

**City of Carson City
Agenda Report**

Date Submitted: September 11, 2012

Agenda Date Requested: September 20, 2012

Time Requested: 15 Minutes

To: Carson City Board of Health
From: Health & Human Services (Marena Works)

Subject Title: Presentation and discussion only on the Teen Screen Program by Disease Prevention and Control Division Manager Cindy Hannah.

Staff Summary: This is an opportunity to inform the Board of Health of the Teen Screen Program. Teen Screen is a nationally-recognized program developed by Columbia University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse.

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify) Information Only

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: Presentation and discussion only.

Explanation for Recommended Board Action: This is a presentation only and no action is required.

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives:

Supporting Material: Power Point presentation, Parent Consent, Participant Assent Form, Teen Screen Questionnaire

Prepared By: Marena Works, MSN, MPH, APN

Reviewed By: Marketa (M) Works
(Department Head)

City Manager
(City Manager)

James L. Miller
(District Attorney)

Nancy Paulson
(Finance Director)

Date: 9/11/12

Date: 9/11/12

Date: 9/11/12

Date: 9/11/12

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____

_____ (Vote Recorded By)

(SCHOOL NAME) TeenScreen Program
Participant Assent Form
(School Version)

Name (please print): _____ Date: _____

Sex: () Female () Male Grade: _____ Age: _____

Dear Student,

Your parents (or legal guardian) have given permission for you to participate in the TeenScreen Program, which is a free health screening. TeenScreen was created by Columbia University to assess the health of teenagers and to assist teens in connecting with professional assistance if they need it. Before you participate in the screening, please read the following information and then sign your name below.

How Does The Program Work?

1. You complete a 10 minute questionnaire about your health, feelings and behaviors.
2. Next, you will talk with a member of the program staff in private about your answers. This should take no more than an hour.
3. Your results will not be shared with your teachers or stored with your academic record.
4. Program staff may contact your parents (or legal guardian) to discuss the results of your screening and recommend follow-up.
5. If your answers indicate that you or others may be in some danger, the program staff will inform your parents (or legal guardian) and/or any necessary authorities.
6. Program staff will not offer to share your answers to the questionnaire with your parents (or legal guardian), but they will be required to do so if your parents (or legal guardian) ask to see this information.
7. This is a voluntary program – you are not required to participate. If you do not want to participate, your parents (or legal guardian) will receive a letter letting them know about your decision.
8. If you participate, you may refuse to answer any questions on the questionnaire.

If you have any questions about this program now, please raise your hand. If you have any questions about this program in the future, you may contact (NAME) at (NUMBER).

Please check this box and sign your name below if you have read and understand the above information and want to participate in the TeenScreen Program.

Please check this box and sign your name below if you do not want to participate in the TeenScreen Program.

Thank you.
Your Signature _____

NOTE: All school-based sites must use this assent form. Any modifications to this form beyond the highlighted sections must receive the prior written approval of the national TeenScreen office.

Dear Parent,

As parents you are well aware that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships with family members and friends, and lead productive and happy lives. (School) is committed to working with you not only to educate your children, but also to ensure that they reach their full potential outside of the classroom. To that end, we are offering parents the opportunity to have their teen participate in a wellness check-up called TeenScreen. TeenScreen is a nationally-recognized program developed by Columbia University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free and completely voluntary and confidential.

The teen years are a time of tremendous change. TeenScreen can help parents better understand the changes their teens are experiencing. No matter what the results of your teen's screening are, the program will provide you with important information. For most parents, this screening will reassure you that your teen is just experiencing typical "growing pains." For other parents, TeenScreen can help you pinpoint a problem in its early stages, giving you the ability to secure needed help for your teen and reduce the chance that a more significant problem will develop in the future.

I hope you will take advantage of this confidential check-up. Please read the information below and in the attached "Common Questions and Answers about TeenScreen," and then sign and return the Parent Consent Form on the next page to indicate whether you want your teen to participate.

How Does TeenScreen Work?

(Name program staff, e.g., school social worker, name of mental health agency) will be in charge of the program. It will take place during school hours in a private setting at the school. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers. There are three steps to the screening procedure:

Step One: Teens complete a 10-minute questionnaire about vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a potential problem and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they probably do not need help meet briefly with other program staff to answer any questions they may have about the program and to give them the opportunity to ask for help with any other concerns the screening did not cover.

