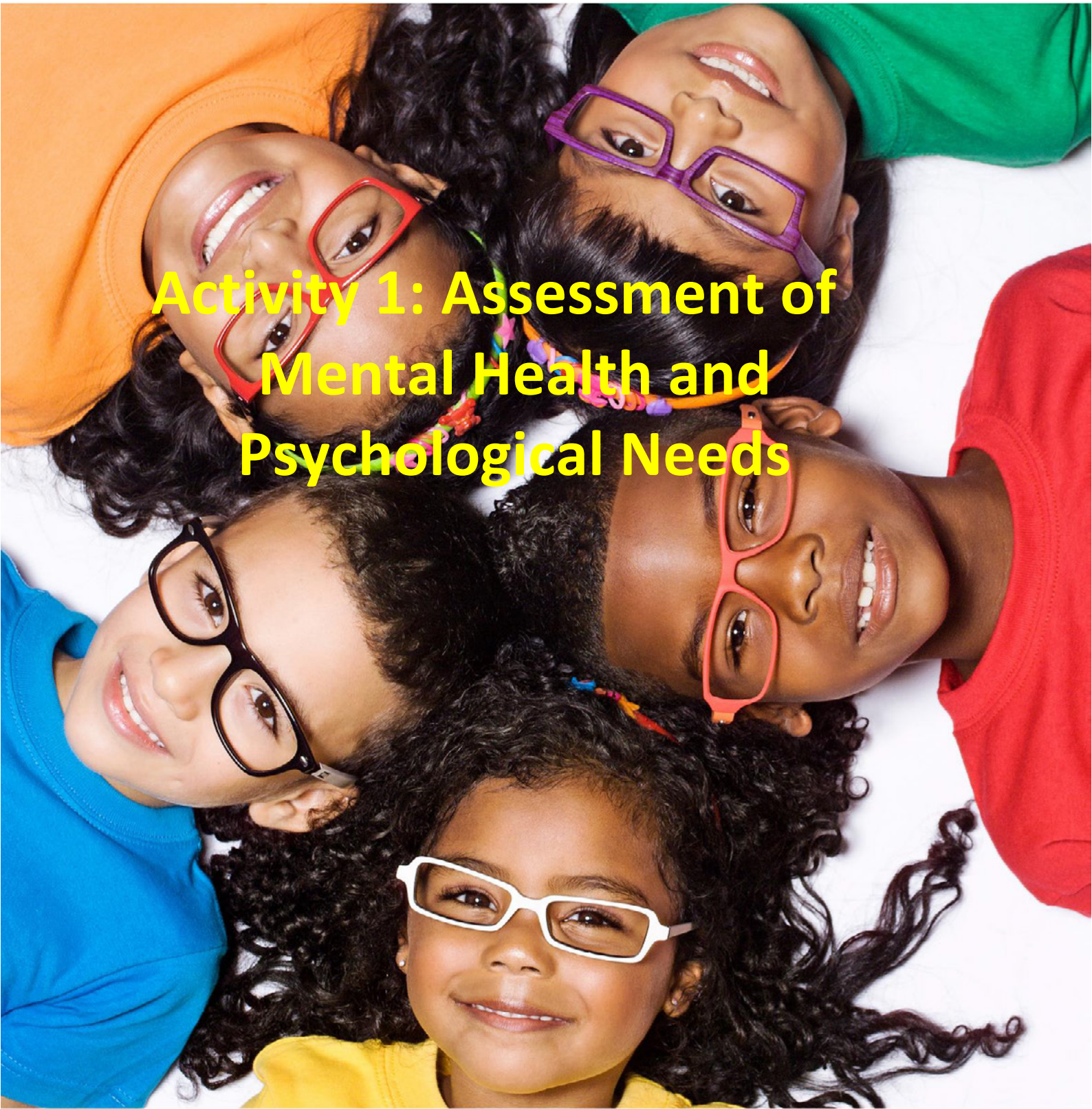




Co-funded by
the European Union



Activity 1: Assessment of Mental Health and Psychological Needs





Co-funded by
the European Union



**DEVELOPING A TOOL TO ASSESS THE NEED FOR PSYCHOLOGICAL
FIRST AID TO ADOLESCENT SCHOOL PUPILS
2021-2-EL01-KA210-SCH-000050953**

**Activity 1: Mental Health and Psychosocial Support (MHPSS)
and Psychological First Aid (PFA): Assessment, Tools and Best
practices in School Settings**

Partners

ASSOCIATION DOCTORS OF THE WORLD-GREEK DEPARTMENT, GREECE

CYPRUS TECHNOLOGICAL UNIVERSITY, CYPRUS

C.I.P. CITIZENS IN POWER, CYPRUS

SYNCFIFY, FRANCE



Co-funded by
the European Union



Authors

Dr Christiana Kouta, Dr Elena Rousou, Dr Panagiota Ellina, Mrs Elena Nikolaidou, Mrs Paraskevi Charitou

Cyprus University of Technology, Cyprus



Contents

1. Introduction	4
2. Mental Health and psychosocial (MHPSS) Supporting Tools	5
3. Mental Health and psychosocial (MHPSS) Screening Tools	13
4. BITESIZED Learning Tools for the assessment of Mental Health and Psychological Needs	23

The material of the project reflects only the author’s views. The European Commission’s support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission or the Hellenic National Agency cannot be held responsible for any use which may be made of the information contained therein.



