The TeenScreen® News

MENTAL HEALTH CHECK-UPS FOR YOUTH

We're on the Web!

www.teenscreen.org

Welcome and Update

Greetings from the Columbia University TeenScreen® Program! Our summer has been packed full with work, ranging from advocacy for better policy to enable screening to preparation for the busy autumn training season.

On April 29, 2002, President George W. Bush signed an executive order creating "The President's New Freedom Commission on Mental Health." This is the first time a president has called for a comprehensive study of, and recommendations for improving, the nation's mental health system in nearly a quarter century. After meeting over the past year, the commission released its final report on July 22, "Achieving the Promise: Transforming Mental Health Care in America." We are pleased that the report focuses on children's mental health and has taken a strong stance in support of youth mental health check-ups and school-based mental health care. We are even more pleased, however, to report that the commission has named the Columbia TeenScreen® Program a model program for early intervention. This recognition will raise the profile of our program, as well as our mission to provide every child a mental health check-up before high-school graduation.

In order to continue with the momentum created by the recognition received from the New Freedom Commission, we are running public service advertisements in *The New York Times* and *The Washington Post* to raise awareness of our new report entitled "Catch Them Before They Fall." This report outlines the actions that policymakers, parents, educators, and health professionals can take to implement screening programs in their communities. Please go to www.teenscreen.org to download a copy of this new publication.

In other good news, Congresswoman Rosa DeLauro (D-CT) reintroduced the Children's Mental Health Screening and Prevention Act (H.R. 3063) on September 10. The bill is modeled after the success of the Columbia University TeenScreen® Program and was introduced with our support. Once passed and funded, this bill will direct the federal government to collect "proof" that preventative screening works and endorse it as federal policy. This will be accomplished through piloting screening in ten demonstration sites. Look to this newsletter for updates on the bill's progress.

In the last edition of the newsletter, we told you about the requirements of each state to develop a suicide prevention plan. Our staff is authoring a chapter in the New York State Suicide Prevention Plan. Let us know if you have become involved in the efforts in your state.

We are also exploring new strategies for site development by expanding our focus to include cluster sites, whole cities, and school districts. In order to achieve our goal

of universal screening and to break down the stigma associated with mental illness, it is important that our message reach these broader audiences. The Positive Action for Teen Health Initiative (PATH) has been working hard to bring that vision to communities nationwide. For an update on the our progress, see page 3 of this newsletter.

As many of you know, we have released a new version of the DPS screening tool. This version of the DPS was developed in response to your need for an instrument that works better in a school setting and takes less time to administer, but continues to provide valuable information on different disorders. You will be receiving more information about this new version of the DPS from your regional coordinators in the coming weeks.

Columbia University
TeenScreen® Program
Mental Health Check-ups for Youth
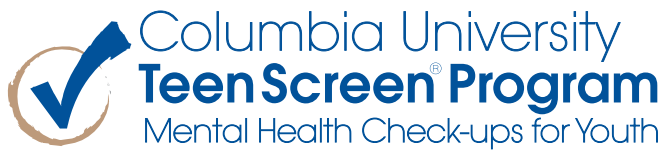
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Positive Action for Teen Health Initiative Update: National Organizations Call for Screening

In February of this year, Laurie Flynn, director of the Carmel Hill Center at Columbia University and the national director of the Positive Action for Teen Health effort, put out a call to national organizations interested in child and adolescent health and education to support universal screening. Since then, seventeen national organizations have responded to that call and endorsed universal mental health screening for adolescents. These groups, ranging from school social workers to Catholic bishops, underscore the growing concern about adolescent mental health and the growing support for a national screening and treatment effort. These crucial alliances bring us closer to building the coalition necessary to make universal screening a reality.

