TDMHSAS BEST PRACTICE GUIDELINES

Screening, Assessment, and Evaluation

Classifying mental or behavioral health needs for children and adolescents is not simple because definitions differ across systems. Schools use one classification of needs, mental health agencies use another, and social service organizations may use slightly different categories for mental health needs of youth. Moreover, there is no single, uniform profile, or description, for young people with mental health issues. Further, children and adolescents with mental health problems may present with more than one mental health need concurrently which will likely result in additional challenges in their transition to adulthood (Podmostko, 2007).

Youth mental health needs may manifest in childhood or adolescence, though most first occur and are diagnosed during the teen years. Some studies have shown that about 75 percent of young adults with mental health diagnoses were first diagnosed with a mental health disorder during adolescence. The most commonly diagnosed disorders for young people are anxiety, depression, and maladaptive behaviors (Podmostko, 2007).

A number of behaviors have been identified as possible signs of mental illness in young people. The National Alliance for the Mentally Ill (NAMI) includes the following behaviors:

- school failure, truancy, frequent expulsion from school;
- crying persistently;
- fatigue or lethargy;
- grouchiness or irritability;
- over-reactions to failures or disappointments;
- isolation from family and friends;
- difficulties sleeping;
- encounters with the juvenile justice system;
- accident-prone, reckless behavior;
- risky behaviors such as sexual activity or alcohol and drug abuse;
- agitation or hyperactivity;
- separation anxiety;
- panic attacks;
- social phobias;
- sudden weight loss or lack of hygiene;
- repetitive, ritualistic behaviors (counting, writing/rewriting, hand-washing);
- obsessive doubts, thoughts, or fears;
- changes in speech (brevity, incoherence, rapidity);
- changes in behavior (rocking, pacing, disorganization, grimacing);
- paranoia,delusions, or hallucinations;
- no motivation;
- flat affect; and
- low self-esteem that may be masked by a ‘tough’ demeanor (Burland, 2003).

One or two of the above behaviors alone are not enough to indicate possible mental health needs for youth, but combinations of these behaviors along with relational problems with family members or peers or problems at school may indicate a need for further evaluation (Podmostko, 2007).

Many young people who develop mental health problems as adolescents often go undiagnosed and/or unidentified. School records, assessment results, behaviors, and/or interview responses may suggest previously undiagnosed or unidentified mental health problems in young people. Among the problems may be, but not limited to, inconsistent academic performance, limited vocabulary, and low literacy levels. A screening process may be necessary to determine if further diagnostic assessment, conducted by a trained mental health professional, should be provided (Podmostko, 2007).

Mental Health Screens vs. Evaluations

Screen	Evaluation
Brief process or instrument that provides preliminary information on behaviors, risk factors, or other issues that may indicate the presence of a mental health need.	In-depth evaluation for diagnosing a mental health need and its severity, often requiring a combination of assessment instruments, interviews, record reviews, and observations.
Can take as little as 8-10 minutes to administer and 5-10 minutes to score.	Can take days or weeks to collect information and interpret the results.
Can be administered by properly trained youth service workers/staff.	Must be administered by highly trained professionals such as psychiatrists, psychologists, or others with graduate-level training in the mental health discipline.
Used to help in decision making regarding the need of referral for a mental health evaluation.	Used to determine if a disability is present and the level of its severity.

Source: Podmostko, 2007.

Podmostko (2007) is insistent that screening programs be assessed regularly to determine (1) the extent to which young people and their families follow through with referrals, (2) the results of mental health assessments and diagnoses, and (3) the relationship between the screens used (and the type of referrals that are made), as well as the success of youth in school, whether college-bound or vocational.

Children and adolescents with serious behavioral and emotional problems will undergo comprehensive psychiatric evaluation. These evaluations typically span several hours, requiring one or more office visits for the youth and his/her family. Among the information gathered for the comprehensive evaluation are:

- A description of presenting problems and symptoms
- Health, illness and treatment status (both physical and psychiatric), including current medications
- Parent and family health and psychiatric histories
- Developmental milestones
- School history and friendships
- Family relationships
- Youth interview
- Parent/caregiver interview

- Laboratory work such as blood tests, x-rays, or special assessments (for example, psychological, educational, speech and language evaluation), if necessary (American Academy of Child & Adolescent Psychiatry [AACAP], 2005).

Following the comprehensive evaluation, the clinician, ideally a child and adolescent psychiatrist, should develop a formulation that describes the youth's problems and explains them in family-friendly language. The formulation should combine biological, psychological and social components of the problem with developmental needs, history and assets of the young person and his/her family (AACAP, 2005).

Standardized and/or structured instruments serve as the best evaluation tools. Such tools can be used to help measure the youth's mental health symptoms and/or any progress s/he makes following interventions. Please keep the following caveats in mind when using screening tools or rating scales:

- A diagnosis is NOT produced merely because the clinician uses instruments.
- A particular "score" on an instrument does not guarantee that the youth has a particular disorder.
- Diagnoses should only be made by trained clinicians after they conduct thorough evaluations.

Any symptoms suggestive of suicidal or harmful behaviors necessitate immediate attention by the trained clinician (Massachusetts General Hospital, School Psychiatry Program & MADI Resource Center, 2010). The Massachusetts General Hospital (2010) website displays a list of screening tools and rating scales that are appropriate for use with young people. Instruments screen for symptoms of the following disorders: anxiety; social anxiety; obsessive-compulsive; depression; bipolar/mania; suicide risk; attention deficit hyperactivity; pervasive developmental disorder/autism; Asperger's; nonverbal learning disabilities; and disruptive behaviors. Clinicians can use the site to identify specific information about the instrument including what subscales are measured, to whom the measure can be administered, the number of items, the age levels for which the tool is appropriate, and the length of time it takes to complete the screener, and whether the instrument is available online. The website is located at http://www2.massgeneral.org/schoolpsychiatry/checklists_table.asp.

References

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