School-Wide Mental Health and Behavioral Risk Screening

Presented By
Dr. Martin Eaton
Dr. Martin Eaton

Clinical Psychologist

Former Associate Professor at USC

Former School Teacher

Over 25 years’ experience working with kids and families
Passion for Early Identification and Treatment

Member of American Academy of Pediatrics Mental Health Committee

Personal mission to create a universal mental health screening tool

Over past 5 years have talked with hundreds of pediatricians, psychiatrists, psychologists, school mental health professionals, and school administrators

Here to share what I’ve learned about mental health screening
Session Overview

- Introduction to school-wide mental health screening
  - Youth Mental Health Statistics
    - Effects on Schools
- Making It Work for a Middle School in Orange County
- Tips for Implementation
  - Getting the Parents Onboard
  - Servicing Students in Need
  - Finding Funding
- Summary
There has been a lot of focus on the external behaviors of students: Bullying, Suspension Related Behavior, School Safety.

The deeper and harder to recognize internal problems that cause the external behaviors often get overlooked.

These internal problems would be revealed in a school-wide mental health screening.

And we know the need would be great.
Opening Pandora’s Box
What You Already Know

<table>
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<th>1 in 5 children ages 13-18 have, or will have, a serious mental illness.</th>
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<td><strong>50%</strong> of all lifetime cases of mental illness begin by age 14.</td>
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<td><strong>8 Years</strong> The average delay between onset of symptoms and intervention is 8 years.</td>
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<td><strong>50%</strong> of students age 14 and older with a mental illness drop out of high school.</td>
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*Statistics from National Alliance on Mental Illness (NAMI)*
What You Already Know

**SUICIDE**

3rd  
Suicide is the 3rd leading cause of death in youth ages 10-24.

Of those who died by suicide, 90% had an underlying mental illness.  
90%

Statistics from National Alliance on Mental Illness (NAMI)
# Effects of the 8-10 Year Delay

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<th>Reduces Positive Outcomes</th>
<th>Research has shown that targeting symptoms early leads to better outcomes. Early treatment may also lessen long-term disability and prevent years of suffering.</th>
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<td>Increases Student Failure and Drop Out</td>
<td>Over one-third (37%) of students with a mental health condition age 14–21 and older who are served by special education drop out—the highest dropout rate of any disability group.</td>
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<td>Increases the Number of Incarcerated</td>
<td>70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.</td>
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Impact on Schools

• Loss of funding for ADA

• Students with mental health disorders miss twice as many school days as students without mental health issues.

• A northeastern school district found that students who scored in the moderate to severe range for depression are absent 47% more often than the average student.

• Over a 5-year period in San Diego County alone, schools lost $624 million in state funding due to student absences.
Costs of Long-Term Interventions

• A study published in January 2018 by Attendance Institute found that as early as third grade, students with mental disorders were, on average, seven to 11 months behind students with no mental disorder. By grade nine they were an average 1.5 to 2.8 years behind.

• Untreated disorders in childhood significantly increase the social and economic costs to the individual and the community.
Effectiveness of School Mental Health Screenings

• In studies of school-based mental health screenings, researchers found that mental health screening:
  • played an important role in reducing barriers to learning
  • provided youth with access to services for mental health care
  • resulted in positive educational and behavioral outcomes.
School Mental Health Screening Programs

• Complement the mission of schools
• Identify youth in need and link them to effective services
• Contribute to positive educational outcomes valued by families, schools, and communities.

Case Study
265 Middle School Students

- We used our Heads Up Checkup screening system
- Delivered directly to student
- Screened during advisory class on 3 separate days
- Utilized school-owned devices including tablets, laptops, desktops
- Some students used their personal phones
Parent Engagement

• Consistent message about purpose and importance of mental health screening from school in multiple formats
  • Email and text encouraging participation
  • Information on school website
• Passive consent and opt-out procedures
• Invitation to complete an identical screening as parent observation
Results

- **34%** had no mental health concerns
- **23%** reported only anxiety symptoms
- **22%** reported symptoms of anxiety PLUS depression
- **6%** reported depression symptoms
- **15%** reported symptoms of various other mental health concerns
Students in Crisis/at Risk

• 22% reported being bullied (includes prior, outside of school and current school year)

• 14% had thought about or had attempted to self-harm (mostly passing and temporary, but still real)

• 6% had thought about or had attempted to harm others

• 10% reported experimenting with drugs and/or alcohol

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Most Commonly Reported Concern – Anxiety

- 40% PTSD Symptoms
- 20% Social Phobia Symptoms
- 16% OCD Symptoms
- 11% Phobic Anxiety Symptoms
- 11% Panic Disorder Symptoms
Mood Disorders

- 60% reported no symptoms of depression
- 25% reported symptoms of MDD
- 15% reported symptoms of Bipolar Disorder
80% of students that completed the screening indicated it was a positive and helpful experience.

