

Mental Health Screening and Early Intervention in Schools

Marc Lerner, M.D.

Medical Officer

Orange County Schools

HOW MANY CHILDREN HAVE MENTAL HEALTH CONCERNS?

About 15 million children in America have diagnosable emotional or behavioral health disorders

Common examples: anxiety, depression, PTSD, eating disorders, substance abuse, and attention /conduct disorders

Less than 25 percent of children in the US who need mental health services receive them



Surgeon's General Report; Center for Health and Health Care in Schools

HOW ABOUT MENTAL HEALTH AND TEENS?

Twenty percent of adolescents experience significant symptoms of emotional distress

The prevalence of dysthymia or MDD increases from 8.4% (14-15 years of age) to 15.4% (17-18)

Low income teens are more than twice as likely to have difficulties

While few children receive mental health services the majority of children that seek help (about 80%) receive that care through schools



National Adolescent Health Information Center (NAHIC)
Merikangas KP, He JP, et al. J Am Acad Child Adol Psych.
2010;49:49:980-989

EDUCATIONAL IMPACT

Children in elementary school with mental health problems are more likely to miss school than their peers – in one school year, children with mental health needs may miss as many as 18 to 22 days.

Children in elementary school with mental health problems are three times more likely to be suspended or expelled than their peers.

Almost 25 percent of adolescents who required mental health assistance reported having problems at school.

Almost 50 percent of adolescents in high school with mental health problems drop out of school. This is the highest dropout rate of any disability group.



STUDENT MENTAL HEALTH SCREENING TOOLS

Eyberg Child Behavior Inventory (P/T): 2-16 years – 15 mins

Child Symptom Inventory (P/T/Y): 3 – 18 years - 15 mins

Massachusetts Youth Screening Instrument (Y): 12-17 years - 10 mins

Pediatric Symptom Checklist (p): 4-16 years – 10 mins

Problem-Oriented Screening Instrument for Teenagers (Y): 12-19 yrs–25 mins

Strengths and Difficulties Questionnaire (P/T/Y): 3 – 16 years - 10 mins



<http://humanservices.ucdavis.edu/academy/pdf/final2mentalhealthlitreview.pdf>
<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

USPSTF POLICY STATEMENT ON DEPRESSION SCREENING (2009)

**Routine screening for depression is recommended for adolescents
ages 12-18**

Assist in early identification

Increase the portion of depressed teens receiving treatment

**Systems should be in place to ensure accurate diagnosis,
psychotherapy and follow-up**

**The Patient Protection and Affordable Care Act mandates that
commercial health plans offer depression screening**

**Medicaid's EPSDT requires mental health assessment of all covered
children**



<http://www.uspreventiveservicestaskforce.org/uspstf09/depression/chdeprsr.htm>

STUDY OF AMBULATORY OFFICE-BASED PRACTICES FOR DEPRESSION SCREENING

AAP survey: 90% of pediatricians feel that they should be responsible for the identification of depression

Representative data from national surveys

National Ambulatory Medical Care Survey

National Hospital Ambulatory Medical Care Surveys

Depression screening was documented in 0.2% of clinic visits

Depression screening was less likely for:

Hispanic youth

Screening done in the Western US (vs. Northeast)

Screening was more likely if there were no visits in prior year (vs. 'frequent flyers')



Stein RE, Sorwitz SM, et al. *Ambul Pediatr.* 2008;8:11-17

Zenlea IS, Milliren CE, et al. *Academic Pediatrics* 2014;(14): 186-191

INITIATING MENTAL HEALTH SCREENING IN MEDICAL HOMES

1. Identify a working group that spans the jobs/stakeholders that will be involved
2. Identify some goals/"key drivers"/patient outcome you'd like to see, that can orient the project. There are too many possible variants and you need some compass.
 - a. Are there any readily available markers that will let you know the goals are being achieved?
 - b. As specifically as you can, what is the population involved? What issues around culture, literacy, access, etc. need to be kept in mind?
3. Make sure that everyone in the group is on the same page about the functions of screening



ELEVEN STEPS TO MAKE SCREENING WORK

- a. **Identify** children/youth who are to be screened
- b. Make sure that **screening materials** are available for those children/youth/parents (and in the correct language)
- c. Understand which **children/youth will need assistance** with screening because of disability, literacy, or cultural issues
- d. **Explain** to the child/youth/parent about **the purpose of screening**, what will be done with the answers, who will see the answers
- e. **Decide when** in the progression of the visit the **screens will be completed** – in waiting area, in exam room, in area where vital signs or other pre-visit work completed
- f. **Facilitate being able to respond** to the screener– e.g. safe space for toddlers to roam while forms completed, options for privacy, ability to ask for questions about the form
- g. **Collect the screens and possibly score** them depending on the tool.
- h. **Get information to the primary care provider**
- i. **Help primary care providers** feel comfortable discussing the screen results (items checked or not, overall score, additional concerns) and knowing how to develop additional information as needed (including use of second stage tools specific for assessing particular conditions (e.g. CRAFFT for substances, CDI or CES-D for depression, SCARED for anxiety).
- j. **Build providers comfort** with first-line advice for commonly occurring conditions.
- k. How screen **results and discussion** will be **documented** and if / how the charge will be captured
- l. **Work out** how children/youth with identified issues will be flagged and tracked for **follow-up** if referred, if given return appointment in pediatrics, if decline intervention at this point but agree to be followed.



