# **Screening in Schools**

The National Association of School Psychologists (NASP) and National Association of School Nurses (NASN) have developed [Recommendations for Mental Health Screening in Schools](https://www.schoolhealth.com/media/pdf/handout_mental_health_screening_JD.pdf). The Suicide Prevention Resource Center also has [Recommendations for School-Based Suicide Prevention Screening](https://www.sprc.org/sites/default/files/resource-program/Recommendations%20for%20School-Based%20Suicide%20Prevention%20Screening.pdf).

Ohio’s Department of Education has created a [Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium (2nd ED)](http://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources/Compendium-Version-2.pdf.aspx), which includes recommendations for screening instruments in schools.

## **Student Suicide Screening:**

[Signs of Suicide](https://www.sprc.org/resources-programs/sos-signs-suicide)

The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through “gatekeeper” education, and 5) encourage schools to develop community-based partnerships to support student mental health. Mental health staff must be available for follow up.

[Suicidal Ideation Questionnaire (SIQ)](http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ)

The SIQ was developed for use with high school-aged youth, and a slightly different version (the SIQ –JR) is available for ages 12–14 (Reynolds 1987, 1988; Reynolds & Mazza 1999). The questionnaires are presented as paper-and-pencil tasks or by computer-assisted administration. There are 30 items (questions) in the SIQ and 15 in the SIQ-JR, all focusing on suicidal ideation. Youth are asked how often they experience the thoughts described in the question, selecting from six responses that range from “never” to “almost every day.” An answer sheet is required for each administration, creating a per-case cost of about one to two dollars.

[Suicidal Behaviors Questionnaire-Revised (SBQ-R)](http://www.glaje.com/Scales/Suicidal%20Beh%20Quest%20pre%20assessment.pdf)

The 14-item SBQ-R (Linehan 1996) and the 4-item SBQ-R (Osman et al. 2001) were originally developed for use with adults, but subsequently have been studied and used with adolescents. On the more-frequently used SBQ-R, youth check any of five responses to whether they have experienced thoughts about killing themselves, whether they have told anyone before about it, and how likely they believe it is that they will attempt suicide someday. The SBQ-R’s brevity makes it the quickest screening method available for suicide risk assessment. The SBQ-R’s carries no cost for materials because it is in the public domain.

## **Student Mental Health Screening**

[Global Appraisal of Individual Needs – Short Screener (GAIN-SS)](http://www.gaincc.org/gainss)

The GAIN-SS (Dennis, Chan & Funk 2006; Dennis et al. 2008) is a screening companion to a more comprehensive tool called the Global Appraisal of Individual Needs (GAIN) (Dennis et al. 2006). The GAIN is widely used as a structured way to identify the behavioral and mental health service needs of youth. The GAIN requires up to two hours to administer and the GAIN-SS was designed to “screen out” individuals who might not need the more extensive GAIN evaluation. The GAIN-SS has four scales: Internalizing Disorder, Externalizing Disorder, Substance Use Disorder, and Crime/Violence. Each scale has five questions, which are posed to the youth in an interview (not paper-and-pencil). There is no suicide scale, but the Internalizing cluster inquires about depressed mood and includes one item on suicide ideation. Thus, the Internalizing component of the GAIN-SS acts as a suicide risk screen within the context of the GAIN assessment system. The GAIN-SS is in the public domain, and therefore has no per-case cost.

[Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)](https://www.fastbridge.org/saebrs/)

The **SAEBRS** (Social, Academic, and Emotional Behavior Risk Screener) is a brief and efficient tool for universal screening of student risk for social-emotional and behavioral problems for students in Grades K through 12. SAEBRS may be used to evaluate students’ overall general behavior, as well as risk for problems within the following specific types of behavior: Risk for Social Behavior Problems, Risk for Academic Behavior Problems, and Risk for Emotional Behavior Problems. Screening may be conducted up to five times per year with individual students, or across a classroom, grade level, school, or division. Screening is completed in approximately one to three minutes per student using an iPad, Chromebook, desktop, or laptop style device.