1. Introduction

One in four teens in Europe has psychosocial issues, according to WHO. Feelings of pressure due to school work have increased in a third of European countries. At the same time, factors such as the global recession, the response to the refugee and migrant flows and the COVID-19 pandemic have also had their toll on the mental health of the most vulnerable pupils. Increased bullying phenomena inside schools have further underpinned the need to timely intervene in support of the victims. Pupils originating from different cultural and religious backgrounds have increased into national schools in Greece and Cyprus as a result of the latest refugee and migration flows. The different communities' coexistence presents additional challenges.

Unlike other EU countries, Greece and Cyprus don't have an institutional body responsible for tackling and managing MHPSS needs in school community, nor do they have top-level strategies and other policy measures addressing the mental health of young people, including suicide prevention measures.

The O.P.EN project takes place in the framework of school education, and its overall objective is to promote a healthy and safe school environment. Specifically, it aims to capacitate /empower school stakeholders -i.e., teachers, professionals in the field of school education and representatives of parents' associations- to identify and manage mental health and psychosocial (MHPSS) emergencies

By training teachers and school stakeholders in MHPSS, the project contributes towards enriching their education thus upgrading their knowledge and skills in the long run ; by familiarizing school stakeholders with MHPSS sector's tools, methods and best practices, the project contributes to teachers' and school stakeholders' continuous professional development. By introducing MHPSS into the school community, the project contributes to resilience building and young pupils' protection.

The direct target group of the project will be teachers and school stakeholders in Greece and Cyprus -i.e., school managers, employees of private education centers, officers engaged in civil society/NGO education projects and parents actively engaged into schools' affairs through their participation to parents' school committees. These groups are best positioned to identify and support cases within school community that require (urgent) psychological first aid (PFA) and MHPSS support.

Through O.P.EN project, the partners will:

- Create of a blue-print for an institutionalized MHPSS early warning mechanism in school settings



Co-funded by
the European Union



- Increase awareness on the need for community-based, scalable MHPSS interventions as integrated elements of a healthy school environment
- Contribute to COVID-19 and/or other (health) emergencies psychosocial preparedness and post crisis management
- Cultivate and strengthen bonds between different actors/parts of the school community
- Advocate and promote positive change concerning MHPSS policies and school curricula

This document is part of Activity 1. It is a compendium of material and tools, some of which already produced within the framework of IENE 6 (<https://www.ienerrefugeehub.eu/>) fit into different categories, according to each tool's educative scope, namely:

- 1) International guidelines, found in the world's most recognizable international and humanitarian organizations
- 2) Tools for assessing psychological distress
- 3) Tools for the intervention in cases of psychological distress
- 4) Tools for the self-help of health-workers and volunteers working in humanitarian environments

These tools are easy-to-use and provide the workers a step-by-step guide to curate complex cases of people in psychological distress. These guidelines and best practices collected assist front line professionals dealing with vulnerable populations such as refugees to recognize problems that have surfaced and how to deal with them in a timely and efficient manner.

The project's partners reviewed, analyzed, adapted, reshaped and enriched this material, tailoring it to ground gaps and needs and making it available to teachers, school stakeholders and community. The compendium includes MHPSS supporting and screening tools and bite-sized learning tools that can be used in the school setting and elsewhere.



Co-funded by
the European Union



2. Mental Health and psychosocial (MHPSS) Supporting Tools

SUPPORTING TOOLS FOR YOUTH AND ADOLESCENTS

	Title/Summary	Reference/Link
	<p>Tools for supporting emotional wellbeing in children and youth</p> <p>Many children and teens struggle with feelings of stress, anxiety, and depression, particularly during the pandemic. These tools were created to promote the mental and emotional wellbeing of children and youth – during the COVID-19 crisis and beyond. The National Academies of Sciences, Engineering, and Medicine (NASEM) made this project possible with funding from the Centers for Disease Control and Prevention (CDC). NASEM brought together a group of experts to develop ways to help children and youth with difficulties they face every day. Together with experts at ICF, they created tools, based on cognitive behavioral therapy (CBT), to help reduce stress, anxiety, and depression. The tools are meant for children and youth directly, and for parents to help children and youth with stress, anxiety, and depression. Teachers and other caregivers may also be able to use these resources. The tools on this webpage were created to teach skills that can help children and youth cope with some of the challenges associated with the pandemic, like: Changes in their routines, Breaks in continuity of learning, Breaks in continuity of health care, Missed significant life events, Lost security and safety.</p>	<p>Tools for supporting emotional wellbeing in children and youth – The National Academies of Sciences, Engineering, and Medicine (2022)</p> <p>Available at:</p> <p>https://nap.nationalacademies.org/resource/other/dbase/wellbeing-tools/interactive/tools-for-teens.html</p>



