

# Columbia University TeenScreen® Program

The Carmel Hill Center  
at the Division of Child & Adolescent Psychiatry  
Columbia University



## Presentation Overview

- The problems of mental illness and suicide in youth
- What the TeenScreen Program is and how it works
- Research support for TeenScreen
- How to become a TeenScreen site

## Mental Illness in Youth

- 10% of US children and adolescents suffer from a serious mental disorder that causes significant functional impairment at home, at school and with peers
- Twenty-one percent of US children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment
- In any given year, only 20% 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 Age Youth

- Suicide is the 4<sup>th</sup> leading cause of death for 10-14 year-olds
- 18% to 28% of US middle school students surveyed reported serious thoughts of killing themselves each year
- 11% to 16% of US middle school students surveyed reported making a suicide plan
- 8% to 14% of US middle school students surveyed reported 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

YRBS 2003

## Suicide in High School Age Youth

- Suicide is the 3<sup>rd</sup> leading cause of death for 15-19 year-olds
- Almost as many teens die by suicide as those who die from all natural causes combined
- 17% of US high school students report serious thoughts of killing themselves each year
- 13% of US high school students report making a suicide plan
- 9% of US high school students report attempting suicide
- 3% of US high school students report having made a suicide attempt that required medical attention

Anderson 2004; YRBS 2005; U.S. Census 2003

## Links Between Mental Illness and Suicide

- 90% of teens who die by suicide suffer from a treatable mental illness at their time of death
- Psychiatric symptoms developed more than a year prior to death in 63% of completed teen suicides
- In only 4% of cases, psychiatric symptoms developed within the 3 months immediately prior to the suicide
- Suicide is not the unpredictable event we once thought it was

Shaffer et al. 1996

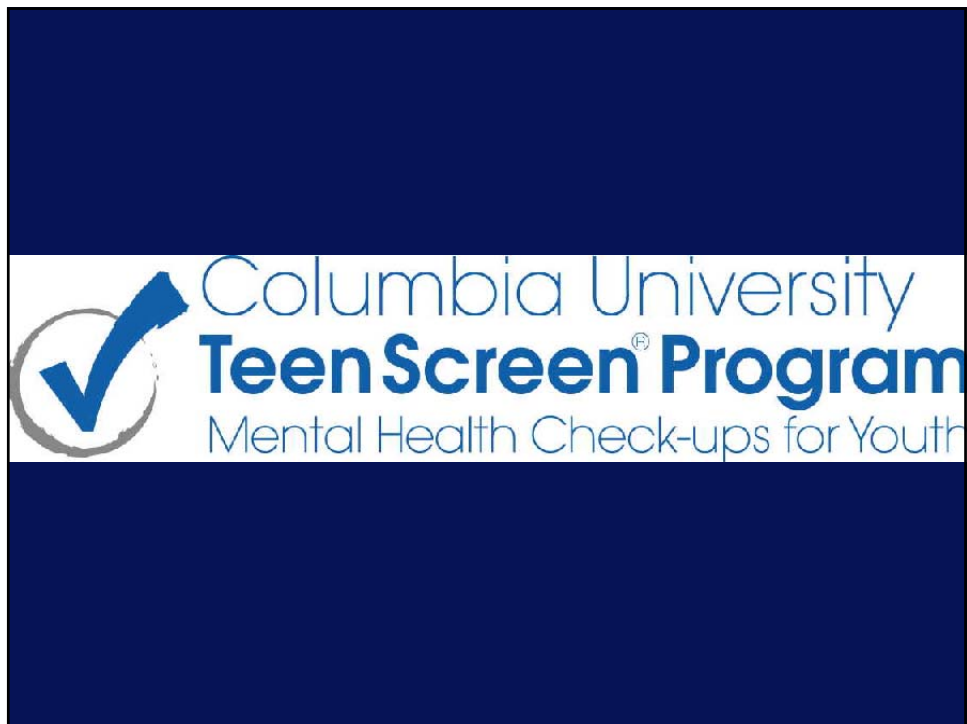
## Mental Health and Academic Achievement

- **50% of children with serious emotional and behavioral disorders drop out of high school, compared to 30% of students with other disabilities** (US Dept. of Education, 2001)
- **Students with mental illness have the highest drop out rate of any disability group** (U.S. Dept. of Education, 2001)
- **Over half of the adolescents in the United States who fail to complete their secondary education have a diagnosable psychiatric disorder** (Stoep et al., 2003)

## 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**

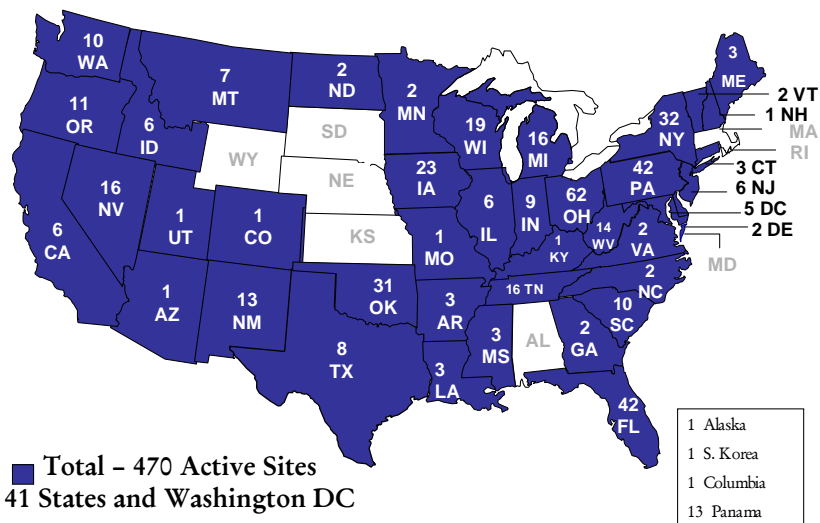
American Academy of Family Physicians 1999; CDC 2003;  
National Center for Health Statistics, U.S. Department of Health and Human Services 2000;  
Windeler J. & Kobberling J., 1987



