

Using Mental Health Assessment Tools in the School Health Office

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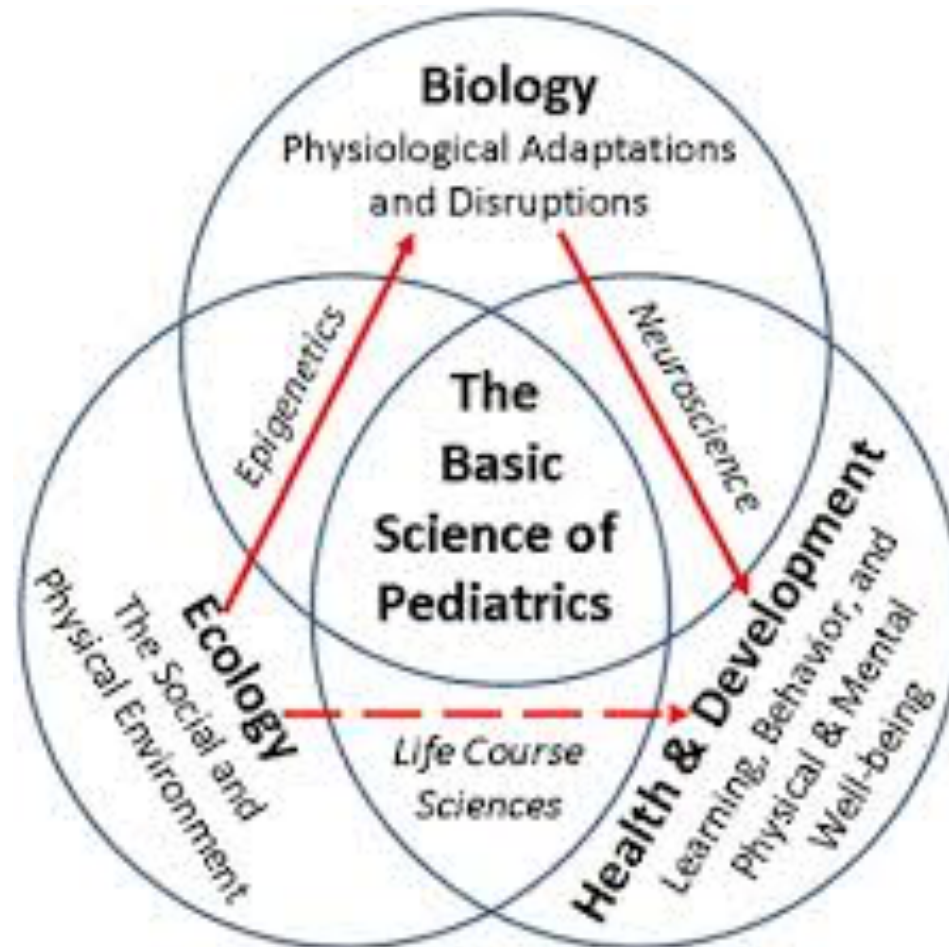
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Objectives

- Recognize that good mental health is important to overall well being and impacts health and school performance
- Describe prevalence of mental health problems and what disorders school nurse may see and some causative factors
- Describe common mental health screening tools to identify those students who are at risk and may need further evaluation
- Integrate interviewing skills into daily practice