<p>Resources for Adolescents and Parents</p> <p>Resources for Adolescents and Parents are online resources aimed specifically at adolescents and young adults and their parents including:</p> <ul style="list-style-type: none"> • Mental Health Resources for Adolescents • Mental Health Resources for Parents of Adolescents • Substance Use Resources for Adolescents • Substance Use Resources for Parents of Adolescents • Confidentiality in Health Care Resources for Adolescents and Parents of Adolescents • Sexual & Reproductive Health Resources for Adolescents • Sexual & Reproductive Health Resources for Parents of Adolescents • Physical and Psychosocial Development Resources for Adolescents • Physical and Psychosocial Development Resources for Parents of Adolescents 	<p>Resources for Adolescents and Parents- Society for Adolescent Health and Medicine (2022)</p> <p>https://www.adolescenthealth.org/Resources/Resources-for-Adolescents-and-Parents.aspx</p>
<p>COVID-19: Resources for Parents and Teens</p> <p>The COVID-19 pandemic has created many new stressors for teens and their families. SAHM has assembled resources addressing several topics including: teen mental health coping; parenting and caring for one’s family; resources for online education; guides discussing social distancing; and sexual health considerations.</p>	<p>COVID-19: Resources for Parents and Teens- Society for Adolescent Health and Medicine (2022)</p> <p>https://www.adolescenthealth.org/COVID-19/COVID-19-Resources-for-Parents-and-Teens.aspx</p>



	<p>Doing What Matters in Times of Stress: An Illustrated Guide is a stress management guide for coping with adversity.</p> <p>The guide aims to equip people with practical skills to help cope with stress. A few minutes each day are enough to practice the self-help techniques. The guide can be used alone or with the accompanying audio exercises. Informed by evidence and extensive field testing, the guide is for anyone who experiences stress, wherever they live and whatever their circumstances. Ranging from parents and other carers to health professionals working in dangerous situations, for both people who flee war, losing all they have, and well protected people living in communities at peace. Anyone living anywhere can experience high levels of stress. Translated in: Arabic - Juba Arabic, Chinese, Dari, Farsi, French, German, Georgian, Greek, Hungarian, Italian, Korean, Japanese, Lithuanian, Romanian, Russian, Spanish, Turkish, Ukrainian, Urdu, Vietnamese.</p>	<p>Doing What Matters in Times of Stress: An Illustrated Guide is a stress management guide for coping with adversity. (WHO, 2020)</p> <p>https://www.who.int/publications/i/item/9789240003927?gclid=CjwKCAjw9e6SBhB2EiwA5myr9vTYDSOT8UAXnmSw5RO8gykMtBDw9L8qkuJuYXkZDziw2bVKBWlpchoChpEQAvD_BwE</p>
	<p>Wellbeing activities: Being kind to yourself</p> <p>These activities help learners to be kind to themselves and look after their own wellbeing in order to build resilience and coping mechanisms. This educational resource is suitable for primary and secondary school aged students, 7 to 18. Learners will:</p> <ul style="list-style-type: none"> ● build resilience, empathy and kindness ● reflect on the importance of wellbeing ● learn some coping techniques to support with loneliness and anxiety 	<p>Wellbeing activities: Being kind to yourself (British Red Cross, 2020)</p> <p>https://www.redcross.org.uk/get-involved/teaching-resources/wellbeing-activities-being-kind-to-yourself?c_code=175151&c_source=google&c_name=aviva%20wellbeing%20&adg=&c_crea</p>



