

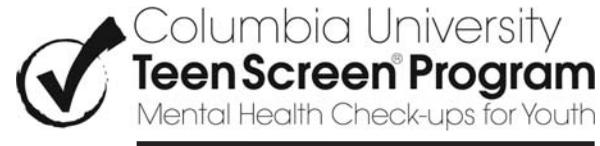
## Mental Illness and Suicide in Youth: Why Screening is Needed

Most parents think they would know if their own child was at risk for suicide, but research reveals that only one-third of youth at-risk for suicide receive professional help for their problems. 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 with mental health services that can save their lives.

- Every year, 3.4 million U.S. high school students think seriously about killing themselves
- Almost 2 million high school students report having made a prior suicide attempt
- 606,500 students report having made an attempt that required medical attention

Source: Centers for Disease Control and Prevention (CDC)

Mental illness and suicidality are significant problems for today's teens. According to the U.S. Surgeon General, 21 percent of our nation's youth suffer from a diagnosable mental disorder that causes impairment.<sup>4</sup> Yet, only 20 percent of these youth are identified and receive mental health services.<sup>5</sup> There are many consequences of untreated mental illness, drug abuse, violence and school failure among them. The most tragic consequence of untreated mental illness is suicide. Sadly, suicide is the third leading cause of death for young people aged 10-24,<sup>6</sup> and millions of teens report thinking about and attempting suicide.<sup>7</sup>



### References

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- <sup>2</sup> Kaplan, A., Olsson M., Chrostowski, C., McGuire, L., Durland, D., Flynn, L. (2005). *Assessing the Effectiveness of the Columbia University Teen Screen Program*. Poster presented at the annual meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada.
- <sup>3</sup> Gould, M., Marrocco, F., Kleinman, M., Thomas, J., Mostkoff K., Cote, J., (2005). Evaluating Iatrogenic Risk of Youth Suicide Screening Programs: A Randomized Controlled Trial. *Journal of the American Medical Association*, 293, 1635-1643.
- <sup>4</sup> U.S. Surgeon General. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Government Printing Office.
- <sup>5</sup> U.S. Public Health Service.(2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services.
- <sup>6</sup> Anderson R.N., Smith B.L.. (2005). Deaths: Leading Causes for 2002. *National Vital Statistics Reports*, 53(17). Hyattsville, MD: National Center for Health Statistics.
- <sup>7</sup> Grunbaum J., Kann, L., Kinchen, S., Ross, J., Hawkins, J., Lowry, R., et al. (2004). Youth Risk Behavior Surveillance-- United States, 2003. In: *Surveillance Summaries*, May 21, 2004. *MMWR 2004*; 53 (No. SS-2).

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# COLUMBIA UNIVERSITY TEENSCREEN® PROGRAM



## TeenScreen Program Overview

The Columbia University TeenScreen Program 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 check-up. Today, more than 450 communities throughout the country have made TeenScreen a part of their efforts to help young people live healthy, happy lives.

TeenScreen is a voluntary screening program that requires both parental consent and youth assent for participation. The program uses a questionnaire and interview process to determine if a teenager may be at risk for depression, suicide or other health problems. It is not a diagnosis. Parents of youth found to be at possible risk are notified and helped with identifying and connecting to local services where they can obtain a complete evaluation by a qualified professional. Treatment decisions, if any, are always left to parents and guardians.

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. Research conducted on the program reveals it is effective in identifying young people who are at risk for suicide, depression and other mental disorders.<sup>1,2</sup> In addition, research published in the *Journal of the American Medical Association* showed that screening is safe and does not cause participants to become depressed, suicidal or distressed.<sup>3</sup>