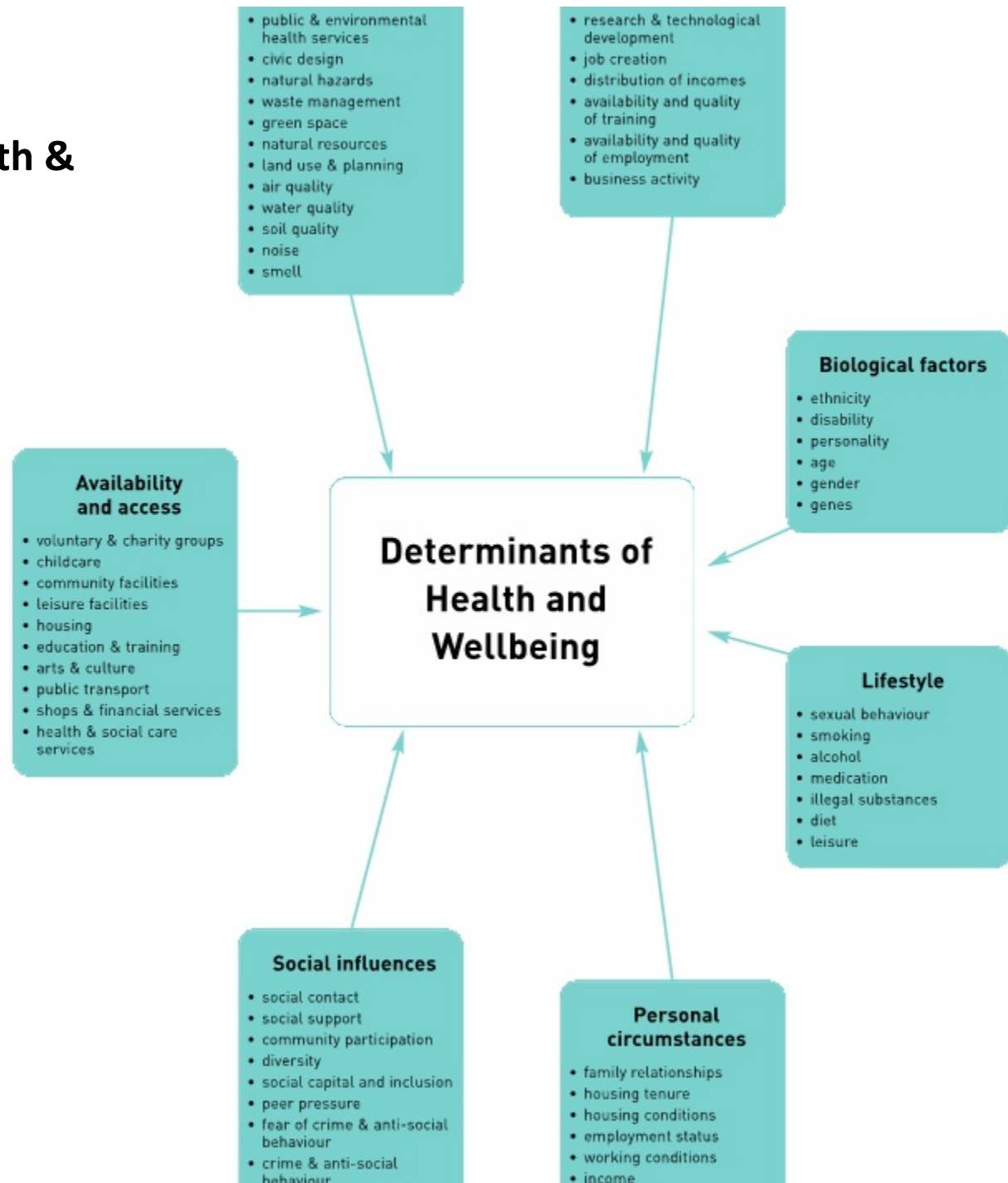
Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.

WHO Definition of Mental Health

- “A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

World Health Organization. *Strengthening Mental Health Promotion*.
Geneva, World Health Organization (Fact sheet no. 220), 2001

What determines health & well-being?



<http://ehia.curtin.edu.au/about/deteriminants.cfm>

Mental Health

- Integral part of health
- No health without mental health
- More than the absence of mental disorders
- Determined by socioeconomic, biological and environmental factors

<http://www.who.int/mediacentre/factsheets/fs220/en/>

Mental Health in Schools

- Associated with positive school outcomes
- School mental health promotion creates a climate where students can learn
- Improves teaching conditions
- Schools are where children are – increased opportunities for prevention, early intervention and treatment
- Reduces costs

Actions to support mental health among children and adolescents

- Implemented in school settings - should reach the whole population
- Nurturing development in terms of social, emotional, academic, and cognitive ability
- Short- and long-term
- Changes to the school ethos, liaising with parents, special teacher training, educating parents, community involvement and collaboration with external agencies

Common STRESSES & CURES

My Mental Health Day®

www.MyMentalHealthDay.org

financial stress
bills & debt

headaches & insomnia

lack of sleep

fatigue & lethargy

technostress
email, phone, texts

tension & stiffness

overexertion

shortness of breath

relationship stress

cardiovascular disease

illness & injury

heart disease & diabetes

heavy workload

poor eating habits

feeling criticized

high blood pressure

get organized & make a budget

remove distractions
distractions

disconnect!
hike, bike...