Co-funded by
the European Union



	<ul style="list-style-type: none"> • develop self-awareness and empower themselves to help with their own wellbeing • Think about other people’s needs and experiences. 	<p>tive=generic&c_medium=cpc&gclid=CjwKCAjw9e6SBhB2EiwA5myr9kWpQSoTOAM_PUBPH8s moK40HOC5LtuTRJtlqHUqp2kf6bljhnWHuRoC CwcQAvD_BwE</p>
	<p>Mental Health Tech Tools for Kids Dealing With Depression or Anxiety: Apps, sites and text hotlines to help kids cope with issues from stress to suicide</p> <p>For text support, tools such as the Crisis Text Line offer immediate help. And for LGBTQ kids, who are more at risk for suicide than the general population, It Gets Better and The Trevor Project provide resources and counseling services.</p>	<p>https://www.parentmap.com/article/mental-health-tech-tools-resources-teens</p>
	<p>Teacher’s Guide to the Magnificent Mei and Friends Comic Series</p> <p>UNICEF and the World Health Organization created the first in a series of Magnificent Mei comics and an accompanying Teacher’s Guide to support social and emotional learning among adolescents. By promoting social and emotional learning and skills practice, the Comic Book and Teacher’s Guide aim to help promote psychosocial well-being, prevent mental health conditions, and reduce risky behaviours in adolescents.</p> <p>The Teacher’s Guide is for use by professionals in educational settings who work with adolescents aged 10-14 years, including teachers, school counsellors, and mental health professionals, such as</p>	<p>The United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), 2021</p> <p>Teacher’s Guide:</p> <p>https://www.who.int/publications/i/item/9789240026261</p>



Co-funded by
the European Union



<p>psychologists, occupational therapists, and social workers. The Guide can be used for planning and facilitation of classroom activities focused on socio-emotional learning.</p>	<p>Magnificent Mei: https://www.who.int/publications/i/item/9789240026285</p>
<p>How to reduce stress and support student well-being during COVID-19.</p> <p>Activities for teachers to support student mental health (UNICEF)</p> <p>The costs of COVID-19 lockdowns and school closures on children's health, well-being and learning has been devastating.</p> <p>Everyone has been affected by the pandemic, but for some children and adolescents, lockdowns and school closures have meant being subjected to violence, abuse and neglect at home.</p> <p>For others, increased time online, particularly unsupervised time for younger children, may have heightened the risk of being exposed to harmful content, cyberbullying and online sexual abuse and exploitation.</p> <p>As students return to school, teachers might be the first trusted adult they have encountered outside their home since COVID-19 containment measures started. Teachers may be the first person to spot if something is wrong.</p>	<p>https://www.unicef.org/coronavirus/teacher-student-activities-support-well-being</p>



<p>These activities can be done with students in order to help reduce stress, support well-being and provide them with positive coping strategies. These activities are also beneficial for teachers well-being.</p>	
<p>Early intervention in youth mental health</p> <p>This resource is a practical guide to early intervention in youth mental health. It's designed for teachers, school staff and other staff who work with students in a school setting.</p> <p>1. Early intervention guide</p> <p>This guide can:</p> <ul style="list-style-type: none"> • help you identify early warning signs and symptoms • provide guidance on key actions you may take • explain what support is available. <p>2. Be You Mental Health Continuum</p> <p>The Be You Mental Health Continuum is a tool for educators designed to assist you in knowing when to seek support for a child or young person who you think may be experiencing mental health issues or in need of extra support.</p>	<p>https://www.education.vic.gov.au/school/teachers/health/mentalhealth/Pages/earlyintervention.aspx#link63 PDF</p> <p>1. Early intervention guide</p> <p>https://www.education.vic.gov.au/Documents/school/teachers/health/mentalhealth/youthmentalhealth_earlyinterventionguide.pdf</p> <p>2. Be you Mental Health Continuum</p> <p>https://beyou.edu.au/-/media/resources/mental-health-continuum/mental-health-continuum.pdf</p> <p>3. Quick Guide to Student Mental Health and Wellbeing – Resources for teachers and schools</p>



	<p>3. Quick Guide to Student Mental Health and Wellbeing – Resources for teachers and schools</p>	<p>https://www.education.vic.gov.au/Documents/school/teachers/health/mentalhealth/quick-guide-to-student-mental-health-and-wellbeing-resources.pdf</p>
	<p>Managing Mental Wellness: Tools for Yourself, Your Students, and your classroom</p> <p>Teachers have one of the greatest responsibilities in the world: supporting children to grow into caring, competent citizens equipped with the skills to lead productive and fulfilling lives. In the best of times, teaching can be challenging and stressful. Starting in 2020—amidst COVID-19 and with a spotlight on inequities in the United States—school leaders, teachers, school staff, and families have attempted to balance physical safety, emotional well-being, and worthwhile learning.</p> <p>During these unprecedented times, this toolkit is designed for teachers, their students, and the classroom. It offers strategies to manage mental wellness in the context of school and personally, and it gives methods to assist students and families with learning and well-being. Each section includes tools that teachers can directly apply to their own experiences.</p>	<p>https://maec.org/managing-mental-wellness/#pdf</p> <p>https://maec.org/wp-content/uploads/2022/01/MAEC-ManagingMentalWellness-2022web-1.pdf</p>
	<p>Integrating mental health and psychosocial support into youth programming: a toolkit</p> <p>This Integrating Mental Health and Psychosocial Support into Youth Programming: A Toolkit provides strategies and tools for designing, implementing, and evaluating mental health and</p>	<p>https://www.edulinks.org/resources/integrating-mental-health-and-psychosocial-support-youth-programming-toolkit</p>



Co-funded by
the European Union



psychosocial support (MHPSS) programs and activities for youth in low- and middle-income countries (LMICs) and conflict-affected contexts.

