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Using Mental Health Screenings in Schools

New Jersey Department of Education
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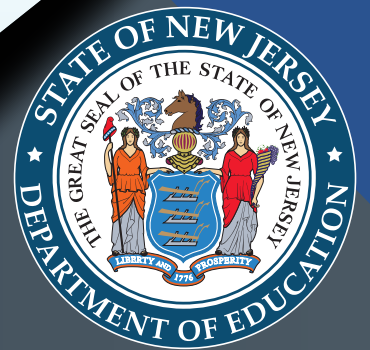
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PURPOSE AND USE OF THIS DOCUMENT

T he New Jersey Department of Education created this resource document to support school districts in designing and implementing mental health screening programs in schools. This guidance document supports the implementation of *N.J.S.A.* 18A:40-5.6 and builds upon the New Jersey Department of Education's support beyond the statutory requirements.

This guidance includes information on:

- Utilizing mental health screenings in schools.
- Identifying research-based tools for adolescent depression screening.
- Establishing partnerships with pediatric and adolescent mental health organizations or healthcare providers.
- Understanding the New Jersey Department of Education's Mental Health Screening in Schools Grant Program.

This document is divided into three sections:

Section 1: Developing school and community partnerships to address student mental health.

Section 2: Establishing a Mental Health Screening Program with step-by-step guidance on tool selection, decision-making, and implementation.

Section 3: Resources to provide additional information related to the document's content.

This document is designed to support school-based personnel responsible for developing related systems and policies, including central district administrators, student support services and special education directors, school counselors, social workers, school psychologists, and school nurses. Please note that the guidance presented below represents a series of recommendations and resources; it is not a requirement for any school or district. Although the text may appear more geared towards a school-based mental health professional, everyone has a role in ensuring the safety and well-being of students, especially during times of need or crisis.

INTRODUCTION

R esearch overwhelmingly demonstrates a growing need for mental health supports for youth. Nationally and in New Jersey, children are experiencing increased rates of substance abuse, suicide, and major depressive episodes.[1] Due to the recent tumultuous events, young people in New Jersey face serious mental health challenges. Therefore, it is crucial to prioritize the support and care of students' mental health needs. Yet, even with this Statewide focus, access to quality mental health care can be challenging. For instance, in New Jersey, approximately 13% of youth between the ages of 12 and 17 reported experiencing at least one major depressive episode (M.D.E.) in the past year; 8.4% reported experiencing a severe M.D.E; and 3.33% reported experiencing substance use disorder. Yet 58% of youth with major depression do not receive any mental health treatment (Reinert, Fritze, & Nguyen, 2021). The consequences of not addressing mental health needs for adolescents can be dismal, with suicide being the leading cause of death for adolescents ages 15-19 (World Health Organization, 2022).

Research also demonstrates that depression is preventable. A thorough strategy for behavioral health prevention, early identification, and intervention includes mental health screening in schools. **Mental health screening** is a systematic process using a reliable, valid screening tool to identify the strengths and needs of an individual based on pre-determined benchmarks (Center for School Mental Health, 2018). School-based mental health screenings are crucial in identifying and addressing students' emotional and psychological needs. However, it is essential to recognize the limitations of these screenings in capturing the dynamic nature of children's lives, which can change rapidly and significantly impact their mental health. Furthermore, screening is only one method of assessing youth well-being, and other approaches, such as observation, counseling, and communication with students and families, should complement it. Additionally, it is vital to emphasize the importance of cultural competency in the screening process, as understanding and respecting diverse cultural backgrounds can significantly enhance the accuracy and effectiveness of mental health assessments. Moreover, incorporating cultural competency ensures that the mental health screening process is inclusive and accessible to all students, regardless of their cultural or linguistic backgrounds. This approach is particularly crucial when supporting students with disabilities, as it enables educators and mental health professionals to adapt screening tools and techniques to accommodate their specific needs and abilities, ensuring that they receive accurate assessments and appropriate support. By acknowledging these limitations, schools can better tailor their mental health support strategies and ensure that they meet each student's unique needs.

1 See Appendix 1 for more information on the appearance of depression in children and adolescents.

Embedding a school-based mental health system within a multi-tiered system of support (e.g., New Jersey Tiered System of Support (NJTSS)) allows proactive school districts to identify student social, emotional, and behavioral needs and expand upon their resources by collaborating with community agencies. Just as schools have been conducting health screenings for decades to understand students' academic and well-being needs (e.g., vision screening determines students may need to see an optometrist for glasses), schools can similarly use mental health screenings to identify individual students who may need extra social, emotional, or behavioral supports. (Center for School Mental Health, 2018). Qualified professionals, such as school psychologists, school counselors, social workers, and community mental health providers are typically responsible for conducting school-based mental health screenings. These practitioners possess the necessary expertise and training to accurately administer and interpret screening tools while ensuring a supportive and confidential student environment. It is important to note that screening is only recommended when there is a team in place to promptly review the data and make necessary referrals for further assessment, services, and support.

School-based Mental Health Systems

A practical and comprehensive school mental health system assesses and addresses the social and environmental factors that impact student mental health, utilizes a prevention and promotion-based framework with data-based decision making and team problem-solving, and includes a multi-tiered continuum of evidence-based practices to meet the needs of all students.

Comprehensive school-based mental health includes services, activities, or supports that address students' and educators' social, emotional, psychological, and behavioral well-being. School districts may find it helpful to utilize the New Jersey Comprehensive School-Based Mental Health Resource Guide, which provides detailed information and examples of developing and implementing mental health programming and services on a tiered continuum.

Pro Tip: Read the New Jersey Comprehensive School-Based Mental Health Guide for implementation support.

Comprehensive School-Based Mental Health Services within an MTSS Framework

Access to school-based mental health services improves:	Access to school-based mental health services decreases negative outcomes such as:
• Graduation rates. • Academic performance. • Student engagement and connection. • Physical and psychological safety. • Students' sense of empowerment and self-esteem. • Social skills. • Self-awareness.	• Reliance on special education. • Restrictive placements. • Discipline referrals. • Substance use. • Aggression. • Bullying. • Depression. • Suicidality. • Truancy.

Table 1: The Impact of Comprehensive School-Based Mental Health Services in Schools (New Jersey Department of Education, 2022).

The success of a comprehensive school mental health system relies on the staffing, capacity, and competency of educators, school-based mental health professionals, and community stakeholders working across a multi-tiered framework. We must underscore that this system works optimally with appropriate staffing, coordination, and management. Comprehensive school mental health systems and NJTSS function optimally when there is representation from all stakeholders, such as administrative support, educators who understand social and emotional health programming, teachers, student and family representatives, and community providers. The team should include administrative support and school personnel who understand social-emotional health programming (typically, a school counselor, social worker or school psychologist, special educator, and nurse). For examples of school-based mental health practices and strategies within an NJTSS framework or more detailed information about implementing the NJTSS framework, please review the related resources within the resource section of this document and Appendix 2.

