MASMHC

Defining Universal 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."

-National Center for School Mental Health and MHTTC Network Coordinating Office (2019)

Critical Components of Universal MH Screening

Successfully implementing universal mental health screening will require consideration of the following:

1. Developing a team to support screening

2. [Generating buy-in from school and community stakeholders](#)

3. [Providing professional development and technical assistance to ensure MH staff readiness](#)

4. Selection of the population to screen

5. [Selection of a screening measure](#)

6. Design and adoption of consent procedures

7. [Planning for the administration of screening](#)

8. Data collection, analysis, and warehousing considerations

9. Conducting a coordinated follow up to address the needs of identified students

Major Components of the MPS Screening System

- Part of a much larger system of support - Methuen has developed a Comprehensive School Mental Health System (CSMHS)

- K-12 screening is conducted multiple times per year

- Screening measures focus primarily on internalizing concerns

- Screening measures exclusively rely on student self report

- Passive consent with opt-out procedures were adopted as screening was scaled up

- Screening is administered using web-based tools (Google tools) - Methuen is a Google Enterprise district (data is stored on our servers)

- Students scoring in the moderate/severe range receive follow up; any indication of SI or self harm results in immediate follow up

- School-based MH staff (school counselors, adjustment counselors/school social workers, and school psychologists) conduct the clinical follow up and enroll students in school-based MH services

Identifying Students, Fostering Prevention, Improving Collaborative Case Management

- Screening fosters early identification of students with emerging mental health concerns and increases the opportunity for proactive services.

- Schools are the prevention arm of the mental health system *writ large* and do not need to wait for crisis and diagnosis to engage in services.

- Early identification reduces instances of crisis through preventative care and decreases the larger impact of crises on the school as a whole.

- MPS reported a 63% increase in the identification of students who were eligible for mental health services for internalizing concerns following implementation of mental health screening in 16-17.

- Data can be shared with stakeholders after securing a release to improve collaborative case management and expedite access to care in a community-based setting if indicated.

The SHAPE System: Screening and Assessment Library

Consider your population's most prevalent presenting concerns...who do you want to screen and what do you want to screen for?

Filter by Criteria

Focus Area
- ☐ Academic
- ☐ School Climate
- ☐ Anxiety
- ☐ Autism
- ☐ Depression/Mood
- ☐ Disruptive Behavior
- ☐ Eating
- ☐ Global Functioning
- ☐ Hyperactivity
- ☐ Inattention
- ☐ Life Satisfaction/Quality
- ☐ Resilience
- ☐ Social Skills
- ☐ Substance Use
- ☐ Trauma

Student Age
- ☐ <5
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19+

Language
- ☐ English
- ☐ Spanish
- ☐ Other

Reporter
- ☐ Student
- ☐ Caregiver
- ☐ Educator
- ☐ Clinician

Cost
- ☐ Free
- ☐ Not Free/Cost

Rationale for Using a Problem-Specific Screener

Problem specific screening vs. screening for global functioning

- Efficiency of screening

- Obtaining actionable data

- Using multiple specific screeners to piece together a richer and more comprehensive view of the student population

What are the presenting concerns that are most prevalent in schools across the United States?

PATIENT HEALTH QUESTIONNAIRE - 9

Comments:

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

0 + _____ + _____ + _____

= Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐	Somewhat difficult ☐	Very difficult ☐	Extremely difficult ☐

Patient's name: _____ | Date: _____

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T_____ = _____ + _____ + _____)

UCLA COVID-19 Brief Trauma Screen

Methuen PS has engaged in universal screening for the past seven years, focusing primarily on anxiety and depression.

Screening has expanded to include use of a scale to assess post-traumatic stress.

HOW MUCH OF THE TIME DURING THE PAST MONTH…	None	Little	Some	Much	Most
1	I try to stay away from people, places, or things that remind me about what happened or what is still happening.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened or is still happening.	0	1	2	3	4
7	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
8	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don't want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

Have you or someone close to you gotten very sick or been in the hospital because of this illness?	☐ Yes ☐ No
Have you or someone close to you been quarantined because of having symptoms of this illness?	☐ Yes ☐ No
Have you or someone close to you been told of a positive test for this illness?	☐ Yes ☐ No
Does someone close to you work around people who might have this illness?	☐ Yes ☐ No
Have you or a family member had to move away from home because of this illness?	☐ Yes ☐ No
Has anyone close to you died because of this illness?	☐ Yes ☐ No

One student, one measure, one day…

Keeping your first test of change small (screening one student) does not mean it will yield negligible knowledge or data. Screening one student improves knowledge and practice related to:

- Selection of measure

- Administration and scoring

- Consent procedures

- Data warehousing

- Interpretation of scores

- Use of data to inform clinical decision making

start small
but start

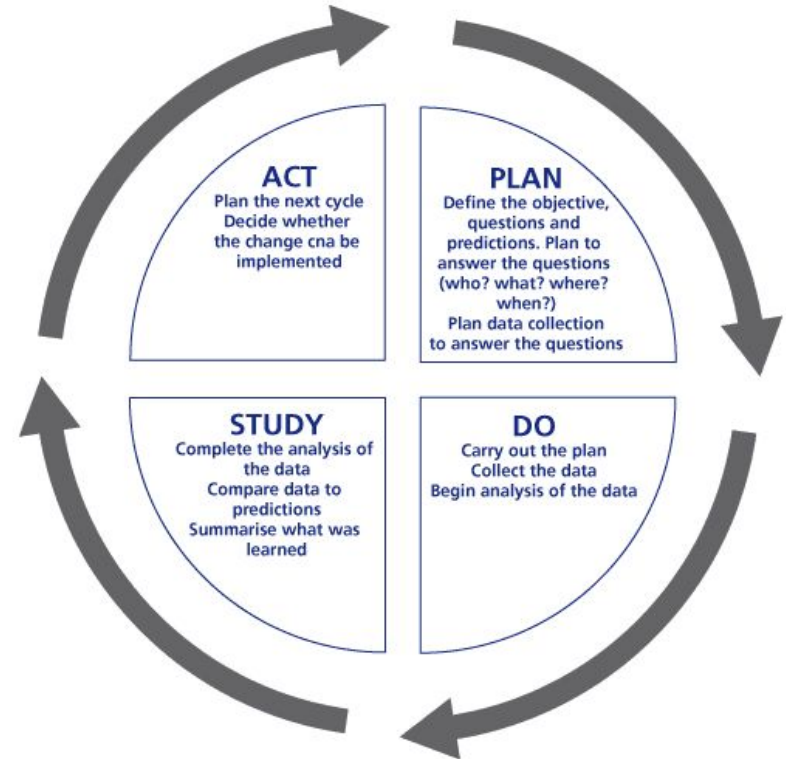# Implementing Universal Screening: Starting Small

