Wisconsin Office of
Children's
Mental Health

School-Based Wellness Screening, In Brief
Fall 2023

What's happening, in brief?

Screening all kids universally – not just those displaying symptoms – is a preventative process that helps kids build resilience and awareness of resources, and it helps adults identify youth who may be in need of support. It is estimated that the majority of mental illnesses begin before the age of 24, half by the age of 14. We need to reach kids who are struggling before their challenges escalate, before they are in a crisis, and before a mental illness disrupts their lives.

Screening children in settings they are already comfortable in and where they spend lots of time, such as school, increases the chances of catching problems early. By doing so, universal screening helps to reduce costly crisis services. Entering crisis services is not only very expensive but also highly disruptive to families – and can even be traumatic. The time it takes to screen and follow-up with kids while at school is more cost-effective, trauma-sensitive, and less time-intensive than intervening later.

A growing consensus is that embedding screening into a school culture as a universal practice–working to make it as common and routine as vision screening–is a strategic approach to tackling the youth mental health crisis. Embedding wellness screening this way allows for early detection of mental health problems, but also provides an opportunity to educate kids about how to be mentally well. School staff can help kids to identify healthy coping skills, learn positive relationship habits, and build their own individual resilience. Screening also tells the school mental health staff if small groups, classrooms, or grades need to build their mental health literacy, or need support for an issue at a group level. In turn, the screening process normalizes dialogue on mental health and wellness and allows for early detection of kids who are struggling.

What's happening nationally?

In the last two years, the American Academy of Pediatrics (AAP), the Children's Hospital Association (CHA), and the American Academy of Child and Adolescent Psychiatry (AACAP)–a coalition of nearly 80,000 clinicians–collaboratively declared a National State of Emergency in Children's Mental Health. The U.S. Surgeon General issued an advisory detailing the youth mental health crisis. Some states have passed laws requiring insurance coverage of annual mental health screenings.

The AAP recommends universal screening for anxiety in children age 8 and older. For kids age 12 and older, the AAP recommends screening for depression and suicide risk. Though the majority of primary care doctors believe it is important to talk to kids about their mental health, less than half (46%) routinely did so.[1]

Because pediatricians might only see a child once a year, during an annual check-up, experts are calling attention to school-based screenings pointing out that most kids spend the vast majority of their time at

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[1] U.S. Preventive Services Task Force. Screening for Anxiety in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. (2022) *JAMA328*(14):1438-1444. doi:10.1001/jama.2022.16936

school. School is also where youth have a number of social supports (peers, friends, teachers, coaches, school psychologists, school social workers, etc.).

While many states require mental health education in school, fewer require schools to screen students for mental health concerns. One study estimated that only a third (34%) of public schools provide mental health screening services, though virtually all offer treatment services.[2] Another study estimated only 20% of schools screen their students for mental health.[3]

In July 2023, the National Governors Association released "Strengthening Youth Mental Health: A Governor's Playbook." The playbook details key priorities and 35 nonpartisan policy recommendations. Mental health screening is recommended as a priority, noting that screenings "can accelerate the detection and diagnosis of mental health conditions and enable earlier connection to care that helps prevent progression to more serious illness."[4]

Nationally, screenings are recommended by the National Association of School Psychologists and organizations like the National Center for School Mental Health (NCSMH) are working with states to implement comprehensive school-based mental health systems that include screening. The Center uses the School Health Assessment and Performance Evaluation (SHAPE) framework, a free online platform that provides schools with screening tools and other key resources.

What's happening in Wisconsin?
Governor Evers, declared 2023 the Year of Mental Health, citing OCMH's Annual Report which increased awareness of the youth mental health crisis. In June 2023, OCMH released a fact sheet on Universal Screening, which represented a summary of what we learned throughout the 2022-23 school year from school mental health professionals and community partners across the state. A podcast episode covering our work on this topic was also released. Additionally, the Wisconsin Department of Public Instruction (DPI) has offered guidance on screening and numerous resources to support comprehensive school mental health systems.

