



TeenScreen Schools and Communities: Bringing Evidence-Based Screening to Your Community

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Show Me You Care
Jefferson City, MO



Presenter Disclosures

There have been no personal financial relationships with commercial interests relevant to this presentation during the past 12 months.

TeenScreen National Center does not receive any money from pharmaceutical companies.



TeenScreen National Center for Mental Health Checkups

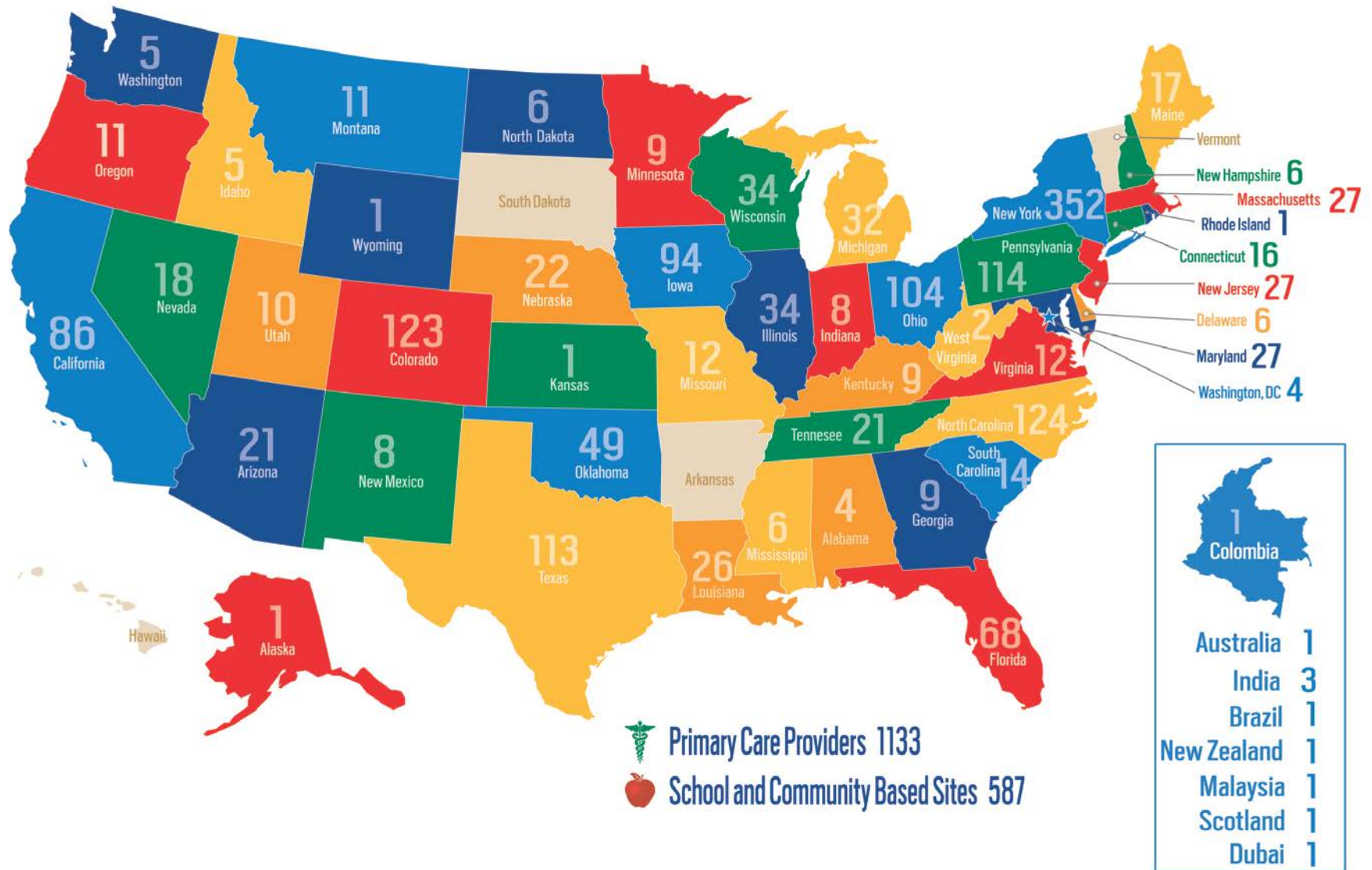


TeenScreen National Center for Mental Health Checkups at Columbia University

- National resource center committed to early identification of mental illness in adolescents and prevention of teen suicide.
- The Center's mission is to expand and improve early detection of mental illness by mainstreaming mental health checkups as a routine procedure for adolescents.
- Non-profit, privately funded center housed in the Columbia University Division of Child and Adolescent Psychiatry.
- The National Center provides free tools and resources to community implementers and system partners.
- Program areas include primary care, school and communities, and health policy.



1,720 Active TeenScreen Sites in 46 States



Suicide in Middle School Students

- 18% - 28% of U.S. middle school students report serious thoughts of killing themselves each year
- 11% - 16% of U.S. middle school students report making a suicide plan
- 8% - 14% of U.S. middle school students report having made a suicide attempt

States surveyed:

- Grades 6, 7, & 8: Georgia, Hawaii, Mississippi, Wyoming
- Grades 7 & 8 only: Alabama, Maine, and North Dakota

Cities surveyed:

- Grades 6, 7, & 8: District of Columbia PS; Miami-Dade County PS, FL; Milwaukee PS, WI; San Bernardino USD, CA; San Francisco USD, CA
- Grades 7 & 8 only: Dallas ISD, TX; District of Columbia PS; Miami-Dade County PS, FL; Milwaukee PS, WI; San Bernardino USD, CA; San Francisco USD, CA

Data is weighted and considered representative of their specified jurisdiction

CDC (WISQARS, 2005) (last reviewed 1/23/08)
YRBS 2003



Suicide in High School Students

- 29% of students nationwide felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activity in the last year
- 13.8% of students in grades 9-12 seriously considered suicide in the previous 12 months (17.4% of females and 10.5% of males)
