School Mental Health Quality Guide

Screening

SHAPE System

School Health Assessment and Performance Evaluation System

University of Maryland School of Medicine

NCSMH National Center for School Mental Health

School Mental Health Quality Guide: Screening is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine. The Quality Guides provide information to help school mental health systems advance the quality of their services and supports. This guide contains background information on school mental health screening, best practices, possible action steps, examples from the field, and resources.

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The mission of the National Center for School Mental Health (NCSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

What is School Mental Health Screening?

School mental health screening involves the use of a systematic tool or process to identify the strengths and needs of students. Screening is conducted for all students, not just students identified as being at risk for or already displaying mental health concerns. This might involve screening an entire population, such as a school's student body, or a smaller subset of a population, such as a specific grade level.

Most commonly, mental health screening is used to identify individual students who are experiencing or are at risk of experiencing social, emotional, and/or behavioral difficulties. Screening can detect the onset of challenges early so that they can be addressed before they escalate.

Screening measures can also ask students about:

- **Indicators of well-being and positive mental health**
- **School belonging**
- **Life satisfaction**
- **Social determinants of mental health**
- **Adverse early life experiences**
- **Food and housing insecurity**
- **Socioeconomic status**

Why Screen?

1 Support a Multi-Tiered System of Supports (MTSS)

- Screening can help promote comprehensive school mental health strategies across all tiers. As a result, appropriate supports can be provided to more than just those students who present with the highest level of risk.
- With a multi-tiered approach, students are more likely to learn core social-emotional-behavioral skills and may have their mental health needs addressed before they escalate.

2 Identify students with high need

- **Some school teams might screen to identify students who are in the most immediate need of mental health supports.**
    - *For example, students who endorse suicidal or homicidal ideation, engage in multiple risk-taking behaviors, receive a certain number of office discipline referrals, and/or experience poor academic progress.*
- **As part of the screening process, screening teams must ensure that referrals to school and community mental health services are provided in a timely manner and that any student who may be a danger to self or others is further assessed immediately to ensure safety.**

3 Identify concerns specific to certain grades or classrooms

- **Screening data can also shed light on strengths and concerns specific to certain subsets of a school's population, such as a single grade or age group. Understanding these possible trends can be critical for providing equitable supports within a school.**
    - *For example, a schoolwide screening effort may reveal that several classrooms may have a significant number of students with more intensive social-emotional-behavioral needs. Rather than take the time to individually follow-up with every student, it may be helpful to provide classroom supports and then assess if there are larger group dynamics and classroom factors that may be contributing to the increased number of students with higher level needs.*
- **Screening data can help prioritize which students may benefit from more individualized services versus those who can have their needs addressed as part of a broader classroom or small group intervention.**

4 Inform promotion and prevention strategies

- **About 20% of students show signs and symptoms of a mental health disorder in a given year. Mental health screening is a proactive approach to gathering valuable information for planning and implementing prevention and early intervention strategies for the other 80% before problems develop or worsen.**
- **When schools systematically ask students about indicators of well-being and social-emotional distress, they gather information that enables them to implement targeted prevention and early intervention strategies that can address the unique needs of a school or community.**
    - *For example, if screening reveals high levels of student stress and anxiety, teaching coping skills to help reduce anxiety may be a helpful strategy to implement in classrooms.*
- **Screening with follow-up support can also detect and address student mental health problems early before they escalate.**

5 Assess indicators of positive well-being

- **Mounting evidence suggests that asking students about their well-being and social-emotional strengths, in addition to their psychological distress and functioning, has several benefits, including:**
  - Reducing stigma around asking youth about mental health within the school setting
  - Enhancing students' sense of empowerment and self-esteem
  - Providing valuable information about all students
  - Adapting to varied perspectives on mental health from youth and families across cultural groups
- **Research suggests that students who experience average to high levels of well-being also experience better current and long-term outcomes, including academic success, compared to students who report low levels of well-being. These findings remain true regardless of level of psychological distress and impairment reported by students. Thus, screening for complete mental health, including both strengths and symptoms, may be warranted.**