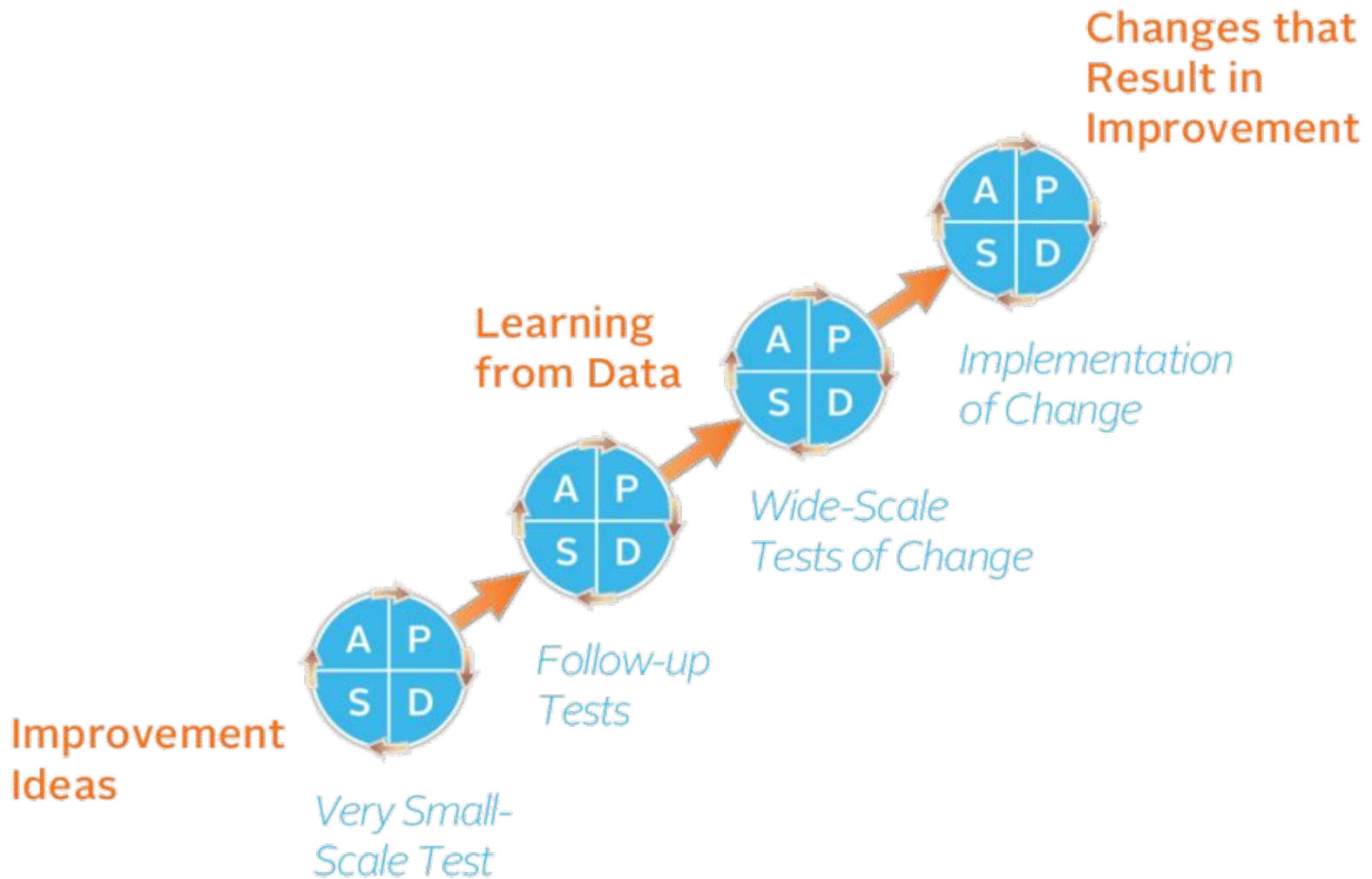Rapidly testing at the micro-level allows the team to:

- Identifies areas to improve

- Establishes systems to make screening efficient and sustainable

- Builds off of successes to ensure sustainability after scaling up

- Allows the team to assess the utility of various measures/processes

- Exposes the team to variations in the process of screening at a manageable scale

Action Planning and PDSA Cycles

- **Plan**
    - Define the objective, questions, and predictions
    - Plan for data collection
- **Do**
    - Carry out the plan
    - Collect and analyze data
- **Study**
    - Complete the analysis of the data and compare the results to the predictions
    - Summarize what was learned
- **Act**
    - Determine whether the change will be abandoned, adapted, or adopted

ACT
Plan the next cycle
Decide whether the change cna be implemented

PLAN
Define the objective, questions and predictions. Plan to answer the questions (who? what? where? when?)
Plan data collection to answer the questions

STUDY
Complete the analysis of the data
Compare data to predictions
Summarise what was learned

DO
Carry out the plan
Collect the data
Begin analysis of the data

Changes that Result in Improvement

Learning from Data

Improvement Ideas

Implementation of Change

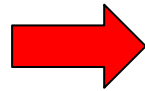Wide-Scale Tests of Change

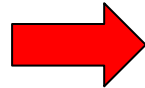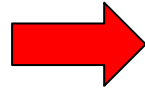Follow-up Tests

Very Small-Scale Test
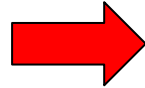
Evolving Practice: Seeking Innovative Strategies

Initial Phase of Implementation

- Active Consent

- Paper and pencil screening

- Single-student or small group screening

- Administration facilitated by SMH staff

Improved Practices

- Passive Consent and Opt-out

- Web-based screening

- Grade-level or school-wide screening

- Administration through advisory and tech courses

Screening for Anxiety (January 2016)

- GAD-7 administered electronically

- 839 responses (approx. 45% of the high school pop.)

