Universal Mental Health Screening Practices in Midwestern Schools: A Window of Opportunity for School Psychologist Leadership and Role Expansion?

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Abstract

The conducting of universal mental health screening is one widely endorsed practice suitable for use within P-12 school settings to more proactively identify children and young people experiencing or displaying characteristics of a mental health disorder. Absent routine screening, many school-age youth with mental health concerns, especially those of an internalizing nature, may go unidentified and left without timely treatment, support, and services. The current study, which employed survey methodology with principal respondents from four Midwestern states, primarily sought to contribute to and update the literature on the universal mental health screening practice habits of P-12 schools. Most principal respondents reported that their school does not currently conduct universal mental health screening and cited barriers (e.g., money, time, lack of support system in place) to screening commonly documented in prior studies. Many principals reported at least a moderate degree of interest in their school beginning to conduct universal screening in their buildings; however, a similar majority reported little to no knowledge about this important practice. Fortunately, principal respondents were generally interested in and receptive to support from their school psychologist in exploring and eventually implementing the conducting of universal mental health screening in their building. Implications for practice and future research, along with the potential for school psychologist leadership and role expansion, are discussed.

Concerns about the mental health and well-being of children and young people (CYP) continue to intensify. Before the Covid-19 pandemic began, one in five CYP were estimated to meet diagnostic criteria for a mental health disorder annually (Merikangas et al., 2010; Whitney & Peterson, 2019). During the Covid-19 pandemic, rates of CYP experiencing or displaying symptoms of a mental health disorder, especially those belonging to marginalized racial and ethnic minority groups, were expected to rise and potentially double (Gruber et al., 2021; National Association of School Psychologists [NASP], 2020a). Suicide rates, among CYP, have also increased in recent years, with suicide now the second leading cause of death among adolescents (Ivey-Stephenson et al., 2020).

Combating the mental health crisis among CYP has proven to be a difficult enterprise. Most CYP experiencing mental health concerns (a) do not independently seek help, (b) usually go undetected, and (c) routinely fail to receive timely treatment or support (Christiana et al., 2000; Costello et al., 2014; Ertl et al., 2020; Robinson et al., 2011). In fact, researchers estimate that ~ 80% of CYP experiencing mental health concerns fail to receive treatment (Farmer et al., 2003; Langer et al., 2015). This is especially true of CYP living in under-resourced areas or belonging to low-income families (Ali et al., 2019; Damian et al., 2018). Absent early identification accompanied by evidence-based intervention, treatment, or support, CYP with mental health concerns are susceptible to extremely poor school and life outcomes (Rothon et al., 2009; Weitkamp et al., 2013).

In response to these concerns and in an effort to improve student outcomes, P-12 schools are increasingly being called on and challenged to enhance and expand their provision of mental health services, within their buildings, by implementing a public health model (e.g., multi-tiered systems of

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support [MTSS] framework) that emphasizes both prevention and early intervention (Bruns et al., 2016; U. S. Department of Education [DOE], 2021; Verlenden et al., 2020; von der Embse et al., 2018; World Health Organization, 2004). P-12 schools constitute a logical setting to both identify and offer supports to CYP with mental health concerns. P-12 schools have ready access to CYP and, as a service provider, can reduce many common barriers for CYP (e.g., time, cost, insurance, transportation) in accessing mental health supports (Damian et al., 2018; Hodgkinson et al., 2017; Peverill et al., 2021). P-12 schools have been and continue to be recognized as "the most common provider of mental health services for youth" (Connors et al., 2022, p. 2), and researchers consistently report that when CYP receive mental health services, it is most likely to be within an educational setting (Burns et al., 1995; Duong et al., 2021; Green et al., 2013).

