

# **How to coordinate a National Depression Screening Day (NDSD) Event**

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## **Fall Student Coordinator NDSD Tasks/Checklist**

### **Spring:**

- Reserve Library Walk Spaces (where event is held) and 4 tables.
- Complete AS (Associated Students) Request for Funds

### **Summer:**

- Re-Register as a Student Organization.
- Complete TAP form to access AS Awarded Money.
- Make sure the Screening Kit (& extra forms) have been ordered.
- Order Krispy Kreme Donuts for NDSD. Email to ask Iris if The Zone and The Office of Student Wellbeing would be willing to pay for the donuts again this year.

### **Fall Quarter:**

- Meet with Angela (University Centers) to talk about NDSD and get final approvals on TAP form.
- Reserve Revelle Formal Lounge for NDSD Peer and CAPS Staff training.
- Meet with Suzy (Fund Manager for WPE) to get Imprints Form (for purchasing CAPS brochures).
- Purchase supplies for NDSD (napkins, hand sanitizer, gloves, pens).  
Keep receipts!
- Create work schedule for NDSD including Peer Shifts and CAPS Staff.
- Email Supplies Request to CAPS staff (Bethany, Noemi) AT LEAST one week in advance– see 2011 supplies request sheet as example.
- Ask Peers to create 2 posters for NDSD by the Mon before NDSD.  
Confirm that they have been placed with other NDSD supplies by Bethany or Noemi.
- Confirm that Krispy Kreme still has order on file, ready for pick up at 8/8:30am on NDSD.
- Total Data from NDSD Screening Forms and write up Results.
- Fill out online Screening For Mental Health Survey.

# Summer Instructions for Future Student Coordinator

Before Fall Quarter Starts (Late Aug – September)

## 1. Re-register as a Student Organization

<http://students.ucsd.edu/student-life/involvement/organizations/register/index.html>

Check at OneStop.com when the first day to re-register is.

### **‘Counseling and Psychological Services Peer Education Program’**

Copy the Constitution from last year’s entry.

Email 3 returning peers to complete online quizzes as ‘principal members’ (4 principal members including yourself).

There are 2 quizzes all principal members must complete (including you!)

Email requests & follow up with peers (call/text if necessary) to ensure they complete both within a week if possible.

Confirmation takes about 48 hours once everyone has completed the quizzes.

**Once confirmed as a registered Student Organization, then you can begin completing a TAP (Triton Activity Planner) form. TAP forms must be completed in order to access and apply to receive AS funding for WPE.**

## 2. Speak to Tiffany on the phone about tasks to begin. Keep her updated on progress, ask questions & report any difficulties you are having.

*Office Phone Number:* 858-534-1579

*Email:* [tmomeara@ucsd.edu](mailto:tmomeara@ucsd.edu)

## 3. Start TAP form online ([tap.ucsd.edu](http://tap.ucsd.edu))

You need to COMPLETE this 15 ‘page’ form before you can access any AS awarded money.

If you have questions ask **Suzy Valenzuela**, she is the AS Funding Manager for WPE.

*Office Phone Number:*

*Email:*

## **Tap.ucsd.edu**

Click on use TAP.

Log in with Student ID

Click 'View Events'

Select 'All Past Events,' and 'My Org's Events'

Open National Depression Screening Day 10/13/11 to use for reference.

### **Specific TAP Modules Instructions**

*Basic Info* – Add updated event and contact information

*Venues* – Copy (change Library Walk blocks based on Reservation)

*Description* – Copy (change budget specifics based on amount of AS funding, Library Walk spaces, # of Krispy Kreme Donuts being ordered)

*Marketing* – Copy

*Admissions* – Copy (Alter 'Expected Attendance' if goal number of students increases)

*Questionnaire* – Copy

*Funding* – Enter amount awarded from AS

Modules:

*Environmental Health & Safety* – Copy

*Event Equipment Rentals* - Copy (extra chairs are for CAPS staff psychologists)

*Facilities: University Centers* – Enter Library Walk Reservation

*Imprints* – Enter amount awarded by AS for Imprints

*Outside Vendors* - If anything from 'Outside Vendors' needs to be ordered, enter the company information and then calculate the exact amount we will spend on purchasing the item (include tax & shipping if necessary)

- Screening for Health, Inc. is the company we use to purchase NDSD screening forms. The prices they quote online INCLUDE tax and shipping – this is a round number (ie. \$300)

*Student Event Insurance* – Simply click the button below that says you agree to the terms and conditions. Our event is not dangerous & requires no additional insurance.

**Once TAP is completed and submitted, Bethany from CAPS will pay for the NDSD Screening Forms & work out the reimbursement with Suzy Valenzuela directly. Last year it took 16 days to receive the NDSD Screening Forms at CAPS after they were ordered.**

## **4. Call Krispy Kreme Donuts**

4180 Clairemont Mesa Boulevard  
San Diego, CA 92117  
858-273-4581

Ask Tiffany how many donuts we will want to order this year.  
(In 2011, ordered 29 boxes = 348 donuts)

Ask to speak with a Manager.

Mention that WPE is a non-profit & we plan to give out the donuts for free to students who complete surveys that are screening for mental disorders at NDSD.