take a **time out**

have an open **discussion**

eat a **healthy diet**

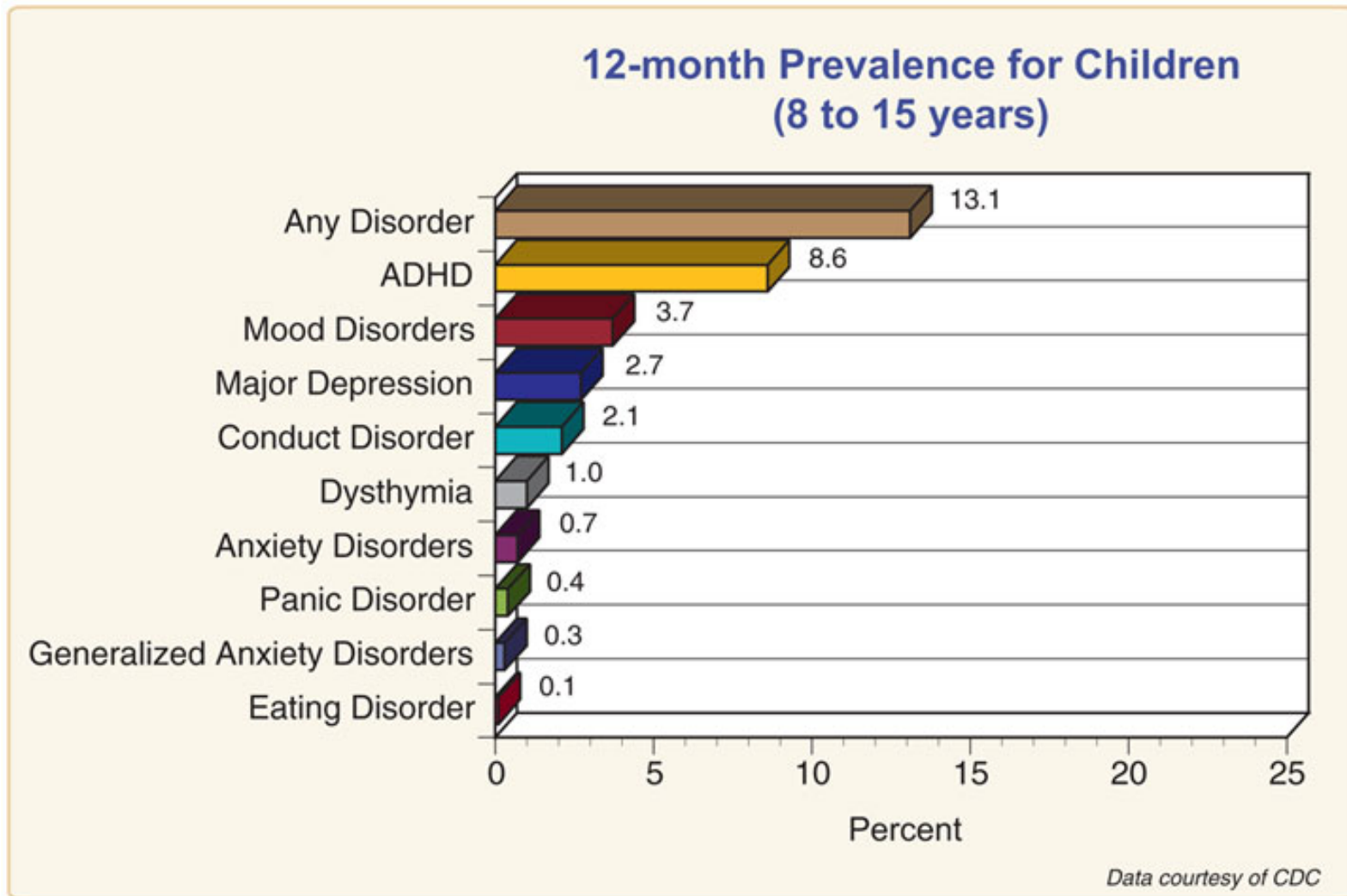
prioritize **tasks**

build a **support network**
and make new friends

For more tips to **address your stress** and **boost your mental well-being**, check out