Step Three: You will be contacted by program staff only if your teen meets with a mental health professional and the professional recommends further evaluation for your teen. If this is the case, program staff will share the overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional mental health services. If a vision, hearing or dental need is identified during the screening process, the staff will (share this information with the school nurse.

(School) provides this screening at no cost, but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen.

Please do not hesitate to call (name) at (number) if you have any questions.

Sincerely,
(Name)
, (School)

Please return this form by (date) to let us know whether you want your teen to participate in the screening. You may mail this form to the address noted below or have your child deliver it to:

(Name)

(Address/Location)

I have read and understand the description of the TeenScreen Program offered at (School) on or about (Insert date or month of screen).

I would like my child to participate in the TeenScreen Program

I do not want my child to participate in the TeenScreen Program

Parent/Legal Guardian's Name (Print): _____

Student's Name (Print): _____ Grade: _____

Parent/Legal Guardian's Signature: _____

Date: _____

If your child will be participating, please provide the following information so we can contact you if necessary:

Address: _____ Home Phone #: _____
_____ Cell Phone #: _____

Email Address: _____

Best times to reach you:

1) _____ Tel.#: _____
2) _____ Tel.#: _____

Common Questions and Answers about TeenScreen

Are TeenScreen results confidential?

Yes, screening is confidential. In order to protect your child's privacy, his/her screening results and related files will be stored separately from his/her academic records. Teachers will not be involved in the screening procedure. If program staff believes that your child is in some danger or is a danger to others, they are mandated by law to take action and notify appropriate personnel and/or necessary authorities.

What information will be shared with my child following the screen?

All teens that complete a screening questionnaire will meet privately with program staff to: discuss any thoughts or concerns that came up for the teens while completing the screen that they would like to discuss; help the teens generate a list of people they could go to for help or to talk things over with when they have a problem; and to obtain their feedback about the screening experience.

Teens whose answers to the screening questionnaire reveal potential concerns about their emotional well-being will meet privately with a health professional. The purpose of this meeting is to further explore symptoms that came to light through the questionnaire, find out if these symptoms are causing any significant difficulties in the teen's life and, if so, determine whether he/she might benefit from a more complete evaluation by a mental health or medical professional at a later date. At the conclusion of the private meeting, if the health professional has determined that a teen might benefit from such an evaluation, the teen will be told that his/her parent(s) will be contacted to discuss a recommendation for follow-up.

What if I provide consent, but my child doesn't want to participate?

Because we believe screening should be completely voluntary, your child may refuse to participate or refuse to answer any questions during the screening. We will notify you by letter if your child chooses not to participate or is absent on the day of the screening.

Does TeenScreen recommend treatment?

The TeenScreen Program and staff do not make any treatment recommendations. All possible treatment decisions are made by families in close consultation with a health professional of your choice after the completion of the TeenScreen Program. Treatment recommendations are beyond the scope of the TeenScreen Program.

How accurate is the screening questionnaire?

The screening questionnaire was developed by Columbia University and research has concluded that it is effective in identifying youth with possible emotional problems. However, the questionnaire results are not a medical diagnosis. Medical diagnoses are beyond the scope of the TeenScreen Program.

Can I see the questionnaire?

Yes. If you wish to review the TeenScreen screening questionnaire, the assent form your child will be asked to sign prior to his/her participation in the program, or any instructional materials related to the screening, please submit a request to (name) at (address and phone number) and you will be notified of the time and place where you may review these materials.

Where does TeenScreen get its support?

The program is supported by foundations and local communities. It is operated as a nonprofit public service and accepts individual donations to help provide free screening services to local communities. The program receives no funding from pharmaceutical companies.

Columbia Health Screen

THE COLUMBIA UNIVERSITY TEENSCREEN® PROGRAM

1. TODAY'S DATE ____ / ____ / ____

2. AGE

11 12 13
 14 15 16
 17 18 19
 20 21

3. YOUR SEX

Male Female

4. ARE YOU LATINO/A?

Yes No

5. CHOOSE THE CATEGORY THAT
BEST DESCRIBES YOUR RACE

CHECK ONE

White/Caucasian
 Black/African American
 American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander
 Asian
 Mixed – more than one race
 Other

6. YOUR GRADE

5th 6th 7th
 8th 9th 10th
 11th 12th Not in School

INSTRUCTIONS

Please check Yes or No for the following questions. Then, follow the arrow by your answer to go to the next question.

