Situating Mental Health Literacy & Suicide Prevention within PBIS

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National Statistics
AAS (2015) & CDC 2017

One suicide every 11.9 minutes

One attempt every 29 seconds

Approximately 129 suicides per day

47,173 deaths by suicide in 2017

10th ranking cause of death in the US

Over 1,104,825 suicide attempts in 2015

25 attempts for every death by suicide

4 female attempts for each male attempt

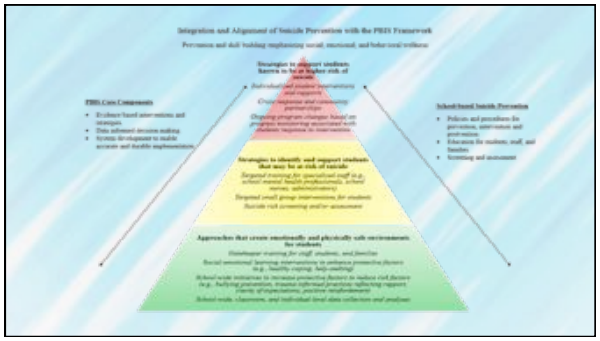
National Youth Suicide Data

- Suicide is responsible for more deaths among 10-24 year-olds than all natural causes combined (Wyman et al., 2010)
- 2nd leading cause of death among youth ages 10-34 (CDC, 2017)
- In youth ages 15-24, there is an estimated 100-200 suicide attempts for each suicide death (CDC, 2015)
- Age adjusted suicide rate for most rural counties was 1.8 times the rate for most urban counties (CDC. 2017)

Pennsylvania Youth Suicide Data

Specific School District PAYS (2017) Information 6th, 8th, 10th and 12th Grade Students

- **16.5%** of students considered suicide
- **13%** had a suicide plan
- **10%** attempted suicide
- **21%** felt that they were a failure
- **23%** felt so sad or hopeless for at least 2 weeks that they stopped doing usual activities
- A little more than 1 in 3 students report symptoms of depression
- Students that are highly depressed use alcohol, tobacco and marijuana at 3 to 7 times the rate of non-depressed students
- Regarding bullying, students who report being cyberbullied in the last year are 3 times more likely to:
  - **Feel so sad & depressed that they stop participating in their usual activities**
  - **Have suicidal thoughts**
  - **Make a suicide plan**
  - **Are almost 5 times more likely to make a suicide attempt**



Interconnected Systems Framework (ISF)

- A structure and process to integrate Positive Behavioral Interventions and Supports and School Mental Health within school systems. The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth.

ISF Enhances MTSS Core Features

- **Effective teams** that include community mental health providers
- **Data**-based decision making that include school data beyond ODRs and community data
- Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- Ongoing **coaching** at both the systems & practices level for both school and community employed professionals

Pennsylvania Youth Survey (PAYS)

- Voluntary survey conducted with 6, 8, 10 and 12 grade students to learn about their behavior, attitudes and knowledge concerning risk and protective factors in their lives.
- The survey is conducted on an every other year basis and is sponsored through the Pennsylvania Commission on Crime and Delinquency in collaboration with the Pennsylvania Department of Education.
- Approximately 75% of school districts in Pennsylvania are projected to conduct the PAYS during the 2017-18 school year.
- Primary focus is on 1) providing school leaders with critical information concerning changes in patterns in the use and abuse of harmful substances and behaviors, and 2) assessing risk factors that are related to undesired behaviors and the protective factors that help guard against concerning behavior.

Case Example: MASD

Priorities Reflected in MASD PAYS Data (2015 & 2017):

Mental Health & Risk for Suicide

4 out of 10 students indicted "at times I feel I am no good at all" (41.4%)

4 out of 10 students indicated "felt sad or depressed most days in the past 12 months" (44.5%)

2 out of 10 students reported "seriously considered attempting suicide" (21%)

Experiences with Bullying

2 out of 10 students reported "being bullied in the past 12 months" (21.9%)

Being Threatened with Violent Behavior

3 out of 10 students report being threatened to be hit or beaten up on school property in the past 12 months (31.2%)

1 in 10 students report having been hit or beaten up in the past 12 months (13.9%)

Substance Access and Use

4 out of 10 students report having tried beer, wine or hard liquor in past 30 days (41.3%)

1 out of 2 students report gaining access to alcohol from family / religious celebrations (51.5%)

Nearly 2 of 10 students report "having smoked cigarettes" (19.4%)

Approaching 1 of 10 students indicate "using prescription pain relievers without doctor telling them to take them" (7.9%)

with primary source of those drugs being family or friends

Stress Associated with Limited Family Resources

2 out of 10 students report "worrying about the family running out of food" (19.8%)

Almost 1 out of every 10 students indicate having "skipped a meal due to limited family money" (8.9%)

Using PAYS Data: Logic Model & Action Plans

(Adapted from Safe Schools/Healthy Students: SAMHSA)

- Designing, implementing and sustaining effective data-driven school-based programs to enhance social-emotional-behavioral wellness of students and staff requires the application of **multi-tiered logic** within an **organized framework**.