- 6.3% of students reported making at least one suicide attempt in the previous 12 months (8.1% of females and 4.6% of males)
- 1.9% of students had made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (2.3% of females and 1.6% of males)

CDC. WISQARS. (2010). National Center for Injury Prevention and Control, CDC
YRBS 2007

CDC. Youth Risk Behavior Surveillance—United States, 2009. Surveillance Summaries, June 4. MMWR 2010; 59(No. SS-5)



The Issue: A Summary

- One in 10 U.S. children and adolescents suffer from a serious mental disorder that causes significant functional impairment at home, in school and with peers.
- Suicide is the 3rd leading cause of death for 15-24 year-olds. 90% of teens who die by suicide suffer from a treatable mental illness at their time of death.
- Among 15- to 24-year olds, suicide accounts for 12.2% of all deaths annually and there are approximately 100-200 attempts for every completed suicide.
- First symptoms of mental illness occur two to four years before the onset of a full-blown disorder. Half of all mental disorders start by age 14.

Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2010). National Center for Injury Prevention and Control, CDC

Shaffer et al., 1996

Kessler et al., 2005

Cooper, S., Valleley, R.J., Polaha, J., Begeny, J., & Evans, J.H. (2006).

Rand Corporation Research Highlights: Mental Health Care for Youth (2001)

Zuckerbrot et al., 2007; Simonian, 2006; wren et al., 2003; Stancin & Palermo, 1997



Consequences of Untreated Mental Illness in Children and Adolescents

Suicide

- Approximately 90% of children and adolescents who commit suicide have a mental disorder.
- States spend nearly \$1 billion annually on medical costs associated with completed suicides and suicide attempts by youth up to 20 years of age.

Higher Health Care Utilization

- Youth that are experiencing emotional and behavioral problems, or with higher levels of psychosocial distress, are likely to be more frequent visitors to their primary care provider.
- When youth go untreated for mental illness, they use more health care services and incur higher health care costs in their adult years than others their age.
- Youth that suffer are more likely to experience long-term disability and premature mortality

School Failure

- Approximately 50% of students age 14 and older who suffer from mental illness drop out of high school; this is the highest dropout rate of any disability group.