They should offer us 'Donation Pricing' (buy one box, get one box free).

This is cheaper than the 'Fundraising Price.'

- Note the date, and the manager's name you speak with.

### **Fill out Krispy Kreme Application**

Receive application to fill out by fax & return completed application by fax.

- Keep copies of all faxes for reference just in case something goes wrong with the order.

### **Funding**

Contact the head of The Zone (Iris) to fund donut expenses again (2010 & 2011).

### **Day of NDSD**

Tiffany will pick up the donuts at 8:30am the day of NDSD

- Get the original receipt from Tiffany to give to Iris (or Tiffany may give it to Iris herself)

## **Reminder:**

**DON'T STRESS!**

**Everything will work out!!!**

**Tiffany and Suzy are both wonderful to talk to and will help you out whenever you need it. Also, feel free to call or email me if you have ANY questions. :)**

**Claire**

## “Dream” Budget for NDSD 2011

Item	Quantity	Cost Each	Approx Total
Stress Balls	400	\$1.19	\$586.15
BOTs	275	\$3.15	\$1,025.42
Bobblehead Pens	323	\$2.57	\$979.93
		<b>“Giveaways” Subtotal</b>	<b>\$2,591.50</b>
CAPS Brochures (Imprints - 400 color, folded, two-sided)	400	\$0.08	\$51.00
Krispy Kreme + Napkins	34dozen	\$5	\$170
"Samsonite White" chairs- 24 (One Stop)	24	\$1.25	\$30.00
Long Tables- 4 (One Stop)	4	\$9.85	\$39.40
*Hand Sanitizer, 2 large bottles (Von's)	2	\$3.99	\$8.68
*Plastic Gloves (Von's)	1 pack	\$4.69	\$5.10
*Thank You Cards for Staff	-	-	\$24.45
Clipboards (Target in store only)	10	\$4.14	\$45.02
Bic Round Ball Pens- 3 packs (Walmart)	3	\$2.49 per 10ct pack	\$8.12
Smead Manila File Folders (Walmart online only)	1	\$5.15 per 12ct pack	\$5.58
Screening Surveys (400 ) 1 kit (100)=\$150, 50 pack=\$30	400	-	\$330
Disorders Handouts (400 students)	20 packs	\$12 per pack	\$240
		<b>Tentative Total</b>	<b>\$3,548.85</b>
		<b>Total Without “Giveaways”</b>	<b>\$957.35</b>

## A.S. Funding Request – Draft

\*Name of Organization

Counseling and Psychological Services Wellness Peer Education Program

\*Budget Preparer

Cindy Tung

\*Name of Event

National Depression Screening Day 2011

\*Date of Program

Thursday, October 13, 2011

\*Site of Program

Library Walk (blocks 1984-1987)

\*How does this event relate to your mission statement?

National Depression Screening Day is a nationwide effort to promote mental health awareness. The purpose of this event is to screen students for depression, anxiety, bipolar disorder, and post-traumatic stress disorder. This event helps provide at-risk students with resources and information about how to get help, and helps to reduce the stigma of seeking mental health counseling. Our goal is to screen 400 students. Staff psychologists will be available to provide additional help to those who need it. This is an annual event, and is always a huge success!

\*Estimated Undergraduate Student Attendance: 400

Part C – Line Item Costs

1. Printing

a. Flyers: 400 Mental Disorders **Handouts** = \$240

c. Other:

400 2-sided, folded **Counseling and Psychological Services (CAPS) Brochures on colored paper** =  $400 \times 0.13 = \$52.00$

400 **CAPS Surveys to screen for Mental Disorders** = \$330

7. Other: Stress-relieving items labeled with CAPS services contact information:  
(Total: \$2,023.55)

400 **Stress Balls**, \$1.19 each plus \$40 repeat setup, \$25 shipping, and \$45.15 tax = \$586.15

300 **Bobblehead Pens**, \$2.57 each plus \$75 shipping, \$30 screen charge, and \$70.09 tax = \$946.09

300 **Massagers**, \$1.30 each plus \$40 shipping, \$25 screen charge, and \$36.31 tax = \$491.31

7. Other: (Total: \$25.50)

2 bottles of **Hand Sanitizer** for psychologists to use after shaking hands with students =  $2 \times \$3.50 = \$7$

2 packs **Paper Towels** for sanitary reasons =  $2 \times \$3 = \$6$

1 pack **Plastic Gloves** = \$3.50

3 packs of **Ball Point Pens** =  $3 \times \$3 = \$9$

7. Other: (Total: \$30.00)

24 rented “**Samsonite White**” **Chairs**, \$1.25 each = \$30.00

TOTAL REQUESTED: \$2701.05



## NDSD Contacts 2011

### Screening for Mental Health (SMH)

Register to Host a National Depression Screening Day (NDSD), including ordering materials:

<http://www.mentalhealthscreening.org/programs/colleges/ndsd.aspx>

### Krispy Kreme Donuts

Location:

4180 Clairemont Mesa Boulevard  
San Diego, CA 92117

Instructions:

29 Boxes (\$127.35 Donation Pricing) to be picked up by Tiffany at 8am.  
Save Receipt.

Contact:

858-273-4581 (Kristen – Manager)  
Order placed on 9/12/11

### Canopies from 3<sup>rd</sup> Floor Student Services

Location:

3<sup>rd</sup> Floor of the Student Services Center (Next to Financial Aid Office)  
Canopies are labeled 'CAPS Wellness Peer Educator Use ONLY'

Instructions:

To be picked up by Ivan, Irving, Ian and Jenss at 8:30am.  
Code: **777347**

Contact:

858-246-0253 (Eunice Estrada)

### 4 Tables from University Centers

Location:

Library Walk office on Level 2 above Price Center Plaza, around the corner from Kaplan Services.

