

Student Mental Health Screening: A Toolkit for Schools During COVID-19

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Parent/Guardian Consent for Screening and Assessment

***Recommended language to include in start-of-the-year paperwork for all families:**

*This year is unlike any we have experienced, and the health and safety of our students is our top priority. To help identify students in need of additional support services, all classroom teachers will be administering brief wellness surveys to their students at least once each semester. Survey responses will be used to connect students with appropriate resources, including school health professionals (such as a school social worker or counselor), who may offer additional screening to determine specific concerns. During these unprecedented times when the safety of our students is critically important, we will not seek your permission for each student survey. **If you do not want your child to participate in school wellness screenings, you may opt your child out, by contacting the main office.***

Instructions

All students should complete the universal screening items at least once per semester. These items may be administered by a classroom teacher in person or virtually.

→ Any indication of risk to a student’s safety (e.g., suicide, abuse, neglect, domestic violence, etc.) should be reported immediately (within 24 hours) to appropriate building staff.

→ Students who report high levels of depression, anxiety, or post-traumatic stress should be referred to school resources for additional screening or support services as soon as possible. Please see p5 regarding referral recommendations.

Suggested teacher script for introducing universal screeners

This year is very different from what we are used to. Many of our friends and classmates may be having a hard time. Our school can offer many different kinds of help, but we can’t know how to help, unless we know how you’re doing. This survey will ask about your health and safety. Please answer as honestly as you can. I will do my best to keep your answers private, but your answers may be shared with our school counselor, social worker, or other staff member to help make sure all students get the help they need.

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Universal screener: Administered to all students every 1-4 months

Middle & High School (Note: not all items are validated or standardized)

- **Student Name:**
- **Student ID number:**
- **Anxiety: GAD2 [flag if > 2]**
 - Over the **last 2 weeks**, how often have you been bothered by feeling nervous, anxious or on edge
 - Not at all - 0
 - Several days - 1
 - More than half the days - 2
 - Nearly every day – 3
 - Over the **last 2 weeks**, how often have you been bothered by not being able to stop or control worrying
 - Not at all - 0
 - Several days - 1
 - More than half the days - 2
 - Nearly every day – 3
- **Depression: PHQ2 [flag if > 2]**
 - Over the **last 2 weeks**, how often have you been bothered by having little interest or pleasure in doing things
 - Not at all - 0
 - Several days - 1
 - More than half the days - 2
 - Nearly every day – 3
 - Over the **last 2 weeks**, how often have you been bothered by Feeling down, depressed, or hopeless
 - Not at all - 0
 - Several days - 1
 - More than half the days - 2
 - Nearly every day – 3
- **Post-Traumatic Stress: Primary Care PTSD Screen [flag if > 2]**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.
For example:

 - having a loved one die unexpectedly
 - a physical or sexual assault or abuse
 - an earthquake or flood
 - a war; or seeing someone be killed or seriously injured

If you have ever experienced this type of event, please answer the following:

In the past month, have you: [Y/N, Y=1, N=0]

- Had nightmares about the event(s) or thought about the event(s) when you did not want to?
- Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
- Been constantly on guard, watchful, or easily startled?
- Felt numb or detached from people, activities, or your surroundings?
- Felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused?
- **Illness:** Have you or an immediate family member been hospitalized for severe illness in the past 6 months [Y/N]
- **Loss:** Has someone you care about a lot (family member, close friend) died in the past 6 months [Y/N]
- **Suicide:** In the past two weeks, have you had thoughts of killing yourself? [Y/N]
- **Abuse/Neglect/Domestic Violence:** Do you feel safe at home? [Y/N]

Universal screener: Administered to all students every 1-4 months

Elementary School (Note: not all items are validated or standardized)

Additional instructions for elementary school teachers:

These survey items should be read out loud to students while they complete the items either with pencil/paper or using an online platform. Students who are pre-reading/writing will need help from an adult but should still have an opportunity to respond to all survey items. You may adapt the privacy statement from this packet's cover sheet to help students understand.

