Health Partners of Western Ohio

Flying Under the Radar

Leveraging School Mental Health Screening to Identify Students Facing Emotional Challenges

Tiffany Ways, MSW, LISW-S, Chief School Health Officer
Treacy Hueve, MSW, LISW-S, Chief Behavioral Health Officer

Objectives

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Understand the Importance of Mental Health Screening: Participants will be able to articulate the significance of integrating mental health screening into existing school assessment practices and its impact on student well-being.

Implement Effective Screening Strategies: Participants will gain practical knowledge on how to implement and utilize mental health screening tools in educational settings to support early identification.

Develop Response Plan: Participants will be equipped to design and implement a response plan for supporting students with identified emotional challenges and fostering a positive school climate.

Adolescent Mental Health Data

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In 2023, more than 5.3 million adolscents ages 12-17 (20.3%) had a current, diagnosed mental or behavioral health condition.

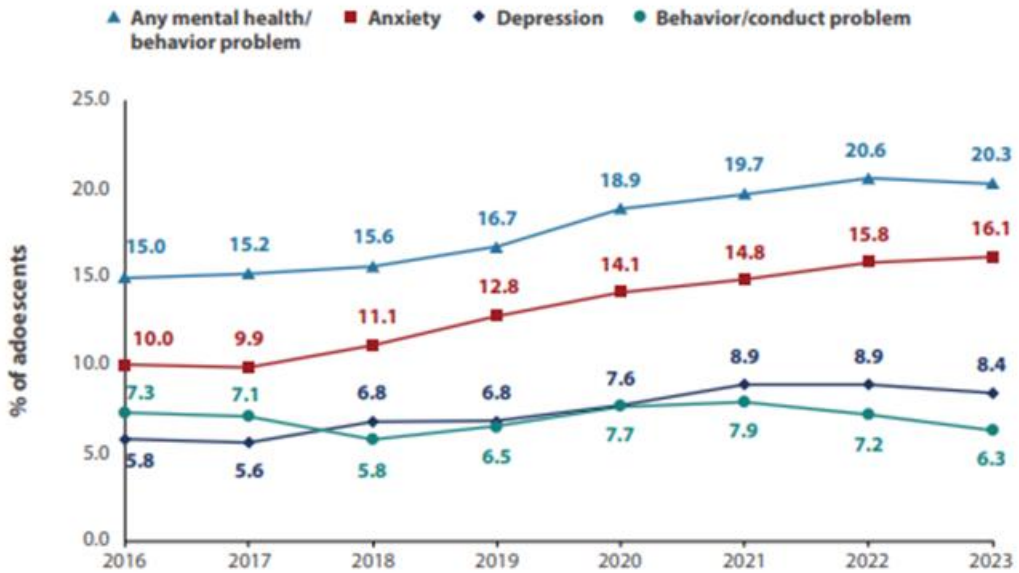
These are commonly co-occurring and increase in prevalence with age.

Between 2016 and 2023, the prevalence of diagnosed conditions increased 35%.

- Anxiety increased 61%
- Depression increased 45%

61% of those with a diagnosis reported difficulty getting needed treatment.

Trends in diagnoses of anxiety, depression, and behavior/conduct problems among adolescents, 12-17 years, 2016-2023



Centers for Disease Control and Prevention. (2024, August 19). *Data and Statistics on Children's Mental Health*. Centers for Disease Control and Prevention. https://www.cdc.gov/children-mental-health/data-research/index.html

HRSA National Survey of Children's Health, 2023.