1 During the past 3 months,
have you had trouble seeing
(even with glasses)?

YES ►

NO



1a Have you seen a doctor about this?

YES

NO

2 During the past 3 months,
have you had trouble hearing?

YES ►

NO



2a Have you seen a doctor about this?

YES

NO

3 During the past 3 months,
have you had trouble with
your teeth or gums?

YES ►

NO



3a Have you seen a dentist about this?

YES

NO

GO ON
TO THE NEXT PAGE 

INSTRUCTIONS

*Please answer the following questions using the rating scale provided.
Check the circle that best describes your answer. Then, follow the
arrow next to your answer to go to the next question.*

4 During the past 3 months, how much of a problem have you had with feeling nervous or afraid?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

► GO ON TO THE NEXT PAGE

Please answer questions 4a through 4c.

4a Are you so concerned about this that you think you should get help?

YES
 NO

4b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

4c Do you have an appointment scheduled to see a professional about this?

YES
 NO

GO ON
TO THE NEXT PAGE

5 During the past 3 months, how much of a problem have you had with doing less with other people and withdrawing more and more into yourself?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

► GO ON TO THE NEXT PAGE

Please answer questions 5a through 5c.

5a Are you so concerned about this that you think you should get help?

YES
 NO

5b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

5c Do you have an appointment scheduled to see a professional about this?

YES
 NO

GO ON
TO THE NEXT PAGE

6 During the past 3 months, how much of a problem have you had with feeling unhappy or sad?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

► GO ON TO THE NEXT PAGE

Please answer questions 6a through 6c.

6a Are you so concerned about this that you think you should get help?

YES
 NO

6b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

6c Do you have an appointment scheduled to see a professional about this?

YES
 NO

GO ON
TO THE NEXT PAGE

7 During the past 3 months, how much of a problem have you had with losing your temper, being in a bad mood, or having little things make you mad or upset?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

► GO ON TO THE NEXT PAGE

Please answer questions 7a through 7c.

7 a Are you so concerned about this that you think you should get help?

YES
 NO

7 b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

7 c Do you have an appointment scheduled to see a professional about this?

YES
 NO

GO ON
TO THE NEXT PAGE

8 During the past 3 months, how much of a problem have you had with drugs or alcohol or both?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

► GO ON TO THE NEXT PAGE

Please answer questions 8a through 8c.

8a Are you so concerned about this that you think you should get help?

YES
 NO

8b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

8c Do you have an appointment scheduled to see a professional about this?

YES
 NO

GO ON
TO THE NEXT PAGE

9 During the past 3 months, how much of a problem have you had with getting along with your friends?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

► GO ON TO THE NEXT PAGE

Please answer questions 9a through 9c.

9a Are you so concerned about this that you think you should get help?

YES
 NO

9b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES
 NO

9c Do you have an appointment scheduled to see a professional about this?

YES
 NO

GO ON
TO THE NEXT PAGE

INSTRUCTIONS

Please check Yes or No for the following questions. Then, follow the arrow next to your answer to go to the next question.

10 During the past 3 months, have you thought of killing yourself?

YES NO ► GO ON TO THE NEXT PAGE

Please answer questions 10a through 10g.

10a Are you still thinking of killing yourself?

YES NO

10b Have you often thought of killing yourself?

YES NO

10c Have you thought seriously about killing yourself?

YES NO

10d Have you been thinking about killing yourself for a long time?

YES NO

10e Are you so concerned about these thoughts that you think you should get help?

YES NO

10f Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with these thoughts during the past 3 months?

YES NO

10g Do you have an appointment scheduled to see a professional for help with these thoughts?

YES NO

GO ON
TO THE NEXT PAGE

11

Have you ever tried to kill yourself?

YES NO ► GO ON TO THE NEXT PAGE

Please answer questions 11a through 11d.

11

a Have you tried to do this in the last 3 months?

YES NO

11

b Are you so concerned about this that you think you should get help?

YES NO

11

c Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this during the past 3 months?

YES NO

11

d Do you have an appointment scheduled to see a professional for help with this?

YES NO

GO ON
TO THE NEXT PAGE

INSTRUCTIONS

Thank you for completing the Columbia Health Screen. Please tell us what you thought of the screen by answering the following questions. Check the circle that best describes your answer.