## What is the TeenScreen Program ?

- **Goal: Provide all parents the opportunity for their teens to receive a voluntary mental health check-up**
- **National mental health screening program focused on:**
  - ➔ **Early identification of mental illness**
  - ➔ **Suicide prevention in youth**
  - ➔ **Linking those in need with further assessment**
- **TeenScreen does not involve diagnosis or treatment**
- **Community-based partnerships to develop screening programs across the U.S.**
- **Funded by private foundations, individuals and organizations**

## Columbia University TeenScreen Program Screening Sites



## Potential Screening Settings

- Schools
- School-Based Health Centers
- Doctors' Offices
- Clinics
- Drop-In Centers
- Shelters
- Residential Treatment Facilities
- Juvenile Justice Settings

# Staffing a TeenScreen Program

Staff Roles:

- Screener(s)
- Mental Health Professional(s) for Clinical Interview
- Case Manager(s)

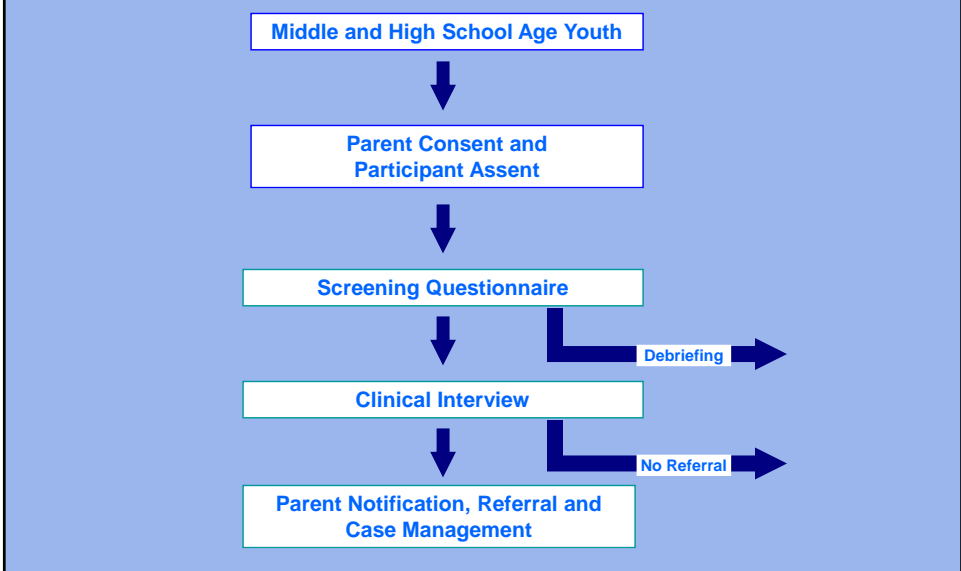
Sample Staffing Models:

- Existing staff model
- One person model
- Screening team model

Anyone can organize a TeenScreen Program, BUT... teachers, school administrators, educational staff, and parents cannot implement the program



# The Screening Process



## Parent Consent and Participant Assent

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

## Screening Questionnaires

- Columbia Health Screen (CHS)
  - Suicide risk screen
- Diagnostic Predictive Scales (DPS)
  - Multi-disorder screen

## Clinical Interview

- 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 educational staff or included in academic records
- Release of information signed by parents to release files to third parties

## Research Support for TeenScreen and Screening

## Screening Teens for Suicide Risk is Safe

A study published in JAMA found that:

- ➔ Screening participants do not have higher distress levels than non-participants
- ➔ Screening participants do not have higher rates of depressive feelings 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 who are not screened

Gould et al., 2005

## Screening Identifies Unknown Teens

- 74% of teens who were currently thinking about suicide were not of concern to school personnel
- 50% of teens who made a prior suicide attempt were not of concern to school personnel
- 69% of students who met criteria for depression were not of concern to school personnel

Shaffer and Craft, 1999

## Screening Identifies Unknown Teens

- Almost two-thirds of suicidal-teenagers were not known to school professionals
- One-half of suicidal teens were not known to either school or mental health professionals
- One-third of highest-risk teens were not known to either school or mental health professionals
- Less than 2% of highest-risk teens were known to a mental health professional

Scott et al., 2004

## Becoming a TeenScreen Site

- Complete the Site Development Workbook and review the supporting materials
- Consult with staff from the national TeenScreen office on development of your screening plan
- Complete the TeenScreen application
- Complete the TeenScreen training
- Receive screening instruments and additional materials needed to implement your screening program

## What Columbia Requires From Prospective TeenScreen Sites

- Quality screening plan with the ability to screen, interview, refer and case manage participants
- Annual aggregate screening info and feedback, and participation in quality assurance activities
- Shared commitment to the goal of routine mental health screening

## 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.”**

## 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.

Screening success story from a TeenScreen site in Texas

## Contact us:

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