The organizations endorsing universal mental health screening for youth are:

- American Academy of Child and Adolescent Psychiatry
- American Federation of Teachers
- American Mental Health Counselors Association
- American Psychiatric Association
- Anxiety Disorders Association of America
- Child and Adolescent Bipolar Foundation
- Depression and Bipolar Support Alliance
- Federation of Families for Children's Mental Health
- Girls and Boys Town of America
- International Society of Psychiatric Mental Health Nurses
- National Alliance for the Mentally Ill
- National Association of County Behavioral Health Directors
- National Association of School Psychologists
- National Education Association
- School Social Work Association of America
- Tourette Syndrome Association
- United States Conference of Catholic Bishops

Policy Update: National Legislation

Many of you are aware of various federal laws pertaining to a student's right to privacy and a student's right to a free and appropriate education that might impact your work in providing school-based mental health check-ups. As a service to you, several of these laws are outlined below. This list is by no means comprehensive. It is meant only as a general resource. For more information, or to find out how these laws might impact you, we suggest that you contact your local school district or state education agency.

Family Educational Rights and Privacy Act (FERPA)
FERPA is a federal law intended to protect the privacy of student education records. While these rights generally pertain to parents, they transfer to youth themselves when they turn eighteen. Specifically, FERPA secures the rights of parents or of-age youth to inspect and review education records, request corrections to the records, and requires schools to have formal permission in order to share records with most other parties.

In terms of youth mental health check-ups, a student's mental health screening record should never be made part of his or her education record. It is useful to remember that compliance with FERPA requires that screening records be kept in a separate, locked filing cabinet. Screening personnel should determine with the school officials whether or not they are permitted access to student records without the formal consent of parents. Certain personnel may, however, be privy to the records under these exceptions: school officials with legitimate education interest, organizations conducting certain studies for or on behalf of the school, and appropriate officials in the case of health and safety emergencies.

Protection of Pupil Rights Act (PPRA)
PPRA is a federal law that protects the rights of parents by making instructional materials available for their inspection if the materials are to be used in connection with a survey, analysis, or evaluation in which their child is participating and which is funded by the U.S. Department of Education. The law also requires written parental consent before minors are required to take part in such a survey, analysis, or evaluation.

If your local mental health screening program is approved by the Board of Education as part of the educational program, you are not required to get active parental consent under PPRA. Passive consent is sufficient in this circumstance. It is best to recommend that, if passive consent is obtained from parents, then active consent should be sought from participants as a safeguard.

Active parental consent must be obtained, however, if a child is going to be removed from an instructional activity for screening. However, if the screening will be given to all students, as opposed to some, it becomes part of the curriculum and no longer requires active parental consent (i.e., if all ninth-graders will be screened as a matter of policy, it is considered part of the curriculum).

Health Information Portability and Accountability Act (HIPAA)
A complicated federal law that went into effect in April 2003, the primary purpose of HIPAA is to provide patients with access to their medical records and with more control

over how their personal health information is used and disclosed. The law, which can be preempted by state laws that provide additional protections to consumers, also deals with access to medical records, notice of privacy practices, limits on use of personal medical information, prohibition on marketing, confidential communication, and complaints.

The new law might or might not apply to some of the practices of your local mental health screening program. If your site is conducting electronic billing for treatment resulting from screening, you must notify parents of how you are complying with HIPAA. If your site is sharing screening results with a treatment provider, you must know the provider's procedures for complying with disclosure and release of information regulations. This enables you to facilitate the treatment provider's compliance with HIPAA and ensure you are making a quality referral. If your site is collecting information for research purposes, you should include a one-page explanation to parents with the consent form that outlines HIPAA compliance of all the involved entities.

Perhaps most confusing about these three policies is deciphering where they overlap and where they are distinct. Policy experts suggest the lack of clarity in language from the federal government contributes to this confusion. There is some consensus that FERPA is the main guiding policy for schools, and thus for health in schools as well. The best way to keep apprised of how your area is addressing compliance with these issues is to contact your district or state education leadership. The Secretary of Education is required to inform them about the implications of these policies annually.