Most P-12 schools, however, prioritize student academics and adopt a hands-off, reactive approach to dealing with CYPs mental health needs (Lane et al., 2012; Taylor et al., 2018). Consequently, the majority of CYP needing or requiring mental health support, especially those with internalizing concerns (i.e., anxiety, depression), are never identified (Ertl et al., 2020; McIntosh et al., 2014) or experience significant delays in receiving treatment or support (Romer et al., 2020). Identifying CYP that could benefit from mental health support is a necessary first step before receipt of services can occur. Early identification, followed by timely, evidence-based treatment or intervention, can improve outcomes and possibly protect against the establishment of more chronic, debilitating conditions among CYP (National Research Council and Institute of Medicine, 2009; Weist et al., 2007).

P-12 schools traditionally have used "wait to fail" methods, such as student accumulation of office discipline referrals (ODRs), in addition to teacher nominations, to identify CYP who may potentially require or benefit from mental health support (Dowdy et al., 2010). These reactive approaches are limited in their predictive value (McIntosh et al., 2009; Miller et al., 2015; Taylor et al., 2018). The use of ODRs as an indicator of which CYP may benefit from mental health support is especially problematic. ODRs are subject to cultural bias and may result in CYP experiencing internalizing concerns being grossly under-identified (Girvan et al., 2017; Kahlberg et al., 2011). Despite this knowledge, survey results with P-12 administrator respondents suggest that many schools continue to use ODRs as a primary mechanism for flagging students in need of social-emotional, behavioral, and/or mental health support (Bruhn et al., 2014; Wood & McDaniel, 2020). The use of teacher nominations, on the other hand, also presents several concerns. Teachers (a) generally struggle identifying and referring CYP with mental health concerns (Severson et al., 2007), (b) are susceptible to overidentifying externalizing

problems among CYP, and (c) may unintentionally overlook and underreport CYP presenting internalizing symptoms (Cunningham & Suldo, 2014; Papandrea & Winefield, 2011).

One alternative, NASP (2015) endorsed, research supported, proactive approach P-12 schools can use to improve identifying CYP in need of support, treatment, and/or intervention is universal mental health screening (UMHS) (Dever et al., 2015; Dowdy et al., 2010). UMHS involves all students in a school, regardless of their risk status, being screened for specific criteria (i.e., characteristics of well-being or mental health indicators) using brief, reliable, and valid tools or measures (i.e., rating scales) to (a) determine individual strengths and needs and (b) identify students who may require or benefit from preventative, targeted, or intensive services within a multitiered systems of support (MTSS) (Eklund & Dowdy, 2014; Essex et al., 2009; Goodman-Scott et al., 2019).

Universal screening is recognized as a key component of MTSS (Stoiber, 2014). Among its primary benefit, the conducting of UMHS can help P-12 schools readily identify CYP presenting risk for mental health concerns, which ultimately could improve the likelihood students receive timely support (Dowdy et al., 2015; Prochaska et al., 2016; Romer et al., 2020). In one study conducted by Gould et al., (2009), ~ 75% of CYP receiving support were identified via a screening program. When proactively identified and paired with evidence-based mental health treatment and support, CYP may display higher levels of educational achievement and lower levels of emotional distress (Bierman et al., 2010; Hussey, 2006). Despite documented advantages of schools conducting UMHS, its alignment with MTSS (Doll & Cummings, 2008), and emerging research supporting its utilization, a sizeable research-to-practice gap exists (Connors et al., 2022).

Although many P-12 schools report universally screening students in academic areas like reading and math (Prewett et al., 2012; Schwean & Rodger, 2013), most report not conducting UMHS. In response to a national survey conducted by Bruhn et al., (2014), fewer than 13% of school administrators reported their school conducts UMHS. More recently, in a nationally representative survey of US public school districts, ~ 5% of respondents reported that their district universally screens all students for social, emotional, and behavioral (SEB) concerns (Dineen et al., 2021). Other prior survey research with school professionals (Romer & McIntosh, 2005) and building-level principal (Wood & McDaniel, 2020) respondents suggest approximately 2% of schools universally screen for student mental health concerns. Understanding this existing and ongoing discrepancy between the UMHS practice habits of P-12 schools and the purported importance of such practice is undoubtedly multifaceted.