Juvenile and Criminal Justice Involvement

- Many youth with unidentified and untreated mental illness also end up in jails and prisons. 65 % of boys and 75 % of girls in juvenile detention suffer from mental illness.



Where Screening Equals Hope

- **Mental illness is treatable.**
 - There is ample time to intervene before symptoms escalate to a full blown disorder and before a teen turns to suicide.
- **Screening tools that have been proven to effectively and accurately identify at-risk children and teens are available.**
 - Screening more accurately identifies teens with significant mental health problems than school professionals (63% vs. 37%) (Scott et al., AJPB 2009).
- **Most mentally ill and suicidal youth aren't already being helped.**
 - At-risk adolescents who do not request help on the screening questionnaire are significantly more likely to report suicidal ideation in the preceding three months than those who request help (62% vs. 31%) (Husky et al., Child Psychiatry Hum Dev, 2008).
- **No one else is asking teens these questions, but they will give us the answers if we ask the questions.**
 - Screening is safe and does not increase distress, depressive symptoms, or suicidal ideation (Gould et al., JAMA 2005).



Bringing Mental Health Checkups to Your Community

- Raise awareness in your community about the serious problem of unidentified mental illness and suicide in youth. Visit our website, www.teescreen.org and our [State Resource Center](#) for information on youth mental illness and suicide in your state. Download or order materials.
- Share information and educate your primary care provider, school officials or community leaders on how mental health checkups work and the value of early intervention and prevention programs.
- Build support for developing a local mental health checkup initiative by developing or joining group of individuals that have the authority to help facilitate local screening efforts. Community partnerships and support are critical to the success of local screening efforts. Include/ reach out to:
 - ✓ Medical and health care professionals
 - ✓ School officials, faculty, support staff
 - ✓ Mental health professionals
 - ✓ PTA/ PTO members or other parent groups
 - ✓ Administrators from hospitals and mental health agencies
 - ✓ Tribes and tribal leadership
 - ✓ Faith-based organizations
 - ✓ Local colleges and universities
- Become involved and start a local screening program in your community!



TeenScreen Schools and Communities



TeenScreen Schools and Communities



- National mental health screening program focused on:
 - ➔ Early identification of mental illness (internalizing disorders)
 - ➔ Suicide prevention in youth
 - ➔ Linking those in need with further assessment
- Community-based partnerships to develop screening programs
- Focus on education systems and community-based youth-serving organizations
 - Schools and SBHCs
 - Clinics
 - Drop-in centers
 - Shelters
 - Residential treatment facilities
 - Juvenile justice facilities



Local TeenScreen Schools and Communities Program Guarantees:

- Voluntary screening
- Confidentiality for participants and their families
- Support from the screening site for screening services
- Qualified and trained staff
- Program protocols, policies and practices
- Aggregate data reports on local, state and national levels
- Shared commitment to the goal of voluntary, routine mental health screening for youth

