

# Southeast Polk and Columbia University TeenScreen® Program

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



# Mental Illness in Youth – Nationally

- 10% of US children and adolescents suffer from a serious mental disorder that causes significant functional impairments 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 Southeast Polk youth

- In Iowa, suicide is the 2<sup>nd</sup> leading cause of death for 15-24 year-olds and 20% of all Iowa youth deaths in that age range were due to suicide (2001-2005)

## **According to Southeast Polk results on the 2005 Iowa Youth Survey:**

- 23% of 11<sup>th</sup> grade and 11% of 8<sup>th</sup> grade students reported having made a plan about suicide in the previous 12 months.
- 23% of 11<sup>th</sup> grade and 13% of 8<sup>th</sup> grade students reported having tried to kill themselves one or more times (ever).
- 10% of 11<sup>th</sup> grade, and 3% of 8<sup>th</sup> grade students reported having tried to kill themselves three or more times (ever).

***The percentages of SEP 8<sup>th</sup> graders making suicide plans and attempts are similar to national averages; 11<sup>th</sup> grade responses are higher than state and national averages.***



# Links Between Mental Illness and Suicide\*

- 90% of teens who die by suicide suffer from a diagnosable mental illness at their time of death
- Psychiatric symptoms developed more than a year prior to death in 63% of completed 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

*Impulsive, yes – unpredictable, no*

\*Shaffer et al. 1996



# 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**

Children are screened for many ailments, from conception, birth, pre-school, kindergarten through adulthood, but aren't routinely screened for mental or emotional illness.

