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To cite this article: Rachel Daltry, Stephanie Sibley & Luciana MacNamara (2019): A Closer Look at the Interactive Screening Program (ISP): Trends in Usage of an Online Screening Program, Journal of College Student Psychotherapy, DOI: [10.1080/87568225.2019.1620147](https://doi.org/10.1080/87568225.2019.1620147)

To link to this article: <https://doi.org/10.1080/87568225.2019.1620147>



Published online: 28 May 2019.



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A Closer Look at the Interactive Screening Program (ISP): Trends in Usage of an Online Screening Program

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ABSTRACT

The purpose of this study was to analyze trends in the utilization of the Interactive Screening Program (ISP) with a population of students attending a college in the northeast. By making note of specific patterns and observations in the current usage of ISP among this population, it is believed that ISP's potential usefulness for other college campuses and any existing barriers to seeking mental health treatment among college students might be better understood. It was found that there was no significant difference in submissions based on time of day or week. Thus, roughly the same number of students submitted questionnaires during the normal operational hours of the counseling center and during nights and weekends when the counseling center was closed. It is believed that the ability to receive brief clinical feedback, learn more about counseling services, and dialogue directly with counselors all through an anonymous, online portal represents a more comfortable way for some students to connect to mental health services.

KEYWORDS

Interactive Screening Program (ISP); suicide prevention; outreach

Counseling centers in the U.S. have reported an increase in numbers of students seeking mental health treatment, however, most of the students who die by suicide are unknown to campus mental health professionals and the majority of students who think about suicide do not seek out professional help (Garlow et al., 2008). Suicide is the third leading cause of death among U.S. teenagers and young adults (Centers for Disease Control and Prevention, 2004). In a 2018 survey by the American College Health Association, which included over 88,000 students, 12.1% of students reported seriously considering suicide at least once in the past year and 1.7% reported making at least 1 suicide attempt (The American College Health Association, 2018). Given the increasing number of students entering college with serious psychological concerns, campus suicides may currently be even more prevalent.

The American Foundation for Suicide Prevention (AFSP) developed the Interactive Screening Program (ISP) to support university counseling centers in engaging at-risk students in mental healthcare. The ISP provides screening, personalized feedback, and recommendations for next steps entirely online. The

ISP is an anonymous and confidential online screening tool that includes questions about depression, suicidal ideation and behaviors, and other risk factors. The website also provides the university's counseling center information, emergency contact information, and lists additional on and off campus resources. Each student that submits a completed questionnaire receives a personalized response from a campus counselor and can exchange messages with the counselor to ask questions and learn about available services. The program provides students concerned about stigma and confidentiality, common barriers for students seeking mental health treatment, an anonymous way to obtain information and support (Haas et al., 2008; Bernanke et al., 2017).

In large studies of psychiatric outpatients, severity of depression symptoms, hopelessness, and a diagnosis of major depression were risk factors in those individuals who died by suicide. A study based on the AFSP's College Screening Project at Emory University, found that participant students had a similar pattern of risk factors (Garlow et al., 2008). The goal of the College Screening Project was to reduce suicide risk by encouraging students in distress to enter treatment. The College Screening Project results added to data showing that many students reporting the most severe symptoms and highest rate of suicidal ideation also were not receiving mental health treatment. These studies highlight the need for universities to educate students on the mental health resources available to them on campus and find ways to get past the barriers preventing students from seeking the help they need. When done properly, screening creates an effective connection to services for students with unmet health needs who would otherwise not go to counseling (Ream, 2016).

Given the current suicide rates and mental health concerns on college campuses, it is imperative to evaluate programs, such as ISP, that can assist college counseling centers in reaching more students. This study reports on the use of ISP by 414 students in a college in the northeast. Target groups of students were invited via e-mail to make use of a service aimed at helping them assess whether depression or other problems may be interfering with their academic, occupational, or personal functioning. In addition, students can find a link to the ISP website via the Counseling Center's webpage at any time throughout the semester.

The purpose of this study was to analyze trends in the utilization of the Interactive Screening Program (ISP) with a population of students attending a college in the northeast. It is believed that by making note of specific patterns and observations in the current usage of the ISP among this population, one might better understand ISP's potential usefulness for other college campuses and any existing barriers to seeking mental health treatment among college students. Specifically, this study looked at trends in the time of day and week that respondents submitted questionnaires and the Tier Levels (reflecting level of reported distress) of those submissions. The authors hypothesized that more students would utilize the ISP during Non-Business Hours, meaning either during the week or on the weekend when the counseling center was closed. It

was considered that the ISP might be a useful tool for addressing student distress occurring after-hours.

