

The Columbia
University
TeenScreen[®]
Program

Getting Started Guide



Introduction to the Columbia University TeenScreen Program

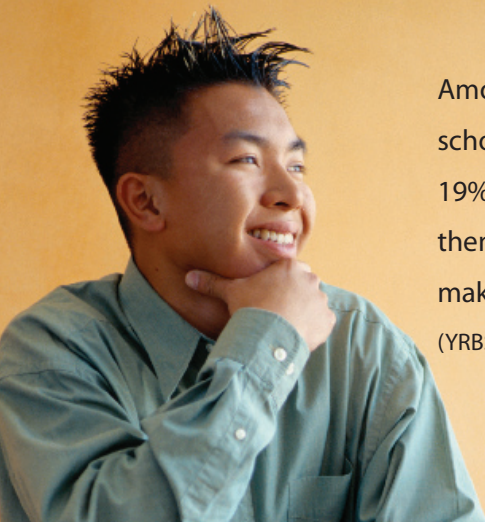
The Problem

For many teens, undiagnosed mental illness is a serious barrier to well-being and success. For most parents, there has been no easy way to learn about these problems—until now. Screening can help find those youth who are suffering from undiagnosed mental illness or are at risk for suicide, make parents aware of their children’s difficulties, and help connect them to needed services.

- Approximately 1,000,000 teens in the United States suffer from depression—some so seriously it leads to suicide (Shaffer et. al., 1996; U.S. Census, 2003)
- Only 36% of teens at risk for suicide receive treatment (SAMHSA, 2002)
- Only 30% of youth with depression receive treatment (Wu, 1999)
- Suicide is the third leading cause of death among young people aged 10–24 years, and almost as many teens die from suicide as do those from all natural causes combined (YRBS, 2004)
- In addition to completed suicides, an additional 606,500 youth each year require medical services as a result of suicide attempts (Grunbaum et al., 2004)

TeenScreen Program Overview

The goal of the TeenScreen Program is to ensure that all youth are offered a voluntary mental health check-up before leaving high school. Our primary objective is to help young people and their parents identify mental health problems, such as depression, early. These problems can lead to poor academic achievement, drug use, violence, and suicide. The TeenScreen Program screens for the risk factors that are associated with depression and other mental illnesses but does not make a formal diagnosis. Parents of youth found to be at possible risk are notified and helped with connecting to local mental health services. No child is screened without parental consent and participant assent is also required. The results of the screen are confidential medical information and are not shared with educational staff.



Among American high school students, 19% think about killing themselves, and 9% make a suicide attempt. (YRBS, 2004)

The TeenScreen Program offers paper-and-pencil or computerized mental health screens. These tools were developed, researched, and validated by Columbia University. The research supporting our tools began in the 1970s, and we regularly evaluate and improve the tools we offer.

The TeenScreen Program does not recommend or endorse any particular kind of treatment for the youth who are identified by the screening. TeenScreen is funded by private family foundations, corporations and individuals with a personal interest in youth mental health. The TeenScreen Program does not receive financial support from and is not affiliated with any pharmaceutical companies.

"TeenScreen is a very safe way to express yourself and let someone know what you are feeling. It is risk-free with no uncomfortable silences or people judging you. It is either you feel this way or you don't. Many teens are not willing to seek out a specialist to discuss feelings of, for example, depression. TeenScreen just asks 'What's up?' without making you feel uneasy or rushed. You have all the time you need and then someone will give you the attention you need."

-Youth screened by the TeenScreen Program

History of the TeenScreen Program

The Columbia University TeenScreen Program was created to address the problems of unidentified mental illness and suicide risk in youth. It was developed in 1991 in response to research revealing that 90% of youth who die by suicide were suffering from a diagnosable mental illness at the time of their deaths, and that 63% experience symptoms for at least a year prior to their deaths (Shaffer et. al., 1996). Information gleaned from this study was among the first to shatter the myth that suicide is a random and unpredictable event in youth. It also highlighted the fact that we have plenty of time to intervene with at-risk youth and connect them with the mental health services that can save their lives.

TeenScreen was developed with these facts in mind and was tested on a diverse population of approximately 2,000 high school students in the metropolitan New York area. Research revealed that the program did effectively identify at-risk youth. It also showed that most of the youth identified through the screening were not previously known to be experiencing mental health problems.

After the conclusion of the program's evaluation, TeenScreen expanded to a public health model in which a number of schools in the metropolitan New York area were offered the program as a free public service. Between 1991 and 1999, 24 screening projects were conducted, and thousands of students were screened. During this time, the program was transformed from a research-based project to a public health initiative that could be implemented in an efficient and cost-effective way throughout the country.

In 2001, TeenScreen set the goal of offering voluntary mental health check-ups to every American teen before leaving high school. Screening can take place in schools, clinics, doctors' offices, youth groups, shelters, and other youth organizations and settings. TeenScreen finds youth with depression and other emotional disorders before they fall behind in school, end up in serious trouble, or, worst of all, die by suicide.

