

Columbia University TeenScreen® Program

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Goals of Presentation

- Describe the Program
- Describe the Movement from Science to Service
- Touch Upon the Relationship Between Teenscreen and a National Public Policy Campaign to Advance the Field of Suicide Prevention
- State and Federal Governments Efforts.
- Garret Lee Smith Memorial Act and Implications

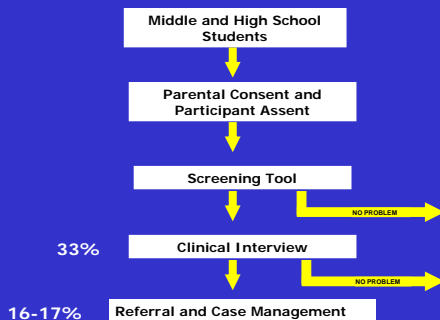
What is the TeenScreen Program?

- National mental health screening program focused on:
 - ➔ Early identification of mental illness
 - ➔ Suicide prevention in youth
 - ➔ Linking those in need with further assessment
- Community-based partnerships to develop screening across the U.S.

Positive Action for Teen Health PATH

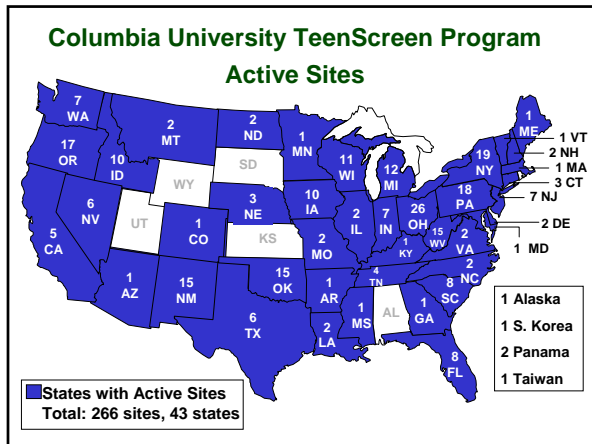
- National public health initiative working at the national, state and local levels
- Goal: Every youth in America will be offered a mental health check-up before HS graduation
- Purpose: Increase awareness of screening as an effective means to identify untreated mental illness and prevent suicide in youth
- Incorporates public awareness, media outreach, public policy, and advocacy
- Forges partnerships with national organizations, federal and state agencies, and advocates

The Screening Process



TeenScreen History

- 1991: Pilot Study
- 1995: Public Service Screening Projects Begin
- 1998: Follow-Up Study
- 1999: National TeenScreen Program Launch
- 2003: PATH Launch



RESULTS FROM OUR SURVEY OF 900 PARENTS

- 90% of parents believe that schools must play an important role in identifying students at risk for depression or suicide
- The majority of parents (74%) would support a screening program in their school
- Parents incorrectly believe that they would be able to tell if their teen was depressed. In reality only 1/3 of teens with mental health problems are known to parents or any adult

How important do you think it is for high schools to regularly screen all students for risk of depression and suicide?

| | All % | Men % | Women % | 13-17 % |
|----------------------------|-------|-------|---------|---------|
| IMPORTANT (NET) | 74 | 72 | 75 | 70 |
| Very important | 46 | 39 | 52 | 38 |
| Somewhat important | 28 | 33 | 23 | 32 |
| NOT IMPORTANT (NET) | 23 | 23 | 23 | 27 |
| Not very important | 10 | 10 | 10 | 12 |
| Not at all important | 13 | 13 | 13 | 15 |
| Don't know | 3 | 5 | 2 | 3 |

Which one of the following programs do you think high schools should fund if they were only able to fund one program?

| | All % | Men % | Women % | 13-17 % |
|--|-------|-------|---------|---------|
| Sex education | 33 | 40 | 27 | 30 |
| Testing for depression and risk of suicide | 28 | 20 | 34 | 27 |
| Hearing and vision exams | 19 | 24 | 15 | 17 |
| Drivers education | 18 | 13 | 23 | 24 |
| Don't know | 2 | 3 | 1 | 2 |

- ### National Support for Screening - Youth Screening Supporters -
- American Academy of Child and Adolescent Psychiatry
 - American Association for Marriage and Family Therapy
 - American Federation of Teachers
 - American Managed Behavioral Healthcare Association
 - American Mental Health Counselors Association
 - American Psychiatric Association
 - American Psychological Association
 - Anxiety Disorders Association of America
 - Bazelon Center for Mental Health Law
 - Child and Adolescent Bipolar Foundation
 - Children and Adolescents with Attention-Deficit/Hyperactivity Disorder
 - Consumer Organizing and Networking Technical Assistance Center
 - Depression and Bipolar Support Alliance
 - Federation of Families for Children's Mental Health
 - Girls and Boys Town
 - International Association of Psychosocial Rehabilitation Services
 - International Society of Psychiatric-Mental Health Nurses
 - National Alliance for the Mentally Ill
 - National Association of County Behavioral Health Directors
 - National Association of School Nurses
 - National Association of School Psychologists
 - National Association of Secondary School Principals
 - National Association of State Mental Health Program Directors
 - National Council for Community Behavioral Healthcare
 - National Education Association
 - National Empowerment Center
 - National Mental Health Association
 - National Mental Health Consumers' Self-Help Clearinghouse
 - President's New Freedom Commission on Mental Health
 - School Social Work Association of America
 - Suicide Prevention Advocacy Network USA
 - Tara National Association for Personality Disorders
 - Tourette Syndrome Association
 - United States Conference of Catholic Bishops
- (December 2004)

The Suicide Prevention Resource Center Classifies TeenScreen as an Evidence-Based Youth Suicide Prevention Program

“While many suicide prevention programs target an increase in protective factors or decrease in risk factors, Columbia TeenScreen operates on a different level. The purpose of CTS is to identify students at greatest risk for suicide so that appropriate intervention and treatment may occur.”