The Toolkit is a resource for standalone youth MHPSS programs and MHPSS activities that are integrated into cross-sectoral youth-focused programs (e.g., health, gender and gender-based violence or GBV, workforce development/youth employment, education, violence prevention, peace, and stability, etc.). The Toolkit includes guidance based on good practice for MHPSS, with recommendations for adapting program designs to community needs and the local context.

This Toolkit, developed under YouthPower2: Learning and Evaluation, is a reference for USAID field and headquarters staff, as well as national and international partners involved in designing, managing, and evaluating MHPSS programming and strategies for youth.

Global multisectoral operational framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings

UNICEF's operational framework is intended to help UNICEF staff and partners develop programmes across the social ecological model and the mental health continuum of prevention, promotion and treatment to improve the mental health and psychosocial wellbeing of children, adolescents and their caregivers globally. The strategies and approaches included in the framework will help in accelerating actions for children's, adolescents' and caregivers' mental health and psychosocial wellbeing in national and regional development strategies. The framework can be used in development contexts, humanitarian contexts and within the humanitarian-development-peace nexus.

<https://www.unicef.org/reports/global-multisectoral-operational-framework>



3. Mental Health and psychosocial (MHPSS) Screening Tools

The following Screening tools for the assessment of mental, emotional, behavioral Disorders in children and adolescents are divided into three categories based on the suggestion of Birman and Chan (2008)¹. These categories are described as: a) Broad Measures, b) Selective Measures, c) Targeted Measures.

SCREENING TOOLS for the assessment of Mental Disorders or risk of Mental Disorders, in Youth and Adolescents		
A. Broad Scope		
Designed to screen for child behavior or emotions that may place the child at risk for mental disorders. Not designed to screen for any specific diagnosis, or even the presence of a mental disorder. Identify children who are experiencing emotional or behavioral problems that may or may not stem from a mental disorder		
	Title/Summary	Reference/Link
	<p>The Strengths and Difficulties Questionnaire (SDQ)</p> <p>The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2007) is a 25-item screening questionnaire for children aged 3- 16 years that screens for difficulties in the following areas: emotional symptoms, conduct problems, hyperactivity/inattention and peer relationship</p>	<p>The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2007)</p> <p>https://www.sdqinfo.org/a0.html</p>

¹ Birman, D. and Chan, W.Y., (2008). Screening and Assessing Immigrant and Refugee Youth in School-Based Mental Health Programs https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2008/rwjf29520



<p>problems, in addition to strengths in prosocial behavior. Goodman aimed to develop a tool that reflected contemporary concerns (e.g. prosocial behavior, concentration), could be administered as both a multi informant instrument and as a self- report instrument and could be one page in length. The instrument was originally developed in the United Kingdom. The SDQ scores are based on informant reports from parents and teachers for younger children and self- report measure for adolescents aged 11-16 years of age. An extended version is available that assesses the impact of difficulties in terms of chronicity, distress, social impairment and burden on others. A further version of the SDQ is available that includes two additional questions measuring the impact of the intervention. The SDQ is available in over 60 languages. The instrument asks informants to base their ratings on the past six months. Each item is scored on a 3-point ordinal scale where 0=not true, 1= somewhat true and 2= certainly true. Scores for scales 1- 4 are summed to provide a total difficulties score. Children are categorized as being in one of three score ranges; within the normal range (< 80th percentile), within the borderline range (90-90th percentile) and within the clinically significant range (>90th percentile). Scoring templates and computerized scoring is available from the SDQ website www.sdq.org.</p>	
<p>Child Self-Rating Scale</p> <p>The Child Self-Rating Scale (CSRS) is a 40-item self-report measure of socio-emotional adjustment of children and adolescents. The scale consists of 4 subscales: 1) rule compliance-acting out, 2) anxiety-withdrawal, 3) friend-peer relationships, and 4) school interest. Items are rated on a 4-point Likert scale ranging from 0 (almost never) to 3 (almost always) to measure the frequency of behaviors</p>	<p>Child Self-Rating Scale (Hightower et al., 1987)</p> <p>https://www.researchgate.net/publication/232568615_The_Child_Rating_Scale_The_Development_of_a_Socioemotional_Self-Rating_Scale_for_Elementary_School_Children</p>



