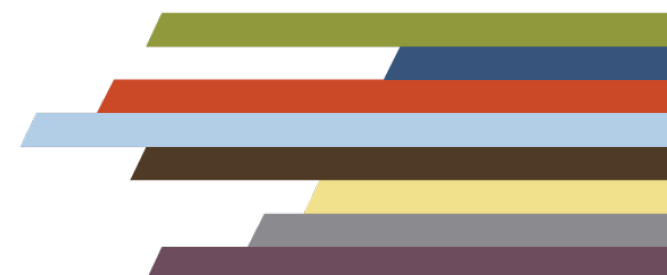
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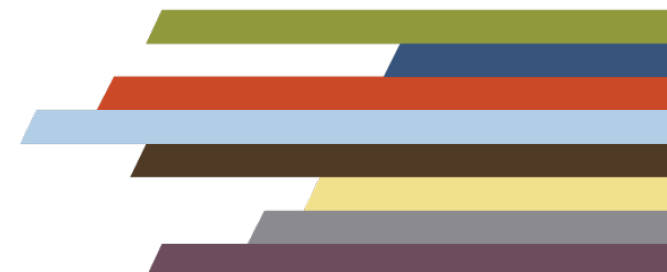
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At the end of today's training please take a moment to complete a **brief** survey about today's training.



Don't forget about our Regional Breakout Sessions!

The post-session Regional Breakout sessions are intended to provide an opportunity for you, our participants, to ask questions about the content we'll cover today, and time to discuss and apply today's learning in an informal moderated discussion with our staff, contextualized for your specific region.





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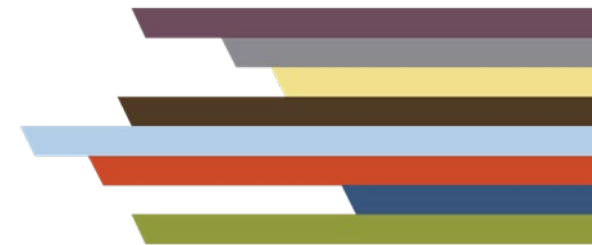
MHTTC School Mental Health Curriculum *Always and Now* 8-Part Learning Series

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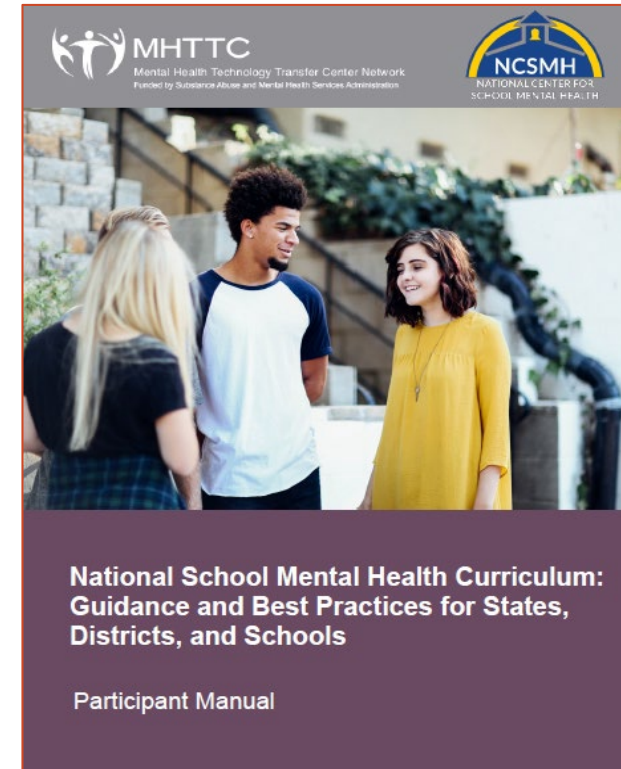
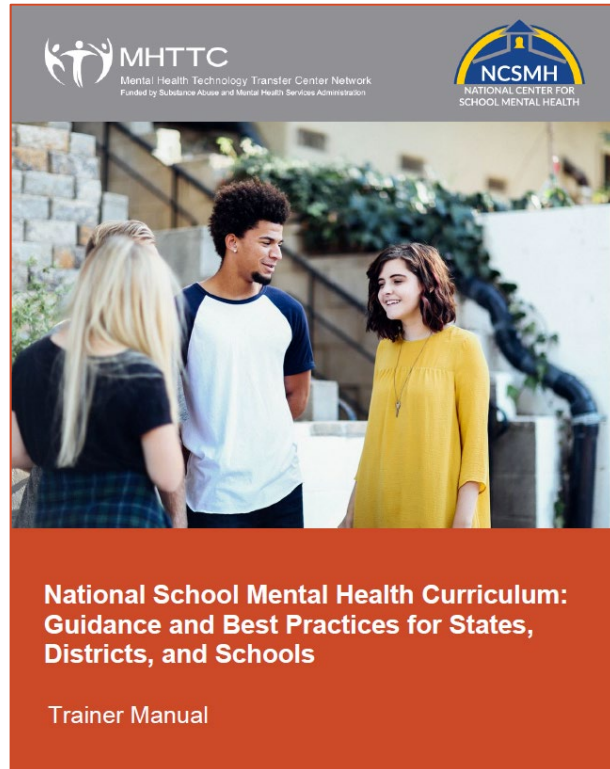
Presented by the MHTTC Network
and National Center for School Mental Health

Module 4-Screening

March 23rd, 2021



National School Mental Health Curriculum: Always & Now



Available on the MHTTC Website:
<http://bit.ly/access-smh-curriculum>

Panelist from the National Center for School Mental Health



Dr. Jill Bohnenkamp is an Assistant Professor and core faculty at the National Center for School for School Mental Health within the Division of Child and Adolescent Psychiatry at the University of Maryland School of Medicine. Dr. Bohnenkamp has extensive experience in school mental health research, policy and clinical practice at the local, state and national levels. She works with individual school personnel, district, state and national leaders to advance high quality school mental health.





