

# Mental Health Screening Tool (MHST 0-5)

Child 0 to 5 Years



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*Made possible through a grant from the Zellerbach Family Fund*

## **INFORMATION REGARDING THE MENTAL HEALTH SCREENING TOOL (CHILD 0 TO 5 YEARS)**

### **What is the MHST (0-5)?**

The MHST (0-5) is a brief screening tool designed to identify those children younger than five years old most urgently in need of a more thorough mental health screening or assessment.

The original charge for this project, in response to the screening requirements outlined in SB 933, was to identify or develop a mental health screening tool for children who are placed out of the home in group care. The project initially developed a screening tool for children older than five years, the MHST (5yrs to Adult), and at that time broadened the project scope to meet the SB 933 requirement, and serve the needs of all children in out-of-home care, such as those in foster care. A second workgroup was established to design the MHST (0-5).

The project workgroup determined that good screening instruments, for use by well-trained professionals who have adequate time and resources, are available. [For information regarding other screening resources, contact the California Institute for Mental Health (CIMH) at [bcarter@cimh.org](mailto:bcarter@cimh.org).] However, it identified a need for a tool that can be used in situations in which such personnel, time and resources are not necessarily available, and created the MHST (0-5) to fill this need. The project workgroup designed components in the MHST (0-5) to encourage its use in settings, other than group or foster care, that serve children who may have need of a mental health screening or assessment, as well.

### **Don't all children in out-of-home care need a thorough mental health assessment?**

It is this project's recommendation that all children, five years old and younger, placed in out-of-home care receive a thorough mental health screening or assessment, utilizing validated and well-researched instruments and processes. This is indicated because abuse, neglect, and other trauma that precipitate the removal of children from their homes often have negative impacts upon the emotional and mental health of infants, toddlers and preschoolers.

However, recognizing that the complexities associated with the child service system may make the use of longer and more complicated instruments with all children in out-of-home care infeasible, this tool is offered as a resource that can identify those children most in need of more intensive screening and assessment. It is designed to be easily integrated into child serving systems and used by those who may not have expertise in early childhood mental health.

The MHST (0-5) may be less useful to systems that are committed to fully assessing all children in out-of-home care. However, the MHST (0-5) can be useful in a number of scenarios that include:

- Child service systems that do not have the resources, or have otherwise determined that it is not necessary to assess all children in out-of-home care
- Child service systems that seek to triage, or identify those children most in need of immediate mental health assessment, to more effectively utilize resources and serve children
- Child service systems that serve a broader child population than those children who are in out-of-home care
- Child service systems that are committed to assessing all children in out-of-home care, but use the MHST (0-5) as an initial step in the referral and assessment process

### **How was the MHST (0-5) developed?**

The MHST (0-5) was developed by a multi-agency workgroup consisting of participants with expertise in early infant health, mental health, developmental disabilities and childcare services. County child welfare, public health, and mental health departments, as well as university medical centers, community-based agencies, and the State Departments of Mental Health and Developmental Services were represented in the project workgroup.

Three sites pre-tested the MHST (0-5). They report that it is an effective “gross” screening instrument, and a helpful outline that structures screening and assessment interviews with caretakers. A number of additional sites reviewed the draft form of the MHST (0-5) and adopted, or modified and adopted, it prior to the pre-test.

The California Institute for Mental Health (CIMH) designed and completed the project, which was funded by a grant from the Zellerbach Family Fund.

### **Who can use the MHST (0-5)?**

The tool was originally designed for use by those who do not have expertise in the area of early childhood mental health, but have contact with children in this age group, particularly children in foster care. Those who may use the MHST (0-5), depending upon how it is integrated into the local child service system, include county department of social services or mental health caseworkers, public health nurses, childcare staff and providers, foster parents, CHDP service providers, receiving home/shelter staff, and pediatricians.

The project workgroup held the assumption that the agency, or coalition of agencies, that provides specialized services to children younger than the age of five would be different in each county. Therefore, the MHST (0-5) references the Provider of Early Childhood Mental Health Services as the entity that should review completed screening instruments and/or accept referrals for further screening and assessment.

### **When should the MHST (0-5) be used?**

The MHST (0-5) was developed to meet the requirements of SB 933 referenced earlier, as well as support the project recommendation that all children entering out-of-home care receive mental health screening and/or assessment. It is also suggested that the screening tool may be useful in other settings, such as preschools and childcare serving at-risk children.

### **What do Mental Health, Social Services and other agencies serving infants, toddlers and preschoolers need to do to implement the MHST (0-5) in their county?**

All departments and/or agencies that are involved should work together to develop an implementation plan. Decisions to make include agreement regarding the populations to be screened, when the MHST (0-5) will be administered, how information will be transmitted to the Provider of Early Childhood Mental Health Services, and how feedback will be given by the Provider of Early Childhood Mental Health Services to the person making the referral.

The MHST (0-5) is offered in an electronic format that allows for easy alteration to reflect the unique needs of each system in which it is implemented. For example, program-specific information such as phone numbers can be inserted, or questions and information can be presented in a different order.