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

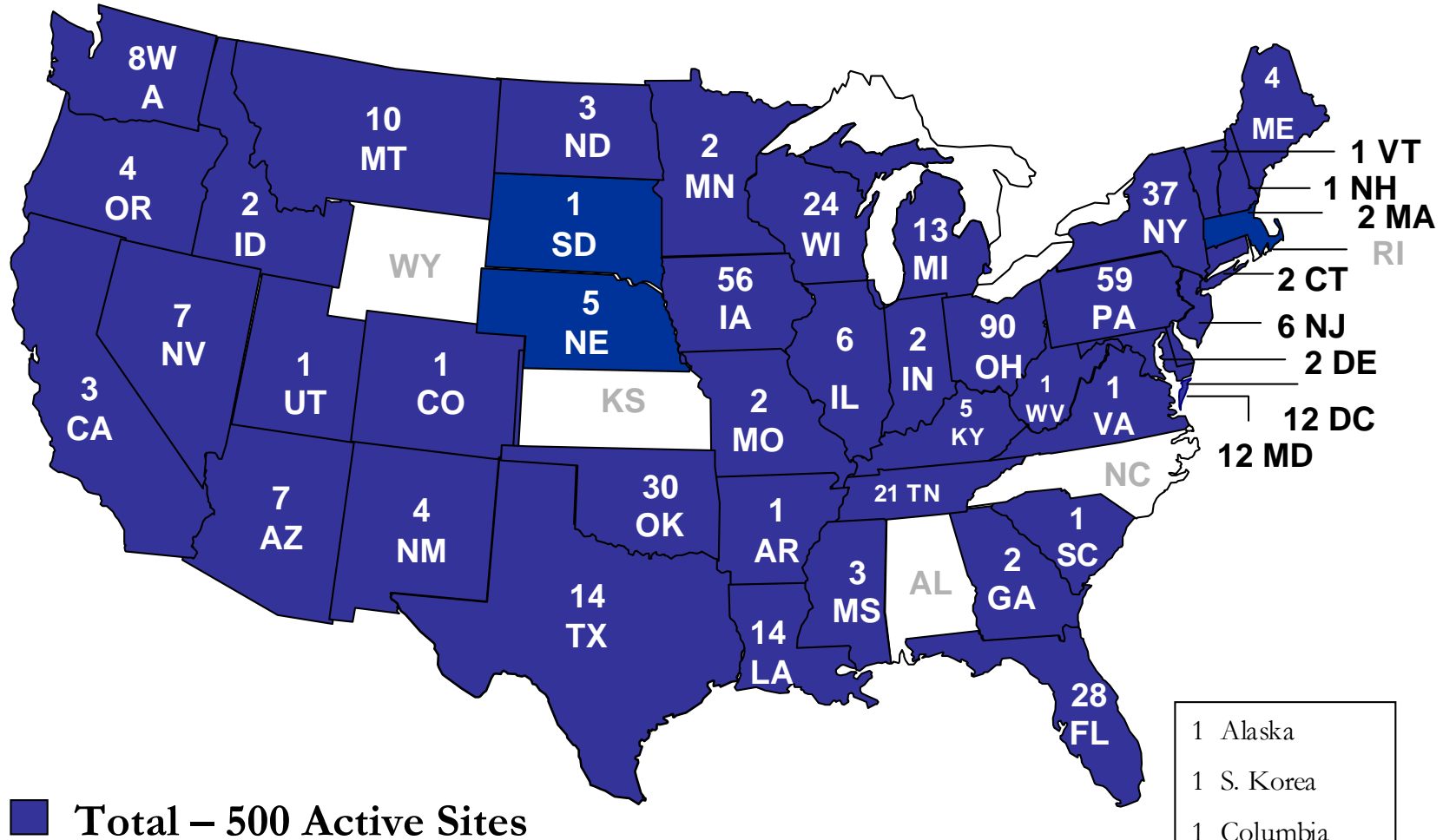


# What is the TeenScreen Program ?

- **Goal: Give all parents the opportunity for their teens to receive a voluntary mental health check-up**
- **Focuses on:**
  - ➔ **Early identification of mental illness**
  - ➔ **Suicide prevention in youth**