SOME YOUTH MAY PREFER MH E-SCREENINGS

Study of students ages 12 – 25 years in Australia

“When you first go to a counselor or psychologist would you find it easier telling them stuff about yourself using an assessment e-tool or speaking?”

FINDINGS:

Prefer to initially type’, was noted by participants across all age groups; This was most strong in the 15–17 and the 18–21 year age groups

Most participants felt the e-tool would help them disclose the domains that they were most embarrassed about

Students felt that an e-tool would help provide a structure to their thoughts and the overall session by allowing them to identify issues of importance and take the time to decide what they were ready to disclose



Bradford S, Rickwood D.
Journal of Child and Family Studies
February 2014, Open Access

SCREENING OPTION FOR 11-12 YEAR OLDS

1. PHQ – 9 for adolescents focuses on depression (though it ends up casting a wider net).
2. The Strengths and Difficulties Questionnaire offers a view about “internalizing” versus “externalizing concerns” It can be scored with a paper overlay.
3. CRAFFT screening questions about substance use and smoking.

Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)

Use anything that has tobacco or nicotine: like a cigarette, cigar, e-cigarette, snuff, chewing tobacco, or a water pipe)?

Smoke any marijuana or hashish?

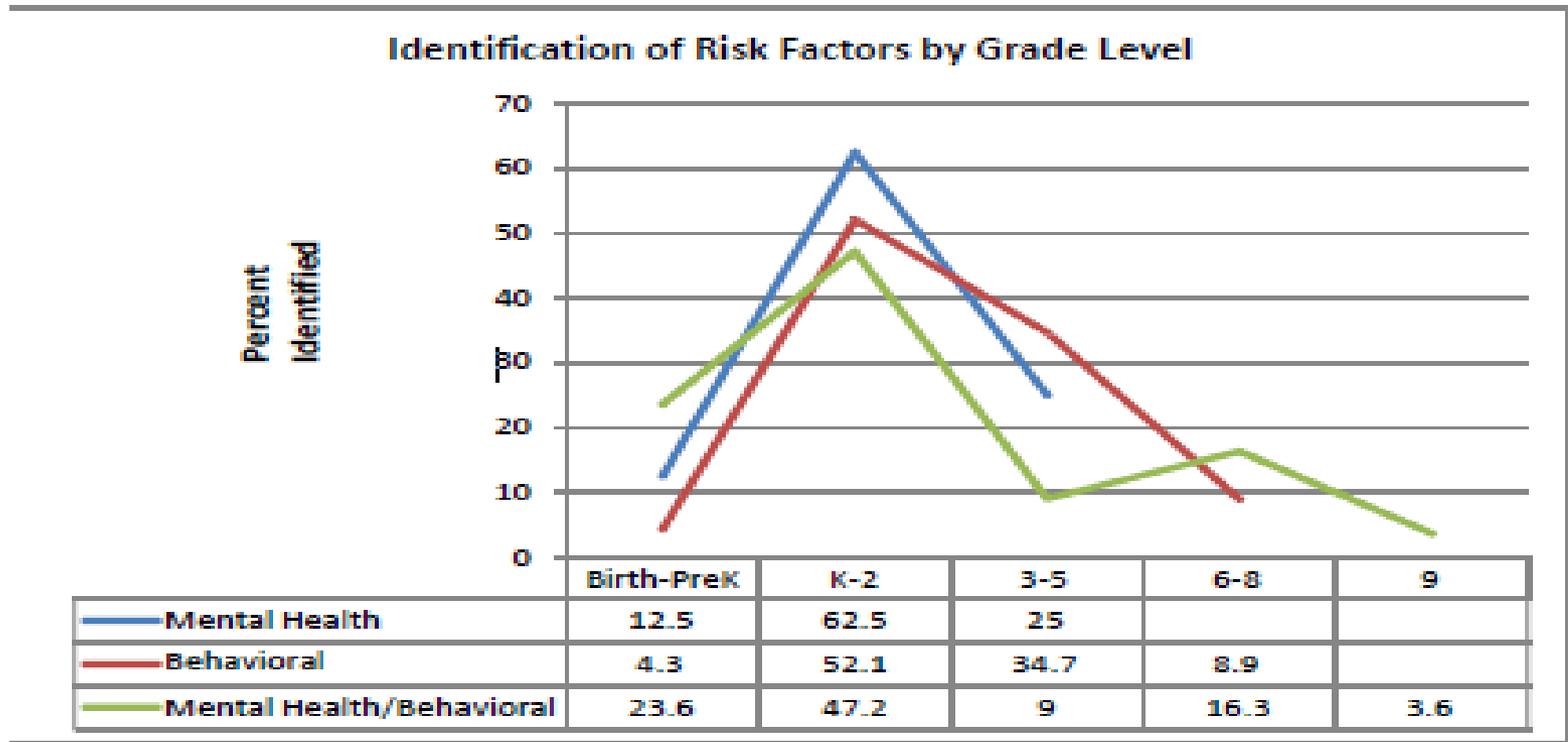
Use anything else to get high? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)