MyMentalHealthDay.org

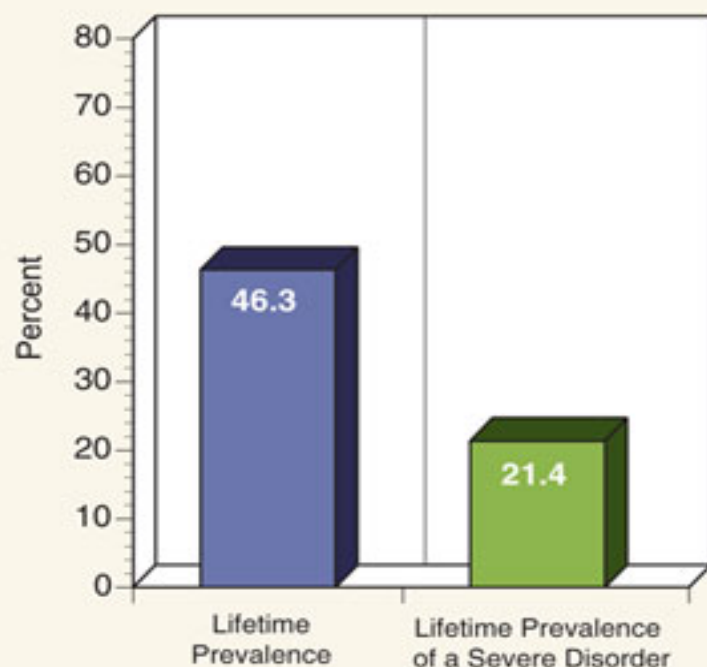
Prevalence of mental health disorders



Any Disorder

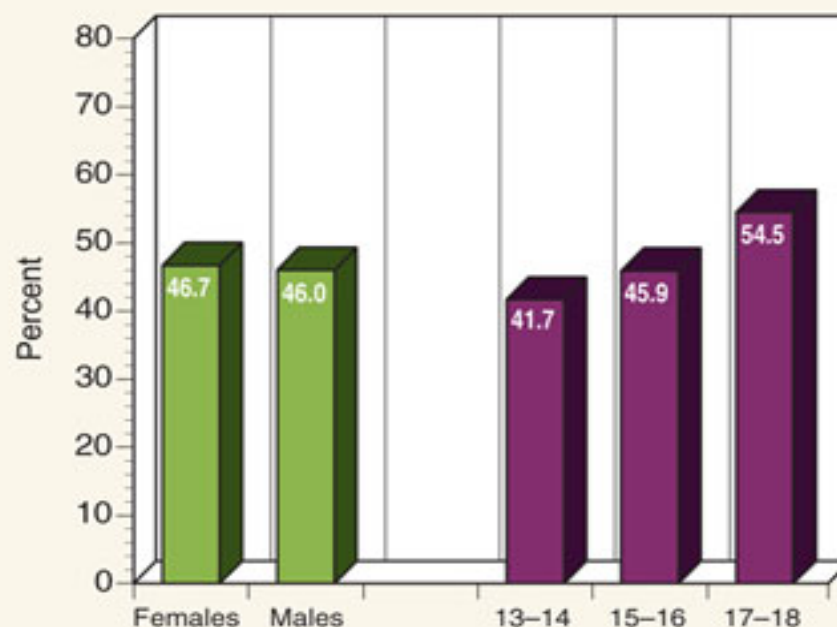
Lifetime Prevalence of 13 to 18 year olds

- **Lifetime Prevalence:** 46.3% of 13 to 18 year olds
- **Lifetime Prevalence of “Severe” Disorder:** 21.4% of 13 to 18 year olds have a “severe” disorder



Demographics (for lifetime prevalence)

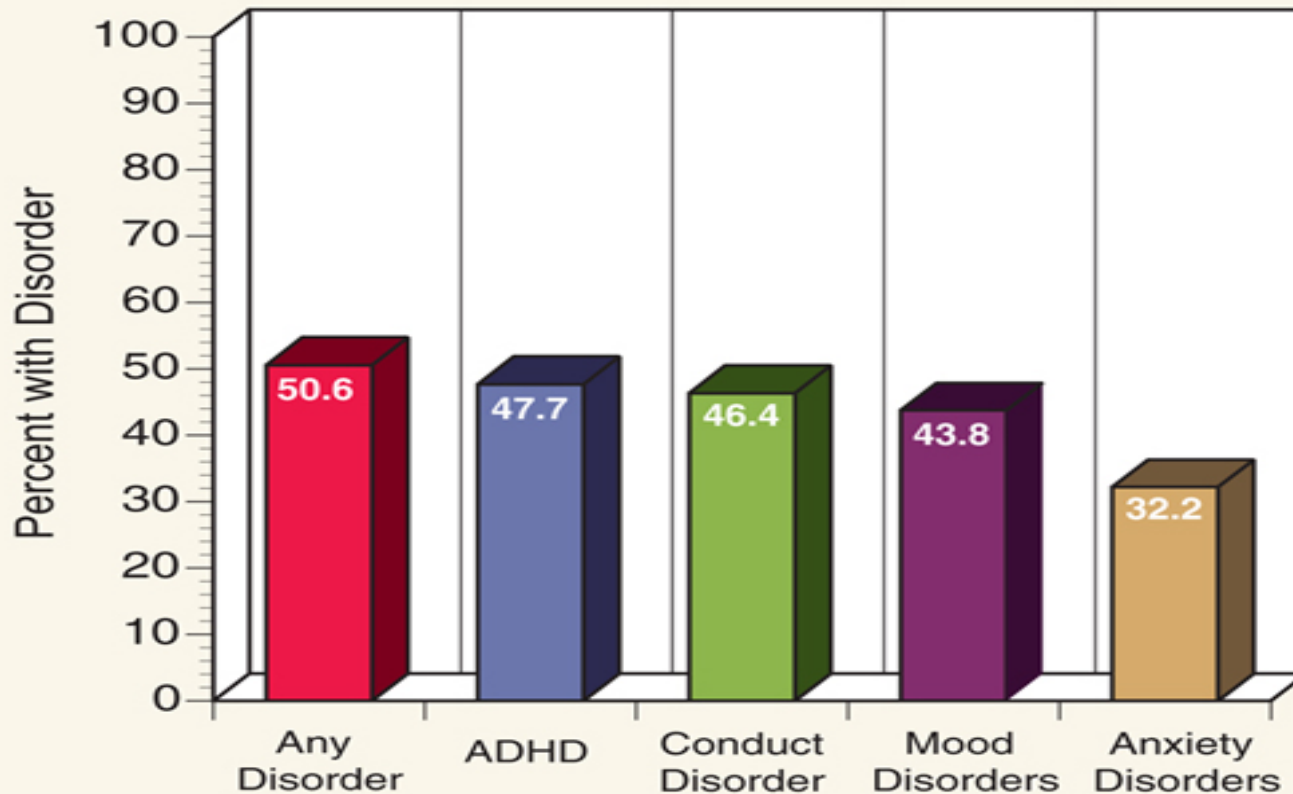
- **Sex:** Not statistically different
- **Age:** Statistically different



- **Race:** Statistically significant differences were found between non-Hispanic whites and other races

Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-989.