- 85 students scored in the severe range (10.1% of respondents)

- 104 students scored in the moderate range (12.4% of respondents)

GAD-7 15-16	Student Population	%
Sample	839	100.00
No Concern	443	52.80
Mild Anxiety	207	24.67
Moderate Anxiety	104	**12.40**
Severe Anxiety	85	**10.13**

Screening for Depression (April 2016)

- PHQ-9 administered electronically

- 852 responses (approx. 45% of the high school pop.)

- 69 students scored in the severe range (8.1% of respondents)

- 102 students scored in the moderate range (12.0% of respondents)

PHQ-9 15-16	Student Population	%
Sample	852	100.00
No Concern	494	57.98
Mild	187	21.95
Moderate	102	**11.97**
Moderately Severe	36	**4.23**
Severe	33	**3.87**

2021-2022: What do we screen for in Methuen?

- Screening represents one of the only practices to proactively identify mental health concerns.

- When we are sensitive to emerging concerns, we can provide preventative services and supports to reduce the likelihood that students will develop more serious mental health problems and reduce instances of crisis.

Grade	Anxiety	Depression	Substance Use	Trauma	Global Functioning	Student Engagement	Social Emotional Competence
K							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

- Closegap
- Revised Child Anxiety and Depression Scale (RCADS)
- Generalized Anxiety Disorder (GAD-7)
- Patient Health Questionnaire (PHQ-9)
- CRAFFT Substance Abuse Screener
- UCLA Brief Trauma Screen
- Strengths and Difficulties Questionnaire
- Student Engagement Instrument (SEI)
- Social Emotional Learning Indicator System (SELIS)

According to NIMH, how long does it take, on average, for students to get care after they start to experience symptoms of a mental health concern?

Post-traumatic Stress Screening: Preliminary Data from 20-21

- Universal screening was conducted across Methuen Public Schools, in person and remote.

- **37.7% of students at Methuen HS have elevated scores** on the UCLA COVID-19 Brief Trauma Screen based on preliminary data.

18.3%

19.4%

62.3%

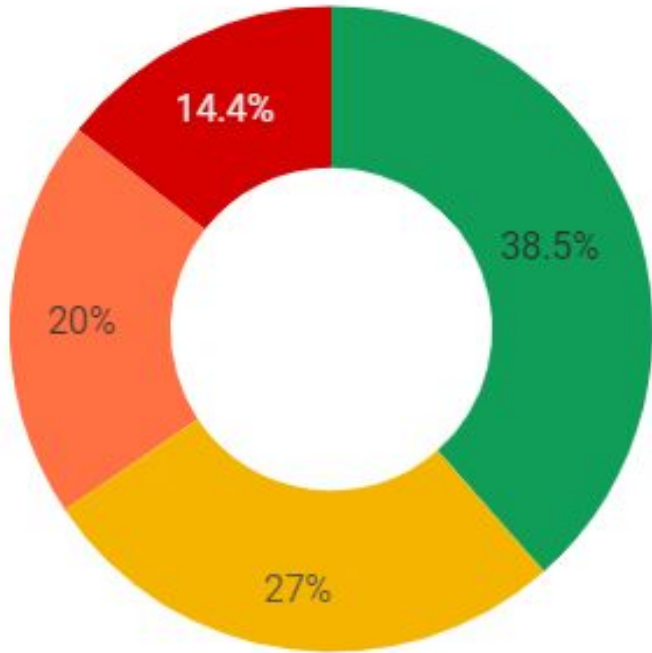No Concern Moderate PTSD Severe PTSD
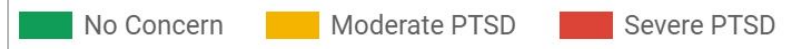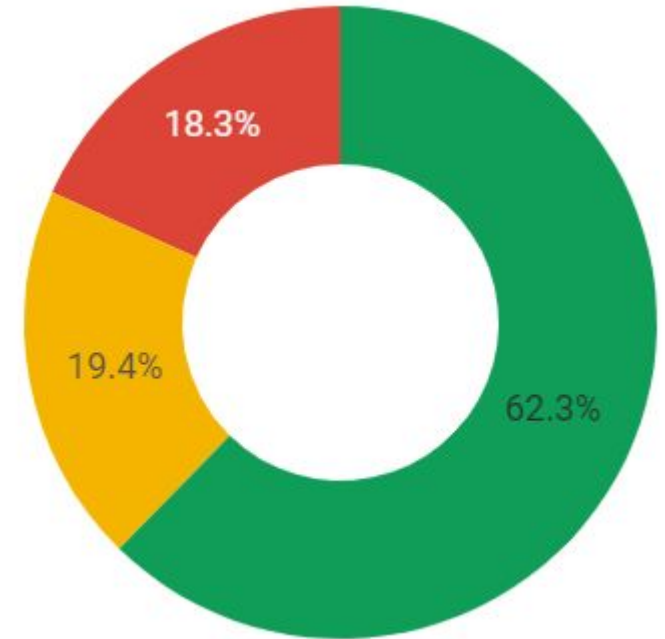
Depression Screening: Preliminary Data from 20-21
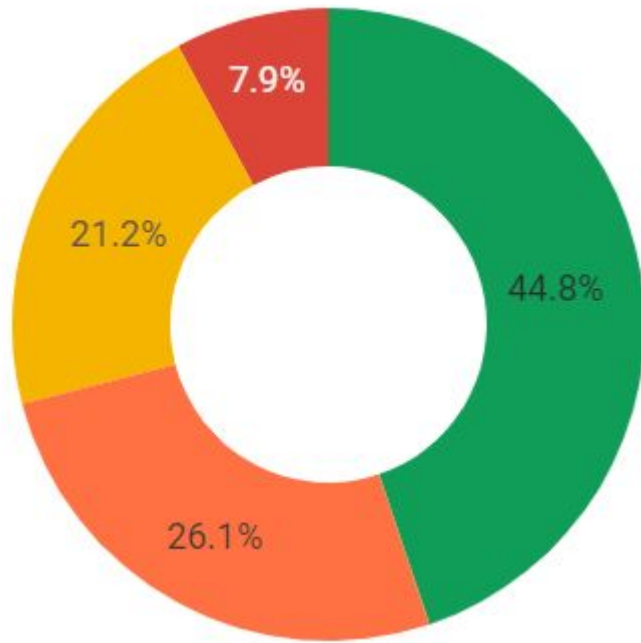
- Universal screening was conducted across Methuen Public Schools, in person and remote.