Methods

Participants

Four hundred and fourteen students from a college in the northeast joined in this study by participating in the ISP. Their age on average was 20.74 years ($SD = 3.25$), ranging from 18 to 46 years. Of these students, 341 identified as women (82.4%), 64 as men (15.5%), 1 as a trans-man (.2%), 6 as non-binary (1.4%), and 2 preferred not to answer (.5%). They identified their ethnicity as: African American ($n = 38$; 9.2%), White ($n = 331$; 80%), Hispanic ($n = 13$; 3.1%), Asian ($n = 7$; 1.7%), multi-racial ($n = 19$; 4.6%) and 6 preferred not to answer (1.5%). In terms of year in school, there were 88 freshmen (21.3%), 102 sophomores (24.6%), 105 juniors (25.4%), 78 seniors (18.8%), 28 graduate students (9.2%), and 3 that identified as “other” (.7%).

Measures

Interactive Screening Program (ISP). Each college or university licenses ISP through the American Foundation for Suicide Prevention (AFSP). The license includes the school’s customized, secure program website that houses the *Stress & Depression Questionnaire*, and supports all exchanges between students and counselors. Furthermore, the website and all support services, including domain and security certificate registrations and renewals are fully managed by designated program staff through AFSP.

The questionnaire incorporates the PHQ-9, a 9-item standardized depression screening scale found to be strongly predictive of major depressive disorder. In addition to the depression items, the *Stress and Depression Questionnaire* contains questions about suicidal ideation and attempts; problems related to depression such as anger and anxiety; alcohol and drug abuse, and eating disorder symptoms. The questionnaire contains 35 questions and takes less than 10 minutes to complete.

Procedure

Target groups were invited via email throughout the time of this study to make use of a unique university service aimed at helping them assess whether depression or other problems may be interfering with their academic, occupational or personal functioning. Target groups were those groups that do not typically use the Counseling Center services and at-risk groups of students (i.e. transfer

students, students of color, LGBTQA students, students on a satellite campus). The email contained a link to the welcome page of the school's fully customized ISP website, which further explained the program and provided directions for registering with a self-selected ID and password and completing an online Stress and Depression Questionnaire. In addition to email, the link to the ISP website was listed on the Counseling Center's webpage throughout the semester.

Following strict standards to ensure the safety of those who participate in anonymous online screenings, the program Welcome page informs students that the service is completely voluntary and anonymous; that it is not a crisis intervention service, and that no follow-up services will be provided unless requested. These standards ensure that students understand the nature of the service, are aware of what to expect from the service and are directed to emergency resources both on-and – off campus in the event that they need them.

Immediately after the questionnaire is submitted, it is computer analyzed and, based on specific responses, the respondent is classified into one of four tiers: 1A, 1B, 2, and 3 – with 1A suggesting highest levels of distress and 3, lowest. The computer system then generates an email to the “on duty” clinician, which indicates the respondent's tier level and provides a link to the completed questionnaire stored on the program website.

Within 24–48 hours during business hours of the Counseling Center, the clinician reviewed the questionnaire responses and wrote an assessment to the respondent, using one of four templates appropriate to the designated tier. Each assessment begins with a brief introduction of the responding clinician including their name, position, office address, and telephone number. Although much of the assessment is standardized on the template, key problems indicated in the questionnaire responses of all tier 1 and 2 respondents are addressed on an individual basis. Tier 1 and 2 respondents were urged to contact the clinician to arrange an in-person meeting. All respondents, regardless of tier designation, are offered the option of using the website's “Dialogue” feature to communicate online with the clinician while remaining anonymous. Overall, the clinician's key goals in the assessment are to convey interest, support and availability, and to encourage engagement, whether in-person or through the online Dialogues.

Once the clinician posted the assessment on the website, the computer system accessed the respondent's encrypted email address and sent out a notification that it is ready. This email provided a link back to the program website, where the respondent could log in and access their personal assessment. Over the next several weeks, the system would send several additional emails to respondents in tiers 1 and 2, reminding them to access their assessment if they haven't already done so and to follow the clinician's recommendations. The first reminder is sent 15 days after the clinician's assessment is posted on the website, with one additional reminder sent 15 days later. The final reminder contains a link to a brief *Update Questionnaire* that those who have not yet had contact with the clinician

are asked to complete. Items in the follow-up questionnaire inquire about how the person is doing and explore reasons for not engaging the clinician.

On the website page where the assessment is posted, a dialogue button allows instant access to a page where the respondent can send a message to the clinician. Respondents could exchange messages with the clinician on an unlimited basis, although clinicians would continue to urge those with significant problems to arrange an in-person meeting. All in-person meetings were optional for students. Given that all information is anonymous and the counselors do not know the names or identity of those individuals completing the online assessments, no students were forced to come in for an in-person meeting.