Mental Health Service Use for Children (8–15 years)



Demographics Associated with Mental Health (MH) Service Use:

- Females are 50 percent less likely than males to use MH services.
- 12–15 year olds are 90 percent more likely than 8–11 year olds to use MH services.
- No differences were found between races for mood, anxiety, or conduct disorders. Mexican Americans and other Hispanic youth had significantly lower 12-month rates of ADHD compared to non-Hispanic white youth.

Data courtesy of CDC

Screening tools

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration ^a	Cost and Developer
Mental Health Update and Surveillance	Bright Futures Surveillance Questions ⁵	Unlimited	0 to 21 y	Variable	Open-ended questions that invite participatory care. No psychometric properties reported.	Any language	AAP/MCHB Freely accessible
	Bright Futures Previsit and Supplemental Questionnaires	Variable	0 to 21 y	Variable	Yes/No questions that invite participatory care and help elicit areas for further counseling. No psychometric properties reported.	English	AAP/MCHB Freely accessible

<http://www.heardalliance.org/wp-content/uploads/2011/04/Mental-Health-Assessment.pdf>

<p>General Psychosocial Screening Tests</p>	<p>PSC-17_b (Pediatric Symptom Checklist— 17 items)¹⁰⁻¹⁵ <i>General psychosocial screening and functional assessment in the domains of attention, externalizing, and internalizing symptoms</i></p>	<p>17 items Self-administered Parent or youth >11 y</p>	<p>4 to 16 y</p>	<p><5 min Scoring: 2 min</p>	<p>Subscales have obtained reasonable agreement with validated and accepted parent-report instruments. Cronbach alpha was high for each subscale.</p>	<p>English, Spanish, Chinese Reading level: fifth to sixth grades</p>	<p>Freely accessible</p>
	<p>PSC-35_b (Pediatric Symptom Checklist—35 items)^{10-11,13-14} <i>General psychosocial screening and functional assessment in the domains of attention, externalizing, and internalizing symptoms</i></p>	<p>35 items Self-administered Parent or youth >11 y</p>	<p>4 to 16 y</p>	<p><5 min Scoring: 1 to 2 min</p>	<p>General psychosocial screen Sensitivity: 80% to 95% Specificity: 68% to 100%</p>	<p>English, Spanish, Chinese, Japanese Pictorial version available</p>	<p>Freely accessible</p>

	Modified PHQ-9 <i>Screens for symptoms in domains of depression and suicidality.</i>	9 plus severity items	Adolescent	5 min Scoring: 1 min	Modified version never validated in a research setting; overall 88% sensitivity and 88% specificity	English, Spanish	Free with permission Available in the toolkit at www.gladpc.org .
	KADS (Kutcher Adolescent Depression Scale) ⁹⁰⁻⁹² <i>Screens for depression.</i>	6, 11, or 16 items	12 to 17 y	5 min Scoring: 1 min	Sensitivity: 92% Specificity: 71%	Not described	Free with permission Available at www.teenmentalhealth.org
	CES-D (Center for Epidemiological Studies–Depression Scale) —modified version for children and adolescents ⁹³⁻⁹⁸ <i>Screens for depression, emotional turmoil.</i>	20 items	6 to 17 y	5 to 10 min Scores above 15 can be indicative of significant levels of depressive symptoms. ⁸⁸	Used in adult populations. Modified version for children and adolescents may not discriminate well between depressed and nondepressed adolescents. Sensitivity: 71% Specificity: 57%	Mexican adolescents, French English, Spanish Reading level: sixth grade	Freely accessible
	DISC (Columbia Diagnostic Interview Schedule for Children Diagnostic Predictive Scales) ^{99,100} <i>Computerized structure interview (yes/no) elicits symptoms of 36 mental health disorders, applying DSM-IV criteria.</i>	22 items (Last item is not scored.) Youth self-administered 8-item abbreviated version available through TeenScreen	9 to 17 y	Depends on items endorsed Training needed	Sensitivities and specificities ranged from 80% to 100% for nearly all diagnostic scales. Positive predictive value was generally high (0.4–0.7). Test-retest reliabilities are good and had intraclass correlation coefficients ranging from 0.52 to 0.82	Not described	Free with permission Contact www.TeenScreen.org for a copy of the 8-item version.