Needs & Gaps	Data Sources	Objectives	Activities, Curricula, Programs, Services, Strategies & Policies	Partner Roles and Resources	Process Measures	Impact & Outcome Measures

- Once the multi-tiered logic is applied through the logic model framework, attention turns to developing **action plans** to implement the identified activities, curricula, programs, services, strategies and policies (see middle column from the logic model framework).

Objective	Activity	What action will occur?	Who will carry it out?	What resources are needed?	By when and how to monitor?	Communication: How and Whom?	Resources needed	Status Updates

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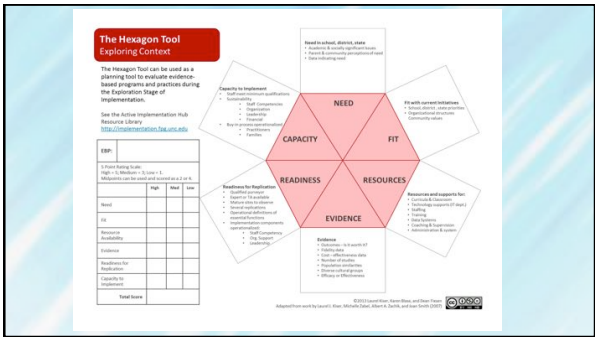
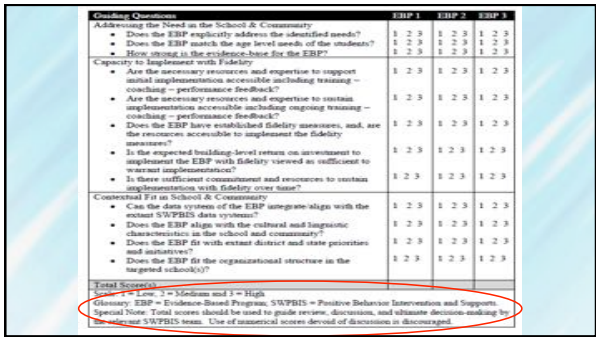


A Hybrid Model

- The Hexagon Tool (Blasé et al., 2013)

  In conjunction with:

- Putnam et al. (n.d.) 12 Guiding Questions
  - Broad domains:
    - Need of school and community
    - Capacity to implement with fidelity
    - Contextual fit in school and community
- Suggested Scoring: Arithmetic average of team members' ratings on the 12 questions + Hexagon Tool ratings



Guiding Questions	EBP 1	EBP 2	EBP 3
Addressing the Need in the School & Community			
• Does the EBP explicitly address the identified needs?	1 2 3	1 2 3	1 2 3
• Does the EBP match the age level needs of the students?	1 2 3	1 2 3	1 2 3
• How strong is the evidence-base for the EBP?	1 2 3	1 2 3	1 2 3
Capacity to Implement with Fidelity			
• Are the necessary resources and expertise to support initial implementation accessible including training – coaching – performance feedback?	1 2 3	1 2 3	1 2 3
• Are the necessary resources and expertise to sustain implementation accessible including ongoing training – coaching – performance feedback?	1 2 3	1 2 3	1 2 3
• Does the EBP have established fidelity measures, and, are the resources accessible to implement the fidelity measures?	1 2 3	1 2 3	1 2 3
• Is the expected building-level return on investment to implement the EBP with fidelity viewed as sufficient to warrant implementation?	1 2 3	1 2 3	1 2 3
• Is there sufficient commitment and resources to sustain implementation with fidelity over time?	1 2 3	1 2 3	1 2 3
Contextual Fit in School & Community			
• Can the data system of the EBP integrate/align with the extant SWPBIS data system(s)?	1 2 3	1 2 3	1 2 3
• Does the EBP align with the cultural and linguistic characteristics in the school and community?	1 2 3	1 2 3	1 2 3
• Does the EBP fit with extant district and state priorities and initiatives?	1 2 3	1 2 3	1 2 3
• Does the EBP fit the organizational structure in the targeted school(s)?	1 2 3	1 2 3	1 2 3
Total Score(s):			

Scale: 1 = Low, 2 = Medium and 3 = High

Glossary: EBP = Evidence-Based Program, SWPBIS = Positive Behavior Intervention and Supports.
Special Note: Total scores should be used to guide review, discussion, and ultimate decision-making by the relevant SWPBIS team. Use of numerical scores devoid of discussion is discouraged.

Case Example- Selected EBPs Associated with Suicide Prevention

- Social Emotional Learning Curriculum:
  - Positive Action
- Universal Screening:
  - SSRS-IE
- Gatekeeper Trainings:
  - YMHFA
  - QPR

Evidence-Based Suicide Prevention: Gatekeeper Training

Just as CPR training helps a person with no clinical training assist an individual following a heart attack, suicide prevention gatekeeper training helps a person assist someone experiencing a mental health crisis such as contemplating suicide. In both situations, the goal is to help support an individual *until appropriate professional* help is accessed.