	<p>The Pediatric Symptom Checklist (PSC)</p> <p>The Pediatric Symptom Checklist (PSC) is a brief questionnaire that helps identify and assess changes in emotional and behavioral problems in children and adolescents ages 6-16. The PSC covers a broad range of emotional and behavioral problems and is meant to provide an assessment of psychosocial functioning. In addition to the original 35-item parent-reported questionnaire, there are translations into more than two dozen other languages, a youth self-report, a pictorial version and a shorter 17-item version for both parents and youth. Each item on the PSC receives zero, one or two points, with the scores on all 35 items summed for the total score. The recommended cutoff to indicate a possible problem is based on a large national sample in the U.S., where a score of 28+ identifies about 12% of children as being at risk. It is important to emphasize that the PSC is not designed to produce a diagnosis or to serve as a direct conduit to a specific treatment or medication. Instead it is meant to provide clinicians with suggestions for which patients may be at higher than average risk and with scores to compare to normative data.</p>	<p>The Pediatric Symptom Checklist (PSC)</p> <p>https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist#:~:text=The%20Pediatric%20Symptom%20Checklist%20(PSC)%20is%20a%20brief%20questionnaire%20that,an%20assessment%20of%20psychosocial%20functioning.</p>
<p>B. Selective measures/scope</p>		
<p>Detecting a spectrum of symptoms that may be indicative of a range of disorders, such as externalizing or internalizing disorders.</p>		
	<p>Title/Summary</p>	<p>Reference/Link</p>
	<p>The Child Behavior Checklist for Youth Self-Report</p>	<p>Child Behavior Checklist (CBCL), Youth Self-Report (YSR) and Teacher's Report Form (TRF): an</p>



<p>The Child Behavior Checklist for Youth Self-Report (CBCLY-SR; Achenbach & Rescorla, 2007) is completed by children aged 11–18. Children rate themselves on how true each item has been of them in the prior 6 months. This tool provides information on internalizing, externalizing, and total problems. Responses are rated on a three-point scale (Not True, Sometimes/Somewhat True; Very Often True). The CBCL parent–teacher scales have closely matched items and scales that make it easier for clinicians to make cross-informant comparisons. The scales for the 6–18 years old group are: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior.</p>	<p>overview of the development of the original and Brazilian versions (Bordin et al., 2013)</p> <p>https://www.scielo.br/j/csp/a/mRi4hMKNXB7c9ygswwFFYRCN/?format=pdf&lang=en</p>
<p>Behavioral Assessment System for Children (2nd ed.) (BASC-2)</p> <p>BASC-2 was developed as a "multimethod, multidimensional system used to evaluate the behavior and self-perception of children and young adults aged 2 through 25 years". The BASC-2 is composed of five main measures of behavior:</p> <p>(1) Teacher Rating Scale (TRS) to measure adaptive and problem behaviors in the preschool or school setting. Teachers or other qualified observers can complete forms at three age levels—preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21)—in about 10–20 minutes. The forms describe specific behaviors that are rated on a four-point scale of frequency, ranging from “Never” to “Almost Always.” The TRS contains 100-139 items,</p> <p>(2) Parent Rating Scale (PRS) to measure both adaptive and problem behaviors in the community and home setting. Parents or caregivers can complete forms at three age levels—</p>	<p>Behavioral Assessment System for Children (2nd ed.) Reynolds, C. R., & Kamphaus, R. W. (2004)</p> <p>https://pdfcoffee.com/download/basc-2-4-pdf-free.html</p> <p>https://www.ualberta.ca/community-university-partnership/media-library/community-university-partnership/resources/tools---assessment/basc-2jan-2012.pdf</p>



preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21)—in about 10–20 minutes. The PRS contains 134-160 items and uses a four-choice response format,

(3) Self-Report of Personality (SRP), provides insight into a child’s or adult’s thoughts and feelings. Each form—child (ages 8 to 11), adolescent (ages 12 to 21), college (ages 18 to 25)—includes validity scales for helping judge the quality of completed forms. The SRP takes about 30 minutes to complete.

(4) Structured Developmental History (SDH), and

(5) Student Observation System (SOS) to observe and evaluate the child or adolescent’s daily classroom behavior directly, and takes approximately 15 minutes for observation.

BASC-2 applies a triangulation method for gathering information.

By analyzing the child’s behavior from three perspectives—Self, Teacher, and Parent—you get a more complete and balanced picture. Combined, these BASC-2 tools provide one of the most comprehensive systems currently available!



