

## **Schools & Communities FAQs for School Administrators and Staff**

### **What is TeenScreen Schools and Communities?**

TeenScreen Schools and Communities is a mental health and suicide risk screening program for youth that can be implemented in school or community-based settings. The goal of the TeenScreen Schools and Communities is to make voluntary mental health checkups available for all teens in America. TeenScreen works by assisting communities throughout the nation develop locally operated and sustained screening programs for youth. Screening can take place in schools, doctors' offices, clinics, youth groups, shelters, and other youth-serving organizations and settings. While local TeenScreen Schools and Communities programs operate independently, they all agree to adhere to the National Center's implementation standards and requirements. Key among these is that screening is always a voluntary activity that requires both parent consent and teen assent for participation.

TeenScreen screens for the risk factors that are associated with depression and other mental illnesses but does not make a diagnosis. Parents of youth found to be at possible risk are notified and helped with identifying and connecting to local mental health services where they can obtain a complete evaluation by a qualified mental health professional. TeenScreen does not recommend or endorse any kind of treatment for the youth who are identified by screening. The results of the screen are confidential and are not shared with teachers or school administrators.

### **How will this program benefit my school?**

The complications of untreated mental illness in youth are manifold, and can include poor school performance, behavioral issues, poor social development, problems with peer and family relationships, and, in the more severe cases, suicide risk. Research has shown that less than half of the students with serious mental illnesses graduate from high school. While 10% percent of American youth suffer from a mental illness, two-thirds of those do not receive help. Research on the TeenScreen Program reveals that it identifies youth that are not already receiving services or even known to have problems by school officials or mental health professionals. Identifying and helping youth who are suffering from mental illness will improve the lives of the students and their ability to stay in and succeed in school.

### **How will parents be involved?**

The purpose of TeenScreen is to help young people and their parents through the early identification of mental health problems such as depression. We believe that parents are an integral part of the screening program. Toward that end, we encourage local screening programs to involve parents throughout the program development process, starting by introducing the program to the school's parent-teacher organizations. Parent consent is required for a student to participate in the screening, and is obtained again if a referral for further evaluation is made for a student. Parent consent is also necessary for the school to share any of the screening results with the referral agencies, the child's physician, or school staff.

**How does the screening process work?**

Teens complete a validated screening questionnaire and, based on the score, either meet one-on-one with a member of the screening staff to debrief the process (i.e. debriefing interview) or participate in a one-on-one interview (i.e. clinical interview) with a mental health professional to determine if the teen may be at risk for depression, suicide, or other mental health problems. Parents of teens found to be at possible risk are immediately notified and provided assistance with obtaining an appointment for a complete evaluation.

**What screening questionnaires are used?**

Two questionnaires are available through TeenScreen Schools and Communities:

1. The Columbia Health Screen (CHS): a paper-and-pen screening tool for the risk factors of suicide, asking questions about depression, suicide ideation and attempts, anxiety, substance abuse, and general health problems (vision, hearing, dental).
2. The Diagnostic Predictive Scales (DPS): a computerized screening tool that includes questions about depression, suicidal ideation and attempts, anxiety, substance abuse, and general health problems (vision, hearing, dental). The DPS also asks questions about impairment, i.e. the impact of a youth's symptoms on family, social, and academic life.

Both questionnaires are self-completed and can be administered and scored by trained lay people, excluding teachers and other educational staff.

**Is the screening information confidential? What happens to the screening records?\***

All screening information is confidential. The only people that will see the screening results are members of the screening team. Each screen is identified by a coded number, rather than by a name, and screening results are not entered into students' academic records. Screening records are kept in a locked file cabinet separate from academic records, and are managed by the screening coordinator.

**How involved are school administrators in the implementation of the program?**

School administrators have an important role in the screening initiative, which is to approve and support the screening plan, and to allocate resources to make the screening program possible. (Generally, the greatest resource and contribution from the school is staff time.) Often a representative of the administration serves as the program director for the screening program, to oversee the short- and long-term program development. When non-administrative staff generates local interest in mental health screening, we recommend they collaborate closely with the school decision makers for support and approval.

**Will the school administration be told which students are "at risk"?**

The screening team should share information with the administration when a student is in a crisis situation. In all other cases, the information can only be shared with written

parent consent.

**Who is on the screening team?**

The screening team includes a Program Coordinator who oversees the entire screening process; Site Coordinator(s) who oversee screening activities at an individual screening location; Screeners; Debriefers; Clinicians; and Case Managers. How these roles are filled varies from school to school, but the group typically includes professionals such as social workers, nurses, psychologists, and counselors. In many cases, the screening roles are integrated with existing responsibilities. Outside mental health organizations are often involved in school-based screening and can be a valuable resource for clinical staff. Teachers and parents cannot be included in the screening team in order to maintain the confidentiality of the students' screening results.

**How many students are screened over what length of time?**

A screening program can be implemented in several different ways. Some schools screen a small number of students on a weekly basis throughout the course of a school year. Others choose to screen a large number of youth during a short period of time, often scheduled to coincide with health curricula topics on mental health. School-based health centers conduct screening as part of intake or regular checkups.