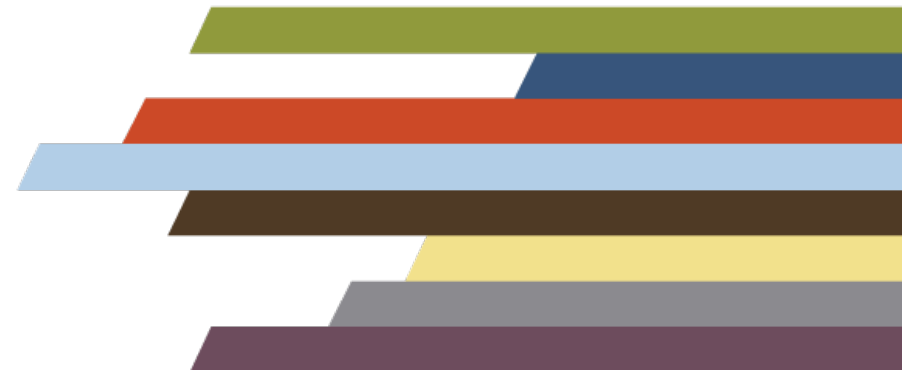
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Module 4: Screening

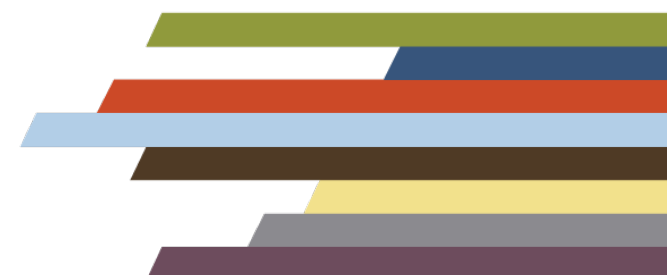
National School Mental Health Curriculum:
Guidance and Best Practices for States, Districts, and Schools





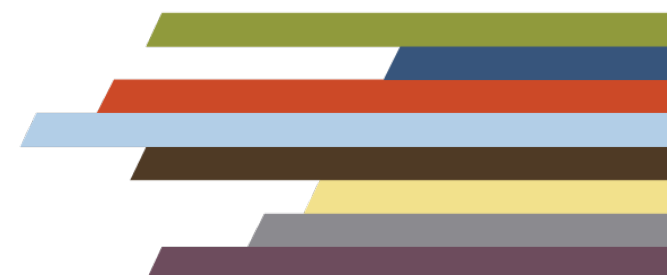
Agenda

- Definition
- Purpose and Importance of Screening
- Screening Action Steps
- Common Barriers and Strategies
- Surveillance Screening as an Option
- District Example
- Strategic Planning



What Is School Mental Health Screening?

Using a tool or process employed with an entire population, such as a school's student body, **to identify student strengths and needs.** Screening is often used to identify students **at risk for a mental health or substance use concern.**



Why Screen?

- Support a multi-tiered system of supports (MTSS).
- Inform prevention and early intervention strategies.
- Identify concerns specific to grades, classrooms, or educators.
- Identify students with the highest well-being.
- Identify students at risk for mental illness or harm to self or others.
- Improve access to mental health supports.
- Economically sound.

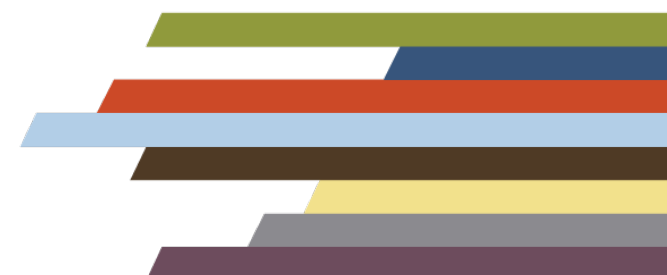


Why Screen?

- **Elevated Student Mental Health Concerns due to COVID-19**
 - U.S. college and high school students
 - 25% know someone who has had suicidal thoughts
 - 5% report they had made a suicide attempt
 - 53% of high school students reporting moderate-extreme concerns about their mental health
 - Elevated youth suicide rates
 - Student absence
 - 3 million students across the U.S. have not been in school since March 2020
- **Identify Students with High Risk Mental Health Concerns**



Bellwether Education Partners,
2021; Chegg, 2020



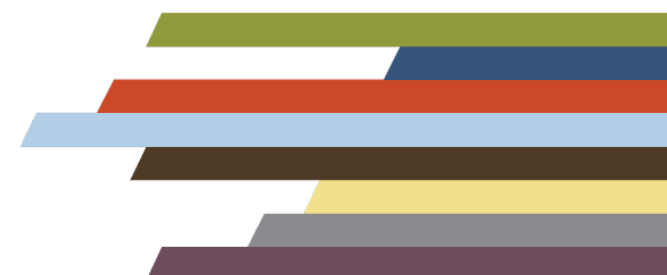
Mental Health Screening Quality Indicators

Use best practices for mental health screening planning and implementation.

