



TeenScreen Schools and Communities Program

TeenScreen[®] ✓ Schools and Communities
at Columbia University



Overview

- TeenScreen Schools and Communities overview
- Links between mental illness and suicide in youth
- Logistics of mental health screening
 - ✓ How TeenScreen works
- Research support for mental health screening
- Local TeenScreen program development
- Success stories and TeenScreen support



Our Mission

TeenScreen Schools and Communities is a national mental health and suicide risk screening program for young people.

TeenScreen is committed to making the mental health and well-being of America's youth a national priority and to ensuring that every parent is offered the opportunity to have their teenager receive a voluntary mental health checkup.





Mental Illness and Suicide



Conditions That Are Routinely Screened for In Youth

- PKU: affects less than 1% of children
- Lead Poisoning: affects 2% of children
- Scoliosis: affects less than 1% of children
- Hearing Problems: 1-2% of children have moderate to severe hearing loss
- Vision Problems: affects 15% of children



Mental Illness and Young People

- 11% of U.S. children and adolescents suffer from a serious mental disorder that causes significant functional impairment at home, at school and with peers
- 21% U.S. children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment.
- In any given year, only 21% of children with mental disorders are identified and receive mental health services
- Half of all mood, anxiety, impulse-control and substance-use disorders start by age 14

Mental Health: A Report of the Surgeon General (1999)

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2000)

Kessler et al., 2005



Suicide in Middle School Students

- Suicide is the 3rd leading cause of death for 10-14 year-olds
- 16% - 26% of U.S. middle school students report serious thoughts of killing themselves each year
- 8% - 17% of U.S. middle school students report making a suicide plan
- 6% - 14% of U.S. middle school students report having made a suicide attempt

States surveyed:

- Grades 6, 7, & 8: Delaware, Georgia, Kentucky, Mississippi, Nevada, New Mexico, Rhode Island, South Carolina, West Virginia, Wyoming
- Grades 7 & 8 only: Alabama and Maine

Cities surveyed:

- Grades 6, 7, & 8: Charlotte-Mecklenburg County, NC; Chicago, IL; Clark County, NV; Duval County, FL; Memphis, TN; Miami-Dade County, FL; Milwaukee, WI; San Bernardino, CA;

Data is weighted and considered representative of their specified jurisdiction

CDC (WISQARS, 2008)
CDC (YRBS, 2009)
(last reviewed 1/10/2012)



Suicide in High School Students

- Suicide is the 3rd leading cause of death for 15-19 year-olds in the U.S.
- 26% 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
- 6.3% of students reported making at least one suicide attempt in the previous 12 months
- 1.9% of students had made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention

CDC. WISQARS. (2008).

CDC. Youth Risk Behavior Surveillance System – United States. (2009).

(Last reviewed 1/10/2012)



Links Between Mental Illness & Suicide

- 90% of teens who die by suicide suffer from a treatable mental illness at their time of death
- Psychiatric symptoms develop more than a year prior to death in two-thirds of completed teen suicides
- Suicide is not the unpredictable event many think it to be



Mental Health & Academic Achievement

- 50% of children with serious emotional and behavioral disorders drop out of high school, compared to 30% of students with other disabilities
- Students with mental illness have the highest drop out rate of any disability group
- Over half of the adolescents in the United States who fail to complete their secondary education have a diagnosable psychiatric disorder





(U.S. Dept. of Education, 2001)

(Stoep et al., 2003)



Mental Health and Academic Achievement

Mental health greatly affects academic achievement and educational outcomes:

Depression		Lower levels of school performance, high scholastic anxiety, poor peer and teacher relationships
Anxiety Disorders		Reduced likelihood of attending college
Substance Abuse/ Dependence		Lower levels of school performance
Suicidal Behavior		Lower levels of school performance and school connectedness

[Mental Health and Academic Achievement](#) is available on the TeenScreen website

