

## Columbia University TeenScreen Program

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### Description

The Columbia University TeenScreen Program is a no-cost mental health screening tool and protocol available to schools, organizations and communities. The goal of TeenScreen is to help parents and youth identify mental health problems, especially depression and suicide risk, before they negatively impact or end the youth's life. In use and under active development since 1991, TeenScreen currently has 500 local TeenScreen sites operating in 43 U.S. states, including three in Idaho. A map showing the national distribution of TeenScreen programs can be found at: <http://www.teenscreen.org/our-local-programs>.

Following active, written parental consent and agreement by the youth to take the mental health screen, the TeenScreen process uses two well-established, scientifically validated mental health assessment tools. If the teen's responses on the short screener indicate a risk for suicide, the longer, more in-depth assessment is administered. If the teen indicates a risk for suicide on the follow-up assessment, the parents are referred to local mental health services. In this final step of the TeenScreen protocol, program staff offer to get the parents in contact with local professionals, but does not make treatment recommendations. Formal clinical assessment, diagnosis and course of treatment, if any, are left to the parents and the mental health professionals.

To increase the availability of TeenScreen, Columbia University operates TeenScreen Schools and Communities - a national mental health and suicide risk screening outreach program. Through the outreach program, schools and communities can receive training, planning consultation and TeenScreen materials at no-cost (<http://www.teenscreen.org/teenscreen-schools-communities>). Support and materials include:

- Free training and implementation materials from Columbia University
- Instruction on the administration, scoring and interpretation of the screening questionnaire
- Free mental health checkup questionnaires for teens
- Information on how to work with families when mental health services are indicated
- Consultation on local implementation and development of local program material

The TeenScreen program is not without controversy. Initially, it received some bad press from claims that the program received funding from the pharmaceutical industry to broadly label normal teens as depressed or troubled to drum up business for the pharmaceutical industry. Addressing this concern, current TeenScreen materials state:

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 with a personal interest in youth mental health. The program receives no government funding and is not affiliated with, or funded by, any pharmaceutical companies.

<http://209.85.173.132/search?q=cache:JHeS9XgmKw0J:wdh.state.wy.us/Media.aspx%3Fmediald%3D1132+%22Columbia+Health+Screen%22&cd=4&hl=en&ct=clnk&gl=us&client=firefox-a>

Several lawsuits have been filed by groups opposed to universal mental health screenings on general principles, as they perceive them as an intrusion of government into individual and family life, and as the

vanguard of mandatory mental health treatment. However, the bases of the lawsuits generally focus on the issue that mental health screens were administered to minors without parental knowledge or consent. In response, the TeenScreen program made active, written parental consent mandatory for supported TeenScreen sites.

A review of modern TeenScreen materials failed to identify any recommendations for specific psychoactive medication, products or form of treatment. The stated purpose of the program is to identify youth who feel they need help and to let the parents, doctors and psychiatrists determine the best course of action for the teen. This statement appears to be consistent with the TeenScreen research and materials. Given the inclusion of active, written parental consent and the lack of apparent efforts to promote specific drugs or treatment methods, the concerns mentioned above do not appear to be warranted. However, the reader should be aware that use of the TeenScreen program can be a controversial issue.

### Characteristics

- Population
  - Gender – male and female
  - Ages – 13 – 25 years old
  - Races – Black, Hispanic, White and Other
- Risk, Protective & Causal Factors
  - Identification of youth in need of mental health services who have not previously been considered in need by school professionals
- IOM Category (level of care)
  - Universal - school

### Effectiveness

- The TeenScreen program identified an additional 29.4% of the school population that had not been identified by school professionals as needing mental health services.
- The TeenScreen program produced a 13% increase in referrals for mental health services over the referral rate of school professionals alone (1%).
- Among teens with recent suicidal ideation or history of suicide attempt, 40% were identified via screening-only in contrast to 9% identified by school staff-only.
- Almost 60% of teens with internalizing disorders were identified through screening that were missed by school professionals.
- In addition to depression and suicide risk, the screening identified 29% with mood disorders, 36% with anxiety disorders, and 16% with substance use disorders, all of which were previously unknown to school professionals.

### Program delivery

Once the training and customization of the TeenScreen program for the school or community has been completed, the TeenScreen process consists of the following steps:

1. Active, written parent consent – Active, written parent consent is required by TeenScreen for all supported programs. This protects parental rights over their child's well being and is also used to inform the parents that the results will be strictly confidential.