6 Improve access to mental health services and supports

- **Only a fraction of children, adolescents, and families who experience mental health concerns access outpatient care in traditional, community mental health settings, and of those that access care, about 40-60% drop out of treatment early.**
  - These rates speak to the barriers that keep many families, especially ethnoracially minoritized families and those from low socioeconomic backgrounds, from accessing mental health care. Many of these barriers can be avoided by identifying and supporting students in school.
- **It is estimated that over 70% of all mental health services received by youth in the United States are provided within schools. Children and adolescents are much more likely to initiate and continue mental health care in school than in other community settings, including community mental health centers.**
  - Several barriers, including stigma, transportation, and financing, contribute to the high no-show rates for mental health services in the community. Identifying and addressing student mental health concerns at school improves access to mental healthcare for all students, including traditionally underserved youth.
- **The provision of mental health supports and services in school positively impacts student outcomes including improved academic performance, fewer special education referrals, decreased need for restrictive placements, fewer disciplinary actions, increased student engagement and feelings of connectedness to school, and higher graduation rates.**

7 Support economically sound outcomes

- **Early identification of social, emotional, and behavioral difficulties and early intervention services are less costly than long-term, intensive mental health care options such as emergency department care and inpatient hospitalization.**
- **Universal school screening has been shown to connect students and families to cost-effective services such as individual and group outpatient mental health services and support groups.**

Plan and implement mental health screening

Best Practices

- **Include students and families in informing the screening, planning, and implementation process.**
- **Identify a culturally relevant screening tool or process** *(e.g., normed with population, measures indicators valued by population)* **that considers reliability, feasibility, cost, and fit with the goals for screening.**
- **Select a tool or process that assesses student social and emotional strengths as well as risk for mental health concerns** *(including exposure to trauma).*
- **Consider screening tools that assess social determinants of health and education** *(e.g., racism, poverty, social injustice, food insecurity).*
- **Share information about screening in multiple formats prior to implementation, with consideration for diverse cultures and languages.**
- **Engage students and families in a consent process about screening procedures in advance of implementation and offer the opportunity to consent or opt-out.**
- **Support families' understanding and decision making about the screening procedures.**
- **Ensure there is an updated list of internal and external mental health resources to support students/families screened for specific concerns/needs, including poverty, food insecurity, and trauma-specific services.**

Tip: Start small

Starting in small increments may be helpful to districts and schools as they embark on the screening process, allowing them to make course corrections as needed.

- *For example, many school district leaders have pointed to the usefulness of trying out a screener with a few students and getting feedback or starting with a classroom or grade and then adjusting the process rather than starting the screening process with an entire school or district.*

Resources

The Trauma ScreenTIME Courses help schools, primary care, child welfare, juvenile justice, and early childhood systems by:

- Improving the early identification of children experiencing traumatic stress.
- Providing strategies for talking with and supporting children impacted by trauma and their families.
- Connecting children to evidence-based treatment and other services when needed.

ScreenTIME Schools Course is appropriate for staff in school settings including teachers, school administrators, school mental health staff, school physical health staff, and office staff.

Action Steps for Developing a School Mental Health Screening Plan*

1. Build a Foundation
2. Clarify Goals
3. Identify Resources & Logistics
4. Select an Appropriate Screening Tool
5. Determine Consent & Assent Processes
6. Develop Data Collection Processes
7. Develop Administration Processes
8. Develop Follow-Up Processes
9. Address Barriers

* *Each action step is described in detail on the following pages*

Action Step 1: Build a Foundation

Assemble a Team: School mental health screening should be planned and implemented by a core screening team including:

- School administrators and staff
  - **It is imperative that school staff with knowledge and training in mental health are identified for leadership positions on the school mental health screening team.** Specifically, leadership roles should be held by school staff members who are competent in identifying mental health symptomatology, conducting assessment, and implementing intervention. In most cases, a school psychologist or school mental health clinician should take on the leadership role or divide the role according to given grade levels.
- Community, students, and families
  - **Community members or staff from child-serving organizations, students, and families can be key leaders throughout the screening process.** Including school-based community providers and other community leaders from mental health and business organizations broadens the knowledge, experience, and perspectives gained by the team.
  - **School screening teams must consider how to communicate with students and family members in a culturally responsive way throughout the screening process**, from garnering input to providing results and referrals for follow-up. Including students and family members in the process can help ensure cultural relevance for students and increased buy-in from parents and guardians.
  - **Community members such as interpreters, clergy, and community program staff can also be important** for consultation and referral to programs that may be more accessible and acceptable to students and families.

