Explaining the Need, Value and Logistics of Universal Mental Health Screening: Information for School Leaders

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Background

In order to address the myriad of challenges and difficult issues facing our schools, educators and mental health professionals, seek visionary leaders willing to engage in school reform. Such leaders mobilize their school community around a shared vision of academic success and wellness for all students (National Policy Board for Educational Administration, 2015). They are "tenacious change agents" able to call into question societal beliefs about what it takes to create learning environments where all students thrive (National Policy Board for Educational Administration, 2015).

As a school psychologist, working to employ evidence based practices across the State, I understand the complexities of school leadership and the challenges they face. Leadership requires solutions to complex problems around politically charged topics such as gun control, school safety and mental health. These problems require more than expertise or technical solutions. They require adaptive ideas that will change beliefs and ways of working across multiple aspects of organizations (Heifetz and Linksy, 2004).

The Delaware Positive Behavior Support Project (DE-PBS), the DE-Department of Education and the Substance Abuse and Mental Health Services Association (SAMSHA), has engaged in the adaptive challenge of bringing together multiple stakeholders to integrate School Mental Health (SMH) and Positive Behavior Intervention and Supports (PBIS) into one service delivery system called the Interconnected Systems Framework (ISF). One of my roles is to support in the development of a process to support LEAs in the adoption of Universal Mental Health Screener (UMHS) to expedite early intervention and mental health promotion for all students. I have developed this guide to provide those in leadership roles (e.g. school principals, district administrators) with a succinct review of the technical and adaptive elements of Universal Mental Health Screening (UMHS). The tool will hopefully provide a means to mobilize leaders to evaluate the need, value and logistics of UMHS in their organization.

What is Universal Mental Health Screening?
In the context of implementing a multi-tiered system of support (MTSS), schools draw from multiple sources of information to design an array of intervention services and prevention supports for academic, behavioral and mental health needs of all students (Splett et al., 2018). At the school-wide level, teams typically use universal data sources such attendance, office discipline referrals and course grades to evaluate universal supports and identify youth in need of intervention. These early warning indicators, while useful, do not predict the full range of behavioral and mental health problems seen in our schools (Splett et al., 2018). UMHS is an additional data practice embedded

within an MTSS, designed to: (1) identify and serve those students in need of intervention and (2) provide an overall picture of mental health in the school or district. In UMHS, each student in a target population is assessed using a brief research based tool that captures the prioritized risk factors and/or socio emotional skills of the school or district (Dowdy, Raines, James-Furlong and Kamphaus, 2015).

Leaders interested in UMHS, are urged to explore their current referral to service model, paying particular attention to the ways in which educators and mental health professionals currently provide support to students in need. Adopting a UMHS, will require a commitment, from all team members, to provide additional consultation to teachers and resources to students before they demonstrate significant emotional and academic needs.

Why should leadership consider the adoption of a UMHS?

In our schools, approximately one in five children experience mental health challenges which may include externalizing (e.g. impulsivity) and internalizing (e.g. anxiety and depression) problems (Weist et al., 2018). It stands to reason adults are more likely to notice behavior that interfere with school activities, making behaviors such as defiance and disruption easier to identify and address. On the other hand, students with internalizing symptoms either withdraw to escape or avoid punishment and/or over-perform in school as a way to avoid performance anxiety (Weist et al., 2018). Leaders should consider the implications. Incorporating a UMHS into existing screening and referral practices provides an opportunity to provide prevention and early intervention services to students

whom may otherwise go unnoticed. In fact, recent research has shown that through UMHS one school district increased the proportion of students served from 10% to nearly 26%, with the majority of identified students exhibiting less severe academic, behavioral or mental health impairment as those already served (Weist et al., 2018).

Leadership and School Culture:
School leaders should consider the gap between espoused values of meeting the needs of all learners and current service delivery models. Existing data practices, with an over-reliance on observable behavior, often fail to identify students whom do not pose a distraction to the learning environment. Adoption of a UMHS provides a mechanism to confront these systematic inequities and drive conversations that focus on overall student wellness in addition to prevention and early intervention to address mental illness (Dowdy, Raines, James-Furlong & Kamphaus, 2014).

How might existing programs change through the adoption of a UMHS?

Leaders should be aware that adoption of a UMHS will require change to existing systems across three key dimensions: cross system collaboration, implementing evidence based practices and data based decision making/quality improvement (Weist et al., 2018). A single service delivery model that includes experts from school based mental health (SMH) and positive behavior interventions and supports (PBIS) is needed, to support a broader range of student needs. Leadership is required to orient people to their new roles, manage conflicting beliefs and establish productive norms. From a technical perspective, teams should adopt a standard agenda, review their meeting goals, and assign

roles (e.g. note-taker). Leaders should mandate high levels of attendance and follow through (Weist et al., 2018).   Standard team operating procedures should include team use of data (including UMHS) to guide the selection, implementation and progress monitoring of interventions across all levels of support.

Leadership and Preparing for Change:
Leaders should prepare for some resistance and tension amongst team members, as existing approaches to mental health frequently rely on external referrals to providers and a "hand off" of responsibility from school to community support. Providing interconnected vs. independent mental health and behavioral supports requires new norms of transparency and shared accountability for student progress that may not exist in current school cultures.

How might the adoption of a UMHS change or expand the professional development needs of school staff?
To move teams toward a proactive versus reactive model of mental health service delivery, staff will require support and professional development across several key areas (e.g. mental health awareness, trauma informed practices, approaches to socio emotional learning). Specific to adopting a UMHS, teams will require professional development to build the data literacy skills required to foster thoughtful inquiry about student behavior and wellness (Park, 2018). School leaders should play a critical role in setting agendas to ensure appropriate use of data to make instructional decisions. Teams will require support as they begin to use data as a means to understand circumstances around student behavior (e.g. missed instructional opportunities) rather than simply connecting

the data to student deficits or to confirm their current beliefs about a problem (Park, 2018).

Leadership and Staff Development:
To create a culture of equitable decision making, leaders should set routines and expectations around the use of data for instructional decision making. Park (2018) recommends encouraging teams to (1) seek multiple sources of information, (2) reframe deficit thinking to strength based solutions, (3) focus on linkages between student behavior and what they need to learn, (4) ask for more details/concrete evidence to support conclusions and (5) seek alternate explanations based on data patterns and/or outliers.

What technological supports are required to support implementation of a UMHS?
As leaders support staff through the adaptive challenge of promoting mental wellness through UMHS, a consideration of required resources is indicated. A major technological driver to implementation is team access to an efficient data system that is based on "the whole child" (Barrett, Eber & Weist, 2013). An integrated data system, would include information across the range of disciplines such as special education, academics, wellness and mental health.

Leadership and Supportive Technology:
Leaders should advocate for policies and resources that support the integration and visibility of key data for instructional decision making. Teams are likely to require guidance around issues of confidentiality and student consent for participation. Lastly, implementation will require training and support to effectively use data systems, run

reports and share information with
stakeholders (Barrett, Eber & Weist, 2013).

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