Policy Update: Two State Resolutions Introduced

On Monday, March 24, the Pennsylvania Senate introduced a resolution endorsing mental health screenings for youth. The Georgia House introduced the same resolution on Friday, March 28. Both bills state "every child should be screened for mental illness once in their youth in order to identify mental illness and prevent suicide among youth." This puts the legislatures on record as supporting youth mental health check-ups and is a major step towards recognizing such check-ups as a best practice for identifying mental illness and preventing suicide. This helps pave the way for future program activities and raises awareness of our goals.

In Pennsylvania, Senator Jane Clare Orie introduced Senate Resolution (SR) 52, along with twelve other members of the Senate. In Georgia, Representative Karla Drenner introduced House Resolution (HR) 563, along with four other members of the House.

If you live in Pennsylvania or Georgia, please feel free to contact your state legislators and let them know that you support both youth mental health check-ups and SR 52, if you live in Pennsylvania, or HR 563, if you live in Georgia. If you live in a state other than Pennsylvania or Georgia, please feel free to contact your state legislators and encourage them to introduce a resolution supporting youth mental health check-ups, similar to those introduced in Pennsylvania and Georgia. If you need help contacting your legislators, or to find out more about these resolutions, you can contact our policy director, Karen Miller, at (202) 483-2920 or millerk@childpsycho.columbia.edu.

Research Update: Mental Health and Academic Achievement in Youth

Our staff recently set out to identify existing research that shows a link between mental health and academic performance, with very interesting results. Common sense told us there must be a connection between mental health disorders and poor academic performance, and the literature review revealed evidence to support this. While the review is not exhaustive, it helps to round out our understanding of this issue.

A review of seven varied studies shows the extent to which mental health problems interfere with a child's ability to learn effectively. The studies were conducted in locations as widespread as the U.S., Germany, and New Zealand and focused on depression, anxiety, conduct, and other disorders. The disorders were linked to suicidal behavior, lower grades, high levels of alcohol and substance abuse, and negative school-related events. For example:

- High depression scores are associated with low overall grades.

- Depression and conduct disorder are related to an increase in the number of negative school-related events (i.e., suspension and failure of classes).

- Anxiety disorders are associated with a range of adverse outcomes in early adulthood, including alcohol and drug dependence, suicidal behavior, and reduced likelihood of attending college.

- Self-reported depressive feelings are associated with a poor academic self-image, including high scholastic anxiety and low scholastic motivation.

- High levels of psychosocial stress are correlated with youth who do poorly in school.

According to the report recently released by the President's New Freedom Commission on Mental Health (2003), approximately 5 to 9 percent of children have a "serious emotional disturbance," or SED. This term refers to any diagnosable mental disorder (in a child under age eighteen) that severely disrupts social, academic, and emotional functioning. In our schools, this means that there are one to two children in every classroom who are suffering from a serious mental disability. Yet nearly 80 percent of these children do not receive the mental health services they require.

The competitive academic climate created under the No Child Left Behind Act of 2001 means our children are expected to rise to increasing levels of academic pressure, while their mental health needs go largely underestimated and underserved. Meanwhile, research over the last ten years has demonstrated that children who are suffering with serious emotional disturbances, such as depression, anxiety disorders, suicidal behavior, and substance and alcohol use and abuse, do not perform well academically compared to their non-mentally ill peers. This growing understanding of how treatable mental health problems have such detrimental effects on academic achievement highlights the need for early identification and treatment.

For a full bibliography of these studies or for a more detailed report of their findings, please send an e-mail to teenscreen@childpsych.columbia.org (Subject: ACADEMIC ACHIEVEMENT LINK).

Integrating Mental Health Services into Education: An Interview with Kimberly Hoagwood, Ph.D.

The importance of mental health in education is a topic on which Kimberly Hoagwood, Ph.D., is a true expert. Dr. Hoagwood currently works for the New York State Office of Mental Health, where she is the director of youth services evaluation research, and for the Department of Child and Adolescent Psychiatry in the New York State Psychiatric Institute, where she is a professor of clinical psychology and psychiatry. Her recently published article "School psychology: A public health perspective I. Prevention, populations, and systems change," discusses the challenges faced by today's schools regarding the provision of effective mental health services in schools.