Fosterling & Binser (2002), Masi et al. (2001), Marmorstein (2001), Woodward et al. (2001), Slap et al. (2001), Alatorre & de Los Reyes (1999), Chen et al. (1995), Reinherz et al. (1993)



The Issue: 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



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%)
- 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%)
- 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





Logistics of Mental Health Screening

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
- TeenScreen Schools & Communities does not involve diagnosis or treatment
- Community-based partnerships to develop screening programs
- Focus on education systems
- Funded by private foundations, individuals and organizations



Potential Screening Settings

- Schools
- School-based health centers
- Clinics
- Drop-in centers
- Shelters
- Residential treatment facilities
- Juvenile justice settings



Bringing Mental Health Checkups to Your Community

- Raise awareness in your community about serious problem of unidentified mental illness and suicide in youth. Visit our website, www.teenscreen.org and our State Resource Center for information on youth mental illness and suicide in your state.
1. Share information and educate your school officials or community leaders on how mental health checkups work and the value of early intervention and prevention programs.
 2. 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
 3. Develop a written plan and start training the screen team!



Staffing a TeenScreen Program

Staff Roles:

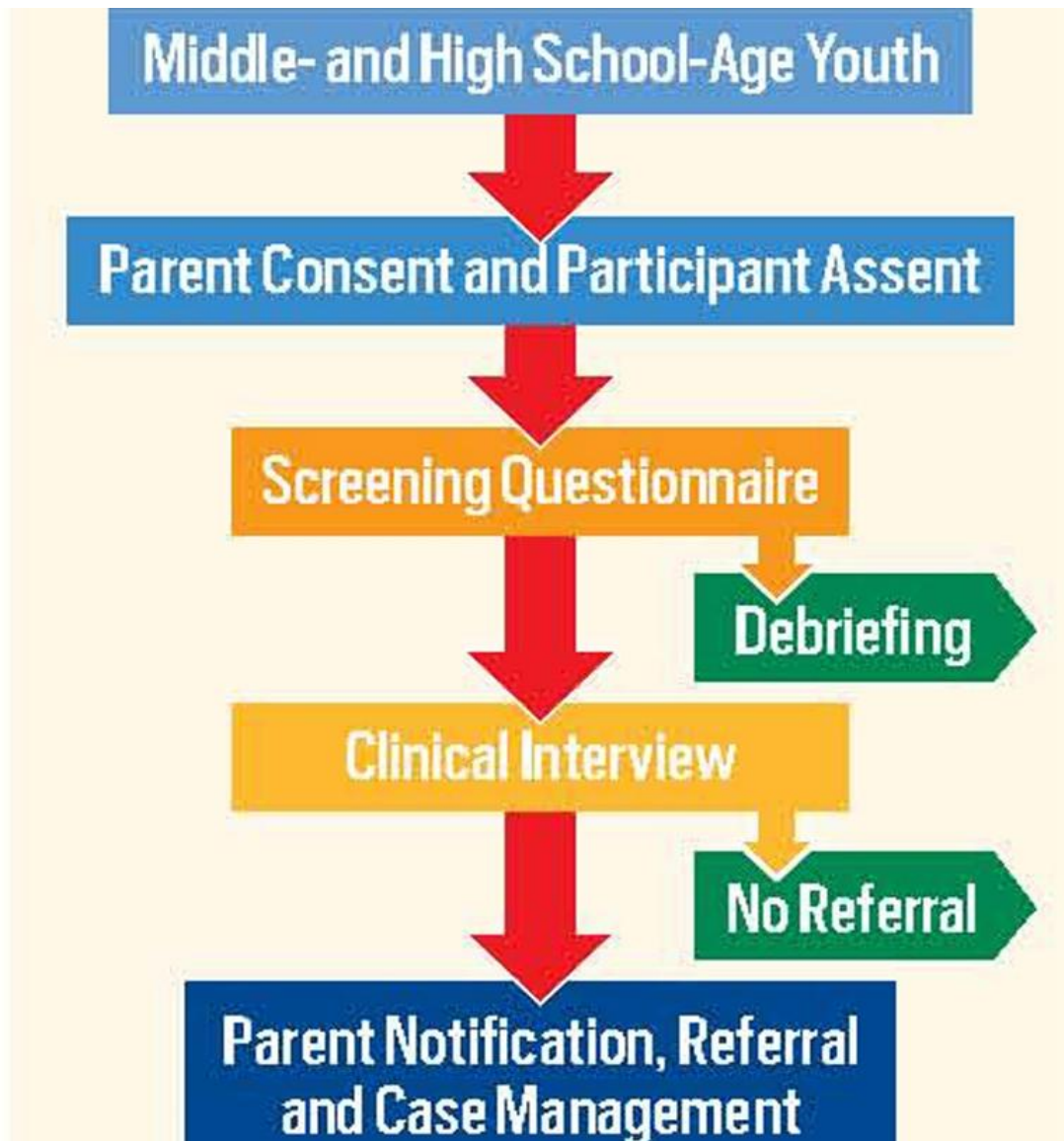
- Program and Site Coordinator(s)
- Screener(s)
- Mental Health Professional(s) for Clinical Interview
- Case Manager(s)