Wisconsin does not require health insurance companies to cover annual mental health screenings as is the case for annual physicals, nor does Wisconsin require school districts to universally screen students for wellness. However, state law does require schools to address suicide prevention with students, including the detection of signs of suicidal thinking, which establishes a directive for schools to screen for suicidality.[5] Some districts are reluctant to screen for problems that they may not be equipped to fully address. Yet, during the 2022-23 school year, OCMH learned that there are a wide variety of screening efforts underway in many areas of the state.

What are the steps to starting a screening program?
National experts and schools already experienced with universal screening commonly advise others to **start small and grow gradually**. Many experts advise starting with one grade in one building as a pilot, refining the process, and building support for the process before adding other grades. Gradually, a

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[2] KFF (2022, September 6). *The Landscape of School-Based Mental Health Services*. https://www.kff.org/other/issue-brief/the-landscape-of-school-based-mental-health-services/.

[3] Connors EH, Moffa K, Carter T, Crocker J, Bohnenkamp JH, Lever NA, Hoover SA. (2022). Advancing Mental Health Screening in Schools. *School Psychology*, Jun;59(6):1135-1157. doi: 10.1002/pits.22670. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9307132/#R25

[4] National Governor's Association. (2023, July 13). *Strengthening Youth Mental Health, A Governor's Playbook.* https://www.nga.org/youthmentalhealth/

[5] Wisconsin Department of Public Instruction. (2023). *Wisconsin Statutes and Administrative Rules Related to School-Based Suicide Prevention.*

school or district can grow the screening process to include other grades. For example, a school may begin with 6th grade in one school and then expand to the 6th grade of their district's other schools. Gradually, the district includes all 6th, 8th, and 10th grade students in the screening process.

For districts ready to start screening, DPI has guidance. The Mental Health Screening Resource Guide offers **10 helpful steps to the process** that avoids the mistake of implementing before fully testing and refining a school-based screening program.

The Great Lakes Mental Health Technology Transfer Center Network (MHTTC), supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency that provides funding and oversight of mental health and related health issues, recently released a webinar series focused on School-Based Mental Health Screenings. To make the process manageable, the series is broken into three parts with recordings and companion materials for each webinar all available online:

- Part 1: *How Do We Start*?
- Part 2: *How Do We Respond*?
- Part 3: *How Do We Continue*?

The Great Lakes MHTTC also released a guide on the action steps needed to begin, maintain, and grow a school-based universal screening program. For these details, see below, **Screening Step by Step**.[6]

Some schools begin screening for protective factors of mental health, such as coping skills, trusted adults, help-seeking, rates of extracurricular participation, and community service. Screening for these positive, prosocial factors can build a wellness ethos throughout the school. It can also be a foundation on which to begin screening for signs of poor mental health such as anxiety, depression, and bullying.

When is the best time to screen students?

While there is no perfect time of the school year to screen students, an October/November or March/April screening may be especially helpful in identifying student needs around stress management and coping skills. However, stress is likely to be detected at any time of the year and any screening at any time of the year is better than no screening.

Due to limited staffing, some districts screen a segment of the students in a school, gradually completing the screening process in one building before moving onto another building in the district. This may be ongoing throughout the year, not a one-time event but rather a gradual process. Some schools may screen all students and then a subset a second time to check how the students are doing.

Who conducts the screening?

Often school mental health professionals (e.g., school counselor, school psychologist, school social worker) who are already credentialed oversee the screening process. They may work with other student services staff or contract with a mental health provider in the community to help facilitate the screening process. In many cases, the contracted provider is also responsible for follow-up services when students need immediate support. Some screeners, especially for younger students, are completed by classroom teachers who answer prompts based on their observations and interactions with each child. Parents can also complete screeners (for which no qualifications are required).

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[6] The Great Lakes MHTTC guide was prepared by Grace Nedved and Miranda Zahn, PhD, at the University of South Dakota. It is summarized and adapted here with their permission.

