

# Understanding, Connecting, & Helping Youth Mental Health Through Screening

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*&*

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## Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Today we will explore...

- Best practices for engaging and building relationships with schools to benefit mental health and prevent emotional disturbance and serious mental illness
- How the screening tool YouthCheck can be used to identify and detect mental health concerns.
- The process of how your program does all the work from introduction, screening, referring, and case management.

# Research Supports Screening

- Early detection in schools beneficial for all economic classes

([Cuijpers, van Straten, Smits, & Smit, 2006](#); [Koslouski et al., 2023](#); [Mills et al., 2006](#); [Stoep et al., 2005](#); [Weist et al., 2007](#)).

- Mental health screenings in schools can identify youth not noticed

([Cole et al., 2008](#); [Mills et al., 2006](#); [Zuckerbrot et al., 2007](#)).

- Youth identified early can receive intervention and treatment to reduce opportunity for comorbidity and illness progression later

([Kent, Vostanis, & Feehan, 1997](#); [Weist et al., 2007](#); [Williams, 2014](#)).

# TeenScreen History

Adolescents in schools, primary care, or community-based settings were given a computer-based questionnaire that screens them for suicide risk, depression, and other mental illnesses. Any adolescent identified through the questionnaire as being at possible risk for suicide or other mental health concerns was then assessed by a health or mental health professional and referred for services as appropriate (Friedman et al., 2009; Scott et al., 2009).



- Columbia University 1999
- Youth Mental Health Program Pilot Study
- Launched Publicly 2003
- Used DSM3
- Endorsed by SAMSA (NREPP)
- Columbia TeenScreen Center closed in 2012

# YouthCheck

- Mid-2015, Columbia University transferred the TeenScreen Program, now called YouthCheck
- Stanford University's Department of Psychiatry and Behavioral Sciences
- Stanford has been supporting community-based sites still using YouthCheck to make updates to some questions.
- Web-based platform in RedCap, allowing them to administer the tool electronically.
- Stanford hopes to develop a new infrastructure for the program with the long-term goals of sustainability and national expansion.

Stanford  
University



# Youth Mental Health Program

- Access to Schools
- Process of MOU's
- Every Building is Different
- Statewide Services
- MHAOK Website Form Submission

## Youth Mental Health Program



**Dr. Cheryl Delk**

Coordinator: Youth Mental  
Health Program



**Amanda Peevsasser, LCSW**  
Youth Mental Health Specialist

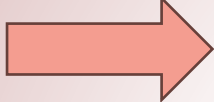



**Chelsea Gordon, LPC**  
Youth Mental Health Specialist



**Joyce Parham, LPC**  
Youth Mental Health Specialist

# Transitions at MHAOK

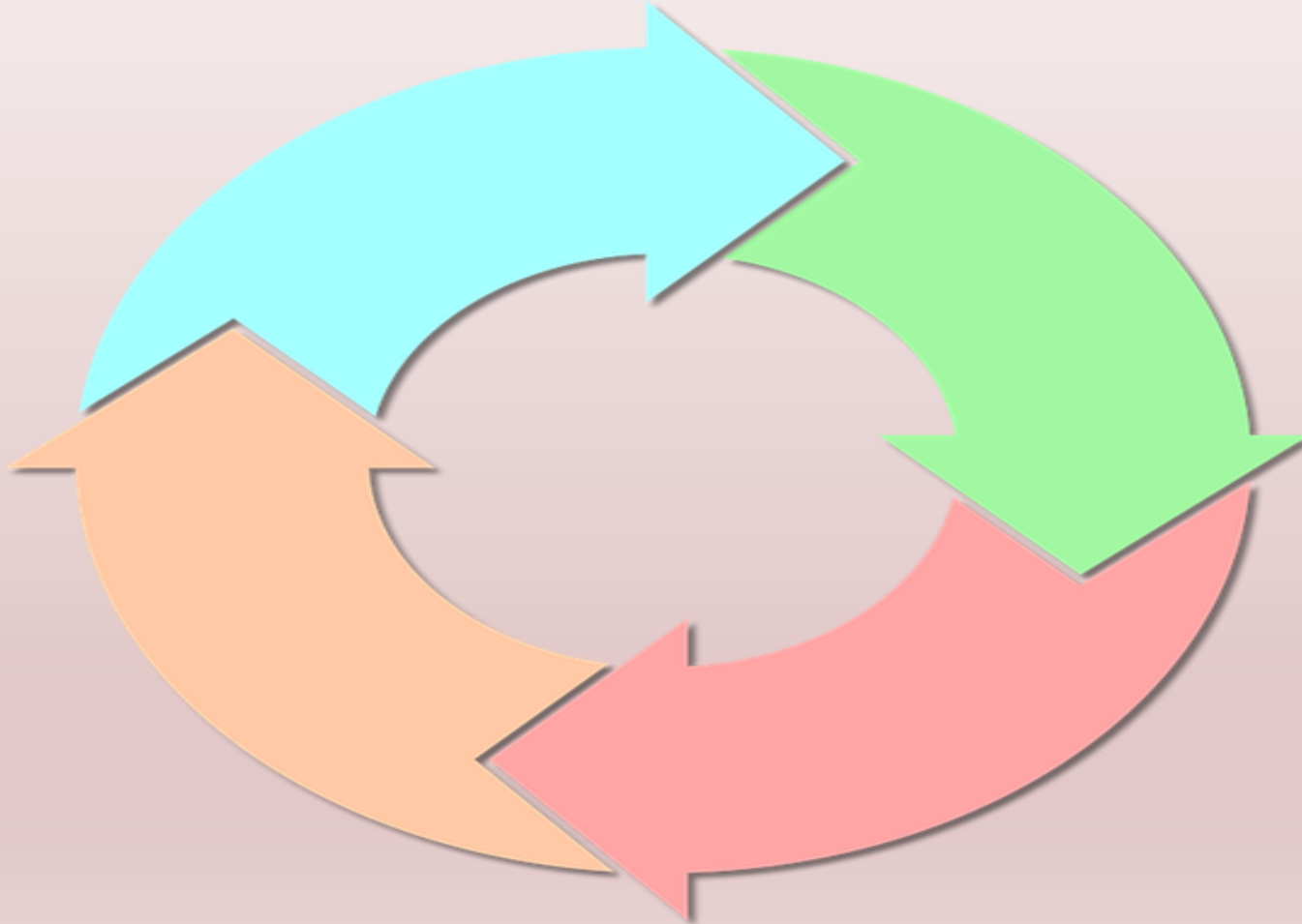
Impact of COVID-19  In-person to Virtual now Both  Paper Surveys to Electronic