SECTION 1

DEVELOPING SCHOOL AND COMMUNITY PARTNERSHIPS TO ADDRESS STUDENT MENTAL HEALTH

The success and sustainability of a comprehensive school mental health system thrive on meaningful partnerships. Effective collaboration between school-employed and community mental health partners broadens the availability of support and enhances access to mental health services. In addition, these partnerships may lead to community mental health providers administering school-selected social, emotional, and behavioral screening tools, providing interventions after screening students, and training staff who may be unfamiliar with the screening process. School-community partnerships may look different within various districts due to the specific needs of each local community; however, we recommend four key phases that will help facilitate successful collaboration between school and community partners.

Figure 1: Four key phases to facilitate collaboration with community partners.

Phase 1: Needs Assessment/Resource Mapping

The first step in creating a comprehensive school mental health system using an NJTSS framework is for the school or district team to work collaboratively to complete needs assessments and create a resource map to develop a clear plan for moving forward. Districts can assess many factors to identify their mental health and community partnership needs. For example, districts can assess their community's exposure to adverse childhood events, potential resilience factors, and general basic needs such as food, mental health, and activities that promote healthy living, such as recreation and religious centers.

Action steps for Developing School and Community Partnerships to Address Student Mental Health appear in the below tables. A compilation of all tables can be found in Appendix 8.

Action Step 1: Complete a needs assessment to guide the district's decision making.			
	Not started	**In progress**	**Complete**
Determine activities, existing and new data to incorporate within the needs assessment.			

Action Step 2: Map your school or district's mental health assets.			
	Not started	**In progress**	**Complete**
Create a list of all relevant resources.			
Identify the gaps between school needs and current assets.			

Phase 2: Staffing & Partnering

Staffing

The American School Counselor Association (ASCA), the National Association of School Psychologists (NASP), and the American School Social Workers Association (ASSWA) have provided recommended ratios for the number of students assigned to each mental health service provider. The chart below describes the recommended student-to-mental health service provider ratios, the average state ratios, and the number of local education agencies (LEAs) in New Jersey not meeting the recommended proportions of student to school based mental health professionals.[2]

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[2] Number of New Jersey LEAs not meeting recommended ratios as of October 2022.

Professional Role	Recommended ratios	State average	Number of NJ LEAs not meeting recommended ratios
School Counselor	250:1 (ASCA)	371:1	356
School Psychologist	500:1 (NASP)	635:1	306
School Social Worker	250:1 (ASSWA)	551:1	499

Figure 2: Recommended Ratios, State Averages, and NJ LEAs Not Meeting Student-to-Mental Health Professional Proportions.

It is incredibly challenging due to the impact of the pandemic and the shortage of diverse, qualified educators and mental health professionals to fulfill the number of roles available to meet the needs of students and families. The Department recognizes this challenge and continues to lead policy efforts to work towards the goal that every student, school, and district has access to well-trained, effective educators that meet the needs of their communities.

Effective school-community partnerships with a mental health organization can help mitigate the challenges created by staff shortages and positively impact students' academic and wellness outcomes by ensuring that schools have access to the appropriate number of school-based mental health staff to support the delivery of comprehensive prevention, wellness promotion, and intervention. It is also important to incorporate strategies, goals, and action steps to ensure the district support staff continues to reflect the diversity of their community and the students they support. Ensuring staff reflects the school community is especially important because culture strongly impacts a family's decision-making process and their openness to obtain support. Consequently, school leaders should also be mindful of the impact of culture when developing partnerships with mental health agencies.

Partnership Selection

School districts should consider working with outside agencies or contractors to provide long term additional mental health services as needed. School-community partnerships expand upon services within the school setting while also linking students to outside services and supports. In addition to mental health providers, schools can partner with other systems of care to enhance student and staff well-being such as the faith community, law enforcement, physical health care providers, local businesses, government agencies and substance treatment providers.

Action Step 3: Develop a hiring plan for school-based mental health professionals.			
	Not started	**In progress**	**Complete**
Develop a hiring plan for school-based mental health professionals.			

Action Step 4: Use needs assessment and resource map to determine staffing needs.			
	Not started	**In progress**	**Complete**
Identify community partners that enhance current services offered within the school district.			
Identify stakeholders that can expand community and mental health services offered.			

Phase 3: Partnership Alignment & Collaborative Professional Learning

School and community partners will benefit from developing a Memorandum of Understanding (MOU) to collaborate effectively.[3] The MOU should include clear roles and responsibilities for school-based staff and community personnel, a communication and data-sharing plan, professional learning topics, fiscal agreements, and the commencement and termination of services. An essential component of the MOU should be an evaluation plan, which outlines the provider's responsibility to track and report data on the services' effectiveness. This evaluation component will ensure that both the school and community agency can assess the impact of their collaboration and make data-driven decisions to improve the partnership.

In establishing a partnership, it is crucial to delineate both parties' roles explicitly. The MOU should specify who is responsible for conducting screenings, analyzing data, providing services, connecting to follow-up resources or services, and managing other essential tasks. Additionally, both parties need to solidify their understanding of consent from a school district perspective (noting district policies and state law) and from a community mental health agency perspective. By outlining the responsibilities and liabilities of both partners, the MOU can help prevent misunderstandings and ensure smooth collaboration between the school and community agency. This clarity will ultimately contribute to a more effective and sustainable partnership that benefits the students and the community.

[3] Note: LEAs that partner with an organization or healthcare provider specializing in pediatric and adolescent mental health using funds from the Depression Screening Grant must develop a form to obtain parental consent and student mental health insurance information as necessary to satisfy any partnership agreement provisions. See Appendix 3 for a sample parental consent form when utilizing the services of a community mental health partner.

Action Step 5: Develop a Memorandum of Understanding to detail the terms of your partnership.			
	Not started	**In progress**	**Complete**
Develop an MOU to detail the terms of your partnership.			
Action Step 6: Develop a communication and data sharing plan to keep stakeholders informed about screening.			
	Not started	**In progress**	**Complete**
Develop a communication plan between school-and-community-employed staff, families, and the community within the MOU.			
Ensure the MOU is aligned with legal requirements and district policies.			

Phase 4: Funding School-Community Partnerships & Sustainability Planning

Multiple and diverse funding and resources must be utilized to build and sustain a long-term and comprehensive school-based mental health system to meet mental health needs for all students and staff. School districts should establish partnerships with community agencies and require these partners to take responsibility for collecting and reporting data that demonstrates the effectiveness of their services. This data evaluation should include the number of students served, the issues addressed, and any changes based on the services provided. As partners are typically chosen based on data highlighting their fit with the current needs of the school and community, districts need to require their partners to employ quality managers who develop comprehensive reports that showcase the impact of their services. These reports will enable districts to evaluate the effectiveness of the partnership and make data-driven decisions for continuous improvement. The table below lists strategies for districts to maintain a comprehensive mental health system. It emphasizes the importance of utilizing community partners who take responsibility for data collection, reporting, and ongoing evaluation of their services to ensure the best possible outcomes for students and staff.

Sustainable Mental Health Systems

1 Engage in ongoing communication with community partners and school-based mental health staff to ensure awareness of strengths and areas for growth.

