A Dual-Factor Model Approach for School-Based Mental-Health Screening

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Abstract

- **Issue:** Universal screening for complete mental health
- **Sample:** 1,711 students from one large, urban high school
- **Procedure:** 2 self-report questionnaires BESS and SEHS
- **Results:** BESS and SEHS combined risk
- **Implications:**
  - Universal screening via a multicomponent approach (psychological distress and well-being);
  - Provides relevant information for all students;
  - Provides a more complete picture of a youth's functioning and risk

What is Complete Mental Health?

- Traditionally, one-dimensional, deficits-focused model
- Focuses solely on negative symptoms, ignoring strengths and other factors
- Multicomponent model (i.e., dual-factor)
  - Psychological distress and well-being are related and independently associated with youth risk
  - Need to assess both symptoms of distress and personal strengths to form complete picture

Our Approach to Universal Screening For Complete Mental Health

1. BESS + SEHS
2. Triage Care Coordination Team
3. Individual Follow-up
4. Schoolwide Strategies & Intervention
5. Annual Follow-up

Method

- **Participants**
  - 1,711 High School Students
  - Ages 13-18
  - 72% Latino/a
  - 46% Female
- **2 self-report questionnaires**
  - BASC-2 Behavioral and Emotional Screening System (BESS)
  - Social Emotional Health Survey (SEHS)
- **School performance data collected for 2012-2013 year**

BASC-2 Behavioral Emotional Screening System

- Internalizing Problems
- School Problems
- Hyperactivity/Inattention
- Personal Adjustment

Our Approach to Universal Screening For Complete Mental Health

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SEHS by BESS Triage Groups
Results for One High School

<table>
<thead>
<tr>
<th></th>
<th>BESS Normal (average, &lt; 60)</th>
<th>BESS Elevated (some behavioral-emotional symptoms, 60-69)</th>
<th>BESS Very Elevated (significant behavioral-emotional symptoms, 70+)</th>
<th>Multi Strengths Triage Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Personal Strengths</td>
<td></td>
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<tr>
<td>Low Average Strengths</td>
<td></td>
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<tr>
<td>(85-100)</td>
<td>5. Getting By</td>
<td>3. Lower Risk</td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>High Average Strengths</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(101-115)</td>
<td>6. Moderate Thriving</td>
<td>9. Inconsistent</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>High Strengths</td>
<td></td>
<td></td>
<td></td>
<td>8. Inconsistent</td>
</tr>
<tr>
<td>(&gt;115)</td>
<td>7. High Thriving</td>
<td>11. Extremely Elevated</td>
<td></td>
<td>248</td>
</tr>
</tbody>
</table>

Conclusion

- We cannot help students unless we know which ones to help
- We need to take the time to ask all students how they are doing via a thorough universal screening
- In order to learn about youths’ complete mental health, a multicomponent model is suggested that considers both behavioral and emotional risk and personal strengths
- Focusing on complete mental health and schoolwide support services benefits the entire student body instead of only focusing on the few with distress or ignoring those just “getting by”

REFERENCES