4. Are there any other issues (trouble with school, something bad that happened to you, another worry) that you would like to talk to your doctor about?



EARLY SCHOOL ONSET OF MENTAL HEALTH ISSUES (SPENCER)

Grade Level of First Appearance of Mental Health Risk Factors in School Records
(n=100)



http://c-hit.org/2012/09/14/study_pushes_early_identification_of_kids_mental_health_problems/

NATIONAL ALLIANCE ON MENTAL ILLNESS

10 BEST PRACTICES FOR SCHOOLS

1. Train teachers and staff on the early warning signs of mental illnesses and how to effectively communicate with families about mental health and related concerns

Eliminating Barriers to Learning Through the Early Identification of Student Mental Health Issues

Curriculum developed by the SAMHSA in conjunction with CDE



https://www.nami.org/Template.cfm?Section=schools_and_education&template=/ContentManagement/ContentDisplay.cfm&ContentID=47652
<http://sites.placercoe.k12.ca.us/ebl/EliminatingBarrierstoLearning/OverviewofEBL.aspx>

ELIMINATING BARRIERS MODULES

Social-emotional development, stigma, and discrimination

Infusing Cultural Competence into Mental Wellness Initiatives

Social-Emotional Development, Mental Health, and Learning

Overview of disorders, effects on learning, and risk factors

Making Help Accessible to Students and Families

Formulate a plan to help students with mental health needs

Strategies To Promote a Positive Classroom Climate

Create a climate that promotes learning and mental health

Create a formal action plan for promoting mental health wellness





CENTER FOR
Healthy kids
& Schools

NAMI 10 BEST PRACTICES

2. Train school professionals in effective and research-based teaching methods and behavioral interventions, including positive behavior interventions and supports

PBIS: An evidence-based systems framework

Establishing the social culture and behavioral supports needed for a school to be an effective learning environment for students

Defines and teaches positive social expectations

Acknowledges positive behavior

Arranges consistent consequences for problem behavior

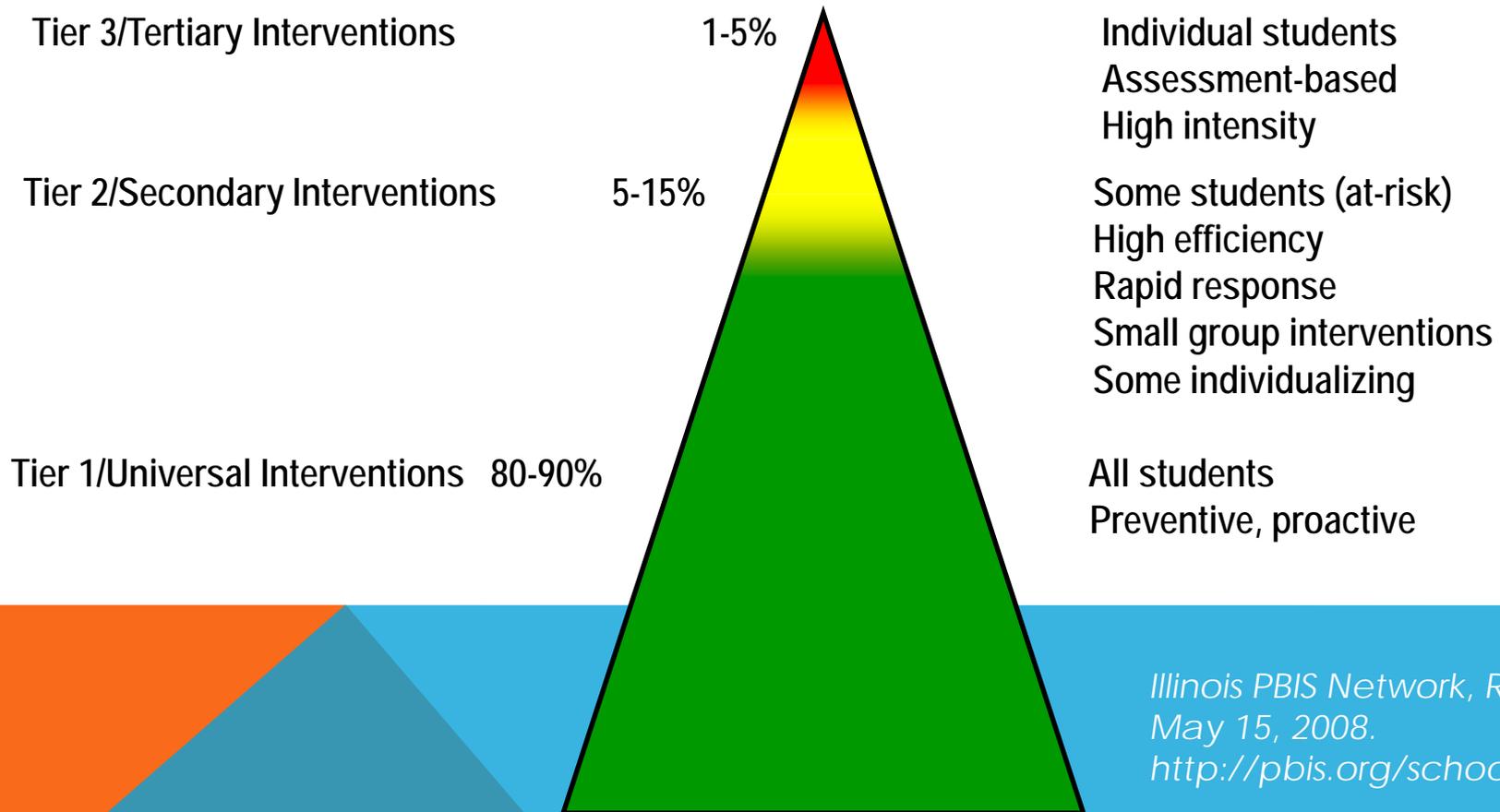
On-going collection and use of data for decision-making