  - ➔ **Linking those in need with further assessment**
- **TeenScreen does not involve diagnosis or treatment**
- **Anyone can organize a TeenScreen – BUT teachers, school administrators, educational staff, and parents cannot implement TeenScreen**



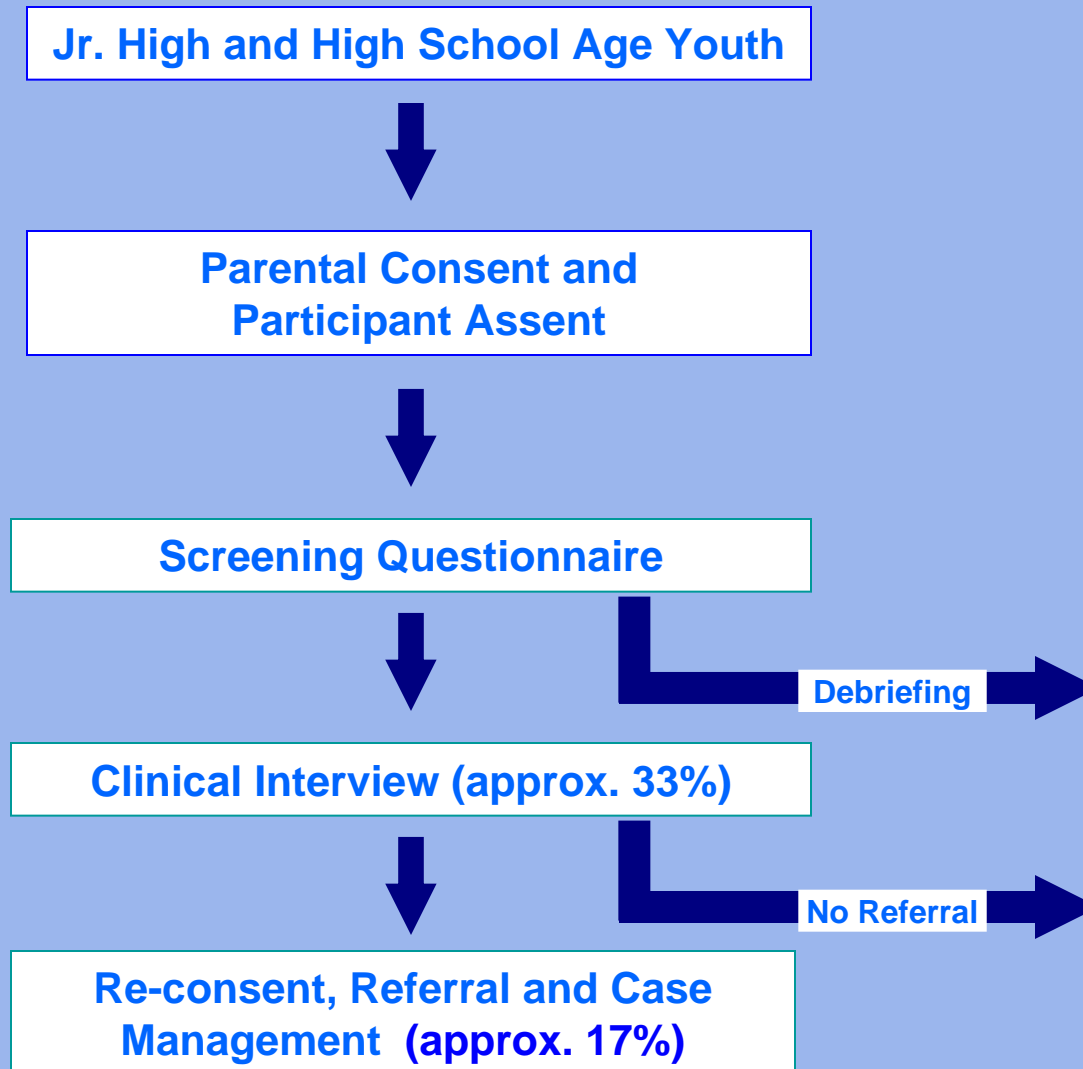
# Columbia University TeenScreen Program Screening Sites