C. Targeted measures/scope	
Designed to detect symptoms of specific disorders such as depression or PTSD.	
Title/Summary	Reference/Link
<p>Life Events Scale</p> <p>This stress assessment measures the amount of change, using Life Change Units, a person experienced and adjusted to in the previous 12 months. It was designed to predict the likelihood of disease and illness following exposure to stressful life events. Each life event is given a score that indicates the amount of readjustment a person has to make as a result of the event. Not all of the events in the scale are necessarily negative events. A modified scale has also been developed for students (teenagers and university aged young adults). The Student Stress Scale focuses on events that may occur in the life of a student to offer you a different perspective for evaluating stress. The Student Stress Scale is an adaptation for college students of the Life Events Scale developed originally by Holmes and Rahe. This popular stress assessment measured the amount of change, using Life Change Units, a person was required to adapt to in the previous year. It was designed to predict the likelihood of disease and illness following exposure to stressful life events. Each life event is given a score that indicates the amount of readjustment a person has to make as a result of change. This scale indicates that change in one's life requires an effort to adapt and then an effort to regain stability. Stress is a natural byproduct of adapting and then regaining internal homeostasis.</p>	<p>Holmes-Rahe Social Readjustment Rating Scale. Journal of Psychosomatic Research, (1967). Vol. 11, pp. 213-218.</p> <p>https://www.dawnfarm.org/wp-content/uploads/GriefAndLossHandoutItems-04-19-2016.pdf</p> <p>https://www.sciencedirect.com/science/article/abs/pii/0022399967900104</p>



UCLA Posttraumatic Stress Disorder Reaction Index for DSM-IV

This instrument assesses reactions to trauma in children and adolescents. It can be used as a self-report (completed on paper, suitable for one to one or group administration) or given verbally where questions are read to the child. The test has excellent psychometric properties, and has been used across a variety of trauma types, age ranges, settings, and cultures.

The University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-RI) is one of the most widely used instruments for the assessment of traumatized children and adolescents. It has been used around the world after major disasters and catastrophic violence as an integral component of public mental health response and recovery programs.

There are three versions: Child, Adolescent and Parent's Report. Questions match the DSM-IV criterion. Although the instrument was not designed to make a formal diagnosis, it can provide preliminary diagnostic information. In Part I, a brief review of the traumatic experience sets the stage for the subsequent questions, helps the child recall details of the traumatic event (Criterion A1). Part II includes questions related to A1 and A2 criteria which are scored "yes" or "no". Part III asks about the frequency of PTSD symptoms during the past month (rated from 0=none of the time to 4=most of the time). These items map directly onto the DSM-IV PTSD criterion B (intrusion), criterion C (avoidance / numbing), and criterion D (arousal). Twenty of these items assess PTSD symptoms; two additional items assess associated features—fear of recurrence and trauma-related guilt.

UCLA Posttraumatic Stress Disorder Reaction Index for DSM-IV, (Steinberg et al.,1998)

<https://istss.org/clinical-resources/assessing-trauma/ucla-ptsd-assessment-tools/dsm-iv>



<p>The test takes around 20-30 minutes to complete depending on age, reading ability and method of administration. It is suitable for administration by a graduate level student under supervision. Scoring takes around 5-10 minutes.</p> <p>The score sheet provides instructions for calculating a total PTSD severity score, and severity scores for each of the DSM-IV B, C, and D symptom clusters. When criterion A is met, children who meet criteria B, C, and D (using endorsements of "much of the time" and "most of the time" as indicating symptom presence) are scored as having a likely diagnosis of DSM-IV "full" PTSD. Where criterion A is met, children meeting criteria for only two symptom subcategories are scored as "partial" PTSD likely. A cut-off of 38 or greater for a single incident traumatic event has the greatest sensitivity and specificity for detecting PTSD</p>	
<p>UCLA Posttraumatic Stress Disorder Reaction Index for DSM-5</p> <p>The UCLA Child/Adolescent PTSD Reaction Index for DSM-5 is the revision of the UCLA Child/Adolescent PTSD Reaction Index for DSM-IV. The new DSM-5 version is a semi-structured interview that assesses a child's trauma history and the full range of DSM-5 PTSD diagnostic criteria among school-age children and adolescents. A DSM-5 parent/caregiver version is also available. The University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index for DSM-5 (UCLA-RI-5) is one of the most widely used instruments for the assessment of traumatized children and adolescents. It has been used around the world after major disasters and catastrophic violence as an integral component of public mental health response and recovery programs.</p>	<p>UCLA Posttraumatic Stress Disorder Reaction Index for DSM-5 (2013)</p> <p>https://istss.org/clinical-resources/assessing-trauma/ucla-ptsd-assessment-tools</p>