President's New Freedom Commission on Mental Health

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

Recommendations

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.

**Model Program: Screening Program for Youth
Columbia University TeenScreen®**

President's New Freedom Commission on Mental Health

Goal 4 Major Findings:

- Early detection and treatment of mental disorders can result in a substantially shorter and less disabling course of illness
- Schools are in a key position to identify mental health problems and to provide a link to appropriate services
- Strong mental health programs in schools can attend to the health and behavioral concerns of students, reduce unnecessary pain and suffering, and help ensure academic achievement

The President's New Freedom Commission on Mental Health (July, 2003)

Federal Support for Screening

- Garrett Lee Smith Memorial Act -

- Authorizes \$82 million over the next 3 years for the development of youth suicide prevention and intervention programs.
- \$7 million appropriated this year to go towards grants and co-operative agreements for the development and implementation of youth suicide prevention programs.
- Screening is the first activity listed in the law as the preferred way to spend this money
- SAMHSA to announce grant competitions for this money in the Spring
- \$3 million for the Suicide Prevention Resource Center (SPRC); \$1.5 million for the college program

STATE PARTNERSHIPS

- In addition to working with communities to develop local programs, TeenScreen creates partnerships with state agencies and orgs to enable statewide adoption of screening
- Currently focusing attention on a small number of states – including CA – to create replicable models for large scale screening

Statewide Initiatives Nevada

- 2002 With the support of the county School-Based Health Centers, the Clark County School District implemented the TeenScreen program in three schools.
- 2003 Because of the success of the initial screening sites, TS gained the support of:
 - The Jason Foundation
 - SAMSHA sponsored suicide programs
 - NV State Department of Health
 - Clark County Juvenile Justice Programs
 - NV State School Board Members
- 2004: NV State Department of Education has created new office: The Center for Health and Learning. This office is charged with developing TeenScreen sites in interested districts and offering ongoing support in these efforts.

Statewide Initiatives - Iowa

- 2003 Former Iowa Governor Terry Branstad supports school-based screening for mental illness and suicide risk and becomes a member of the TeenScreen advisory board

In response to a youth suicide in Des Moines High School, Governor Branstad:

- Publicly supports screening programs
- Hosts an informational meeting about the TeenScreen Program with city officials
- Supporters at the State Department of Education are developing a statewide plan to implement screening through area Education Agencies (the state's mechanism for providing in-school services)
- 2004 TeenScreen is piloted in two "Area Education Agencies" encompassing several school districts in southeastern Iowa, including Des Moines. Governor Branstad continues to offer his support.

Statewide Initiatives - Ohio

- 2002 Commissioner of the President's New Freedom Commission on Mental Health initiated a statewide TeenScreen effort. Five county mental health boards were selected to pilot the program. Each of the mental health boards in the participating counties received a \$15,000 grant to support their efforts.
- 2003 TeenScreen successfully implemented in:
- 2 sites in Cuyahoga County
 - 1 site in Clermont County
 - 4 sites in Butler County
 - 3 sites in Stark County
 - 2 sites in Wayne and Holmes County
- 2004 Because of the success in each of these sites each county is now looking at expanding their existing programs. In addition, the Ohio Department of Mental Health has hired a statewide coordinator to oversee the expansion of TeenScreen to 6 additional counties

FLORIDA

- Florida Mental Health Institute (FMHI) has led effort to support screening in Tampa area and other parts of the state.
- TeenScreen also partnered with the Florida Office of Drug Control (ODC) to bring screening to Broward County.
 - Screening 1,300 youth referred to The Starting Place, a substance abuse prevention and treatment organization; will expand to Broward County schools in Spring 2005.
 - Trained 26 youth homeless shelters that are part of the statewide Florida Network
- FMHI and ODC help to broker connections to other potential screening sites throughout the state.

PENNSYLVANIA

- PA State Departments of Education, Health, and Public Welfare convened a series of training workshops – sparked by successful district-wide screening in Erie
- Resulted in training 500+ mental health professionals from throughout the state who will work to bring screening to their communities

CALIFORNIA

- Partnered with the Los Angeles County Office of Education to begin a pilot program in Alhambra Unified School District.
- Pilot will be replicated in other LA County school districts
- Trained sites in Fresno, SF, and Pasadena
- Prop 63 will make available \$700 million in additional funds each year for MH; requires 20% to be spent on early intervention program models



WHAT TEENS SAY ABOUT SCREENING

"I feel like someone is paying attention and listening to me."

"The interview on the computer was a great way to know how we feel about stuff in our lives. I think it's a great idea."

"I thought it was insightful because some of these things are not talked about enough."

"I think this is a good way to find out what's going on with teens these days. Most teens are afraid to talk about their problems because they don't want other teens to think they are different."

Case Story: Jenny

Jenny was an upbeat 15 yr old girl. She was a bright student, well-liked by her peers, and very involved in cheerleading. Her screening results, however, revealed a very high score for depression and several previous suicide attempts. During the clinical interview, Jenny divulged that she had been trying to kill herself for the past six months. She had cut herself and swallowed pills on numerous occasions, but nobody in her family knew anything about this. Jenny's parents were informed of the screening results and she was referred for immediate evaluation. Mental health screening most likely saved this girl's life.



(Screening success story from a TeenScreen site in Texas)