We talked to Dr. Hoagwood, asking her to comment on the current state of mental health services in schools, hopes for the future, and how the Columbia University TeenScreen® Program can be part of a larger initiative to improve mental health services in schools:

In your recently published article, you mention the current state of mental health in schools. Can you comment on the potential for these services to improve?

The majority of mental health services are administered in schools—and yet, when it comes to looking at the content of those services, we have very little knowledge about what is actually being provided, what the quality of the services are, and whether they are achieving the kind of mental health and educational outcomes we would hope for. We have a wonderful opportunity to study schools and to use schools in partnership with mental health services in order to enhance the outcomes for kids.

Mental health has an enormous amount to offer the educational system through the range of services, treatment models, and preventive programs that exist. And yet, when we look at the educational outcomes that are associated with delivery of those mental health programs, the data are very thin. In part, I think this is because mental health people who go in to schools are looking for mental health outcomes, not necessarily educational outcomes, and so we have a situation where there are all the right arrows pointing in all the right directions. But it is going to take some partnering that we haven't seen yet in any significant measure. We don't have a good infrastructure right now for connecting mental health and education, and I think it's got to start at very top levels in order to create a sustaining structure that will be able to support the integration of mental health services into schools. I think a lot of people have very good intentions and want this to happen, but we need some structural changes in order to sustain these efforts. It is imperative that mental health and education partner up at all levels—it makes no sense for us to talk about "leaving no child behind" if we're not including both educational and mental health objectives. That requires that we not have isolated discussions anymore.

How does TeenScreen® fit into your vision of schools and school psychologists becoming more involved in early mental health intervention?

TeenScreen® is a very pragmatic approach to reaching a group of very-high-risk kids, and it's putting into the hands of school psychologists and others this very practical tool. Unfortunately, I think the talents of mental

health professionals in schools are often kept at bay because there are so many demands on their time for assessments, the majority of which have no evidence base behind them whatsoever. I think TeenScreen® is a terrific project with respect to providing a tool to reach a large group of kids who otherwise are quite invisible within the schools. School mental health professionals have a great deal to offer in the dialogue on mainstreaming mental health into a public health perspective, and yet I think they have been left a little bit on the sidelines, in part because of the time demands for doing things that aren't really relevant to the agenda that is now under way. I'd really like to see school psychology get into the forefront.

Do you think that public attitudes are changing towards mental illness in youth? Is it becoming more widely accepted that mental health greatly affects educational outcomes?

Attitudes towards mental health in youth are definitely changing. I think there is reason to be hopeful. But it is changing slowly, and the stigma against mental health problems, the barriers to access for services, and the lack of availability of mental health professionals who are well trained are major problems. There is more openness in general towards recognition of the fact that children do have mental health problems and that treatments are available, but there are still a lot of pockets of resistance and that's why school-based mental health services are so important. The business of schools is to educate, and part of the problem of stigma is ignorance. There are some real challenges in our creating an integrated set of school mental health programs that are going to reach all these youth. I think schools are a good venue for changing that climate within which we are able to recognize mental health problems in youth and work towards improving school-based mental health services. It's all part of the surgeon general's message that mental health is part of public health—that means mainstreaming mental health right into the ground stream of educational work.

Dr. Hoagwood echoes many of the hopes and frustrations we here at TeenScreen® and you in the field experience daily. It is encouraging that the work of Dr. Hoagwood and others is pushing the fields of mental health and education to acknowledge and act upon the link between mental health and educational success. To read more about the research into this link, see page 4 of this newsletter.

Reference

Strein, W., Hoagwood, K., & Cohn, A. (2003). School psychology: A public health perspective I. Prevention, populations, and systems change. *Journal of School Psychology, 41*(1), 23–28.