<http://www.pbis.org/>

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS) AKA RESPONSE TO INTERVENTION (RTI) MODEL

Academic Systems / Behavioral Systems



*Illinois PBIS Network, Revised
May 15, 2008.
<http://pbis.org/schoolwide.htm>*

SCHOOL CLIMATE IS DEFINED AS...

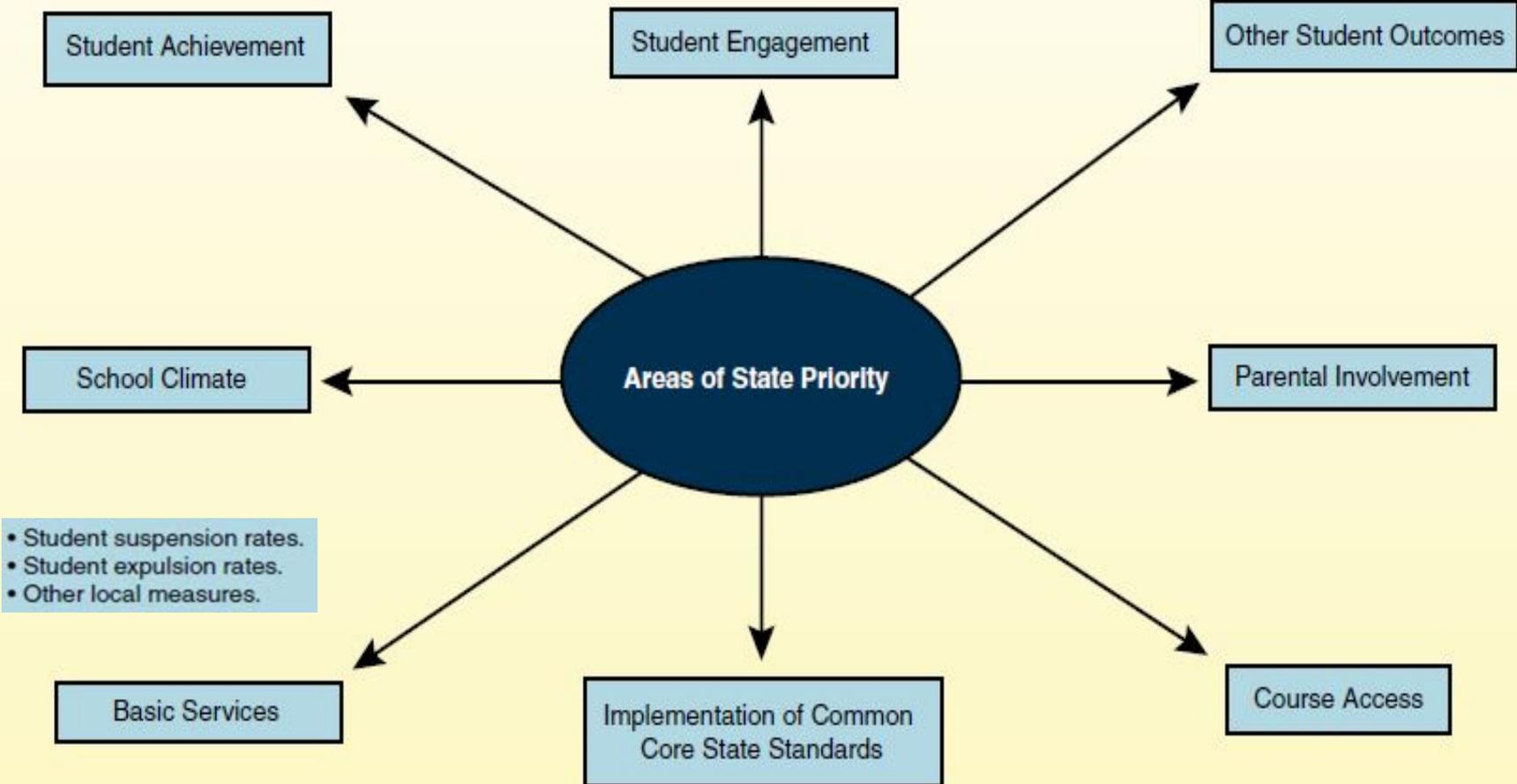
The quality and character of school life. School climate is based on patterns of people's experiences of school life and reflects norms, goals, values, interpersonal relationships, teaching, learning, leadership practices, and organizations structures.