Results

During the course of this study, there were a total of 414 students that participated in the ISP. The number of initial submissions by students per day of the week was: Sunday ($n = 40$; 9.7%), Monday ($n = 100$; 24.2%), Tuesday ($n = 81$; 19.6%), Wednesday ($n = 81$; 19.6%), Thursday ($n = 66$; 15.9%), Friday ($n = 29$; 7%), and Saturday ($n = 17$; 4.1%). For purposes of this study, we classified the time of day of submission into two categories, Business and Non-Business Hours. Business Hours were considered to be 8am-6pm Monday through Friday, and Non-Business Hours were 6pm-8am Monday through Friday and the weekends. During Business Hours there were 205 (49.5%) submissions, and during Non-Business Hour there were 209 (50.5%). Of the participants, 220 (53.1%) were classified as Tier 1A, 141 (34.1%) as Tier 1B, and 53 (12.8%) as Tier 2.

See [Figure 1](#) to see the Tier level per day of the week and [Figure 2](#) to see Tier level per Business versus Non-Business Hours. A chi-square test of independence was performed to examine the relation between tier and day of the week students submitted their ISP assessment and tier and when they submitted their assessment (either during business hours or during non business hours). The relation between tier and day of the week was not significant, $\chi^2(12) = 13.756$, $p = .317$. The relation between tier and when the assessment was submitted was not significant, $\chi^2(2) = .612$, $p = .736$.

Discussion

The purpose of this study was to analyze trends in the utilization of the Interactive Screening Program (ISP) with a population of students attending a college in the northeast. By making note of specific patterns and observations in the current usage of ISP among this population, it is believed that ISP's potential usefulness for other college campuses and any existing barriers to seeking mental health treatment among college students might be

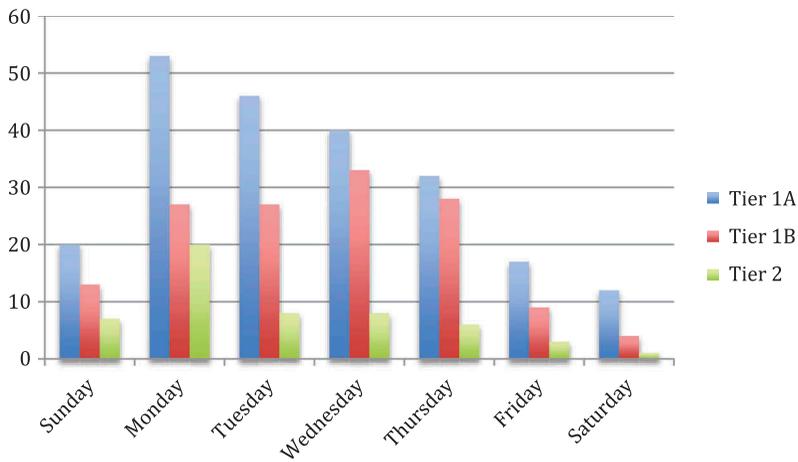


Figure 1 Tier level per day of week.

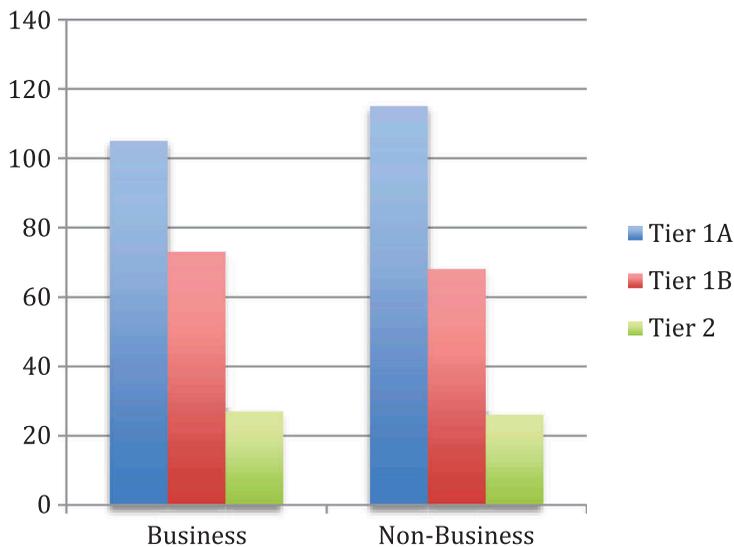


Figure 2 Tier level per Business versus Non-Business Hours.

better understood. Specifically, this study looked at trends in the time of day and week that respondents submitted questionnaires and the Tier Levels (reflecting level of reported distress) of those submissions.