Updated July 2008



# The Screening Process



# Parental Consent and Participant Assent

- **Parental consent and participant assent are always required**
- **TeenScreen requires active consent for school sites**
- **Assent form is signed by participants before screening begins**
  - **Teens can refuse participation even if parental consent is granted**



# After-Screening Interview

- All students participate in an interview after the screening
- If the screening determines areas of concern, the interview will be conducted by a qualified mental health professional to review the results and explore the indicated area(s) of concern
- Goal is to decide if referral for a complete evaluation is appropriate
- Does not represent a clinical diagnosis



# Parent Notification and Case Management

Parents will be...

- Informed if there is a recommendation for further evaluation
- Provided education about their children's symptoms
- Assisted with referrals to appropriate mental health and physical health services



# Protecting Student Confidentiality

- ID numbers are used at all times
- ID log kept separate, locked cabinet, away from screening files
- Screening documents stored in separate locked filing cabinets
- Results are not shared with educational staff or included in academic records
- Release of information is used if files are shared – by parent request only – with providers



# Research Support for TeenScreen and Screening

# Screening Teens for Suicide Risk is Safe

A study published in Journal of American Medicine 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



# Pilot Study Results

## - 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



# 4-6 Year Outcomes for Screened Teens

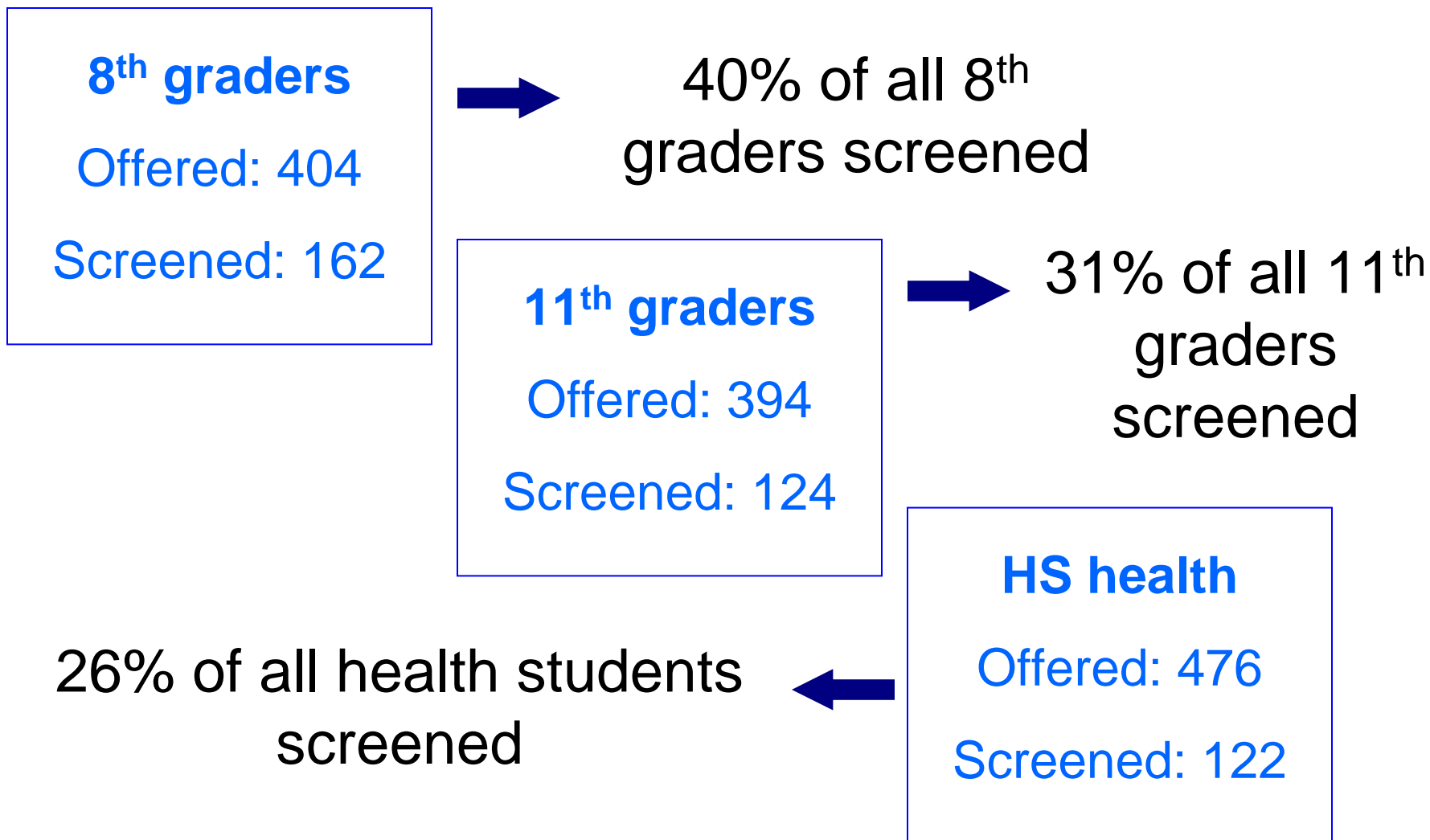
- 26% of teens who screen positive for suicidality in high school will make a later attempt or meet criteria for a mood disorder as young adults
- High school screening correctly identifies 2/3 of those who make a later suicide attempt or experience major depressive disorder as young adults


Scott et al., 2004; Shaffer et al., 1998



# **Results of Southeast Polk Student Screenings**

# SEP Students Screened May 08-March 09





# 408

Southeast Polk students screened  
during 2008-2009 school year





# 22

SEP students who prior to participating in TeenScreen were not known to be struggling with mental health concerns



# SEP students talk about Teen Screen

(JH = Comment made by junior high student, HS = Comment made by high school student)



“I think that the interview was very helpful to your parents and teachers and possibly even your friends.....Now people can see how you feel inside, see what you have been feeling or been up to! Thanks...” (HS)

“I thought it was a good way to find out how someone is acting, feeling, or doing.” (HS)

“I thought it was interesting. It really helped me understand what is going on in my life.” (JH)

“It’s nice for someone to ask teens questions like these because a lot of teens are under a lot of stress that adults don’t know about and wouldn’t understand themselves.” (HS)

“I think it’s good that they’re asking questions like this to kids. Because some kids won’t ask for help, they wait for someone to come to them about it.” (HS)

“It was good to see where I’m at with my emotional health.” (HS)

“It was a good way for someone to get help if they need it.” (JH)

# For more information about TeenScreen at Southeast Polk:

Cathy Beck-Cross 266-6795

[beckc@se-polk.k12.ia.us](mailto:beckc@se-polk.k12.ia.us)

Check out the TeenScreen web site

[www.teencreen.org](http://www.teencreen.org)

*Please be aware of lookalike web sites*