National School Climate Council, 2007

Primary goal: To support and instruct to a range of individual differences while sustaining a caring atmosphere



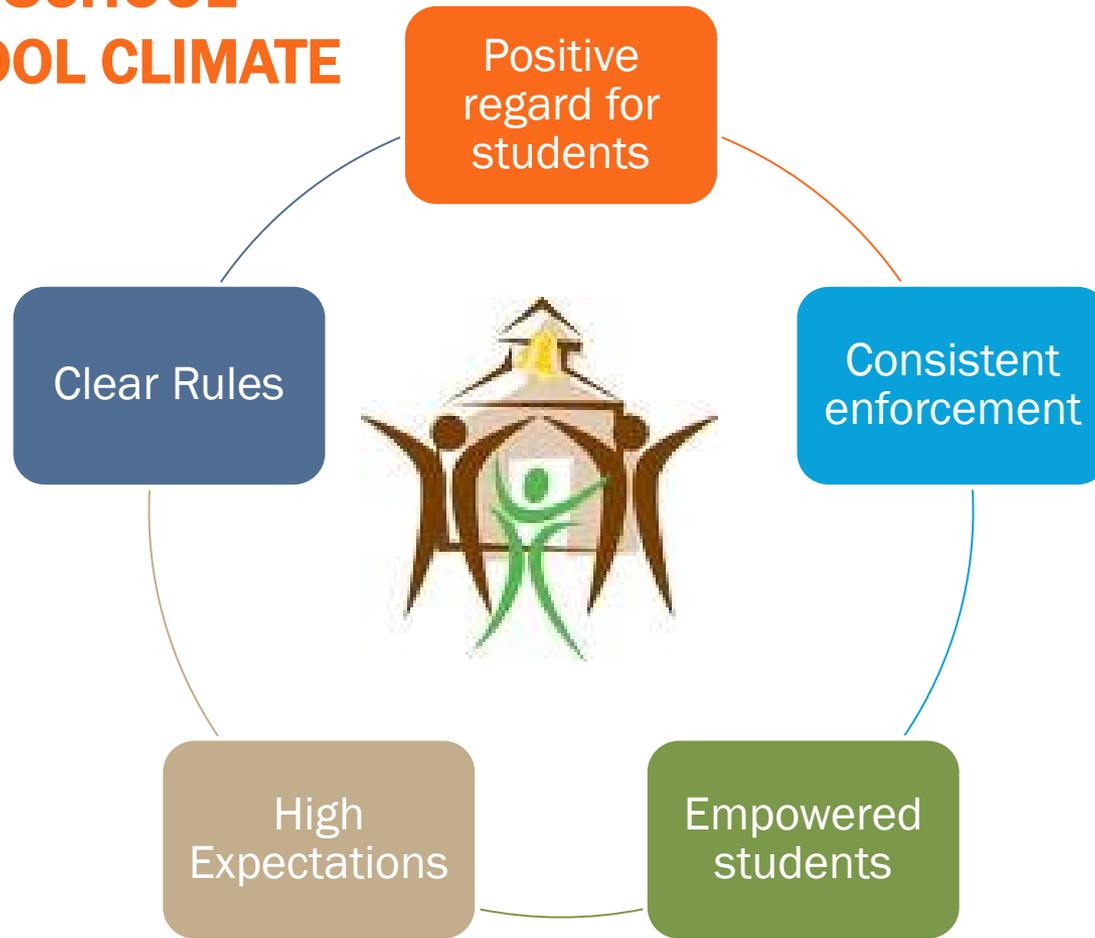
Eight Areas of State Priority Must Be Addressed in LCAPs



LCAP = Local Control and Accountability Plan.

