

# Columbia University TeenScreen Program

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## What is the TeenScreen Program?

- Goal: Make voluntary mental health checkups available to all US teens
- 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 across the U.S.
- Funded by private foundations, individuals and organizations

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## Why Should We Screen for Mental Illness and Suicide Risk?

- Reliable screening tools that effectively identify at-risk youth are available
- Mental illness is treatable
- Most mentally ill and suicidal youth aren't being helped already
- There is ample time to intervene before a teen dies by suicide
- No one else is asking these questions

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## What is the Evidence for Screening?

### *Screening in Mid-adolescence Identifies:*

- Teens at risk for suicide
- Teens who are depressed or suffering from other psychiatric disorders
- Symptomatic teens who are not already in treatment or known by school personnel
- A high proportion of teens who will make a later suicide attempt or suffer from MDD as young adults

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## TeenScreen History

1991: Pilot Study

1995: Public Service Screening Projects

1998: Follow-Up Study

1999: National TeenScreen Program Pilot

2003: National TeenScreen Program Launch

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## Potential Screening Settings

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

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## Principles of Quality Screening Programs

- Screening must always be voluntary
- Approval to conduct screening must be obtained from appropriate leadership
- Staff must be qualified and trained
- Confidentiality must be protected
- Identified youth must be offered referrals to appropriate mental health services
- Parents of identified youth must be informed of the results and provided assistance with securing an appointment for further evaluation

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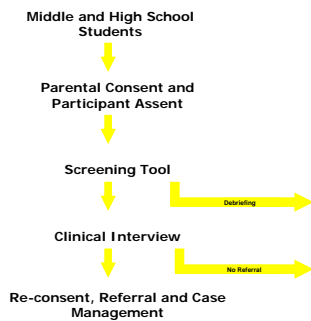
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## The Screening Process



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## 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 TeenScreen, BUT... teachers, school administrators, educational staff, and parents CANNOT implement TeenScreen

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## Parental Consent and Participant Assent

- Parental consent and participant assent are always required
- TeenScreen recommends active consent
- Vast majority of sites use active consent
  - 57% of parents grant consent
- 98% of teens give their assent for the screening

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## Screening Tools

- **Columbia Health Screen (CHS)**
  - Suicide risk screen
  - Paper and pencil
- **Diagnostic Predictive Scales (DPS)**
  - Multi-disorder screen
  - Computerized
- **Columbia Depression Scale (CDS)**
  - Depression screen
  - Paper and pencil

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## 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
- Decide if referral for a complete evaluation is appropriate
- Does not represent a clinical diagnosis

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## Parent Notification and Case Management

- Inform parents if there is a recommendation for further evaluation
- Educate parents about mental illness
- Connect families with appropriate mental health services

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## Protecting Confidentiality

- ID numbers used at all times
- ID log kept separate from screening files
- Documents must be stored in separate locked filing cabinets
- Results not shared with educational staff or included in academic records
- Release of information used when releasing files to provider for further evaluation

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## Asking Teens About Suicide 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, M. et al., 2005

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## Screening Identifies At-Risk Youth

- Teens at risk for suicide will be identified by screening
  - 100% of teens who meet criteria for suicide risk (suicide ideation or a prior attempt and a diagnosis of MDD, Dysthymia, or Substance Abuse) are identified by the CHS
- Teens who are experiencing depression and other mental health conditions will be identified by screening

Shaffer et al., 2004

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## 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
- Only 1.6% of highest-risk teens were known to a mental health professional

Scott et al., 2004

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## Becoming A TeenScreen Site

- Step 1: Contact us for information
- Step 2: Complete the Site Development Workbook
- Step 3: Complete the TeenScreen Application
- Step 4: Send local program coordinator to TeenScreen for training
- Step 5: Train local screening staff
- Step 6: Screen!

Consultation, support and technical assistance provided by TeenScreen throughout the site development and implementation phases

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## What Columbia Requires From Prospective TeenScreen Sites

- Quality screening plan with the ability to screen, interview, refer and case manage youth who are screened
- Quarterly screening totals, yearly aggregate screening info and feedback, and participation in quality assurance activities
- Shared commitment to the goal of routinized mental health screening

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**Contact us:**

**teenscreen@childpsych.columbia.edu**

**(866) TeenScreen  
www.teenscreen.org**

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