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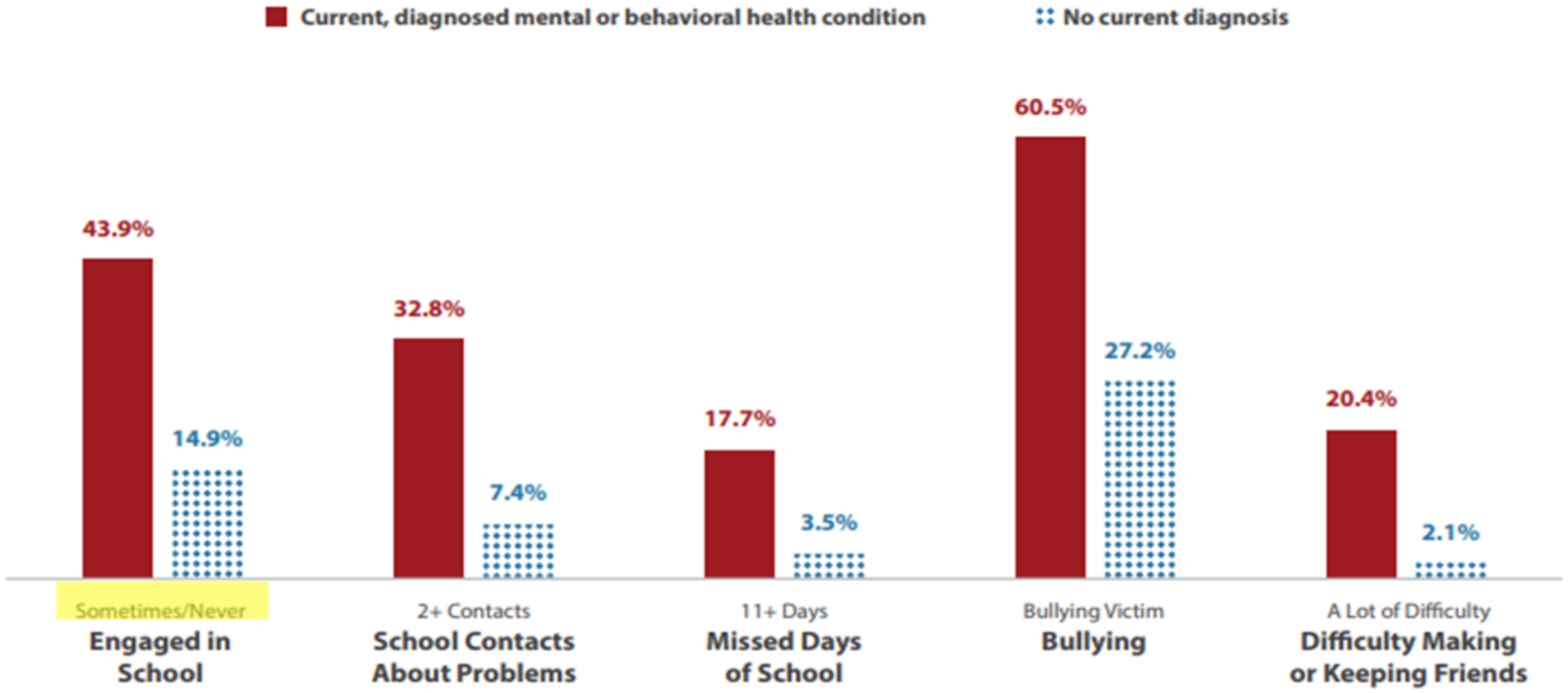
Prevalence of school and social life indicators among adolescents 12-17 years, by mental/behavioral health status, 2023



HRSA National Survey of Children's Health, 2023.

Adolescent Mental Health Data

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In a 2023 study of high school students:

- **20%** seriously considered attempting suicide in the last year
- **16%** made a suicide plan in the last year
- **9%** attempted suicide one or more times during the past year

In 2023, CDC found that **4 in 10** students had persistent feelings of sadness or hopelessness.

Between 2007-2021, suicide rates for youth ages 10-24 increased by **62%**

Only 56.8% of youth with a past Major Depressive Episode received Mental Health Treatment in the last year.

Centers for Disease Control and Prevention . *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023* . U .S . Department of Health and Human Services; 2024

Substance Abuse and Mental Health Services Administration: *Suicide Prevention Strategies for Underserved Youth.* Publication No. PEP24-06-005. Substance Abuse and Mental Health Services Administration, 2024.