RESILIENCY IN SCHOOL

POSITIVE SCHOOL CLIMATE



S3 MODEL FOR POSITIVE CLIMATE

Engagement

- Relationships
- Respect for Diversity
- School Participation

Safety

- Emotional Safety
- Physical Safety
- Substance Use

Environment

- Physical Environment
- Academic Environment
- Wellness
- Discipline Environment



Safe and Supportive Schools: A Federal Initiative of USDE

RANDOMIZED TRIAL OF SCHOOL-WIDE PBIS SCHOOLS

- Schools that receive technical assistance from typical support personnel can implement SWPBS with fidelity
- SWPBS is associated with:
 - Low levels of ODR
 - Fewer ODRs (majors + minors)
 - Fewer ODRs for truancy
 - Fewer suspensions
 - Improved perception of safety of the school
 - Increased % of 3rd graders who meet state reading standard



Horner, R.H., Sugai, G., et al.(2009)

Journal of Positive Behavior Interventions, Vol. 11, No. 3, 133-144

EVIDENCE-BASED IMPACT OF SCHOOL-WIDE PBIS

School-wide PBIS showed significant impacts on:

Children's behavior problems

Concentration problems

Social-emotional functioning

Pro-social behavior

Children in SWPBIS schools were 33% less likely to receive an office discipline referral than those in comparison schools

Behavioral and academic gains were linked

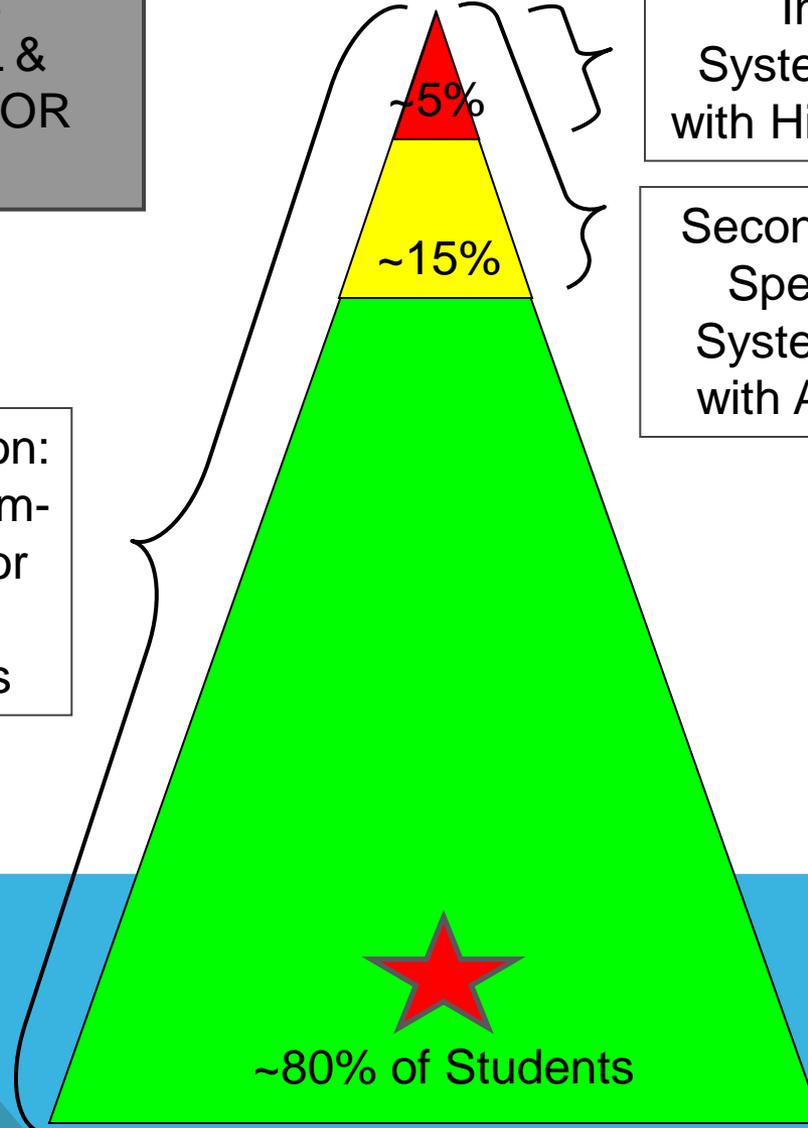
The effects tended to be strongest among children first exposed to SWPBIS in kindergarten