Screening Involves the Following Stages:

1. **Parental Consent:** The first stage is always obtaining the consent of parents. Parents receive a letter that explains what the screening is about and what will happen if their child screens positive for the risk factors of a mental health problem.
2. **Participant Assent:** Teens are given a description of the program and are informed about their rights to confidentiality. They are told that the screen is entirely voluntary and that they can refuse to answer any question they don't want to answer.
3. **Screening:** Participants complete one of three self-administered screening instruments: Columbia Health Screen (CHS), Diagnostic Predictive Scales (DPS-8), or Columbia Depression Scale (CDS).
4. **Interview:** Participants who score positive on the screening instrument are immediately interviewed by an on-site mental health professional to determine if further evaluation is necessary.
5. **Parent Notification/Case Management:** The parents of participants who are found to need further evaluation are contacted. They are informed about the screening results, provided with information about mental illness, and offered assistance with obtaining an appointment for further evaluation by a mental health professional in the community. Specific treatments are not discussed or recommended.

In the United States, one in ten youth suffers from a mental health condition serious enough to cause some level of impairment.

(US Surgeon General, 2001)





The Research Behind the TeenScreen Program

The TeenScreen Program was developed by Columbia University's Division of Child and Adolescent Psychiatry. It has been rigorously researched and evaluated in a variety of settings with diverse youth populations since 1991. Research conducted on the TeenScreen Program reveals it is effective in identifying youth at risk for depression, suicide, and other mental disorders. Research on TeenScreen and screening in general has shown that:

- Screening finds high school students who are silently suffering from potentially life-threatening mental health conditions. In a study of about 2,000 high school students that participated in a TeenScreen assessment:
 - Almost two-thirds of suicidal teenagers were unknown to school professionals
 - One-half of suicidal teens were unknown to either school or mental health professionals
 - 94% of teens who were identified as needing a referral for further evaluation were not already receiving mental health services(Scott et. al., in preparation)

- Screening is an accurate predictor of mental health problems that may develop into more serious conditions. In a study of 552 young adults who participated in a TeenScreen program when they were in high school four to six years earlier, TeenScreen had identified 60-75% of those who went on to experience recurrent depression or become suicidal in young adulthood (Shaffer et. al., in preparation)
- Screening is cost-effective, especially when compared to physical exams for teenagers. Because screening only takes 15-20 minutes for the majority of students, and a maximum of an hour for those who go on to the clinical interview segment of the screening process, screening costs are very low. In a study of a screening program implemented by Kaiser Permanente in Hawaii, research analyzing feedback from over 5,000 youth showed that computer-based screening was very inexpensive when compared to traditional clinical services. A cost analysis showed a total cost of \$70 per visit for a standard preventive visit compared to \$15 per visit for a computer-assisted health visit (Paperny, D.M. et. al., 1997, 1999).
- Rates of self-reported suicide attempts decrease when screening is combined with education about suicide and its prevention (Aseltine & DeMartino, 2004).

Support for Screening

The President's New Freedom Commission on Mental Health recognized the TeenScreen Program as a model program in its July 2003 final report. In addition, the national Suicide Prevention Resource Center (SPRC) included the TeenScreen Program on its list of evidence-based programs. This distinction is the result of an independent review panel analyzing the research supporting the program and selecting only those programs whose effectiveness has been proven through scientific evidence.

34 national organizations have stated their support for voluntary youth mental health screening.

TeenScreen also has a National Advisory Council made up of prominent individuals from the fields of education, health, public policy, finance, and entertainment. These advocates have joined together to support our efforts.

How We Work With Local Communities and What We Offer

The TeenScreen Program works by creating partnerships with communities across the nation to implement screening programs for youth. The local programs are developed to accommodate the specific needs and resources of each community. Local programs range from one-day screening efforts to full-time, district-wide screening for all high school students. Columbia University offers consultation, training, screening tools, and technical assistance to qualifying communities free-of-charge.

Preparing For Your TeenScreen Program

Getting ready to implement a TeenScreen program is a three-step process:

1. [Gathering Support for Your Screening Program](#)
2. [Developing Your Screening Plan](#)
3. [Completing the TeenScreen Application and Training](#)

1. [Gathering Support for Your Screening Program](#)

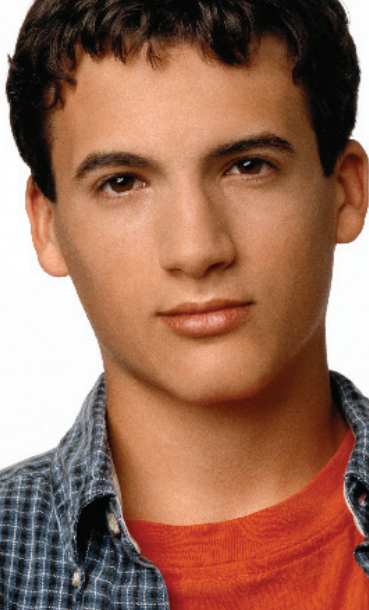
Community support is one of the most important elements of a successful screening program. Though you may be able to get started with just a small group of motivated people, support from organizations like schools, community health agencies, Parent-Teacher Associations, local businesses, and even local advocates and individuals will help you develop a sustainable screening program.