Hours:

Open Weekdays at 8:30am

Instructions:

Wellness Peers working NDSD Set-Up pick up Tables at 9am. Leave 1 ID as deposit.  
Return Tables after event is over at 2pm. Retrieve ID.

Need to Bring:

Reservation Confirmation No: **73590** (5/18/11)  
UCSD I.D. to claim table (I.D. will be returned when tables are returned)

Contact:

If office is not open:

858-534-7666 (OneStop)

Problem with the number of Tables available:

858-534-5967 (Angela - University Centers Reservation)

## **24 Rented Chairs from Facilities Management**

### Location:

Should be delivered to blocks 1984-87 by 9am by Facilities Management.

Will be picked up by Facilities Management by 2:30pm.

### Instructions:

Set-Up chairs in pairs facing each other on Library Walk Lawn.

### Contact:

If chairs have not been delivered by 9am:

858-967-5357 (Facilities Management)

Order Confirmation No: **40012344** (9/20/11)

*Wellness Peer Educator Student Coordinator 2011*

*Claire Miller*

## NDSD Supplies Instructions

Reserve spaces 1983-1986 next year (2012).

### **AS Money Order through CAPS:**

Once TAP form has been approved, Bethany can order forms from Screening for Mental Health (SMH) online.

*1 NDSD Screening Kit with Extra Screening Forms* [flyers included in kit]:

- SMH Screening Forms (350)
- Mental Health Screening Flyers (Depression, Bipolar, Anxiety, PTSD)

### **Student Coordinator Buys with AS Money:**

Pay with CASH & give original receipts to Suzy to get reimbursed.

*Hand Sanitizer* (should be some left over from 2011, ask Tiffany)

*Napkins* (as many as # of Krispy Kreme Donuts)

*Ball Point Pens* (~75 for students filling out surveys)

### **CAPS Supplies**

Send in supplies request ONE WEEK in advance to make sure we have everything.

*10 Manila String Closable Envelopes* (for surveys to be categorized)

*Grow with CAPS Flowers* (Goal # of Students)

*Stress Balls* (Goal # of Students)

*Wellness Peer Educators Table Cloth*

*Clipboards* (at least 12 – make sure CAPS has located these!)

*Masking Tape* (for hanging posters outside)