2. Participant assent - Teens are given a description of the program and are told that participation is voluntary. Even if a teen's parent has given consent for them to take the mental health screen, the teen can decline to answer questions or the entire screen.
3. Screening questionnaire: Participants complete a brief, scientifically-tested, self-administered screening questionnaire. Screen responses that can result in referral for a more in-depth assessment include:
  - Suicidal ideation in the last 3 months, or
  - A suicide attempt ever, or
  - Three emotional problems as "Bad" or "Very Bad" , or
  - Stated need for help with an emotional problem, or
  - Report of being "More upset" after completing the questionnaire

Teens who do not indicate depression, risk for suicide or other mental health needs receive information on the purpose of the screen and receive no further consideration.

4. Clinical interview: Participants who score positive on the screening questionnaire are interviewed by an on-site mental health professional to determine if further evaluation is necessary.
5. Parent notification, referral and case management: For youth who indicate a need for mental health services, the parents are informed of the screening results and offered information and assistance with obtaining an appointment with a qualified health professional of their choice.

The TeenScreen process for youth who screen positive for suicide risk ends once the parents have been referred to the mental health professional of their choice. The TeenScreen staff does not offer diagnoses or recommend treatment options or medications. Those decisions are left to the parents, medical and mental health professionals.

#### Considerations for use in Idaho

The TeenScreen is a straightforward, easy to administer mental health screening tool designed to identify mental health issues in teens, especially depression and risk for suicide, before a crisis develops. Implementation training, support and program materials are available free of charge from the program developer. There are well researched and developed versions for both school and community use. TeenScreen has also been implemented in foster care, primary care, pediatric practices, shelters, drop-in centers and residential treatment facilities. The TeenScreen program has a long and successful history and is in widespread use across the country. Currently, there are three TeenScreen programs running in Idaho in Lemhi, Nez Perce and Twin Falls Counties.

In Idaho, the TeenScreen program has been recommended by:

- The Idaho Youth Suicide Prevention Plan (<http://www.idahoahhec.org/pdf/FFJune2007.pdf>)
- The Idaho Council on Suicide Prevention's 2007 Annual Report ([http://idahosuicide.info/uploads/ICSPAnnualReport\\_Gov\\_12-07\\_Final.pdf](http://idahosuicide.info/uploads/ICSPAnnualReport_Gov_12-07_Final.pdf))
- The Idaho Federation of Families for Children's Mental Health ([http://www.idahofederation.org/parent\\_links.cfm](http://www.idahofederation.org/parent_links.cfm))

There are perhaps two main obstacles to implementing TeenScreen in Idaho. Idahoans, especially frontier and rural Idahoans, seem to have a very strong independent streak and resent or rebel at government intrusion into individual and family lives, as those who work in public education, health education, preventative medicine, drug prevention, sex education, and other social programs can attest. Based on their experience, negative reactions to implementing the TeenScreen program could range from a zero or low return rate of parental permission forms to letters to school boards and county commissioners to threatened removal of children from the school. While the active parental consent policy alleviates the actual threat to parental rights, the perceived threat may remain the more salient for many independence minded parents.

The other major obstacle that Idaho holds for success implementation of programs like TeenScreen is the relative lack of available mental health services in much of the state. While the population centers have a plethora of mental health resources and professionals, many of the frontier and rural communities don't have local access to general medical care, let alone advanced specialties such as the mental health services needed to support a youth at-risk for suicide.

#### Training & costs

Training, technical assistance and consultation are provided free by Columbia University's TeenScreen Schools and Communities program. The screening and assessment tools are also available free of charge. Visit [www.teenscreen.org](http://www.teenscreen.org) or contact the program developer at the phone number to enroll in the TeenScreen program.

Actual Delivery costs primarily consist of the staff time to run the program as follows.

- The School staff that conduct the screening, scoring, and to make follow-up referral decisions for those who indicate a risk for suicide.
- The clinical professional who reviews cases with multiple indicators for suicide risk and interviews the at-risk youth to confirm the screening results'
- The person who serves as the case manager, informing the parents and arranging for the initial mental health professional consult if the parents wish for one.

#### Dissemination & support

The Columbia University TeenScreen Schools and Communities offers program materials and implementation guides for no cost, as well as support and consultation at no charge. The TeenScreen.org website also has supporting materials, fact sheets, sample brochures, data, research and general information on suicide and suicide prevention (for a sample brochure, see <http://www.teenscreen.org/images/national%20center%20brochure.pdf>).

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### Other program synopses

- NREPP: [http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\\_ID=108](http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=108)
- Suicide Prevention Resource Center: [http://www.sprc.org/featured\\_resources/bpr/ebpp\\_PDF/columbia-teenscreen.pdf](http://www.sprc.org/featured_resources/bpr/ebpp_PDF/columbia-teenscreen.pdf)
- TeenScreen Schools and Communities Information Kit: <http://www.teenscreen.org/information-kit-download>

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