Mental Health Screening Tools: A Guide

Collected by The Learning & Working During the Transition to Adulthood Rehabilitation Research & Training Center
iSPARC, UMass Chan Medical School

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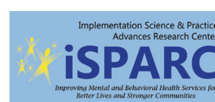

Adolescent Health Review

Description
A multidimensional, computerized, and self-administered screening instrument for adolescents addressing several psychosocial risks; maximum of 33 items. Often used in school settings.

Population
Ages 12-18

Setting
Variety: designed for busy clinics; schools, juvenile correctional facilities, substance abuse programs, residential programs

Timing of Screening
A preliminary screening tool to identify adolescents who may be at risk for certain problems.

Domains
Home, education/employment, eat, physical activities, licit drugs, illicit drugs, sexuality, suicide/depression, safety/security, and other

Administration
Self-Administration

Duration
About 3 minutes

Source
Harrison et al. (2001)

Behavior and Feeling Survey (BFS)

Description

A brief, accessible, 12-item screening tool to monitor youth thoughts, feelings, conduct, and behavior. There are both youth-report and parent/caregiver-report forms. It is free to download and use. Three scores are derived from the survey: Internalizing Problems, Externalizing Problems, and Total Problems. Examples of items in the youth-report form include, “I feel sad,” “I feel bad about myself, or don’t like myself,” “I talk back or argue with my parents or other adults,” and “I break rules at home or at school.”

Population

Ages 7-15

Setting

Clinical and research contexts

Timing of Screening

Frequent remeasurement; used for progress monitoring during youth psychotherapy. This can help clinicians know when goals have been met throughout treatment.

Domains

Overall mental health; internalizing and externalizing problems; conduct and behavior

Administration

Self-Administration and Parent/Caregiver-Report forms are available

Duration

About 1 minute

Properties

Good psychometric properties (see Becker-Haimes et al., 2020). Weisz et al. (2019) report robust factor structure, good to excellent internal consistency, test-retest reliability, and convergent and discriminant validity.

Cost and Access

Free to download (Linked here: weiszlab.fas.harvard.edu/measures)

Advantages

Free to download and use with no authorization required.

Disadvantages

May be considered too brief (only 12 items); not an electronic tool, it is downloadable as a PDF.

Source

Weisz et al. (2019)
Website: weiszlab.fas.harvard.edu/measures

Behavioral Health Screen (BHS)

Description
BHS is the centerpiece screening tool of the web-based platform BH-Works (powered by mdlogix) for adolescents and young adults designed for use by primary care physicians as well as in a variety of settings. It is electronic and consists of 112 items.

Population
Ages 12-21

Setting
Variety; Primary care, emergency departments, colleges and universities, behavioral health settings, and schools. May be used when an individual is identified as "at-risk," or as a general universal screening for all.

Timing of Screening
Typically, this screen would be completed by a patient or student prior to meeting for an in-person session with a medical provider. May also be administered as part of a regular universal screening for all students to identify individuals who may need referral to behavioral health services.

Domains
Medical, family, school, safety, sexuality, abuse, nutrition, eating, anxiety, trauma, depression, alcohol or drug use, suicidality, and psychosis

Administration
Self-Administration

Duration
8-15 minutes

Properties
Validated (Martel et al., 2021). "Strong internal consistency as well as impressive convergent and divergent validity. High specificity and sensitivity" (Glasner et al., 2021, p. 456).

Cost and Access
Cost depends on setting and scope of usage. In Pennsylvania, access is provided through grants to various sites throughout the state. The platform can also be licensed directly through mdlogix. For more on cost/access, contact: allen@mdlogix.com, goswami@mdlogix.com, marjoriem@mdlogix.com, gd342@drexel.edu.