	<p>Spence Children's Anxiety Scale^{108,109} <i>Assesses for anxiety. Subscales include panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, obsessions/compulsions, and fear of physical injury.</i></p>	<p>Parent: 35 to 45 Student: 34 to 45</p>	<p>Parent: 2.5 to 6.5 y Student: 8 to 12 y</p>	<p>5 to 10 min</p>	<p>Coefficient alpha: 0.9 to 0.92 Test-retest: 0.60 to 0.63 Normative data: Available for males/females 8 to 19 y from various countries (no US data available)</p>	<p>Available in a variety of languages</p>	
	<p>SCARED (Self-Report for Childhood Anxiety Related Emotional Disorders)^{110,111} <i>Assesses for anxiety—but not specifically OCD or PTSD.</i></p>	<p>41 items Parent Youth</p>	<p>8+ y</p>	<p>5 min Scoring: 1 to 2 min</p>	<p>Coefficient alpha: 0.9</p>	<p>English</p>	<p>Freely accessible</p>
	<p>CRIES (Children's Revised Impact of Event Scale)^{112,113} <i>Assesses impact of traumatic events.</i></p>	<p>13 items total 4 items measuring intrusion 4 items measuring avoidance 5 items measuring arousal Self-report</p>	<p>8 y and older who can read</p>		<p>Cronbach alphas were as follows: Intrusion: 0.70 Avoidance: 0.73 Arousal: 0.60 Total: 0.80 No validation studies against independent clinical diagnosis have been conducted. As a screening, it is recommended that the results from the Intrusion and Avoidance scales only be used. A sum of the scores on these 2 scales of 17 or more indicates a high probability that the child will obtain a diagnosis</p>	<p>Available in several languages</p>	<p>Freely accessible. Instructions and forms available at childrenandwar.org</p>

Motivational interviewing



Technique	Description	Example
Rolling with Resistance R	<ul style="list-style-type: none"> Working with resistance rather than opposing it Balancing the perspective 	<ul style="list-style-type: none"> Okay- so, you are not up for trying to quit smoking with the patch. What other options have you heard of?
Express Empathy E	<ul style="list-style-type: none"> Identify & understand reasons for resistance without judging Creates trust & shows you are on the "patient's side" 	<ul style="list-style-type: none"> You are frustrated because you've tried to quit smoking before without success. You feel _____ because _____.
Avoid Arguing A	<ul style="list-style-type: none"> Avoid adding additional resistance for the patient Feelings are not arguable Confront not argue 	<ul style="list-style-type: none"> If a patient says they don't want to quit smoking now: Fair enough, you do not want to quit now? Would you be willing to talk about your goals for the future?
Develop Discrepancy D	<ul style="list-style-type: none"> Strategy to create dissonance Motivate change by creating a discrepancy between present behavior & personal goals / values 	<ul style="list-style-type: none"> You want to see your children grow up, but you recognize that smoking can have numerous, serious health consequences.
Support Self-efficacy S	<ul style="list-style-type: none"> Point out the positives Praise the patient for what they are doing to accomplish a change 	<ul style="list-style-type: none"> For a patient who's tried to quit in the past: You've tried before. That's great!

Motivational interviewing: an example

Imagine you are about to sit down with a patient who smokes and suffers from chronic conditions such as hypertension or diabetes. How would you approach the conversation?

1 Express empathy

"So what I hear you saying is that you are tired of being lectured about smoking. Tell me more about why you feel this way."

2 Develop discrepancy

"What are your goals for the future? How do you see smoking fitting in with your aspirations?"

3 Avoid arguments

"The single best thing you can do for your health is to quit smoking, and I'm here to help

you when you're ready."

4 Roll along when resistance comes

"It sounds like you have thought of a lot of possible stumbling blocks to cutting back your smoking. What could be some of the possible solutions?"

5 Support self-reliance

"I'm really impressed that you are thinking about cutting back on smoking. I want you to know that I believe you can do it. Let's plan to meet in a month to see how things are going."

THE SOFT SELL | How a motivational interview might work



Doctor: Would you mind if we talked about how exercise might help you to reduce your weight?

Patient: OK, I guess.

Doctor: How do you feel about exercising?

Patient: I walk to work each day.

Doctor: It's not like you get no exercise at all.

Patient: That's right, I guess I could do more, but I don't have time even to read the paper these days.

Doctor: It won't be easy to fit it in, yet you can see the benefits.

Patient: Sure I can, my weight will come down and I might feel more alive and alert.

Doctor: It's finding a way to fit it in that's the challenge.

Patient: Yes exactly. I suppose I could just get into a new routine, make a shift for the sake of my health.



Maintaining Confidentiality

- Use a release
- Only provide necessary information
- Introduce student to who you'd like to communicate with and let them communicate for themselves in your presence
- Risk of harm to self or others is a reason to break confidentiality – let them know this up front!