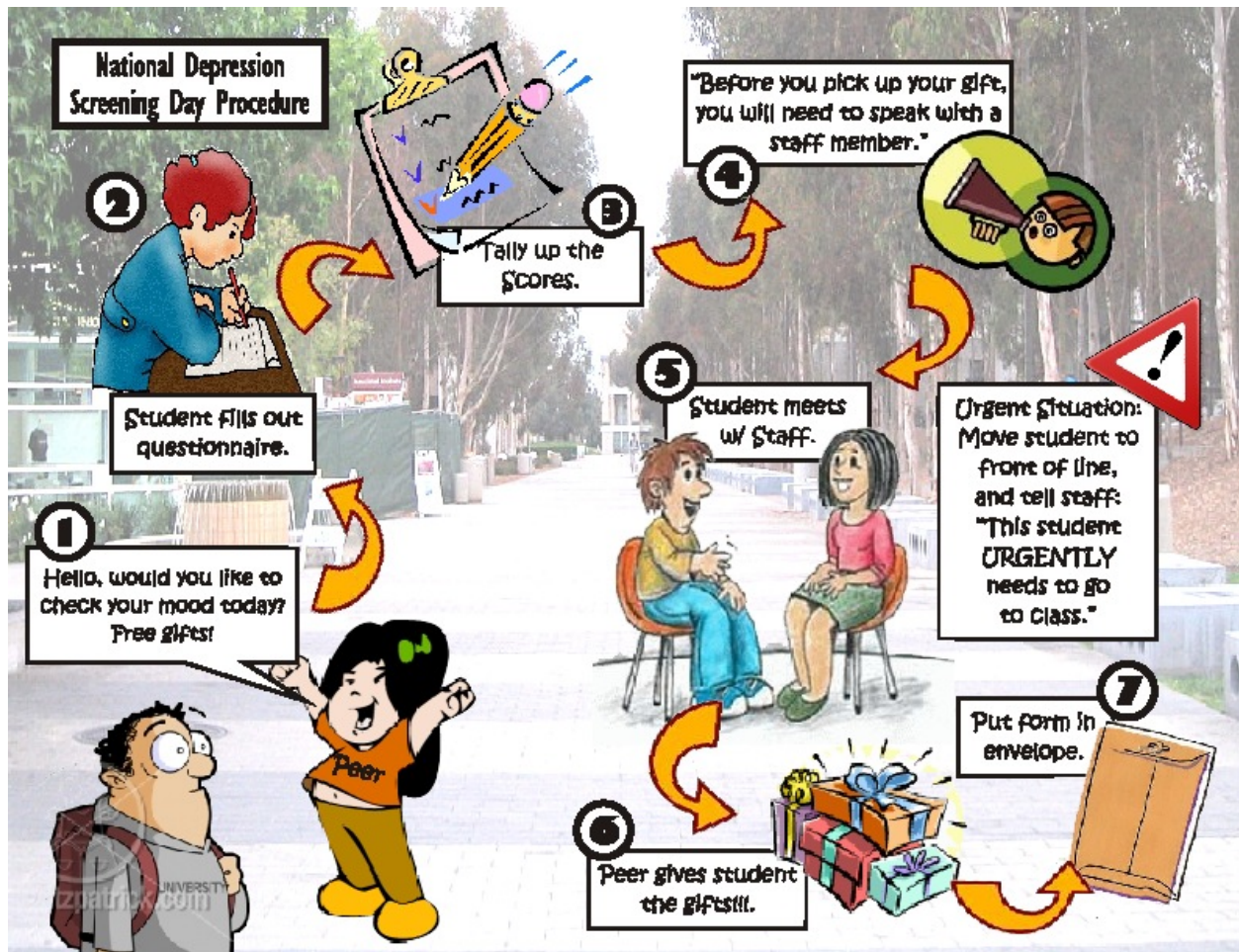
*1 Sharpie*

### **Peers**

*2 Posters* made by the Wellness Peers (Come Test Your Mood & Free Giveaways!)

*Camera* (to take photos at NDSD – send email to Peers ask if someone can bring one)

## UCSD CAPS Wellness Peer Education NDSD Procedure



# UCSD CAPS Wellness Peer Education NDSD Training

## What Is National Depression Screening Day?

National Depression Screening Day is an annual event held each October on the Thursday of Mental Illness Awareness Week. During this event, local clinicians in all 50 states volunteer their time to offer free educational and screening programs at health facilities, shopping malls, libraries, colleges, workplaces and senior centers. In addition to obtaining a free depression screening, participants can find out where and how to access help, counseling and treatment. The program was started in 1991 by Screening for Mental Health, Inc. (SMH), a non-profit organization.

## What Should I Expect During a Screening?

Screenings are free and completely confidential. The screening is an opportunity to learn more about anxiety and mood disorders, complete a brief screening questionnaire, and speak one-on-one with a mental health professional.

### For Peer Educators:

- Approach students without using “psych jargon” – most importantly, try not mentioning the word depression screening – a more welcoming approach would be to greet the student with, “Hello, would you like to check your mood today?” Mention the free gift they will receive for participation.
- After the student fills out a questionnaire, tally up the scores as indicated, and then let the student know, “Before you pick your gift, you will need to speak with a staff member”
- ALL students will need to speak with a staff psychologist, regardless of scores on the questionnaire.

### **SCORING:**

The Questionnaire includes screening tools for depression ([HANDS](#)), bipolar disorder ([MDQ](#)), generalized anxiety disorder ([CD-GAD](#)), and post-traumatic stress disorder ([SPRINT](#)).

HANDS: Under the “Staff” column, assign values for each answer.

- Values will proceed from 0-3, with none being 0 and all the time being 3.
- Sum the values under “Total Score”
  - If total score equals 9 or higher, circle this value
  - If question #9 (Suicide) is 1 or higher, circle the question

MDQ: Under the “Staff” column, assign values for each answer.

- Under the “Staff” column, assign values for each answer.
- Sum the values under “Total Score”
  - If total score is equal to or greater than 7 **AND** question 2 is answered as “Yes”, **AND** question 3 is answered as Moderate or Serious – then circle the total score.

GAD: Under the “Staff” column, assign values for each answer.

- Under the “Staff” column, assign values for each answer.
- Sum the values under “Total Score”
  - If total score is equal to or greater than 6, circle.

SPRINT PTSD: Under the “Staff” column, assign values for each answer.

- Under the “Staff” column, assign values for each answer.
- Sum the values under “Total Score”
  - If total score is equal to or greater than 2, circle.

## **9-7-6-2**

### **Question 9, And-And**

#### **For Staff:**

- HANDS: Check Total score **AND** Item number 9. If either is circled, then acknowledge that the student has, “expressed a mood that is consistent with the criteria for depression”
- MDQ: Check Total score. If circled, acknowledge that the student has, “expressed a mood that is consistent with the criteria for bipolar-depression”
- GAD Screen: Check total score. If it is circled, acknowledge that the student has, “expressed a mood that is consistent with the criteria for GAD”
- SPRINT PTSD Screen: Check total score. If it is circled, acknowledge that the student has, “expressed a mood that is consistent with the criteria for PTSD”

It is important not to offer a diagnoses, hence the language “consistent with”

If student has no items circled, acknowledge that the student has, “expressed a mood that is healthy” – let the student know about the free services that PC&S offers.