- **34% of students at Methuen HS have elevated scores** on the PHQ-9, a depression screener, based on preliminary data.

44.8%

26.1%

21.2%

7.9%

No Concern   Moderate Depression   Mild Depression   Severe Depression

Anxiety Screening: Preliminary Data from 20-21

- Universal screening was conducted across Methuen Public Schools, in person and remote.

- **34.4% of students at Methuen HS have elevated scores** on the GAD-7, an anxiety screener, based on preliminary data.

38.5%

27%

20%

14.4%

No Concern   Mild Anxiety   Moderate Anxiety   Severe Anxiety

The Impact of COVID-19

- Based on our data analysis, our estimation is that prevalence rates are **2-3 times greater than pre-pandemic levels.**

- Preliminary data from screening conducted in **grades 5-8 show similar increases in prevalence rates** for anxiety, depression, and post-traumatic stress.

What is MPS doing to address these growing concerns?

Methuen Public Schools' Strategic Response

Objective 2: Increase prevention and intervention activities to lower prevalence rates of student anxiety, depression, and post-traumatic stress.
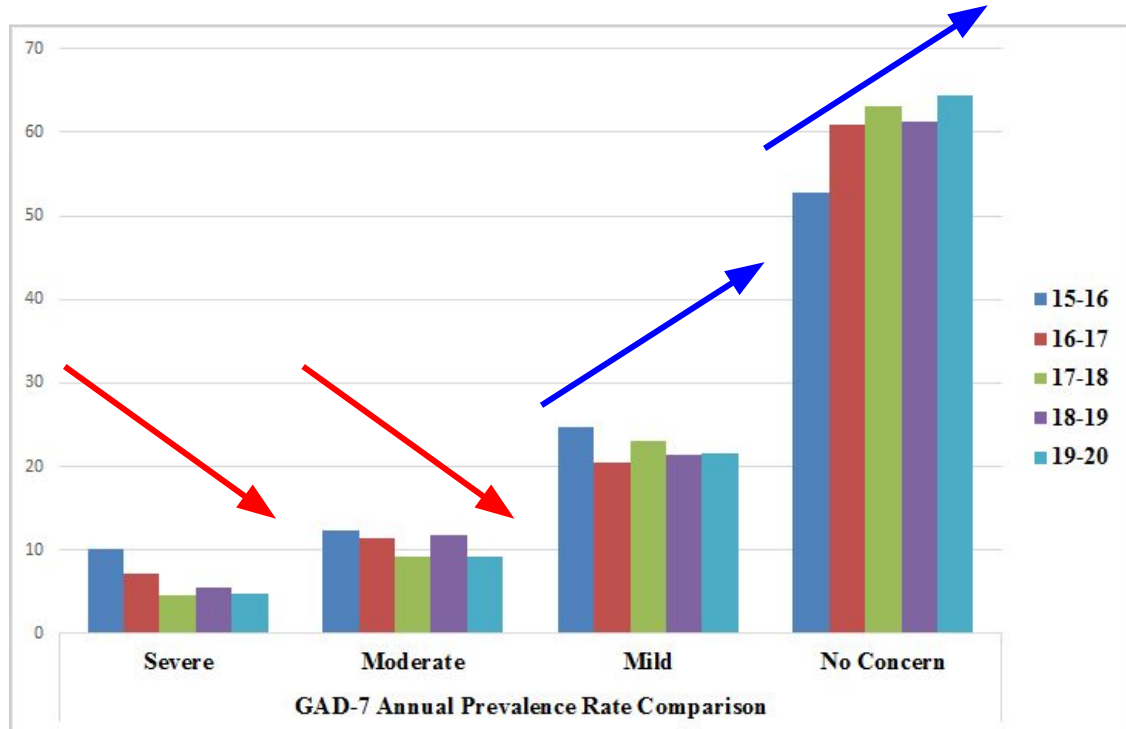
Three strategic priorities:

- **Strategic Priority 1:** Students in grades K-12 will complete universal mental health screening. Counselors and teachers will be supported to use the results to provide appropriate tiered supports.

- **Strategic Priority 2:** The district will expand the number and scope of cognitive behavioral therapy groups to proactively address emerging anxiety, depression, and post-traumatic stress concerns.

- **Strategic Priority 3:** The district will implement a research-based, culturally responsive social emotional learning (SEL) curriculum in grades K-12, according to an established learning calendar.

How will this achieve the overarching objective? Prevention and intervention...

- Early identification through screening = **PREVENTION.**

- Proactive, preventative services = Sensitivity to emerging concerns. We **INTERVENE** before crisis and diagnosis.

- Providing all students with the knowledge and skills they need to manage stress, seek support, resolve conflict, and navigate their social environment = **PREVENTION.**

GAD-7 Annual Prevalence Rate Comparison

Legend: 15-16, 16-17, 17-18, 18-19, 19-20
Categories: Severe, Moderate, Mild, No Concern

8-Year Anxiety Screening Comparison Data

GAD-7 Annual Prevalence Rate Comparison

Legend: 15-16, 16-17, 17-18, 18-19, 19-20, 20-21, 21-22 (Fall), 21-22 (Spring), 22-23 (Fall)