2 Use funding to support evidence-based programs or resources that meet the needs of the student population served in the school or district.

3 Allocate resources by ensuring a budget line item for interpreting and translating mental health curricula, resources, and materials for families and students.

4 Support collecting data on mental health needs and stratifying the data to understand the needs of underserved populations.

Action Step 7: Review your needs assessment and resource map to inform purchasing decisions for mental health resources.			
	Not started	**In progress**	**Complete**
Review your needs assessment and resource map to inform purchasing decisions for mental health resources.			

Action Step 8: Leverage Medicaid plan to support mental health services in schools.			
	Not started	**In progress**	**Complete**
Review Medicaid plan to understand specific services covered for reimbursement.			
Visit the Maximizing Federal Funds website to understand ways your district can leverage state and federal funding streams.			

Action Step 9: Allocate funds within the school budget for mental health.			
	Not started	**In progress**	**Complete**
Allocate resources by ensuring a budget line item for interpretation and translation of mental health curricula, resources and materials for families, students, and staff.			

Action Step 10: Continue to collect data that underscores the need for mental health within the district.			
	Not started	**In progress**	**Complete**
Continue to collect data that underscores the need for mental health supports within the district.			

For more information regarding developing community partnerships, please review the "Nine Elements of Effective School-Community Partnerships to Address School Mental Health, Physical Health, and Overall Wellness."

SECTION 2

ESTABLISHING A MENTAL HEALTH SCREENING PROGRAM

Background: Mental Health Screening in Schools Grant Program

In 2021, Governor Murphy declared that proper detection and diagnosis of depression are critical in reducing the risk of teenage suicide and improving physical and mental health outcomes for young people and enacted P.L. 2021, c. 237 to establish school-based depression screenings to identify the symptoms of depression and facilitate access to appropriate treatment. The purpose of the Mental Health Screening in Schools Grant Program[4] shall be to provide funding and resources to allow school districts to implement depression screening programs to identify students in grades seven through 12 who are at risk of depression. A school district that receives an award under the grant program shall make available to each student in grades seven through 12 an annual health screening for depression.

Mental Health Screening Overview

Before outlining steps to implement the use of mental health screening tools, we must reiterate that appropriate staffing of school professionals and the development of a data-based decision-making team is integral to the success of screening students within a school setting. School mental health screening is the use of a systematic tool or process to identify the strengths and needs of students (National Center for School Mental Health, 2020). The systematic use of a mental health screener can allow school teams to monitor their prevention and intervention efforts. For additional information on mental health screening, review the National Center for School Mental Health's School Mental Health Quality Guide on screening. Additionally, screening data and the district needs assessment data can provide a rationale for adopting and implementing specific social, emotional, and behavioral interventions and services.

[4] Additional information on the Mental Health Screening in Schools Grant Program can be found on the NJDOE's Mental Health website.

Before You Screen: Lay the Groundwork

Schools must confirm the data-based decision-making team members that will support the planning and implementation of the screening process for the specific school or district. Additionally, teams are encouraged to identify specific objectives prior to engaging in screening. They should consider the broader vision and mission of their comprehensive, multi-tiered system. This consideration includes identifying potential screening objectives, establishing buy-in, informing key stakeholders (e.g., school leaders, teachers, students, family members), and data use. Visit the link for more information on [developing a data-based decision-making team, team roles, and functions](#).

Pro Tip: Core competencies of a data-based decision making team:

1. **Key policies and laws.**
2. **Interprofessional and cross-systems collaboration.**
3. **Provision of evidence-based interventions.**
4. **Data-based decision making.**
5. **Personal and professional growth and well-being.**
6. **Cultural responsiveness.**

Action Step 1: Assemble a broad team of stakeholders that will support the planning and implementation of the screening process.

	Not started	In progress	Complete
Confirm the data-based decision-making team members that will support the planning and implementation of the screening process.			

Action Step 2: Identify purpose and desired mental health screening outcomes.

	Not started	In progress	Complete
Identify purpose and desired mental health screening outcomes.			

Action Step 3: Revisit needs assessment & resource map to guide the district's decision making and tool selection.			
	Not started	**In progress**	**Complete**
Make sure the team is familiar with in-school and community-based services to refer identified students via screening.			
Action Step 4: Identify resources necessary for execution including staffing and budget.			
	Not started	**In progress**	**Complete**
Identify resources necessary for execution including staffing and budget. *Consider the team's needs assessment and objectives and what resources are needed to support the team in accomplishing them.			

Select an Appropriate Screening Tool

Before selecting a screening tool, district teams are encouraged to realign themselves with the results of their needs assessment and resource map before attempting to implement a screener. In these instances, screening data in conjunction with the district needs assessment data can provide a rationale to adopt and implement specific social, emotional, and behavioral interventions and services. For example, teachers are more likely to accept a screener if data collection does not impede the execution of academic instruction and assessment and screening data are available to them quickly and in a manner that supports their understanding of the classroom. Additionally, schools should be mindful of their community's diverse needs ensuring students with disabilities, low reading proficiency, and/or those who are linguistically diverse receive appropriate accommodations in a manner that supports successful screening. This guidance intends to support the effective implementation of a depression screener; however, based on their needs assessment and resource map, schools may learn that they will benefit from using a broader screener. We encourage schools to include screenings for other areas such as anxiety only if a team is in place to promptly review the data and make necessary referrals for further assessment, services, and support. For a list of research-based screening tools of depression, see Appendix 4 .

Pro tip: Explore whether the data points from a screening instrument can be integrated into your student information system prior to selecting the tool.

Determine Consent & Assent Processes

There are numerous ethical and legal considerations for school teams to consider throughout implementation.[5] However, schools and districts are familiar with successfully using active informed consent and opt-out procedures to garner parent consent and student assent for universal screening procedures. The following strategies may be helpful for school districts to successfully obtain parent consent and student assent.

Student Assent	Consistent Communication	Culture Counts

– Build rapport and obtain students' permission before screening.
– Let students decide whether to take the screening.
– Review the additional strategies in Appendix 5 to support students who may be hesitant to complete a mental health screener.
– Do not punish students for choosing not to participate.
	– Deliver a consistent message that shares the purpose of screening with all school community members.
	– Use different ways to share information about the screenings. Examples include:
	  ○ Phone calls and texts.
	  ○ Information on the school website.
	  ○ Letters in the mail and/or email.
	  ○ Hand-outs with important details.
	  ○ Information in registration packets.
	  ○ Conversations with students and parents.
	  ○ Flyers posted in the school.
	  ○ Other communication platforms used by the school.
		– Acknowledge that some students and families might be scared or not trust the screening.
		– Partner with people who understand the culture and language of the school community.
		– Make sure these helpers are easy for parents and students to access.
		– Helpers can assist by reading forms, answering questions, and making people feel better about the screening.

Figure 3: Strategies for obtaining consent (NCSMH, 2020)

See Appendix 7 for a sample consent form.

Pro tip: Be sure someone familiar with consent and assent laws in NJ reviews your consent and assent process for legal alignment.

[5] Note: Consent forms utilized by LEAs must follow the provisions of *N.J.S.A.* 18A:36-34 and be aligned to school district policies.