When looking at the breakdown of the number of submissions received during Business Hours versus the number of submissions received during Non-Business Hours, there was no significant difference based on time of day or week. Thus, roughly the same number of students submitted questionnaires during the normal operational hours of the counseling center and during nights and weekends when the counseling center was closed. Although this finding dispelled our initial

hypothesis that more students would be utilizing ISP during Non-Business Hours (thus providing support for ISP's usefulness as a tool for addressing student distress that might be occurring after-hours), it still represents an important observation. This finding also means that roughly half of the students who utilized ISP in our study engaged with it during a time when they could have easily called our counseling center or showed up at our center for a walk-in appointment. Thus, it is believed that the ability to receive brief clinical feedback, learn more about counseling services, and dialogue directly with counselors all through an anonymous, online portal represents a more comfortable way for some students to connect to mental health services. This conclusion aligns with previous literature that emphasizes the benefits of ISP's anonymity as a way to remove some barriers to help-seeking (Eisenberg, Lipson, & Posselt, 2016; Moutier, 2014). Perhaps among many college counseling centers, the students who use these services can often represent a self-selected group of students who are either already familiar and comfortable with mental health services, or who feel comfortable enough to directly reach out for help. Therefore, it is speculated that the ISP is effective in helping students who typically would not have pursued services to gain access to mental health services.

The other trends we examined in this study were the relationships between the day of the week of submitted questionnaires and the Tier Levels of those questionnaires, as well as the time of submission of the questionnaires (Business Hours versus Non-Business Hours) and the Tier Levels of these questionnaires. When looking at day of the week and Tier Levels, there was no significance in this relationship. Thus, people submitted questionnaires that were in the highest Tier (1A) at similar rates throughout the week. This means that students had the potential to be in high levels of distress and to submit questionnaires via ISP at any given time. When looking at time of submission and Tier levels, there was also no significance in this relationship. This suggests that just as many students were likely to submit questionnaires in the highest Tier Level (1A) during Business Hours as they were during Non-Business Hours. Thus, high levels of student distress are likely to be present and to be communicated via ISP at any time of day – both during the counseling center's hours of operations, and after-hours. And given that roughly half of the students who responded during this study did so while the counseling center was open while the other half responded after-hours, ISP seems like an important mental health outreach and assessment tool that can function in two critical ways: provide a convenient way for students to gain initial access to mental health services outside of a college counseling center's normal business hours, and provide an anonymous first step for students who might otherwise feel apprehensive about showing up to their college counseling center right away for an appointment.

Another important observation to highlight from our study is that more than half of all students who submitted questionnaires were in the highest

Tier Level of reported distress (1A). This high number of students who are reporting high levels of distress (e.g. current suicidal ideation, self-injurious thoughts or behaviors, past suicide attempts) seems consistent with previous literature on the prevalence of suicidal ideation and histories of suicidal and self-injurious acts among college students (Garlow et al., 2008) and the fact that suicide remains a significant issue for college campuses to address (Keyes, 2012). Given the high number of highly distressed students who responded via ISP in our study, it is believed that ISP is also an effective tool for reaching students who might be most at-risk for suicide, but who would not otherwise show up to their college counseling center on their own.

Based on initial observations of the usage of ISP within this population of students from a college in the northeast, several implications for other college counseling centers seem apparent. First, the online accessibility and anonymity of ISP appears to remove barriers for students who might not yet feel comfortable to show up to the counseling center to inquire about services. This is evidenced by the fact that roughly half of the ISP responses were submitted during the counseling center's normal Business Hours (when a student could have easily called or walked over). Secondly, more than half of the responses received reflected the highest Tier Level of distress, meaning that some degree of past or present suicidal ideation, self-injurious behavior, or past suicide attempts were endorsed by these students. This large number of highly distressed individuals reflects that ISP may be particularly effective at reaching some of the most at-risk students on campus. Lastly, it is noteworthy that highly distressed students were found to respond with similar frequency across all times of the day (Business Hours versus Non-Business Hours) and days of the week. Thus, it seems helpful to have a program like ISP that is available for college students to respond to at any hour or day of the week in order to start the process of getting connected to services at their counseling center.

Limitations

One limitation of this study is that as a newly utilized program on this particular college campus, it represents a relatively small sample size of students. Another limitation is that it is impossible to know who across campus is not responding to ISP when given the opportunity. Since the current study targeted several groups of students on campus by inviting them directly to participate, and also posted the ISP link on the counseling center's website so it was available to students who happened to see it, nothing is known about students who may have been invited or may have seen it, but chose not to respond. Additionally, nothing is known about students who simply never became aware of ISP because they were not part of the target groups and did not visit the website.

Disclosure statement

No potential conflict of interest was reported by the authors.

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