What are the costs to starting a screening program?

There are two main costs to the screening programs: the screening instrument itself and the staff time to administer the screener, review the results, and provide any necessary follow-up. Some screeners are free of charge[7], and others may come with a fee along with a suite of services, reports, and resources[8].

A variety of screener options are detailed by the Great Lakes MHTTC and the Wisconsin Department of Public Instruction which allow teams to compare screeners and find the best match. Additionally, some districts choose to adapt screeners, or create their own screener customized to their local context.

How do districts fund their screening program?

Typically districts use a mix of state and federal dollars from their school mental health budget to screen students. Some districts have been successful in funding their programs with local philanthropic dollars and partnerships with community mental health providers that donate a portion of their time. Having a provider partnership in place also helps if a student needs a referral for mental health services. Other districts secure financial support from city or county health departments, healthcare systems, local or regional mental health coalitions. Again, starting small can help to grow and strengthen trusted local partnerships over time.

Additional Screening Resources

Great Lakes MHTTC (School Mental Health Initiative)
National Center for School Mental Health (NCSMH)
Wisconsin Department of Public Instruction (DPI)
Wisconsin Office of Children's Mental Health (OCMH)

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[7] Examples include the Pediatric Symptom Checklist-Youth (PSC-Y), and the Strengths and Difficulties Questionnaire (SDQ).
[8] Examples include the Behavior Assessment System for Children (BASC-3), the b.e.s.t Universal Screening Platform, and the Social Academic, and the Emotional Behavior Risk Screener (SAEBRS).

Screening Step by Step

Adapted from The Great Lakes MHTTC guidance, Universal Mental Health Screening Action Steps.[9]

Step 1 - Convene a Team

Description: As schools and districts plan for the incorporation of universal mental health screenings, it is important that the school/district create a mental health team. The team may consist of school and community stakeholders at a school or district level. Meeting regularly, the mental health team uses data-based decision-making and relies on action planning to support student mental health (see National School Mental Health Curriculum). To promote sustainability, weave this work into an existing team (e.g., MTSS team).

> **Resource**: School Mental Health Quality Guide: Teaming
> **Resource:** School Mental Health Quality Guide: Screening

Step 2 - Generate Buy-In and Support

Description: Generating buy-in and support from school and community parties is crucial for the development and success of the screening process. Most screeners can be administered directly to students and take less than 30 minutes. Prevention and early intervention mean less time spent reacting to school-based behavior problems in the future (Humphrey & Wigelsworth, 2016).

Screening is more cost effective and accurate than training teachers to identify hidden warning signs. Preventing more severe mental health problems through early service delivery means reduced intervention costs. Parents are likely to seek outside resources when screening data is presented, reducing burden on school personnel to address all mental health needs (Kuo & Stoep, 2009). The mental health team should establish clear goals regarding student outcomes and responding strategies and consistently communicate the screening purpose and goals to stakeholders.

> **Resource:** Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide (Procedural Considerations)
> **Resource:** Pediatric Symptom Checklist (free screening tool)
> **Resource:** SHAPE System (free and low-cost screening tools and resources)

Step 3 - Identify Available Intervention and Referral Resources

Description: The allocation of available intervention and referral resources is important to support the screening process. School personnel should compile specific descriptions of resources/services that are readily available for students and their families. The referral process should include clear instructions and pathways deemed appropriate by the school.

> **Resource:** Wisconsin School Mental Health Referral Pathways (Modules, Tools, Self-Assessment)
> **Resource:** School Mental Health Quality Guide: Needs assessment & Resource Mapping
> **Resource:** School Mental Health Referral Pathways (SMHRP) Toolkit

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Step 4 - Create a Timeline

Description: Mental health teams must consider the amount of time needed to administer, collect, analyze, and communicate information and results from the screener. It is important to also consider the time it may take to train school personnel on the implementation of the screening steps.

