



## School-Wide Screening for Mental Health Concerns

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Research estimates that one in five children experience a mental health challenge, and an estimated 70% will not have access to appropriate mental health services.<sup>1</sup> These social, emotional, and behavioral challenges impact a student's learning and academic performance in a variety of ways, such as decreasing the capacity for focus and attention, reducing motivation and persistence, and increasing the risk for disciplinary responses and time away from instruction. Students may be at an increased risk of mental health concerns following significant stressors, such as the recent pandemic and its aftermath. Schools serve as a key setting in which potential mental health concerns can be identified and assessed. School-based screening aims to improve access to early intervention and minimize the potential negative outcomes associated with persistent social, emotional and behavioral health challenges.

School-wide universal mental health screening is currently recommended by the National Association of School Psychologists and the Institute of Medicine. As documented by the Center for School Mental Health, screening serves the following purposes: (a) to identify students at risk for poor outcomes; (b) to identify students who may need monitoring or intervention; (c) to guide decisions about needed services and supports; (d) to identify personal strengths and/or risk factors for students; and to (e) assess and monitor the effectiveness of social, emotional, and behavioral programming.<sup>2</sup> However, conducting an effective screening program is not as simple as administering a survey. Schools will want to carefully plan their activities to secure the support of administrators, teachers, families, and students and to ensure the collection and appropriate use of meaningful screening data.

### Organize a Planning Team

Just as a team is critical to developing an effective school mental health system or multi-tiered system of support (MTSS), responsibility for planning mental health screening activities should be placed with a well-functioning team. For many schools, this task will fall within the scope of an existing team, such as a student support team or PBIS team. If an existing team does not exist, the district or campus should develop a team that includes representatives from different roles within the school, community providers, families and students. The planning team members inform the process, and so it is critical to include individuals with different perspectives. For example, teachers can provide guidance on how to minimize disruptions of class instruction and approaches to training teachers in screening procedures, and families can review communication and messaging plans. Additionally, the planning team can help obtain buy-in and support from other relevant stakeholders and serve as champions for the screening effort.

The planning team's activities should be guided by the goals of the district or campus plan, with the screening activities serving to address an identified need or gap or to meet a plan objective. The planning team should understand how the screening activities fit within the broader campus improvement goals, and have relevant information and data available to understand existing issues, such as disciplinary referrals, substance use referrals, or attendance issues. The planning team should strive to clearly define roles and responsibilities of members, ensure that appropriated resources (funding and staffing) are allocated to the effort, meet regularly to advance the planning efforts, and document activities through work plans and meeting minutes.

## Select a Screening Tool

Selecting the appropriate screening tool is an important task for the planning team. The selection of a tool should be based upon the goals of the screening process, with the tool measuring the specific student strengths, risks, or challenges that the team seeks to identify. The team may want to identify students at risk of behavioral or emotional challenges, thereby opting for a screening tool that encompasses a broad focus, or the team may be interested in identifying students with signs of specific support needs, such as traumatic stress or substance misuse. The team will also want to consider the psychometric properties of the measure, ensuring that it has adequate reliability and validity. For screening tools, it is also important to consider the tool's sensitivity (ability to identify children who have the concern - true positives) and specificity (degree to which the measure correctly identifies children who are not at risk - true negatives). Lastly, the planning team will want to consider the resources needed for the tool or feasibility of its use, including cost of the tool, time to complete, availability for preferred respondent(s), appropriateness for the specific student population, and availability in languages present in the community. The table below identifies five brief, validated screening tools that planning teams may choose to consider. Additional options for screening tools can be found in the [SHAPE Screening Library](#).

Screening Tool	Description	Respondents	Available at
Student Risk Screening Scale – Internalizing and Externalizing <sup>3,4</sup>	This 12-item scale measures internalizing and externalizing behaviors of elementary, middle, and high school students.	The SSRS-IE is completed by a teacher on a class of students in 15 to 20 minutes.	<a href="#">SSRS-IE in Excel</a>
Social, Academic, and Emotional Behavior Screener <sup>5</sup>	This 19-item scale measures risk in the areas of social behavior, academic behavior, and emotional behavior.	The SAEBRS can be completed by a teacher, with parent and student versions available.	<a href="#">SAEBRS</a>
Strengths and Difficulties Questionnaire <sup>6</sup>	This 25-item scale measures a student's positive and challenging behaviors.	The SDQ includes versions that can be completed by students (>10), parents, and teachers.	<a href="#">SDQ Versions</a>
Pediatric Symptom Checklist <sup>7</sup>	The 17-item scale provides a screening for internalizing, externalizing, and attention problems.	The PSC-17 includes a student and caregiver completed versions.	<a href="#">PSC-17 (caregiver)</a> <a href="#">PSC-17 (youth)</a>
Patient Health Questionnaire – 9 <sup>8</sup>	This 9-item scale is intended to facilitate the recognition of depressive disorders. A modified version includes a brief screen for dysthymia and suicide risk.	The PHQ-9-A is completed by students	<a href="#">PHQ-9-A</a> <a href="#">PHQ-9</a>