12 Do you think this questionnaire is too long, too short, or just about right?

1 TOO LONG	<input type="radio"/>	2 JUST RIGHT	<input type="radio"/>	3 TOO SHORT	<input type="radio"/>
----------------------	-----------------------	------------------------	-----------------------	-----------------------	-----------------------

13 Do you think this questionnaire is interesting, boring, or neither one?

1 INTERESTING	<input type="radio"/>	2 NEITHER	<input type="radio"/>	3 BORING	<input type="radio"/>
-------------------------	-----------------------	---------------------	-----------------------	--------------------	-----------------------

14 Now that you finished this questionnaire, do you feel more comfortable, more upset, or about the same as you did before you started this questionnaire?

1 MORE COMFORTABLE	<input type="radio"/>	2 ABOUT THE SAME	<input type="radio"/>	3 MORE UPSET	<input type="radio"/>
------------------------------	-----------------------	----------------------------	-----------------------	------------------------	-----------------------

STOP
YOU'RE DONE!



TeenScreen Schools and Communities Program

TeenScreen® Schools and Communities
at Columbia University



Overview

- TeenScreen Schools and Communities overview
- Links between mental illness and suicide in youth
- Logistics of mental health screening
 - ✓ How TeenScreen works
- Research support for mental health screening
- Local TeenScreen program development
- Success stories and TeenScreen support



Our Mission

TeenScreen Schools and Communities is a national mental health and suicide risk screening program for young people.

TeenScreen is committed to making the mental health and well-being of America's youth a national priority and to ensuring that every parent is offered the opportunity to have their teenager receive a voluntary mental health checkup.





Mental Illness and Suicide



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

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



Mental Illness and Young People

- 11% of U.S. children and adolescents suffer from a serious mental disorder that causes significant functional impairment at home, at school and with peers
- 21% U.S. children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment.
- In any given year, only 21% 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 Middle School Students

- Suicide is the 3rd leading cause of death for 10-14 year-olds
- 16% - 26% of U.S. middle school students report serious thoughts of killing themselves each year
- 8% - 17% of U.S. middle school students report making a suicide plan
- 6% - 14% of U.S. middle school students report having made a suicide attempt

States surveyed:

- Grades 6, 7, & 8: Delaware, Georgia, Kentucky, Mississippi, Nevada, New Mexico, Rhode Island, South Carolina, West Virginia, Wyoming
- Grades 7 & 8 only: Alabama and Maine

Cities surveyed:

- Grades 6, 7, & 8: Charlotte-Mecklenburg County, NC; Chicago, IL; Clark County, NV; Duval County, FL; Memphis, TN; Miami-Dade County, FL; Milwaukee, WI; San Bernardino, CA;

Data is weighted and considered representative of their specified jurisdiction

CDC (WISQARS, 2008)
CDC (YRBS, 2009)
(last reviewed 1/10/2012)



Suicide in High School Students

- Suicide is the 3rd leading cause of death for 15-19 year-olds in the U.S.
- 26% of students nationwide felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activity in the last year
- 13.8% of students in grades 9-12 seriously considered suicide in the previous 12 months
- 6.3% of students reported making at least one suicide attempt in the previous 12 months
- 1.9% of students had made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention

CDC. WISQARS. (2008).

CDC. Youth Risk Behavior Surveillance System – United States. (2009).
(Last reviewed 1/10/2012)



Links Between Mental Illness & Suicide

- 90% of teens who die by suicide suffer from a treatable mental illness at their time of death
- Psychiatric symptoms develop more than a year prior to death in two-thirds of completed teen suicides
- Suicide is not the unpredictable event many think it to be

CDC (WISQARS, 2005) (last reviewed 1/23/08)

Shaffer et al., 1996



Mental Health & Academic Achievement

- 50% of children with serious emotional and behavioral disorders drop out of high school, compared to 30% of students with other disabilities
- Students with mental illness have the highest drop out rate of any disability group
- Over half of the adolescents in the United States who fail to complete their secondary education have a diagnosable psychiatric disorder

(U.S. Dept. of Education, 2001)

(Stoep et al., 2003)



Mental Health and Academic Achievement

Mental health greatly affects academic achievement and educational outcomes:

Depression



Lower levels of school performance, high scholastic anxiety, poor peer and teacher relationships