Innovative Program Focus: Fond du Lac, Wisconsin

The TeenScreen® site in Fond du Lac, Wisconsin, has become a model for new sites, as well as for our own staff, as we continue to learn from those of you implementing the program. The steps taken in Fond du Lac to identify and address obstacles early on, combined with a creative planning process, has enabled the site to build a strong foundation on which to grow. Beginning the project in September 2002, this group has screened 250 ninth-grade students in a large high school of 2,400 youth.

The group began their endeavor by forming an advisory board for the TeenScreen® Program. The district coordinator for school health and safety, Marian Sheridan, whose background is in public health, recognized the need for collaboration in order for the program to be a success. The advisory board draws upon the expertise of professionals from the various stages of a screening program. Ms. Sheridan enlisted clinicians and administrators from local mental health agencies and hospitals, the director of the social work program from a local college, and school administrators and school board members. She and the school psychologist from Fond du Lac High School head up this board.

A partnership between the screening site and the local college served as the basis for one of the site's funding grants. Fond du Lac High School's screening program has become a "learning site" for social work students, making the screening program eligible for one particular grant program. Collaborative elements such as this might prove attractive to other funders in the future.

The staff of the Fond du Lac screening program consists of the school psychologist, who serves as the site coordinator; a school nurse, who does the case management; interns from the college social work program, who administer the screen and help with filing and data management; and fourteen volunteer clinicians from the area who rotate two-hour shifts to provide the clinical interviews. This team-oriented design is a direct result of the early and ongoing attention to collaboration. That focus has provided a strong volunteer base that enables the site to run well without the expense of numerous salaries.

From start to finish, the screening team in Fond du Lac has demonstrated creativity, commitment, responsibility, and efficiency, all of which have made their program a huge success and a model for us and for other sites.

Tips for Trained Sites: Identifying and Applying for Grants

One of the major challenges associated with starting a screening site, and maintaining one, is securing the funds necessary to make things run smoothly. We have received reports from sites about numerous innovative ways this challenge has been addressed and overcome. We have also heard from you that some assistance in understanding the mysterious world of grants would be helpful.

Unfortunately, successful grant writing is art, not science. Therefore, we cannot provide five easy guaranteed steps to getting those needed funds. However, there is some key information and resources that can help increase your chances of rising to the top in grant competitions.

Rely on the Experts

Most screening sites are not in position to have a full-scale development team to focus on bringing money in. There are, however, numerous free and low-cost resources available online and in print to assist.

The first place to turn in an effort to develop fundraising capacity is the Foundation Center, which can be found at www.foundationcenter.org via the web. Headquartered in New York City, with satellite offices in Atlanta, Cleveland, San Francisco, and Washington, D.C., the center maintains cooperating collections in all fifty states. The center catalogs the pertinent information and giving histories of the eight hundred largest foundations in the U.S. They offer courses at their offices and online in prospect research, grant writing, etc. Other useful Web resources include: www.guidestar.org, www.nonprofit.gov, www.idealist.org, and www.fundsnetservices.com.

For an overall picture of how the grantmaking world works, consider buying or borrowing these books from the library:

- *How Foundations Work: What Grantseekers Need to Know About the Many Faces of Foundations* by Dennis P. McIlnay (list price $36.00)
- *Grant Writing for Dummies* by Beverly A. Browning (list price $21.99)

When searching for organizations that make grants to programs such as yours, use a wide variety of key words. For example, a screening program could fall under any of the following categories: children and youth; health; mental health; school safety; disaster relief/prevention; suicide; substance abuse; crisis services, etc. Applying this type of strategy will help you leave no stone unturned.

When you find a foundation, and are preparing to write your grant, it is crucial to select the amount of money you ask for carefully. By looking at an organization's 990 tax statement, you can find out the size of their average gift. This will allow you to ask for funds in the appropriate range, as well as help you determine whether the organization is a good match for your needs. All nonprofit organizations must make their 990s public—you can access many of them online at the Foundation Center or ask the organizations directly, as they are legally obligated to comply.