School Based Health Center

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Research indicates that only one-third of suicide decedents had contact with mental health services within the year of their death, while over 75% had contact with primary care providers. In addition, 44% had contact with health care within a month prior to suicide.

Within the Health Partners School Based Health Centers, all patients receive age-appropriate behavioral health screenings. Students 12 years of age and older receive the following screenings:

- PHQ-9 (every 90 days)
- GAD-7 (every 90 days)
- RAAPS (bi-annual)

The Health Partners SBHCs have a 92% screening completion rate for the above screenings.

If suicide concerns are identified the provide completes the Columbia Suicide Severity Rating Scale with the student.

Barriers to Access

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- Transportation
- Shortage of Qualified Mental Health Professionals
  - Lack of information/awareness
- Parent/Caregiver Support
- Stigma
- Cost (time and financial)

❖ Parent/Caregiver availability

Substance Abuse and Mental Health Services Administration: *Suicide Prevention Strategies for Underserved Youth*. Publication No. PEP24-06-005. Substance Abuse and Mental Health Services Administration, 2024.

Referrals are Reactive

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- Referrals are often focused on social, emotional, and behavioral needs of the students.
  - Reactive
  - Delay treatment and lack of early intervention

MENTAL HEALTH							
SEB PROBLEMS				SEB WELL-BEING AND COMPETENCIES			
INTERNALIZING		EXTERNALIZING		LIFE SATISFACTION		STRONG SOCIAL RELATIONSHIPS	
Trauma, Environmental stressors	Thinking errors, Withdrawal, Negative affect	Unsafe settings, Inconsistent routines, Low expectations	Rule violations, Substance use	Basic needs are met; Opportunities matched to values and interests	Gratitude, Empathy, Persistence, Optimism, Strengths use	Healthy interactions (high support, minimal bullying); Inclusive settings	Social and emotional skills
RISK FACTORS				PROMOTIVE AND PROTECTIVE FACTORS			

Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo & Romer, 2016.

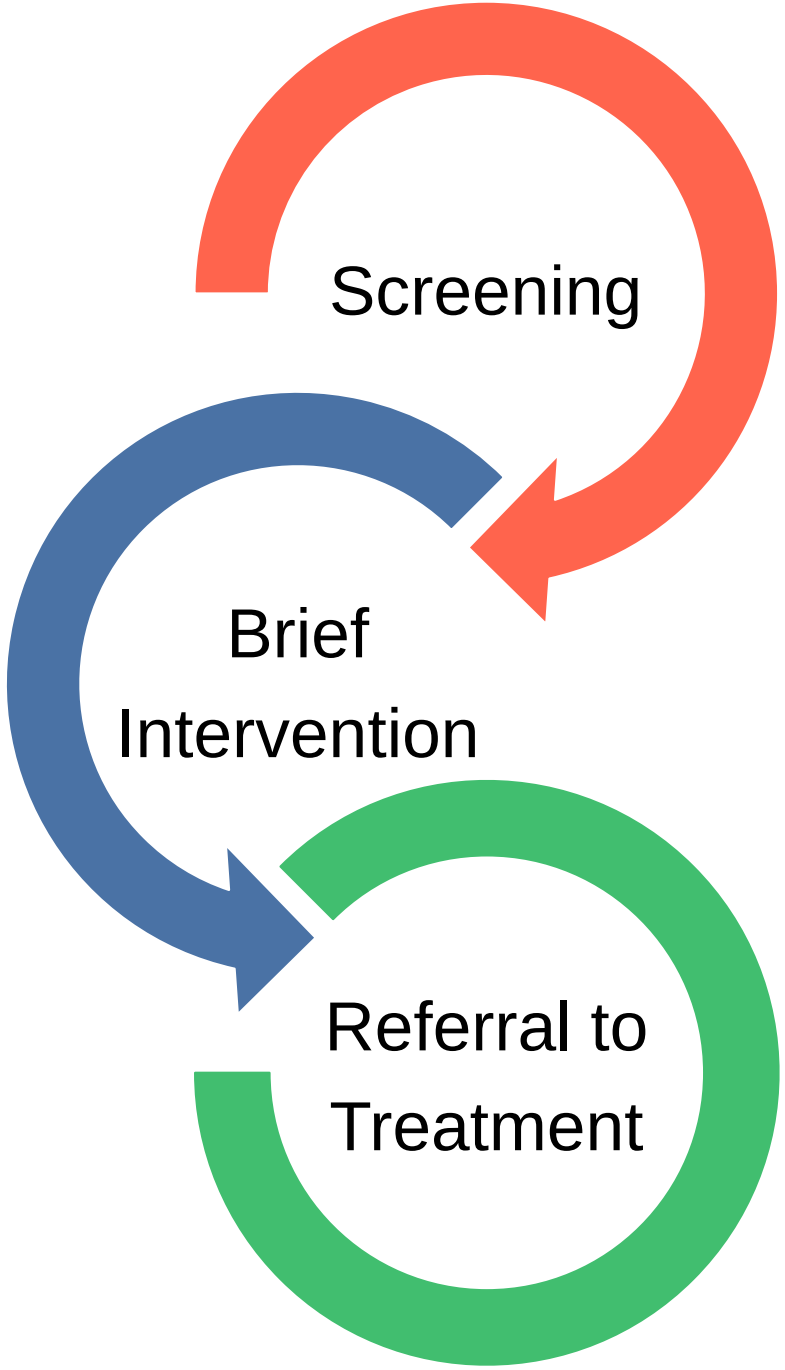
Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from smhcollaborative.org/universalscreening