The following are the Suicide Prevention EBPs that the Institute utilizes:

- YMHFA
- QPR

Youth Mental Health First Aid (YMHFA)

YMHFA is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness. Mental Health First Aiders learn a single 5-step strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Participants are also introduced to risk factors and warning signs for mental health or substance use problems, protective factors to build resiliency, engage in experiential activities that build understanding of the impact of mental illness on individuals and families, and learn about evidence-supported treatment and self-help strategies.

Question – Persuade – Refer (QPR)

QPR is a 2 hour educational program designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. The process follows three steps: (1) Question the individual's desire or intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources. QPR training results in increased knowledge about suicide, gatekeeper self-efficacy, knowledge of suicide prevention resources, gatekeeper skills, and diffusion of gatekeeper training information. The specific objectives of QPR training include: 1) increasing the ability to recognize someone at risk for suicide, 2) building skills to effectively intervene with those at risk; and 3) developing skills to refer someone at risk to an appropriate resource.

Gatekeeper Training Comparison

Gatekeeper Trainings		
Features	QPR*	YMHFA*
Length of Training	1.5-2 hours	8 hours
Formate	Face to Face (also available virtually)	Face to Face
Required Text	yes ($2.50 per pamphlet)	yes ($18.95 per text book)
Range of Participants	30-40 maximum (Felxible)	30 maximum (Rigid)
Certificate Awarded	Yes	Yes
Time of Trainer to become credentialed	1 Day or Online	3-5 Days

* It is recommended that co-instructors be utilized when providing QPR or YMHFA training.

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Impact of YMHFA Training (Part 1)

Examples of Statements / Questions Survey 1 using a Likert type scale for Responses: To occur between 1 – 4 weeks following initial training (response options are 1= strongly disagree, 2=disagree, 3= agree, and 4= strongly agree).

1) As a result of YMHFA training, I am more aware of how social, emotional and behavioral matters might influence student learning.
2) As a result of YMHFA training, I am better able to recognize the signs that a student may be experiencing a mental health challenge.
3) As a result of YMHFA training, I am better able to effectively reach out to a student who may be experiencing a mental health challenge.
4) As a result of YMHFA training, I am more aware of my own views and feelings about mental health problems and disorders and how my views and feelings can influence my interactions with my students.
5) Based on my experiences with initial YMHFA training, I feel sufficiently prepared to provide mental health first aid to a student at school or in the community.

Impact of YMHFA Training (Part 2)

Examples of Statements / Questions Survey 2: To occur between 3 - 4 months following initial training (responses will be in drop down menu form).

1) Since my initial training in YMHFA, have you been more sensitive to the social, emotional and behavioral health needs of your students? (Drop down menu with Yes, No, Uncertain options)
2) Since my initial training in YMHFA, have you applied aspects of the YMHFA action plan referred to as ALGEE (or applied the action plan known as ALGEE in its entirety) with a youth in either school or community settings? (Drop down menu of Yes or No)

Note: The following items become relevant for those who indicated they have applied aspects of the YMHFA action plan or ALGEE in its entirety:

1) Since your initial training in YMHFA, which aspects of the YMHFA action plan known as ALGEE have you applied with a youth? (drop down menu of ALGEE asking them to check all that apply)
2) With how many students /young people have you applied aspects of the YMHFA action plan or ALGEE in its entirety? (drop down menu of 1-2, 3-4, 4-5, and more than 5 students/youth).
3) As a result of your efforts in providing YMHFA, in your own opinion, did your provision of YMHFA have a constructive impact? (Drop down menu of Yes, No, Uncertain)

Pre-Service Training Example YMHFA (Part 1)

Item	Strongly Agree/ Agree	Strongly Disagree/ Disagree
1) As a result of YMHFA training, I am more aware of how social, emotional, and behavioral matters might influence student learning.	92.9 %	7.1%
2) As a result of YMHFA training, I am better able to recognize the signs that a student may be experiencing a mental health challenge.	91.8%	8.2%
3) As a result of YMHFA training, I am better able to effectively reach out to a student who may be experiencing a mental health challenge.	91.8%	8.2

Pre-Service Training Example YMHFA (Part 1) Cont.

4) As a result of YMHFA training, I am more aware of my own views and feelings about mental health problems and disorders and how my views and feelings can influence my interactions with my students.	88.3%	11.8%
5) Based on my experiences with initial YMHFA training, I feel sufficiently prepared to provide mental health first aid to a student at school or in the community.	89.4%	10.6%

Pre-Service Training Example YMHFA (Part 2)

Number of ALGEE Elements Used	Frequency	Percentage of Respondents
0	------	----
1	27	22.5%
2	19	15.8%
3	32	26.7%
4	11	9.2%
5	31	25.8%

Proportion of Respondents Indicating Using ALGEE Elements
Note. N = 120; Percentages may not add up to 100.0% due to rounding.

References

Blase, K., Kiser, L., & Van Dyke, M. (2013). The hexagon tool: Exploring context. *Chapel Hill, NC: National*.

Runge, T. J., Knoster, T. P., Moerer, D., Breinich, T., & Palmiero, J. (2017). A practical protocol for situating evidence-based mental health programs and practices within school-wide positive behavioral interventions and supports. *Advances in School Mental Health Promotion*, *10*(2), 101-112.