The Use of Screening to Identify and Engage Students at Risk

Overview of Campus Screening Programs

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Aims of Presentation

- To highlight key issues in designing and implementing a campus-based program to screen students for suicide risk and encourage them to seek help
- To stimulate ideas and discussion about how screening can be an integral component of a comprehensive campus suicide prevention program
1. What do Screening Programs Seek to Achieve?

- Key goal is to increase the proportion of at-risk students who are receiving appropriate mental health treatment (i.e. to change behavior)
- Less than 20% of students who die by suicide received services from their campus counseling center (Gallagher, *Annual National Survey of Counseling Center Directors*, 1996-2006)

Goals of screening programs...

- Knowledge – to help at-risk students identify their “troubles” as treatable mental health conditions
- Attitudes – to decrease the stigma associated with help-seeking
Be clear about your program’s goals.
Screening strategies that impact knowledge and attitudes may *not* impact behavior.

2. How Is “Suicide Risk” Defined and Measured?

Empirically-established, long-standing suicide risk factors among young adults:
- depression & other mood disorders
- alcohol and/or drug abuse
- eating disorders
- poor social support
- poor coping skills
- past suicide attempt
Suicide risk …

Shorter-term suicide “warning signs”
- intense affective states (desperation, rage, anxiety, hopelessness)
- dramatic mood changes
- engaging in risky behaviors
- social withdrawal
- loss of purpose or reasons for living

- *Suicide and Life-Threatening Behavior*, June 2006; *Suicide Risk Assessment Standards*, National Suicide Prevention Lifeline, 2007

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Suicide risk …

- Most screening instruments focus on long-standing risk factors, esp. depression
- Problems:
  - Depression is *not* a specific predictor of suicide risk
  - Commonly-used measures (e.g., PHQ-9) are more sensitive to identifying depression in women than in men
- Including focused questions about shorter-term warning signs is advisable
Be critical in selecting or constructing a screening instrument.

Consider whether there are particular “triggers” on your campus that should be included; e.g. perfectionism, intense academic stress, etc.

3. Who Should Be Screened?

- All entering students?
  - Can this be mandated?
- Students from high-risk groups?
  - What groups will be targeted?
  - Will this stigmatize targeted groups?
Commonly-used campus screening programs are universal and voluntary.

4. What Strategies Do Screening Programs Use?

Screening for Mental Health, Inc.’s CollegeResponse offers:

- 1-day in-person campus screenings for depression, eating disorders, alcohol problems
- mental health screening of students seen in the campus health center
- anonymous online screening for depression, bipolar disorder, alcohol, eating disorders, GAD, PTSD
Screening strategies...

- **CollegeResponse** provides immediate computer-generated response:

  “Your screening results are highly consistent with the symptoms of clinical depression…it is recommended that you see a mental health professional or a clinician immediately for a complete evaluation…To schedule a follow-up meeting with a John Doe College counselor, which will include a confidential discussion of screening results and available resources, please call us at:…[counseling center]”

Screening strategies...

Jed Foundation’s Ulifeline offers:

- an online library of mental health information on the signs and symptoms of emotional problems
- an anonymous screening tool to help students find out whether they or a friend are at risk
- immediate computer-generated feedback, with links to campus counseling center
Screening strategies…

AFSP’s Interactive Web-Based Outreach Program offers:
- online screening questionnaire
- detailed, personalized response from an identified clinician (usually w/in 24 hrs)
- opportunity for anonymous online “dialogues” with same clinician
- opportunity for in-person evaluation and initial treatment sessions with same clinician

Key Differences Among Strategies

Strategies differ in their underlying assumptions.

- Is letting students know they have a treatable mental health condition and where they can get help sufficient to stimulate help-seeking behavior …

or ….
Assumptions … … Are there other barriers to help-seeking that also need to be addressed?
- Negative attitudes toward treatment
- Fear of negative reactions from parents, friends
- Concerns about confidentiality and potential impact of treatment on academics and career
- Concerns about administrative sanctions
- Beliefs that problems will resolve on their own
- Perception that problems don't impact functioning
- Resistance to giving up “control” of own choices
- Too overwhelmed to take necessary steps

Screening strategies need to target the problem where it exists. Critically evaluate why troubled students on your campus aren't seeking help, and incorporate strategies to address these barriers.
5. How Effective Is Campus Screening?

- No outcome data are available from SMH or Jed programs
- Will address evaluation challenges later in the session

AFSP outcomes ...

Results from 3-year pilot implementation at Emory University & UNC, Chapel Hill:
- 8% of those invited completed the online questionnaire (72% female)
- 85% of respondents had significant, untreated problems
- 25% engaged in anonymous dialogues
- 20% came for in-person evaluation
- 14% entered treatment
AFSP outcomes …

- Students who engaged in dialogues were 3x more likely to come for evaluation and to enter treatment
- Students who acknowledged negative impact of problems on day-to-day functioning on initial questionnaire were 3X more likely to seek help
- Program functioned less as a universal screening mechanism, and more as a method of outreach to untreated, troubled students

6. Screening as Part of a Comprehensive Program

- Campus suicide awareness/education activities provide necessary promotion and marketing of the screening/outreach program
- Campus policies/procedures that promote safety and confidentiality are essential for a screening/outreach program to succeed
- Screening/outreach programs positively impact the campus culture
Screening is not a stand-alone activity, but works best in conjunction with a comprehensive campus approach to suicide prevention.

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Evaluating a Screening Program

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Evaluation Challenges

Outcomes of suicide prevention programs are notoriously difficult to measure

- Rarity of suicide death requires a very large population to measure a significant decrease
- What we can easily measure is usually weakly, if at all, related to suicidal behavior
  - Participant satisfaction with program?
  - Knowledge of suicide risk, causation, treatment?
  - Attitudes?

Evaluating Screening Outcomes

Screening programs have rarely been evaluated

- Assumption that individuals will act on recommendation to seek help has not been confirmed
- Anonymity prevents follow-up to determine whether recommendations were followed
- Evaluation is further thwarted by lack of clarity about the linkage between program goals, strategies and outcomes
Evaluation Schema

1. Goals
   - Increase % of at-risk students in treatment
   - Increased help-seeking among at-risk students

2. Strategies
   - Procedures supportive of behavior change

3. Outcomes

4. Measures
   - Measures???
Measuring Increased Help-Seeking

Requires:

1. Defining the at-risk population on campus (size and characteristics)
2. Baseline (pre-program) measure of the percent of at-risk students receiving MH services
3. Post-program measure of the percent receiving MH services
4. Linking observed increase in help-seeking to the screening program