Step 5 - Identify Staffing and Budget Resources

Description: Schools/districts need to identify roles and responsibilities of all staff involved in the screening process and analyze the cost associated with these services.

> **Resource**: Multi-Disciplinary School Mental Health Team Roles and Functions

Step 6 - Develop Administrative Policies and Procedures

Description: Administration leaders should develop or add to existing policies and procedures for implementing the screening process. They should consider especially communication plans, including plans for parental consent to screen and notification of at-risk results.

> **Resource**: Consent and Notification in a Multilevel System of Support (MLSS/RtI)
> **Resource**: Protection of Pupil Rights Amendment (PPRA)

Leaders should be cognizant of rights afforded under the Protection of Pupil Rights Amendment (PPRA). PPRA gives parents and students certain rights regarding the implementation of survey or data collection purposes if state or federal law requires the screener.

Step 7 - Consider Legal/Ethical Implications

Description: Screening should only be used as an identification method, a red flag warning, and not to make a diagnosis. If a student is vetted as at-risk, schools should refer students to a community provider for follow-up or conduct a follow-up assessment after obtaining active consent from parents/guardians and explaining all the information gathered.

Understand the differences between *universal wellness screening* (the general and universal process discussed in this guide) and a *suicide risk assessment* (a specific risk assessment conducted by qualified school mental health professional of an individual student), which is part of a school safety and crisis response team's protocol for suicide prevention.[10]

Step 8 - Communicate with Parents and Students

Description: Enact a communication plan for parental consent to screen and notification of at-risk results. Distribute consent letters to parents. Explain the opt-in/opt-out process. Explain the purpose and process to students.

> **Resource**: Consent and Notification in a Multilevel System of Support (MLSS/RtI)
> **Resource**: Protection of Pupil Rights Amendment (PPRA)

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[10] For further information on suicide risk assessment, see Preventing Suicide: Guidelines for Administrators and Crisis Teams from the National Association of School Psychologists.

Step 9 - Screen Students

Description: Remind students of the screening purpose and process. Begin confidential screening of students, allowing for student opt-out.

Step 10 - Identify Next Steps for At-Risk Students

Description: Students determined to meet the criteria for "at-risk" may need to be assessed further to identify proper interventions and supports. When following-up with students, schools should place emphasis on the power of help-seeking behavior, identification of strengths, and awareness of resources available to students.

Any student with indicators for extreme risk (e.g., threats to harm self or others, extreme violence potential) must receive immediate crisis response intervention. Students presenting with some risk may be placed on a "monitor" list allowing school personnel to watch these students for changes in their risk potential.

> **Resource**: Great Lakes MHTTC's Universal Mental Health Screening Tools Resource

The school support team should meet to discuss the current level of risk and intensity of intervention needed for the student(s). Once the specific problems or target areas are determined, school personnel can choose an intervention based on the needs of the student(s), level of support, and resource availability or location.

> **Resource**: SAMHSA Evidence-Based Practices Resources Center
> **Resource**: Institute of Education Sciences (IES): What Works Clearinghouse (WWC)
> **Resource**: Annie E. Casey Foundation: Blueprints for Healthy Development

Step 11 - Monitor Progress

Description: As students are screened and placed into appropriate interventions, the next step is to engage in ongoing evaluations/progress monitoring process to evaluate effectiveness. If school-based interventions are not having the desired impact, schools may decide to refer students for community-based services (e.g., outpatient, wraparound, inpatient or intensive services).

> **Resource**: Health Resources and Services Administration (HRSA): Find a Health Center
> **Resource**: SAMHSA Behavioral Health Treatment Services Locator

Step 12 - Refine Process

Description: The mental health team should review macro screening data, discuss potential improvements to their process, and examine any unintended consequences that arose with the aim of refining the process on a continuous basis.

> **Resource**: School Mental Health Quality Guide: Screening (NCSMH)
> **Resource**: Mental/Behavioral Health Screening (DPI)