

Assessing the Effectiveness of the Columbia University TeenScreen Program

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Introduction

- More than one in every six (16.9%) high-school students seriously consider attempting suicide during the course of one year
- About one in twelve (8.5%) high-school students make a suicide attempt each year
- Suicide is the third leading cause of death for youths aged 15 to 24
- One study of 1,729 high-school students revealed that almost two thirds of suicidal teenagers were not known to school professionals, and more than half were not known to either school professionals or mental health professionals
- There is growing recognition of the importance of school-based mental health services for children and adolescents
- An overwhelming majority (70–80%) of youth who receive mental health services receive their care within schools
- The process of direct screening involves directly asking adolescents about various emotional/behavioral difficulties they have experienced over a specified period of time
- It is not known whether school-based mental health screening contributes to a reduction in suicidal ideation or attempts

Background, Baseline Study, and Consent Rates

Background of Columbia TeenScreen

- Has screened 35,000 teens and referred 3,100 for help during the school years of 2003–2004 and 2004–2005
- Has 436 active sites in 44 states, Washington D.C., Korea, and Panama
- Growing every year, now with 250 sites on waiting list
- Little empirical research to demonstrate effectiveness at identifying teens and reducing suicidality (via getting them into treatment)
- Current line of research aimed at filling in those gaps

Baseline Study

- All freshmen in a high-school district in Western Pennsylvania were eligible for the study (needed parental consent)
- Students randomly assigned to two groups:
 - Screening Group:** Took the Columbia Health Screen (CHS)
 - Control Group:** Received treatment as usual (access to school-based mental health services), no screening

Consent Rates

- Screening Group (N=364)**
467 parents contacted
8.6% (N=40) parents denied consent
14.3% (N=61) students denied assent
- Control Group (N=288)**
423 parents contacted
7.3% (N=31) parents denied consent
26.5% (N=104) students denied assent

Sample Breakdown

	Screening Group (N=364)	Control Group (N=288)
Gender	47.0% (N=171) Male 53.0% (N=193) Female	48.5% (N=140) Male 51.5% (N=148) Female
Race/Ethnicity	60.4% (N=220) White 28.3% (N=103) Black 5.7% (N=21) Latino 5.5% (N=20) Other	60.4% (N=174) White 28.9% (N=83) Black 4.2% (N=12) Latino 6.6% (N=19) Other
Percent in Vocational School	24.2% (N=88)	19.1% (N=55)

Procedure

- All students in the screening group (N=364) were administered the Columbia Health Screen (CHS) at the beginning of the second semester of freshmen year
- The CHS is a 14-item paper-and-pencil questionnaire that assesses for symptoms of depression, anxiety, substance abuse, and suicidality
- All students are then debriefed and may request a clinical interview
- All students who either screen positive or request an interview are interviewed by trained clinicians to assess if a referral for mental health treatment is warranted
- All students in the control group (N=288) were eligible for treatment as usual
- Treatment as usual included access to the in-school mental health services provided by the Student Assistance Program (SAP)
- Students who access SAP services are assessed by trained mental health counselors to determine if a referral for further mental health services is warranted
- The aim of the current study is to determine whether the TeenScreen program is more effective at identifying students in need of mental health services than treatment as usual

Description of Positive Screeners- 85 of 364 (23.4%) screened positive

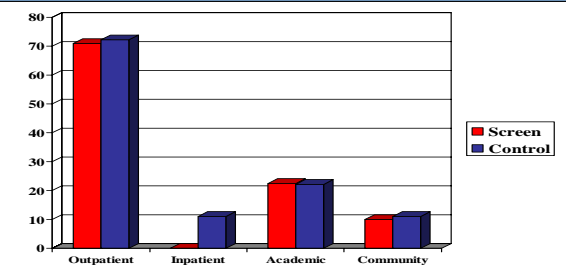
- Reasons for positive screen:
 - Student requested help with emotional/ behavioral problems 16.4 % (n = 60)
 - Suicide ideation, no history of attempt 6.3 % (n = 23)
 - Suicide attempt history, no ideation 3.0 % (n = 11)
 - Suicide ideation with history of attempt 2.7 % (n = 10)
 - 3 of 5 emotional/behav items endorsed as “bad” or “very bad” 2.5 % (n = 9)
 - Student more upset after taking the screen 1.6 % (n = 6)
 - Student screened negative but requested clinical interview 0.8 % (n = 3)
 - Student refuses to answer question(s) 0.5 % (n = 2)

Results

	Screening Group (N=364)	Control Group (N=288)
Number of referrals for treatment prior to screening date	8.5% (N=31)	9.1% (N=24)
Number of referrals for treatment within 1 week after screening date	13.9% (N=51)*	0.4% (N=1)*
Number of referrals for treatment more than 1 week after screening	1.1% (N=4)	0.7% (N=2)
Number of referrals for treatment anytime after screening	15.0% (N=55)*	1.0% (N=3)*

*p < .001

Types of Service Referrals that Students Received



Limitations

- Limited sample size allows for power to study ideation, but provides limited power to study suicide attempts
- All suicidal behavior is based on self-reports from anonymous questionnaires; only one method of reporting
- Determining an increase in referral rates does not necessarily relate to decrease in suicidal behavior
- Need to follow sample longitudinally to better determine behavioral and emotional outcomes

Follow-Up Studies and Summary

Planned Follow-Up Studies

- Interviews with all students (and their parents) who were referred for mental health services either via screening or SAP
- Screen all students (both screening group and control group) during the beginning of their junior year

Aims of the Follow-Up Studies

- Describe the course of treatment for students referred for mental health services via screening and treatment as usual
- Evaluate whether being screened is associated with a significant decline in suicidal ideation and attempts
- Determine the degree to which a follow-up screening identifies high-risk adolescents who were not detected during their initial screenings

Summary

- Random assignment of high-school freshmen to one of two groups:
 - Screening group (N=364) took the CHS
 - Control group (N=288) was able to access in-school mental health services for treatment as usual
- The two groups did not significantly differ on the proportion of students referred for mental health services prior to the date of the screening
- The Columbia TeenScreen program was effective at identifying a significant greater proportion of students who were in need of mental health referrals than the treatment-as-usual group
- Follow-up studies are planned to determine treatment course and mental health outcomes for students who received mental health referrals in both groups