



Mental Health Screening

Background:

Mental Health Screening is required by state criteria for qualification in the category of EBD for both initial and re-evaluation. A mental health screening in this context refers to an analysis of school based evaluation information **for the purposes of referring a student for further evaluation of mental health needs** among students evaluated for EBD eligibility. [Minn. R. 3525.1329 Subp. 3 (A) (7)] This is important especially in cases where the student may need a related service to benefit from special education instruction.

Although not required for other disability criteria, relevant mental health information may also arise during the assessment process for students in other disability categories and should also be addressed in the evaluation report.

WCED (Procedure):

A mental health screening is not a specific instrument or tool, nor is it as extensive as a formal mental health assessment done for purposes of establishing a mental health diagnosis (as outlined in DSM-IV, ICD 10).

A school social worker, school psychologist, and/or EBD teacher may be designated as the individual who will be responsible for addressing this portion of the evaluation. Each member district's Child Study Team should assign the most appropriate staff member based on the circumstances of each student being assessed.

The mental health screening information is gathered by the team from extant data, such as:

- Behavior rating scales
- Home and Family Interview form
- Input from social worker, teacher, and student
- Information from outside agency evaluation report
- FBA Profiler Tool - *If using this tool, proceed with extreme caution. Although it gives MH screening information, the information is not personalized. Rather, the information is derived from a pattern of responses not necessarily indicative of the child's true experience.*

If information about a co-existing mental health condition is confirmed, the IEP team should consider school-based related services to meet that child's need and help the child to benefit from their special education services.

Sample #1:

In consultation with the social worker from STUDENT's past school district, STUDENT has not received regular services for mental health concerns from the school social worker, nor (to the social worker's knowledge) has she ever received outside therapeutic services. However, there were existing concerns regarding STUDENT's emotional and mental health. According to results from the self-reported information on the BASC-2, STUDENT struggles with her attitude towards school, specifically teachers. Additionally, she reported a sense of inadequacy and lower self-esteem. On the teacher and parent BASC-2 forms, teachers indicated they see more concern at school, especially with internalizing behaviors. Specifically, all three teachers indicated concerns with STUDENT's withdrawal and depression. Behaviors at home were noted at-risk in the area of depression.

At the evaluation meeting, parent reported that STUDENT does not have any diagnosis that he is aware of. STUDENT recently had an incident in school where she was talking about suicide. Her dad and grandpa were called and a meeting was held to try and get services set up with a therapist for her to see in school. It was suggested that the family take STUDENT to the hospital on the day this occurred.

Sample #2:

A full mental health evaluation was completed by Dr. Fevig on 4/6/2016. According to this report, the data support STUDENT's diagnosis of Attention-Deficit Hyperactivity Disorder, Combined Presentation (ADHD). To reflect STUDENT's difficulties with temper outbursts, argumentative behaviors, and emotional reactivity, a diagnosis of Oppositional Defiant Disorder was also noted. Reflective of STUDENT's situational anxiety, apprehension with transition and change, and excessive worrying, the doctor also noted a diagnosis of Unspecified Anxiety Disorder. Prior to this, there was no psychological testing nor mental health interventions.