

School-based mental health screening for teens results in connection to care

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A new study involving nearly 2,500 high school students demonstrates the value of routine mental health screening in school to identify adolescents at-risk for mental illness, and to connect those adolescents with recommended follow-up care. The largest school-based study conducted to-date by the TeenScreen National Center for Mental Health Checkups at Columbia University, findings are published in the Sept. 2011 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Conducted between 2005 and 2009 at six public high schools in suburban Wisconsin, results found that nearly three out of four [high school students](#) identified as being at-risk for having a [mental health](#) problem were not in treatment at the time of screening. Of those students identified as at-risk, a significant majority (76.3 percent) completed at least one visit with a mental health provider within 90 days of screening. More than half (56.3 percent) received minimally adequate treatment, defined as having three or more visits with a provider, or any number of visits if termination was agreed to by the provider.

"It is gratifying to have further evidence that TeenScreen successfully connects at-risk adolescents with [mental health care](#)," said Laurie Flynn, TeenScreen's executive director.

"The value of school-based screening is reinforced by this study and highlights TeenScreen's unique ability to help teens whose mental health problems would otherwise go unidentified," said Leslie McGuire, MSW,

TeenScreen's deputy executive director, and an author of the paper.

Students in the study were screened using a computerized evidence-based questionnaire provided at no-cost by TeenScreen: the Diagnostic Predictive Scales-8, a self-report questionnaire that takes approximately 10 minutes to complete and is designed to identify depression, anxiety and several other [mental health conditions](#). After the screening, each student received a one-on-one debriefing. Those who scored positive were asked to stay for a second-stage clinical interview with a trained master's level clinician, who provided further evaluation for possible referral to either school-based or community-based services.

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. Untreated depression and other [mental health problems](#) can lead to school failure, drug and alcohol abuse, violence, and criminal involvement. 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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