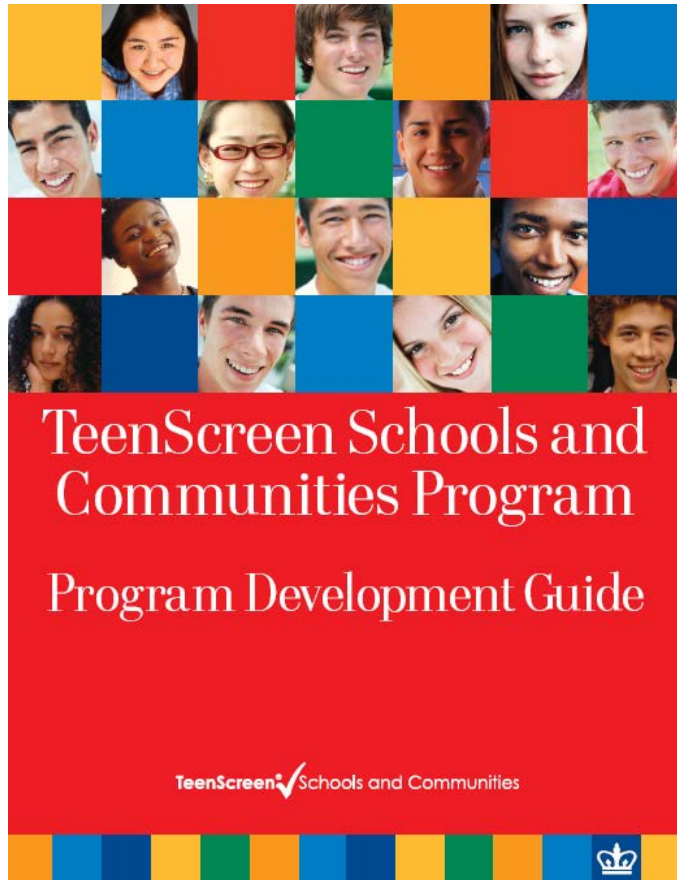


The Development Process

How to Implement TeenScreen in your School or Community



Development Materials



- Schools and Communities Program Development Guide
- Program Development Webinar
- Development Activity Worksheet
- Development Resources

FREE



Community Support

Building community support and collaboration is the foundation of all successful TeenScreen programs

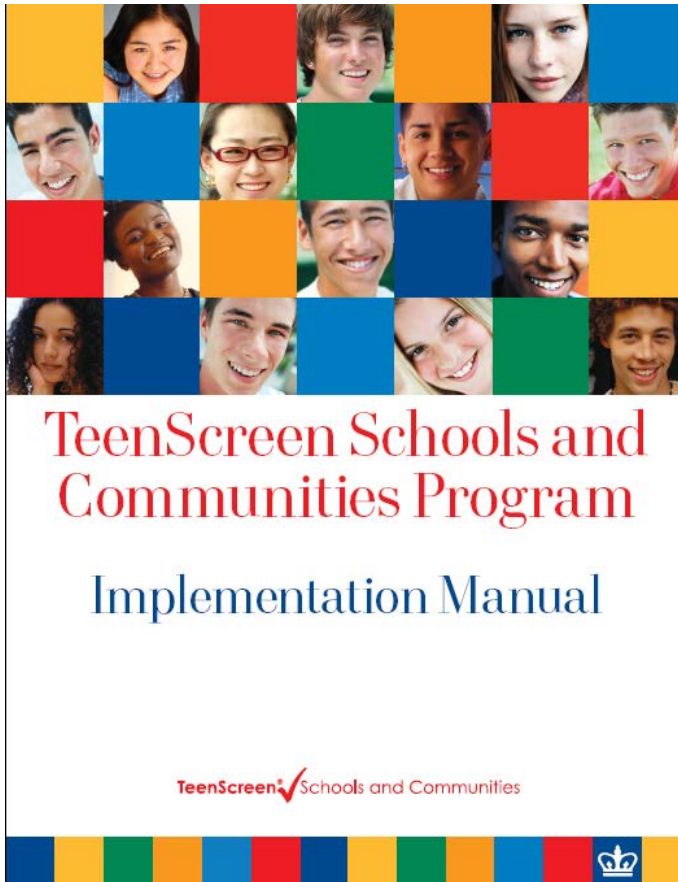


The Development Process

How to Implement TeenScreen in your School or Community



Training Materials



- Schools and Communities Program Implementation Manual
- Implementation Activity Worksheet
- Training Modules and Certificates of Completion
- Online Registration