Advantages
"User-friendly. For providers, helps to identify patients with internalizing symptoms and/or at-risk for suicide, helps to facilitate and plan the visit" (Glasner et al., 2021, p. 456)

Source
Diamond et al. (2010)
Website: www.bhlcofpa.org

Brief Assessment Checklist for Children (BAC-C) & Adolescents (BAC-A)

Description
The BAC-A and BAC-C are brief, caregiver-reported measures of mental health to identify clinically-meaningful difficulties in adolescents and children, respectively. The BAC-A contains 20 items. Careful attention must be paid to how the measures are introduced to caregivers, being mindful to not cast judgment on caring abilities. The measures are not designed to assess caring ability of parents/caregivers, but rather to better understand the child/adolescent's mental health.

Population
BAC-C: Ages 4-11; BAC-A: Ages 12-17

Setting
Designed for use in foster, kinship, residential, and adoptive care, children's agencies, and health services without oversight by a child/adolescent mental health clinician.

Timing of Screening
The BAC-C and BAC-A were primarily designed to be used as screening measures. However, they may also be used as brief casework monitoring tools by foster care and adoption agencies, and for treatment monitoring in CAMHS.

Domains
Overall mental health

Administration
Parent/Caregiver-Report; oversight by a mental health professional not required

Duration
5-10 minutes

Properties
Adequate psychometric properties (see Becker-Haimes et al., 2020). Support for high internal consistency, convergent validity, concurrent validity, and discriminant validity is provided.

Cost and Access
Free to download and use, subject to terms of use (Linked here: www.corc.uk.net).

Advantages
Free to download; accessible; can be administered without the oversight of a mental health professional.

Brief Assessment Checklist for Children (BAC-C) & Adolescents (BAC-A) (Continued)

Disadvantages

No evidence of accessibility of this measure for caregivers of youth with learning disabilities; no study has assessed the suitability of the measure across different ethnic or linguistic groups.

Source

Tarren-Sweeney (2013)
Website: www.childpsych.org.uk/BACinfo.html

Electronic Psychological Assessment System (e-PASS)

Description
Time-efficient, adaptive online assessment with personalized set of questions based on respondents' answers. Also provides personalized suggestions for mental health programs that may be useful for the individual.

Timing of Screening
Not intended to substitute clinical assessment or diagnosis from a professional.

Domains
Includes sociodemographic questions as well as 41 disorders (incl. MDD, GAD, social phobia, panic disorder, PTSD, OCD, BN, and AUD); based on the DSM-IV-TR

Administration
Self-Administration

Duration
25-60 minutes

Source
Nguyen et al. (2015)

Guidelines for Adolescent Preventive Services (GAPS) Questionnaire

Description
Guidelines for Adolescent Preventive Services (GAPS) includes a set of surveys for both adolescents and their caregivers to be used as a screening tool for certain health concerns and risk behaviors as well as a set of recommendations that provides a framework for the delivery of health services.

Population
Younger adolescents (ages 11-14) and middle-older adolescents (ages 15-21)

Setting
Annual preventive services visits with a health provider

Timing of Screening
Annual examination

Domains
Risk behaviors, health concerns, adjustment to puberty and adolescence, safety and injury prevention, physical fitness, diet, psychosocial development, sexual health, tobacco use, depression, suicide, abuse, learning problems, infectious diseases

Administration
Self-Report and Parent/Guardian-Report

Cost and Access
Free to download (Linked here: uvpediatrics.com/health-topics/stage/#GAPS)

Source
American Medical Association (1994)
Website: uvpediatrics.com/health-topics/stage/#GAPS

Health eTouch System

Description
Electronic; Max 101 items

Population
Ages 11-18

Domains
Licit drugs, illicit drugs, suicide/depression, safety/security

Duration
12.5 minutes

Properties
Quality assessment: utility, feasibility (Glasner et al., 2021)

Advantages
“Standardized behavioral screening is feasible in pediatric primary care clinic through computerized technology” (Glasner et al., 2021).

Source
Nguyen et al. (2015)

Kessler Psychological Distress Scale (K6+, K10)

Description
The Kessler Psychological Distress Scale (K6+) is a widely-used, brief, 6-item self-report measure of psychological distress designed to screen for risk of a serious mental health condition in the general population. It is the truncated version of the K10. The measure asks respondents to rate their level of distress over the past four weeks. The K6 and the K10 are free to download and use and do not require permission or approval to use.