Anxiety Disorders



Reduced likelihood of attending college

Substance Abuse/
Dependence



Lower levels of school performance

Suicidal Behavior



Lower levels of school performance and school connectedness

[Mental Health and Academic Achievement](#) is available on the TeenScreen website

Fosterling & Binser (2002), Masi et al. (2001), Marmorstein (2001),
Woodward et al. (2001), Slap et al. (2001), Alatorre & de Los Reyes (1999),
Chen et al. (1995), Reinherz et al. (1993)



The Issue: Summary

- One in 10 U.S. children and adolescents suffer from a serious mental disorder that causes significant functional impairment at home, in school and with peers.
- Suicide is the 3rd leading cause of death for 15-24 year-olds. 90% of teens who die by suicide suffer from a treatable mental illness at their time of death.
- Among 15- to 24-year olds, suicide accounts for 12.2% of all deaths annually and there are approximately 100-200 attempts for every completed suicide.
- First symptoms of mental illness occur two to four years before the onset of a full-blown disorder. Half of all mental disorders start by age 14.

Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2010). National Center for Injury Prevention and Control, CDC

Shaffer et al., 1996

Kessler et al., 2005

Cooper, S., Valleley, R.J., Polaha, J., Begeny, J., & Evans, J.H. (2006).

Rand Corporation Research Highlights: Mental Health Care for Youth (2001)

Zuckerbrot et al., 2007; Simonian, 2006; wren et al., 2003; Stancin & Palermo, 1997



Where Screening Equals Hope

- Mental illness is treatable.
 - There is ample time to intervene before symptoms escalate to a full blown disorder and before a teen turns to suicide.
- Screening tools that have been proven to effectively and accurately identify at-risk children and teens are available.
 - Screening more accurately identifies teens with significant mental health problems than school professionals (63% vs. 37%)
- Most mentally ill and suicidal youth aren't already being helped.
 - At-risk adolescents who do not request help on the screening questionnaire are significantly more likely to report suicidal ideation in the preceding three months than those who request help (62% vs. 31%)
- No one else is asking teens these questions, but they will give us the answers if we ask the questions.
 - Screening is safe and does not increase distress, depressive symptoms, or suicidal ideation

The National Research Council and the Institute of Medicine of the National Academies. (2009).; Anderson 2004; YRBS 2005; U.S. Census 2003
Scott et al., AJPH 2009; Husky et al., Child Psychiatry Hum Dev, 2008; Gould et al., JAMA 2005



Logistics of Mental Health Screening

TeenScreen Schools and Communities

- National mental health screening program focused on:
 - Early identification of mental illness (internalizing disorders)
 - Suicide prevention in youth
 - Linking those in need with further assessment
- TeenScreen Schools & Communities does not involve diagnosis or treatment
- Community-based partnerships to develop screening programs
- Focus on education systems
- Funded by private foundations, individuals and organizations



Potential Screening Settings

- Schools
- School-based health centers
- Clinics
- Drop-in centers
- Shelters
- Residential treatment facilities
- Juvenile justice settings



Bringing Mental Health Checkups to Your Community

- Raise awareness in your community about serious problem of unidentified mental illness and suicide in youth. Visit our website, www.teenscreen.org and our State Resource Center for information on youth mental illness and suicide in your state.
- 1. Share information and educate your school officials or community leaders on how mental health checkups work and the value of early intervention and prevention programs.
- 2. Build support for developing a local mental health checkup initiative by developing or joining group of individuals that have the authority to help facilitate local screening efforts. Community partnerships and support are critical to the success of local screening efforts. Include/ reach out to:
 - Medical and health care professionals
 - School officials, faculty, support staff
 - Mental health professionals
 - PTA/ PTO members or other parent groups
 - Administrators from hospitals and mental health agencies
 - Tribes and tribal leadership
 - Faith-based organizations
 - Local colleges and universities
- 3. Develop a written plan and start training the screen team!