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 service following identification

Of students screened, how many screened for [specific mental health areas]



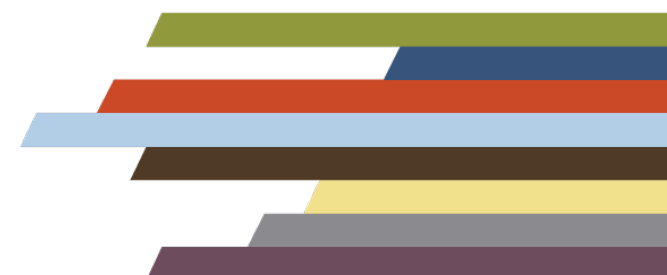
To what extent did your district/school use best practices for **mental health screening, planning, and implementation?**

Best Practices:

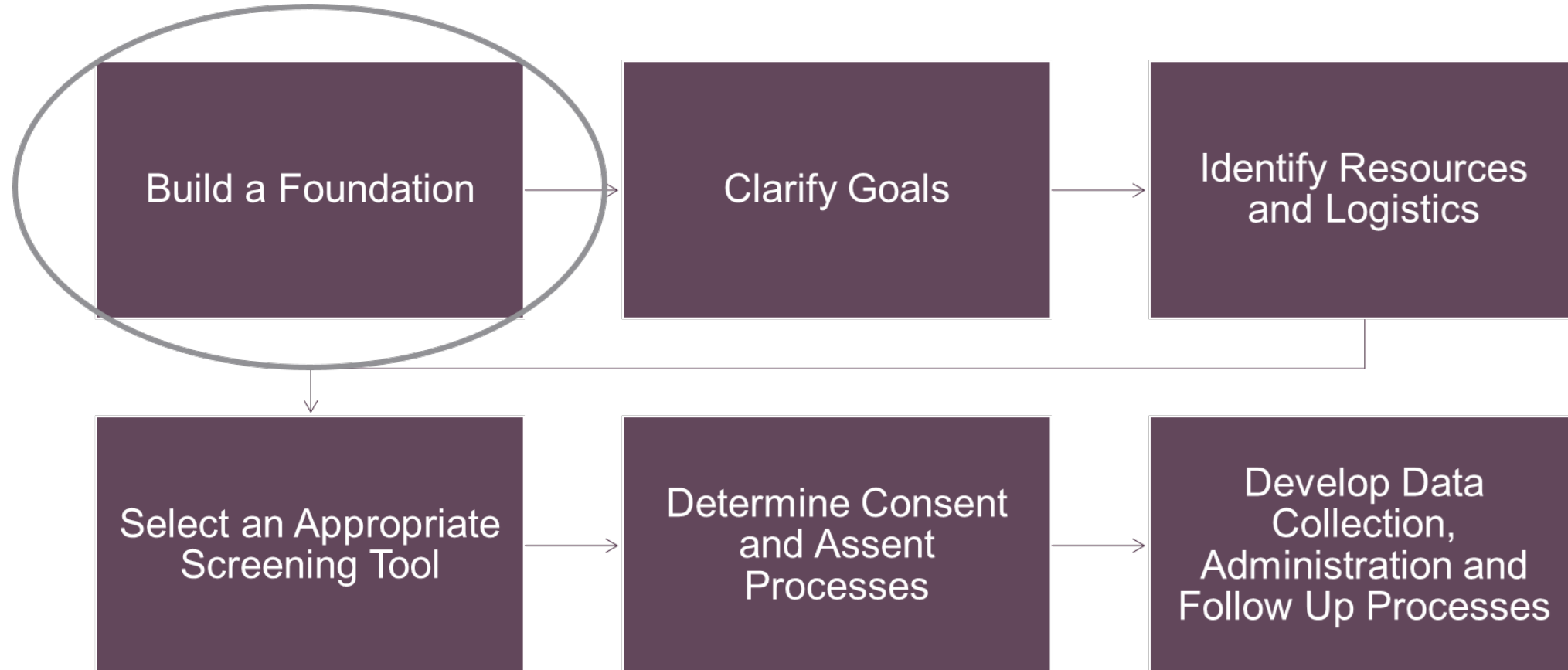
- Include students and families in the screening process.
- Use a selection process for a screening tool that considers reliability, feasibility, cost, and fit with the goals of screening.
- Share information about screening in multiple formats.
- Inform students and families about screening procedures.
- Roll out initial screening efforts gradually.
- Respond to risk of harm to self and others immediately.
- Have a process to assess screening results to triage students to appropriate services.



Start Small



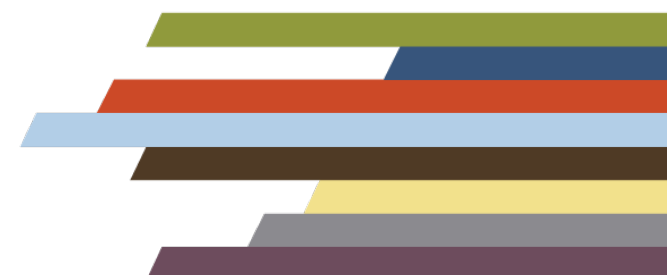
Screening Action Steps



Build a Foundation

Generate Engagement and Support

- Gather input from several groups:
 - ✓ Focus groups
 - ✓ Parent/staff meetings
 - ✓ Feedback cards
- Strategize how your goals fit in with other initiatives or goals in your school/district
- Consider how students are currently being identified for MH services and the implications for service provision.



Build a Foundation

Cultural Considerations

- Complex stress related to poverty, immigration, language barriers
- Cultural beliefs about mental health and how concerns should be addressed
- Marginalized and underserved groups
- Screening more acceptable across cultural groups when strengths-based

“Interpreters, cultural brokers, and community liaisons should be available, utilized, and consulted with frequency in order to minimize miscommunication and improve collaboration with family members across key stakeholders.”