Population
Ages 18+

Setting
General population; may also be used in clinical and research settings. K6 was developed
for use in community epidemiological needs assessment surveys in the USA but has subsequently been validated and used in surveys in a number of other countries

Timing of Screening
Routine administration

Domains
Overall mental health

Administration
Self-Administration. Interviewer-administered also available. Training/qualification required to administer not provided.

Duration
5 minutes

Cost and Access
Free to download (Linked here: www.hcp.med.harvard.edu/ncs/k6_scales.php). The K6 and the K10 are free to download and use and do not require permission or approval. It is asked that Kessler et al. (2003) is cited and copyright (Copyright © World Health Organization 2003) is included when used. Authors also request to be notified of any publications that use either of these measures.

Properties
Adequate psychometric properties (see Becker-Haimes et al., 2020). Clinical evaluation studies indicate the K6 has very good concordance with blinded clinical diagnoses of serious mental health conditions (Kessler et al., 2002, 2003). The K6 has performed as well as the K10, particularly in its sensitivity in identifying adults with serious mental illness (SMI) from adults without SMI.

Advantages
One of the most widely used brief screening tools around the world for large-scale needs assessment surveys, such as in studies conducted by the CDC and SAMHSA. It is able to correctly predict depression in 81-86% of cases.

Source
Kessler et al. (2003)
Website: www.hcp.med.harvard.edu/ncs/k6_scales.php

Mental Health Continuum-Short Form (MHC-SF)

Description
The Mental Health Continuum-Short Form (MHC-SF) is a brief, 14-item assessment of emotional, social, and psychological well-being. It is derived from the long form (MHC-LF). Examples of items within each domain include: Emotional well-being: “During the past month, how often do you feel satisfied with life?”; Social well-being: “During the past month, how often do you feel that you had something important to contribute to society”; Psychological well-being: “During the past month, how often do you feel that you had experiences that challenged you to grow and become a better person?”

Population
Adolescents (ages 12-18) and adults (18+)

Domains
Overall mental health; emotional, social, and psychological well-being

Administration
Self-Administration

Duration
5 minutes

Cost and Access
Free to download (Linked here: peplab.web.unc.edu/wp-content/uploads/sites/18901/2018/11/MHC-SFoverview.pdf). Permission is not needed to use the measure, however proper credit must be given to Dr. Corey L. Keyes.

Properties
Adequate psychometric properties (see Becker-Haimes et al., 2020). The MHC-SF has demonstrated excellent internal consistency (> .80) and discriminant validity in adolescents (ages 12-18) and adults in the U.S., in the Netherlands, and in South Africa (Keyes, 2009).

Source
Keyes (2009)
Website: peplab.web.unc.edu/wp-content/uploads/sites/18901/2018/11/MHC-SFoverview.pdf

Mood and Feelings Questionnaire (MFQ)

Description
The Mood and Feelings Questionnaire (MFQ) is a long- and short-form depression screening tool inquiring how an a child or adult has been feeling and acting recently (in the past two weeks). For children, a self-report and parent-report version is available for both the long- and short-form. For adults, the questionnaire is self-report and is also available in both long- and short-form. Questions can be directed to Brian Small, at brian.small@dm.duke.edu

Population
Children and young people ages 6-19

Setting
Clinical and research contexts

Timing of Screening
Used as an evaluation tool

Domains
Depression

Administration
Self-Report and Parent-Report (children); Self-Report (adults)

Cost and Access
Free to download (Linked here: devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/). Please cite the authors in any published work.

Properties
The MFQ has been established as a reliable and valid measure of depression in children and young adults, in both clinical and non-clinical samples. It has excellent psychometric properties (see Becker-Haimes et al., 2020). The MFQ has also demonstrated good content validity and criterion validity (Thrabrew et al., 2018).

Disadvantages
No electronic version is currently available; scales are available as PDFs.

