



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

National School Mental Health Curriculum 'Always and Now' Learning Series Module 4: Screening

Presenters:

Joni Williams Splett, Assistant Professor, College of Education at the University of Florida

Todd Wester, Director, Livingston, MT Public Schools

Jill Bohnenkamp, PhD, Assistant Professor, National Center for School for School Mental Health

Participant Question & Presenter Response

Q1 *As you mentioned individual screening, what do you have to individually screen elementary students for suicidality (4-5 grade)?*

A1 The SHAPE system has a whole library on screening tools. Click [here](#) for access and to learn more.

Q2 *Some districts are reluctant to allow their counselors to say suicidality is low to high risk, using the Columbia SCRR. What are your thoughts on addressing this?*

A2 There is pretty strong research suggesting that the Columbia SCRR is very accurate with respect to those risk levels. It is important to get help right away from the Crisis Response Team.

Q3 *How often should we be screening for suicide?*

A3 The empirical evidence does not clearly support one frequency schedule over another such as twice or three times yearly. We suggest at least twice a year because if nothing else, that second time can give you a post-test evaluation as well as data to plan for your next school year and align resources for program planning. For elementary students, twice yearly may be enough because internalizing mental health symptoms are not as likely to emerge. Three times annually may be more appropriate for middle and high school students when mental health symptoms are emerging with more frequency.



It is also helpful to consider screening during targeted times, like October and February, or during the months preceding time periods when you know risk is highest (e.g., before holidays, or when suicidality in your areas are most prevalent).

Q4 *Screening is definitely a hot topic in legislation right now. As an LCSW I am biased, however, when we discuss the various risk levels on the Columbia, it simply speaks to why the screening ought to be done by a trained, and perhaps more importantly, an experienced mental health professional. Can you speak to this?*

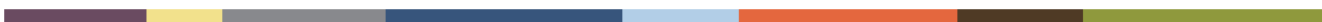
A4 The electronic version of the Columbia Suicide Severity Rating Scale has undergone validity and reliability testing, and respondents indicate a willingness to respond honestly to the questions when responding in the electronic survey format. However, universal screening is a first step in simply identifying some who might be at elevated risk, so it remains important to have an experienced mental health professional review all cases in which there is either recent or lifetime suicide ideation.

Q5 *Can you speak to the difference between an SEL screener and a Mental Health Screener? Or are we using those synonymously*

A5 There is certainly overlap and there are also some unique differences. When talking about mental health screening, we're usually referring to detecting internalizing problems such as depression, anxiety, maybe externalizing problems such as impulsivity or defiance, and things more likely found in the DSM. Social-emotional screening or an SEL screener might be more aligned with CASEL standards, such as self-regulation, self-management and pro social behavioral domains. SEL competencies are related to mental health symptomology (e.g., self-management an indicator of attention deficit concerns), but they are not synonymous.

Additional Resources:

- Access the COMPLETE National School Mental Health Curriculum, free of charge, [here](#).
- For information about local, state, and regional school mental health training and technical assistance activities, access your MHTTC Regional Center [here](#).
- Consider using Docu-sign to sign documents: <https://www.docusign.com>



- Trauma screeners:
 - [https://istss.org/clinical-resources/assessing-trauma/child-ptsd-symptom-scale-for-dsm-5-\(cps-5\)](https://istss.org/clinical-resources/assessing-trauma/child-ptsd-symptom-scale-for-dsm-5-(cps-5))
 - <https://istss.org/clinical-resources/assessing-trauma/ucla-ptsd-assessment-tools>
 - <https://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/ct-trauma-screen-cts/>

Spanish Language Assessments:

1. Inventario Hispano de Estrés Version 2-<https://elcentro.sonhs.miami.edu/research/measures-library/hsi2/index.html>
2. Inventario Hispano de Estrés-Versión Adolescente- <https://elcentro.sonhs.miami.edu/research/measures-library/hsi-a/index.html>
3. Índice de Estrés Pandémico- <https://elcentro.sonhs.miami.edu/research/measures-library/psi/psi-spanish/index.html>
4. Escala de las Dificultades en la Regulación Emocional- https://elcentro.sonhs.miami.edu/research/measures-library/ders-sf/derssfspa_computerassistedciff.pdf
5. Escala de Percepción de Estrés-https://elcentro.sonhs.miami.edu/research/measures-library/perceived-stress-scale/PSS_Items_Eng_Spa.pdf
6. Estrés Postraumático (CPSS-5) y Escala de Ansiedad y Depresión (RCADS): Recursos Para la Implementación de TF-CBT a Través de la Telesalud – Telehealth Outreach Program (telehealthfortrauma.com)

English language Assessments:

1. Hispanic Stress Inventory 2- Spanish & English- <https://elcentro.sonhs.miami.edu/research/measures-library/hsi2/index.html>
2. Hispanic Stress Inventory Adolescent version-<https://elcentro.sonhs.miami.edu/research/measures-library/hsi-a/index.html>
3. The Pandemic Stress Index (PSI)-<https://elcentro.sonhs.miami.edu/research/measures-library/psi/index.html>
4. Difficulties in Emotion Regulation Scale-SF (DERS-SF)- <https://elcentro.sonhs.miami.edu/research/measures-library/ders-sf/index.html>
5. Perceived Stress Scale-10- <https://elcentro.sonhs.miami.edu/research/measures-library/perceived-stress-scale/index.html>
6. Child PTSD Symptom Scale (CPSS-5) & Revised Children’s Anxiety and Depression Scale (RCADS): Resources for Implementing TF-CBT Via Telehealth – Telehealth Outreach Program (telehealthfortrauma.com)

Disclaimer

This presentation was prepared for the Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mental Health Technology Transfer Center. For more information on obtaining copies of this presentation please email jegonzalez@stanford.edu. At the time of these presentations, Tom Coderre served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred. Additionally, the presenters have no financial, personal, or professional conflicts of interest in this training.