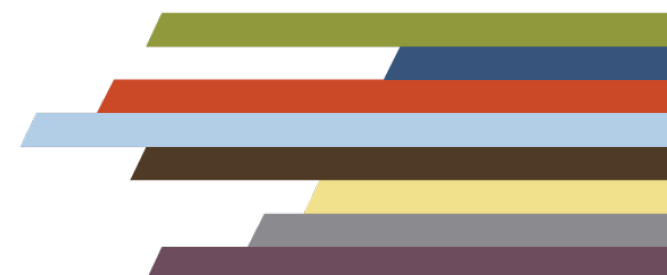
(Bertone et al., 2018)

Build a Foundation

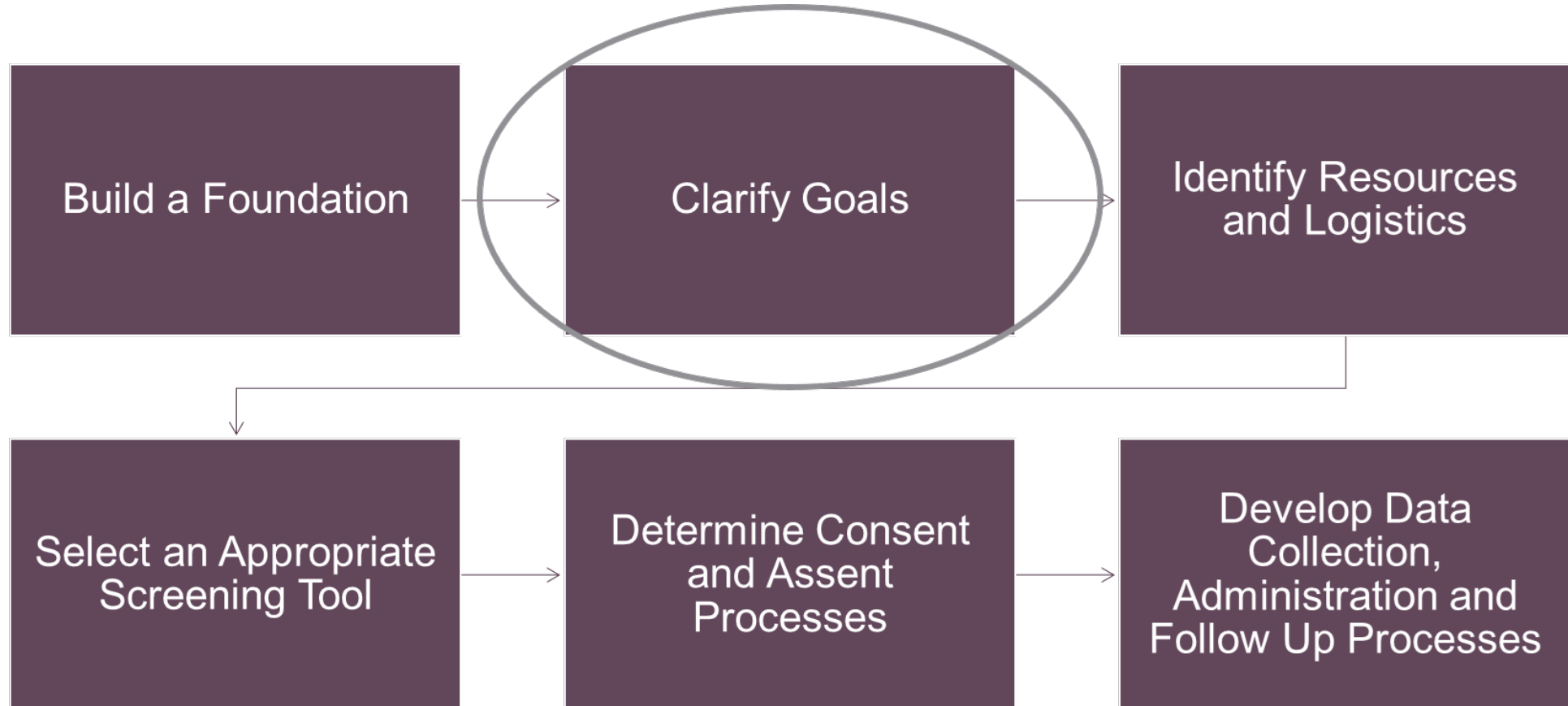
Use Data

- Data can support justification for mental health screening.
- For example, one district used data from their screening pilot to demonstrate the value of screening:
 - *Students who scored in the moderate to severe range for depression are absent 47% more often than the average.*
 - *GPA was consistently lower for students who scored in the moderate to severe range on two different mental health screeners.*

(Crocker & Bozek, 2017)

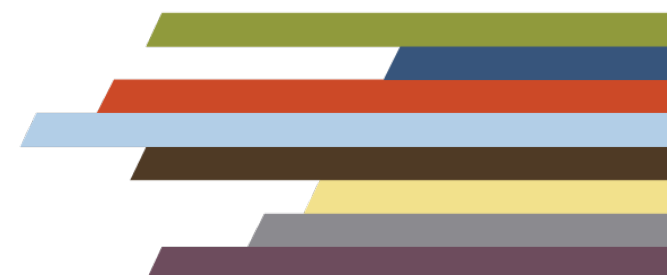


Screening Action Steps



Clarify Goals

- Identify the purpose of screening and desired outcomes.
- 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.