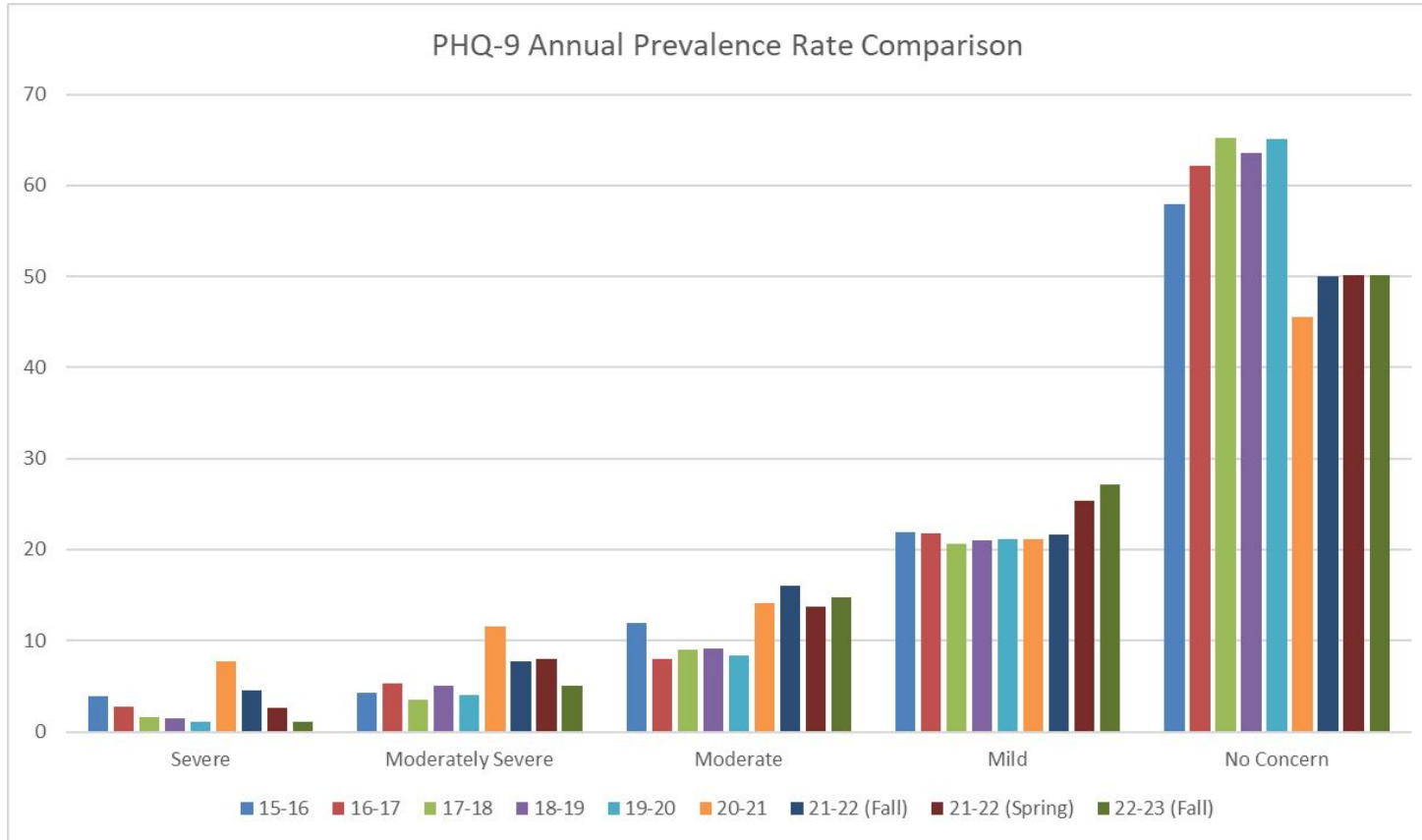Categories: Severe, Moderate, Mild, No Concern
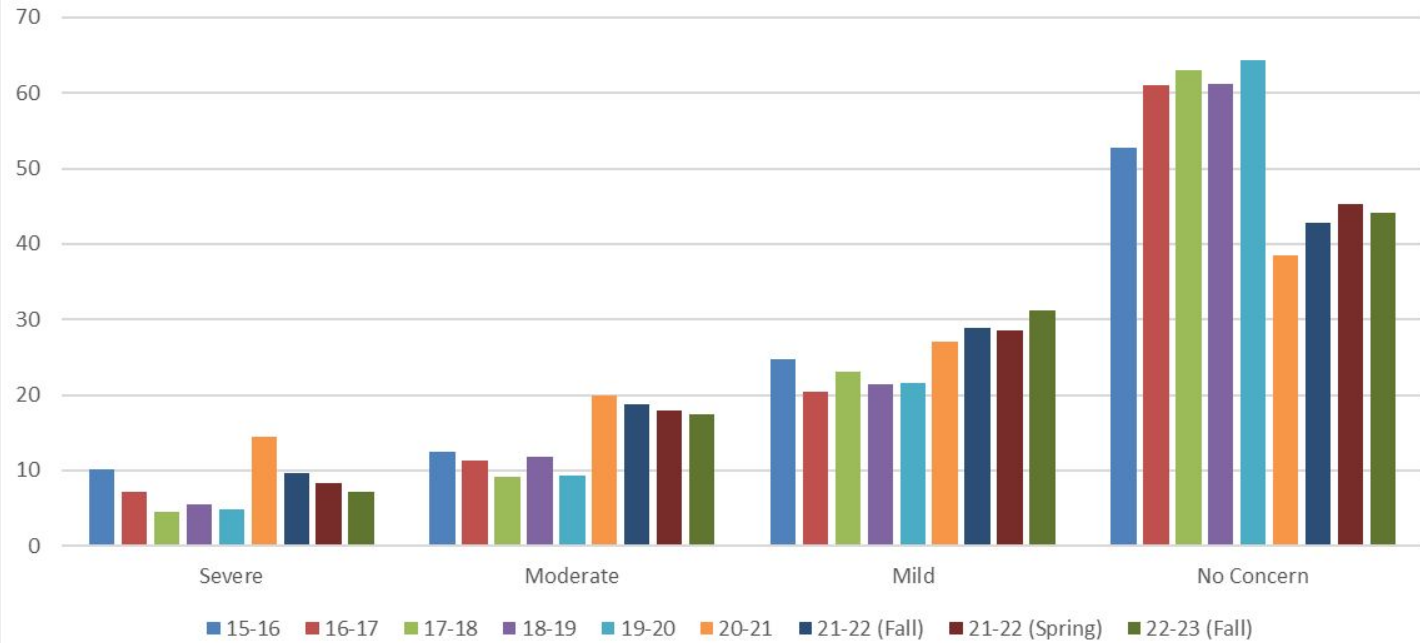
Pre-pandemic Outcomes

