



# MENTAL HEALTH SCREENING Resource Guide

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## What is Mental Health Screening?

Many schools choose to use mental health screening in hopes that the data will lead to more timely recommendations for interventions for students. Mental health screening is not a product, but rather a process for identifying students at risk of developing mental and behavioral health challenges (Twyford, J., Eklund, K., Chin, J. & Dowdy, E., March, 2010). The goal of screening is to generate new and useful information so that students can be better served in interventions that prevent or mitigate mental health challenges and promote resiliency.

## Why Use Screening Tools?

Traditional methods of identification (e.g. teacher referral, ODR, evaluation) are reactive in nature. This can be problematic because the longer a problem goes unresolved, the more complex the intervention becomes. Additionally, traditional methods tend to over-emphasize behaviors that are observable; meaning that individuals who exhibit acting out or 'externalizing' behaviors get much notice while individuals who are more likely to withdraw or 'internalize' their thoughts and feelings fail to be noticed.

Screening instruments, when selected and used appropriately, can supplement professional judgement, boost credibility of referrals and support staff and families in understanding developmentally appropriate behaviors of children and adolescents.

## The Key Elements of Screening

All screening should be appropriate, technically adequate (e.g. good reliability and validity), useful, and feasible. Screening instruments should be chosen based on current needs of the student population. Even the most validated instruments will generate unusable data if they are administered in inappropriate contexts. Avoid redundancies in data collection efforts by ensuring that the instrument will generate data that is necessary, but does not already exist in other forms (e.g. ODRs, truancy, nurse office visits, etc). Finally, ensure that the selected screener provides equitable access to all students and considers the unique cultural context of your broader school community.

Appropriate	Technically Adequate	Useful	Feasible	Beneficial
--Fit to context --Fix to need	--Valid --Reliable --Diagnostic Accuracy	--Generates new & useable info --Supplements existing data	--Easily implemented --Referral pathway defined	--Does no harm --Equitable --Culturally Responsive

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*-Twyford, J., Eklund, K., Chin, J. & Dowdy, E., March, 2010*

*A referral pathway should be developed prior to administering the screening. Referral pathways should contain a continuum of supports that addresses potential needs at all levels.*

Keep in mind that screening is limited in scope. Although they may detect the presence of a problem, they do not necessarily indicate the root cause. A screening measure is not diagnostic in nature and should not be used to replace a functional behavioral assessment or IDEA/504 evaluation. Furthermore, research indicates that using a measure with good reliability and validity reduces the probability of false positives, thus increasing the accuracy of your screening measure. Some research is also showing that proper training of staff in addition to adding multiple raters can also have a positive effect on outcomes.

Additionally, screening is not, in and of itself, an intervention. The goal of screening is to provide an additional data point so school teams can make informed decisions about how best to intervene on a student, group of students, or even a whole class. A screener can, however, provide useful information to staff on how to intervene with individual students as well as whole classrooms and grade levels. Additionally, a screening instrument can provide valuable school-wide information that can support systems-level changes necessary to help all students to find success and thrive.

### **Ethical Considerations**

It is unethical to screen students without having a thoughtful plan in place regarding how interventions will be delivered prior to administering the screening. Additionally, the team should have adequate opportunity for professional development and preparation prior to administering a screening. Appropriate resources must be allocated to ensure that school personnel and other key stakeholders have the capacity to perform the necessary follow up. Finally, a clear communication plan is essential to ensure the voices of staff, students, and families are heard and considered.

### **Referral Pathways**

A referral pathway should be developed prior to administering the screening. Referral pathways should contain a continuum of supports that addresses potential needs at all levels.

Within that referral pathway, considerations for universal supports and services should be considered, including, but not limited to, dissemination of social and emotional learning, mental health promotion, and trauma sensitive practices.

Also within that referral pathway is a clear and distinct pathway for school-based mental health providers. School counselors, nurses, psychologists and social workers are an integral part of a comprehensive school mental health delivery system. Students who are not responsive to intervention or who are at significant risk are then referred to community mental health providers. These providers can exist within the school system or within the community setting only.

Some professionals are uncomfortable referring to community providers due to concerns of school district liability and potential monetary responsibilities. However, schools can and should support parents in navigating the mental

health system. Schools can recommend outside services without financial responsibility, however; **schools may be monetarily responsible if they make access to educational programming contingent upon receiving these services.** That is, if a student requires community services to ensure their Free and Appropriate Public Education (FAPE), then the LEA may be responsible for ensuring these services. Additionally, schools cannot unnecessarily delay a referral pending a student's access or response to these services.