Nearly all parents interviewed thought the screening was a helpful experience for their family.

96% of students chose not to share results with parents.

Prior to the screening, only 1/3 of the students in crisis were on the school’s radar.
THE HEADS UP CHECKUP SYSTEM AUTOMATICALLY GENERATED A TRIAGE NOTIFICATION THAT WAS SENT TO SCHOOL COUNSELOR

BECAUSE SCREENINGS WERE SPREAD OUT OVER SEVERAL DAYS, SCHOOL COUNSELOR PLUS ONE OUTSIDE CLINICIAN WERE ABLE TO MEET WITH THOSE IN CRISIS THE SAME DAY
Follow-Up With Parents

Parents invited to post-screening meeting at school
- De-identified, aggregated school-wide results data were shared
- Tips were given on how to read student results report
- Handouts with free, low-cost/sliding scale, MediCal, and third-party insurance resources were provided

Automated slide presentation of results, tips, and resources were provided through the school website for parents unable to attend the school meeting
Success Stories from the School Screening

• Mom noticed some depression symptoms in her child but wrote it off as a normal adolescent phase.
• When symptoms kept getting worse, mom didn’t know what to do or who to talk to.
• The student took the Heads Up Checkup screening at school.
• Because student’s results indicated a potential for self-harm, the school psychologist was notified and called the parent within 24 hours of the screening.
• This was the extra nudge mom needed to seek help for her child.
• Student tried to get school psychologist’s attention all year but she was always busy.

• Taking the Heads Up Checkup screening at school gave the student an opportunity to share how she was feeling.

• Because student’s results indicated a potential for self-harm, the school psychologist was notified and called the student in within 24 hours of the screening.

• The student was so relieved to be able to tell her story and get support.
• An illustration of how school-wide mental health screening breaks down walls, reduces stigma and starts conversations
• Not just for students but for school staff as well
• One teacher came forward regarding his own suicidal ideation
• When a school culture supports mental health screening and helps provide access to resources, everyone can feel safe asking for help
Implementation at Your School

Suggestions and Resources
School Mental Health Screening Playbook

• One of the best resources we’ve found.

• Provides step-by-step instructions to create a framework as well as detailed information on selecting appropriate tools, sample notice for parents, etc.

• We’ve provided the Playbook as a handout for you so will not go into detail on these points during our session today.
Overcoming the Fears of Opening the Box

- Getting the Parents Onboard
- Servicing all the students in need
- Funding
## Getting Parents Onboard

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<th>Educate</th>
<th>Educate parents on the purpose and importance of mental health screening, help them understand how to be part of the solution to improving school safety and student success.</th>
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<td>Secure</td>
<td>Ensure confidentiality – parents are concerned that their child will be singled out or have negative information added to their child’s academic record.</td>
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<td>Engage</td>
<td>Get parents involved by inviting them to participate in the screening.</td>
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<td>Inform</td>
<td>Keep parents informed and engaged throughout the process.</td>
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Servicing Students in Need

- **Triage**: Use a triage process to identify kids in crisis who need treatment first
- **Community Resources**: Rely on available community resources for support
- **Low Cost Options**: Incorporate low-cost telemental health
- **Resource Guides**: Provide local resource guides to parents
Funding to Support School-Wide Screening

- Donations, foundations, community “angels”
- School special funds
- Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Mental Health Services Act (MHSA)
- AB 602: Special Education Local Planning Area (SELPNA) Allocation
- AB 114: Educationally-Related Mental Health Services (ERMHS)
- Local Control Funding Formula (LCFF)
Summary of Benefits – Schoolwide Screening

• Early identification and treatment minimize the impact of mental illness and in many cases would reduce the number of years school-based interventions are needed per child.

• Improve campus safety and reduce campus violence through early identification and treatment of students at risk for dangerous behavior. Mental health screenings during the most stressful periods (beginning of school year, break, end of school year) will help to identify students approaching crisis before they act out.

• Schools play a critical and irreplaceable role in keeping students safe and supporting mental health. We need to continue to take steps to interrupt an individual’s pathway toward violence.

• Providing ongoing access to mental health services promotes school safety by helping students feel connected to their school community.

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Hope
Contact

• Dr. Martin Eaton
• Well Street Psychological Group
• 714.730.9355
• dr.martin.eaton@mywellstreet.com