## Plan Your Screening Timeline

The planning team will need to identify the preferred times to conduct the universal mental health screening during the school year. Mental health screening should occur at least twice during the school year, but three times per year is a common practice. For this schedule, screening would occur in the early fall (4-6 weeks after school begins), in the winter (2-3 weeks before winter break), and in the spring (4-6 weeks before school ends). The screening timeline will be important in ensuring students get timely access to interventions or supports to promote their success across the school year.

## **Communicate with Stakeholders**

The planning team will identify communication strategies to ensure that critical stakeholders understand the purpose of the screening, how the screening information will be used and shared, and how student confidentiality will be maintained. Schools may decide to provide information on screening practices to family members through several channels, such as sending a letter to families at the beginning of the school year and maintaining information on screening practices on the school's website. Schools routinely screen for a variety of issues that may impact a child's development and learning. Similar to screening for vision or hearing difficulties, recognizing student risks for social, emotional, or behavioral challenges allows schools to identify the need for additional supports to promote academic success, and messaging that aligns these screening activities may serve to reduce stigma.

Schools may also find it beneficial to conduct trainings with educators and family members on understanding common risk factors and symptoms of mental health disorders, available student supports, procedures for student referrals, and the purpose and benefit of universal screening practices. These outreach efforts can build buy-in and support for mental health screening in the school community, as well as support for linking students with mental health services, when needed.

## **Consider Consent Procedures**

The planning team, in collaboration with district and campus leadership, should identify the type of consent procedure that should be followed prior to conducting the screening. This should include a review of any applicable federal, state, and local laws, as well as state and district guidance. For behavioral screening in which teachers are reporting on simple, observable behaviors, where there is no direct contact with students, and where data is used to inform general academic supports, parental consent is not generally required.

The federal Protection of Pupil Rights Amendment requires that written consent be obtained prior to a student being given a screening or survey that could identify "mental or psychological problems of the student or the student's family" if the survey is funded in whole or in part by a program of the US Department of Education.<sup>9</sup> If the student is being required or provided an incentive to complete the mental or behavioral health screening, active consent must be obtained. If a student is allowed to choose not to participate in the screening and is developmentally able to do so (and no incentives are offered), a school may decide to use passive (rather than active) consent. Parents must be notified of their rights under the Protection of Pupil Rights Amendment, provided an opportunity to review the screening tool prior to its use, and informed of their right to opt out of their student's participation in the screening.<sup>9</sup>

## **Ensure Confidentiality**

The planning team will need to identify procedures to ensure that students' privacy and confidentiality are protected during screening process. If students complete screening instruments in the classroom, the planning team must consider how to ensure that students can maintain privacy. If students are concerned others may oversee their answers, it may affect their honesty in responding to the questions. If teachers are completing screening measures, procedures should ensure that the data is securely collected and not accessible to others. For example, the planning team may want to work closely with information security personnel to identify a secure electronic file format that can be limited to the teacher and other parties responsible for coordinating data collection. The team should also identify who will be responsible for gathering the data from the secure systems and organizing it for review by appropriate staff members.

## **Develop and Pilot the Screening Procedures**

The planning team will want to develop a clear protocol for use during the days that screening instruments are collected. At least one campus staff member should be identified to lead the screening process and be available to respond to any issues that arise. The accuracy of the screening will depend on the extent to which the respondent (i.e., teacher, student, or caregiver) understands the purpose of the screening, what they are being asked to do, and how the information will be used. Students should be told about the circumstances under which their parent or caregiver will be contacted and the type of information that will be shared with parents. Consider developing a script to ensure consistency in how the screening is explained. The team may also want to develop a written handout that summarizes key information, as well as providing information on whom to contact with further questions.