Conducting UMHS in P-12 settings requires time, resources, procedural knowledge and leadership, an

infrastructure and plan to support CYP found to be at risk, and oftentimes money. These, among other potential necessities, such as embedded school-based partnerships with community behavioral health agencies (NASP, 2015), may function as barriers for or serve as deterrers to P-12 schools entertaining the conducting of UMHS. The expansion of UMHS within P-12 schools may also be stymied by state-level policies and procedures. Few states have established social-emotional learning standards (Eklund et al., 2019) or track the mental health outcomes of its students (Eklund et al., 2021). Further, few states have made UMHS and/or SEB screening implementation guidance available to its stakeholders (Briesch et al., 2018). Volpe and Briesch (2018) contend that an already difficult process of attempting to conduct UMHS within P-12 settings only becomes more difficult in the absence of implementation guidance. Additionally, past surveys including school administrator respondents (see Bruhn et al., 2014; Wood & McDaniel, 2020) resulted in the same top four reasons or barriers to P-12 schools conducting UMHS, which included the following: a lack of awareness UMHS existed, budgetary concerns, no access to screening instruments, and no support system in place to help and support CYP found to be at risk.

Despite these many simultaneously coexisting barriers or deterrers to the conducting of UMHS present and relatively well-established in the literature, the degree of school administrator interest in and knowledge about UMHS has been underexplored. School administrators' receptivity to support from internal stakeholders, such as school psychologists, in leading or participating in systems-change that would result in their school routinely conducting UMHS is also not well-established in the literature. Additionally, little is known about the habits of schools currently conducting UMHS because it has been and continues to be an uncommon P-12 practice. With this in mind, the current study, using survey methodology with school administrator (i.e., building-level principals) respondents, sought to address these gaps.

Focusing on principal perceptions concerning their interest in, knowledge about, and perceived barriers to UMHS is extremely important and may have significant implications for narrowing the current research-to-practice gap. Principals report being extremely worried about CYP's mental health (Franks, 2018). Principals also customarily oversee systems-change initiatives, and they often function as gatekeepers in determining if and to what degree mental health prevention-focused activities and subsequent programming exists within their buildings (Papa, 2018). Absent principal support for, interest in, and commitment to new practices, like the conducting of UMHS, such practices are likely to fail, be maintained, or be implemented with an appropriate degree of integrity.

Even in situations where principal interest in conducting UMHS is high, their interest alone may not lead to the increased adoption of UMHS in P-12 schools if they have no or limited knowledge about UMHS and/or believe too many barriers exist. In such cases, distributed leadership is likely necessary for the conducting of UMHS to occur, which is why exploring principals' receptivity to school psychologists leading and/or participating in systems-change focused on the eventual conducting of UMHS is valuable. Burns and Rapee (2021) found that screening programs in schools were most commonly initiated by school psychologists. School psychologists, in serving as systems-level consultants, are well-positioned, well-trained, and well-qualified to help P-12 schools (a) explore, plan for, and conduct UMHS and (b) identify and overcome commonly reported barriers to UMHS (NASP 2014, 2016a, 2020b, 2021). Exploring principal receptivity to school psychologists leading this targeted area of systems-change may therefore also serve as a catalyst for their role expansion and leadership involvement within the school(s) they serve. Gelzheiser (2009) hypothesized educational systems "may be more accepting of a systems-level role for psychologists if that role emphasizes contributions unique to school psychology" (p. 262).

Finally, exploring the practice habits of schools currently conducting UMHS may aid building-level leaders and school teams with planning for and determining the logistics of UMHS for their school(s). An improved understanding of the current nature of UMHS in schools may also lead to more insight into why schools conduct UMHS and what screening instruments are most popular.