Identify Resources and Logistics

Staffing

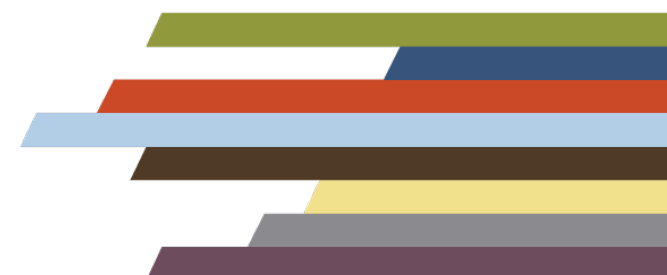
- Buy-in and availability of student instructional support personnel (school psychologists, school counselors, school social workers, and other school health professionals)
 - Administration and follow-up
- Teachers and paraprofessionals
 - Classroom administration
- Community providers
 - Capacity to welcome new referrals



Identify Resources and Logistics

Data Infrastructure

- Consider integrating data into existing data systems.
 - Behavior management platforms
 - Student information systems for academic and behavioral data
- Consider electronic survey administration
- Data storage and access



Select an Appropriate Screening Tool

SHAPE School Health Assessment and Performance Evaluation System

Home About Us How to Register Privacy/Security FAQs Contact Us My Account

View Selection / District Admin

JEFFERSON UNITED Mental Health Profile Updated: April 5, 2018

School Mental Health System

System Performance My Schools Trauma Responsiveness **Screening and Assessment** Team Members

Welcome to the School Mental Health Screening and Assessment Library. Use the filters below to locate a measure that is appropriate for your needs. Each measure includes a one page information sheet, scoring details, and access to the measure.

Clear All 1 filters selected

Focus Area	Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
<input type="checkbox"/> Academic <input type="checkbox"/> School Climate <input type="checkbox"/> Social/ Emotional/ Behavioral <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Depression/ Mood <input checked="" type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Eating <input type="checkbox"/> Global Functioning <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Inattention <input type="checkbox"/> Life Satisfaction/ Quality <input type="checkbox"/> Resilience	Brief Problem Checklist (BPC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression Disruptive Behavior	Student (7-18) Caregiver (7-18)
	Pediatric Symptom Checklist (PSC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning Hyperactivity Inattention	Student (11-18) Caregiver (3-16)
	Strengths and Difficulties Questionnaire (SDQ)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning Hyperactivity	Student (11+) Caregiver (2-17) Educator (2-17)

Pediatric Symptom Checklist (PSC)
Developers: M. Jellinek, J. Murphy, J. Robinson, A. Feins, S. Lamb, & T. Fenton

Overview
The Pediatric Symptom Checklist (PSC) is a screening tool intended to identify a wide range of psychosocial concerns. Full (35 item) and abbreviated (17 items) versions were developed for youth (Y-PSC) and caregiver (PSC) respondents. A version for caregivers is also available in pictorials (PPSC; picture options). Originally utilized in primary care, the PSC's application has also been expanded to school and community health and behavioral health settings.

Focus Area
Anxiety
Depression/Mood
Disruptive Behavior
Global Functioning
Hyperactivity
Inattention

Purpose
Screening/Initial Evaluation
Progress Monitoring

Reporter
Student
Caregiver

Versions
Y-PSC-17, Student, 17 items (for ages 11-18)
Y-PSC, Student, 35 items (for ages 11-18)
PSC, Caregiver, 35 items (for ages 3-16)
PPSC, Caregiver, 35 items (for ages 3-16)
PSC-17, Caregiver, 17 items (for ages 6-16)

Subscales
Psychosocial impairment

- Attentional impairment*
- Internalizing symptom impairment*
- Externalizing symptom impairment*

*PSC-17 only

Sample Items

- Seem to be having less fun
- Fidgety, unable to sit still
- Fight with other children
- Worry a lot

Response Options
Never
Sometimes
Often

Estimated Completion Time
Less than five minutes (17 items)
Five minutes (35 items)

Cost
Free

Scoring

Pediatric Symptom Checklist (PSC)																	
Possible range	PSC-35 0-70																
Item scores	Never (0) to Often (2)																
Administration & scoring rules	The reporting time frame is for the past week. Suggested administration frequency is every three to six months. To use the PSC & PPSC (for ages 6-18) and the Y-PSC for screening and progress monitoring: > Sum all items to get a total psychosocial impairment score > Use the below table to interpret a positive score To use the PSC-17 & Y-PSC-17 for screening and progress monitoring: > Sum all items to get a total psychosocial impairment score > Subscales: • Sum items 1,3,7,13,17 to identify an individual at-risk for attentional impairment • Sum items 2,6,9,11,15 to identify an individual at-risk for internalizing symptom impairment • Sum items 4,5,8,10,12,14,16 to identify an individual at-risk for externalizing symptom impairment > Use the below table to interpret a positive score																
Interpretation	<table border="1"> <thead> <tr> <th colspan="2">Positive Impairment Score</th> </tr> <tr> <th>PSC or PPSC for ages 6-18</th> <th>28+</th> </tr> </thead> <tbody> <tr> <td>Psychosocial impairment</td> <td>15+</td> </tr> <tr> <td>PSC or PPSC for ages 3-5</td> <td>24+</td> </tr> <tr> <td>Attentional impairment</td> <td>7+</td> </tr> <tr> <td>Y-PSC</td> <td>30+</td> </tr> <tr> <td>Internalizing impairment</td> <td>5+</td> </tr> <tr> <td>Externalizing impairment</td> <td>7+</td> </tr> </tbody> </table>	Positive Impairment Score		PSC or PPSC for ages 6-18	28+	Psychosocial impairment	15+	PSC or PPSC for ages 3-5	24+	Attentional impairment	7+	Y-PSC	30+	Internalizing impairment	5+	Externalizing impairment	7+
Positive Impairment Score																	
PSC or PPSC for ages 6-18	28+																
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PSC or PPSC for ages 3-5	24+																
Attentional impairment	7+																
Y-PSC	30+																
Internalizing impairment	5+																
Externalizing impairment	7+																
Handling blank items	Items left blank are scored as "0," if there are more than 4 blank items, the questionnaire is invalid																

Access the measures: [PSC-35 \(caregiver\)](#) [PPSC-35 \(caregiver\)](#) [PSC-17 \(caregiver\)](#) [Y-PSC-35](#) [Y-PSC-17](#)

*Although the PSC 17 can be used as a youth self-report, it is important to note that neither the total score nor the individual subscale scores have been validated as of this writing. Click here for additional scoring instructions. Access all versions (including other languages) of the PSC measure.