SBIRT Model

SBIRT provides early intervention and treatment services for people struggling with depression.

In the SBIRT model, "universal screening" refers to the practice of routinely asking every individual in a population about their depression risk, regardless of perceived risk.

Universal screening within the schools to help identify students especially internalizing students with behavioral health concerns. A building-wide (Tier 1) initiative.



Key Stakeholders

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School District Stakeholders:

- District Leadership
- Building Leadership
- School Counselors
- School Nurse
- Teachers

External Stakeholders:

- Behavioral Health Partner
- Healthcare Provider
- Local Mental Health & Recovery Services Boards
- Local University Professors & Interns

Consent & Administration Process

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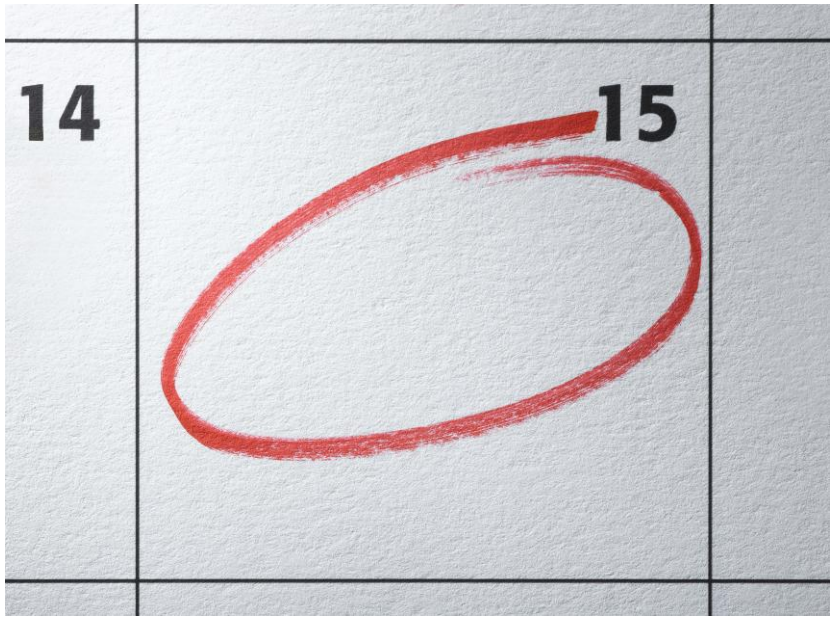
Parental information and consent

- Passive consent
- Active consent

When to administer?