8.47% decrease in students scoring in the moderate to severe range for anxiety

11.54% increase in students reporting in the "No concern" range for anxiety

8-Year Depression Screening Comparison Data

PHQ-9 Annual Prevalence Rate Comparison

Severe · Moderately Severe · Moderate · Mild · No Concern

■ 15-16 ■ 16-17 ■ 17-18 ■ 18-19 ■ 19-20 ■ 20-21 ■ 21-22 (Fall) ■ 21-22 (Spring) ■ 22-23 (Fall)
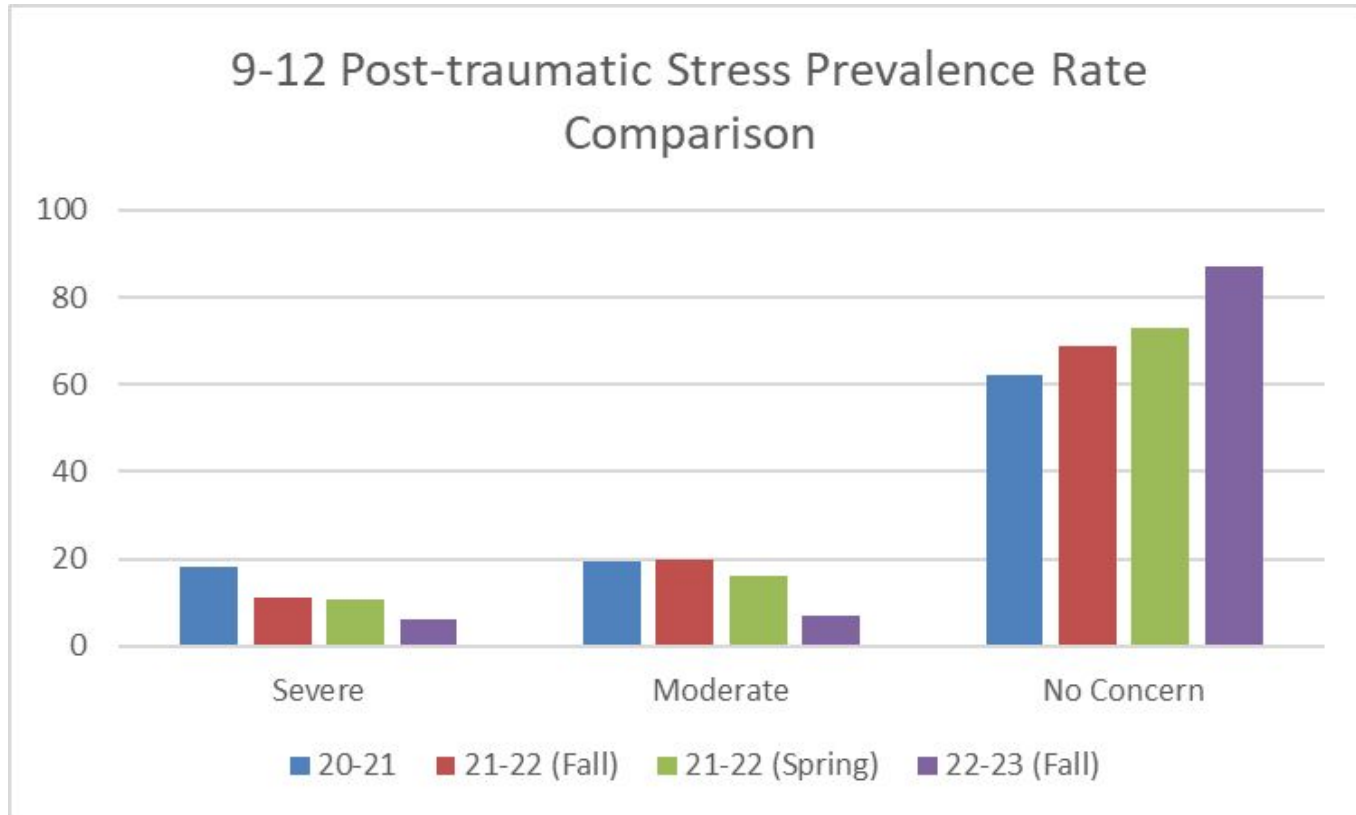
Pre-pandemic Outcomes

6.54% decrease in students scoring in the moderate to severe range for depression

7.15% increase in students scoring in the "No Concern" range for depression

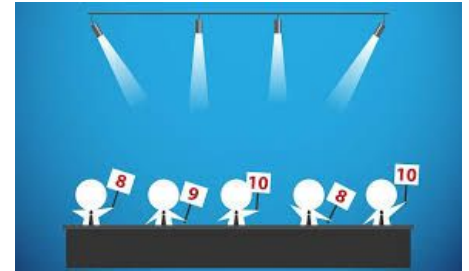# 3-Year Post-traumatic Stress Screening Comparison Data

9-12 Post-traumatic Stress Prevalence Rate Comparison

Activity: Live Demo of Screening Administration

Let's demo the administration of the PHQ-9 in real time...

1. Click on the following link: PHQ-9

2. Fill out the screening tool (fake scores only)

3. Take notes on how to set up a Google sheet for auto-scoring

Preparing Students and Families for Screening

- Explain to the family and the student that screening helps schools to identify students who might need help.

    - Consider that, on average, it takes 8-10 years to secure services after the onset of symptoms.

    - Consider that identifying students for internalizing concerns (e.g. anxiety) is very difficult without screening.

- Provide families with info about confidentiality, how the data is used, what their rights are, etc.

- Explain that we use these data to get ahead of problems, identify emerging concerns, and get students help before diagnosis and crisis.

- Explain that talking about MH concerns reduces stigma and improves access to care.

- Assure the student that there is no correct response, but their honest response is appreciated so that we can most effectively support them.

- Explain that these data are confidential and will not be shared with other students or teachers.

Preparing Students and Families for Screening

- Explain that you will not be diagnosing the student with any mental health disorder. Screening provides helpful info, but it is only an indication of POTENTIAL need. Our experience of emotions varies and it will be important to ask questions about, for example, how often and how intensely the student struggles with the specific concern before determining if services are warranted.

- Prepare the student for the follow up questions/interview that you may engage in to get a better sense of the degree to which this is a problem for them if they have an elevated score. Explain that the questions are helpful, but a follow up conversation will paint a clearer picture of what the student needs (or doesn't need).

- Help the student to understand the limits of confidentiality. If they disclose that they are a danger to self or others, we will need to share that info with others. If they report abuse or neglect, we will need to report that.

Resource Review: Screening FAQ

- Click on the MPS Screening FAQ for students/families

- How could this resource support your implementation of screening?

- How can you effectively disseminate this resource to ensure families and students are aware of what screening entails?