Tip

It is not always necessary to create a whole new team for screening. Here are some questions to ask when deciding who will work on the effort:

- What teams or groups are already working on something related to health/mental health that can be expanded?
- How does your school screen for academic performance? Are there people or processes that could be included in mental health screening?
- Who (*staff, family, community members*) has expressed interest in mental health, collecting and analyzing data, or systems-level change? Can they lead or be involved?

Resources

- **The School Mental Health Team Roles and Functions Template** can help teams map the roles of each team member.
- **Nine Elements of Effective School Community Partnerships to Address Student Mental Health, Physical Health, and Overall Wellness** provides guidance on forming school-community partnerships.
- *Hanover Research's* **Best Practices in Engaging Diverse Families** reviews literature and case studies on engaging familes from diverse backgrounds in K–12 school settings.

Tip

The screening team needs to ensure all the following processes are addressed and guided by appropriate leadership and staff:

1. Plan the screening process.
2. Administer screening measures, including administering and interpreting other languages as needed.
3. Score surveys and identify any students at imminent risk.
4. Coordinate follow-up supports, as needed.

Action Step 1: Build a Foundation *(continued)*

Generate Engagement and Support

- Getting engagement and support is critical to the success of a new screening process. However, engagement and support should be solicited throughout the screening process, not just at the beginning.
- Input can be obtained in many ways, including:
  - Focus groups of key stakeholders that represent diverse identities and backgrounds. Possible topics to address could include perceptions of benefits and challenges of screening, and/or consent and privacy considerations.
  - Teams can also add screening as an agenda item at staff and family meetings or collect anonymous student and family feedback cards distributed in class, in the office, or by mail.

Gather	Strategize	Consider	Devise
Gather input using several methods, such as focus groups, parent/staff meetings, and feedback cards.	*Strategize* how goals fit with other district initiatives.	*Consider* how students are currently being identified for MH services and the implications for service provision.	*Devise* a strategy to communicate the need and rationale for the school/district.

Action Step 1: Build a Foundation *(continued)*

Cultural Considerations

- It is important to understand cultural values and unique considerations of different communities and subgroups of students when implementing school mental health screening and supports. Consider:
  - Complex stress related to poverty, immigration, and language barriers
  - Cultural beliefs about mental health and how concerns should be addressed
  - Historically marginalized and underserved groups
  - Strengths-based screenings, which may be more acceptable across cultural groups

Use Data

- Data can support justification for mental health screening.
- For example, one district used data from their screening pilot to demonstrate the value of screening:
  - *Students who scored in the moderate to severe range for depression are absent 47% more often than the average for students.*
  - *GPA was consistently lower for students who scored in the moderate to severe range on two different mental health screeners.*

Action Step 2: Clarify Goals

It is imperative to clarify the goals of screening prior to selecting screening tools or communicating to those outside of the screening team about upcoming screening administration. For example:

- **Screen all 6th grade students in one district for anxiety** to inform who may benefit from additional support during the transition to middle school.
- **Screen all 9th grade students in one high school for depression, including suicidal thoughts**, to improve identification of students for counseling and inform schoolwide suicide prevention efforts.
- **Screen all students in one district for school connectedness** to identify which schools have higher rates of school connectedness and learn from their efforts to improve connectedness in other schools.

Action Step 3: Identify Resources & Logistics

Staffing

- It is advantageous for screening teams to collaborate with school staff and community providers to support screening at different stages of the process.
  Below is an example of how one team divided their tasks:

District Leaders & School Administrators	**Establish plan for obtaining buy-in from students, families, staff, and community partners**
Teachers & Paraprofessionals	**Classroom administration of screeners**
Student Instructional Support Personnel *(e.g., School Psychologists, Social Workers, Counselors)*	**Assist with obtaining buy-in from non-MH staff; administer screeners; immediate follow-up; accept new referrals; provide services**
School Health Center Staff	**Administer screeners; accept new referrals; provide services; immediate follow-up**
Community Mental Health Providers	**Accept new referrals; provide services**

Data Infrastructure

- Screening teams may find it helpful to integrate data from screening into existing data systems.
  - Several online platforms for behavior management exist, as well as Student Information Systems (SIS) used to track academic and behavioral data.
  - When considering using an existing SIS, screening teams must consider if they have the proper consents that explain how the data would be stored, who would have access, and how it would be used to include it in the data system.
  - Data can also be collected using an electronic survey administration.

Resource

The Student Information Systems (SIS) Brief highlights benefits of using an SIS, and offers a comparison of several available SISs.