### **After a county has decided to use the MHST (0-5), what is the suggested process for utilizing the screening instrument?**

It is recommended that the screening tool be utilized in the following manner:

- For initial screening, the MHST (0-5) should be completed either before the child leaves his/her home for placement, or approximately two weeks after placement to allow the child to acclimate to a new environment.
- Children should also be screened approximately two weeks after any change in placement.
- Children who screen as negative [all answers to MHST (0-5) questions are “NO”] after the initial screening should be screened again in approximately 30 days.
- Children who screen as negative at both the initial and 30-day screening should be screened yearly to monitor for changes that may take place.

- A child scoring a “YES” answer to any of the questions should be referred for a more thorough mental health screening or assessment. The amount of time between screening and follow-up will depend upon available resources; however, the referral should be considered to be “urgent,” requiring timely response.

### **How should we respond to the answer “Unknown?”**

Each county will have to develop its own response to these answers. This project recommends that each child be screened every two weeks until the “Unknown” answers are eliminated.

Administrators of agencies or programs utilizing the MHST (0-5) may also use the incidence of “Unknown” responses to identify training or policy changes that will improve the quality of the service system.

### **How can we get more information about the MHST (0-5)?**

Contact the California Institute for Mental Health at (916) 556-3480 ext. 130, or see the website at [www.cimh.org](http://www.cimh.org).

## MENTAL HEALTH SCREENING TOOL (CHILD 0 TO 5 YEARS)

### [MHST (0-5)]

**Person Making Referral:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Telephone/Fax #:** \_\_\_\_\_ **Agency:**  Social Services  Health  Other: \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Caregiver/Contact Person (if known):** \_\_\_\_\_  
**Respondent to MHST (0-5) (if other than caregiver):** \_\_\_\_\_  
**Child's Ethnicity (if known):** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_  
**Child's Current Telephone:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_  
**Child's Current Residence:**  Shelter  Group Home  Relative  Foster Care  Home  Other: \_\_\_\_\_  
**Child's Current Address:** \_\_\_\_\_

Please check applicable boxes. Examples of behaviors or problems that would require a "YES" check follow each question. **Please circle any that apply.** This list is not exhaustive. If you have a question about whether or not to check "YES," please offer relevant information in the COMMENTS section.

YES	NO	Unknown	
			<u>History</u> 1. Has this child experienced severe physical or sexual abuse, extreme or chronic neglect, or been exposed to extreme violent behavior or trauma?  <i>Examples of experiences that may qualify as severe include: severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc., rarely held or responded to.</i>
			<u>Behavior</u> 2. Does this child exhibit unusual or uncontrollable behavior?  <i><b>0 – 18 mos:</b> Crying that is excessive in intensity or duration; persistent arching, "floppiness," or stiffening when held or touched; cannot be consoled by caregiver; cannot initiate or maintain sleep without extensive assistance in the absence of stressors such as noise or illness</i> <i><b>18 – 36 mos:</b> Any of the behaviors above; extremely destructive, disruptive, dangerous or violent behavior; excessive or frequent tantrums; persistent and intentional aggression despite reasonable adult intervention; excessive or repetitive self-injurious behavior (e.g. head banging) or self-stimulating behavior (e.g. rocking, masturbation); appears to have an absence of fear or awareness of danger</i> <i><b>3 – 5 yrs:</b> Any of the behaviors above; frequent night terrors; excessive preoccupation with routine, objects or actions (e.g. hand washing – becomes distraught if interrupted, etc.); extreme hyperactivity; excessively "accident-prone;" repeated cruelty to animals; lack of concern or regard for others; severe levels of problem behavior in toileting (e.g. encopresis, smearing) and aggression (e.g. biting, kicking, property destruction)</i>
			3. Does this child seem to be disconnected, depressed, excessively passive, or withdrawn?  <i><b>0 – 18 mos:</b> Does not vocalize (e.g. "coo"), cry or smile; does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing); does not respond to environment (e.g. motion, sound, light, activity, etc.); persistent and excessive feeding problems.</i> <i><b>18 – 36 mos:</b> Any of the above; fails to initiate interaction or share attention with others with whom s/he is familiar; unaware or uninvolved with surroundings; does not explore environment or play; does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment); few or no words; fails to respond to verbal cues.</i> <i><b>3 – 5 yrs:</b> Any of the above; does not use sentences of 3 or more words; speech is unintelligible; excessively withdrawn; does not play or interact with peers; persistent, extremely poor coordination of movement (e.g. extremely clumsy); unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of nonfood items); clear and significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained).</i>
			<u>Placement, Childcare, Education Status</u> 4. Does this child exhibit behaviors that may <b>not</b> allow him/her to remain in his/her current living, preschool and/or childcare situation?  <i>The child's behaviors, and/or the caregiver's inability to understand and manage these behaviors, threaten the child's ability to benefit from a stable home environment, or preschool or childcare situation.</i>

**If any of the above are checked "YES," refer this child to the Provider of Early Childhood Mental Health Services designated by your county. Please forward form to: \_\_\_\_\_ If applicable, identify the agency to which the child has been referred: \_\_\_\_\_**

**COMMENTS/ADDITIONAL INFORMATION:** \_\_\_\_\_

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