

Six Considerations for Supporting Students' Mental Health Needs by Dr. Matt Townsley and Dr. Nicole Skaar

The mental health of students is on the minds of nearly every K-12 educator in Iowa. Approximately one in five students has a diagnosed mental illness, and these numbers are growing, especially in light of the COVID-19 pandemic (Hawke et al., 2020; Merikangas et al., 2010; Whitney & Peterson, 2019). A recent CDC Foundation (2021) report suggests the COVID-19 pandemic imposed frequent mental health distress among 16% of K-12 student caregivers and clinical depression symptoms among 27% of their teachers, which may be further impacting the mental health of today's learners. Unfortunately, there is a shortage of community mental health providers, and the wait time for an appointment is an average of 106 days (Butz et al., 2019; Cama et al., 2017). Schools are in a unique position to provide access to mental health care for youth (US DHHS, 1999; President's New Freedom Commission on Mental Health, 2003), and researchers have indicated that of those students who seek mental health care, most of them access care through school-based services (Duong et al., 2021).

School-based mental health (SBMH) services can provide an access point to care (Duong et al., 2021), and multi-tiered systems of support (MTSS) are often implemented as a systemic framework to meet the social, emotional, behavioral, and mental health needs of all students (August et al., 2018; Eber et al., 2019). Beyond the use of office discipline referrals and attendance records, some schools are now beginning to universally screen for students' mental health concerns. While we applaud this step, the purpose of this paper is to provide school leaders with six considerations for developing and implementing universal screening and comprehensive systems to support student mental health.

#1) Consider law and ethics of universal mental health screening

The laws surrounding identification invoke that it is the school's responsibility not only to identify such students accurately, but also to provide services for these students. If students are identified, the appropriate follow-up services must be provided if the student has an educational disability, and mental health difficulties are often considered educational disabilities (U.S. Department of Education, 2019; Legal Information Institute, 2008). Therefore, schools must be prepared to effectively serve all students who may be eligible for services. This is especially important considering the potential increase of students identified utilizing a screener in addition to traditional identification methods (Splett, 2018b).

#2) Understand concerns with identification resulting from mental health screening

Beyond the legal and ethical considerations, there are concerns of labeling and stigmatizing students at school through universal mental health screening (Sayal et al., 2010). Schools should consider providing all students with information on available resources to reduce stigma brought on by identification of mental health difficulties and the feelings of stigma related to help seeking behavior (Henderson et al., 2013). Further, upon identification, interventions must be differentiated to fit a variety of needs and student behaviors to avoid adverse effects.

#3) Build consensus and capacity within stakeholders

Before mental health screening can begin, building consensus among families, school board members, school staff and students is an important step (Neill et al., 2021; Shapiro et al., 2020). Building consensus and capacity within families requires intentional outreach to provide accessible information and a clear explanation of the screening program, their role in the program, consent procedures, how the data will be used, and the interventions offered to students.

#4) Establish a multidisciplinary team

Prior to choosing a mental health screener, school leaders must have a team of trained individuals available to analyze the screening data and systems in place to respond to students who screen into the at-risk range. A multidisciplinary team of school staff is needed to analyze the screening results and determine next steps (Doll et al., 2017; Nastasi et al., 2004). This team might include administrators, teachers, a mental health provider (e.g., school psychologist or school social worker), school counselor, and school nurse. At least one person on the team should have expertise in mental health assessment to ensure the assessments are scored properly, the data is analyzed correctly, and that decisions made by the team align with results of the screener.

#5) Prepare to act on screening data

Screening is relatively easy and low cost for schools to implement (Essex et al., 2009), but responding to student needs stemming from the screening results is often more difficult. Schools must be ready to provide a spectrum of services to students who are struggling. This is one consideration for school administrators to evaluate before implementing screening methods that may result in a higher number of students requiring services.

#6) Choose a universal mental health screening tool

The final step in developing a system for universal school-based mental health screening is choosing a screener. Some schools may wish to choose a screener early in the process but waiting until the previous five considerations have been given ample thought may result in choosing a screening measure that best meets the needs of the school community and system. One important component of mental health screeners to consider is the purpose of screening and the types of mental health issues covered by the screener. Some screeners measure more general student mental health difficulties while others are more specific (Levitt et al., 2007). School leaders might consider screening broader mental health risk and assessing more specific difficulties diagnostically to exclude misidentifications. Schools also need to consider if they prefer a self-report measure of mental health or a teacher-report of student mental health (Dowdy & Kim, 2012). Research on which type of report is best is mixed (Dever et al., 2012), but generally, researchers have suggested that teacher and parent reports should be used for elementary students and self-reports used for middle and high school students (Smith, 2007; Levitt et al., 2007).

For a more in-depth description of these considerations or to learn more, we invite you to read our full article listed below or contact Dr. Nicole Skaar at the University of Northern Iowa

Skaar, N., Townsley, M., & Ross, B. (2022). Supporting students' mental health needs: A primer for secondary school administrators. *NASSP Bulletin*, 106(1), 32-54

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