

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

Overview

For adolescents, ages 13 to 18, the lifetime prevalence of mental disorders severe enough to cause significant impairment in daily functioning is approximately 20%. Nearly two-thirds of all adolescents who suffer from a mental illness do not receive mental health services.¹ Unrecognized, mental health problems can have a significant impact in many areas of adolescents' lives, including their social interactions and their educational achievement.² In contrast, early detection of childhood mental health problems, timely referral, and access to appropriate services has been shown to lead to improvements in both health status and school performance.^{3, 4, 5} Mental health screening in schools and communities is widely recommended as an effective method of early identification of adolescent mental health problems and connecting at-risk youth to appropriate mental health care services.

National health advisory panels recommend mental health screening for adolescents in school and community settings

■ National Prevention Council

The National Prevention Council, which is headed by the U.S. Surgeon General and includes 17 heads of federal departments, agencies and offices, released the first National Prevention Strategy in 2011. This report addressed prevention and wellness strategies and included a recommendation that the United States should focus on promoting early identification of mental health needs and access to quality services. Recommended action steps included identifying and integrating mental health needs into traditional community settings and implementing programs in schools to identify risks and early indicators of mental, emotional, and behavioral problems among youth and to ensure that youth with such problems are referred to appropriate services.⁶

■ Institute of Medicine

In February 2009, the National Research Council and Institute of Medicine published a report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, which stated that evidence-based mental health screening in schools is an important professional practice that identifies young people at risk for the development of psychological and behavioral problems. The report also emphasized that communities can play an important role in mental health screening and prevention efforts.⁷

■ U.S. Surgeon General

Two reports from former U.S. Surgeon General, David Satcher, M.D., Ph.D., highlighted mental health screening in schools as an effective method of early identification of mental health disorders in youth.^{8, 9}

■ President's New Freedom Commission on Mental Health

A 2003 report from the President's New Freedom Commission on Mental Health included access to 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.¹⁰

TeenScreen Schools and Communities is an evidence-based program

■ 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).¹¹

■ 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.¹²



- The 2003 report from the President's New Freedom Commission on Mental Health recognized TeenScreen as a model program.¹⁰

Research Supporting TeenScreen Schools and Communities

TeenScreen improves the identification of teens who are at risk for suicide and those with other significant mental health problems, including depression, anxiety, and drug or alcohol abuse^{13, 14}

- A study of a TeenScreen program in an urban school district in Western Pennsylvania found that screening identified a significantly greater proportion of youth to be in clinical need of mental health services than were identified through traditional school-based methods of identification.¹⁵
- A study that considered the identification of at-risk high school students via the Columbia Suicide Screen, as compared to identification by school professionals, in the New York metropolitan area found that:
 - Among teens with recent suicidal ideation or a 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.
 - Screening identified 100% of teens at the highest risk for suicide (adolescents who endorsed both current suicidal ideation or a history of a suicide attempt and a current mood, anxiety or substance use disorder).¹⁴

- Less than 2% of suicidal teens identified by TeenScreen in a study of urban high school students who also met criteria for a clinical diagnosis were already in treatment with a mental health professional.¹⁶

TeenScreen effectively links at-risk youth to mental health services

- A 2009 study of TeenScreen's implementation in 13 schools in Washington, DC, serving predominantly African American youth, found that early detection of risk factors through screening can result in earlier treatment and the avoidance of a suicidal crisis. In this study, 70% of identified youth were linked to a mental health service provider within six months of being screened.¹⁷
- A record review of systematic screening offered to ninth graders in six public high schools in Wisconsin between 2005 and 2009 found that among at-risk students not currently in treatment, 73% of students referred received at least one mental health visit during the follow-up period. Fifty six percent completed the recommended treatment of three or more visits with a provider.¹⁸
- A 2010 study comparing referral via mental health screening programs to referral via identification by school personnel, parents and student self-report in four public high schools in Western Pennsylvania found that screened students had much greater odds of making contact with school-based services and community-based services.¹⁵
- Records from a school-based TeenScreen program in a predominantly African American community in Louisiana show that 89% of middle school students who were referred to school-based services and 87% of students who were referred to community-based care accessed these services within three months of being screened.¹⁹

Mental health screening is safe

- A study published in the *Journal of the American Medical Association* showed that mental health screening and directly asking youth about suicide or prior suicide attempts:
 - Does not cause distress.
 - Does not increase, and may decrease, suicidal ideation.
- Post screening, depressed teens and previous suicide attempters who were screened were less distressed and suicidal than depressed teens and previous suicide attempters who were not screened.²⁰

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