Method

Sample and Participants

The current study included principals from four Midwestern states whose contact information was ascertained by each respective states' Department of Education website. The sample included principals working in all school types (i.e., public, nonpublic) at the elementary, intermediate, and secondary levels. After accounting for duplicate email addresses and emails that bounced (i.e., non-deliverable emails), a total of 7372 principals were solicited for participation.

Four hundred twenty-eight principals participated in the study. The majority of principals were employed in public schools ($n = 419$, 97.9%) with 800 or fewer students ($n = 386$, 90.2%). Most principals had either one to 5 years of experience ($n = 134$, 31.3%) or six to 10 years of experience ($n = 131$, 30.6%). Approximately one-half of principals worked in elementary buildings ($n = 215$, 50.5%) in rural school districts ($n = 227$, 53.0%). A summary of participant demographic data can be found in Table 1.

Table 1 Participant Demographics

Variable	N	%[a]
Years of experience		
1–5	134	31.3
6–10	131	30.6
11–15	78	18.2
16–20	50	11.7
> 20	35	8.2
School level (missing = 2)		
Elementary	215	50.5
Intermediate	71	16.7
Secondary	140	32.9
School type		
Public	419	97.9
Private	1	0.2
Charter	7	1.6
Other	1	0.2
Students in school served		
1–400	189	44.2
401–800	197	46.0
801–1200	27	6.3
> 1201	15	3.5
School setting		
Urban	59	13.8
Suburban	142	33.2
Rural	227	53.0

[a] Percentages are valid percents

Procedures

Following IRB approval, an invitation to complete the survey was individually emailed, via Qualtrics, to each contact-accessible principal. Two rounds of recruitment were utilized, with the second recruitment email being sent 2 weeks following the initial email to prospective participants. Each recruitment email explained the nature of the study and included a link to the online survey. The initial page of the survey offered study details, and participants consented to participate in the study by checking an agreement box before survey items were exposed. Following survey completion, participants could follow a separate survey link if they were interested in providing their contact information to enter a drawing for one of ten $25 Amazon gift cards. Participants were informed that they could withdraw from the study, without penalty, at any time, during survey completion.

Instrumentation

One instrument, an online Qualtrics survey, was used for data collection. Survey items were both originally created by the researchers and borrowed, with permission, from a previously created survey instrument used in a study by Bruhn et al., (2014). Following survey development and before survey distribution, three doctoral-level school psychologists reviewed and offered feedback on the survey. Expert feedback was used to improve the survey flow and resulted in the rephrasing of three originally created survey items.

The survey consisted of four sections. The first section of the survey contained one item. Using "yes" or "no" response options, principals were asked whether their school currently conducts UMHS. Principals were provided with a definition of UMHS, along with information about UMHS, to help inform their response. The second section of the survey contained items designed to learn more about the UMHS practices within a respondent's school (i.e., screening tool(s) used, screening frequency, reason(s) for screening, screening informant(s), parental consent procedures). Only principals who responded "yes" to the item in section one were exposed to items in section two of the survey. The third section of the survey consisted of items to learn more about principal awareness of, knowledge about, and interest in universal mental health screening. Principals were also asked about barriers to conducting UMHS, their school's use of ODRs as a means to determine student risk for mental health concerns, and their interest in assistance from their building-level school psychologist in exploring the conducting of UMHS. Only principals who responded "no" to the item in section one were exposed to items in section three of the survey. The fourth section of the survey had eight items. These items were designed to collect participant demographic information and to learn more about each respondents' school. Each participant, regardless of their response to the item in section one, were exposed to items in section four.

Data Collection and Analysis

Data collection commenced following the initial round of recruitment emails to prospective participants. Data were collected for 4 weeks. Following the data collection period, all data were exported into SPSS (version 27) for descriptive analysis and interpretation of survey results. Completed surveys were compiled and stored on a secure electronic device with access restricted to the researchers.