<p>Although the instrument was not designed to make a formal diagnosis, it can provide preliminary diagnostic information. In Part I, a brief review of the traumatic experience sets the stage for the subsequent questions and helps the child recall details of the traumatic event (Criterion A1). Part II includes questions related to A1 and A2 criteria which are scored "yes" or "no". Part III asks about the frequency of PTSD symptoms during the past month (rated from 0=none of the time to 4=most of the time).</p> <p>The test takes around 20-30 minutes to complete depending on age, reading ability and method of administration. It is suitable for administration by a graduate level student under supervision.</p>	
<p>Hopkins Symptom Checklist (HSCL)-25</p> <p>The HSCL-25 is a symptom inventory which measures symptoms of anxiety and depression. It consists of 25 items: Part I of the HSCL-25 has 10 items for anxiety symptoms; Part II has 15 items for depression symptoms. The scale for each question includes four categories of response ("Not at all," "A little," "Quite a bit," "Extremely," rated 1 to 4, respectively). Two scores are calculated: the total score is the average of all 25 items, while the depression score is the average of the 15 depression items. It has been consistently shown in several populations that the total score is highly correlated with severe emotional distress of unspecified diagnosis, and the depression score is correlated with major depression as defined by the Diagnostic and Statistical Manual of the American Psychiatric Association, IV Version (DSM-IV).The HSCL-25 is a self-report questionnaire on the existence and severity of both anxiety and depression symptoms during the previous week, used to identify psychiatric illness in primary care in adults and adolescents.</p>	<p>Derogatis, LR, Lipman, RS, Rickels, K, Uhlenhuth, EH & Covi, L (1974), 'The Hopkins Symptom Checklist (HSCL). A measure of primary symptom dimensions.', <i>Modern Problems of Pharmacopsychiatry</i>, vol. 7, no. 0, pp. 79-110.</p>



Co-funded by
the European Union



Birleson Depression Self-Rating Scale for Children (DSRS-C)

The DSRS-C tool is based on the operational definition of depressive disorder, implying duration of a specific affective behavior pattern where there is impairment in a child's or adolescent's ability to effectively function in his/her environment. It is an 18-item self-report tool. The DSRS-C measures the direction of disturbances felt in the past week by children and adolescents aged between 8 to 14 years of age. Subjects are asked to select one of the following options; "Most of the time," "Sometimes," or "Never." The scores for the scale are 2, 1, or 0. Responses to items are simply scored in the direction of disturbance. The 18 scores are then summed to give the total score. For items 1, 2, 4, 7, 8, 9, 11, 12, 13 and 16 'mostly' scores 0, 'sometimes' scores 1 and 'never' scores 2. For items 3, 5, 6, 10, 14, 15, 17 and 18 'mostly' scores 2, 'sometimes' scores 1 and 'never' scores 0. Higher scores indicate stronger depressive tendencies. The English version of the DSRS-C has been translated into 11 languages, including Arabic, Arabic (Syria), Chinese, Dari, Hindi, Italian, Japanese, Khmer, Norwegian, Pashto and Russian. Not all of the translated versions however have been psychometrically evaluated.

Birleson, P., Hudson, I., Buchanan, D. G., & Wolff, S. (1987). Clinical evaluation of a self-rating scale for depressive disorder in childhood (Depression Self-Rating Scale). *Journal of Child Psychology and Psychiatry*, 28, 43-60.



Co-funded by
the European Union



4. BITESIZED Learning Tools for the assessment of Mental Health and Psychological Needs

BITESIZED Learning Tools for the assessment of Mental Health and Psychosocial needs and resources in major humanitarian crises in Youth and Adolescents	
<p>Culturally competent Compassion and Psychological Support</p> <p>The objectives of this bite-sized learning tool are to:</p> <ul style="list-style-type: none"> ● Explore how compassion has been defined ● Introduce the reader to the Papadopoulos (2011) notion of culturally competent compassion ● Provide the components of culturally competent compassion which were identified by an international nursing study on compassion ● Raise awareness about the role of compassion in the delivery of psychological support in Youth and Adolescents 	<p>http://www.ienerefugeehub.eu/uploads/network/other/26-bitesize-learning-no2-culturally-competent-compassion-and--psysupport-061217.pdf</p>
<p>Culture, Cultural Differences and Psychological Support</p> <p>The objectives of this bite-sized learning tool are to:</p>	<p>http://www.ienerefugeehub.eu/uploads/network/other/29-bitesized-learning-no1-culture-cultural-differences-and--psychological-support.pdf</p>



Co-funded by
the European Union



<ul style="list-style-type: none">● Understand how culture has been defined● Explore the importance of culture in our lives● Raise awareness about the role of culture in the delivery of psychological support in youth and adolescents	
<p>Intercultural Communication and Psychological Support</p> <p>The objectives of this bite-sized learning tool are to:</p> <ul style="list-style-type: none">● Explore the meaning of intercultural communication● Apply learning at work- of health care workers and volunteers working with youth and adolescents	<p>http://www.ienerrefugeehub.eu/uploads/network/other/32-bitesized-learning-tool-no-6-intercultural-communication-and--psychological-support1.pdf</p>