Summary compiled by CSMH (2017) for The SHAPE System (www.theSHAPEsystem.com)

Determine Consent and Assent Procedures

Type of Consent	Definition	Strengths	Limitations
Active	A student may only participate in school mental health screening if their parent or guardian gives written consent	<ul style="list-style-type: none"> • Ensures that consent is informed • Often in line with district protocol • May establish more trust between schools and families 	<ul style="list-style-type: none"> • Has been associated with the participation of fewer minority students, more students from two-parent households, students with better grades, students who participate in more extracurriculars, and female students
Passive/ Opt-Out	A parent or guardian's non-response serves as their consent to let their student participate in screening	<ul style="list-style-type: none"> • Allows for the best chance to reach the largest number of students 	<ul style="list-style-type: none"> • Follow-up screening efforts require active consent

Determine Consent and Assent Procedures

Passive Consent/Opt Out Example

Dear Parent or Guardian,

In an effort to promote the health and well-being of students in XX Public Schools, students will be periodically provided with questionnaires, surveys, and screeners that address issues related to mental health. The information gained will support the school's ability to provide comprehensive and timely support for your child if they require any assistance.

Students can opt out of filling out any questionnaire, survey, or screener that they are not interested in taking and you can opt-out your child at any time by contacting the Guidance Office of your child's school or filling out the opt out form [here](#).

A list of the questionnaires, surveys, and screeners is available below for you to review. We are committed to ensuring your student is supported academically, socially, and emotionally, and we look forward to partnering with each of you toward achieving this goal.

Please contact XXX at XXX with any questions.

In partnership,

[School or District Administrator]

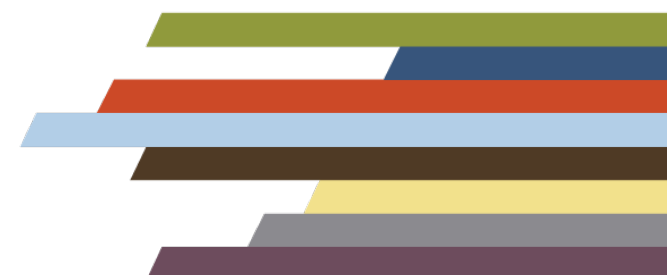
Determine Consent and Assent Procedures

- Student assent.
- Deliver a consistent message.
- Share information in multiple formats.
 - Automated **phone call/text message** to all families
 - Information on the school **website**
 - Written notification sent in the **mail**
 - **Flyers** sent home with students
 - Forms/information sheets included as part of **registration packets**
 - Discussions with students in class and parents/caregivers at meetings
 - **Signs displayed** around the school
 - **Script** read to students prior to administration



Develop Administration Processes

- Who to screen
 - Pilot with a small group of students
 - Collect feedback from students, families and staff to inform modifications
- When to screen
 - Consider advisory or home room time
- Staff to support screening
 - Who will administer the screening
 - Provide information scripts for staff to read including potential troubleshooting tips



Develop Follow-Up Processes

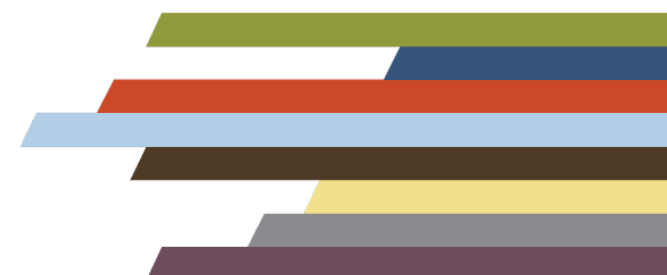
- **Tiered approach to follow up**

- Resource map of school and community supports and services
- Determine interventions that will be implemented for students at different levels of risk

- **Follow-up schedule**

- High risk- same day
- Moderate risk- within a week
- Low risk- communicate findings to staff, students, and parents within a reasonable timeframe (e.g., one month).
- Processes to follow up with caregivers and school staff

- Alert crisis teams and local community mental health providers to be on call in advance of screenings

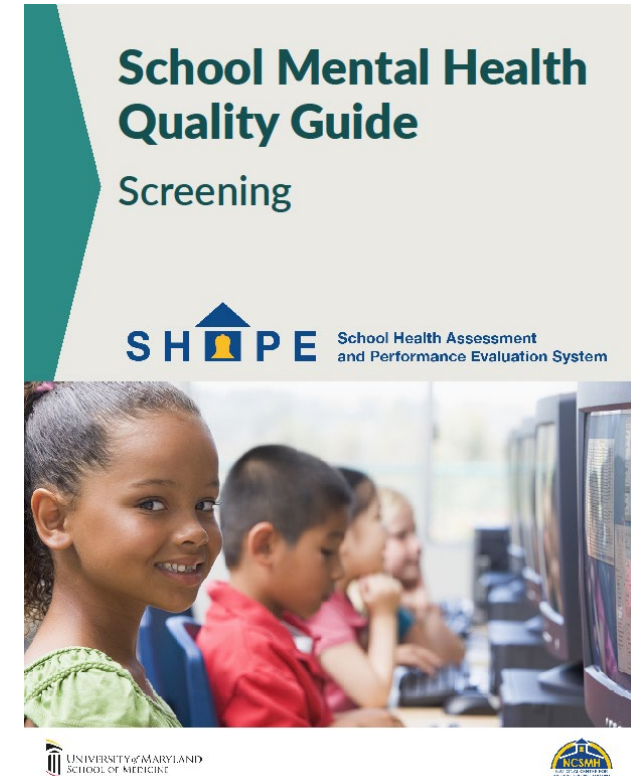


School Mental Health Quality Guide: Screening

Provides guidance to advance school mental health quality and sustainability

Includes:

- Background
- Best practices
- Action steps
- Examples from the field
- Resources



NCSMH, 2020

Addressing Barriers

The identified need will exceed our capacity.	Our community doesn't 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	Obtain input on key focus areas to start with
Review existing resources/capacity	Use existing community and parent forums	Share a consistent message in multiple formats	Consider different measures by grade levels, schools, etc
Review surveillance data	Start by screening for resilience and strengths	Engage parents in developing your message	Use the SHAPE Screening and Assessment Library
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

District Example



As part of the NCSMH National Quality Initiative learning community, 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 who matched population needs, figuring out how to obtain consent, 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.

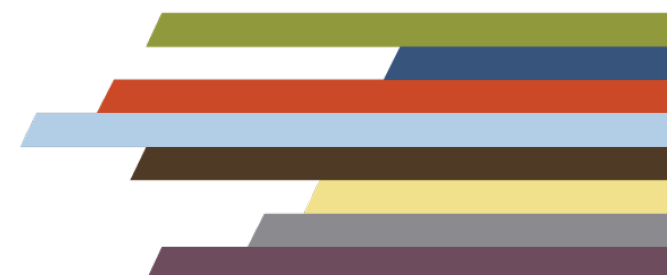
Resources

Center for Disease Control and Prevention. (n.d.). *Youth risk behavior surveillance system*. Retrieved from <https://www.cdc.gov/healthyouth/data/yrbs/index.htm>

National Center for School Mental Health (NCSMH, 2020). *School Mental Health Quality Guide: Screening*. NCSMH, University of Maryland School of Medicine. Retrieved from <http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/QualityGuides/Screening-1.27.20.pdf>

National Center for School Mental Health. (n.d.). *The SHAPE system screening and assessment library*. Retrieved from <https://theshapesystem.com/>

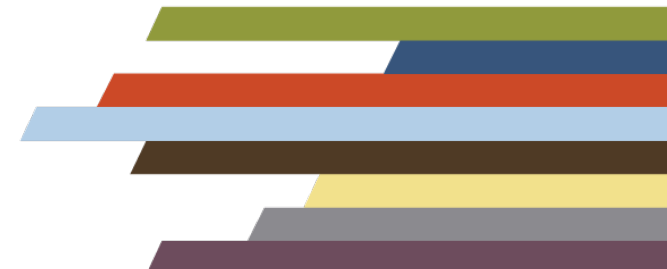
School-Based Health Alliance. (n.d.). *The children's health and education mapping tool*. Retrieved from <https://www.sbh4all.org/resources/mapping-tool/>



Key Takeaways

- MH Screening is critical for:
 - efficient resource allocation
 - crisis incident prevention
- Key Action Steps
 - Generate Engagement and Support
 - Start Small

Panel Discussion



Panelists



Todd Wester is Director of Curriculum, Multi-Tiered Systems of Support, and School-Based Mental and Behavioral Health in Livingston, MT, Public Schools, and a member of the Montana Student Wellness Advisory Committee.

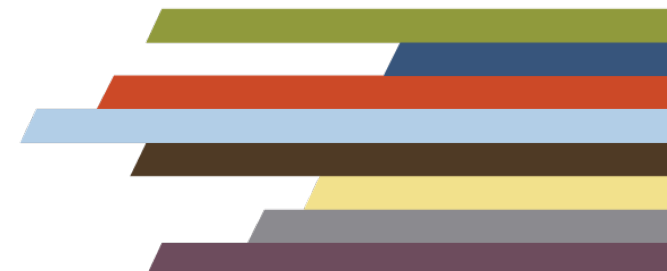


Joni Williams Splett is an Assistant Professor in the School Psychology program at the University of Florida (UF). Broadly, Dr. Splett's research focuses on the prevention and intervention of emotional and behavioral concerns for youth in schools. She is currently working on projects related to universal mental health screening and its implementation in schools.

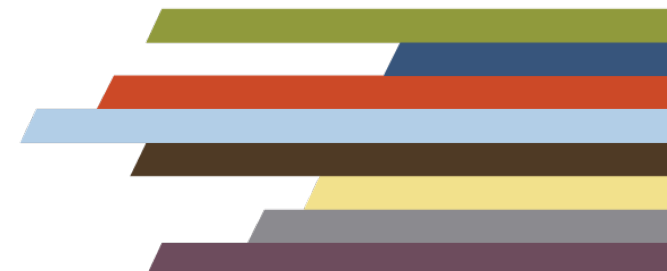


Tell us a little more about yourself, your role, and how school mental health screening plays out in your work.

What are some of the challenges that you encountered around screening?

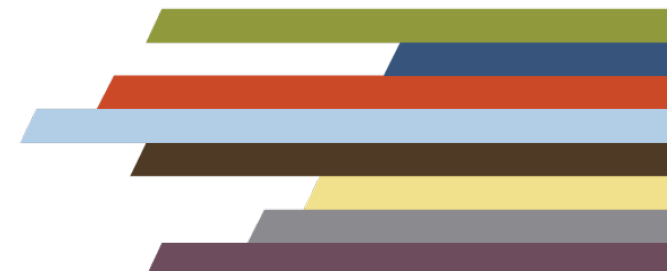


What are some positive outcomes or successful results that have come out of your screening efforts?