Post-Screening: Coordinated Follow-up

- Data review and coordinated follow-up planned for all screenings

- Mental health staff receive the data within twenty minutes of the completed screening, allowing for immediate follow-up to be conducted with students who had elevated scores

  - Parent/guardian follow-up

  - Follow-up procedural guide developed and data rules established prior to screening to identify the population receiving follow-up

  - Clinical interview professional development

- Mental health staff can then make an informed decision about whether or not to offer services: in-school group or individual therapy, outside referral, etc.

Post-Screening: Other Considerations

- 100% of students who required follow-up received it within 7 days of the screening

- Students who indicated any degree of suicidal ideation or intent to self-harm received follow-up within 24 hours (same day)

- Crisis teams were placed on call in advance of all screenings and local community mental health partners were informed of the screenings

Data Validation: The Coordinated Follow Up Interview

- Prior to making any decisions regarding referral or immediate intervention, it is important to validate the data gathered through screening.

- Never base a referral solely on screening data.

- How long has this been a problem for you?

- In what ways does this impact your daily life?

- Are there situations in which this has a particularly significant impact on you?

- How have you managed this in the past?

- What does your support network look like?

- Do you feel like you want help with this?

- Do you have any understanding about why you feel this way?

  What else?

Resource Review: Sample Coordinated Follow Up Procedural Guide

- Click on the [Sample Coordinated Follow Up Procedural Guide](#)

- How would use of this guide support your staff in making decisions about which students are eligible for services?

- In what ways are staff already engaging in interviews of this kind?

- How can you ensure that staff are reviewing the coordinated follow-up procedures and ready to respond on screening day?

Conducting a Coordinated Follow Up: Community Partnerships

Creation of a [formal agreement](#) designed to guide partnerships with community-based mental health agencies

- **What we requested:**
  - Consultation and collaboration with in-house staff
  - Use of evidence-based practices
  - Sharing data to aid in progress monitoring and documenting the impact of the CSMHS
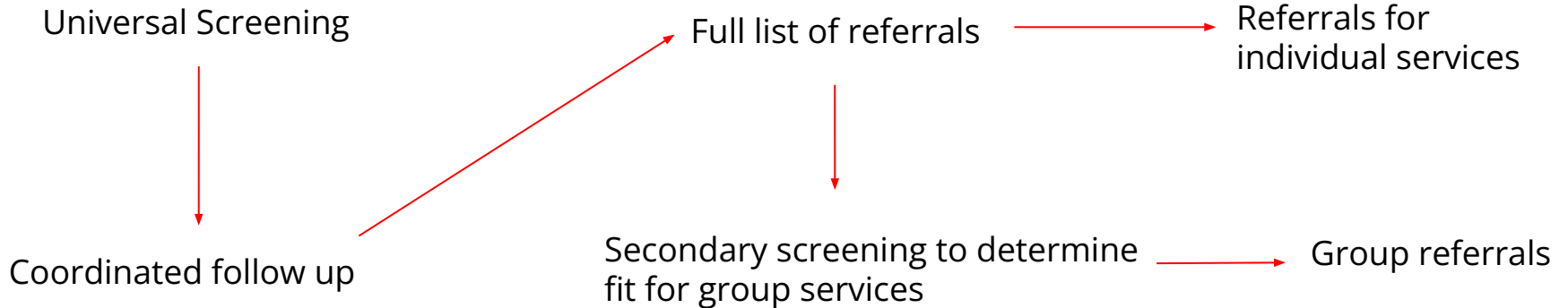- **What we offered:**
  - Time
  - Space
  - Referrals

How has this impacted service delivery?
- 15% increase in mental health staff available to students
- Increased follow through for referrals
- Increased show rates for sessions
- Collaborative case management and consultation with partner agencies
- Increased services during school breaks and over the summer

The Importance of Screening to Support Tier II

How do we traditionally make referrals to group-based services?

How effective are these practices?

Universal Screening

Coordinated follow up

Full list of referrals → Referrals for individual services

Secondary screening to determine fit for group services → Group referrals

Critical Incident Management

- Critical incident management is an essential component of a CSMHS

- Systems and practices designed to ensure the safety of students and staff need to be established and explicitly taught in advance of crisis.

- Awareness of the approved procedures for managing crisis increases staff readiness **AND** staff well being.

Crisis Protocols: Reducing "Directionless Pressure"

- Easing stress and tension through policy development
  - Crisis protocols for mental health staff
    - Telehealth policies
    - Protocols for managing 51As
    - Suicide risk assessment
    - Emergency services
  - Crisis protocols for all staff

Discussion: Suicide Risk Assessment

1. Who conducts suicide risk assessments in your district?

2. Do you have written protocols and procedures for conducting the screen?

3. Do you have written protocols and procedures for documenting the risk assessment?

4. How are decisions made regarding follow up care?

5. What procedures do you have in place in the event of a positive screen that requires a follow up evaluation?

Suicide Awareness and Prevention

ASQ

- 4-question screening protocol

- Simple interpretation

- Psychometrically sound tool

NIMH TOOLKIT

asQ Suicide Risk **Screening Tool**

Ask *Suicide-Screening* Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ○ Yes ○ No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ○ Yes ○ No

3. In the past week, have you been having thoughts about killing yourself? ○ Yes ○ No

4. Have you ever tried to kill yourself? ○ Yes ○ No
   If yes, how? _____
   _____
   _____
   When? _____
   _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now? ○ Yes ○ No
   If yes, please describe: _____

Brief Screen for Adolescent Depression (BSAD)

- Included in the Signs of Suicide (SOS) Program

- Includes score interpretation info and recommendations for follow up care

Brief Screen for Adolescent Depression (BSAD)*

These questions are about feelings that people sometimes have and things that may have happened to you. **Most** of these questions are about the *LAST FOUR WEEKS*.

Read each question carefully and answer it by circling the correct response.

1.	In the last four weeks, has there been a time when nothing was fun for you and you just weren't interested in anything?	Yes	No
2.	Do you have less energy than you usually do?	Yes	No
3.	Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?	Yes	No
4.	Do you think seriously about killing yourself?	Yes	No
5.	Have you tried to kill yourself *in the last year?*	Yes	No
6.	Does doing even little things make you feel really tired?	Yes	No
7.	In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual?	Yes	No

Columbia Suicide Severity Rating Scale (C-SSRS)

- Supported by research

- The C-SSRS page includes free resources to support suicide prevention and intervention for adults and peers.