Once school districts understand their needs, select their screening tool, and establish ob‐ jectives to inform their screening, they must determine:

Which informant (e.g., teachers, caregivers, or students) will provide the most meaningful data.	The timing, and frequency of screening administration.	The procedures for collecting, storing, and using screening data.

Action Step 5: Determine if the tool is reliable, valid, and research based.[6]			
	Not started	**In progress**	**Complete**
Determine if the tool is reliable, valid, and research based. *See "Step by Step Guide for Selecting Data Tools for MTSS" in Section 3 of this guidance for additional support.			

Action Step 6: Make sure the selected tool fits within the school or district.			
	Not started	**In progress**	**Complete**
Identify purpose and desired mental health screening outcomes.			
Determine whether the tool(s) screens for the appropriate information.			
Determine whether the tool is free or can be purchased within the school's budget.			

Action Step 7: Determine if the tool(s) is usable and feasible.			
	Not started	**In progress**	**Complete**
Determine users' ability to easily access and understand the screener and its results.			
Determine when, where, frequency, screening duration, and which students will be screened.			
Determine if tool(s) come with ready access to training and technical support for staff.			
Action Step 8:[6] Develop a written process for data collection, administration, and data response.			
	Not started	**In progress**	**Complete**
Determine which informant (e.g., teacher, caregiver, or student) will provide the most meaningful data for intervention selection.			
Consider piloting screening procedures for small groups of students and obtain feedback on the process.			
Determine how many students per day will be able to be screened to conduct screenings in a manner that permits real-time evaluation of the results and same-day intervention.			
Ensure proposed timelines align with the school or district's academic calendar.			
Incorporate professional learning focused on screening areas and selected instrument.			

[6] Note: LEAs selected for the Mental Health Screening in Schools Grant Program need to ensure screenings are conducted by licensed mental health professionals for any screenings that are not self-administered.

During Screening: Collect Data

Data can be collected in two ways. Schools can implement mental health screenings where a staff member or mental health provider asks students questions from the screening tool and records their responses, or a student can self-administer by completing the screening using one of the below formats:

A writing utensil and protocol. If using a paper format, teams must determine how to return screening protocols to a team member, scoring protocols, and where to store scores for data teams to analyze in the future.

Electronically, using a computer, laptop, or tablet. Teams who elect to use screeners that maintain electronic-based scoring and administration must determine how many computers or tablets they need to complete administration, if the strength of internet connectivity within the screening location is adequate, and where they will store electronic data.

Administration Method	Important Considerations
Students use a writing utensil and hard copy screening document.	– How will students privately return screening materials to a team member? – What are the scoring protocols? – How will screening results be stored to allow for data teams to analyze in the future? – What will students do when they are done? – What will nonparticipating students do while they wait?
Students electronically complete the screening using a computer, laptop, or tablet.	– How many computers, laptops, or tablets are needed to complete screening administration? – Can internet connectivity support screening administration? – How will electronic data be safely stored? – What will students do when they are done? – What will nonparticipating students do while they wait?

Figure 4: Screening administration methods and considerations.

In both formats, teams must analyze data quality by removing invalid or low-quality assessments, such as duplicate response forms and inconsistent response patterns, or identifying missing data that will impact the validity of the results, such as date of birth. The screening process should be smooth and as accessible as possible, and teams should be available to informants should questions arise. Consequently, plans should be in place for students who do not assent to participate in the screening process, those who finish early, those who are absent, and those whose parents need to provide consent to participate in screening. When introducing mental health screenings, qualified practitioners must explain the importance of these assessments to students, emphasizing that they help identify potential emotional or psychological challenges and contribute to overall well-being. Open and age-appropriate communication can help reduce mental health stigma or apprehension. See Appendix 5 for strategies to support students who may be hesitant to participate in a mental health screening.

Pro tip: Collaborate with staff who monitor student attendance to keep track of students who need to be screened.

Action Step 9: Ensure the materials and personnel needed to complete the screening successfully are available and ready.			
	Not started	**In progress**	**Complete**
Ensure the materials and personnel needed to complete the screening successfully are available and ready.			

Action Step 10: Remove invalid or low-quality assessments such as duplicate response forms, inconsistent response patterns, etc.			
	Not started	**In progress**	**Complete**
Remove invalid or low-quality assessments such as duplicate response forms, inconsistent response patterns, etc.			
Use developed procedures to respond to data as needed.			

After Screening: Follow-Up

After completing the screening, practitioners should communicate the results to students, families, and relevant school staff members as appropriate. The communication should be clear, sensitive, and focused on providing actionable steps or recommendations for addressing identified concerns. Schools or districts should use their developed screening administration process and data benchmarks to identify which students maintain different levels of risk for mental health concerns. Data teams should also engage in "circling up" to discuss ways to improve the screening process and determine a plan for following up with school staff about screening and progress monitoring results. School teams should share screening results across groups of students such as grade level, school, or other demographics in various formats and settings. These formats may include stakeholder meetings (e.g., PTA or school board) or via email or newsletter to inform stakeholders of specific trends or infused within student lessons to empower student self-awareness and growth and identify next steps. For additional information on effectively using screening results, please review chapter three of the New Jersey Comprehensive School-Based Mental Health Resource Guide. See also Appendix 6 for quick tips for schools using screening results to support students' mental health.

Action Step 11: Review screening results to determine which tier best serves each student.			
	Not started	**In progress**	**Complete**
Review screening results to determine which tier[7] best serves each student.			
Store data according to your school or district's developed privacy procedures to ensure students' confidentiality.			
Action Step 12: Evaluate the screening process to determine its strengths and areas of improvement.			
	Not started	**In progress**	**Complete**
Evaluate the screening process to determine its strengths and areas of improvement.			
Document your findings to improve the process in the future.			

[7] Note: LEAs selected for the Mental Health Screening in Schools Grant Program Fund shall conduct screenings in a manner that permits real-time evaluation of the screening results and same-day intervention by a licensed mental health professional.

SECTION 3

RESOURCES

Depression in Children and Adolescents

SAMHSA—Guidance to States and School Systems on Addressing Mental Health and Substance Issues in Schools.

National Center for School Mental Health.

Intervention Central.

NJ Department of Education—Quick Reference Mental Health Guide.

National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools, Module Curriculum Supplementary Guide

Developing School-Community Partnerships to Address Student Mental Health

Phase 1 Needs Assessment & Resource Map Resources

Center for School Mental Health (CSMH) Resources for needs assessments and resource mapping.

SHAPE Screening & Assessment Library – A web-based platform that provides resources to support school mental health.

Wisconsin School Mental Health Needs Assessment.

National Center for School Mental Health (NCSHM) Screeners Guide – Provides guidance to school mental health systems to advance the quality of their services and supports.

Resource Map Manual (step-by-step workbook).

Example of a completed resource map | Courtesy of Newton Public Schools.

Multi-Disciplinary School Mental Health Team Roles and Functions.

Behavioral Health Treatment Service Locator.

Gap Analysis Tool – This worksheet can be used when analyzing needs assessment data to identify current gaps between needs and resources.