Action Step 4: Select an Appropriate Screening Tool

Is it reliable, valid, & evidence-based?

Is it free or can it be purchased for a reasonable cost?

How long does it take to administer & score?

Does it come with ready access to training & technical support for staff?

Does it screen for *what* we want to know? *(e.g., type of mental health risk, positive mental health & well-being, age range)*

Consider Other Indicators of Students' Mental Health

- As part of the measure selection process, it is beneficial to think beyond just measures that focus on mental health symptoms to include measures that consider social determinants of health and indicators of academic success, well-being, and distress. Inclusion of these factors can help to prioritize which students are in most need of additional supports. Examples might include:
  - Grades
  - Attendance
  - Office discipline referrals
  - Engagement in substance use
  - Indicators of students' socioeconomic status (*e.g., parents' highest level of education or free/reduced lunch status*)
  - Social determinants of mental health (*e.g., food or housing insecurity*)

Resource: The SHAPE System Screening and Assessment Library

The School Health Assessment and Performance Evaluation (SHAPE) System, a free online platform for district and school teams, includes screening tools appropriate for use in school mental health. Search for the screening or assessment tool that best fits the needs of your school by focus area (*academic, school climate, or social/emotional/behavioral*), purpose, student age, language, reporter, and cost. Every measure has been carefully reviewed and includes a brief summary with direct links to copies of the instrument and scoring information.

Tip

Use validated, culturally responsive screening measures that reflect valued outcomes, are appropriate *(e.g., developmentally)* to student population, and are in the first language of students and families.

- Also, it is critical to use tools and methods of administration that are sensitive to students exposed to trauma. This includes creating a safe environment for screener administration and communicating about the purpose and process of screening in a transparent manner.
- The Screening Team should get feedback from youth, families, and other stakeholders to ensure that the screening tools are culturally responsive, easy to use, and that the items themselves make sense and are relevant for students across diverse identities and backgrounds.

Action Step 5: Determine Consent & Assent Processes

Active vs. Passive Consent: An important decision when planning consent procedures is the type of consent, active or passive/opt-out, sought from students' parents and legal guardians.

	Definition	*Strengths*	*Limitations*
Active Consent	• A student may only participate in screening if their parent/guardian gives written consent	• Consent is informed • Follows many district protocols • May establish more trust between schools and families	• Engages less diverse distribution of students; better for engaging students such as those from two-parent homes, with high grades, and involved in extra-curriculars
Passive/ Opt-Out Consent	• Parent/guardian's non-response serves as consent for student screening	• Reaches largest number of students	• Follow-up screening efforts require active consent

Passive Consent/Opt-Out Example

Dear Parent or Guardian,

To promote the health and well-being of students in **[**X**]** Public Schools, students will be periodically provided with questionnaires, surveys, and screeners that address issues related to mental health. The information gained will support the school's ability to provide comprehensive and timely support for your child if they require any assistance.

Students can opt out of filling out any questionnaire, survey, or screener that they are not interested in taking and parents/caregivers can opt-out their child at any time by contacting the Guidance Office of your child's school or filling out the opt out form **[**here**]**.

A list of the questionnaires, surveys, and screeners is available below for you to review. We are committed to ensuring your student is supported academically, socially, and emotionally, and we look forward to partnering with each of you toward achieving this goal.
Please contact **[**X**]** at **[**X**]** with any questions.

In partnership,

[School or District Administrator**]**

Passive consent may be sent via mail to parents and included in the school handbook/website. Information provided may include the purpose of screening, the content of the screening tools, and instructions on how to opt-out.

Tip

State laws or district policies may affect the ability to conduct active versus passive consent.

As the screening team decides on consent procedures for their school(s), they must have thorough knowledge of school and district policy and procedures related to asking about and handling information about students' mental health. If working in partnership with an outside entity such as an agency, organization, hospital, or university, it may also be necessary for these entities to have consent procedures approved by their Institutional Review Board (IRB).

Action Step 5: Determine Consent & Assent Processes *(continued)*

Student assent

- It is recommended that screening teams gain students' voluntary assent for participation in screening. Often, this is done at the beginning of administration and an option is provided for students to indicate:
  - *"Yes, I will take this survey"* or
  - *"No, I choose not to take this survey"*
- It should be made clear to students that there are no disciplinary or academic consequences for choosing not to participate.