Source
Angold et al. (1995)
Website: devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/

The Multidimensional Adolescent Assessment Scale (MAAS)

Description

The Multidimensional Adolescent Assessment Scale (MAAS) is a tool for assessing the severity of adolescents' personal and social problems. The tool was designed with social workers in mind, attending to a critical need for accessible, valid, and reliable tools that are multidimensional to assess a diverse range of adolescents' problems (Mathiesen et al., 2002). The scale encompasses 16 different areas of personal and social functioning. Pen and paper or online administration through Walmyr; Max 177 items.

Population

Ages 10-20

Setting

Practice settings and educational environments

Domains

Home, education/employment, socialization activities, licit drugs, illicit drugs, suicide/depression, safety/security, and other

Administration

Self-Administration

Duration

15-20 minutes

Cost and Access

Available to purchase (print version) in a bundle of 10 copies for $25.00 (Linked here: shop.walmyr.com/shop/MAAS). Online administration through Walmyr is available, sign up through the same link.

Properties

Quality assessment for validity and reliability (Glasner et al., 2021)

Advantages

"Reliable and valid method of measuring multiple domains of functioning" (Glasner et al., 2021, p. 456)

Source

Mathiesen et al. (2002)
Sample of the MAAS: shop.walmyr.com/pdf/MAASSAMPLE.pdf

My Mood Monitor (M-3)

Description
The M-3 is a 27-item, patient-rated tool designed to screen for multiple mental health conditions at once, specifically intended for use in the primary care setting. The score paints a broad picture of how "ill" a patient may be, in the absence of a psychiatrist's evaluation. The MINI was used as reference in the M-3 performance assessment. The higher the score, the greater the risk for a diagnosable mental health condition.

Population
Ages 18+

Setting
Anyone ages 18+ can benefit from the M-3.

Timing of Screening
Prior to meeting with a clinician, taking this assessment can provide valuable information in the diagnostic process. The report is not meant to replace consultation with a professional. It is also recommended to use the M3 as a continuous monitor of symptoms to serve as a progress check-in over time.

Domains
Any mood or anxiety disorder, any anxiety disorder, any depressive disorder, bipolar spectrum disorder, and PTSD.

Administration
Self-Administration

Duration
3 minutes

Properties
The M-3 is a valid, efficient, and feasible tool (Gaynes et al., 2010). The sensitivity and specificity of the M-3 were 0.83 and 0.76, respectively (Martin-Key et al., 2022)

Cost and Access
For individuals: Start for free, M3 Checklist Report: $14; Join Mooditude and receive unlimited reports: $39 (Link to purchase: www.whatsmym3.com)

Advantages
Cost-effective. The system provides personalized recommendations based on your score. For instance, the respondent may be prompted to consult with a clinical professional based on their risk level.

Source
Gaynes et al. (2010)
Website: www.whatsmym3.com

Ohio Youth Problem, Functioning, and Satisfaction Scales

Description

A set of three measures used to assess outcomes of mental health services for youth ages 5-18. The scales are brief (20 items) and provide information about problem severity, functioning, satisfaction, and hopefulness. There are three different scales: one that is youth-rated, one for parents, and one for agency workers. Administration, scoring, and reporting software are free and accessible for all, no licensing required as of March 2020. Examples of items on the youth-report form include, “arguing with others,” “causing trouble for no reason,” “can’t seem to sit still, having too much energy,” and “feeling anxious or fearful” rated on a 5-point scale (from 1=”not at all,” to 5=”All of the time”). Questions about the Ohio Scales for Youth can be directed to Ben Ogles, PhD at ohioscales@byu.edu or 801-422-8193.

Population

Children with severe emotional and behavioral problems between the ages of 5-18

Setting

Mental health services/behavioral health services

Timing of Screening

Regular administration to create outcome management systems and evaluate the effectiveness of child and adolescent mental health services over time.

Domains

Overall mental health, problem severity, functioning, hopefulness, and satisfaction with behavioral health services

Administration

3 different forms: Self-Report (youth), Parent-Report, and Agency Worker-Report

Duration

5-10 minutes

Cost and Access

Free to download (Linked here: sites.google.com/site/ohioscales/the-scales)

Properties

Excellent psychometric properties (see Becker-Haimes et al., 2020). The psychometrics of this tool were rated as “well-demonstrated,” a rating that indicates there are two or more peer-reviewed research articles establishing the measure’s psychometric properties (e.g., reliability, validity, sensitivity, and specificity)

Ohio Youth Problem, Functioning, and Satisfaction Scales (Continued)

Advantages
Brief, accessible, free to download. Using the three scales provides the youth, parent, and agency worker perspective on mental health services.