Results

Universal Screening Practices

The overwhelming majority of principals (*n* = 362, 84.6%) reported that their school does not conduct UMHS. Comparatively, 79.2% (*n* = 331) of principals reported that their

school does engage in universal academic screening practices. For principals operating in schools that do engage in universal academic screening, almost all of these schools reported screening for Reading (99.1%) and Math (94.9%), while just under one-third (29.3%) reported screening for Writing. On average, the majority of principals ($n=259$, 78.5%) reported that their schools screened in these academic areas three times per school year.

UMHS

For the 15.4% ($n=66$) of principals in schools actively conducting UMHS, the majority were employed in schools at the elementary level ($n=40$, 60.6%) and half ($n=33$, 50.0%) were operating in rural school districts. Most principals ($n=27$, 40.9%) reported that their school conducted UMHS twice per year, while 33% ($n=22$) reported three times per year. Nearly two-thirds of principals ($n=42$, 64.6%) reported that their school did not collect parental informed consent before conducting UMHS.

Purposes for Conducting UMHS Principals operating in schools conducting UMHS were asked about the reason(s) why their school conducts UMHS. Principals were provided with response options and could make multiple selections. Identifying students at risk for emotional/behavior disorders was the most common reason principals ($n=55$) reported their school conducts UMHS, followed by determining placement into interventions ($n=51$). Table 2 offers a compilation of the reasons why principals reported that their school conducts UMHS.

UMHS Screening Informant Fifty-four principals in schools conducting UMHS provided information about who completes the mental health screening instrument(s) at their school. Screening informant response options included teacher, student (self-report), parent/legal guardian. Principals were encouraged to select all that applied. Principals reported that teachers ($n=47$) were the most common informant group, followed by student self-report ($n=24$). Only six principals reported that parents served as an informant group. Ten principals reported multiple informants; seven principals reported teacher/student informants,

two principals reported teacher/student/parent informants, and one principal report parent/student informants.

UMHS Screening Instrument The most common screening tool used by schools, as reported by principals ($n=22$) in schools conducting UMHS, was the Student Risk Screening Scale (*SRSS*). The second most popular screening tool used by schools was the Behavioral, Emotional, Social, Traits (*B.E.S.T.*) universal screening platform ($n=9$) followed by the BASC-3 Behavioral and Emotional Screening System ([*BASC-3 BESS*]; $n=6$). Other screening tools reported by principals included but were not limited to the Devereux Student Strengths Assessment ([*DESSA*], $n=4$), the Social, Academic, and Emotional Behavior Risk Screener ([*SAE-BRS*], $n=3$) and the Strengths and Difficulties Questionnaire (*SDQ*, $n=2$).

Barriers to Conducting UMHS

Principals leading schools not currently conducting UMHS were asked about barriers to conducting UMHS at their school. Principals were provided with response options and were encouraged to select all that applied. Budgetary concerns ($n=160$) and a lack of support system to help identified students ($n=146$) were the top two barriers to conducting UMHS reported by principals. Table 3 offers a listing of the most and least frequently cited barriers to conducting UMHS reported by principals.

Alternative to UMHS

Principals in schools not conducting UMHS were asked whether their school relies primarily on ODRs to determine students at risk for mental health problems. Approximately two-fifths of principal respondents ($n=145$, 41.3%) reported that their school uses ODRs as a primary means of determining student risk for behavioral or mental health problems. For schools not relying on ODRs and not conducting UMHS,

Table 2 UMHS Screening Purposes

Reason	N
Identify students at risk for emotional/behavioral disorders	55
To determine placement into interventions	51
To assess school's overall emotional/behavioral health	43
To measure the school's overall RTI	31
To measure individual students' RTI	31

Table 3 Barriers to Conducting UMHS

Barrier	N
Not enough money in the budget	160
No support system in place to help identified students	146
No access to mental health screeners	131
Unaware mental health screeners existed	118
Not enough time	116
Not sure how to use screening data	59
Afraid of parental backlash	56
Not sure how to interpret data	46
School does too many screenings already	27
Don't want to label students	27

information about how they determine whether students are at risk for mental health concerns was not gathered.