- Timeframe in the school year
- Day of the week
- Time of the day



Grade levels

- Whole school
- Specific grades
- Capacity to respond to student need

Do students outside of the building have access to the survey?

- Ex: Home Instruction Students

Survey & Data Considerations

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Survey Platform - Survey Monkey, Google Forms, Qualtrics

Inform teachers about the process

- Script for teachers to read to students prior to survey
- Opportunity to answer their questions

How students get access to the survey?

- Chromebook or QR Code
- Google Classroom, Email Link, or Link/QR Code on Classroom Board

Timeline to close the survey

Who analyzing the data?

Who has access to the survey results?

Where will the results be stored?

Screening Tool Selection

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Screening used should be a validated screening tool

Training of staff to response to survey responses

Identification of tool to utilize

Length of the screening tools

Questions to consider when picking a screening tool:

- Copyright
- Age appropriate
- Aligned with goals of screening (anxiety, depression, substance use, risk assessment)
- Content of questions (ex: suicidality questions)

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	____	____	____	____
2. I did not feel like eating, I wasn't very hungry.	____	____	____	____
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	____	____	____	____
4. I felt like I was just as good as other kids.	____	____	____	____
5. I felt like I couldn't pay attention to what I was doing.	____	____	____	____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
6. I felt down and unhappy.	____	____	____	____
7. I felt like I was too tired to do things.	____	____	____	____
8. I felt like something good was going to happen.	____	____	____	____
9. I felt like things I did before didn't work out right.	____	____	____	____
10. I felt scared.	____	____	____	____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
11. I didn't sleep as well as I usually sleep.	____	____	____	____
12. I was happy.	____	____	____	____
13. I was more quiet than usual.	____	____	____	____
14. I felt lonely, like I didn't have any friends.	____	____	____	____
15. I felt like kids I know were not friendly or that they didn't want to be with me.	____	____	____	____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
16. I had a good time.	____	____	____	____
17. I felt like crying.	____	____	____	____
18. I felt sad.	____	____	____	____
19. I felt people didn't like me.	____	____	____	____
20. It was hard to get started doing things.	____	____	____	____

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Center for Epidemiological Studies Depression Scale for Children

Generalized Anxiety Disorder 7-Item

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Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Additional Survey Questions

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First Name

Last Name

Date of Birth

School Identification Number

Grade Level

Do you need to talk to someone immediately?

- ❑ Yes
- ❑ No

Screening Results – Allen County

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Total Number of Completed Surveys: 698 Students

Risk Classification	Total Numbers	Percentage
Immediate	17	2.4%
Significant	90	13.0%
Positive	160	23.0%

Screening Results – Hardin County

Health Partners of Western Ohio

Total Number of Completed Surveys: 362 Students

Risk Classification	Total Numbers	Percentage
Immediate	1	0.3%
Significant	37	10.2%
Positive	102	28.2%

Screening Results – Lucas County

Health Partners of Western Ohio

Total Number of Completed Surveys: Students

Risk Classification	Total Numbers	Percentage
Immediate		
Significant		
Positive		

To Be Completed on 1/28/24 Results Presented at Conference

Screening Response Plan

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Who will follow up with students?

- School Counselor
- Behavioral Health Provider
- Healthcare Provider

Upstaffing for partners organizations

Relieve school staff of additional responsibilities

Classification of scoring with follow up timeline

Shared document to document follow up plan (confidential)

Accountability to adherence to follow up plan

Follow up with parents regarding screening results

Student Name	ID #	Grade	Assessment Level	HPWO Consent	Parent/Guardian Contact made by:	Referred to:	Notes