## 10 STEPS TO ENSURE SCREENING SUCCESS:

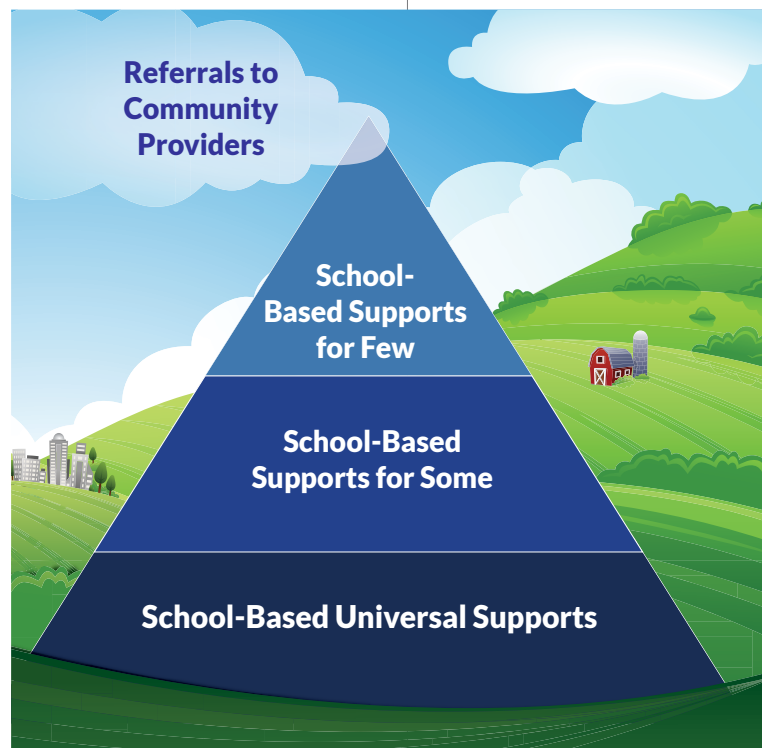
### Step 1: Gather a Team and Identify Area of Concern

This process cannot be done alone. Schools are encouraged to leverage an existing team (e.g. PBIS, leadership, etc.) to undertake this process. Multiple stakeholders should be involved, including, but not limited to:

- Staff who are knowledgeable about mental health
- Staff who understand implementation within the general education classroom
- Administration
- Parents
- Community providers
- Students, where appropriate

The team should work together to identify the area of concern. Many schools mistakenly begin this process by asking: "What condition do we want to screen for?" Instead, teams should consider what they are **noticing** about their students. Are students lacking resiliency or growth mindset? Do they seem disconnected or engaging in school refusal? Was there a community event such as a death or fire that seems to be impacting the students? By focusing on the behavior(s) of concern, you are more likely to select a screener that will fit the context and generate useable data aimed toward a specific outcome. It is also important to remember that a student does not need to be at risk across all data sources to receive supports. Identification of any of these data points might be enough to warrant intervention.

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*Mental health screeners can be general or specific to a mental health concern. Additionally, many schools have found success screening for connections or resiliency.*

## Step 2: Review Existing Data Sources

As previously stated, screening should be a supplement to existing data. To determine what screening instrument best fits the needs of the school, the team needs to decide what data is currently missing and, further, what value generating that data would have on the outcomes desired. Examples of existing data sources can include

- Climate surveys
- Youth Risk Behavior Survey
- PBIS data
- Truancy
- ODR analysis

Once the team has reviewed existing data sources, they are encouraged to consider whether there are existing data sources that can be added outside of a formal screening process. Expanding the office disciplinary referral (ODR), for example, so that it is inclusive of nurse office visits or other time-out-of-class elements may be enough to meet the goal.

## Step 3: Determine a Best Fit Screener & The Best Method

School teams are encouraged to discuss the outcome they desire with their screener and research screening tools that will best meet that outcome. Mental health screeners can be general or specific to a mental health concern. Additionally, many schools have found success screening for connections or resiliency.

After a screener has been chosen, the team then decides who will be screened and how that screening will occur. Options include screening all students, a selected grade level, or only a targeted group of students or individual(s) who present as at risk. There are several ways to conduct a screening. Two options are discussed below.

### *Multi-Gated Approach:*

In a traditional multi-gated approach, an educator, typically a classroom teacher, is provided professional development on identifying students with internalizing and/or externalizing behaviors. From that point, the educator ranks each student on a cluster of these characteristics. A small number of students are flagged (typically three to five students) are then passed through gate one and a formal screening measure is conducted. At the completion of the second phase, students are placed in appropriate intervention or otherwise receive appropriate supports.