The main points to clarify are:

1. Our school cares about how students are doing physically and mentally
2. If a student is having a hard time, our school can help
3. We have to ask everyone how they're doing, in order to find out who might need help
4. Try to answer honestly - I will not share your answers with anyone except school staff who are here to help
5. I can help you understand a question if it is unclear, but if you aren't sure how to answer a question, just do your best – there are no right or wrong answers

- Student Name:
- Student ID number:

- Depression:

Using the chart below, choose which face shows **how sad or mad you have been feeling** most of the time during the past 2 weeks (0=not at all, 10 = the saddest you've ever felt)



- Anxiety:

Using the chart below, choose which face shows **how scared or worried you have been feeling** most of the time during the past 2 weeks (0=not at all, 10 = the most scared or worried you've ever felt)



- **Illness:** Have you or a very close family member been hospitalized for severe illness in the past 6 months [Y/N]
- **Loss:** Has someone you care about a lot (family member, close friend) died in the past 6 months [Y/N]
- **Suicide:** In the past two weeks, have you had thoughts of killing yourself? [Y/N]
Note: You may use additional clarifying wording for young children who are confused by the original wording:
 - In the past two weeks, have you wished you were not alive anymore? [Y/N]
 - In the past two weeks, have you wished you could go to sleep and never wake up again? [Y/N]
- **Abuse/Neglect/Domestic Violence:** Do you feel safe at home? [Y/N]

Follow-up assessment: As needed, based on universal screening

FOLLOW-UP SHOULD ADHERE TO BEST PRACTICES FOR MENTAL HEALTH ASSESSMENT, INCLUDING A CLEAR CONFIDENTIALITY DISCLAIMER, SUPPORT TO ENSURE THAT STUDENTS UNDERSTAND EACH SELF-REPORT ITEM (ESPECIALLY YOUNGER STUDENTS), AND PROVISION OF A CLINICAL INTERVIEW IF THERE IS INDICATION OF ANY SAFETY RISK (e.g., SUICIDE, SELF-HARM, ABUSE/NEGLECT)