FREE

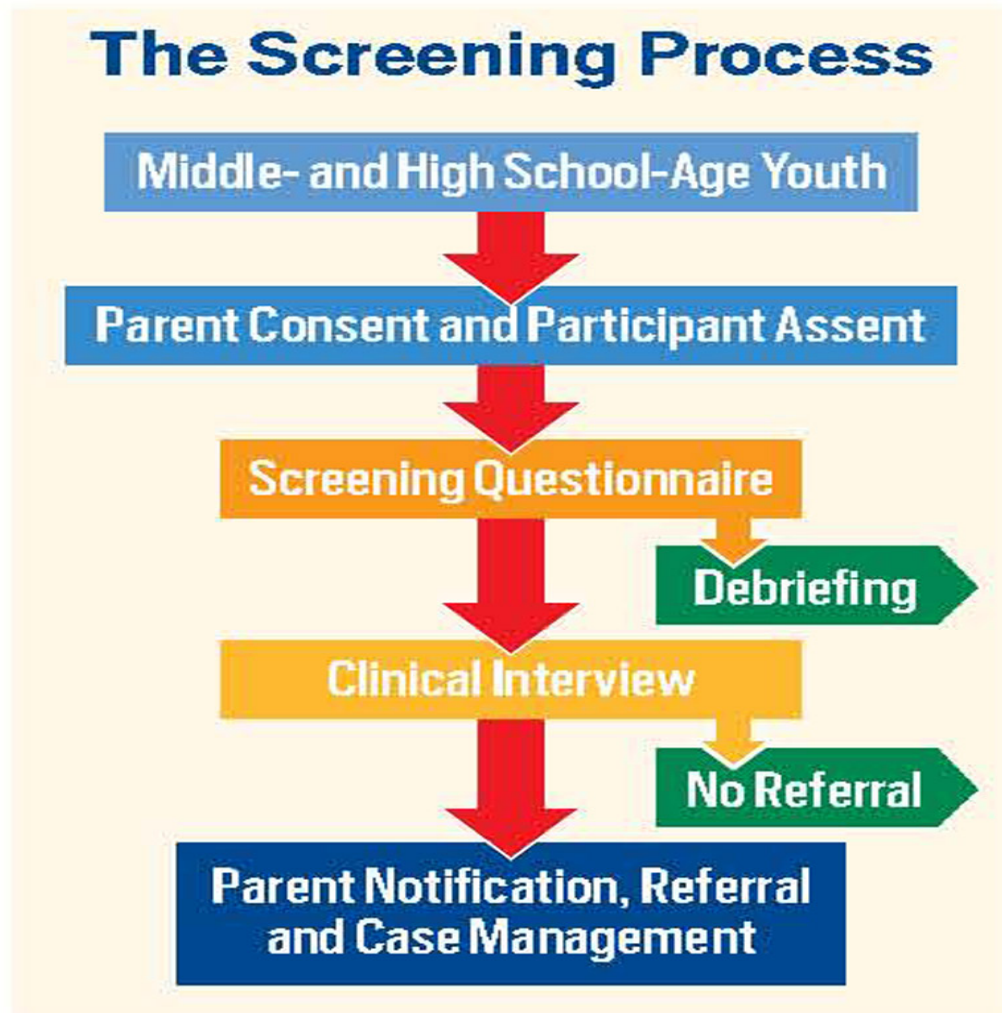


The Development Process

How to Implement TeenScreen in your School or Community



The Screening Process



Who Should Screening Be Offered To?

- TeenScreen can be offered to youth between the ages of 11 and 18 (middle and high school aged youth)
- TeenScreen recommends targeting 8th and 10th grade students for screening
- The value of the TeenScreen Schools and Communities is to offer the screening to select groups in a general population of youth (e.g. the 9th grade)

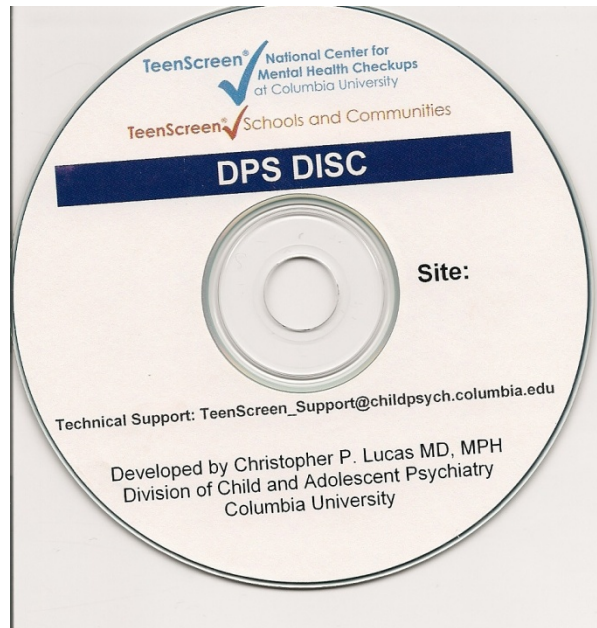


Parent Consent and Participant Assent

- Parent consent and participant assent are always required
- TeenScreen Schools and Communities requires active written consent for school-based sites and recommends it for non school-based sites
- Assent form is signed by participants before screening begins
 - Teens can refuse participation even if parent consent is granted