Immediate Support
Students with a need for immediate support. Student seen same day. Contact with parent/guardian regarding screening results and next steps. **Students with Health Partners Consent:** Will be seen by Health Partners behavioral health provider. **Students without Health Partners Consent:** Will be seen by student navigator. Health Partners behavioral health provider will be back up based upon number of students.
Significant Depression Screening (CES-DC > 30)
Students with significant depression score. Contact with student within 3 days. Contact with parent/guardian regarding screening results and next steps. **Students with Health Partners Consent:** Will be seen by Health Partners behavioral health provider. **Students without Health Partners Consent:** Will be seen by student navigator. Health Partners behavioral health provider will be back up based upon number of students.
Positive Depression Screening (CES-DC < 30 but > 15)
Students with significant depression score. Contact with student within 7 school days. Contact with parent/guardian as determined necessary by provider regarding identified risk factors. **Students with Health Partners Consent:** Will be seen by Health Partners behavioral health provider. **Students without Health Partners Consent:** Will be seen by student navigator.
Negative Depression Screening
Students with significant depression score. No additional follow up with students or parents needs to be provided at the current time.

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Screening Response Plan

SBIRT Model

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Brief Intervention

- Review of screening results
- Crisis intervention as necessary
- Engage student around behavioral health needs and provide feedback
- Assessment current level of supports
- Education about resources within school and community
- Connect with parent(s)/guardian(s)

Referral to Treatment

- Staff overseeing the screenings need to have an awareness of treatment resources within the school and community
- Referral to additional behavioral health services as necessary
- Monitor referrals to ensure follow through
- Maintain contact with student until referral complete

Student Name	ID #	Grade	Assessment Level	HPWO Consent	Parent/Guardian Contact made by:	Referred to:	Notes

Success

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A student score "immediate" on screens. He was a very quiet kid and had never talked with anyone about his suicidal thoughts. During the screening follow up appointment, he was very shut down, quiet, and was hiding behind his long hair. Dad came in immediately and I referred him to the hospital for further evaluation. He was hospitalized. Upon discharge, he was started on medication and started therapy.

During our follow up appointment about a month later, he was a totally different kiddo. He had the hair pushed out of his eyes, was more talkative and open. He talked about how he was eating better (and more consistently), sleeping through the night, catching up on his schoolwork, improving his grades and overall was feeling much better. He was no longer experiencing suicidal thoughts and reported that he and his father now have open communication about how he is feeling.

Success

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Student came into the health center last school year a few times for acute care needs, PHQ was 19 and GAD was 21, we discussed counseling and medication but patient was very reserved and unwilling to fully discuss options and needs.

This year patient was flagged during screens with significant depression. The student was more open to discussing options and medication management due to still struggling. After discussion with guardian, medication appointment was scheduled for the next day with NP. Patient was started on an SSRI medication. After one month of medication management and BH follow up, patients screens as of today were PHQ 0 and GAD 4. The patient was very pleased with the results and happy to see the progress tracked on the screens.

Success

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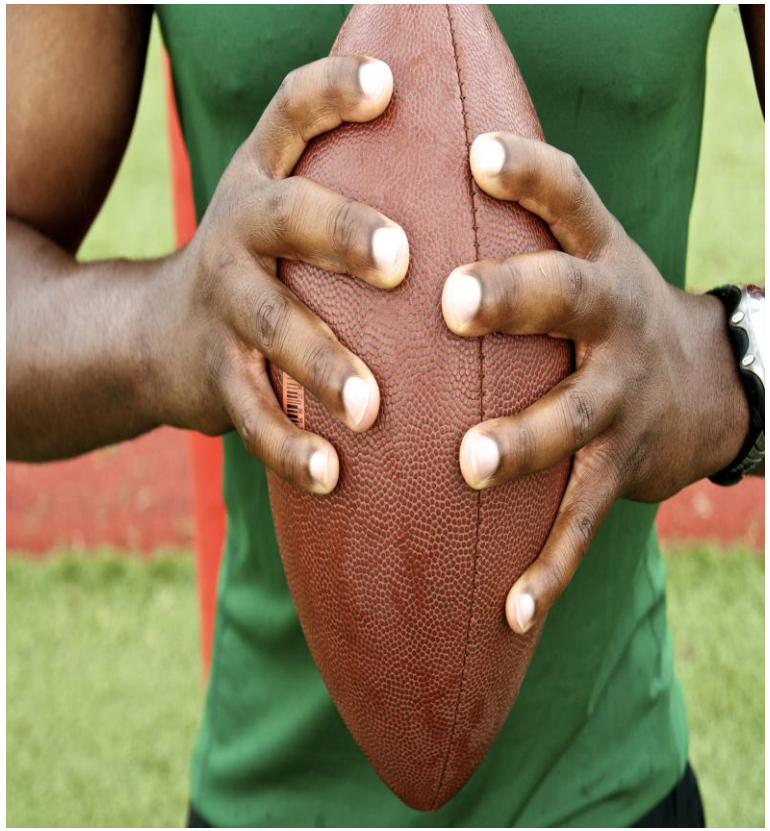