School Mental Health Initiative Alignment Map – This template assists mental health teams with mapping all existing initiatives related to student mental health promotion, early intervention, and treatment.

Technical Guide for Alignment of Initiatives, Programs, and Practices in School Districts – This guide provides structured alignment processes with concrete steps to assist educators in examining current mental health practices occurring within their school and how to select and implement new procedures.

Phase 2 Staffing & School-Community Partnership Resources

Children's Interagency Coordinating Council (CIACC) – CIACCs serve as the mechanism to develop and maintain a responsive, accessible, and integrated system of care for children with special social and emotional needs and their families, through the involvement of parents, consumers, youth, and child serving agencies as partners in New Jersey.

Children's System of Care (CSOC) (PerformCare) – PerformCare is the single point of access to a wide array of behavioral health, intellectual and developmental disability services as well as substance use treatment for youth and families throughout New Jersey.

Family Support Organizations (FSOs) – Family Support Organizations (FSOs) are family-run, county-based organizations in New Jersey that provide direct family-to-family peer support, education, advocacy, and other services to family members of children with emotional and behavioral challenges.

Nine Elements of Effective School-Community Partnerships to Address School Mental Health, Physical Health, and Overall Wellness

Phase 3 Resources: Partnership Alignment & Collaborative Professional Learning

Memorandum of Understanding Template.

Phase 4 Resources: Funding School-Community Partnerships & Sustainability Planning

Strategic Budget Considerations for MTSS Flowchart – An infographic that identifies potential sources for mental health funding.

Sample Budget Planning Worksheet – This worksheet provides a template to financially plan for mental health resources.

NJDOE Maximizing Federal Funds Website.

State of New Jersey: School Based Medicaid Reimbursement for Programs Providers Handbook.

Additional Resources on Screening for Depression

NJ Department of Human Services—Directory of Mental Health Services.

NJ Mental Health Cares-A behavioral health information and referral service website.

Mental Health Association in New Jersey – A statewide non-profit organization whose mission is to strive for children and adults to achieve victory over mental illness and substance use disorders through advocacy, education, training, and services.

Open Counseling—New Jersey Mental Health Services Guide.

Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. – This toolkit is designed to guide schools through the process of developing comprehensive screening procedures, and provide readily available resources to facilitate the implementation of effective behavioral health screening in schools.

Step by Step Guide for Selecting Data Tools for MTSS.

Ask Suicide-Screening Questions (ASQ) Toolkit – A comprehensive toolkit designed to support individuals to administer a set of four, brief screening questions used to identify suicidality.

HIPAA/FERPA Guidance

Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records Guidance on Student Privacy.

Crisis Resources

It is important to recognize that people's experiences are different and how they may experience challenges may be different from others. If you or someone you know is experiencing a challenge that requires a mental health professional, please use the hotlines below to get the support best for yourself or others.

NJ Children's System of Care (PerformCare) • 877-652-7624

NJ Psychiatric Emergency Screening Centers by County

National Suicide Prevention Lifeline • 988 (formerly 800-273-8255)

NJ Suicide Prevention Hopeline • 855-654-6735

2NDFLOOR Youth Helpline (call or text) • 888-222-2228

Crisis Text Line • Text HOME to 741741

Boys Town National Hotline (for all youth) • 800-448-3000 or text VOICE to 20121

NJ 211—Mental Health Resources

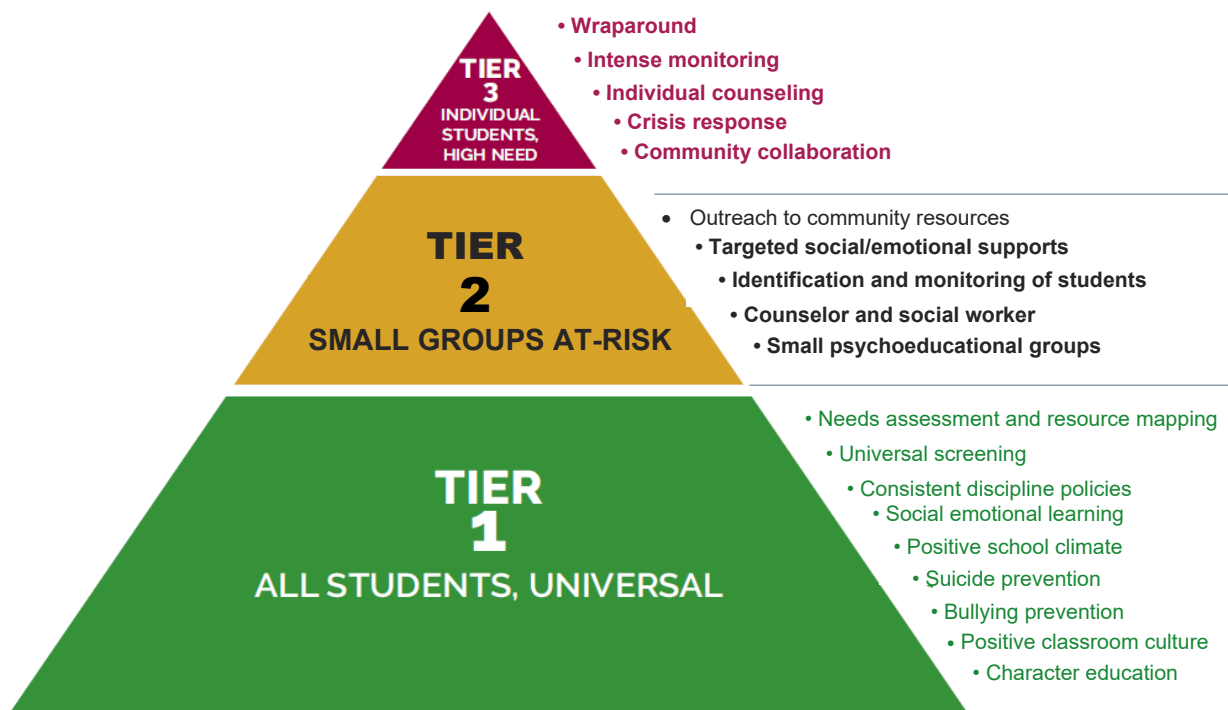National Alliance on Mental Illness New Jersey—Important Hotlines and Helplines

Traumatic Loss Coalitions (TLC)- The TLC provides support to communities affected by traumatic events such as homicide, illnesses, and suicide.

