

# **The Use of Screening to Identify and Engage Students at Risk**

## **Overview of Campus Screening Programs**

**SAMHSA Campus Grantee Meeting  
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**Ann P. Haas, Ph.D., Research Director  
American Foundation for Suicide Prevention**

## **Aims of Presentation**

- To highlight key issues in designing and implementing a campus-based program to screen students for suicide risk and encourage them to seek help
- To stimulate ideas and discussion about how screening can be an integral component of a comprehensive campus suicide prevention program

# 1. What do Screening Programs Seek to Achieve?



- Key goal is to increase the proportion of at-risk students who are receiving appropriate mental health treatment (i.e. to change behavior)
- Less than 20% of students who die by suicide received services from their campus counseling center (Gallagher, *Annual National Survey of Counseling Center Directors*, 1996-2006)

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## Goals of screening programs...



Screening can also change:

- Knowledge – to help at-risk students identify their “troubles” as treatable mental health conditions
- Attitudes – to decrease the stigma associated with help-seeking

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*Be clear about your program's goals.  
Screening strategies that impact knowledge  
and attitudes may  
not impact behavior.*

## **2. How Is “Suicide Risk” Defined and Measured?**

Empirically-established, long-standing suicide risk factors among young adults:

- depression & other mood disorders
- alcohol and/or drug abuse
- eating disorders
- poor social support
- poor coping skills
- past suicide attempt

## Suicide risk ...

### Shorter-term suicide “warning signs”

- intense affective states (desperation, rage, anxiety, hopelessness)
- dramatic mood changes
- engaging in risky behaviors
- social withdrawal
- loss of purpose or reasons for living
- *Suicide and Life-Threatening Behavior*, June 2006; *Suicide Risk Assessment Standards*, National Suicide Prevention Lifeline, 2007

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## Suicide risk ...

- Most screening instruments focus on long-standing risk factors, esp. depression
- Problems:
  - Depression is not a specific predictor of suicide risk
  - Commonly-used measures (e.g., PHQ-9) are more sensitive to identifying depression in women than in men
- Including focused questions about shorter-term warning signs is advisable

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*Be critical in selecting or constructing  
a screening instrument.*

*Consider whether there are particular  
“triggers” on your campus that should  
be included; e.g. perfectionism, intense  
academic stress, etc.*

### **3. Who Should Be Screened?**



- All entering students?
  - Can this be mandated?
- Students from high-risk groups?
  - What groups will be targeted?
  - Will this stigmatize targeted groups?

*Commonly-used campus screening programs are universal and voluntary.*

## **4. What Strategies Do Screening Programs Use?**



Screening for Mental Health, Inc.'s *CollegeResponse* offers:

- 1-day in-person campus screenings for depression, eating disorders, alcohol problems
- mental health screening of students seen in the campus health center
- anonymous online screening for depression, bipolar disorder, alcohol, eating disorders, GAD, PTSD

## Screening strategies...

- *CollegeResponse* provides immediate computer-generated response:

“Your screening results are highly consistent with the symptoms of clinical depression...it is recommended that you see a mental health professional or a clinician immediately for a complete evaluation...To schedule a follow-up meeting with a John Doe College counselor, which will include a confidential discussion of screening results and available resources, please call us at:...[counseling center]”

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## Screening strategies...

Jed Foundation's Ulifeline offers:

- an online library of mental health information on the signs and symptoms of emotional problems
- an anonymous screening tool to help students find out whether they or a friend are at risk
- immediate computer-generated feedback, with links to campus counseling center

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## Screening strategies...

AFSP's Interactive Web-Based Outreach Program offers:

- online screening questionnaire
- detailed, personalized response from an identified clinician (usually w/in 24 hrs)
- opportunity for anonymous online “dialogues” with same clinician
- opportunity for in-person evaluation and initial treatment sessions with same clinician

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## Key Differences Among Strategies

*Strategies differ in their underlying assumptions.*

- Is letting students know they have a treatable mental health condition and where they can get help sufficient to stimulate help-seeking behavior ...

or .....

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## Assumptions ...

... Are there other barriers to help-seeking that also need to be addressed?

