

Universal School-Based Emotional Health Check-up

Participation, Early Identification, and Linkage

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SEATTLE PUBLIC SCHOOLS

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Conference
Presented in Tampa,
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Emotional Health of Adolescents

- Depression is a prevalent and debilitating public health problem
- Middle school is a time when we see an upsurge in depression incidence
- Both clinical and non-clinical levels can adversely affect a child's development and academic performance

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Conditions under which screening is appropriate

Depression is a good screening target.....

Commonly occurring, uncommonly addressed
Otherwise hard to detect!!!!!!
Early intervention beneficial
Effective treatments available
Depression screening scales are

- Inexpensive, confidential
- Easy and quick to administer
- Accurate in detecting emotional health problems

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Why Screen in Schools?

- Access to large, diverse groups of young people who are otherwise *uninsured* and *underserved*
- Adolescents are more likely to seek health care at school than in clinical settings
- Support of the school district, principals, and teaching staff lends credibility for parents, students, and the community, thus increasing participation
- Schools have an existing health infrastructure that can be utilized to implement screening cost-effectively and time-efficiently

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Screening Risks.....

Risk of **causing unnecessary concern** - false positives
Risk of **causing unwarranted assurance** - false negatives
Risk of **labeling** - stigmatization
Risk of **promoting problems** - suggestibility
Risk of **not helping** - will effective services be available?
or utilized?

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Screening Approaches

Universal

General Public

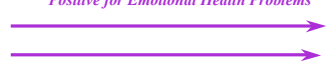
Selective

Targeted Risk Groups

Indicated

Targeted High-Risk Individuals

Increasing Proportion of Children Screening Positive for Emotional Health Problems



Increasing Risk of Missing Distressed Children

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Emotional Health Screening Who? When? Why?

- **Who?** Middle school students
- **When?** 6th grade transition
- **Why?** The middle school transition can be stressful for vulnerable children...new place, new people, new schedule, new expectations

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How?

📅 Universal emotional health screening in classrooms

📅 Clinical evaluation with child mental health professional for all high scoring students

📅 Tie in with parent/guardian and school counselor

📅 Referral to school counselor, academic support, after school activities, AND/OR community mental health treatment

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How?

Mood and Feelings Questionnaire (Angold & Costello, 1987)
Youth Self Report, externalizing scale (Achenbach, 2001)

- For youth ages 11-18 years
- 60 items
- 15-minute administration
- Good reliability and validity
- MFQ sensitive for detecting major depressive disorder

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Clinical Evaluations (CE)

- 45 minute structured assessment
 - Confirm symptoms
 - Evaluate for clinical depression (CDRS)
 - Assess functioning— home, school, peer group
 - Inventory support and coping
- **Recommendation for services**
- Call home to parent with student's knowledge
- Use motivational interviewing techniques with family to increase probability of linking student to resources
- Give brief disposition summary to school counselor

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School Pilot Project – Fall 2005

Information, Recruitment, Consent

- Three Seattle Public Middle Schools
- Total 6th grade students enrolled N = 732
- Total “Emotional Health Check-up” Participants: N= 438
60% of students enrolled

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DPP Screening Participants

	Enrolled	Screened	Participation Rate
RACE/ETHNICITY			
African American	138 (19%)	68 (16%)	49%
Asian American	198 (27%)	101 (23%)	51%
European American	300 (41%)	212 (48%)	71%
Native American	32 (4%)	23 (5%)	72%
Hispanic	57 (8%)	38 (8%)	67%

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Reasons for Non-Participation

Reason	N	%
Participation	438	60%
Non-participation	294	40%
Parent declined	152	52%
Student declined	7	2%
Non-response	121	41%
Unable to complete Q	14	5%

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Consent –Passive vs. Active

	Change in % Screened (Active – Passive)	% of Students Screening Positive
European American	-9.2	9.8
African American	-30.1	29.5
Asian American/ PI	-24.0	12.1
Hispanic	-22.0	14.5
Native American	-1.4	5.9
TOTAL	-19.4	14.7

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Screening Results Prevalence of Emotional Distress

	HI DISRUPTIVE	LO DISRUPTIVE
HI DEPRESSION	51 (11.6%)	56 (12.8%)
LO DEPRESSION	25 (5.7%)	306 (69.9%)

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Positive Screens and Referrals Gender and Race

	Screen	Screened Positive		Any referral made (academic, school counselor, after school, mental health)	
		# (%)	p-value	# (%)	p-value
Total	438	137 (31.3%)		80 (58.4%)	
Gender					
Male	202	70 (30.1%)	0.56	42 (59.2%)	0.85
Female	236	66 (32.7%)		38 (57.6%)	
Race					
African American	68	28 (41.2%)	0.37	22 (78.6%)	0.02
Asian American	101	30 (29.7%)		14 (46.7%)	
European Amer.	212	64 (30.2%)		32 (50.0%)	
Native American	23	7 (30.4%)		5 (71.4%)	
Hispanic	34	8 (23.5%)		7 (87.5%)	

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Supports Recommended

TYPE OF REFERRAL	Needed Support	Support in Place	Additional Support Recommended
Academic	52 (65.1%)	7 (8.8%)	45 (56.3%)
School Counselor	40 (50.0%)	12 (15.0%)	28 (35.0%)
Mental Health	35 (43.8%)	4 (5.0%)	31 (38.8%)
Social Activity	44 (55.0%)	18 (22.5%)	26 (32.5%)

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Linkage Made - 6 week follow-up

- **School Counselor**
13/28 (46%) linkages made (7 NO, 8 (8*) unknown)
- **Academic Support**
26/45 (58%) linkages made (12 NO, 7 (3*) unknown)
- **Social Activity**
17/26 (65%) linkages made (3 NO, 6 (5*) unknown)
- **Mental Health**
13/31 (42%) linkages made (7 NO, 11 (9*) unknown)

*reported NO at 2 weeks, unable to confirm at 6 weeks

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Barriers to Successful Linkage

BARRIER	Percent
Transportation	26.3%
Time	23.8
Child discomfort with the plan	22.5
Contacting provider	20.0
Cost	18.8
Stigma	17.5

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Top Three Barriers

- **Transportation**
Asian-Am 27%, African-Am 41%, Hispanic 67%,
Native Am 50%, European-Am 17%
- **Time**
Asian-Am 46%, African-Am 35%, Hispanic 50%,
Native Am 0%, European-Am 17%
- **Child Discomfort**
Asian-Am 18%, African-Am 18%, Hispanic 17%,
Native Am 0%, European-Am 41%

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Parent Report of Child's Adjustment to Middle School

Children who screened high and were in need of support... "On a scale of 1-10 with 1 being 'very poorly' and 10 being 'very well', how well do you think your child is adjusting to middle school?"

Initial parent call	Mean score 6.22 (SE .26)
6 week follow-up	Mean score 6.76
	t=2.09, df=54, p=.04

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Unique Features of Developmental Pathways Emotional Health Screening

- Targets all students
- Targets high risk period
- Screens using a non-specific indicator of mental health problems
- Clinical follow-up provided on site
- Broader array of supports than diagnosis and mental health referral

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What if we were to have carried out targeted screening?

Depression Positive students (N=147) Depression Negative students (N=342)

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