Staffing a TeenScreen Program

Staff Roles:

- Program and Site Coordinator(s)
- Screener(s)
- Mental Health Professional(s) for Clinical Interview
- Case Manager(s)

Sample Staffing Models:

- Internal staff model
- External staff model
- Combination staff model
- One person model

- ✓ Anyone can organize a TeenScreen Program, BUT... teachers, school administrators, educational staff, and parents cannot implement the program



The Screening Process

Middle- and High School-Age Youth

Parent Consent and Participant Assent

Screening Questionnaire

Clinical Interview

Parent Notification, Referral
and Case Management

Debriefing

No Referral



Protecting Confidentiality

- ID numbers instead of names used
- ID log kept separate from screening files
- Documents stored in separate locked filing cabinets
- Results not shared with teachers or administrators or included in academic records
- Release of information signed by parents to release files to third parties

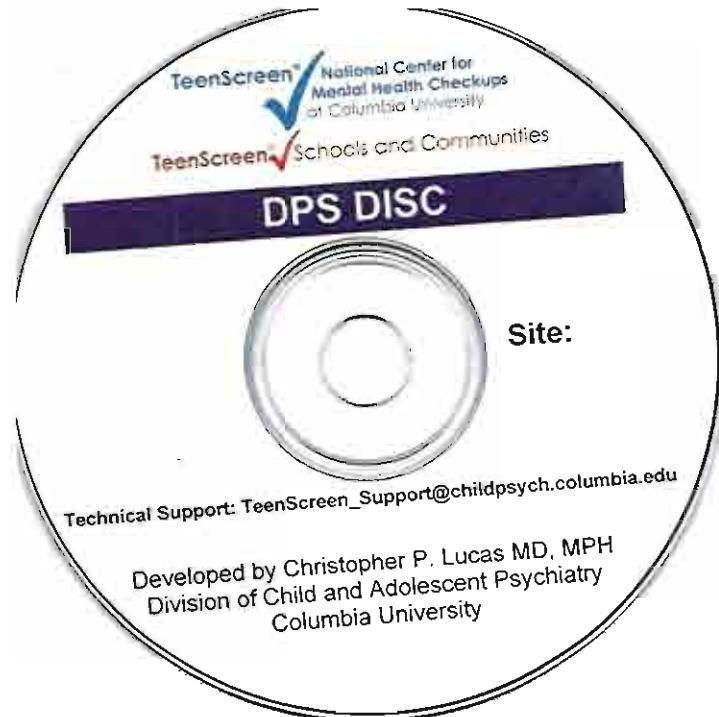


Parent Consent & Participant Assent

- Parent consent and participant assent are *always* required
- TeenScreen **requires** active written consent for school-based sites and recommends it for non school-based sites
- Assent form is signed by participants before screening begins
 - Teens can refuse participation even if parent consent is granted (teen's participation in the program is voluntary)



Screening Questionnaires



The image shows a questionnaire titled "Columbia Health Screen" with the following sections:

1. TODAY'S DATE: _____
2. AGE:
 11 12 13
 14 15 16
 17 18 19
 20 21
3. YOUR SEX:
 Male Female
4. ARE YOU LATINA?
 Yes No
5. CHOOSE THE CATEGORY THAT BEST DESCRIBES YOUR RACE:
White/Caucasian
Black/African American
American Indian/Alaska Native
Native Hawaiian/Other Pacific Islander
Asian
Mixed - more than one race
Other
6. YOUR GRADE:
 5th 6th 7th
 8th 9th 10th
 11th 12th Not in School

Diagnostic Predictive Scales (DPS)
Multi-disorder screening questionnaire

Columbia Health Screen (CHS)
Suicide risk screening questionnaire



Screening and Scoring

- Screening Questionnaires cannot be changed in any way
- Screening is conducted by a qualified mental health professional in a private environment
- Screening questionnaires are scored immediately after they are completed. Youth who endorse suicidal thinking or behavior must be evaluated immediately
- Screening results cannot be shared with participants without first obtaining parent consent to do so
- Those who score positive on the questionnaire must advance to clinical interview stage of the screening process



Clinical Interview

For youth that score positive on the questionnaire:

- 20-30 minute interview
- Conducted by a qualified mental health professional
- Review results of the screen and explore the indicated problem area(s) further
- Assess level of impairment resulting from symptoms endorsed on the screening questionnaire
- Decide if referral for a complete evaluation is appropriate
- Does not represent a clinical diagnosis



Parent Notification and Case Management

- Notify parents of screening results
- Inform parents of recommendations for further evaluation
- Educate parents about their children's symptoms
- Connect families with appropriate evaluation services





Research Support for TeenScreen and Mental Health Screening



Screening for Suicide Risk is Safe

- Screening does not increase distress
- Screening does not increase depressive symptoms
- Screening does not increase suicidal ideation
- Screening decreases stress and suicidality in depressed teens and those with prior suicide attempts



