

SCHOOL BASED MENTAL HEALTH SCREENING



MENTAL HEALTH MATTERS

What is mental health screening?

Screening is a process for evaluating the possible presence of a particular problem. Mental health screening may only happen after the students' parents opt into a mental health screening program or event, giving active consent. **Screening is not an assessment or diagnosis.**

What is consent?

Parental consent must be obtained prior to administering the mental health screener. A separate consent form is required for each screening and cannot be combined with other consent forms. Parental consent must be obtained regardless of the age of the student.

Are you diagnosing my child?

No. Screening is the process by which the presence of a particular problem is identified. Further assessment would need to be completed in order for a diagnosis to be provided.

Will I receive the results of my child's screening?

Yes, schools will provide the results of the screening. Results will be provided to parents on the night of the screening. Resources can be found on our district website.

What do the results of the screening mean?

The results could help determine if your student may benefit from further assessment.

Do I need to pay for this?

Screening is free for students.

HOW DO I GET MY CHILD SCREENED?

Please fill out this google form and a school mental health therapist will reach out to you shortly!



[Link to Google Form](#)

ADDITIONAL INFORMATION

THE SCREENER

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your
work, take care of things at home, or get along with other people?

Not difficult
at all
☐

Somewhat
difficult
☐

Very
difficult
☐

Extremely
difficult
☐

ADDITIONAL INFORMATION



INTERPRETATION AND SCORING

PHQ-9 Score	Depression Severity
0-4	None-minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

What age of students may be screened using the PHQ-9?

11+

What screening conditions will the PHQ-9 detect?

depression/mood

How will the screener be administered?

google form or paper copy

Is the PHQ-9 an evidenced-based screener?

[yes](#)

SCHOOL MENTAL HEALTH THERAPIST

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