

Key Facts about Mental Health Screening and the TeenScreen Schools and Communities Program

Mental Health Screening for Youth is Effective for Early Identification of Adolescent Mental Health Problems

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force published a report in March 2009 calling for annual depression screening for all 12-18 year olds in primary care settings. This recommendation was based on the task force's finding that screening questionnaires effectively identify depression in adolescents and that available treatments are effective for this population.¹

Institute of Medicine

In February 2009, the National Research Council and Institute of Medicine published a report, *Preventing Mental, Emotional, and Behavioral Disorders Among Youth People*, which called for evidence-based mental health screening for adolescents in school, community and primary care settings.²

U.S. Surgeon General

Two reports from former U.S. Surgeon General, David Satcher, M.D., Ph.D., highlighted mental health screening as an effective method of youth suicide prevention.^{3,4}

President's New Freedom Commission on Mental Health

A 2003 report from the President's New Freedom Commission on Mental Health included early mental health screening as one of six mental health goals for the nation and placed a high priority on the implementation of voluntary school-based screening programs.⁵

TeenScreen Schools and Communities is an Effective Program

TeenScreen is Evidence-Based

- TeenScreen is included in the National Registry of Evidence-based Programs and Practices (NREPP), a service of the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA).⁶
- TeenScreen is listed in the Best Practices Registry for Suicide Prevention, a collaboration between the Suicide Prevention Resource Center and the American Foundation for Suicide Prevention.⁷



- The 2003 report from the President’s New Freedom Commission on Mental Health recognized TeenScreen as a model program.⁵

TeenScreen Research Outcomes

TeenScreen accurately identifies youth who are suffering from mental illness or are at risk of suicide, most of whom would not be identified otherwise.

- A study of TeenScreen’s implementation in a school setting found that early detection of risk factors through screening can result in earlier treatment and the avoidance of a suicidal crisis.⁸
- Teens who are at risk for suicide or are experiencing depression, anxiety, and drug or alcohol abuse at the time of screening are accurately identified through the screening process.⁹
- TeenScreen improves identification of teens at the highest risk for suicide and also improves the identification of teens with other significant mental health problems.¹⁰
 - Screening identified 100% of teens at the highest risk for suicide (current suicidal ideation or prior suicide attempt and current mood, anxiety or substance use disorder).
 - Among teens with recent suicidal ideation or history of suicide attempt, 40% were identified via screening only in contrast to 9% identified by school staff only.
 - Among teens with current suicidal ideation or any history of suicide attempt, screening identified 82% of those missed by school professionals.
 - In the absence of screening, more than one third of high-risk teens would have been missed.
- TeenScreen effectively links at-risk youth to mental health services.¹¹
 - A study of a school-based TeenScreen program in the Midwest found that 74% of screen positive youth who were referred for mental health services attended one or more appointments and 61% completed the recommended treatment.
 - A study of a school-based TeenScreen program in an urban school district serving predominantly African American youth found that 70% of identified youth were successfully linked to a mental health service provider.⁸
- Only 1.6% of suicidal teens identified by TeenScreen who also meet criteria for a clinical diagnosis are already in treatment with a mental health professional.¹²

Screening is Safe

A study published in the *Journal of the American Medical Association* showed that mental health screening and directly asking youth if they are thinking about suicide or have made a prior suicide attempt does not put the idea of committing suicide in their heads, increase suicidal ideation, or create distress.¹³

- Teens who participate in screening do not have higher distress levels than teens who do not participate.
- Screening participants do not have higher rates of depressive symptoms than non-participants.
- Screening participants are not more likely to report suicidal ideation after completing the screening.
- Depressed teens and previous suicide attempters who are screened are less distressed and suicidal than depressed teens and previous suicide attempters post screening.



References

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- ¹² Scott M and Shaffer D. (2004). The Columbia Suicide Screen: Does screening identify new teens at risk? Poster presented at the annual meeting of the American Academy of Child and Adolescent Psychiatry; Washington, DC.
- ¹³ Gould M, Marrocco F, Kleinman M, Thomas J, Mostkoff K, Cote J, Davies M. (2005). Evaluating iatrogenic risk of youth suicide screening programs: A randomized controlled trial. *Journal of the American Medical Association*; 293: 1635-1643.