Screening Identifies Teens Not Known to School Personnel

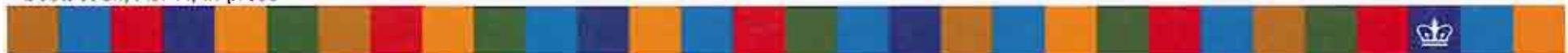
- Screening accurately identifies 63% of students with a significant mental health problem, while school professionals accurately identify 37%.
- 40% of those with recent suicidal ideation or lifetime attempts were identified only by screening and were not known to school professionals.
- 29% of those with a mood disorder, 36% of those with an anxiety disorder and 16% of those with a substance use disorder were identified only by screening and were not known to school professionals.



Screening Identifies Teens Not Known to School Personnel

In the absence of screening, over one third of high school students would have been missed:

- 100% of the teens with suicidal ideation or a prior suicide attempt and a current mood, anxiety or substance use disorder were identified by the screening.
- Only 63% of these teens were identified by school professionals.



Local TeenScreen Program Development

Local TeenScreen Schools and Communities Program Guarantees:

- Voluntary screening
- Confidentiality for participants and their families
- Support from the screening site for screening services
- Qualified and trained staff
- Program protocols, policies and practices
- Aggregate data reports on local, state and national levels
- Shared commitment to the goal of voluntary, routine mental health screening for youth



Developing a Local TeenScreen Schools and Communities Program

Development steps:

1. Build community support
2. Develop your screening plan
3. Select a staffing model and identify staff
4. Determine which youth to offer screening to
5. Calculate your screening capacity
6. Identify the locations where screening will be conducted
7. Select a screening questionnaire
8. Develop relationships with local providers



Community Support

Building community support and collaboration is the foundation of all successful TeenScreen programs



Getting Started

How to Implement TeenScreen in Your School or Community

Program Development



Training and Registration



Screening in Your Community!





Teen Support for TeenScreen Schools and Communities





What Teens Say About TeenScreen

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

“I thought it was very helpful, and I finally feel relieved because I’m getting my problems out.”

“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: Nick

Since the 8th grade, Nick lost over 40 pounds, had become moody and despondent, and neither his mother, a registered nurse, nor her husband, an emergency room physician, could identify what was troubling Nick. “I had nobody I could talk to about this,” explained his mother. “We knew that he was not feeling right, and was exhibiting dangerous behaviors like cutting, but we did not know where to go or how to help him. If my husband and I could not identify Nick’s problems, then who could?”

In the 10th grade, Nick was given the opportunity to participate in his school’s TeenScreen program. Nick screened positive and was offered a referral for a complete evaluation.

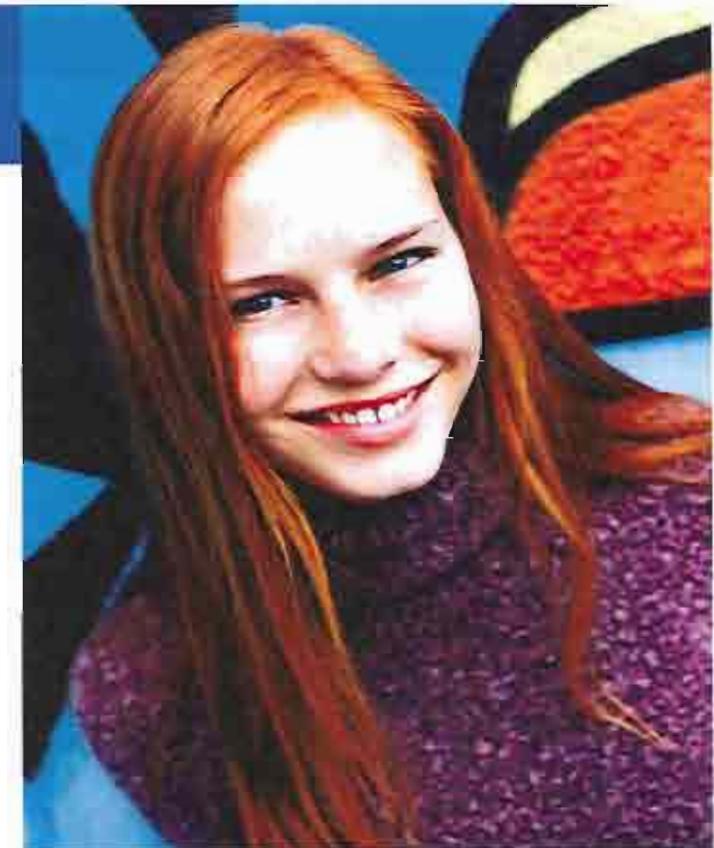
“For so long, we didn’t know what was wrong, but Nick came home so relieved; he was now able to talk with us about what was going on,” his mother explains. “TeenScreen got the ball rolling for us, allowed us to have that first conversation, and let us get our son the help he needed.”