ENDORSED, RECOMMENDED, OR ADOPTED BY:

CDC FDA NIH

SAMHSA Action Alliance FOR SUICIDE PREVENTION World Health Organization

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) _Have you wished you were dead or wished you could go to sleep and not wake up?_		
2) _Have you had any actual thoughts of killing yourself?_		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) _Have you been thinking about how you might do this?_ e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) _Have you had these thoughts and had some intention of acting on them?_ as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) _Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?_		
6) _Have you ever done anything, started to do anything, or prepared to do anything to end your life?_	Lifetime	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
	Past 3 Months	
If YES, ask: _Was this within the past 3 months?_		

Response Protocol to C-SSRS Screening
Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

# MASMHC Universal Mental Health Screening Resource Guide

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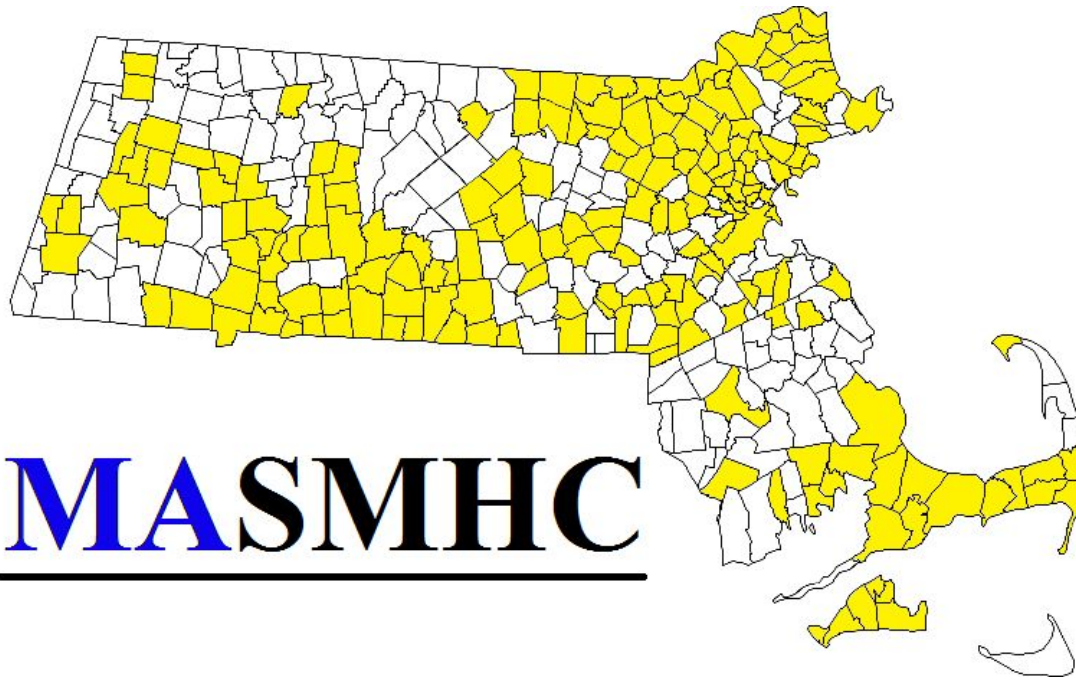
MASMHC Universal Mental Health Screening Implementation Guide

Resources

"Share seamlessly, steal shamelessly…"

- [MASMHC Universal Mental Health Screening Resource Guide](#)

- [MASMHC Universal Mental Health Screening Implementation Guide](#)

- [National Center for School Mental Health: Screening Playbook](#)

- [www.TheSHAPESystem.com](#)

- [PDSA Worksheet](#)

- [Methuen Public Schools: Screening Coordinated Follow-up Guide](#)

- [www.masmhc.org](#)

- [MPS CSMHS Resource Page](#)

- [Video guide for prepping screening data in Google sheets](#)

- [Progress monitoring templates](#)

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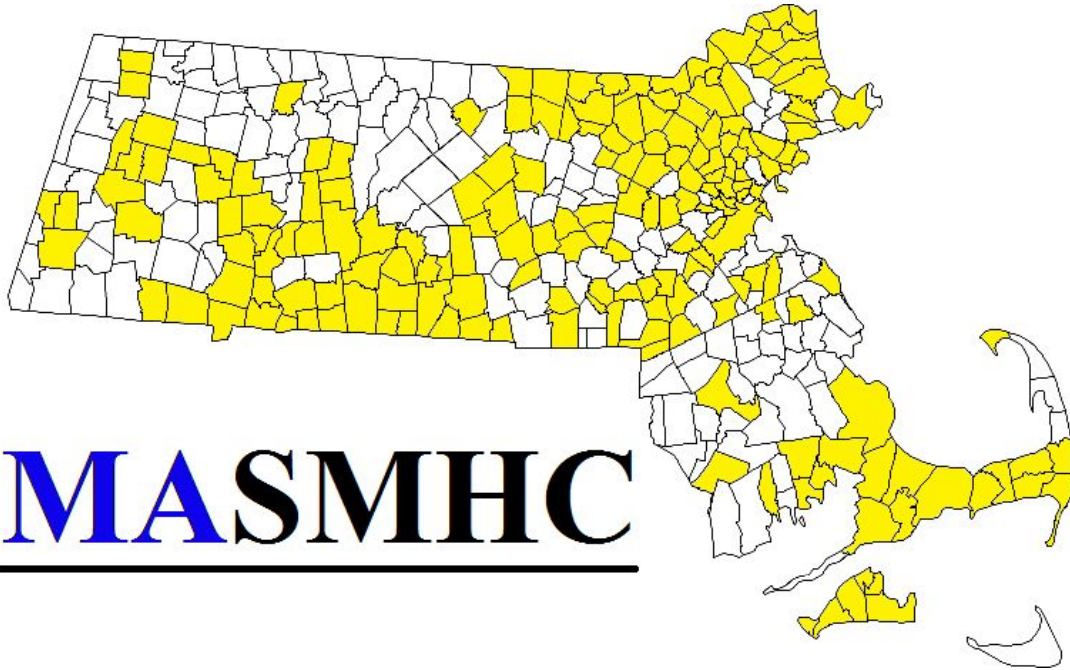
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