# Example 1

NATIONAL DEPRESSION SCREENING DAY® – COLLEGE SCREENING FORM										
<b>1) Age:</b> _____ <b>2) Sex:</b> _____ (M/F) <b>3) What year are you in college?</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Senior <input type="checkbox"/> Sophomore <input type="checkbox"/> Graduate Student <input type="checkbox"/> Junior <input type="checkbox"/> Other <b>4) Ethnic / Racial Group:</b> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Other	<b>5) Do you live:</b> (Check all that apply) <input type="checkbox"/> On Campus <input type="checkbox"/> Alone <input type="checkbox"/> Off Campus <input type="checkbox"/> With Roommates <b>6) Have you ever been treated for:</b> (Check all that apply)    Yes    No Depression ..... <input type="checkbox"/> .. <input type="checkbox"/> Bipolar Disorder ..... <input type="checkbox"/> .. <input type="checkbox"/> Generalized Anxiety Disorder ..... <input type="checkbox"/> .. <input type="checkbox"/> Post-Traumatic Stress Disorder ..... <input type="checkbox"/> .. <input type="checkbox"/> <b>If yes:</b> <b>Did treatment include medication</b> ..... <input type="checkbox"/> .. <input type="checkbox"/>	<b>7) Have you ever been treated for:</b> (Check all that apply) <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid Problem <input type="checkbox"/> Drug Abuse <input type="checkbox"/> None of the above <input type="checkbox"/> Eating Disorder <b>8) Have you ever attempted suicide:</b> .... <input type="checkbox"/> .. <input type="checkbox"/>	<b>Participant No.</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
THE HANDS® DEPRESSION SCREENING TOOL (The Harvard Department of Psychiatry / National Depression Screening Day® Scale)										
<b>■ Over the past two weeks, how often have you:</b>				None or little of the time	Some of the time	Most of the time	All of the time	Staff Use Only		
1. been feeling low in energy, slowed down?					✓					
2. been blaming yourself for things?				✓						
3. had poor appetite?					✓					
4. had difficulty falling asleep, staying asleep?						✓				
5. been feeling hopeless about the future?				✓						
6. been feeling blue?					✓					
7. been feeling no interest in things?				✓						
8. had feelings of worthlessness?				✓						
9. thought about or wanted to commit suicide?					✓					
10. had difficulty concentrating or making decisions?					✓					
Copyright © 1998 President and Fellows of Harvard College and Screening for Mental Health. All rights reserved. For use in conjunction with National Depression Screening Day® only. Duplication or use for any other purpose is prohibited.							<b>Total Score:</b>			
THE MOOD DISORDER QUESTIONNAIRE										
<b>■ Please answer each question as best you can.</b>								YES	NO	Staff Use Only
1. Has there ever been a period of time when you were not your usual self and...										
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?								✓		
...you were so irritable that you shouted at people or started fights or arguments?								✓		
...felt much more self-confident than usual?								✓		
...you got much less sleep than usual and found you didn't really miss it?								✓		
...you were much more talkative or spoke much faster than usual?								✓		
...thoughts raced through your head or you couldn't slow your mind down?								✓		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?								✓		
...you had much more energy than usual?								✓		
...you were much more active or did many more things than usual?								✓		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?								✓		
...you were much more interested in sex than usual?								✓		
...you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?								✓		
...spending money got you or your family into trouble?								✓		
							<b>Total Score:</b>			
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?								✓		
3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please check (✓) <b>one response only.</b> <input checked="" type="checkbox"/> No problem <input type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem										
Copyright © 2000 by The University of Texas Medical Branch. All rights reserved. This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.										
<b>See reverse for additional screening tools</b>										
<b>CLINICIAN: FILL OUT SCREENING RECOMMENDATION SECTION (See box on reverse side)</b>										



## CARROLL-DAVIDSON GENERALIZED ANXIETY DISORDER SCREEN<sup>®</sup>

■ These questions are to ask about things you may have felt most days in the <u>past six months</u> .	YES	NO	Staff Use Only
1. Most days I feel very nervous.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Most days I worry about lots of things.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Most days I cannot stop worrying.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Most days my worry is hard to control.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. I feel restless, keyed up or on edge.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. I get tired easily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. I have trouble concentrating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. I am easily annoyed or irritated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. My muscles are tense and tight.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. I have trouble sleeping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Did the things you noted above affect your daily life (home life, or work, or leisure) or cause you a lot of distress?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Were the things you noted above bad enough that you thought about getting help for them?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<small>Used with permission from Bernard Carroll, MD, PhD and Jonathan R.T. Davidson, MD. © Bernard J. Carroll, MD, PhD, and Jonathan R.T. Davidson, MD 2000.</small>			Total Score:

## MODIFIED SPRINT (SPRINT-4<sup>®</sup>) PTSD SCREEN

<i>If at any time you have experienced or witnessed a traumatic event, which involves loss of life, serious injury or threat of either:</i>		YES	NO	Staff Use Only
■ Please respond to these questions about how you have felt most days in the <u>past week</u> .				
1. Have you been bothered by unwanted memories, nightmares, or reminders of this event?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Have you been making an effort to avoid thinking or talking about this event, or doing things which remind you of what happened?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Have you lost enjoyment for things, kept your distance from people, or found it difficult to experience feelings?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<small>© Jonathan R.T. Davidson, MD, 2003. All rights reserved. For use in conjunction with National Depression Screening Day<sup>®</sup> only. Duplication or use for any other purpose is prohibited.</small>			Total Score:	