UMHS Knowledge and Screening Tool Awareness

Principals in schools not currently conducting UMHS were asked about their knowledge about mental health screening. Most principals ($n = 147$, 40.6%) reported slight knowledge about mental health screening, while nearly one-third of principals ($n = 98$, 27.1%) reported that they were not at all knowledgeable about mental health screening. Only 12 (3.3%) principals reported being extremely knowledgeable about mental health screening, while roughly one-third of principals ($n = 105$, 29.0%) reported being moderately knowledgeable about mental health screening. Principals were also asked whether they were aware that free reliable and valid mental health screening tools exist online. More than four in five principals ($n = 296$, 81.8%) reported that they were unaware such screening tools existed.

Interest in Conducting UMHS

Principals in schools not currently conducting UMHS were asked about their interest in having their school begin conducting UMHS. The overwhelming majority of principals ($n = 263$, 72.9%) expressed at least a moderate degree of interest in their school beginning to conduct UMHS. Only 5.3% ($n = 19$) of principal respondents indicated no interest in their school beginning to conduct UMHS, while approximately 22% ($n = 79$) indicated slight interest.

Support from School Psychologist

Principals in schools not currently conducting UMHS were asked whether they'd be interested in systems-level support and/or leadership from their building's school psychologist in creating a UMHS process and/or selecting a mental health screening tool. Approximately one-third ($n = 110$, 31.0%) of principals ($n = 110$, 31.0%) indicated a don't know/unsure response choice. Of those principals responding yes or no ($n = 245$), the overwhelming majority ($n = 214$, 87.3%) indicated that they would be interested in support and leadership from their building's school psychologist.

Discussion

In a recent U.S. DOE (2021) publication focused on supporting CYPs mental health needs, P-12 schools were encouraged to engage in the conducting of universal screening. The conducting of UMHS in P-12 schools may assist educational stakeholders in more proactively identifying CYP presenting mental health concerns within their established

prevention and intervention frameworks (i.e., MTSS). Identifying CYP presenting mental health concerns remains a significant challenge but necessary first step before students can receive and benefit from treatment, intervention, and/or support. Research suggests that most CYP presenting mental health concerns (a) would not be identified in the absence of screening and (b) typically respond favorably to intervention and support if identified as at-risk via screening (Eklund & Dowdy, 2014). Results of the current study offer insight to the current UMHS practice habits of P-12 schools from four Midwestern states as reported by building-level principals. Additionally, results of the current study may suggest a window of opportunity for school psychologists to become more actively engaged in systems-level consultation and UMHS supportive activities.

Like prior studies of a similar nature (e.g., Bruhn et al., 2014; Dineen et al., 2021; Romer & McIntosh, 2005), results of the current study suggest that most P-12 schools ($n = 362$, 84.6%) do not conduct UMHS, with ~40% of principals in schools not conducting UMHS also reporting that their school relies solely on student ODRs as the primary means for identifying students who may benefit from social-emotional or mental health support. For principals ($n = 66$) reporting that their school does conduct UMHS, information about their school's screening habits and processes was collected. The majority of principals, on average, reported that their school conducted UMHS at least twice per school year, and their school did not collect active parent/guardian consent before screening activities commenced. Teachers were the most common completers of screening instruments followed by student self-report. Few principals reported their school had multiple informants complete screening instruments concurrently, and parents/guardians were seldom asked to complete screening instruments on behalf of their child(ren). Consistent with a MTSS framework (NASP, 2016b), principals, on average, indicated the top two reasons their school conducted UMHS was to improve identification of students experiencing mental health concerns and to use screening data to inform intervention placement. The most commonly reported screening tool reported by principals was the Student Risk Screening Scale (*SRSS*). Given the purported rise in interest in UMHS, within P-12 schools, these results may be especially helpful in aiding educational stakeholders with decision-making about the implementation of UMHS.