- Negative attitudes toward treatment
- Fear of negative reactions from parents, friends
- Concerns about confidentiality and potential impact of treatment on academics and career
- Concerns about administrative sanctions
- Beliefs that problems will resolve on their own
- Perception that problems don't impact functioning
- Resistance to giving up "control" of own choices
- Too overwhelmed to take necessary steps

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*Screening strategies need to target the problem where it exists.*

*Critically evaluate why troubled students on your campus aren't seeking help, and incorporate strategies to address these barriers.*

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## 5. How Effective Is Campus Screening?



- No outcome data are available from SMH or Jed programs
- Will address evaluation challenges later in the session

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## AFSP outcomes ...



Results from 3-year pilot implementation at Emory University & UNC, Chapel Hill:

- 8% of those invited completed the online questionnaire (72% female)
- 85% of respondents had significant, untreated problems
- 25% engaged in anonymous dialogues
- 20% came for in-person evaluation
- 14% entered treatment

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## AFSP outcomes ...

- Students who engaged in dialogues were 3x more likely to come for evaluation and to enter treatment
- Students who acknowledged negative impact of problems on day-to-day functioning on initial questionnaire were 3X more likely to seek help
- Program functioned less as a universal screening mechanism, and more as a method of outreach to untreated, troubled students

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## 6. Screening as Part of a Comprehensive Program

- Campus suicide awareness/education activities provide necessary promotion and marketing of the screening/outreach program
- Campus policies/procedures that promote safety and confidentiality are essential for a screening/outreach program to succeed
- Screening/outreach programs positively impact the campus culture

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*Screening is not a stand-alone activity, but works best in conjunction with a comprehensive campus approach to suicide prevention.*

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### **Evaluating a Screening Program**

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## Evaluation Challenges

Outcomes of suicide prevention programs are notoriously difficult to measure

- Rarity of suicide death requires a very large population to measure a significant decrease
- What we can easily measure is usually weakly, if at all, related to suicidal behavior
  - Participant satisfaction with program?
  - Knowledge of suicide risk, causation, treatment?
  - Attitudes?

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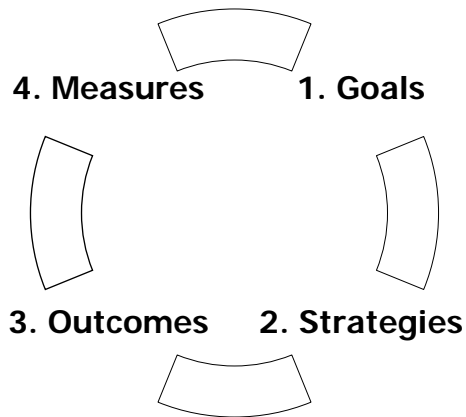
## Evaluating Screening Outcomes

Screening programs have *rarely* been evaluated

- Assumption that individuals will act on recommendation to seek help has not been confirmed
- Anonymity prevents follow-up to determine whether recommendations were followed
- Evaluation is further thwarted by lack of clarity about the linkage between program goals, strategies and outcomes

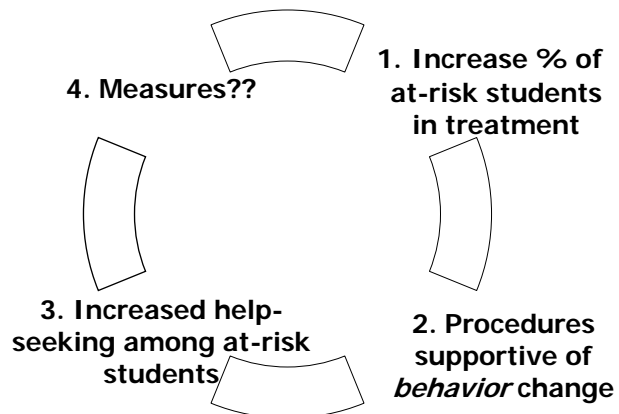
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## Evaluation Schema



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## Evaluation Schema



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# Measuring Increased Help-Seeking



## Requires:

1. Defining the at-risk population on campus (size and characteristics)
2. Baseline (pre-program) measure of the percent of at-risk students receiving MH services
3. Post-program measure of the percent receiving MH services
4. Linking observed increase in help-seeking to the screening program