Parent Consent is required for any youth 11 to 17 years of age. The Parent Consent process is completed by Manager of the Youth Mental Health Program.

**Parent/Guardian Consent Process**



# Step by Step Screening Process



# How it all works

- Youth Consent
- Virtual vs in-person
- Positive vs Negative Results
- REDCap ©2024 Vanderbilt University
- Debriefing



# How it all works

- Clinical Interview
- Referral Determinates
- Student Satisfaction Survey
- Sharing results with youth
- Case Management/ Results  
Parents/ Referrals/ ROI

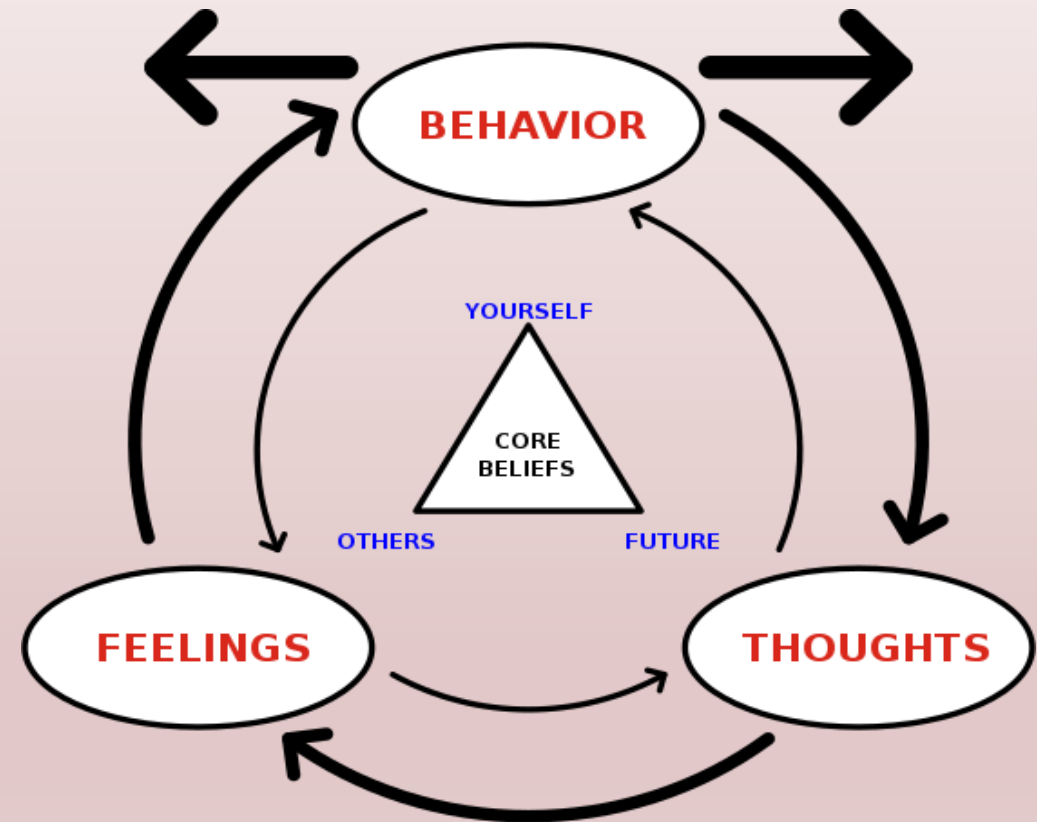


# What Are We Looking For?



# Identifying Specific Areas

- Demographics
- Social Phobia
- General Anxiety
- Panic Attacks
- Depression
- ❖ Suicidal Ideation
- ❖ Suicidal Attempts
- Oppositional Defiant Disorder
- Substance Use/Abuse
- Impairment



