**Mental Health Screening Information and Examples from Methuen Public Schools:** *Universal Mental Health Screening, Initial Assessment; & Needs Assessments and Climate Surveys*

***Universal Mental Health Screening***

Action plans designed to implement universal mental health screening should account for a number of key considerations, namely: (1) teaming to support screening; (2) generating buy-in from school and community stakeholders; (3) selection of the population to screen; (4) selection of a screening measure; (5) design and adoption of consent procedures; (6) planning for the administration of screening; (7) data collection, analysis, and warehousing considerations; and (8) conducting a coordinated follow up to address the needs of identified students.

Teaming drives implementation across any number of topics, yet, with screening, the necessity of a well-balanced, action-oriented, and well-resourced team is critical. Multiple perspectives that can contribute to the action plan during each phase of implementation is essential, especially when considering that this practice will have an important and significant impact on the larger school community. Drawing from those perspectives to account for the myriad questions that will arise will ensure that messaging is clear and tailored to each stakeholder group, potential barriers are worked out prior to implementation, and that the team has the necessary decision-making capital and resources to move forward with confidence. The communication that generates from the team will also serve as an important basis for developing buy-in and justifying the importance of screening, both before screening begins and after initial data has been gathered that can be shared with stakeholders.

Teams are encouraged to consider staff readiness when implementing screening as well. Professional development related to interpretation of screening data, use of data to inform referrals and treatment planning, engaging in clinical interview practices (both in-person and remotely), and understanding follow up procedures and critical incident management protocols will set the stage for successful implementation of screening and enhance the buy-in of the implementation team.

Selection of a screening measure requires the team to consider a number of factors that will ultimately dictate the right tool(s) to use. Teams must consider the target population and the specific presenting concern(s) they have identified in order to ensure that the measure is normed for the population and will return results that generate actionable data relevant to the presenting concern/s of focus. Drawing upon a needs assessment or existing data (school climate surveys, youth risk behavior survey data, locally developed parent/student surveys, etc.) that can inform the selection of the target population will narrow down the list of tools that can be drawn from and ensure that screening accurately targets a known problem area for the school community. Funding and sustainability of screening are additional important considerations. Screening tools are available for purchase that may meet the team’s needs, however many screening tools are also free to use and can be secured extremely easily. The operating costs associated with screening year-to-year should factor into any decisions relative to the selection of a measure, especially considering that fluctuations in a local budget could preclude the continued implementation of screening when measures are purchased rather than selected from open source options.

Determining how to manage consent is a major step toward implementation of screening. Ultimately, the team will need to determine whether to choose active consent or passive consent with opt out procedures, a choice that may be determined by existing procedures adopted by one’s local district or state. Methuen began their pilot screening using active consent, seeking written approval from each family prior to administering screening. Following several tests of change and as the team approached a point in which screening would be scaled up, passive consent procedures were adopted to (1) increase the efficiency of screening by significantly reducing the management of written consent forms and (2) sending a strong message that mental health screening was just as important as the other focus topics for which passive consent procedures were being used, such as vision and hearing. The passive consent message is communicated to families multiple times per year using the district’s all-call system and is read in a slightly adapted manner to students just prior to each screening administration.

In the early phases of screening in Methuen, paper and pencil measures were administered to individual students by school mental health staff. This process allowed for important information to be gleaned that would inform future implementation milestones, yet screening could not at this phase be considered universal. Readiness to engage in a large scale screen at the high school level prompted the Methuen team to administer the screening tool during the school’s advisory block, allowing the team to leverage the entire faculty in the administration, and utilize web-based tools to administer the screener. In this manner, data was loaded into a secure portal that auto-scored the measure and allowed for the mental health staff to immediately respond to the data that was being produced in real time through the web-based portal. The larger faculty increased the efficiency of clinical staff by taking on the tasks of directing students to the link to the screening measure and reading the canned opt-out message that was developed by the mental health initiative committee.

Planning for data collection and warehousing should occur prior to implementation of screening. Whether a team is using physical copies of a measure or a web-based tool to administer a screener, the data must be housed in a secure location to ensure it is kept confidential and accessible only to staff who will be directly involved in follow up and care coordination. Following its initial pilot phase, Methuen housed the data from screening in a web-based portal that was accessible to mental health staff only. Permissions to access the data were managed by the district’s mental health director, who was also responsible for the analysis of the data and supervision of the follow up which occurred after each screening administration. Although the primary function of screening is to identify students who may require follow up, these data also serve an important role in understanding the aggregate needs of the student population and can inform resource allocation, highlight trends that can serve to justify more resources, and aid in developing a greater understanding of the impact of the larger comprehensive school mental health system on the psychosocial well-being of the students it serves. Methuen has produced an accountability report over the past several years that incorporates an analysis of screening and progress monitoring into a digestible form that serves to document and report out on the impact of the comprehensive school mental health system (CSMHS) over time.

