



The Columbia University TeenScreen® Program

Program Overview

The goal of the TeenScreen Program is to ensure that all youth are offered a voluntary mental health check-up before leaving high school. Our primary objective is to help young people and their parents through the early identification of mental health problems, such as depression. These problems can lead to poor academic achievement, drug use, violence, and suicide. The TeenScreen Program screens for the risk factors that are associated with depression and other mental illnesses but does not make a formal diagnosis. Parents of youth found to be at possible risk are notified and helped with identifying and connecting to local mental health services. No child is screened without parental consent. The results of the screen are confidential and are not shared with educational staff.

The TeenScreen Program offers mental health screens administered via paper-and-pencil or computerized formats. These tools were developed, researched, and validated by Columbia University. The research supporting our tools began in the 1970s, and we regularly evaluate and improve the tools we offer our sites.

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 does not receive financial support from the government and is not affiliated with, or funded by, any pharmaceutical companies.

The Problem

For many teens, undiagnosed mental illness is a serious barrier to well-being and success. For most, there has been no easy way for parents and schools to learn about their problems—until now. Screening can help find those youth who are suffering from undiagnosed mental illness or are at risk for suicide, make their parents aware of their children's difficulties, and help connect them to needed services.

- Approximately 1,000,000 teens in the United State suffer from depression—some so seriously it leads to suicide (Shaffer et al., 1996; U.S. Census, 2003)
- Only 36% of teens at risk for suicide receive treatment (SAMHSA, 2002)
- Only 30% of youth with depression receive treatment (Wu, 1999)
- Suicide is the third leading cause of death among young people aged 10–24 years, and almost as many teens die from suicide as do those from all natural causes combined (Anderson, 2004)
- In addition to completed suicides, an additional 606,500 youth each year require medical services as a result of suicide attempts (Grunbaum et al., 2004)

History of the TeenScreen Program

The Columbia University TeenScreen Program was designed to address the problems of unidentified mental illness and suicide risk in youth. It was developed in 1991 in response to research revealing that 90% of youth who die by suicide suffer from a diagnosable mental illness at the time of their deaths, and that 63% experience symptoms for at least a year prior to their deaths. Information gleaned from this study was among the first to shatter the myth that suicide is a random and unpredictable event in youth. It also highlighted the fact that we have plenty of time to intervene with at-risk youth and connect them with the mental health services that can save their lives.

TeenScreen was developed with these facts in mind and was tested on approximately 2,000 high school students in the metropolitan New York area. Research revealed that the program did effectively identify at-risk youth. It also showed that that most of the youth identified through the screening were not previously known to have problems.

After the conclusion of the program's evaluation, TeenScreen expanded to a public health model in which a number of schools in the metropolitan New York area were offered the program as a free public service. Between 1991 and 1999, 24 screening projects were conducted, and thousands of students were screened. During this time, the program was transformed from a research-based initiative to a public health initiative that could be implemented in an efficient and cost-effective way in schools throughout the country.

In 2001, TeenScreen set the goal of offering mental health check-ups to every American teen before leaving high school. Screening can take place in schools, clinics, doctors' offices, churches, youth groups, shelters, and other youth organizations and settings. TeenScreen finds youth with depression and other emotional disorders before they fall behind in school, end up in serious trouble, or, worst of all, die by suicide.

The Screening Process

Screening involves the following stages:

1. **Parental Consent**—The first stage is always obtaining the consent of parents. Parents receive a letter that explains what the screening is about and what will happen if their child screens positive (may have a mental health problem).
2. **Participant Assent**—Teens are given a description of the program and are informed about their rights to confidentiality. They are told that the screen is entirely voluntary and that they can refuse to answer any question they don't want to answer.
3. **Screening**—Participants complete one of three self-administered screening instruments: Columbia Health Screen (CHS), Diagnostic Predictive Scales (DPS-8), or Columbia Depression Scale (CDS).
4. **Interview**—Participants who score positive on the screening instrument are immediately interviewed by an on-site mental health professional to determine if further evaluation is necessary. Participants who score negative are debriefed by program staff.
5. **Case Management/Parent Notification**—The parents of participants who are found to need a complete mental health evaluation are contacted. They are informed about the screening results, provided with information about mental illness, and offered information and assistance with obtaining an appointment for further evaluation by a

qualified mental health professional in the community. Specific treatments are not discussed or recommended.

The Research Behind Screening and the TeenScreen Program

The TeenScreen Program was developed by Columbia University's Division of Child and Adolescent Psychiatry. It has been rigorously researched and evaluated in a variety of settings with diverse youth populations since 1991. Research conducted on the TeenScreen Program reveals it is effective in identifying youth at risk for depression, suicide, and other mental disorders. Research on TeenScreen and screening in general has shown that:

- Screening finds high school students who are silently suffering from life-threatening mental health conditions. In a study of about 2,000 high school students that participated in a TeenScreen assessment:
 - Almost two-thirds of suicidal teenagers were unknown to school professionals (Scott et. al., in preparation)
 - One-half of suicidal teens were unknown to school and mental health professionals (Scott et. al., in preparation)
 - One-third of suicidal teens who also had a DSM-III-R diagnosis was unknown to school or mental health professionals (Scott et. al., in preparation)
 - Only 6% of teens who were identified as needing a referral for further evaluation were already receiving mental health services (Scott et. al., in preparation)
- Screening is an accurate predictor of mental health problems that may develop into more serious conditions. In a study of 552 young adults who participated in a TeenScreen program when they were in high school four to six years earlier, TeenScreen had identified 60-75% of those who went on to experience depression or become suicidal in young adulthood (Shaffer et. al., in preparation).
- When clinicians in school-based health centers (SBHCs) use screening tools to assess students who present for services, they can identify three times the number of depressed youth, five times the number of anxious youth, and four times the number of youth with multiple disorders than SBHCs that do not use screening tools. In addition, the clinicians who use the screening tools report significantly better relationships with the youth they serve (Levitt et al., 2004).
- Screening is cost-effective, especially when compared to physical exams for teenagers. Because screening only takes 10-15 minutes for the majority of students, and a maximum of an hour for those who go on to the interview segment of the screening process, screening costs are very low.
 - In a study of a screening program implemented by Kaiser Permanente in Hawaii, research analyzing feedback from over 5,000 youth showed that computer-based screening was very inexpensive when compared to traditional clinical services. A cost analysis showed a total cost of \$70 per visit for a standard preventive visit compared to \$15 per visit for a computer-assisted health visit (Paperny, D.M. et. al., 1997, 1999).
- Rates of self-reported suicide attempts decrease when screening is combined with education about suicide and its prevention (Aseltine and DeMartino, 2004).

The President's New Freedom Commission on Mental Health recognized the TeenScreen Program as a model program in its July 2003 final report. In addition, the national Suicide Prevention Resource Center (SPRC) listed the TeenScreen Program as a "Promising Program" on its list of Evidence-Based Practices in Suicide Prevention Programs.

How We Work With Local Communities and What We Offer

The TeenScreen Program works by creating partnerships with communities across the nation to implement screening programs for youth. The local programs are developed to accommodate the specific needs and resources of each community. Local programs range from one-day screening efforts to full-time, district-wide screening for all high school students. Columbia University offers consultation, training, screening tools, and technical assistance to qualifying communities free-of-charge.

Program Contact Information

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