We had a student who the football coach had mentioned to the Health Center multiple times. The football coach had shared that this student seemed to have quite a bit of stress, was very withdrawn, didn't seem to be responding well to some dynamics at home, and the coach expressed a "gut feeling" that he needed support. Last school year, the health center staff had made numerous efforts to call the student down, but the student would not present to the health center.

This student had a Significant score on the screening tool and responded for follow up. The student shared that after his parents' divorce he made a suicide attempt last year, denied being connected to any resources, and was able to acknowledge continued anxiety and feeling great amounts of pressure to perform in academics and athletics. The screening tool was just what we needed to show him what we do and be able to advocate to family that he become connected for services.

Resources

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Bright Futures – CES-DC
https://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

SBIRT-in-SBHCs
https://www.sbh4all.org/substance-use-prevention/#:~:text=The%20SBIRT%20model%20delivers%20evidence,health%20care%2C%20and%20restorative%20justice.

Possibilities for Change – RAAPS
https://possibilitiesforchange.org/

PHQ-9: Modified for Teens
https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf

SAMHSA: Screening for Behavioral Health Risk in Schools
https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf

Questions

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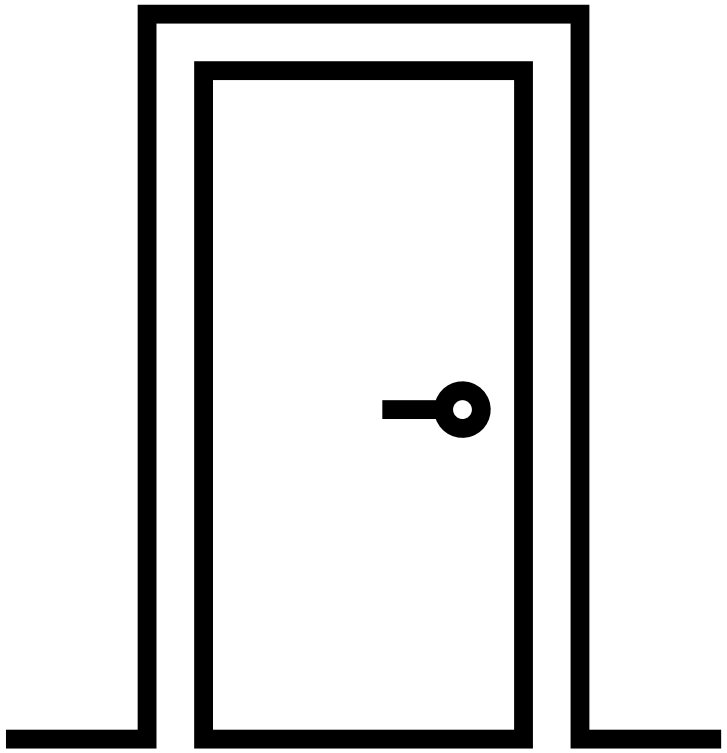

Feel free to contact us:

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Treacy Hueve - thueve@hpwohio.org

Tiffany Ways – tways@hpwohio.org