APPENDICES

Appendix 1 – Signs of Depression

Physical Signs of Depression in Children & Adolescents	Cognitive Signs of Depression in Children & Adolescents	Social-Emotional-Behavioral Signs of Depression in Children & Adolescents
– Changes in sleep patterns: Difficulty falling asleep or staying asleep; sleeping much more than typical for the child's age. – Unusually low energy; fatigue; sluggishness in moving, talking, reacting, reduced amount of activity, or playing. – Restlessness & Agitation: Increased fidgeting, squirming; reduced ability to sit still. – Changes in eating patterns: Increased or decreased appetite; weight loss or gain. – Frequent physical complaints: Complaints about illness symptoms, especially vague ones such as headaches, stomachaches, muscle aches, and tiredness.	– Poor attention & concentration. – Poor memory. – Difficulty completing tasks. – Difficulty making decisions. – Pessimistic worldview; perceiving things as worse than they are; negative attributions. – Negative view of self, life, world, and future. – Helplessness and hopelessness; belief that there is nothing that can be done about their depression and that this is the way it always will be. – Low self-esteem; over focus on one's deficiencies and failures. – Thoughts of suicide or death; self-destructive or injurious thoughts.	– Disengagement from friends, family, educators; difficulty with interpersonal relationships. – Excessive time alone with videogames, technology, or solo activities. – Reduced participation in previously enjoyed activities such as hobbies, sports, or clubs. – Classroom misbehavior or lack of cooperation. – Decreased performance in school. – Increased tardiness and absences from school. – Running away or talking about running away. – Suicidal talk or attempts; self-injurious behavior. – Alcohol and/or drug use or misuse. – Lack of grooming and self-care. – In young children: Regression, clinginess, avoidance of new situations. – Increased sensitivity to failure, rejection, and criticism. – Apathy and boredom. – Feelings of sadness, isolation, hopelessness, worthlessness, or guilt. – Crying or verbal outbursts without apparent cause.

Appendix 2 – NJTSS Framework

TIER 3
INDIVIDUAL STUDENTS, HIGH NEED
- Wraparound
- Intense monitoring
- Individual counseling
- Crisis response
- Community collaboration

TIER 2
SMALL GROUPS AT-RISK
- Outreach to community resources
- Targeted social/emotional supports
- Identification and monitoring of students
- Counselor and social worker
- Small psychoeducational groups

TIER 1
ALL STUDENTS, UNIVERSAL
- Needs assessment and resource mapping
- Universal screening
- Consistent discipline policies
- Social emotional learning
- Positive school climate
- Suicide prevention
- Bullying prevention
- Positive classroom culture
- Character education

Specific Examples for Each Tier

TIER 3 - INDIVIDUAL STUDENTS HIGH NEED
- FBA, behavior plan
- Referral to outside services
- Individual counseling
- Data sharing and collaborative problem solving

TIER 2 -SMALL GROUPS, AT RISK
- Check-In/Check-Out (CICO)
- Check & Connect
- Coping Cat
- Problem solving training

TIER 1 - ALL STUDENTS, UNIVERSAL
- Schoolwide expectations and values
- Evidence-base SEL Curriculum/SEL Kernels (Second Step, Incredible Years, PATHS)
- Good Behavior Game
- Youth Mental Health First Aid training
- Crisis prevention training

Examples of school-based mental health practices and strategies within an NJTSS framework.
Source: *New Jersey Comprehensive School-Based Mental Health Guide*.

Appendix 3 - Sample Parental Consent Form for Depression Screening Conducted through a Mental Health-Services Partnership

Dear Parent/Guardian,

Our school district is partnering with an organization or healthcare provider specializing in pediatric and adolescent mental health to provide depression screenings for students in grades 7 through 12. These screenings aim to identify students at risk of depression and provide the necessary support.

Under the New Jersey State Law (*N.J.S.A.* 18A:36-34), we must obtain your written informed consent before conducting the depression screening for your child. Therefore, please review the information below and provide your permission by signing and returning this form to the school. Should you have any questions or concerns, please contact your child's counselor or the principal.

Screening Details:
- The screening will be conducted using a research-based tool validated to screen depression in adolescents.
- The screening will be conducted to ensure the student's privacy and results will be kept confidential in accordance with State and Federal laws.
- Real-time evaluation of the screening results and same-day intervention by a licensed mental health professional will be available as needed.

Consent for Mental Health Services:
If the partner organization or healthcare provider deems it necessary, they may provide additional mental health services for your child with your consent. By signing this form, you allow your child to receive these services as needed.

Student Health Insurance Information:
To satisfy the provisions of our partnership agreement with the organization or healthcare provider, we ask that you provide your child's health insurance information below. You will be given an opportunity to review any potential services prior to incurring costs.

Parent/Guardian Name	Relationship to Student	Student Name	Student Date of Birth	Student Grade	Insurance Provider	Policy Number	Group Number (if applicable)

Consent:
I acknowledge that I have read and understood the above information by signing below. I consent my child to participate in the depression screening and receive mental health services from the partnering organization or healthcare provider as deemed necessary.

Parent/Guardian Signature: _____

Date: _____

Please return this completed form to the school office. In addition, please contact your child's counselor or school principal with any questions or concerns.
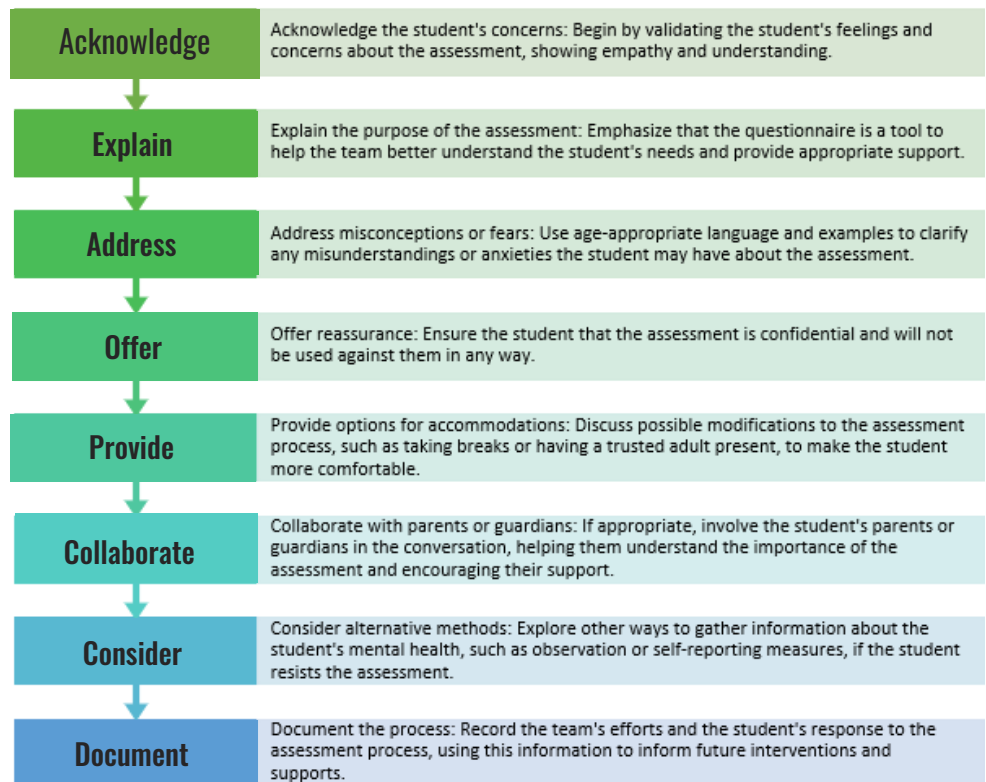
Appendix 4 - Researched-based Depression Screening Tools

Below is a list of screening tools that are appropriate for school-based use. Some screening tools also offer options for multiple reporters to screen students effectively, such as teachers and families. Please review and consult your school district's needs assessment and the resources provided within this guide to decide which tool is most suitable for your students and community.