Screening Questionnaires



Diagnostic Predictive Scales (DPS)
Multi-disorder screening questionnaire

A screenshot of a questionnaire form titled "Columbia Health Screen". At the top right, there is a field for "ID#". Below the title, there are several numbered questions with radio button options:

- 1. TODAY'S DATE: ___/___/___
- 2. AGE: 11 12 13, 14 15 16, 17 18 19, 20 21
- 3. YOUR SEX: Male Female
- 4. ARE YOU LATINO/A?: Yes No
- 5. CHOOSE THE CATEGORY THAT BEST DESCRIBES YOUR RACE (CHECK ONE): White/Caucasian, Black/African American, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Asian, Mixed - more than one race, Other
- 6. YOUR GRADE: 5th 6th 7th, 8th 9th 10th, 11th 12th Not in School

At the bottom left, there is a small copyright notice: "© Copyright 2003 Columbia University. Do not reproduce or distribute without permission from Columbia University."

Columbia Health Screen (CHS)
Suicide risk screening questionnaire



CHS Overview

- 14-item, 10-minute, self-completion, paper-and-pencil survey for suicide risk
- Appropriate for 11-18 year-olds
- 6th grade reading level
- Trained layperson can administer and score
- Assesses for symptoms of depression, anxiety, substance abuse, suicide ideation and past attempts
- Highlights those who might be at risk and screens out those who are not
- Available in English and Spanish
- 33% positive rate



CHS Sample Question

6 During the past 3 months, how much of a problem have you had with feeling unhappy or sad?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

▶ GO ON TO THE NEXT PAGE

Please answer questions 6a through 6c.

6a Are you so concerned about this that you think you should get help?

YES
 NO

6b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

6c Do you have an appointment scheduled to see a professional about this?

YES
 NO



DPS Overview

- 52-item, 10 minute, self-completion mental health screen
- Appropriate for 11-18 year-olds
- Computer-based with spoken questions
- Trained layperson can administer and score
- Automatic reporting of screening results
- English and Spanish versions available
- 20-33% positive rate



The DPS Screens For:

- ✓ Social Phobia
- ✓ Generalized Anxiety
- ✓ Panic attacks
- ✓ Obsessions and Compulsions
- ✓ Depression
 - Suicide ideation (past month)
 - Suicide attempts (past year)
- ✓ Alcohol Abuse/ Dependence
- ✓ Marijuana Abuse/ Dependence
- ✓ Other Substances Abuse/ Dependence



DPS Sample Question

In the last 3 months.....

Has there been a time when nothing was fun and you just weren't interested in anything?

1 - YES

2 - NO

Debriefing Interview

- For youth that score negative on the questionnaire
- 5-10 minute interview
- Conducted by a member of the screening staff
- Provides participants with the opportunity to ask questions about the screening and their results
- Allows participants to ask for help with other concerns not covered in the screening questionnaire
- Reduces stigma for participants going on to the clinical interview stage of the screening



Clinical Interview

- For youth that score positive on the questionnaire
- 20-30 minute interview
- Conducted by a qualified mental health professional
- Review results of the screen and explore the indicated problem area(s) further
- Assess level of impairment resulting from symptoms endorsed on the screening questionnaire
- Decide if referral for a complete evaluation is appropriate
- Does not represent a clinical diagnosis



Parent Notification and Case Management

- Notify parents of screening results
- Inform parents of recommendations for further evaluation
- Educate parents about their children's symptoms
- Connect families with appropriate evaluation services