Today, Nick is a freshman in college, majoring in Psychology and Neuroscience, excelling in his school work and hopeful that someday he can help others suffering from mental illness. ***“I one-hundred percent believe that TeenScreen saved me,”*** Nick says of his mental health check-up experience.



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



Letters From...

“TeenScreen is so vital to the health and well being of today’s teens. I think this simple mental health checkup should be every child’s right. Teens who are well in both body and mind are more productive learners. A mental health screening is an important step to ensure that your students are ready, willing and able to learn and succeed in school and in life.”

- Father Val J. Peter, Executive Director Emeritus, Boys Town

“The TeenScreen Schools and Communities Program presents program development, implementation and training in a simple step-by-step process online. It provides an important opportunity to work collaboratively with other youth-serving organizations in your community. Most important of all, it has the potential to help save young lives.”

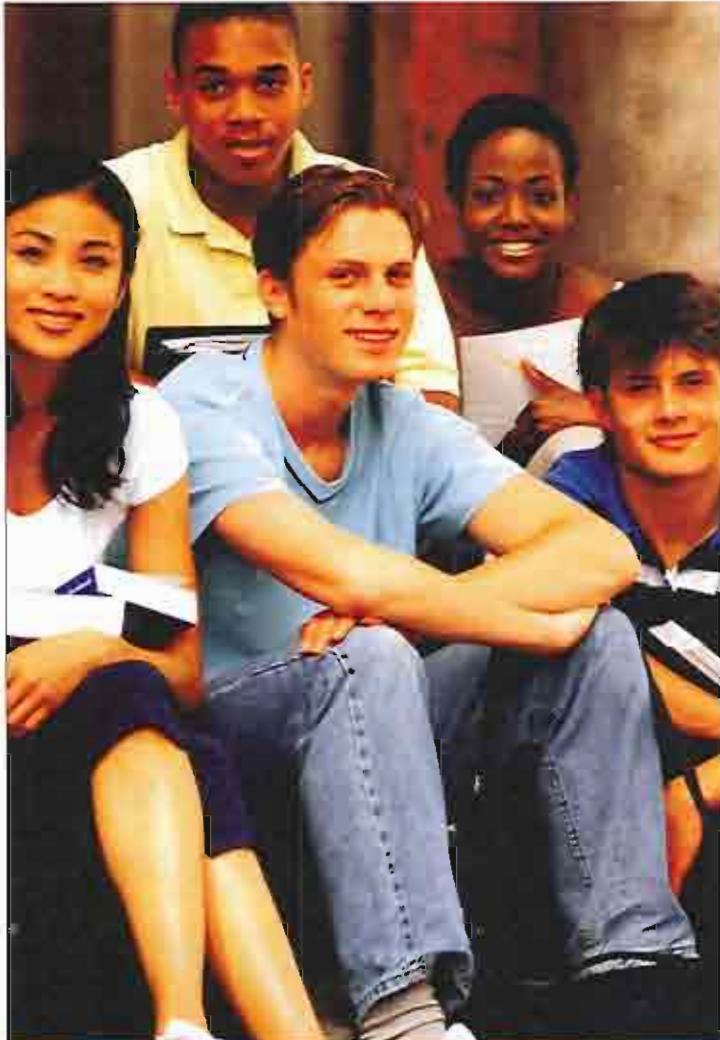
- James Sebert, Superintendent of Schools, Fond du Lac School District & Jon Wiltzius, Principal, Fond du Lac High School





TeenScreen® Schools and Communities

at Columbia University



Contact Us:

www.teenscreen.org

RichardD@nyspi.columbia.edu

1-866-TeenScreen (833-6727)

