

Stakeholders’ Perceptions of Universal Mental Health Screening in Schools: A Systematic Review of the Literature

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Problem

Up to 1 in 5 children in the United States (US) ages 3 to 17 have a mental, emotional, developmental, or behavioral disorder (Bitsko et al., 2022) and as those children increase in age, mental health (MH) disorders become comorbid with other health issues, and complexity increases (McGorry & Mei, 2018).

Background and Significance

Many school-age children with or displaying characteristics of a MH disorder do not independently seek help, often go undiagnosed or undetected, and fail to receive treatment or intervention leaving them susceptible to and at risk for poor school and life outcomes (Wood et al., 2021). Researchers state that lack of adequate treatment to address MH needs can have serious implications for children:

- Children and adolescents with MH disorders account for 70% of those incarcerated in juvenile detention centers and up to 20% of those who do not finish grade school (Hjorth et al., 2016; National Alliance on Mental Health, 2022).
- Worsening of disorders such as anxiety, depression, attention-deficit/hyperactivity disorder, autism spectrum disorder, disruptive behavior disorder, or Tourette syndrome (CDC, 2022).
- One fifth (20.9%) of children and adolescents experienced a major depressive episode, 36.7% reported persistently feeling sad or hopeless, and 18.8% had seriously considered attempting suicide (Bitsko et al., 2022).



Purpose

The national prevalence of children in the US with a MH disorder who did not receive needed treatment or counseling from a MH professional was 49.4% (Whitney & Peterson, 2019). Although UMHS in schools is an option, it is rarely used in US schools (Wood & McDaniel, 2020). The purpose of this systematic review was to explore and synthesize recent research that examined the perceptions of principals, parents, students, and other related stakeholders regarding the use of UMHS in schools.

Research Question

What are the perceptions of pertinent stakeholders regarding the use of universal mental health screening in schools for children aged 3-17?

Methods

- The design of this study was a systematic review.
- The conceptual framework used was Neuman’s System Model.
 - Focuses on primary, secondary, and tertiary nursing in regard to caregiving.
 - Explains how problem solving, prevention and interventions can be done (Bademli & Duman, 2017).
- Primary sources included: BioMed, CINAHL, CrossRef, PubMed, MDPI, and Wiley online library.
- Search terms and their synonyms appropriate for each database were: children, adolescent, school, universal mental health screening, attitude, and perception.
- Inclusion criteria included primary research articles published between years 2018–2022, in English, peer-reviewed, addressing perception or attitudes regarding mental health screening in schools.
- The quality appraisal tool used to appraise the quality of the studies used in this systematic review of literature was the Rapid Critical Appraisal Questions for Descriptive Studies (Melnik & Fineout-Overholt, 2015).

Findings

Themes Found Across Studies

Theme 1: *UMHS is a beneficial, useful, and easy way to screen students while in school.* Findings across studies provide strong evidence that UMHS is seen as a positive value. The use of UMHS tool is beneficial to not only the students, but to the stakeholders as well. Parents, principals, counselors, and pediatricians all want to see their students healthy, and that includes their mental health. Being able to identify students who may need an intervention is important to students’ overall health. Five of eight studies found that UMHS was a useful method in school-based screenings (Burns & Rapee, 2021) (Moore et al., 2020) (Soneson et al., 2018) (Wood & McDaniel, 2020) (Woodrow et al., 2022).

Theme 2: *It is important to screen students with a UMHS tool* (Burns & Rapee, 2021) (Maclean & Law, 2022) (Moore et al., 2020) (Soneson et al., 2018) (Wood & McDaniel, 2020) (Woodrow et al., 2022). The use of UMHS tools is efficient and easy to implement once those who need to use it have been properly trained to do so. Once implemented, UMHS tools can identify students who may need a follow up for mental health issues; this is what makes the use of the UMHS tool so beneficial to students’ overall health.

Theme 3: *Different barriers to implementation of the use of UMHS.* A few barriers among the study’s findings were issues conducting or understanding the study (Maclean & Law, 2022) (Moore et al., 2020) (Woodrow et al., 2022); budgetary issues (Wood & McDaniel, 2020); frequency of screening and how often it should be done (Burns & Rapee, 2021). Three of six studies found that there is a lack of proper training and knowledge of mental health detection and screening (Burns & Rapee, 2021) (Maclean & Law, 2022) (Soneson et al., 2018). Three studies recognized there is more need for research and how screenings can be implemented better (Maclean & Law, 2022) (Moore et al., 2020) (Woodrow et al., 2022). An example of how screening can be implemented better would be planning of who will be conducting UMHS, when screening will take place, and what to do if a student needs additional evaluation. Two of the six studies showed concern with funding and budgeting UMHS in schools (Burns & Rapee, 2021) (Wood & McDaniel, 2020).

Findings

Characteristics of the Studies

- All the studies focused on the perception of the use of UMHS in schools (Burns & Rapee, 2021) (Maclean & Law, 2022) (Moore et al., 2020) (Soneson et al., 2018) (Wood & McDaniel, 2020) (Woodrow et al., 2022).
- Parents, teachers, counselors, and youths’ perception of UMHS (Burns & Rapee, 2021) (Moore et al., 2020) (Soneson et al., 2018) (Woodrow et al., 2022).
- Teachers’ perception of obstacles that come with mental health screening (Maclean & Law, 2022); and principals’ perception of implementation and obstacles that come with mental health screening (Wood & McDaniel, 2020).
- Most (66.6%) of the studies were conducted in Scotland, Australia, and United Kingdom, with the remainder of the studies conducted in the United States (Burns & Rapee, 2021) (Maclean & Law, 2022) (Moore et al., 2020) (Soneson et al., 2018) (Wood & McDaniel, 2020) (Woodrow et al., 2022).

Implications for Practice

Educate stakeholders on how to screen and how to follow up on UMHS the proper way.

- One way to continue educating our stakeholders is to do in-service trainings each school semester. The in-service can address the importance of screening students and what to do once they feel there may be an issue.

Principals, counselors, and teachers have the opportunity to educate our youth and they can incorporate mental health into their curriculum.

- Use school sporting events, pep rallies, and school clubs to promote help seeking behaviors, and decrease discomfort in doing so. Posters, websites, and educational pamphlets can be used to promote mental health and awareness.

For those stakeholders who may be suffering from financial or budgetary issues they would need to lobby for more funding from state and private entities such as their school board and city council.

- Reach out to the local congressmen and explain the importance of UMHS and why more funding is needed to make sure they can properly train staff and implement having screenings done in schools.



Recommendations

- Use collaboration skills to help prepare and lead the community. Collaboration with the community also lets providers recognize gaps in health care and how they can be corrected.
- Continue teaching and providing research or findings with the community that can assist with early intervention and prevention.

References available upon request.

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Figure 1. Identification of Studies via Databases and Registers