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**

**PLEASE RETURN THIS FORM TO STAFF FOR SCORING.**

## SCREENING RECOMMENDATION (TO BE FILLED OUT BY CLINICIAN ONLY)

<b>■ I spoke with the participant and recommended: (Check all that apply)</b> Follow-up for: <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> No follow-up needed <input type="checkbox"/> Generalized Anxiety Disorder <input type="checkbox"/> Post-Traumatic Stress Disorder	
<b>■ If a Community-Based Site:</b> <input type="checkbox"/> Outpatient Referral <input type="checkbox"/> Inpatient Referral <input type="checkbox"/> Voluntary <input type="checkbox"/> Emergency	<b>■ If a Primary Care Facility:</b> <input type="checkbox"/> Treated in office <input type="checkbox"/> Referred Elsewhere <input type="checkbox"/> Emergency

*National Depression Screening Day<sup>®</sup> is a program of Screening for Mental Health, Inc., a non-profit organization.*



## Example 2

NATIONAL DEPRESSION SCREENING DAY® – COLLEGE SCREENING FORM					
<b>1) Age:</b> _____ <b>2) Sex:</b> _____ (M/F) <b>3) What year are you in college?</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Senior <input type="checkbox"/> Sophomore <input type="checkbox"/> Graduate Student <input type="checkbox"/> Junior <input type="checkbox"/> Other <b>4) Ethnic / Racial Group:</b> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Other	<b>5) Do you live:</b> (Check all that apply) <input type="checkbox"/> On Campus <input type="checkbox"/> Alone <input type="checkbox"/> Off Campus <input type="checkbox"/> With Roommates <b>6) Have you ever been treated for:</b> (Check all that apply)      Yes      No Depression ..... <input type="checkbox"/> <input type="checkbox"/> Bipolar Disorder ..... <input type="checkbox"/> <input type="checkbox"/> Generalized Anxiety Disorder ..... <input type="checkbox"/> <input type="checkbox"/> Post-Traumatic Stress Disorder ..... <input type="checkbox"/> <input type="checkbox"/> <b>If yes:</b> Did treatment include medication ..... <input type="checkbox"/> <input type="checkbox"/>	<b>7) Have you ever been treated for:</b> (Check all that apply) <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid Problem <input type="checkbox"/> Drug Abuse <input type="checkbox"/> None of the above <b>8) Have you ever attempted suicide:</b> ..... <input type="checkbox"/> <input type="checkbox"/>	<b>Participant No.</b> _____		
THE HANDS® DEPRESSION SCREENING TOOL (The Harvard Department of Psychiatry / National Depression Screening Day® Scale)					
<b>■ Over the past two weeks, how often have you:</b>					<b>Staff Use Only</b>
1. been feeling low in energy, slowed down?	None or little of the time	Some of the time	Most of the time	All of the time	
2. been blaming yourself for things?	✓	✓			
3. had poor appetite?	✗	✓			
4. had difficulty falling asleep, staying asleep?				✓	
5. been feeling hopeless about the future?	✓				
6. been feeling blue?			✓		
7. been feeling no interest in things?	✓	✓			
8. had feelings of worthlessness?	✓				
9. thought about or wanted to commit suicide?	✓				
10. had difficulty concentrating or making decisions?			✓		
<small>Copyright © 1998 President and Fellows of Harvard College and Screening for Mental Health. All rights reserved.          For use in conjunction with National Depression Screening Day® only. Duplication or use for any other purpose is prohibited.</small>					<b>Total Score:</b>
THE MOOD DISORDER QUESTIONNAIRE					
<b>■ Please answer each question as best you can.</b>					<b>Staff Use Only</b>
1. Has there ever been a period of time when you were not your usual self and...	YES	NO			
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	✓	✗			
...you were so irritable that you shouted at people or started fights or arguments?	✓	✗			
...felt much more self-confident than usual?	✓	✗			
...you got much less sleep than usual and found you didn't really miss it?	✗	✓			
...you were much more talkative or spoke much faster than usual?	✗	✓			
...thoughts raced through your head or you couldn't slow your mind down?	✓	✗			
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	✓	✗			
...you had much more energy than usual?	✓	✗			
...you were much more active or did many more things than usual?	✓	✗			
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	✗	✓			
...you were much more interested in sex than usual?	✓	✗			
...you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	✗	✓			
...spending money got you or your family into trouble?	✗	✓			
<b>Total Score:</b>					
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?					<input type="checkbox"/> YES <input type="checkbox"/> NO
3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please check (✓) <b>one response only.</b> <input type="checkbox"/> No problem <input checked="" type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem					
<small>Copyright © 2000 by The University of Texas Medical Branch. All rights reserved.          This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.</small>					
<b>See reverse for additional screening tools</b>					
<b>CLINICIAN: FILL OUT SCREENING RECOMMENDATION SECTION (See box on reverse side)</b>					