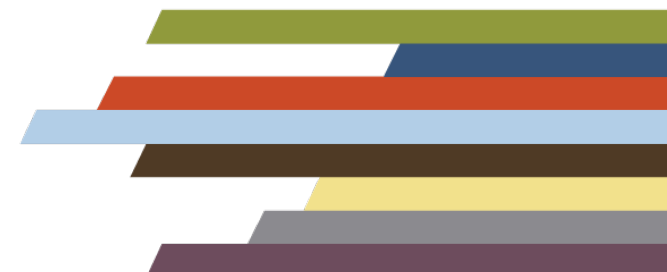


What has changed in how your school does screening NOW because of the pandemic?

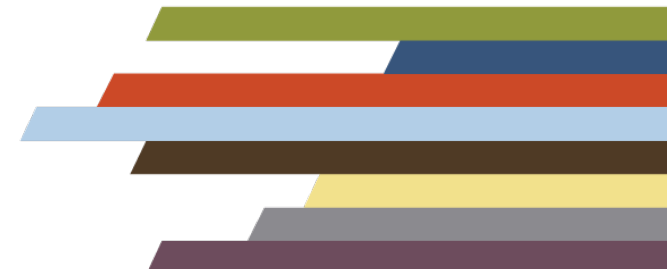
What have you had to adopt, change or learn to do differently?



What are some recommendations you would make for schools who are just starting out or who are in the initial phase of utilizing the screening module of the School Mental Health Curriculum?

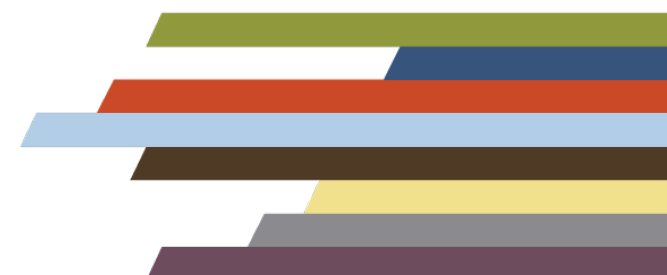


Q&A with Presenters

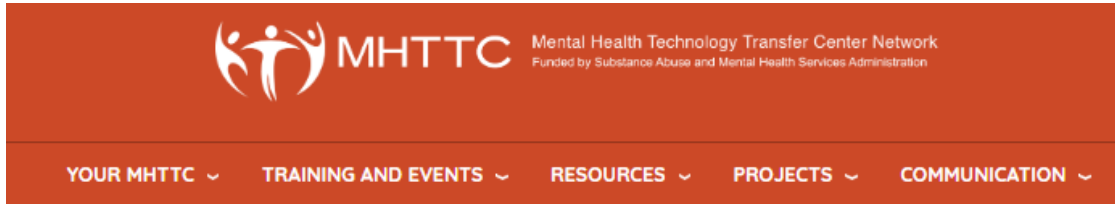


Coming up next: Regional Breakout Sessions

The post-session Regional Breakout sessions are intended to provide an opportunity for you, our participants, to ask questions about the content covered today, and time to discuss and apply today's learning in an informal moderated discussion with our staff, contextualized for your specific region.



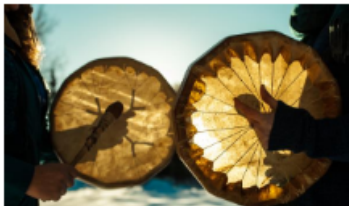
Connecting with the MHTTC in your region



Find Your Center

To jump to a specific center, click the center's name. To save a center as your default center, select the center by clicking the photo, then click the Save button at the bottom of the page

Centers Across The Network



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National Hispanic and Latino MHTTC

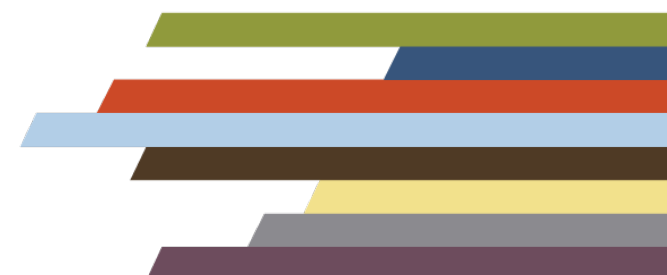
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For information about local, state, and regional school mental health training and technical assistance activities, including with the National School Mental Health Curriculum, access your MHTTC Regional Center at <https://mhttcnetwork.org/centers/selection>



Upcoming Learning Sessions:

- April 13: *Mental Health Promotion for All (Tier 1)*
- April 27: *Early Intervention and Treatment (Tiers 2 and 3)*
- May 11: *Funding and Sustainability*
- May 25: *Impact*



Register now:

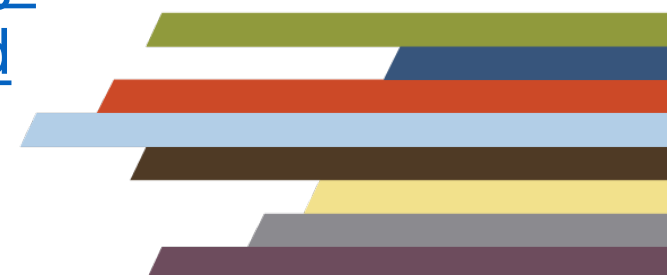
<https://bit.ly/smh-always-and-now>

Access the Curriculum on the MHTTC Website

You can access the National School Mental Health Curriculum (trainer and participant manuals, slide decks for each module, and additional resources) on the MHTTC website!



<https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/national-school-mental-health-curriculum-and-related>



Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

Please take a moment to complete a brief survey about today's training.