Each local screening program is truly unique and therefore the number of students screened and the scheduling of the screening differs from site to site. TeenScreen provides materials and support to help communities design a suitable screening plan that meets their needs.

**What type of space is needed for screening?**

Adequate space should be provided between each student so that they can complete either a paper-and-pen or computerized questionnaire with maximum privacy. For group screening, a standard computer room or classroom is adequate. Semi-private space is needed for the debriefing interviews and private office space is required for the clinical interview stage of screening.

**Will academic schedules be disrupted?**

We encourage local screening programs to make every effort to minimize disturbance to academic routines. The screening process can take between 20 and 90 minutes, depending on the outcome of the screening. In the rare event of a crisis, a student may be out of class for the remainder of the day. Generally, the screening process can be expected to take one academic period to complete and sometimes an additional period for youth who are found to need a clinical interview.

**How is this program presented to students?**

The program is usually introduced to students by a member of the screening team when parent consent forms are distributed. It is described as a confidential health survey to learn about the students' concerns and to help students in need. Once parents have given their consent, students are also given the opportunity to assent to participate in the screening. At this point, they are told more about the screening process and about their

rights to confidentiality.

**Do students answer honestly?**

We have found that an overwhelming majority of students take the screening seriously and answer the questions truthfully, especially after giving their assent to participate. Analyses of the program's effectiveness show that adolescents with suicidal preoccupations will indeed identify themselves. Research also shows that teens provide more accurate information to computerized and paper-and-pen screens than they do to adults who ask them the very same questions.

**How can you identify a student who is genuinely depressed, anxious, or suicidal from someone who happens to be having a bad day?**

The two-stage nature of the TeenScreen Schools and Communities process, whereby students who score positive on the screening questionnaire always meet with a mental health professional, helps find those students who are having a more serious problem. Only youth who screen positive on the questionnaire and are deemed to be at risk by a mental health professional receive a referral for a complete evaluation with a local healthcare provider.

**Isn't it stigmatizing for the youth who participate in a clinical interview?**

Every youth who participates in the program meets with a member of the screening staff after they have completed the screening questionnaire. The youth who score negative on the questionnaire get a debriefing interview with program staff while the youth who score positive meet with a mental health professional for a clinical interview. Because every student receives a face-to-face interview, stigma is minimized.

**What happens to the students who are identified as possibly being at risk as a result of the screening process?**

The parents of any student found to need further assessment are always notified, and the family is offered assistance with securing an appointment for an evaluation with a qualified health professional.

**Who is responsible for the cost of mental health services?**

If a youth is identified by the screening and referred to a local health professional for a complete evaluation, the family is responsible for paying for the services that are provided. Parents are informed of this obligation in the TeenScreen parent consent letter. The screening team should be prepared to assist uninsured families with finding potential resources that meet their needs.

**How does the screening program compare with special education requirements? Are we going to be responsible for treating identified students?**

When children are found to need glasses or hearing aids as a result of school-sponsored screening, the school is not required to provide these devices. Similarly, schools do not have to pay for mental health services. TeenScreen is not diagnostic and identifies only the likelihood of mental health problems. Diagnosis can only be determined based on a complete mental health evaluation, which is conducted by a qualified health professional

after the completion of the screening. Diagnosis and treatment are beyond the scope of the local screening program.

**We don't have the resources to offer screening to our entire student body. Who should we screen?**

We recommend screening students in the 8th, 9th or 10th grades because research shows that the suicide rate significantly increases for youth after age 15. In addition, suicide ideation and attempt rates are highest in the 8th grade. Screening later in high school also risks missing youth who have dropped out, possibly due to a mental health issue.

**What role can guidance counselors play in the screening?\***

The role of guidance counselors often differs from school to school. According to a survey conducted by the U.S. Department of Education, the majority of guidance counselors spend their time on academic counseling. Students and families who view their guidance counselors as strictly focused on academic development may not want to participate in a screening which involves these counselors because they are concerned that their answers will impact their academic record or college applications. In such cases, these counselors should not play an active role in the screening process. However, many guidance counselors do provide therapeutic counseling in addition to academic counseling. Counselors with these roles and who meet TeenScreen's professional requirements may be a part of the screening team.

**Who funds the TeenScreen Program?**

The TeenScreen National Center for Mental Health Checkups at Columbia University is funded by private foundations, individuals, and organizations committed to the early identification of mental illness in youth and the prevention of teen suicide. This funding also allows for ongoing outreach to help develop and expand local TeenScreen programs. The TeenScreen National Center and its programs and initiatives, including TeenScreen Schools and Communities, has never received support or funding from pharmaceutical companies for screening.

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\*National Task Force on Confidential Student Health Information. (2000). Guidelines for protecting confidential student health information. Kent, OH: American School Health Association.

\*\*Parsad, B., Alexander, D., Farris, E., Hudson, L., & Greene, B. (2003). High School Guidance Counseling NCES 2003-015. Washington, DC: U.S. Department of Education, National Center for Education Statistics.