



COLUMBIA UNIVERSITY TEENSCREEN PROGRAM

SCIENCE INTO POLICY, PREVENTION AND ACTION
2004 OVERVIEW





Dear Friends,

I'd like to think ten years from now we will look back at 2004 and see it as the year mental health check-ups went from a pilot program to a public health movement. In addition, the passage of the landmark federal Garrett Lee Smith Memorial Act in the fall of 2004 can be seen as the critical "tipping point" that pushed the science of screening into service. This suicide prevention law gives preference for funding to voluntary mental health check-up efforts.

The growing demand for depression and mental health screening has been amply demonstrated through the expansion of the TeenScreen Program into 250 locations in 41 states. Rapid growth is occurring in all regions of the United States – in states as diverse as Florida, Ohio, California, Pennsylvania, Nevada, Iowa and New Mexico. Screening is now taking place in high schools, substance abuse programs, juvenile justice facilities, after-school programs, physicians' offices and foster care programs.

Through the strength of our science and the hard work of our small but dedicated staff, our grassroots TeenScreen Network has now grown to more than 4,200 mental health professionals, educators and parents in all 50 states and four foreign countries. These committed individuals are the foundation of our success.

Last year's endorsement by the President's New Freedom Commission on Mental Health was followed in 2004 by the national Suicide Prevention Resource Center's approval of TeenScreen for inclusion on its list of evidenced-based suicide prevention programs.

Of course all of this momentum generates unique demands. For the first time we have had to create a waiting list for new sites as the requests for screening programs has outstripped our staff's ability to respond. The number of state and county officials contacting us for technical assistance is growing.

All this momentum also generates unique opportunities to start to address pressing research questions. These include: What are the best ways to involve parents in screening? What methods work best to get a teen in need referred to a qualified mental health professional? How much more effective is screening in identifying students at risk than school personnel alone? What are the best practices for screening in schools, foster care and primary care?

As in the past, we have been blessed with incredibly steadfast and generous support from private family foundations, corporations, and individuals. We have also been encouraged by the public support for screening from the 34 national organizations that now formally support mental health check-ups for youth. We will continue to work towards broadening the support for our work and for mental health screening. I look forward to working with everyone who shares our mission in 2005 as we tackle the challenges of success and work to serve more parents and teens.

Laurie Flynn
Director
The Center for Early Diagnosis and Treatment



SCIENCE INTO POLICY

TeenScreen has grown into a national effort with no financial support from the federal government. Yet, if every parent in America will someday be offered a voluntary mental health check-up for their teen, support from federal and state governments is essential. 2004 saw some major steps forward towards this dream.

The 2003 suicide of Garrett Smith, son of U. S. Senator Gordon Smith, led to the drafting and passage of the nation's first youth suicide prevention legislation, the Garrett Lee Smith Memorial Act. This legislation, signed in October 2004 by President Bush, offers local communities and Native American tribes up to \$82 million in assistance to implement and expand programs like TeenScreen. For 2005, Congress has appropriated a total of \$10 million for the initial implementation of the Smith Act. We are proud of the active role we played in these successes.

The TeenScreen Program in Sen. Smith's hometown deserves some of the credit for the shape of this legislation. After their son's death, Sen. Smith and his wife Sharon searched to see what could be done to prevent this tragedy from happening to other parents. They were looking for programs that make a difference. This quest led them to the Pendleton, Oregon TeenScreen program. We were very honored to see that the legislation lists screening programs as a priority for reducing youth suicide. We are also very excited to welcome Sharon Smith to the TeenScreen National Advisory Council.

These historic developments in Washington, DC have been matched by equally impressive efforts in many state capitals. Governor Jeb Bush's office in Florida is promoting screening as an important method to address both teen suicide risk and substance use. State education offices in Iowa and Nevada are working to add the TeenScreen Program to existing statewide efforts to improve student education and health. Mental health commissioners and staff in Ohio, New Mexico and Pennsylvania are integrating screening into teen health efforts. State governments in Ohio, New Mexico and Nevada provided grants to help launch local TeenScreen programs.

Overview of the Garrett Lee Smith Memorial Act

- Provides grants to states, public organizations, and nonprofits for the development of youth suicide prevention and intervention strategies
 - Authorizes funds for a variety of programs related to suicide prevention and intervention, including a priority for youth mental health screening programs—such as TeenScreen
 - Requires that at least 85 percent of the funds be dedicated to implementing youth suicide prevention strategies
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In 2005 our policy efforts will focus on helping the U.S. government, state governments and communities implement the Garrett Lee Smith legislation. We also hope to work closely with state governments to develop statewide initiatives and with the business, medical and public health communities in expanding the practice of mental health check-ups.

While the policy advances have been exhilarating, they have also been met with occasional confusion. Inaccurate media reports of President Bush's New Freedom Commission's recommendations fanned rumors that the Commission and programs like TeenScreen were advocating mandatory screening and treatment of teens. We have been working hard to get ahead of this misinformation. We stress the fact that the TeenScreen Program is voluntary, requires parental consent and teen assent and does not make treatment recommendations.

Science into Prevention

The core mission of our center is to take the science of early detection of mental illness and use it to save lives. Our largest effort is the TeenScreen Program, which has now trained 250 sites in 41 states. This program uses scientifically proven questionnaires, administered by computer and on paper, to find teens who may be suffering from an undiagnosed mental illness or are at risk of suicide. And then the most important part of our work begins. Each local program works tirelessly to help parents link to appropriate services for their children in need.