A more widespread, systematic uptake of UMHS within P-12 schools, however, may continue to be only aspirational insofar as sizeable barriers to the conducting of UMHS persist. Many of the top barriers to conducting UMHS reported by administrators in response to Bruhn et al. (2014) survey nearly a decade ago remain evident today. Many principals in schools not conducting UMHS, as part of the current study, despite having a high degree of interest in conducting

UMHS, reported time, money, no access to screening tools, and a lack of support infrastructure as significant barriers to [their school] beginning to conduct UMHS.

To capitalize on the high degree of principal-reported interest in conducting UMHS seen in the current study necessitates the overcoming of these barriers, among others, before screening can occur. Principals, as leaders of schools and oftentimes initiators of systems-change activities, may not particularly be best suited to lead these efforts in overcoming some of the common barriers they report or, more specifically, lead this targeted area of school change and improvement. Support for this assertion may be evidenced by principals, in schools not currently conducting UMHS, reporting they generally lack knowledge about mental health screening, and, in many circumstances, reporting they were unaware that mental health screening instruments exist.

One encouraging result of the current study is that principals, in general and on average, appear mostly receptive to school psychologist support, via their engagement in systems-level consultation that would ultimately result in their school beginning to conduct UMHS. This finding is consistent with recently published survey research whereby principal respondents were interested in school psychologists greatly increasing their time spent in systems-level consultation activities (Nellis & Wood, 2021). School psychologists are prepared for many systems-level activities; however, to date, there has been limited agreement about which activities school psychologists may be uniquely qualified to participate in or facilitate (Ingraham, 2015).

School psychologists report wanting to devote more time to consultation-related activities (Guiney et al., 2014) and systems-level consultation more specifically (Wood et al., 2022) despite facing several noteworthy barriers (i.e., high student-to-school psychologist ratios, large caseloads, staffing challenges, time, etc.) restricting such engagement (Castillo et al., 2012; Curtis et al., 2002; Eklund et al., 2020; Nellis & Wood, 2021). Helping the school(s) they serve to begin conducting UMHS initially and ultimately on a routine basis opens many consultative avenues for school psychologists to explore and present opportunities for them to deviate from traditional practice that commonly involves such a heavy testing emphasis (Farmer et al., 2021). In the early stages of considering UMHS at their school(s), school psychologists may formally or informally assess stakeholder (e.g., staff, parents, students) support for UMHS, conduct a needs assessment, engage stakeholders in resource mapping, and provide professional development for school personnel that orients them to UMHS and the rationale for it. School psychologists may also help their school(s) take inventory of existing barriers to UMHS within their building(s).

School psychologists are likely to discover some commonly reported barriers (see Table 3) to UMHS present at their school(s). Attending to and overcoming some of these commonly reported barriers may be easier than others. For example, if budgetary issues and a lack of access to screening instruments are perceived barriers to the conducting of UMHS, school psychologists may help ease stakeholder concerns by informing them that free mental health screeners with sound psychometric properties exist online and are readily accessible for them to use (for review see Becker-Haimes et al., 2020). One of the more challenging barriers to UMHS that school psychologists and leadership teams may face is no support system within their building to adequately respond to students presenting risk following UMHS. In this circumstance, Ormiston et al., (2021) suggest that schools could entertain partnering with a community mental health provider to offer in-school supports for CYP in need. Community mental health providers may also be able to offer e-supports and/or teletherapeutic services for CYP in need that attend schools not in close proximity such agencies.

School psychologists may also be well-positioned to help school leaders and teams be mindful of available universal screening implementation guidance that exists that could be strictly followed ultimately leading to the conducting of UMHS. Despite many state departments of education not issuing implementation guidance for UMHS specifically (Eklund et al., 2021), several universal screening implementation guidance resources exist and are readily accessible (e.g., Eklund & Rossen, 2016; Romer et al., 2020; Substance Abuse & Mental Health Services Administration, 2019). Given their training in assessment and data-based decision-making, school psychologists may also be well-equipped to aid school teams in compiling, reviewing, and choosing a screening tool or set of screening instruments for administration.