Instrument	Age/Grade Range	# Of items
Beck Depression Inventory, Second Edition (BDI-2)	13> years	21
Children's Depression Inventory, 2nd Edition (CDI-2) Self Report Short	7-17 years	12
Mood and Feelings Questionnaire (MFQ)	8-18 years	13 or 33
Patient Health Questionnaire-9 (PHQ-9)	12-18 years	9
Reynolds Adolescent Depression Scale, Second Edition (RADS-2)	11-20 years	30
Reynolds Child Anxiety and Depression Scale (RCDS)	8-12 years	10
Signs of Suicide (SOS) Note: This screening tool also contains educational materials for staff and students on suicidal ideation.	Grades 6-12	7

Appendix 5 – Supporting Students with Mental Health Screenings

Supporting Students Hesitant to Complete Mental Health Screenings

Acknowledge	Acknowledge the student's concerns: Begin by validating the student's feelings and concerns about the assessment, showing empathy and understanding.
Explain	Explain the purpose of the assessment: Emphasize that the questionnaire is a tool to help the team better understand the student's needs and provide appropriate support.
Address	Address misconceptions or fears: Use age-appropriate language and examples to clarify any misunderstandings or anxieties the student may have about the assessment.
Offer	Offer reassurance: Ensure the student that the assessment is confidential and will not be used against them in any way.
Provide	Provide options for accommodations: Discuss possible modifications to the assessment process, such as taking breaks or having a trusted adult present, to make the student more comfortable.
Collaborate	Collaborate with parents or guardians: If appropriate, involve the student's parents or guardians in the conversation, helping them understand the importance of the assessment and encouraging their support.
Consider	Consider alternative methods: Explore other ways to gather information about the student's mental health, such as observation or self-reporting measures, if the student resists the assessment.
Document	Document the process: Record the team's efforts and the student's response to the assessment process, using this information to inform future interventions and supports.

Source: New Jersey Comprehensive School-Based Mental Health Guide.

Appendix 6 - Quick Tips for Schools Using Screening Results to Support Students' Mental Health Needs

Overview

Screening for mental health needs is crucial in identifying students needing additional support and intervention. These strategies provide an overview of how to use screening results effectively to address students' mental health needs.

Understanding Screening Results

To interpret screening results and identify students who may need additional support, consider the following:

- Familiarize yourself with the scoring system of the assessment tool used.
- Determine the threshold scores that indicate a need for further evaluation or intervention.
- Identify students with scores above or below the established thresholds.
- Consider patterns of scores across different domains of the assessment (e.g., emotional, behavioral, social, adaptive).

Using New Jersey Tiered Systems of Support (NJTSS)

The NJTSS framework provides targeted interventions and support for students. To use NJTSS effectively:

- Implement universal support for all students (Tier 1).
- Based on screening results, identify students who may need additional targeted support (Tier 2).
- Provide intensive, individualized interventions for students with the highest level of need (Tier 3).
- Monitor student progress and adjust interventions as needed.

Referring Students for Mental Health Services

To connect students in need with mental health services:

- Develop a referral process for school-based mental health services or external providers.
- Provide a list of local mental health resources and contact information for parents/guardians.
- Communicate with parents/guardians about the referral process and the importance of mental health support.
- Collaborate with mental health providers to ensure continuity of care and appropriate follow-up.

Performing Real-Time Evaluation and Same-Day Intervention

For students who need immediate support:

- Develop a protocol for conducting real-time evaluations in response to urgent concerns. This protocol should align with determined screening thresholds.
- Train staff to recognize signs of distress and follow the protocol for same-day intervention.
- Establish a crisis response team to provide immediate support and coordinate with external resources, if necessary.
- Ensure that students receive appropriate follow-up care and ongoing support.

Appendix 7 - Sample Consent Form for Mental Health Screening

Academic Year: 2023-2024

The Beewell School District recognizes the vital importance of mental health in the overall well-being and success of our students. We are committed to providing a comprehensive approach to supporting the mental health needs of our students and fostering a safe and nurturing environment that promotes academic success, personal growth, and emotional well-being. As part of this commitment, we offer mental health screenings to identify and address potential concerns early on, ensuring that our students have access to the necessary resources and support.

Mental Health Screening

Screening for mental health in schools is a way to evaluate the strengths and needs of all students, not just those who may be showing signs of mental health challenges or are in need. It is a process that helps ensure every student gets the support they need to thrive.

This mental health screening aims to identify potential mental health needs and provide appropriate support or referral to additional services. A qualified professional will conduct the mental health screening, and the results will be kept confidential, except in cases where there is a risk of harm to the student or others. Parents will be notified if a potential abnormality is detected during the screening process and provided with information on available services and resources.

Consent

Under the New Jersey State Law (*N.J.S.A.* 18A:36-34), we must obtain your written informed consent before conducting the depression screening for your child. Please review the information below and provide your permission by signing and returning this form to the school. Should you have any questions or concerns, please contact your child's counselor or the principal.

You can revoke this consent anytime by providing written notification to the school counselor or mental health professional. Parental consent is required for a child (unless 18 years of age) to participate in the screening. Please initial one of the following and return this form to your child's school:

☐ I would like my child to participate in the mental health screening.

☐ I do not want my child to participate in the mental health screening.

☐ I would like more information on the screening before I make my decision and would like to have a designated staff member call me.

Student's name:_____ **Grade:** _____

Parent/Guardian name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____

Appendix 8 - Implementation Checklist

Phase 1-Exploration Phase							
Establishing Community Partnerships				**Developing a Mental Health Screening Program**			
Action Step 1							
Complete a needs assessment to guide the district's decision making.				Assemble a broad team of stakeholders that will support the planning and implementation of the screening process.			
Determine activities, existing, and new data to incorporate within the needs assessment.	Not Started ☐	In Progress ☐	Complete ☐	Reaffirm and confirm the data-based decision-making team members that will support the planning and implementation of the screening process.	Not Started ☐	In Progress ☐	Complete ☐
Action Step 2							
Map your school or district's mental health assets.				Identify purpose and desired mental health screening outcomes.			
Create a list of all relevant resources	Not Started ☐	In Progress ☐	Complete ☐	Identify the purpose and desired mental health screening outcomes.	Not Started ☐	In Progress ☐	Complete ☐
Action Step 3							
Develop a hiring plan for school-based mental health professionals.				Revisit needs assessment & resource map to guide the district's decision making and tool selection.			
Develop a hiring plan for school-based mental health professionals.	Not Started ☐	In Progress ☐	Complete ☐	Make sure the team is familiar with in-school and community-based services to refer identified students via screening.	Not Started ☐	In Progress ☐	Complete ☐