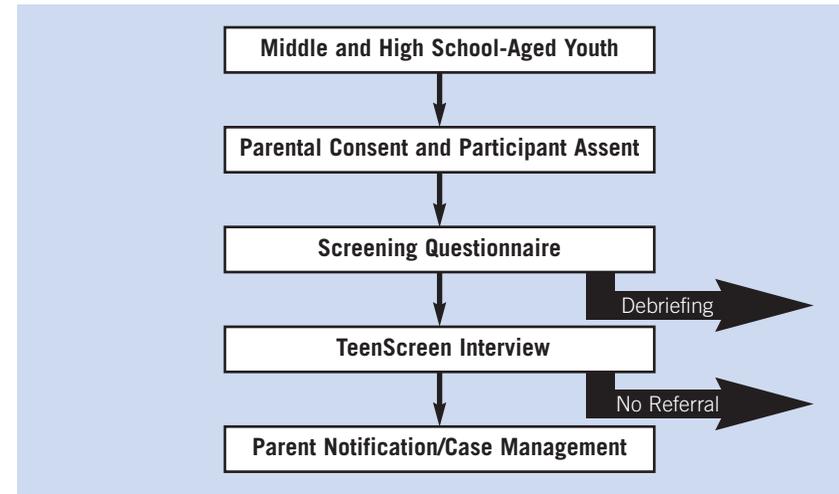
TeenScreen is supported by foundations, individuals and organizations committed to the early identification of mental illness and the prevention of teen suicide. The National TeenScreen Program is not affiliated with or funded by any pharmaceutical companies.

In the United States, 21% of youth suffer from a mental health condition serious enough to cause impairment.

(U.S. Surgeon General, 2001)



## The Screening Process



Screening involves the following procedures:

- 1. Parental Consent:** Parental consent is always required. Parents receive a letter that explains the screening process and what will happen if their child is identified as possibly being at-risk for a mental health problem. Written parental consent (“active consent”) is required for school-based screening programs and is recommended as a best practice for non-school based programs, which must also obtain parental consent.
- 2. Participant Assent:** Teens are given a description of the program and are told that the screen is entirely voluntary and that they may refuse to answer any question.
- 3. Screening Questionnaire:** Participants complete a brief scientifically-tested, self-administered screening questionnaire.
- 4. Interview:** Participants who score positive on the screening questionnaire are interviewed by an on-site mental health professional to determine if further evaluation is necessary. Only those teens that score positive on the screening questionnaire and are also deemed to be at-risk by a mental health professional are considered a positive screen and receive a recommendation for a complete mental health evaluation.
- 5. Parent Notification/Case Management:** Screening staff contact parents of youth who receive a recommendation for a complete evaluation. Parents are informed of the screening results and offered information and assistance with obtaining an appointment with a qualified health professional. Screening staff do not discuss or recommend treatment to teens or their parents.

## Support for TeenScreen and Mental Health Screening

The President's New Freedom Commission on Mental Health specifically cited TeenScreen as a model program, and the national Suicide Prevention Resource Center included TeenScreen in its list of promising evidence-based programs. Further, 35 of the 41 states with suicide prevention plans recommend screening, and seven mention TeenScreen by name. To date, 34 national health, mental health and education organizations are on record as supporting voluntary mental health screenings for youth.

## How We Work With Local Communities

TeenScreen assists communities throughout the country develop locally operated and sustained screening programs. Screening can take place in schools, clinics, shelters and a variety of other youth-serving organizations and settings. Columbia University offers free consultation, training, screening tools and technical assistance to qualifying communities that wish to implement their own screening programs using the TeenScreen model. Groups interested in implementing the TeenScreen Program complete TeenScreen's site development process. This process involves developing a comprehensive screening plan, creating partnerships with other local entities that can help in the successful implementation of the screening program, and completing the TeenScreen Application. To receive the TeenScreen *Getting Started Guide*, which outlines the site development process, please contact our national office at 866-TeenScreen (866-833-6727) or by E-mail at [teenscreen@childpsych.columbia.edu](mailto:teenscreen@childpsych.columbia.edu).



“TeenScreen gave me an adult to talk to—someone to listen—and then connected me with a counselor that I could see regularly. I am proof of the program's success. I am in college and I have not hurt myself or thought about suicide since.”

*Former Screening Participant*