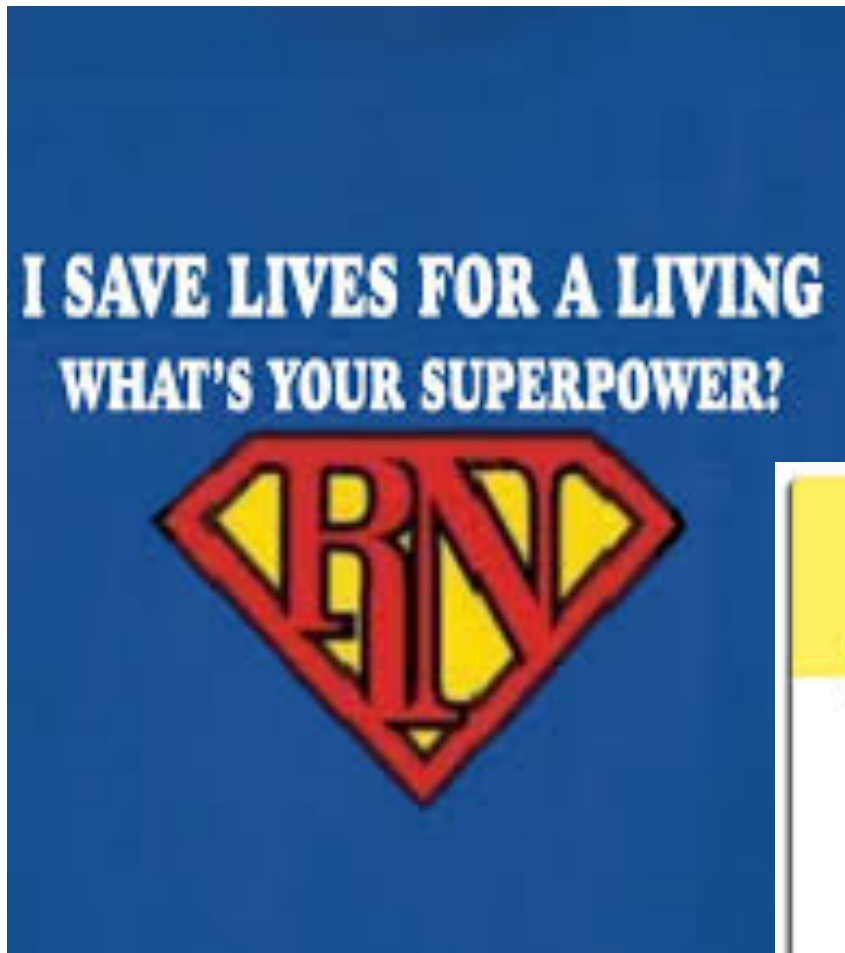
Assessing Risk

- Know when it is a crisis, when it isn't, and when it is not up to you to decide
- Call SASS on the CARES Line for Crises
- Use the resources in the building
- Know your community
- Assess for suicide BUT remember not all cutting is suicide
- Consider Functioning – attendance, grades, disciplinary referrals
- Get collateral info – teachers, staff, parents

More on Motivational Interviewing

- [http://
cms.centerforintegratedhealthsolutions.org/
images/res/Motivational%20Interviewing
%20Sangre%20de%20Cristo%20Presentation
%20for%20CIHS_FINAL_Final.pdf](http://cms.centerforintegratedhealthsolutions.org/images/res/Motivational%20Interviewing%20Sangre%20de%20Cristo%20Presentation%20for%20CIHS_FINAL_Final.pdf)

Why Bother?



+
**KEEP
CALM
AND
SAVE
LIVES**



Suicide is the 2nd Cause of Death for Ages 10-18¹

- Nearly 40% of adolescents who attempt suicide made an attempt before entering high school²
- 17.0% of high school students have seriously considered suicide while 8.0% have actually attempted³
- In 2013, 2.6 million youths aged 12 to 17 (10.7%) had **major depressive episode** (MDE) during the past year⁴
- Studies link **treatment** for depression with **academic success** and lack of treatment with low educational attainment

¹ 2012 Centers for Disease Control and Prevention WISQARS, National Center for Health Statistics (NCHS), Leading Causes of Death Reports (WISQARS)

² SAMSHA national survey in 2010

³ 2013 National Youth Risk Behavior Survey

⁴ 2014 National Survey on Drug Use and Health: Mental Health Findings

Benefits of Gatekeeper Training

- A key strategy for prevention and early intervention as part of the **national strategy** for suicide prevention
- Reduces the anxiety teachers and staff may experience about responding to an at-risk student in their class
- **Reduces stigma** associated with mental illness
- Reduces the number of undetected students in schools and moves them into treatment as early as possible
- **Enhances safety** for students, classrooms, schools and communities

A **gatekeeper** is any individual (i.e., not a mental health professional) trained to identify individuals at risk of psychological distress and connect them to treatment or supporting services as appropriate.