# Example Question

## Depression

Question	Answer	Score
In the last three months, has there been a time when nothing was fun for you and you just weren't interested in anything?	Yes	1
In the last three months, has there been a time when you had less energy than you usually do?	Yes	1
In the last three months, has there been a time when you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?	Yes	1
In the last three months, has there been a time when you thought seriously about killing yourself?	No	0
Have you tried to kill yourself in the last year?	No	0
In the last three months, has there been a time when doing even little things made you feel really tired?	Yes	1
In the last three months, has there been a time when you couldn't think as clearly or as fast as usual?	Yes	1
<b>Depression Score (Criteria <math>\geq 5</math>)</b>		<b>5</b>

# Example of Impairment

Impairment		
Question	Answer	Score
In the last three months, how often did your parents <u>feel worried or concerned</u> about the way you were feeling or acting?	Some of the time	1
Were they <u>worried or concerned</u> because of:	Feeling anxious or worried Feeling sad or depressed Being angry	
In the last three months, how often did your parents <u>get annoyed or upset</u> with you because of the way you were feeling or acting?	Some of the time	1
Were they <u>annoyed or upset</u> because of:	Feeling sad or depressed Being angry	
In the last three months, how often were you <u>not able to do things or go places with your family</u> because of the way you felt or acted?	Some of the time	1
Were you <u>not able to do things or go places</u> because of:	Feeling sad or depressed	
In the last three months, how often were you <u>not able to do things or go places</u> with other people your age because of the way you felt or acted?	Some of the time	1
Were you <u>not able to do things or go places</u> because of:	Feeling sad or depressed	
In the last three months, how often did the way you were feeling or acting <u>make it difficult to do your schoolwork or cause problems with your grades</u> ?	Some of the time	1
Did you have problems with your schoolwork or grades because of:	Feeling anxious or worried Feeling sad or depressed	
In the last three months, how often were your <u>teachers annoyed or upset</u> with you because of the way you were feeling or acting?	Hardly ever	3
In the last three months, how often did the way you were feeling or acting <u>make you feel bad or feel upset</u> ?	Hardly ever	3
In the last three months, have you been to see someone at a hospital or at a clinic or a therapist/counselor because of the way you were feeling or acting?	No	0
<b>Total Impairment Score</b>		<b>5</b>

# Example of Results Report

Report for

**Total Symptom Score**      6

**Total Impairment Score**    5

**Interview Date**

Further Evaluation Not Recommended

Clinically Significant Information

Symptom Scale

Section	Status	Survey Score	Threshold
Social Phobia	Absent	0	2
Panic Attacks	Present	2	2
General Anxiety	Possible	1	3
Depression	Present	5	5
Oppositional Defiant	Present	5	4
Alcohol	Absent	0	2
Marijuana	Absent	0	2
Other Substance	Absent	0	1

Impairment Scale

**Status**

ABSENT

**Symptom Area**

Anxious/worried

Sad/depressed

Angry/irritable



# Follow-Up Services

Parent/Guardian Satisfaction Survey (2 weeks)

## Follow-ups

- P/G 2-week satisfaction survey
- P/G 1-month follow-up
- P/G 3-month follow-up

As a Parent/Caregiver you play a important role in your youth's mental wellness. Thank you so much for consenting to have your youth complete a mental wellness screening with one of our Youth Mental Health Specialists a few weeks ago. Please take a few minutes to complete this survey so we can better serve youth and families of Oklahoma.

Your Email: \_\_\_\_\_

How satisfied were you with your Youth's mental wellness screening?

Not satisfied \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 extremely satisfied

How satisfied were you with the referral assistance provided by the Youth Mental Health Specialist?

Not satisfied \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 extremely satisfied

How satisfied were you with your overall interaction with the Youth Mental Health Program Staff?

Not satisfied \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 extremely satisfied

How satisfied were you with the timing of the responses from the Youth Mental Health Program Staff?

Not satisfied \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 extremely satisfied

Would you recommend the Youth Mental Wellness Screening to another parent or guardian of a youth 11 years to 17 years of age?

\_\_\_ Yes

\_\_\_ No

Have you been able to get in contact with the referral source provided by the Youth Mental Health Staff?

\_\_\_ Yes

\_\_\_ No

What is the name of the referral source that you will be seeking services from for your Youth?

\_\_\_\_\_

How satisfied were/are you with the referral source provided to you and your Youth?

Not satisfied \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5 extremely satisfied

Is there anything more information you feel would be beneficial for the Youth Mental Health Program Staff?

\_\_\_\_\_

\_\_\_\_\_



# Video



## Madilyn's Screening Experience

youtube link: [https://youtu.be/Y\\_AO0TV6ID4](https://youtu.be/Y_AO0TV6ID4)

Thank You!!!

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HEALTH  
ASSOCIATION  
OKLAHOMA**

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