Bradshaw CP, Waasdorp TE and Leaf PJ
Pediatrics 2012;130:e1136-e1145

CONTINUUM OF
SCHOOL-WIDE
INSTRUCTIONAL &
POSITIVE BEHAVIOR
SUPPORT

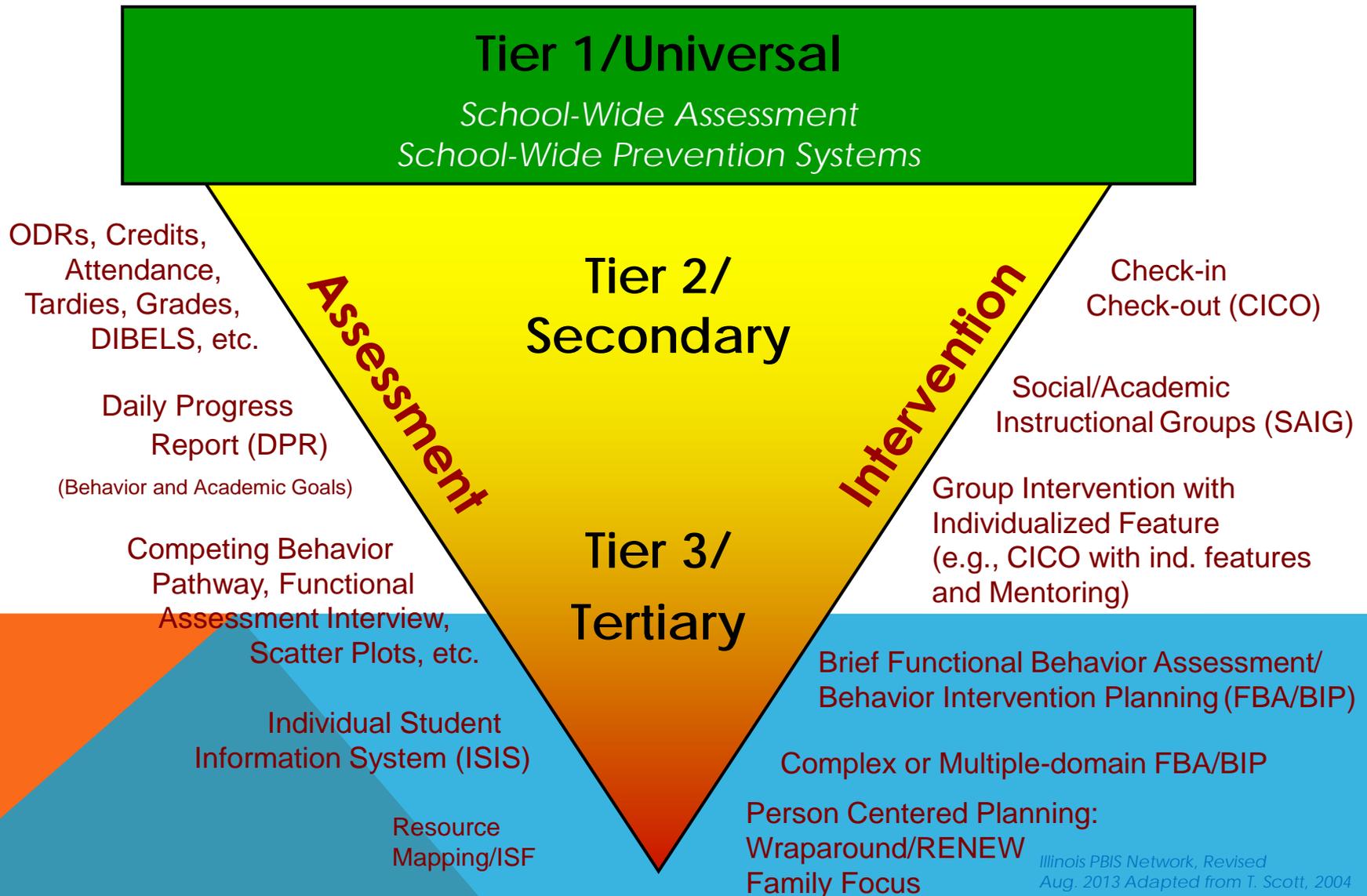
Primary Prevention:
School-/Classroom-
Wide Systems for
All Students,
Staff, & Settings



Tertiary Prevention:
Specialized
Individualized
Systems for Students
with High-Risk Behavior

Secondary Prevention:
Specialized Group
Systems for Students
with At-Risk Behavior

Multi-Tiered System of Support Model (MTSS)



MOVING TO THE SECOND TIER: PBIS DATA-BASED DECISION RULES

Tier 2 nomination processes:

Nomination-based

Data decision-based

Attendance

- Absences and tardies
 - 5 within trimester
 - 60 minutes out of instruction per week

Social Behavior

- 2 – 5 office discipline referrals
- 2 major ODRs within trimester
- 5 minor ODRs within trimester

Academics

- Data below academic benchmarks



NAMI BEST PRACTICES

Provide research-based and effective school-based mental health services and develop an effective link to the community mental health system for students with more intensive mental health service needs.