Disadvantages
No electronic version is currently available; scales are available as PDFs.

Source
Ogles et al. (2001)
Website: sites.google.com/site/ohioscales/

Pediatric Symptom Checklist (PSC)

Description

The Pediatric Symptom Checklist is a 35-item psychosocial screening tool used to identify the types and severity of cognitive, emotional, and behavioral issues in youth and adolescents. Both youth-report and parent-report forms are available. The PSC is not meant to replace evaluation by a qualified professional, but rather provide clinicians with suggestions about which youth may be at greater risk for certain emotional or behavioral challenges. Examples of items on the parent-completed version (PSC) include, “complains of aches/pains,” “spends more time alone,” “tires easily, has little energy,” “is afraid of new situations,” and “does not understand other people’s feelings,” rated on a scale of 0 to 2 (0=”never,” 1=”sometimes,” and 2=”often”). Questions can be directed to Michael Jellinek, MD at mjellinek@partners.org, Michael Murphy, EdD at mmurphy6@partners.org, or by phone: 617-724-3163.

Population

Ages 4-17; ages 11+ can self-report

Setting

Variety: clinical, educational, public health, research, and administrative settings.

Timing of Screening

Can be administered at any point in pediatric care, but most often it is used as a yearly check-in for all. The PSC can be administered prior to the visit, at check-in, during the visit, or outside the visit, such as through bulk mailing (paper or electronic) once per year. Used to identify adolescents who may need further evaluation by a qualified health (e.g., MD or RN) or mental health professional (e.g., PhD, LICSW); can also be used to assess changes in emotional or behavioral problems over time

Domains

Overall mental health

Administration

Self-Administration (version Y-PSC); Parent-Report (version PSC)

Duration

3-5 minutes

Cost and Access

Free to download (Linked here: massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist)

Properties

Excellent psychometric properties (see Becker-Haimes et al., 2020)

Pediatric Symptom Checklist (PSC) (Continued)

Advantages
Selected as the primary measure of psychosocial functioning for 4-17-year-old children by Mass General Hospitals' Division of Child and Adolescent Psychiatry. The Pediatric Symptom Checklist (PSC) has been endorsed twice by the National Quality Forum (NFQ).

Source
Jellinek et al. (1988)
Website: massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist

Rapid Assessment for Adolescent Preventive Services (RAAPS)

Description
RAAPS is a technology-, cloud-based risk identification system developed for youth and young adults. Can be completed on any device with internet access. Maximum of 22 items.

Population
Ages 9-12, ages 13-18, and ages 19-24

Setting
Variety: School settings, primary care, hospitals, and youth-serving organizations

Timing of Screening
Before meeting with clinician or professional face-to-face, to identify top risks; can be used throughout services to track changes over time

Domains
Home, education/employment, eat, physical activities, licit drugs, illicit drugs, sexuality, suicide/depression, safety/security, strengths, and other

Administration
Self-Administration

Duration
5-10 minutes

Properties
”Validity and reliability established with good internal consistency, content validity and face validity” (Glasner et al., 2021).

Cost and Access
To request pricing, consultation is required (Link to book: www.possibilitiesforchange.org/pricing)

Advantages
Data captured over time can provide insights that support targeted follow-up and direct programming and services. “Strong specificity and sensitivity. For providers, encourages communication and disclosure, time efficient, easy to use, comprehensive risk assessment” (Glasner et al., 2021). This tool is recommended by the Society for Adolescent Health and Medicine.

Disadvantages
”Mostly not valid in Colombia” (Glasner et al., 2021, p. 456)

Source
Yi et al. (2009)
Website: www.possibilitiesforchange.org/raaps

Strengths and Difficulties Questionnaire (SDQ)

Description
The SDQ is a brief behavioral health screening questionnaire specific to children and adolescents. There are several different iterations of the SDQ, including various translations into different languages, informant-report for parents or teachers, and self-report for those ages 11-17 and 18+, and an impact supplement.