Hopefully, these tips will assist you in the difficult task of fundraising. We will have pieces like this one periodically, so your feedback on the helpfulness of this article and suggestions for what you would like to see in the future are welcome. Send your comments to: teenscreen@childpsych.columbia.edu (Subject: FUNDRAISING).

Training Journal

We're breaking ground in so many new areas here at TeenScreen®, around the country and in our new office space! With all the progress and positive change, we've been keeping an eye on our training process and how to serve our growing population better.

Each site is unique, with its own set of strengths and challenges. Given these diverse needs, we are developing a program that offers a range of training options to bring each site up to speed and prepared to begin screening. We have started moving toward a "train the trainer" model, with great success. The technical ease of our new screening tools, and the recent completion of a new site-development workbook that will guide sites through the pre-training phase, has enabled us to redesign our training program. Upon completion of the site-development plan, one person from the school/organization (usually the project coordinator) will be flown to our offices in New York City to attend training. The training will then take place in our new state-of-the-art training room. This way we can train multiple sites at once and facilitate the development of a TeenScreen® community among our sites from coast to coast! Given that we are located in one of the most vibrant cities in the world, bringing people together here fosters a stimulating learning environment. This will also free up our staff to focus more on site development and quality assurance for active screening sites. Sites have told us they find troubleshooting phone calls and visits helpful, since they give us the chance to step in shortly after screening has begun, evaluate, offer a little support and encouragement, and suggest ways to optimize the process.

Tell us what you think about future areas of exploration. Which appeals to you more: 1) in-house New York City–based group training or 2) CD-ROM based training. Email us at teenscreen@childpsych.columbia.edu (Subject: POLL) to let us know what you think and why. Look to see if yours is the majority opinion in upcoming communications.
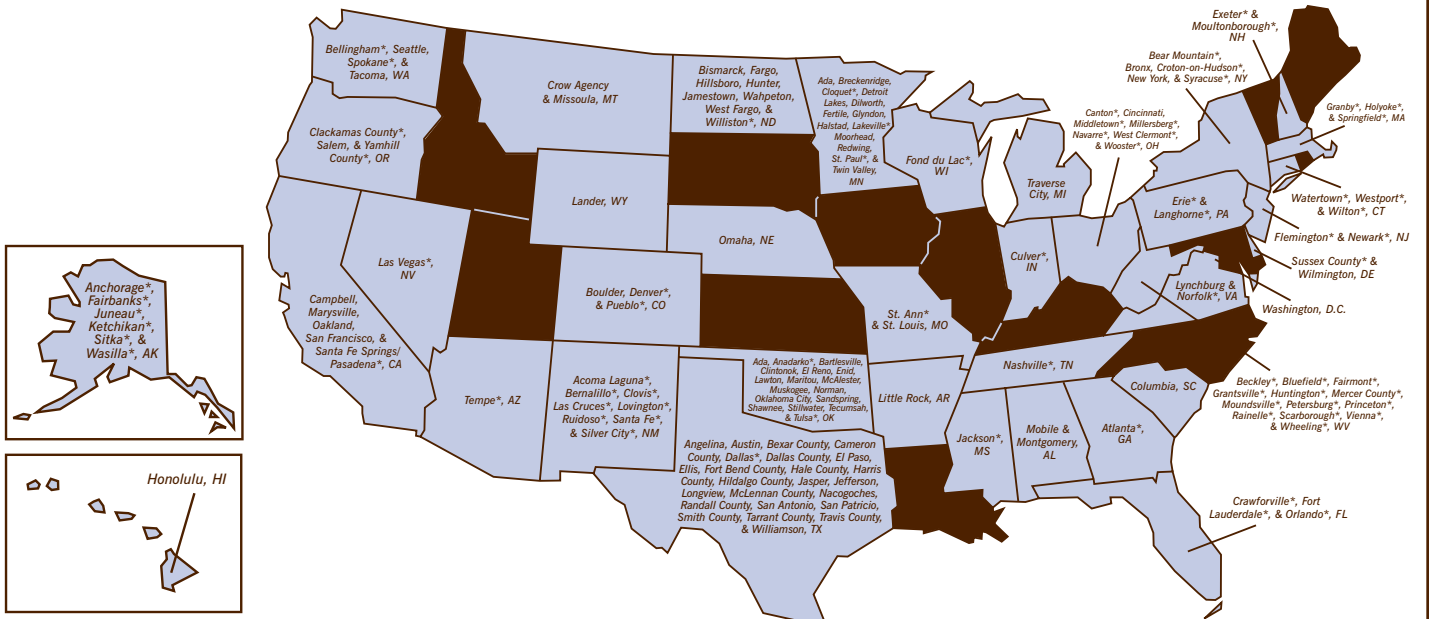
COLUMBIA UNIVERSITY SCREENING SITES IN THE U.S.