Develop effective partnerships with families that recognize the value of their input about how a student's illness impacts their academic work, peer relationships and interaction with others in the school community



WHY ARE SCHOOLS RELUCTANT TO SCREEN FOR MENTAL HEALTH CONCERNS?

Concerns that mass screenings will over-diagnose students and stigmatize them with a life-long label

Worry that screenings will uncover mental health problems that schools lack resources to treat

Systems should be in place to ensure accurate diagnosis, psychotherapy and follow-up

"Once we screen and assess and discover the need, I think it's our responsibility to have the resources in place to service every one of those needs that are uncovered."

Screenings rates vary widely from state to state and even within each school district (No consistency on whether the schools screen, what ages they screen and what they screen for)



WHY PARENT / SCHOOL ALLIANCE IS HARD WITH MENTAL HEALTH ISSUES

Particularly stigmatizing

Doubt and equivocation part of the “illness”

Not sure that ‘you’re the one to tell’

Many staff (counselors / psychologists are not licensed to make MH diagnoses)

Don’t want to be coerced into treatment or a particular form of treatment



MENTAL HEALTH SERVICES AND SBHCS

A portion of schools have mental health programs through a school-based health center

60% of SBHCS offer mental health services, averaging 33 hours per week of coverage by a mental health professional

25% of visits to SBHCS are for mental health reasons

All services are private and kept confidential from the school staff

Some include agencies that provide mental health services

- Under Medicaid or grant
- With local mental health professionals
- Through arrangements with managed care organizations



SCHOOL-BASED MENTAL HEALTH PROGRAMS IN ALAMEDA COUNTY, CA

Initiative of Alameda County Behavioral Health Care Services,
County school districts, community service providers,
Alameda County school health centers and UCSF

School-based behavioral health services are provided in 140
schools across 12 school districts through diverse staffing
models

Approximately 49% of these schools have achieved universal
access to behavioral health services by weaving together
resources and funding streams



NAMI BEST PRACTICES

Develop effective anti-bullying policies so that students with mental illnesses are not targeted for bullying or singled out as bullies as a result of symptoms of their illness.

Develop effective crisis prevention and intervention services to help prevent and address psychiatric crises, youth suicide and related serious public health concerns.



POST-KATRINA SCHOOL-BASED MENTAL HEALTH PROGRAMS IN NYC

On-Site Mental Health Programs – offers individual treatment, groups, family counseling, and crisis interventions on school campus.

Mobile Response Team (MRT) Program – offers assessments, consultations, classroom observations, crisis interventions, professional development for teachers, parent trainings, and referrals for treatment in the community.

STARS (Screening the At-Risk Student) – Implemented by nurses in middle schools. And offer suicides and depression screenings and referrals for further psychological assessments as needed



www.nyc.gov/Teen
<http://nyc.kognito.com>

SCHOOL MENTAL HEALTH ACTION PLANS

A way to direct school staff behavior and to problem-solve with individual students

Each is unique to the individual needs of the student, his or her family, and the resources available

Stages of a mental health action plan:

- I: Know your resources
- II: Voice your concern
- III: Follow up

Mental health issues can be addressed in a range of school plans:

RTI, IHP, 504, IEP



MENTAL HEALTH CARE COORDINATION TOOLS

Creation and promotion of a 2-way release forms for all agencies

Development of descriptive materials for parents about each agency

Creation of a pre-assessment tool for school use before referrals are made

Creation of a report form for medical providers to communicate their diagnoses and medication decisions to schools

Selection of educational materials about selective mental health issues for parents



<http://www.nashp.org/care-coordination-and-linkages-to-services>

RECOGNIZED BARRIERS TO CHILD MENTAL HEALTH TREATMENT

Many families will not address their mental health needs if their health insurance does not offer adequate coverage.

40% to 60% of families who begin therapy terminate prematurely

- Most people attend only 1 to 2 sessions before terminating services

Additional barriers:

- Lack of transportation
- Financial constraints
- Child mental health professional shortages
- Stigmas related to mental health problems



Pediatrics. 2004;113(6):1839–1845

NEW COMMUNITY MENTAL HEALTH RESOURCES OF FOR STUDENTS

Coverage for children experiencing mental health problems with mild to moderate levels of impairment was deficient up until 1/1/14

The Affordable Care Act and parity is expected to lead to new services for students and their families (e.g. Medi-Cal Managed Care Plan for mild - moderate MH conditions):

- Mental health evaluations

- Psychological testing for mental health conditions

- Psychotherapy

- Psychiatric care (medication management and required laboratory studies)

- Care Coordination



SUMMARY:

Mental health problems are common and significantly impair many California students

New resources are emerging to address prevention and early intervention of youth mental health issues

Improved mental health screening and care coordination may promote student success