Sample Staffing Models:

- Internal staff model
 - External staff model
 - Combination staff model
 - One person model
- ✓ Anyone can **organize** a TeenScreen Program, **BUT...** teachers, school administrators, educational staff, and parents cannot **implement** the program



The Screening Process



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

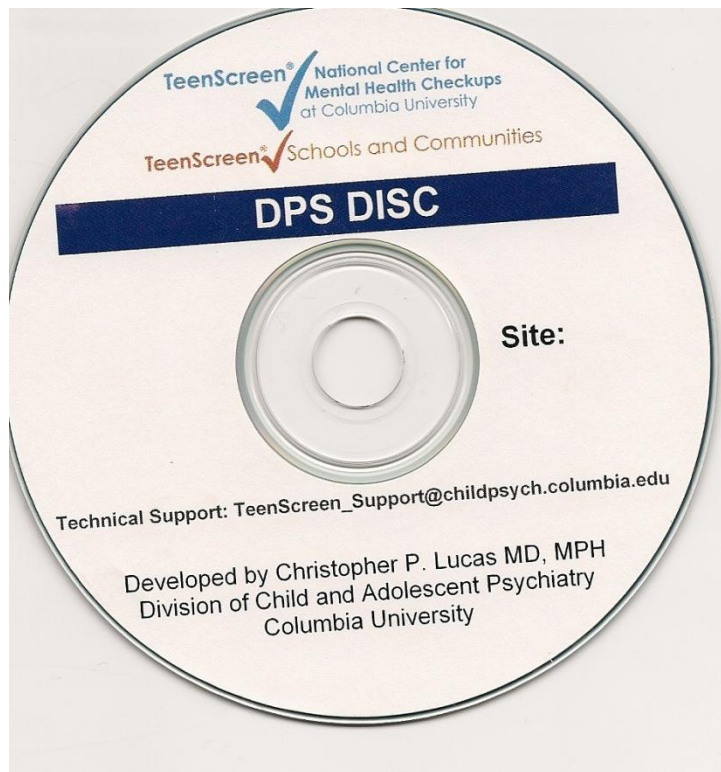


Parent Consent & Participant Assent

- Parent consent and participant assent are *always* required
- TeenScreen **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 (teen's participation in the program is voluntary)



Screening Questionnaires



Diagnostic Predictive Scales (DPS)
Multi-disorder screening questionnaire

ID# _____

Columbia Health Screen

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

© Copyright 2003 Columbia University.
Do not reproduce or distribute without permission from
Columbia University.