Communication

- By providing a consistent message on the purpose and importance of screening to students, families, and staff, schools improve their likelihood of having higher rates of consent and assent. To reach the largest number of students and families, communication of this message should be done in multiple formats, including:
  - Phone calls and/or text messages
  - School website
  - Written notification in the mail
  - Fliers sent home with students
  - Signs displayed around the school
  - Forms/information sheets included as part of yearly registration packets
  - Discussions with students in class and parents/caregivers at meetings

Cultural considerations with consent procedures

- Students and families from cultural backgrounds other than the majority group might experience distrust and fear about the screening system. Therefore, communication facilitated by cultural liaisons and brokers, as well as translators for written consent forms, can be critical in obtaining buy-in and ensuring that the purpose of screening is understood by all families in the school.
- All team members, including translators and cultural liaisons, should be easily reachable by meeting, phone, or email once consent forms have been provided to families.
- Having someone readily available who can help families to read consent forms aloud, answer questions in preferred languages, and provide needed assurance about screening can greatly increase the likelihood of caregivers providing consent for their child to be a part of the screening process.

Action Step 6: Develop Data Collection Processes

Data Management and Privacy

- Consider data management and privacy as it relates to FERPA and HIPAA
  - Decisions about how data are managed also depend on district guidelines, as well as federal guidelines for maintaining student and family records within schools and as part a student's healthcare *(i.e., Federal Educational Rights and Privacy Act [FERPA] and Health Insurance Portability and Accountability Act [HIPAA])*. School leadership needs to decide where data will be stored, who will have access, and how the data will be used. Appropriate consents and releases of information must abide by respective guidelines and procedures that have been established.

- Online platform vs. Paper and Pencil
  - Increasingly, school screening teams are choosing to administer measures through online platforms (*e.g., Qualtrics, SurveyMonkey, Google Forms*) instead of paper and pencil. Online administration may allow for students and families to easily switch between languages to answer items. If choosing online administration, the screening team must confirm that chosen screening tools can be converted to an online format per the author/publisher policy.

  - Paper and pencil can be useful because it allows all students in a school to complete the survey at once and doesn't require all students to have access to computers or other online technology. However, paper and pencil administration requires manual entry of all responses, which can be time-consuming for members of the screening team and increase the likelihood of errors in scoring and data entry. Additionally, there is potential for a delay in being able to review surveys for responses indicative of a need for a mental health referral and/or to address more pressing safety concerns.

  - For both online and paper and pencil administration, it is essential that the responses be reviewed within 24 hours for any pressing concerns. A review should not require that all entries first be inputted into a data system related to the potential time sensitivity and safety implications of the information. (*This is most relevant when administering measures that inquire about potential harm to self or others or other serious mental health concerns that would require immediate attention.*)

Action Step 7: Develop Administration Processes

Who to screen?

- The screening team may consider a small pilot administration in the months leading up to the actual administration in order to trouble-shoot any difficulties and to gather feedback on the effectiveness of screening processes.
- Piloting can include administration with a small number of students in one grade or classroom.
- After a pilot, the team will consider whether it is feasible to screen a broader group of students.

When to screen?

- Consider using times of day outside of instructional time. A common recommendation from the screening literature is to conduct administration during students' homeroom period, if possible.
- Screening team leadership should consult with teachers and administrators about optimal periods of the day to screen, ensuring that teachers have also been informed about the purpose and importance of screening.
- If administering screening through an online platform, it may be beneficial to schedule classrooms to complete the survey during the first 15-25 minutes of their resource period. This will allow for class schedules to proceed as usual.
- It is important to ensure that all students who should be screened are included in the time period or class subject selected *(e.g., some older students may leave school early for work study)*.

Staff to support screening

- All school staff involved in administration and follow-up should receive clear written and oral communication about:
  - When the screening will take place
  - Who is responsible for distributing surveys *(via paper, desktop/laptop, tablet, or other device)*
  - Who is responsible for proctoring during the screening periods
  - How to handle students who are late for or miss initial screening administrations
  - How to identify students who declined consent
  - Where to return completed surveys *(if paper and pencil)*

