

Screening helps African-American students connect with school-based mental health services

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Mental health screening has been demonstrated to successfully connect African-American middle school students from a predominantly low-income area with school-based mental health services, according to results of a new study led by the TeenScreen National Center for Mental Health Checkups at Columbia University. The study was published in a recent online early edition of the *Community Mental Health Journal*.

Previous research has demonstrated substantial disparities in access to specialized mental health services between African-American and white youth; data has shown that African-Americans are consistently less likely than their white counterparts to receive inpatient or outpatient [mental health treatment](#). In addition, other studies have shown that youth from disadvantaged socio-economic backgrounds are particularly vulnerable to the leading risk of untreated [mental illness](#): suicide and [suicide attempts](#).

"These findings reinforce that screening helps identify adolescents from different regions and backgrounds from across the country who are at-risk for depression, anxiety or another mental illness, and connect them with appropriate mental health services," said Laurie Flynn, TeenScreen's executive director. "Seventy to 80 percent of teens with mental illness do not get identified or treated. TeenScreen is working to reverse this disturbing trend by making mental health screening a routine part of adolescent care for all of our nation's adolescents. Early

identification and intervention can make a tremendous difference in the present and future life of an adolescent and his/her family."

"The results of this study indicate that screening can help overcome barriers to mental health care among African-American youth" said Leslie McGuire, MSW, TeenScreen's deputy executive director. "This is critical not only for African American youth but for all youth in need of mental health care since we know that 50 percent of those who are referred to [mental health care](#) don't even make it to their first appointment. Our results show that more than 85 percent of youth referred as a result of screening accessed mental [health services](#). The purpose of our work at TeenScreen is to get at-risk youth the help they need. These results validate the effectiveness of our efforts and the impact they can have on the lives of vulnerable adolescents."

Students in the Study were Screened with an Evidence-Based Questionnaire Provided by TeenScreen

The study was a retrospective record review of 796 African-American and white students from grades six through eight who were attending 13 public schools in two school districts in a small city in Louisiana.

Students were screened using an evidence-based questionnaire provided by TeenScreen: the Columbia Health Screen (CHS), a 14-item self-report questionnaire, which assesses mental health problems across six domains: depression, anxiety, irritability, social withdrawal, substance use and suicidality. After the screening, students with a positive screen (meaning that their screening indicated signs of depression or anxiety, suicidal ideation and behavior, or substance abuse, etc.) were referred for a clinical interview by a trained master's level clinician at the school. If the clinician determined that further intervention was appropriate, they would refer the student to either school-based or community-based

services.

Study results showed that African-American middle school students were significantly more likely than white [middle school students](#) to consent to participate in voluntary mental health screening and to access school-based [mental health services](#). Referrals were made to school-based services for 104 students (71.7 percent). African-American students accessed recommended school-based services at a significantly greater rate than white students (93.4 percent versus 76.2 percent).

High School Offers an Important Window for Mental Health Intervention

Adolescence is an important window for intervention because 50 percent of all lifetime mental health disorders start by age 14, according to the National Institute of Mental Health. And evidence has demonstrated that symptoms of mental illness typically occur two to four years before the onset of a full-blown disorder, making adolescence an ideal period for early intervention to reduce the long-term severity of illness.

Untreated depression or other [mental health](#) problems can lead to school failure, drug and alcohol abuse, violence, criminal involvement, and other issues that may delay the life/social experiences (e.g., school achievement, future/career-planning, dating, increased independence, etc.) that define adolescence. And most tragically, untreated mental illness can lead to suicide – the third leading cause of death among adolescents.

Research has shown that most young people with mental illness can be effectively treated and lead productive lives.

Provided by Columbia University

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