Educators as Gatekeepers

- Are on the front lines with students every day
- May notice worrisome behavior and appearance
- Have **existing relationships** with students
- Can take small steps that make a big difference, even without mental health training

How it Works



- 1 Assume the role of a teacher (or student) and engage in **virtual conversations**
- 2 Control the conversation by **choosing** what to say
- 3 Learn to use open-ended questions and **motivational interviewing** techniques
- 4 Receive **feedback** throughout that highlights important lessons and key strategies

Key Features



K-12 Overview

at-risk

At-Risk for High School Educators

- 60 minutes
- Listed in National Registry of Evidence-Based Programs and Practices (NREPP)
- Listed in SPRC/AFSP Best Practices Registry

At-Risk for Middle School Educators

- 50 minutes
- Listed in SPRC/AFSP Best Practices Registry

At-Risk for Elementary School Educators

- 60 minutes
- Launched February 2015
- Includes parent conversation

Step In Speak Up!

Supporting LGBTQ youth

- 30 minutes
- Created in collaboration with The Trevor Project
- Listed in SPRC/AFSP Best Practices Registry

Friend Friend

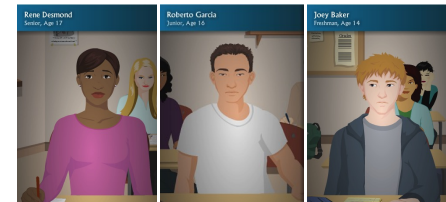
Peer support for high school students

- 25 minutes
- Launched February 2015

Build Skills Through Role-Play Conversations

At-Risk for High School Educators: Suicide Prevention & Gatekeeper Training

- a girl who is highly anxious about her grades and may be cutting
- a boy with poor attendance, low motivation, and drug use
- a shy boy who has written about suicidal thoughts in an essay



At-Risk for Middle School Educators: Suicide Prevention & Gatekeeper Training

- a new girl who is being teased by a clique of popular girls
- the clique ringleader, who is having trouble at home
- a boy struggling with impending loss and thoughts of suicide



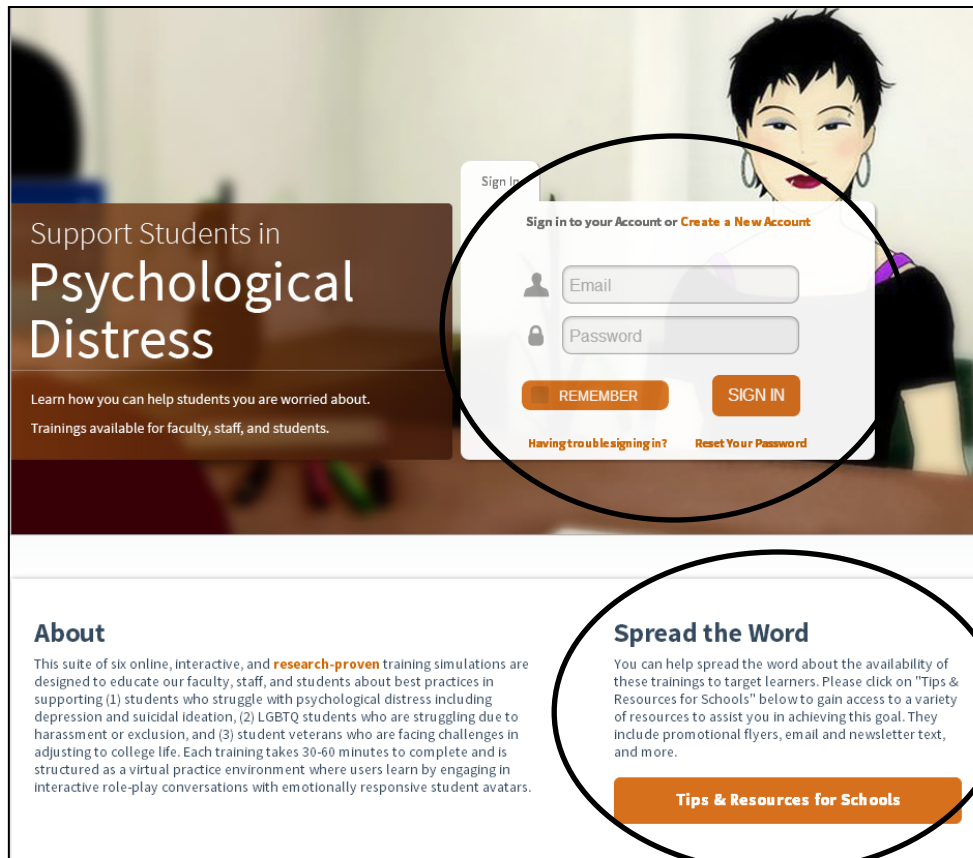
At-Risk for Elementary School Educators: Early Intervention

- a third grader who has recently become withdrawn
- the mother of a fifth grader who has become increasingly disruptive and aggressive



Access the Courses

To take the online trainings:



1) Go to: <http://illinois.kognito.com/>

2) Click on "Train Now" under Trainings Available/K-12 School Personnel and create your account

- Choose "Other" if you work with multiple schools or are a partner agency.

3) Take the brief pre-training survey, followed by the training (about 50 minutes, and can be completed in multiple sittings)

4) Please also take the post training survey to assist in the program evaluation

5) Print your certificate of completion

QUESTIONS



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