Scripts

- Screening proctors are typically teachers, para-professionals, counselors, school psychologists, or school social workers. Some school districts also partner with community mental health providers or university mental health graduate programs to assist with screening administration.
- Prior to screening, proctors should be provided a script to read to students at the beginning of administration. This ensures that the screening process is standardized. Scripts should also be translated into other languages spoken at the school, with staff members or cultural liaisons present to read and respond to any questions related to the scripts.
- Content in the script should include:
  - Introduction to the screening process: purpose of screening, confidentiality of results, and relevance to students
  - Step-by-step instructions for completion
  - Guidelines for returning surveys to the appropriate location *(if applicable)*

Action Step 8: Develop Follow-Up Processes

Tiered approach to follow-up

- Literature on screening recommends that interventions be implemented at the universal, targeted, and intensive levels within a MTSS framework.
- A resource map of school and community resources can help identify supports and services to be implemented for students at different levels of risk.

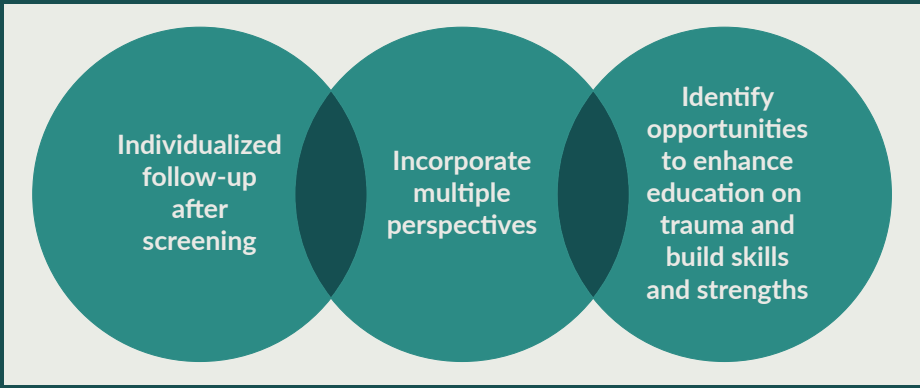
Follow-up schedule

- Efforts to follow-up with students who might need additional supports should occur as soon as possible. When students have a positive screen, they will be referred for further assessment to better understand specific strengths and challenges. Recommendations for efficient and responsive follow up are as follows:
  - **High risk:** Same day
  - **Moderate risk:** Within the week
  - **Low risk:** Communicate findings to staff, students, and parents within a reasonable timeframe (*e.g., one month*)
- Follow-up should include procedures to follow-up with caregivers and school staff.

Community partnerships for follow-up and referrals

- Once school-community partnerships are established, it is important that screening teams alert crisis teams and local community mental health providers to be on call before screening administration. This can help to ensure that local organizations and providers are prepared and adequately staffed so that students and families can access supports as needed in a timely manner.

Trauma-informed and culturally responsive follow-up



Action Step 9: Address Barriers

Being able to talk openly and problem-solve about concerns related to screening is important to increase engagement and acceptance of screening.
Below we consider some strategies to address a range of barriers:

"The identified need will exceed our capacity."
Set triaging data rules in advance
Review existing resources/capacity
Review surveillance data
Start small, then adapt and scale up

"Obtaining consent from parents will exceed our capacity."
Use passive consent and opt-out procedures
Share a consistent message in multiple formats
Engage parents in developing message
Start small, then adapt and scale up

"Our community doesn't like the idea."
Involve multiple stakeholders in planning
Use existing community and parent forums
Start by screening for resilience and strengths
Start small, then adapt and scale up

"What will we screen for?"
Obtain input on key focus areas to start with
Consider various measures by grade levels, schools, etc.
Use the SHAPE Screening and Assessment Library
Start small, then adapt and scale up

Example from the Field

A suburban school district north of Boston, Massachusetts used quality improvement processes to incrementally build universal mental health screening in the district. Initial steps included identifying who to screen, choosing screeners that matched population needs, determining consent procedures and working with a handful of students to inform and refine the screening process. Within one school year, the district moved toward full implementation of two large-scale online screenings at the high school level that integrated a consent and opt-out process, and have since expanded to elementary and middle schools. **Follow up data analysis revealed that 100% of students who required follow-up received it within 7 days of the screening, with urgent concerns being addressed immediately upon identification.**

Resources: More information on screening in schools

- *Substance Abuse and Mental Health Services Administration (SAMHSA)*'s **Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools** helps schools through the process of developing comprehensive screening procedures. This guide also provides readily available resources to facilitate the implementation of effective behavioral health screening in schools.
- *The National Center on Safe Supportive Learning Environments'* **Mental Health Screening Tools for Grades K-12** provides an overview of screening; outlines important considerations for screening tool use; and lists example screening tools, including descriptions, ages served, and reporter information.