Following the conducting of UMHS, opportunities for school psychologist involvement are also available. School psychologists may oversee or participate in analyzing screening results. They may also help guide decision-making about intervention placement for students using screening data. Further, school psychologists could provide consultation, coaching, and technical assistance to stakeholders responsible for servicing and/or intervening with CYP presenting such need. Finally, school psychologists could aid school teams in monitoring the effectiveness of their screening and follow-up support efforts. Here, school psychologists could assist stakeholders with the progress monitoring of individual students and/or student groups across tiers. Alternatively, school psychologists could continually track and use UMHS data to help determine the effectiveness of their school's tier-1 social-emotional curricula and general well-being of the student population.

Limitations

Results of the current study should be viewed in light of several noteworthy limitations. First, the sampling plan

excluded principals outside of Midwestern states. Additionally, the sampling plan excluded principals in Midwestern states whose respective state department of education did not make their contact information readily accessible to the researchers. Therefore, the sampling plan, in addition to the relatively low response rate, especially among principals operating within schools who currently conduct UMHS, is thought to limit the generalizability of the current study's findings. Second, the current study relied on principal self-reported data. Honesty in principal responses was assumed rather than verified. Third, the use of survey methodology carries with it the potential for non-response bias which could threaten the inferential validity of results. Finally, the current study was limited by the questions asked. For schools currently conducting UMHS, information about what led the school to begin conducting UMHS was not collected. Additionally, information about the role(s) of school psychologists in schools conducting UMHS was not gathered. For schools not currently conducting UMHS and not relying on ODRs to assess student risk for mental health concerns, no information about how they determine student risk for social-emotional and/or mental health concerns was solicited. Further, only one question was asked of principals in schools not currently conducting UMHS about their interest in support from their building's school psychologist in helping them begin UMHS at their school. Principals were not probed to offer reasons why or why not they were or were not interested in support from their building's school psychologist.

Future Research Directions

Many opportunities for future research exist following the current study. Future research may focus on better understanding the roles of educational stakeholders in schools currently conducting UMHS, especially school psychologist roles. Future studies could also focus on investigating the service utilization rates of CYP in schools following the conducting of UMHS. Research may also seek to establish what proportion schools currently conducting UMHS have an embedded mental health partner. Results of such research may shed light on the importance of and potential necessity for partnering with community health agencies to bolster a school's support infrastructure both before and following screening. The processes and procedures for securing a community mental health partner to provide embedded school-based services may also be the focus of such studies. Future research may also seek to improve understanding about decision-making strategies in response to schools' UMHS efforts. Future research could also seek to further explore stakeholders' (e.g., parents, students, school personnel, etc.) perceptions of and general support for UMHS. Finally, future research may choose to focus on school psychologist

training in and preparedness for the conducting of UMHS within the buildings they do or will serve. Results of such studies may inform graduate programs' efforts in designing course content and organizing meaningful field-based experiences that may best position future school psychologists to lead and/or aid schools in the conducting of UMHS.

Implications

Current study results suggest that UMHS continues to be a relatively uncommon practice within P-12 school settings. Distributed leadership and collaborative action among educational stakeholders appear increasingly necessary to overcome the many simultaneously present barriers to the conducting of UMHS and to narrow this existing practice gap. Distributed leadership, in particular, may be especially important in settings where a school's principal has a high degree of interest in conducting UMHS but also reports or admits little knowledge about how to initiate a sustainable UMHS process within their building. Fortunately, many principals in the current study appear receptive to capitalizing on the unique expertise and training of school psychologists in launching UMHS within their schools. Absent school psychologist engagement in and involvement with processes resulting in the routine conducting of UMHS in schools, the systemic, widespread expansion of this important practice may remain largely unrealized.

Declarations

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