Here's a brief list of individuals to think about including when planning your screening program:

- Administrators (of your school or organization)
- Parents
- Local mental health agencies
- Mental health professionals and/or clinicians
- Local government officials
- Possible screening staff members

2. [Developing Your Screening Plan](#)

Once you've gotten everyone on board, you can start to think about the details of how a screening program might work in your community:



“Being depressed made going to school difficult. TeenScreen gave me an adult to talk to. I am proof of the program’s success. I am in college and I have not hurt myself or thought about suicide since.”

- Former screening participant

Location:

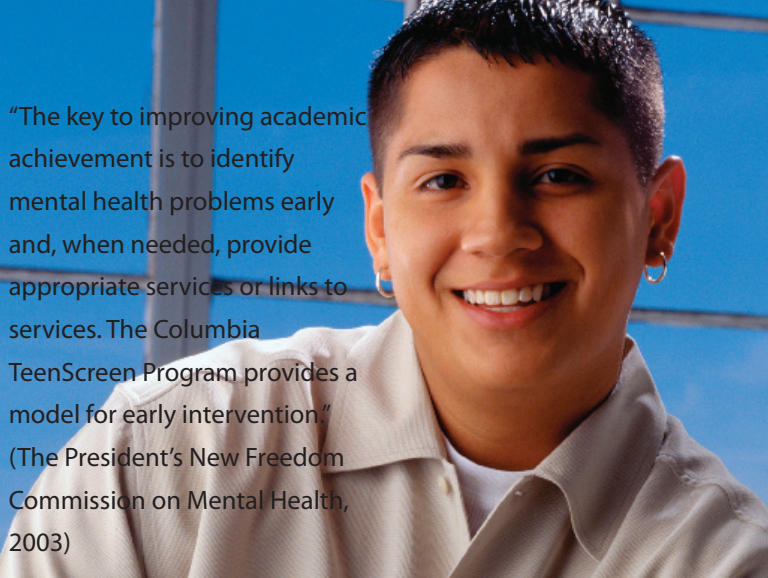
Where will the screening take place? Is there adequate room to ensure privacy for the students? Are there separate rooms for the clinical interviews to take place?

Screening Staff:

Before training, you’ll also need to determine who will be conducting the screening. Each site will need a coordinator who will be responsible for overseeing the screening process. The number of staff needed to implement TeenScreen will vary based on the size and scope of the screening plan, but following are the three roles that will need to be staffed:

- Screeners/Debriefers - administer the screening instruments and debrief the teens who screen negative. This role can be filled by trained non-professionals.
- Mental Health Professionals – perform the clinical interview stage of the screening process, assessing whether further evaluation is necessary. A doctoral or masters-level mental health professional is needed to fill this role.
- Case Managers – link the families of those identified by the screening as needing further assistance with appropriate mental health resources. A minimum of a BA in psychology or social work is necessary for this role.

These roles can be covered by one person or by a team of people—again depending on the screening plan in place.



“The key to improving academic achievement is to identify mental health problems early and, when needed, provide appropriate services or links to services. The Columbia TeenScreen Program provides a model for early intervention.”
(The President’s New Freedom Commission on Mental Health, 2003)

Clinical Resources:

In order to run a successful screening program, it is important to identify and make contact with the clinical resources in your community, because identified teens and their families will need a place to go for further evaluation. Before you begin screening, a plan must be in place to manage the teens identified from the screening and ensure that they can access appropriate mental health services.

Funding:

While TeenScreen provides the screening tool, training and consultation at no cost, local programs must cover the cost of staff involved with the screening. Depending on the staffing model, the cost will vary. TeenScreen has developed sample staffing models and budgets to help you plan accordingly.

TeenScreen sites obtain funding from a variety of sources. Local foundations are always a good place to look. Also, funds from public health and education programs can be used to incorporate TeenScreen into existing mental health or school safety activities.

3. Completing the TeenScreen Application and Training

Communities will need to fill out an application in order to become a TeenScreen site. Once TeenScreen has approved your application, you are ready to be trained.

On Your Marks, Get Set, SCREEN!

After training, your site will be prepared to start screening. We recommend beginning your screening program with a pilot group in order to ensure that your screening plan is working as expected before going full scale. Once the pilot is successfully implemented, you can move forward with your larger screening plans.

Contact Us For More Information

Please contact the TeenScreen Program if you would like to receive more information about bringing mental health screening to your community.

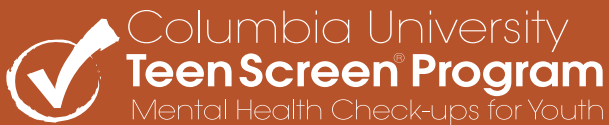
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