IMPROVING MENTAL HEALTH OUTCOMES FOR YOUTH:

UNIVERSAL MENTAL HEALTH SCREENING FOR PUBLIC SCHOOL IN MASSACHUSETTS

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EXECUTIVE SUMMARY:

The focus on a child's physical health is a priority in Massachusetts public schools. Screening for physical health issues such as vision, hearing, and BMI have been mandated for many years.[1] Most recently, Massachusetts requires SBIRT at the middle school and high school levels. SBIRT (Screening, Brief Intervention, and Referral for Treatment) in schools is intended to identify substance use risk behaviors and to improve health, safety, resilience, and success in students.[2]. This newer mandate seems to be moving Massachusetts in the right direction, but it is time that a child's mental health be seen and screened to produce the best outcomes of our youth. Universal mental health screenings need to occur for all public-school children in Massachusetts.

According to NAMI, approximately 50% of chronic mental health conditions begin by age 14 and 75% begin by age 24. The average amount of time between the emergence of symptoms and treatment is 8-10 years.[3] Mental health screenings would allow for early detection and intervention and to help close this gap. Research shows that early intervention can prevent significant mental health problems from developing.[4]

NAMI
National Alliance on Mental Illness

As the primary settings in which children live and learn, mental health screenings in schools would allow for this early detection of mental health conditions, allowing school staff to connect students with help thus producing better life outcomes.

This policy brief identifies the need for universal mental health screenings, highlights the risks children face if mental health conditions go undiagnosed and/or treated, and gives recommendations on how these screenings should be administered. To reduce the potential burden and lifelong difficulties of untreated mental health needs, it is critical that mental health problems in young children be identified and addressed early.

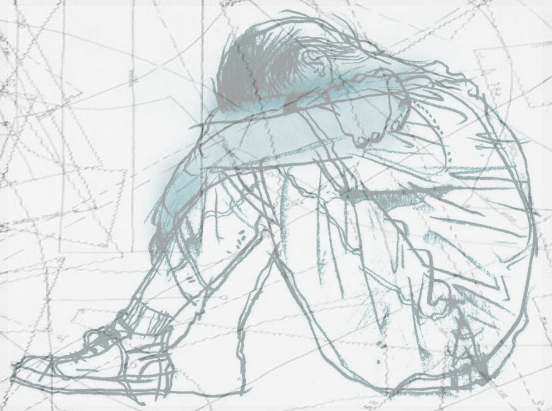
Source: National Alliance on Mental Health, (n.d.)

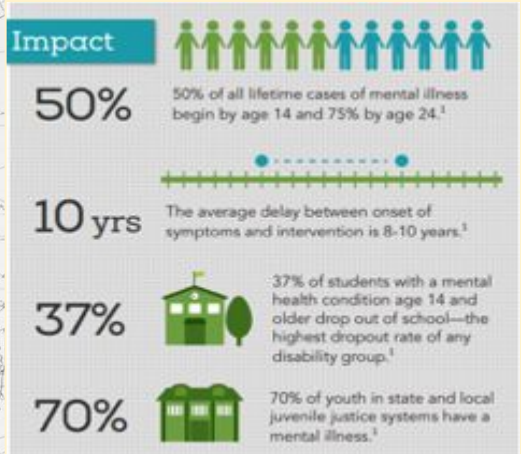
PROBLEM STATEMENT:

In its 2016 Children's Mental Health Report, the Child Mind Institute acknowledges that mental health disorders are the most common health issue faced by our nation's school-aged children. One in five children suffers from mental health problems, and 80% of chronic mental disorders begin in childhood. These are staggering statistics and we are facing an urgent need to identify the signs of these conditions early in life if children are to get the care and support they need to thrive. Furthermore, the Children's Mental Health Report states that children struggling with mental health problems are at risk for poor outcomes in school and in life. Outdated approaches to discipline are only making matters worse and are overwhelming the court system.[5] In a study, NAMI Massachusetts estimates that 50% of children with a serious mental illness drop out of school and a large percentage of those who drop out end up in DYS.[6]

Schools play a vital role in identifying and supporting children as well as their families. Districts recognize the growing needs of the state's student populations relative to mental illness and seek creative solutions to the problem. Several methods have been proposed in order to combat the growing issue. Perhaps the most popular of these is the simplest: a widely deployed, integrated system of evidence-supported, school-based mental health and preventive services. Screening and access to mental health services for children in schools can capture struggling students and provide them with the needed supports and services.