### *Consideration of Base Rates*

School teams are encouraged to evaluate serviceable base rates of risk when examining universal behavior screening data. Serviceable base rates refer to the percentage of students that can have their needs met with adequate supports by school personnel. Many schools rely on frameworks around Multi-tiered Systems of Support that suggest 80% of student needs

can be served in the general education classroom, with 20% of students requiring additional support. These serviceable base rates can be used to guide intervention decision-making considerations around screening data. For example, if a group of students (entire school, grade, or class) is demonstrating difficulties at or above 20%, then a group-level Tier 1 intervention may be warranted to match student needs. For example, if more than 20% of students within a classroom are demonstrating emotional concerns, the teacher could lead a class-wide social-emotional learning curricula to provide instruction on student's coping and/or problem solving skills. It's important to note that even when considering elevated base rates of risk, specific individuals may still require additional interventions and supports. That is, it is important for systems to be nimble enough to support individual students while also addressing universal supports and interventions.

*Serviceable base rates refer to the percentage of students that can have their needs met with adequate supports by school personnel*

#### Step 4: Determine Implementation Resources and Logistics

The team should work together to consider the necessary resources and planning needed including:

- Create a timeline for executing screening process including frequency of screening (e.g., once annually?)
- Develop budget for materials, staff, etc.
- Create administration materials (e.g., presentation to share process with staff, parents & community members; consent forms; teacher checklists)
- Schedule dates for screening(s) & meetings to share school-wide results
- Determine follow up dates for school personnel
- Ensure staff have dedicated time to follow up
- Determine what type of consent is needed, **passive or active**

**DPI always recommends getting consent for screening.** The type of consent required is primarily determined by the Protection of Pupil Rights Amendment (PPRA). The critical question asked by the PPRA is whether student participation is required. If participation is **required**, then active consent **must be obtained**. Required participation goes beyond simply mandating that all students participate. It also includes incentivizing or providing consequences based on student participation. Additionally, students must have the opportunity to assent or dissent prior to test administration. For more information, please see the U.S. Department of Education Annual Notice about Family Educational Rights and Privacy Act (FERPA) & PPRA from March, 2011: <http://www2.ed.gov/policy/gen/guid/fpco/pdf/pprasuper.pdf>

*Implementing too many layers of follow up can reduce the rate of true positives, so follow up protocols should be determined strategically.*

### Step 5: Determine Follow Up Protocol

The team should work together to determine appropriate cut-off scores for interventions based on the recommendations found in the technical guide of the screening measure itself. As stated above, referral pathways for interventions should include cut-offs for when results warrant universal, selected, targeted and community referrals. Teams are encouraged to make a list of all available resources, including an experience and capacity inventory of current staff.

Follow up protocols for parents and staff are also important. Teams should consider whether students are placed in interventions directly from cut-off scores alone, or if additional follow up (e.g. student interview, additional survey, etc.) is necessary. It is important to note that implementing too many layers of follow up can reduce the rate of true positives, so follow up protocols should be determined strategically. Teams need to be prepared to address the school staff's capacity to have thoughtful and honest conversations with parents about screening results. Additionally, allocating time for school staff to effectively support outside referrals is critical in supporting parents in navigating the community mental health system.

### Step 6: Engage School Stakeholders

#### *Before Implementing Screening*

- Inform staff of your process
- Provide professional development on the area of concern to be screened
- Provide Staff with ample time to prepare for screening implementation

#### *During Implementation*

- Provide technical assistance to support teachers

#### *After Implementation*

- Share results & follow up

## Step 7: Create a Family Engagement Plan

### *Before Implementing Screening*

- Provide parents information about the screening, including why it's important and what will be gained from doing it.
- Provide an opportunity for parents to view the screening tool
- Give a reasonable amount of time between notification and implementation

### *During Implementation*

- Remind parents that the screening occurred and support how they can answer questions that their children may have

### *After Implementation*

- Develop a protocol for sharing results and next steps, including scripts if necessary
- Follow up in writing if necessary
- Provide literature on area of concern

## Step 8: Administer Screener

Using the information gathered in the above steps, teams should begin to implement the screening plan as designed. Teams are encouraged to take notes of the process throughout each of the steps. This is to support meaningful and data-based changes when reviewing the impacts of both the screener itself and the process for implementation.

## Step 9: Refer Students & Implement Interventions

Once the screener has been implemented, the team can now work on placing students in good fit interventions. Teams should be mindful of ensuring that the skills being taught in interventions are intentionally generalized into the classroom setting. Additionally, for individuals who have been referred to community providers, ensuring that continuous contact with that provider will increase the chance that the intervention will be successful.

## Step 10: Team Self-Reflection

After the process is complete, the team can now reflect on and adjust. The team should consider whether the screener itself generated the intended results and whether the interventions provided achieved the desired outcomes for the students.

## Conclusions, Further Resources, and References

Mental Health screening is a process that, when implemented thoughtfully, can assist schools in providing timely interventions for students who are struggling or are at-risk of becoming unwell. Schools are encouraged to engage in this process in a way that is both meaningful and manageable.

For further information, please visit the Wisconsin Department of Public Instruction's screening webpage: <https://dpi.wi.gov/sspw/mental-health/behavioral-screening-tools>.

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