Columbia Health Screen (CHS)
Suicide risk screening questionnaire



Screening and Scoring

- Screening Questionnaires cannot be changed in *any way*
- Screening is conducted by a qualified mental health professional in a private environment
- Screening questionnaires are scored immediately after they are completed. Youth who endorse suicidal thinking or behavior must be evaluated immediately
- Screening results cannot be shared with participants without first obtaining parent consent to do so
- Those who score positive on the questionnaire must advance to clinical interview stage of the screening process



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





Research Support for TeenScreen and Mental Health Screening



Screening for Suicide Risk is Safe

- Screening does not increase distress
- Screening does not increase depressive symptoms
- Screening does not increase suicidal ideation
- Screening decreases stress and suicidality in depressed teens and those with prior suicide attempts



Screening Identifies Teens Not Known to School Personnel

- 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.
- 29% of those with a mood disorder, 36% of those with an anxiety disorder and 16% of those with a substance use disorder were identified only by screening and were not known to school professionals.



Screening Identifies Teens Not Known to School Personnel

In the absence of screening, over one third of high school students would have been missed:

- **100%** of the teens with suicidal ideation or a prior suicide attempt and a current mood, anxiety or substance use disorder were identified by the screening.
- Only **63%** of these teens were identified by school professionals.





Local TeenScreen Program Development

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



Developing a Local TeenScreen Schools and Communities Program

Development steps:

1. Build community support
2. Develop your screening plan
3. Select a staffing model and identify staff
4. Determine which youth to offer screening to
5. Calculate your screening capacity
6. Identify the locations where screening will be conducted
7. Select a screening questionnaire
8. Develop relationships with local providers



Community Support

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



Getting Started

How to Implement TeenScreen in Your School or Community

Program Development



Training and Registration



Screening in Your
Community!





Teen Support for TeenScreen Schools and Communities





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.”



Case Story: Nick

Since the 8th grade, Nick lost over 40 pounds, had become moody and despondent, and neither his mother, a registered nurse, nor her husband, an emergency room physician, could identify what was troubling Nick. “I had nobody I could talk to about this,” explained his mother. “We knew that he was not feeling right, and was exhibiting dangerous behaviors like cutting, but we did not know where to go or how to help him. If my husband and I could not identify Nick’s problems, then who could?”

In the 10th grade, Nick was given the opportunity to participate in his school’s TeenScreen program. Nick screened positive and was offered a referral for a complete evaluation.

“For so long, we didn’t know what was wrong, but Nick came home so relieved; he was now able to talk with us about what was going on,” his mother explains. “TeenScreen got the ball rolling for us, allowed us to have that first conversation, and let us get our son the help he needed.”

Today, Nick is a freshman in college, majoring in Psychology and Neuroscience, excelling in his school work and hopeful that someday he can help others suffering from mental illness. ***“I one-hundred percent believe that TeenScreen saved me,”*** Nick says of his mental health check-up experience.



Case Story: Jenny

Jenny was an upbeat 15 yr old girl. She was a bright student, well-liked by her peers, and very involved in cheerleading. Her screening results, however, revealed a very high score for depression and several previous suicide attempts. During the clinical interview, Jenny divulged that she had been trying to kill herself for the past six months.

She had cut herself and swallowed pills on numerous occasions, but nobody in her family knew anything about this. Jenny's parents were informed of the screening results and she was referred for immediate evaluation. ***Mental health screening most likely saved this girl's life.***



Letters From...

“TeenScreen is so vital to the health and well being of today’s teens. I think this simple mental health checkup should be every child’s right. Teens who are well in both body and mind are more productive learners. A mental health screening is an important step to ensure that your students are ready, willing and able to learn and succeed in school and in life.”

- Father Val J. Peter, Executive Director Emeritus, Boys Town

“The TeenScreen Schools and Communities Program presents program development, implementation and training in a simple step-by-step process online. It provides an important opportunity to work collaboratively with other youth-serving organizations in your community. Most important of all, it has the potential to help save young lives.”

- James Sebert, Superintendent of Schools, Fond du Lac School District & Jon Wiltzius, Principal, Fond du Lac High School





TeenScreen[®] ✓ Schools and Communities

at Columbia University



Contact Us:

www.teenScreen.org

RichardD@nyspi.columbia.edu

1-866-TeenScreen (833-6727)