Appendix 8 - Implementation Checklist *(cont'd)*

Phase 1-Exploration Phase							
Establishing Community Partnerships				**Developing a Mental Health Screening Program**			
Action Step 4							
Use needs assessment and resource map to determine staffing needs.				Identify resources necessary for execution including staffing and budget.			
Identify community partners that enhance current services offered within the school district.	Not Started ☐	In Progress ☐	Complete ☐	Identify resources necessary for execution including staffing and budget. *Consider the team's needs assessment and objectives and what resources are needed to support the team in accomplishing them.	Not Started ☐	In Progress ☐	Complete ☐
Identify stakeholders that can expand community and mental health services offered.	Not Started ☐	In Progress ☐	Complete ☐				
Action Step 5							
Develop a Memorandum of Understanding to detail terms of your partnership.				Determine if the tool is reliable, valid, and research based.			
Develop a MOU to detail the terms of your partnership.	Not Started ☐	In Progress ☐	Complete ☐	Determine if the tool is reliable, valid, and research based. *See "Step by Step Guide for Selecting Data Tools for MTSS" in Section 3 of this guidance for additional support.	Not Started ☐	In Progress ☐	Complete ☐

Appendix 8 - Implementation Checklist *(cont'd)*

Phase 2 Kick-Off & Universal Interventions						
Establishing Community Partnerships				**Developing a Mental Health Screening Program**		
Action Step 6						
Develop a communication and data sharing plan to keep stakeholders informed about screening.				Make sure the selected tool fits within the school or district.		
Develop a communication plan between school-and-community-employed staff, families, and the community within the MOU.	Not Started ☐	In Progress ☐	Complete ☐	Identify purpose and desired mental health screening outcomes.	Not Started ☐	In Progress ☐	Complete ☐
Ensure the MOU is aligned with legal requirements and district policies.	Not Started ☐	In Progress ☐	Complete ☐	Determine whether the tool(s) screens for the appropriate information.	Not Started ☐	In Progress ☐	Complete ☐
				Determine whether the tool is free or can be purchased within the school's budget.	Not Started ☐	In Progress ☐	Complete ☐
Action Step 7						
Review your needs assessment and resource map to inform purchasing decisions for mental health resources.				Determine if the tool(s) is usable and feasible.		
Review your needs assessment and resource map to inform purchasing decisions for mental health resources.	Not Started ☐	In Progress ☐	Complete ☐	Determine users' ability to easily access and understand the screener and its results.	Not Started ☐	In Progress ☐	Complete ☐
				Determine when, where, frequency, screening duration, and which students will be screened.	Not Started ☐	In Progress ☐	Complete ☐
				Determine if tool(s) come with ready access to training and technical support for staff.	Not Started ☐	In Progress ☐	Complete ☐

Appendix 8 - Implementation Checklist *(cont'd)*

Phase 2 Kick-Off & Universal Interventions							
Establishing Community Partnerships				**Developing a Mental Health Screening Program**			
Action Step 8							
Leverage Medicaid plan to support mental health services in schools.				Develop a written process for data collection, administration, and data response.			
Review Medicaid plan to understand specific services covered for reimbursement.	Not Started ☐	In Progress ☐	Complete ☐	Determine which informant (e.g., teacher, caregiver, or student) will provide the most meaningful data for intervention selection.	Not Started ☐	In Progress ☐	Complete ☐
Visit the Maximizing Federal Funds website to understand ways your district can leverage state and federal funding streams.	Not Started ☐	In Progress ☐	Complete ☐	Consider piloting screening procedures for small groups of students and obtain feedback on the process.	Not Started ☐	In Progress ☐	Complete ☐
				Determine how many students per day will be able to be screened to conduct screenings in a manner that permits real-time evaluation of the results and same-day intervention.	Not Started ☐	In Progress ☐	Complete ☐
				Ensure proposed timelines align with the school or district's academic calendar.	Not Started ☐	In Progress ☐	Complete ☐
				Incorporate professional learning focused on screening areas and selected instrument.	Not Started ☐	In Progress ☐	Complete ☐
Phases 3-5: Tier 2 & 3 Systems, and Continuous Improvement							
Action Step 9							
Allocate funds within the school budget for mental health.				Ensure the materials and personnel needed to complete the screening successfully are available and ready.			
Allocate resources by ensuring a budget line item for interpretation and translation of mental health curricula, resources and materials for families, students, and staff.	Not Started ☐	In Progress ☐	Complete ☐	Ensure the materials and personnel needed to complete the screening successfully are available and ready.	Not Started ☐	In Progress ☐	Complete ☐

Appendix 8 - Implementation Checklist *(cont'd)*

Phases 3-5: Tier 2 & 3 Systems, and Continuous Improvement							
Establishing Community Partnerships				**Developing a Mental Health Screening Program**			
Action Step 10							
Continue to collect data that underscores the need for mental health within the district.				Remove invalid or low-quality assessments such as duplicate response forms, inconsistent response patterns, etc.			
Continue to collect data that underscores the need for mental health within the district.	Not Started ☐	In Progress ☐	Complete ☐	Remove invalid or low-quality assessments such as duplicate response forms, inconsistent response patterns, etc.	Not Started ☐	In Progress ☐	Complete ☐
				Use developed procedures to respond to data as needed.	Not Started ☐	In Progress ☐	Complete ☐
				Action Step 11: Review screening results to determine which tier best serves each student.			
				Review screening results to determine which tier best serves each student.	Not Started ☐	In Progress ☐	Complete ☐
				Store data according to your school or district's developed privacy procedures to ensure students' confidentiality.	Not Started ☐	In Progress ☐	Complete ☐
				Action Step 12: Evaluate the screening process to determine its strengths and areas of improvement.			
				Evaluate the screening process to determine its strengths and areas of improvement.	Not Started ☐	In Progress ☐	Complete ☐
				Document your findings to improve the process in the future.	Not Started ☐	In Progress ☐	Complete ☐

REFERENCES

Center for School Mental Health. (2018). School mental health screening playbook: Best practices and tips from the field. http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/School-Mental-Health-Screening-Playbook.pdf

Desrochers, J. E. (2022). Depression in children and adolescents: Guidelines for school practice. National Association of School Nurses.

National Alliance on Mental Illness. (n.d.). Mental health by the numbers. https://www.nami.org/mhstats

National Association for School Psychologists & National Center for School Mental Health. (2021). Effective school-community partnerships to support school mental health [White paper].

National Center for School Mental Health. (2020). School mental health quality guide: Screening. NCSMH, University of Maryland School of Medicine.

New Jersey Department of Education. (2022). New Jersey comprehensive school-based mental health resource guide [Online]. https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE_MentalHealthGuide.pdf

Reinert, M., Fritze, D., & Nguyen, T. (2021). The state of mental health in America 2022. Mental Health America. https://mhanational.org/issues/state-mental-health-america

Roche, M. K., & Strobach, K. V. (2019). Nine elements of effective school-community partnerships to address student mental health, physical health, and overall wellness [White paper]. Institute for Educational Leadership & National Association for School Psychologists. https://files.eric.ed.gov/fulltext/ED593295.pdf

Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from smhcollaborative.org/universalscreening.

World Health Organization. (2020, January 27). Adolescent mental health. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health