CARROLL-DAVIDSON GENERALIZED ANXIETY DISORDER SCREEN <sup>®</sup>			
■ These questions are to ask about things you may have felt most days in the <u>past six months</u> .	YES	NO	Staff Use Only
1. Most days I feel very nervous.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Most days I worry about lots of things.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Most days I cannot stop worrying.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Most days my worry is hard to control.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. I feel restless, keyed up or on edge.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. I get tired easily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. I have trouble concentrating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. I am easily annoyed or irritated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. My muscles are tense and tight.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. I have trouble sleeping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Did the things you noted above affect your daily life (home life, or work, or leisure) or cause you a lot of distress?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Were the things you noted above bad enough that you thought about getting help for them?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<small>Used with permission from Bernard Carroll, MD, PhD and Jonathan R.T. Davidson, MD. © Bernard J. Carroll, MD, PhD, and Jonathan R.T. Davidson, MD 2000.</small>			<b>Total Score:</b>

MODIFIED SPRINT (SPRINT-4 <sup>®</sup> ) PTSD SCREEN			
<i>If at any time you have experienced or witnessed a traumatic event, which involves loss of life, serious injury or threat of either:</i> ■ Please respond to these questions about how you have felt most days in the <u>past week</u> .	YES	NO	Staff Use Only
1. Have you been bothered by unwanted memories, nightmares, or reminders of this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Have you been making an effort to avoid thinking or talking about this event, or doing things which remind you of what happened?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Have you lost enjoyment for things, kept your distance from people, or found it difficult to experience feelings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<small>© Jonathan R.T. Davidson, MD, 2003. All rights reserved. For use in conjunction with National Depression Screening Day<sup>®</sup> only. Duplication or use for any other purpose is prohibited.</small>			<b>Total Score:</b>

<p align="center"><b>THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.</b></p> <p align="center"><b>PLEASE RETURN THIS FORM TO STAFF FOR SCORING.</b></p>	
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SCREENING RECOMMENDATION (TO BE FILLED OUT BY CLINICIAN ONLY)	
<b>■ I spoke with the participant and recommended: (Check all that apply)</b> Follow-up for: <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> No follow-up needed <input type="checkbox"/> Generalized Anxiety Disorder <input type="checkbox"/> Post-Traumatic Stress Disorder	
<b>■ If a Community-Based Site:</b> <input type="checkbox"/> Outpatient Referral <input type="checkbox"/> Inpatient Referral <input type="checkbox"/> Voluntary <input type="checkbox"/> Emergency	<b>■ If a Primary Care Facility:</b> <input type="checkbox"/> Treated in office <input type="checkbox"/> Referred Elsewhere <input type="checkbox"/> Emergency

*National Depression Screening Day<sup>®</sup> is a program of Screening for Mental Health, Inc., a non-profit organization.*

## **NDSD Supplies 2011**

Camera

Clipboards (at least 12 – as many as possible!)

NDSD Box (Screening Forms, Flyers, Plastic Gloves)

Masking Tape (for hanging posters outside)

1 Sharpie

10 Manila String Closable Envelopes

Hand Sanitizer

Grow with CAPS Flowers (350)

Stress Balls (350)

Napkins (Pack of 300, Pack of 150)

Ball Point Pens (5 Packs of 15)

Wellness Peer Educators Table Cloth

2 Posters made by the Wellness Peers (Come Test Your Mood & Free Giveaways!)

400 Tri-folded CAPS Brochures on Colored Paper from Imprints

**NATIONAL DEPRESSION SCREENING DAY**  
**UCSD CAPS Wellness Peer Educators**  
*Thursday, October 13, 2011*

**Shifts/Tasks Schedule**

**PEER EDUCATORS**

<b>8:30-9:30a (set-up)</b>	<b>9:30-10:00a (set-up)</b>	<b>10:00-11:00a</b>	<b>11:00-12:00p</b>	<b>12:00-12:30p</b>	<b>12:30-1:00p</b>	<b>1:00-2:00p</b>	<b>2:00-3:00p (clean-up)</b>
Ian Irving Ivan Serena (8:15am)	Irving Karen Paola Serena	Irving Karen Paola Serena  Chris (Zone) Erica (SHA)	Claire Ian Ivan Sareen Serena Chris (Zone) Lauren (SHA)	Claire Ian Ivan Serena  Chris (Zone) Lauren (SHA)	Aly Ian Irving Ivan Karen Paola Serena	Aly Ian Ivan Irving Karen Paola	Aly Ian Ivan Paola Sareen

**CAPS STAFF:**

<b>10:00a-12:00p</b>	<b>12:00-2:00p</b>
Amy Briana Cat Cristina C Greg Jeff Jerry Natalie Rhonda Sam Jenss Tiffany (Courtney "on call")	Christina L Courtney Greg Hoku Judy Lisa Mark Monique Rina Scott Jenss Tiffany

Peer Hours:

Aly – 2.5 hours

Claire – 1.5 hours

Ian – 4.5 hours

Irving – 4 hours

Ivan – 4.5 hours

Karen – 3 hours

Paola – 4 hour

Sareen – 2 hours

Serena – 4 hours (If we are not busy from 12:30-1pm Serena can leave if she would like)

Can Attend Training:

Laura (SHA) – 1.5 hours

Can Not Attend Training:

Erica (SHA) – 1 hour

Chris (Zone) – 2.5 hours (Arriving at 9:45am for brief training on giveaway table)

University of California, San Diego  
Counseling and Psychological Services  
Wellness Peer Educators

National Depression Screening Day  
October 13, 2011

**Total Counts per Category**  
**(Total N=345)**

<b>Category</b>	<b>Number of Participants Meeting Criteria (N)</b>	<b>Percentage of Total Participants (%)</b>
Depression	31	9.0
Bipolar Disorder	7	2.0
Generalized Anxiety Disorder (GAD)	18	5.2
Post-Traumatic Stress Disorder (PTSD)	20	5.8
No Diagnosis (Criteria not met)	205	58.3
Multiple-Diagnosis (Criteria met for more than one disorder)	64	18.6

**Note:** In the above table, categories were mutually exclusive. Participants who met criteria for more than one diagnosis were included in the Multiple-Diagnosis category and the two (or more) diagnoses were not added to the other categories. The table below is not mutually exclusive, and displays the counts of Multiple-Diagnosis within the appropriate category. For example, a student that met criteria for Depression and PTSD would be counted only as Multiple-Diagnosis in the above table, but in the below table would be given one count of “Depression” and one count of “PTSD.”

**Total Counts per Diagnosis**  
**(Multiple-Diagnoses included within the appropriate category)**

<b>Diagnosis</b>	<b>Number of Participants Meeting Criteria (N)</b>
Depression	88
Bipolar Disorder	25
Generalized Anxiety Disorder (GAD)	74
Post-Traumatic Stress Disorder (PTSD)	40
No Diagnosis (criteria not met)	205

**Note:** This table is not mutually exclusive, and displays the counts of students with multiple diagnoses within the appropriate category. For example, a student that met criteria for depression and PTSD would be given one count of “Depression” and one count of “PTSD” in this table.

**Total Counts per Category who thought about or wanted to commit suicide**  
**(Total N=345)**

<b>Diagnosis</b>	<b>None or little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
Depression	26	3	2	0
Bipolar Disorder	7	0	0	0
Generalized Anxiety Disorder (GAD)	18	2	0	0
Post-Traumatic Stress Disorder (PTSD)	17	3	0	0
No Diagnosis (Criteria not met)	205	3	0	1
Multiple-Diagnosis (Criteria met for more than one disorder)	55	8	0	1

**Total Counts per Diagnosis who thought about or wanted to commit suicide (Multiple-Diagnoses included within the appropriate category)**

<b>Diagnosis</b>	<b>None or little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
Depression	75	10	2	1
Bipolar Disorder	21	3	0	1
Generalized Anxiety Disorder (GAD)	67	6	0	1
Post-Traumatic Stress Disorder (PTSD)	34	5	0	1
No Diagnosis (Criteria no met)	205	3	0	1



## **UCSD CAPS Wellness Peer Educators NDSD 2010 Data Compared to NDSD 2011 Data**

Data from 2010 NDSD to our new 2011 data, and here are some of the major changes:

### Total Number Students:

Screened a total of 5% more students over all (328 in 2010, 345 in 2011).

The number of students who met the criteria only for Depression, and Bipolar Disorder stayed approximately the same.

The number of students who met the criteria only for Generalized Anxiety Disorder (GAD) decreased by 33%.

The number of students who met the criteria only for Post-Traumatic Stress Disorder (PTSD) increased dramatically by 65% (7 students in 2010, 20 students in 2011).

Students with No Diagnosis (did not meet criteria for any category) stayed approximately the same, with only a slight decrease in percentage of the total number screened.

The number of students who met criteria for more than one disorder were categorized as Multiple-Diagnosis, and this number increased by 25%.

### Multiple Diagnosis Category Divided:

When the categories that students with Multiple-Diagnoses are considered and counted into their respective diagnoses the number of total diagnoses in each category can be compared to the data from last year.

The total number of diagnoses for:

Depression increased by 33%

Bipolar Disorder stayed approximately the same.

GAD increased slightly by 7%

PTST increased by 15%

### Suicidal Thoughts:

Students were asked whether they 'Thought about or wanted to commit suicide' and the options were 'None of the time,' 'Some of the time,' 'Most of the time,' or 'All of the time.'

The total number of students who answered 'Some of the time' or more frequently increased by 2.2% (15 students in 2010, 23 students in 2011).

Students who did not meet any criteria and were categorized as No Diagnosis had more people answer that they 'Thought about or wanted to commit suicide' 'Some of the time' or more frequently increased (1 student in 2010, 4 students in 2011).

The number of students who met criteria for Multiple Diagnoses and 'Thought about or wanted to commit suicide' 'Some of the time' or more frequently increased (6 students in 2010, 9 students in 2011).

When the Multiple Diagnoses were split into their respective categories, the number of students who met criteria for GAD and 'Thought about or wanted to commit suicide' 'Some of the time' or more frequently increased (0 students in 2010, 4 students in 2011).

Again, when the Multiple Diagnoses were split into their respective categories, the number of students who met criteria for PTSD and 'Thought about or wanted to commit suicide' 'Some of the time' or more frequently increased (1 student in 2010, 6 students in 2011).