Population
Self-Report: Ages 11-17, ages 18+

Setting
For clinicians and researchers with an interest in psychiatric caseness and the determinants of service use. In community samples, multi-informant SDQs can predict the presence of a psychiatric disorder with good specificity and moderate sensitivity.

Timing of Screening
May be used in initial assessment of child and adolescent mental health, prior to first clinical assessment. The findings can influence how the assessment is carried out and which professionals are involved. Can also be used as a “before” and “after” assessment of everyday practices, such as in clinics or special schools. May also be used in large epidemiological studies.

Domains
Overall mental health

Administration
Self-Administration for ages 11+. For informant-report forms, these can be completed by teachers or parents/ guardians.

Duration
3-5 minutes

Properties
This tool is validated with a sensitivity of 63-94% and a specificity of 88-96%. The Impact Supplement has excellent psychometric properties (see Becker-Haimes et al., 2020).

Cost and Access
Free to download (Linked here: www.sdqinfo.org/a0.html)

Advantages
Both self-report and informant-report screens are available. It is free to download and use. The SDQ is a MassHealth-approved screening tool.

Disadvantages
Will soon be available as an electronic version, but is currently pen-and-paper. May be considered too brief; further study is needed in pre-school aged-children.

Source
Goodman & Goodman (2009)
Website: www.sdqinfo.org/a0.html

Symptoms and Functioning Severity Scale (SFSS)

Description
The Symptom and Functioning Severity Scale (SFSS) is a brief, 24-item measure of youth emotional and behavioral status. The SFSS is used to assess treatment progress. The measure is organized into: Externalizing Problems (14 items), Internalizing Problems (10 items), and a Total Problems Score (Duppong Hurley et al., 2015).

Population
Youth ages 11-18

Setting
Community mental health settings; residential and group care; outpatient settings

Timing of Screening
Can be administered repeatedly to assess progress throughout service delivery

Domains
Overall mental health; emotional and behavioral issues; externalizing and internalizing problems

Administration
Can be completed by a clinician/ treatment provider, adult caregiver, or youth themselves, depending on the version chosen. Does not require extensive training to administer.

Cost and Access
Free to download (Linked here: peabody.vanderbilt.edu/docs/pdf/cepi/ptpb_2nd_ed/PTPB_2010_AppendixB_SFSS_031212.pdf)

Properties
Good psychometric properties (see Becker-Haimes et al., 2020)

Source
Athay et al. (2012)
Website: peabody.vanderbilt.edu/docs/pdf/cepi/ptpb_2nd_ed/PTPB_2010_AppendixB_SFSS_031212.pdf

Youth version, Case-finding and Help Assessment Tool (YouthCHAT)

Description
YouthCHAT is an electronic, self-report screening for psychosocial problems and risky health behaviors. Contains 87 items. Has been shown to identify disclosures of mental health and other health concerns with reduced burden on staff to perform screenings. It was designed based on the Patient Health Questionnaire-Adolescent Version (PHQ-A).

Population
Ages 10-24

Setting
Primary care, youth, and school settings, primarily in New Zealand

Domains
Smoking, alcohol or drug use, gambling, eating disorder, depression, anxiety, stress, sexual health, abuse, conduct, anger, and inactivity

Administration
Self-Administration.

Duration
Not specified

Properties
Validated (Martel et al., 2021)

Cost and Access
Free for one month, after which there is an annual fee of about $90 USD ($150 NZD) per virtual clinic for any number of staff users. The current process to obtain access is to email chester@kekeno.tech. Coming soon, access will be available through self-registration and a normal payment gateway.

Advantages
Ease of use, gives respondents time to reflect, makes consultations faster for providers, helps guide the conversation with the patient surrounding sensitive subjects (Glasner et al., 2021).

Disadvantages
According to Glasner et al. (2021), the interface could be more appealing and there are some student literacy issues.

Source
Goodyear-Smith et al. (2017)

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