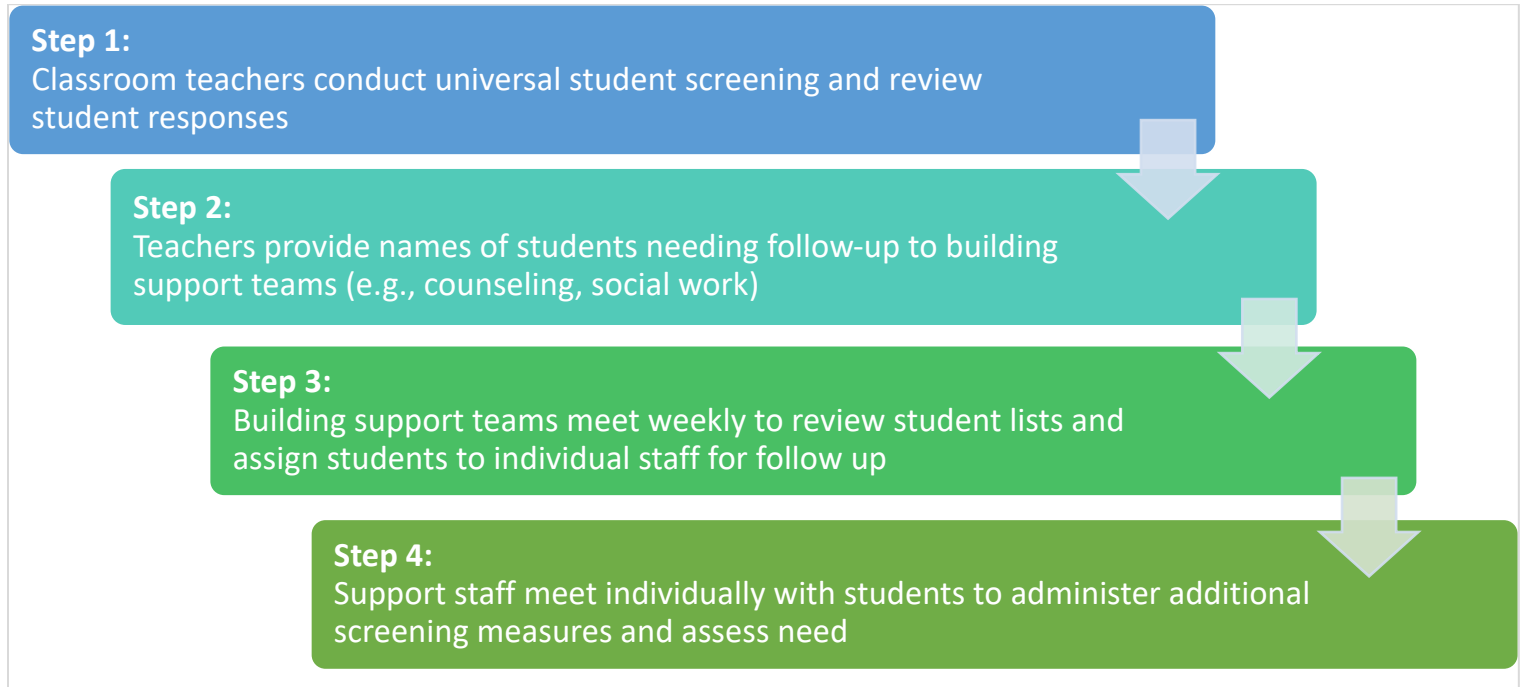
Middle & High School

- **Anxiety, Depression, or Attention Difficulties**
 - Option 1: Revised Children’s Anxiety and Depression Scale (self-report & caregiver report; grades 3-12): <https://www.childfirst.ucla.edu/wp-content/uploads/sites/163/2018/03/RCADS25-Youth-English-2018.pdf>
 - Option 2: PSC-17 Suite (self-report & caregiver report): <https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist>
- **PTSD**
 - [UCLA COVID-19](#) experiences items [first 6 items only]
 - Page 2 of [CATS](#) [20] scores of 15+ indicate moderate+ PTSD symptoms
- **Suicide**
 - Checklist for conducting [virtual suicide risk assessment](#)
 - Consider using a standardized screening tool:
 - [Columbia SSRS](#) - longer, detailed training available online for free
 - [ASQ](#) - short questionnaire
- **Interpersonal abuse or violence**
 - Follow school protocol for in-person/virtual evaluation

Elementary School

- **General Wellbeing**
 - Revised Children’s Anxiety and Depression Scale (self-report & caregiver report; grades 3-12): <https://www.childfirst.ucla.edu/wp-content/uploads/sites/163/2018/03/RCADS25-Youth-English-2018.pdf>
- **Depression**
 - Moods and Feelings Questionnaire: [Student Self-Report](#)
- **Anxiety**
 - SCARED [Student Self-Report](#)
- **PTSD**
 - Option 1: Page 2 of [CATS](#)
 - Option 2: [Progress monitoring CATS](#)
- **Suicide**
 - NASP checklist for conducting [virtual suicide risk assessment](#)

Assessment, triage, and referral navigator



Student support teams make referrals as needed

Low Risk

- Provide self-care resources
- Refer to classroom-based SEL
- Send informational materials for parent/guardian

Moderate Risk

- Provide self-care resources
- Send informational materials for parent/guardian
- Refer to outpatient care (via student or guardian, per school protocol and parent consent status) and assist with appointment scheduling when possible
- Refer to a stress management group. Options available at:

www.TRAILStoWellness.org

www.michigan.gov/schoolmentalhealthtoolkit

High Risk

- Follow school risk management protocol including referral to urgent care, emergency services, or crisis support
- Communicate with parent/guardian unless contraindicated due to safety risk
- Refer to outpatient care (via student or guardian, per school protocol and parent consent status) and assist with appointment scheduling when possible

For all referrals: Start with local providers & CMH first, use telehealth and online crisis management as a last resort