Perhaps of greatest importance relative to the implementation of screening is the follow up conducted after administering a measure. Screening without follow up is an unethical practice and teams should not simply screen for the sake of data collection. This requires teams to reflect on their capacity to conduct universal screening and whether or not their follow up team (the staff who will respond to the data) can manage the expected number of referrals. Follow up for students who are at risk should be conducted within seven days in general, yet any indication of self-harm or suicidal ideation gleaned from the screening requires same day follow up. Crisis teams, both internal and from community-based agency partners, were put on call during the administration to account for the potential influx of referrals during Methuen’s first large-scale screening administration. Districts that are significantly under resourced can break screening up into manageable chunks, perhaps screening a class at a time in order to spread out the impact of follow up on clinical staff while still collecting important data that could be used to highlight trends that may serve to accelerate the district’s response to securing additional staff and resources.

As districts consider universal mental health screening as part of their reopening plans, additional factors associated with remote and hybrid models of instruction must be considered. Planning for critical incident management and response, such as addressing the needs of a student who reports suicidal ideation or self harm, is complicated when screening is conducted remotely. Best practices for telehealth should be considered prior to considering screening in a remote environment, including securing emergency contact information prior to screening, communicating broadly the screening timeline to staff and families, drafting emergency procedures for responding to students in need remotely, etc. Additionally, teams considering screening are encouraged to start small. Adopting a continuous quality improvement approach by which small tests of change lead to larger tests of change over time will ensure implementation occurs in a more controlled manner and barriers to implementation or considerations that were unaccounted for in initial plans are addressed before full implementation occurs. Problems that arise when piloting this practice with a small group of students are less impactful than attempting to implement screening across an entire school or district and realizing that a major aspect of implementation was not considered. Additionally, piloting screening on a small scale will allow for teams to control for follow up and support avoiding screening beyond the point at which the team can no longer effectively intervene on behalf of students during the coordinated follow up stage of screening. Reflecting on collected data will aid teams in determining the staffing that will be necessary to continue to scale up screening and/or the partnerships that will need to be established to support the number of referrals resulting from screening.

***Initial Assessment***

Regardless of a district’s readiness to engage in universal mental health screening, psychosocial data can still be collected to inform intervention and/or treatment on an individual basis. Students identified through more traditional methods, such as teacher/parent referral, self-referral, or identification through review of attendance, academic, or behavioral data may benefit from a more comprehensive assessment to determine additional areas of need. Administering psychosocial measures to rule-in or rule-out social emotional concerns can serve as an effective practice to ensure students’ needs are accounted for prior to intervention. Student self-report measures, teacher/parent/guardian-completed measures or observations, or a review of associated data that was not a part of the initial referral (attendance data, behavioral data, etc.) can produce a clearer picture of students’ needs, resulting in a more comprehensive approach to addressing those needs. Teams should have a process for reviewing the status of students who were not engaged in remote learning experiences during the period of school closure as this may be an indicator of additional social emotional supports. For example, consider a student referred to a counselor who had not engaged in remote learning over the past week. Determining the function of the lack of engagement and the resulting intervention requires the service provider to ask questions about social emotional well being, needs related to social determinants of health, the impact of family life on the student’s engagement, etc. Ruling-in or ruling-out concerns related to internalizing concerns, such as anxiety and depression, will serve to inform whether or not mental health services are a necessary piece of the treatment plan moving forward. Similarly, administering a family needs survey to the parents/guardians of the student may uncover social needs that are impacting the student’s engagement.

***Needs Assessments and Climate Surveys***

Administering community needs assessments can be an effective strategy to inform program design and the allocation of resources to address common trends/needs across a population. Developing or adapting existing surveys to collect data related to families’ social emotional needs, concerns related to social determinants of health, experiences with remote learning, and perspectives regarding reopening of schools will be an important step toward ensuring the voices of students and families are considered during reopening planning and the resources and systems developed to support students and families align well with what they actually want and need. Similarly, staff needs can be collected to (1) understand the experiences of staff during remote learning in order to adjust policies and practices to improve morale and the effectiveness of instruction/service delivery and (2) understand the needs of students and families through the lens of the educators who often serve as the eyes and ears of the school relative to the population it serves.