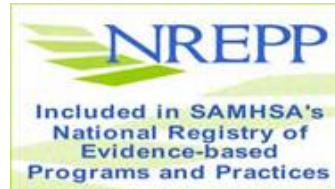
Protecting Confidentiality

- ID numbers instead of names used
- ID log kept separate from screening files
- Documents stored in separate locked filing cabinets
- Results not shared with teachers or administrators or included in academic records
- Release of information signed by parents to release files to third parties



TeenScreen Schools and Communities

Evidence-Based Ratings



National Registry of Evidence-based Programs and Practices (NREPP)

- NREPP is a searchable online registry of mental health and substance abuse interventions.
- The purpose of the federal registry is to assist the public in identifying approaches to preventing and treating mental and/ or substance use disorders that have been scientifically tested and that can be readily disseminated to the field.
- TeenScreen was among the first suicide prevention programs to be included in the NREPP registry.
- Of the seven youth suicide prevention interventions currently included in NREPP, TeenScreen has one of the highest overall ratings for Readiness for Dissemination in its category.



Best Practices Registry For Suicide Prevention

- The Best Practices Registry For Suicide Prevention is a collaboration between the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP) and is funded by SAMHSA.
- This joint effort aims to identify and classify effective suicide prevention programs through a structured, multi-disciplinary review process.



Research Supports Screening for Suicide

- ✓ Screening accurately identifies 63% of students with a significant mental health problem, while school professionals accurately identify 37%
- ✓ 40% of those with recent suicidal ideation or lifetime attempts were identified only by screening and were not known to school professionals.
- ✓ At-risk adolescents who did not request help on the screening questionnaire were significantly more likely to report suicidal ideation in the preceding three months than those who requested help (62% vs. 31%)
- ✓ Screening enhances the likelihood that students at risk for suicidal behavior will get into treatment
 - 70% of at-risk student in need of services follow through with the screening referral's recommendation.

Gould et al., JAMA, 2005

Husky et al., CPHD, in press

Scott et al./ AJPH, in press

Gould et al., JAACAP, 2009



Expert Consensus for Mental Health Screening

- The **U.S. Preventive Services Task Force** recommends annual depression screening by primary care providers for adolescent patients.
- According to the **Institute of Medicine and National Research Council**, screening is an effective means to prevent severe mental health problems in youth, and primary care and schools are important locations for screening.
- The **American Academy of Pediatrics** calls for annual confidential screening and referral for mental health problems.
- The **Society for Adolescent Medicine** supports the early identification of mental illness as a critical standard of care.
- The **American Academy of Family Physicians** stresses the importance of screening patients for suicide risk.



Building Support: Screening Endorsers

- AACAP
- Active Minds
- American Association for Marriage and Family Therapy
- American Federation of Teachers
- AFSP/ SPAN USA
- Association of Behavioral Health and Wellness
- American Mental Health Counselors Association
- American Psychiatric Association
- American Psychological Association
- Anxiety Disorders Association of America
- Bazelon Center for Mental Health Law
- Child and Adolescent Bipolar Foundation
- CHAD
- Depression and Bipolar Support Alliance
- Boys Town
- Families USA
- Institute of Medicine
- International Association of Psychosocial Rehabilitation Services
- International Society of Psychiatric-Mental Health Nurses
- Jed Foundation
- MHA
- NAMI
- National Association of County Behavioral Health Directors
- NASN
- NASP
- NASSP
- National Association of State Mental Health Program Directors
- National Council for Community Behavioral Healthcare
- NEA
- National Empowerment Center
- National Research Council
- New Freedom Commission on Mental Health
- SSWAA
- Tara National Association for Personality Disorders
- Tourette Syndrome Association
- United States Conference of Catholic Bishops
- U.S. Preventive Services Task Force



Policy Partners



Teen Support for Screening - What Teens Say About TeenScreen -

“I feel like someone is paying attention and listening to me.”

“I thought it was very helpful, and I finally feel relieved because I’m getting my problems out.”

“The interview on the computer was a great way to know how we feel about stuff in our lives. I think it’s a great idea.”

“I thought it was insightful because some of these things are not talked about enough.”

“I think this is a good way to find out what’s going on with teens these days. Most teens are afraid to talk about their problems because they don’t want other teens to think they are different.”



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