If we want to help our children and our schools, we cannot wait. Action is needed to keep our most vulnerable population safe and in school.





Source: National Alliance on Mental Health, (n.d.)

The 2018 MetroWest Adolescent Health Survey indicates that:

19.7% of high school student reported depressive symptoms

13.1% Considered suicide

3.9% attempted suicide

METROWEST HEALTH FOUNDATION

CONTRIBUTING FACTORS:

Young people are not exempt from the symptoms of mental illness and its impact on quality of life. The majority of school-age children report symptoms of various mental health issues, but few are flagged for treatment. The 2018 Metrowest Adolescent Health Survey outlines that one in 5 youth report depressive symptoms and that one in seven have contemplated suicide in the last 12 months.[7] Additionally, there are barriers to children and their families to access mental health treatment upon recognition of the need for treatment.

STIGMA:

Among both children and adults, there is a stigma surrounding one's mental health and also the treatment of it. This stigma involves a variety of fear and biases stemming from lack of knowledge around mental health diagnoses. In a paper by Dr. Pescosolido at Indiana University starting in 1996 she outlines stigma as a "deeply discrediting attribute" along with a "devalued social identity". As such, Pescosolido goes on to outline the fact that the mental health stigma carries shame and guilt with those associated.[8] Due to this, it can be inferred that those experiencing symptoms of mental illness may not seek treatment because of the aforementioned stigma associated with it.

AWARENESS OF MENTAL HEALTH:

The decreased, though still present, stigma of mental health is coupled with the increased awareness of mental health diagnoses and the needs of those individuals with mental health diagnoses. NAMI recognizes the still present stigma surrounding mental health, but also couples it with the increased awareness of mental health needs for those affected.[9] Part of NAMI's mission includes to work to increase awareness of mental health and how, once diagnosed, people can live fulfilled lives. NAMI recognizes the work it has accomplished regarding decreasing stigma surrounding mental health, but also is aware of the work that still needs to be done.

SOCIOECONOMIC/CULTURAL CONSIDERATIONS:

Socioeconomic and cultural factors are often at the heart of why a child or family does not access mental health services. The social group that young people associate with can also act as a barrier to accessing mental health treatment. For example, the Metrowest LGBTQ youth report elevated levels of mental health problems.[10] In an article by DPH, they cite that cultural insensitivity remains a barrier for those looking to access care.[10] Additionally, with those clients who have English as a second language or do not speak English experience the same barriers.[10] The school system acts as a point of access for those who experience these barriers to mental health treatment.[10] Included in DPH's list of risk factors for students to experience mental health symptoms is race, religion, and sexual orientation.[10] These factors, which act as pieces of a person's identity, may inhibit a person to seek mental health treatment. Additional factors mentioned by DPH include, but are not limited to, death of loved ones, abuse and/or neglect, nontraditional family situations.[10]

POLICY RECOMMENDATIONS:

"By detecting previously unrecognized conditions or preclinical illnesses as early as possible, population-based screening enables timely intervention and remediation, which can limit potential disability, medical costs, and negative impact on scholastic performance." [10]

Schools will be mandated to conduct mental health screenings for all K-12 students.
Annual screenings for mental health will increase likelihood of early intervention and create an opportunity for warm handoff for families between schools and service providers.
Screening every single student instead of only those with presenting issues will ensure that even children not identifying or voicing concerns have the chance to access needed mental health resources. Schools will pair mental health screenings with other necessary screenings such as hearing, vision, and posture; this practice will help to de-stigmatize mental illness by normalizing talking about mental health and seeking help.

Schools will use an age-appropriate and culturally sensitive assessment tool.
We recommend **"The Brief Assessment Checklists (BAC-C, BAC-A)".** This is a mental health screening measure for school-aged children and adolescents used in foster, kinship, residential and adoptive care as described in *"Children & Youth Services Review"*.[11]

Schools will provide recommendations and referrals to those identified students.
Although there are resources available for children experiencing symptoms of mental illness, they may not be readily accessible to those children who have not been identified as needing help, or who are unaware of the resources. Schools will not attempt diagnosis, but only interpret outcomes to families.
Follow up will be critical to ensure access to any necessary treatment. The school will work with families to find an appropriate provider that fits the needs of the students and their parents/guardians.[10]

As with Vision, Hearing and Growth Screenings, parents may request a waiver to opt out of mental health screenings for religious reasons.

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