Some students may become upset when answering questions about their mental health, and the team should plan for how to support students if they become distressed. A proctor should be prepared to identify students who become upset and direct them to appropriate supportive staff. If students require adult assistance to complete the screening tool, the team should identify a procedure for selection of the adult, ideally allowing the student to identify an individual that they trust with sensitive information. The team should strongly consider piloting the screening procedures before fully implementing throughout the school. This may include starting with only one grade level or a small number of classrooms. Following this pilot process, team members can debrief with teachers, staff, students, and families to understand their experience, with the goal of improving procedures prior to expansion.

## **Organize the Response System**

The planning team will also plan for the actions that will need to occur after collecting the screening information. The first critical issue to consider is a plan for addressing any urgent needs. If students identify thoughts or behaviors that may indicate risk of harm, such as suicidal thoughts, staff should review the screening data for this information and organize an immediate response for further assessment and any follow-up. The team may want to partner with a crisis response team or other provider to be available on campus for any urgent response needs, as well as notify providers about the potential for increased referrals. The planning team will also create procedures for organizing and reviewing the screening data. For measures with cut scores, students are likely to be identified as at risk or not at risk, or perhaps at no, moderate, or high risk. The team responsible for organizing the student response will review the list of students at risk and vet the list to understand any additional indicators of concern that should be considered. Screening responses can be considered in conjunction with other relevant information and staff's knowledge of the student, allowing the team to use this perspective in planning for support needs.

The team will want to identify a plan for communicating the results of the screening to parents and students. Results should be promptly shared in person or by phone, and reflect that the screening identifies warning signs for potential or emerging issues, but does not suggest any specific condition or diagnosis. The person communicating these results should be prepared to offer additional resources, such as a follow-up assessment by school personnel or by partner agencies in the school or community. With permission from the parent, further assessment will inform determinations about the need for additional supports within the multi-tiered system either provided within the school system or through a coordinated referral to a community provider. The team should be prepared to assist the family with accessing resources through community referrals. Staff members assigned the task of follow-up and coordination after the screening will want to utilize the school's resource map, which documents the internal and external services and supports available to students in the region.

## Using Screening Data for Improving the MTSS

After the collection of universal screening information, the school team will have information available that can be used to inform the school needs assessment, understand the stratification of risks across different students, and monitor progress on reducing risk through the MTSS. The school personnel tasked with organizing the data should provide the school mental health (or similar team) with aggregate screening data by classroom and grade, as well as by available student characteristics. The team should examine data on the proportion of students at low, moderate, and high risk in the relevant groups, informing discussions about the prevalence of specific needs in the school, how students at risk may be distributed across grades and teachers, and identifying characteristics of students who may be vulnerable for poorer outcomes. For example, examination of screening data may suggest that 7<sup>th</sup> and 8<sup>th</sup> grade girls are at higher risk of internalizing behaviors, leading to a school's decision to offer Penn Resiliency Program<sup>10</sup> groups in 6<sup>th</sup> and 7<sup>th</sup> grade. Similarly, teams should track screening data across the years, using similar time points, to measure whether current student support programs are effective at reducing the proportion of students at risk for behavioral, social, or emotional challenges.

## Additional Resources

- [School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance](#) (Ohio Positive Behavioral Interventions Support (PBIS) Network, January 2016)
- [Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools](#) (Substance Abuse and Mental Health Services Administration, 2019)
- [School Mental Health Screening Playbook: Best Practices and Tips from the Field](#) (Center for School Mental Health, 2018)
- [Consent and Notification in a Multi-level System of Support: Frequently Asked Questions & Definitions](#) (Wisconsin Department of Public Instruction, n.d.)

## References

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- <sup>2</sup> Center for School Mental Health (2018). School Mental Health Screening Playbook: Best Practices and Tips from the Field. Retrieve [here](#).
- <sup>3</sup> Drummond, T. (1994). *The student risk screening scale (SRSS)*. Grants Pass, OR: Josephine County Mental Health Program.
- <sup>4</sup> Lane, K. L., & Menzies, H. M. (2009). *Student Risk Screening Scale for Early Internalizing and Externalizing Behavior (SRSS-IE)*. Unpublished rating scale.
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- <sup>10</sup> Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatté, A. J., Samuels, B., et al. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology*, 75(1), 9-19.