For more resources,
visit the SHAPE Resource Library at
www.theSHAPEsystem.com

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School Health Assessment
and Performance Evaluation System

School Mental Health Quality Guide *At A Glance:* Screening

1 Plan and implement mental health screening

Best Practices

- **Include students and families in the screening, planning, and implementation processes.**
- **Identify a culturally relevant screening tool or process** that assesses student social and emotional strengths as well as risk for mental health concerns *(e.g., exposure to trauma)*.
- **Share information about screening in multiple formats prior** to implementation, with consideration for diverse cultures and languages.
- **Inform students and families about screening procedures** in advance of implementation and offer the opportunity to consent or opt-out.
- Ensure there is an **updated list of internal and external mental health referrals and resources.**
- **Roll out initial screening efforts gradually** to ensure effectiveness before scaling up.
- **Respond to risk of harm to self and others immediately.**
- **Have a defined and timely process to assess screening results** and further assess needs for Tiers 2 and 3 services and supports.

Tips

- **Start the screening process in small increments and scale up** to the entire population in a gradual way that allows your team to gather feedback and build on success.
- **You don't always need to create a whole new team for screening**; consider if there are existing processes or teams that can be expanded or revised.
- **Use validated, culturally responsive, trauma-informed screening measures** that reflect valued outcomes, are appropriate to the student population, and in the first language of students and families.
- Ensure the screening team determines **effective planning, administering, scoring, and coordinating processes** that are guided by appropriate leadership and staff.
- **Consider state laws or district policies** that may affect the ability to conduct active vs. passive consent.

Example from the Field

- **One suburban school district north of Boston, Massachusetts, used quality improvement processes** to incrementally build universal mental health screening in the district and ensure that students who need follow-up receive it within a timely manner.

School Mental Health Quality Guide *At A Glance:* Screening

Action Steps

- **Build a foundation** by: **Assembling a core screening team** comprising school leadership, staff, and key community members; **Generating buy-in and support** by soliciting continuous feedback *(via focus groups, meetings, and anonymous feedback cards)*; **Considering diverse cultural values and barriers** as they relate to mental health screening; **Using data** to support justification for, and demonstrate the value of, mental health screening.
- **Clarify the goals of screening** prior to selecting screening tools or communicating to those outside of the screening team about upcoming screening administration.
- **Identify resources and logistics** in terms of staffing and data infrastructure needed for the screening process.
- **Select an appropriate screening tool** by considering multiple indicators of students' mental health, such as social determinants of health, academic success, well-being, and distress.
- **Determine consent and assent procedures** while: Deciding if **active or passive/opt-out consent** is needed; Aiming to gain students' **voluntary assent** for participation in screening, while making clear to students that there are no disciplinary or academic consequences for choosing not to participate; Providing a **consistent message** on the purpose and importance of screening in multiple formats *(e.g., phone calls, fliers, in-person discussions)* to students, parents/guardians, and school staff; Acknowledging that some students and families may fear or mistrust screening, and **utilizing cultural liaisons and translators** to ensure the purpose of, and consent to, screening is understood by all families in the school.
- **Develop data collection, management, and privacy processes** that abide by district guidelines and federal regulations *(i.e., FERPA and HIPAA)*.
- **Develop administration processes** by determining: **How** to screen *(i.e., online platform vs. paper and pencil)*; **Who** to screen; **When** to screen; **Which** staff will support screening; **What** standardized scripts will be used.
- **Develop follow-up processes** which incorporate multiple perspectives, allow for feedback and adaptation, and swiftly provide appropriate supports and referrals to students who need them.
- **Address barriers** which may inhibit engagement with and/or acceptance of screening.

Resources

- The Trauma ScreenTIME Courses & ScreenTIME Schools Course
- The School Mental Health Team Roles and Functions Template
- Nine Elements of Effective School Community Partnerships to Address Student Mental Health, Physical Health, and Overall Wellness
- *Hanover Research's* Best Practices in Engaging Diverse Families
- The Student Information Systems Brief
- The SHAPE System Screening and Assessment Library
- *SAMHSA's* Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools
- *The National Center on Safe Supportive Learning Environments'* Mental Health Screening Tools for Grades K-12