The hard work of scores of school administrators, school health personnel and mental health professionals – many of them volunteers – has produced incredible results. In 2004 an estimated 48,720 parents were offered a mental health check-up for their children, almost 40,000 were screened, and 6,644 teens at possible risk of a mental illness or suicide were identified and referred to a mental health professional for further assessment and help.

Teens Screened and Referred to a Mental Health Professional (2004 Estimates)

Teens Screened	Teens Referred to a Mental Health Professional
39,080	6,644

Ongoing research provides insight into how the program is succeeding in different parts of the country. In a study of almost 2,000 high school students that participated in a TeenScreen assessment, 74% of students who were contemplating suicide and 50% of students who had made a prior suicide attempt were not previously known to be having problems by school personnel.

A follow-up study of the teens referred to treatment after screening found that the majority of youth identified as being at risk got help. Parents reported that 47% of teens referred to a mental health professional received help within the first three months of the screening and that number grew over time. Six months after screening almost 60% had received assistance.

Parents report great improvement. In one survey of parents whose children were identified through TeenScreen, 72% reported that their child was doing very well or significantly improved after participating in the screening program and seeing a mental health professional.

Highlights of Follow-Up Studies and Surveys

- 74% of high school students contemplating suicide and 50% that had made an attempt were not known
 - 47% of teens received help within three months, 58% within six months
 - 72% of parents report teens doing very well and/or significantly improved after screening
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The idea of giving teens a mental health check-up has tremendous appeal. The flexibility of the TeenScreen Program tools has led to rapid expansion of screening into diverse settings. The U.S. Department of Defense is piloting the TeenScreen Program on a military base. Native American groups, foster care agencies, juvenile justice programs and primary care doctors are adapting the program and tools for their use. And at the end of 2004 we were informed that Vivian Fernandez de Torrijos, the First Lady of Panama, has announced a nationwide program in her country to screen 10,000 teens a year for each of the next five years.





Where Screening Takes Place

Schools	Primary Care
Mental Health Programs	Military Bases
Shelters	Juvenile Justice Programs
Native American Communities	Substance Abuse Programs
Foster and Residential Care	

Science into Action

The TeenScreen Program was created to take a decade of research led by Dr. David Shaffer, Chief of Child and Adolescent Psychiatry at Columbia University, and have it make a difference in the lives of teens. Today we provide technical assistance, screening tools, training and policy advice to thousands of individuals each year in order to move science into action.

The TeenScreen Network consists of more than four thousand parents, mental health professionals, educators and policymakers. They are hard at work in local communities, state capitals and in Washington, D.C. on such pressing issues as suicide prevention, teen mental health, substance abuse, academic achievement and violence prevention. Together they are translating the science of mental health check-ups into action.

Who Are the 4,289 Members of The TeenScreen Network?

Mental Health Professionals	36%
Education Professionals	30%
Parents	27%
Public Officials & Policymakers	7%

A survey of network members found these as their top priorities for 2005:

- Establish screening programs in more schools
- Increase public awareness about teen mental health and screening
- Train local communities to establish referral programs that connect teens to services
- Work to increase state and federal support for local screening programs

2005 Action Agenda

We are energized by the policy and prevention successes of the last year and have laid out an ambitious plan for the coming year. Our goals include:

- Expanding the number of teens screened and referred for help
- Strengthening the TeenScreen Network nationwide including key states such as California, Florida, Iowa, Ohio, Nevada, New Mexico, New York and Pennsylvania
- Working on new strategies to engage and inform parents
- Providing technical assistance to the federal government, states and local communities on the successful implementation of the Garrett Lee Smith Memorial Act
- Assisting state governments and communities on pilot programs and large-scale screening efforts
- Partnering with the Native American community
- Creating a national research agenda for mental health check-ups
- Working with business leaders on employee and dependent assistance programs
- Working with health plans and physicians on screening programs in primary care

If the current momentum continues, soon every parent will be offered an opportunity to catch their children before they fall.

National Organizations Supporting Screening

Thirty-four national organizations support mental health screening for youth:

American Academy of Child and Adolescent Psychiatry
American Association for Marriage and Family Therapy
American Federation of Teachers
American Managed Behavioral Healthcare Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
Anxiety Disorders Association of America
Bazelon Center for Mental Health Law
CHADD: Children and Adults with Attention-Deficit/Hyperactivity Disorder
Child and Adolescent Bipolar Foundation
Consumer Organizing and Networking Technical Assistance Center
Depression and Bipolar Support Alliance
Federation of Families for Children's Mental Health
Girls and Boys Town
International Association of Psychosocial Rehabilitation Services
International Society of Psychiatric-Mental Health Nurses
National Alliance for the Mentally Ill
National Association of County Behavioral Health Directors
National Association of School Nurses
National Association of School Psychologists
National Association of Secondary School Principals
National Association of State Mental Health Program Directors
National Council for Community Behavioral Healthcare
National Education Association
National Empowerment Center
National Mental Health Association
National Mental Health Consumers' Self-Help Clearinghouse
President's New Freedom Commission on Mental Health
School Social Work Association of America
Suicide Prevention Action Network of USA
Tara National Association for Personality Disorders
Tourette Syndrome Association
United States Conference of Catholic Bishops

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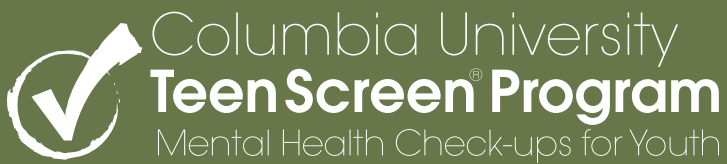
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