Bellingham*, Seattle, Spokane*, & Tacoma, WA

Clackamas County*, Salem, & Yamhill County*, OR

Crow Agency & Missoula, MT

Bismarck, Fargo, Hillsboro, Hunter, Jamestown, Wahpeton, West Fargo, & Williston*, ND

Ada, Breckenridge, Cloquet*, Detroit Lakes, Dilworth, Fertile, Glyndon, Halstad, Lakeville*, Moorhead, Redwing, St. Paul*, & Twin Valley, MN

Fond du Lac*, WI

Lander, WY

Omaha, NE

Traverse City, MI

Canton*, Cincinnati, Middletown*, Millersberg*, Navarre*, West Clermont*, & Wooster*, OH

Exeter* & Moultonborough*, NH

Bear Mountain*, Bronx, Croton-on-Hudson*, New York, & Syracuse*, NY

Granby*, Holyoke*, & Springfield*, MA

Watertown*, Westport*, & Wilton*, CT

Erie* & Langhorne*, PA

Flemington* & Newark*, NJ

Sussex County* & Wilmington, DE

Washington, D.C.

Las Vegas*, NV

Campbell, Marysville, Oakland, San Francisco, & Santa Fe Springs/ Pasadena*, CA

Boulder, Denver*, & Pueblo*, CO

Culver*, IN

Lynchburg & Norfolk*, VA

St. Ann* & St. Louis, MO

Nashville*, TN

Columbia, SC

Beckley*, Bluefield*, Fairmont*, Grantsville*, Huntington*, Mercer County*, Moundsville*, Petersburg*, Princeton*, Rainelle*, Scarborough*, Vienna*, & Wheeling*, WV

Acoma Laguna*, Bernalillo*, Clovis*, Las Cruces*, Lovington*, Ruidoso*, Santa Fe*, & Silver City*, NM

Tempe*, AZ

Ada, Anadarko*, Bartlesville, Clintonok, El Reno, Enid, Lawton, Maritou, McAlester, Muskogee, Norman, Oklahoma City, Sandspring, Shawnee, Stillwater, Tecumsah, & Tulsa*, OK

Little Rock, AR

Mobile & Montgomery, AL

Atlanta*, GA

Jackson*, MS

Angelina, Austin, Bexar County, Cameron County, Dallas*, Dallas County, El Paso, Ellis, Fort Bend County, Hale County, Harris County, Hildalgo County, Jasper, Jefferson, Longview, McLennan County, Nacogoches, Randall County, San Antonio, San Patricio, Smith County, Tarrant County, Travis County, & Williamson, TX

Crawforville*, Fort Lauderdale*, & Orlando*, FL

Anchorage*, Fairbanks*, Juneau*, Ketchikan*, Sitka*, & Wasilla*, AK

Honolulu, HI

Last Updated 08.14.03

*This map includes screening sites for the following: the Center for the Advancement of Children's Mental Health, the Center for the Promotion of Mental Health in Juvenile Justice, the Columbia TeenScreen® Program, and the DISC Development Group; * Locations with Columbia TeenScreen® Program sites.*