Mental Health Screening Resource Guide
DRAFT

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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 resiliencey.

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

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

 All screening should be appropriate, technically adequate, 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.

The Key Elements of Screening (continued):

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 good reliability and validity, as well as increasing the number of raters across a screener reduces the probability of false positives, thus increasing the accuracy of your screening measure.

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.

Ethical Considerations

It is unethical to screen students without having a thoughtful plan in place regarding next steps *prior* to administering the screening. Additionally, the team should have adequate opportunity for professional development and preparation prior to implementation. Appropriate resources must be allocated to ensure that school personnel and other key stakeholders have the capacity to perform the necessary follow up.

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.

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.

- Referrals to Community Providers
- Supports for Few
- Supports for Some
- Universal Supports
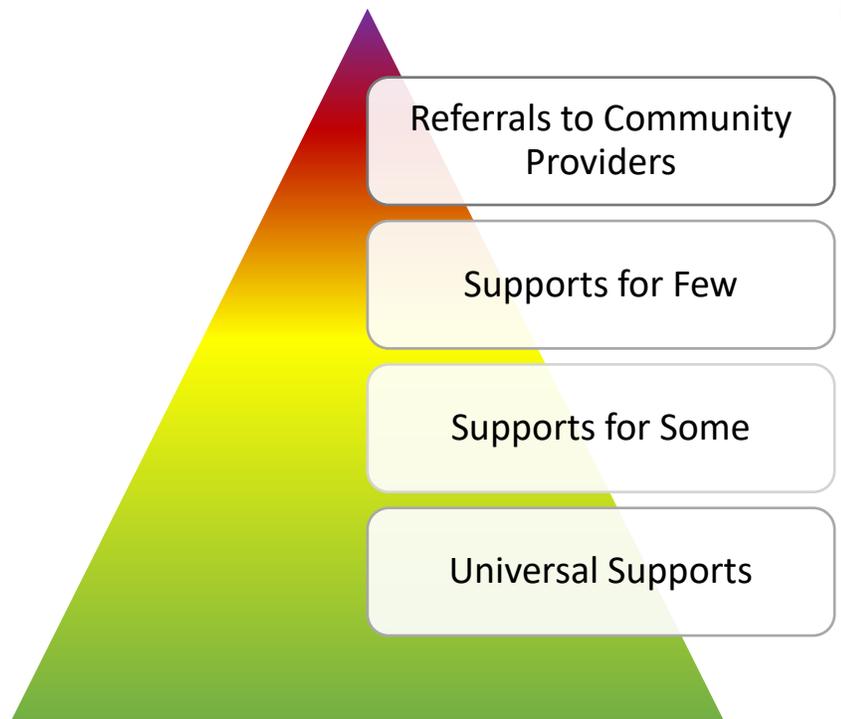
10 Steps to Ensure Screening Success:

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 in 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 resiliencey 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.

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 ODR, for example, so that it is inclusive of nurse office visits or other time-out-of-class elements may be sufficient 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 resilency. After a screener has been chosen, the team then decides who will be screened and how that screening will occur. Options include all students, a select grade level, a targeted group of students or individuals who present as at risk. There are several ways to conduct a screening including a multi-gated approach and screening for base rates.

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

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 USDOE Annual Notice about FERPA & PPRA from March, 2011: http://www2.ed.gov/policy/gen/guid/fpco/pdf/pprasuper.pdf

Step 5: Determine Follow Up Protocol

The team should work together to determine appropriate cut-off scores for interventions. 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. 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 navigate 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
The school team is now ready to put all that hard work to use and administer the screener.

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
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 WI Department of Public Instruction's screening webpage:
https://dpi.wi.gov/sspw/mental-health/behavioral-screening-tools.

Good luck on your journey!