

# Behavioral Health: Early Intervention for Youth

## Guideline Checklist

### Schools Level 2



## The current state of the issue

Behavioral health encompasses both mental health and substance use disorders. In 2023, 40% of high school students reported feeling sad or hopeless almost every day for 2 or more weeks in a row. [i] Between 2013 to 2021, rates of youth suicide and attempted suicide in Washington have risen by over 600%. [ii] Not all youth are equally as likely to attempt suicide; youth who identify as female, BIPOC, or LGBTQ+ are more likely to have attempted suicide in the past year. [iii] Co-occurring mental health concerns are common in children. Almost 3 out of every 4 youth with depression also experience anxiety. [iv] Over 1 in 3 youth have a documented need for mental health treatment. [v] Substance use can negatively impact youth development, as well as increase the risk of developing mental health conditions, such as depression, anxiety, and psychosis. [vi] Given the increasing prevalence and serious impact on the health of youth, improving early identification and intervention of behavioral health concerns is vital.

### Education & Capacity Building

- Consider hiring staff with adequate training to screen and provide brief intervention and referral as able

### Screening, Brief Intervention & Referral

- Systematically screen students annually for common youth behavioral health concerns using validated tools** (see OSPI) following evidence-based guidelines (e.g., Bright Futures)
  - Follow a timely process for assessing and responding to screening results
  - Consider diverse cultural values and attitudes as they relate to behavioral health concerns in your setting.
- For those who screen positive, **provide follow up** according to acuity of need.
  - Inform caregivers** with permission of youth and as per state statute
- Support referral to and shared planning with** school- or community-based providers when indicated
- Collect data** on outcomes of screenings, brief interventions delivered and ideally closed-loop referrals completed.



## Resources

- The Bree Report is meant to supplement these resources.
- Full Bree Report: <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2025/01/BH-Youth-Repot-Final-0127.pdf>
- Seattle Children's First Approach Skills Training (FAST) Program: <https://www.seattlechildrens.org/healthcare-professionals/community-providers/fast/>
- WCAAP Supporting Adolescent Patients in Crisis: [https://wcaap.org/wp-content/uploads/2021/10/Crisis-toolkit\\_final56497.pdf](https://wcaap.org/wp-content/uploads/2021/10/Crisis-toolkit_final56497.pdf)
- UW CoLab Value-Based Care Models in Pediatric Mental/Behavioral Health Care Report: [Microsoft Word - VBC100322.docx](#)
- Washington's Mental Health Referral Service for Children and Teens: <https://www.seattlechildrens.org/healthcare-professionals/community-providers/pal/mental-health-referral/>
- SAMHSA Student Assistance: <https://library.samhsa.gov/sites/default/files/d7/priv/pep19-03-01-001.pdf>

**Read the full Bree Report on Behavioral Health Early Intervention for Youth online by scanning the QR code:**



**Connect with the Bree Collaborative at [bree@qualityhealth.org](mailto:bree@qualityhealth.org)**

References: [i] [Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023 \(cdc.gov\)](#) [ii] [Youth Suicide Rates | Washington State Department of Children, Youth, and Families](#) [iii] [Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023 \(cdc.gov\)](#) [iv] Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children. *J Pediatr*. 2019 Mar;206:256-267.e3. doi: 10.1016/j.jpeds.2018.09.021. Epub 2018 Oct 12. PMID: 30322701; PMCID: PMC6673640. [v] [CHILDRENS\\_BH\\_DASHBOARD\\_2023NOV.pdf \(wa.gov\)](#) [vi] National Institute on Drug Abuse. (2020). Common Comorbidities with Substance Use Disorders Research Report. Retrieved from [URL].

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