A County-Wide Three-Tiered Prevention to Intervention Model for School Mental Health

Presenters:
Amy McLoughlin
Jill Paladino, MPH
Lizelle Salazar, MPH
Brian Williams

TRAILS Program Director:
Elizabeth Koschmann, PhD
Acknowledgements

The Ethel and James Flinn Foundation
Michigan Department of Health and Human Services

Michigan Health Endowment Fund
Michigan Department of Education

Blue Cross Blue Shield of Michigan Foundation
The University of Michigan Department of Psychiatry and Comprehensive Depression Center

Metro Health Foundation
The Prosper Road Foundation

Children’s Hospital of Michigan Foundation
The Mackey Family

Community Foundation for Southeast Michigan
The Ouida Family

Detroit Medical Center Foundation
The American Psychological Foundation

Metro Health Foundation

The Jewish Fund

Community Foundation

FOR SOUTHEAST MICHIGAN

Flinn Foundation

METRO HEALTH FOUNDATION

DEPARTMENT OF PSYCHIATRY

UNIVERSITY OF MICHIGAN

PROSPER ROAD FOUNDATION

Michigan Department of Education

MICHIGAN HEALTH ENDOWMENT FUND

Medical School

UNIVERSITY OF MICHIGAN

THE JEWISH FUND

A LEGACY OF SINEE HOSPITAL

MDHHS

Michigan Department of Health and Human Services

BCBSM

Blue Cross Blue Shield of Michigan

Nationally recognized and independent licensee of the Blue Cross and Blue Shield Association

Michigan Department of Education

Community Foundation for Southeast Michigan

Detroit Medical Center Foundation

The Jewish Fund

Children’s Foundation

National Institute of Mental Health
Agenda

• Current Mental Health Climate
• 3-Tiered Model Overview
• Tier 1: Peer to Peer
• Tier 2: TRAILS CBT & Mindfulness Groups
• Tier 3: Suicide Prevention & Intervention Programs
• Future Directions
Prevalence of Mental Illness in Adolescents

Exposure to trauma: 57%

Any mental illness: 49.5%
  • Anxiety Disorders: 31.9%
  • Depressive Disorders: 14.3%
  • Substance Use Disorders: 11.4%

Comorbid disorders: 20%
Severe Impairment: 22.2%

Finkelhor, 2015; Merikangas et al., 2010
80% of youth lack access to care

- Few trained clinicians
- Scarce appointments
- Long waitlists
- Inadequate insurance coverage
- Lack of transportation
- Limited information among families
- Insufficient time for appointments
- Social stigma
- Low comfort in clinical settings
- Low availability of EBPs
Leading causes of death, ages 15-24

Unintentional Injury, 13441...
Suicide, 6252 (22%)
Homicide, 4905 (17%)

Non-fatal self-harm injuries, ages 15-24: 158,762 people

National Vital Statistics System, National Center for Health Statistics, CDC 2017
Centers for Disease Control, WISQARS, 2017
Impact on educational outcomes

• Poor attendance
• Low engagement
• Poor academic performance
• Increased disciplinary involvement
• Increased utilization of staff time / resources
• High drop out rate
• Disruption due to higher levels of care
• Disruption due to out of school placement
Schools as a source of mental health services

“On the strength of the compelling evidence alone, schools have an imperative to attend not just to the academic success of students, but to their social, emotional and behavioral development as well. Schools are a natural and logical setting in which to employ a public health framework that focuses on promoting student well-being and healthy behaviors and preventing mental health problems before they occur.”

-Advancing Comprehensive School Mental Health Systems, 2019
School-wide Behavior Health Promotion for All Students: A Three-Tiered Prevention to Intervention Model

Jan 2018 – Dec 2019

Work with each middle and high school in the county to improve student mental health using evidence-based practices
Working in Washtenaw County Schools
This is Michigan
Tier 1: Whole School Support

Peer 2 Peer

Program Overview

Goals:

• Educate middle and high school students about depression, anxiety, and other mental illnesses

• Support student-driven schools campaigns that:
  • Raise awareness
  • Reduce stigma
  • Encourage help-seeking when needed

What causes depression?

There is no one cause

• genetics
• environmental stressors
• brain chemistry

All appear to play a part. The teenage brain is particularly vulnerable as it finishes its final stage of development and maturation.

Stigma hurts. Awareness helps.
The Team

UMDC STAFF -> FACULTY MENTORS

P2P MEMBERS

NON-P2P STUDENTS

P2P
Methods

1. Conference
2. Campaign Brainstorm
3. Get Feedback
4. Implement Campaign
5. Celebrate!
Key Messages

1. Depression and anxiety are real brain illnesses
2. Professional help is available and effective
3. Depression and anxiety can take many forms. Know the signs and symptoms
4. Do not keep suicide a secret
Campaign examples

Healthy Coping Skills

- Meditate
- Go for a run
- Read a book
- Listen to music
- Play with a pet
- Talk to a friend
- Practice deep breathing
- Draw a picture
- Watch a favorite movie
Data Collection

• Pre/Post Survey P2P Members and convenience sample of students in schools
  • knowledge, attitudes, help-seeking intentions
## Peer to Peer Significant Results 2018-2019

<table>
<thead>
<tr>
<th>Helping Others</th>
<th>Helping Yourself</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>More confident in their ability to:</td>
<td>++ More likely to ask for help if they had signs of depression lasting for more than two weeks.</td>
<td>Greater percentage able to correctly identify:</td>
</tr>
<tr>
<td>• identify someone who is showing the common signs of depression;</td>
<td>++ Less embarrassed to be seen going into the office of their school social worker or school psychologist.</td>
<td>• depression runs in some families;</td>
</tr>
<tr>
<td>• help a friend access mental health support services in their school or in their community</td>
<td></td>
<td>• depression cannot be controlled through willpower;</td>
</tr>
<tr>
<td>++ More likely to tell someone if their friend was having suicidal thoughts, even if their friend told them to keep it a secret</td>
<td></td>
<td>• + abuse of alcohol and drugs can be a sign of depression;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• depression is not a sign of personal weakness.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At post-test, students were able to correctly identify more signs of depression.</td>
</tr>
</tbody>
</table>

+ indicates middle school only      ++ indicates high school only
# Peer to Peer Significant Results 2018-2019

## School Environment and Stigma

<table>
<thead>
<tr>
<th>Less likely to agree that a student with depression:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• is more dangerous than other students;</td>
</tr>
<tr>
<td>• + is to blame for their depression;</td>
</tr>
<tr>
<td>• + is scary to be around;</td>
</tr>
<tr>
<td>• + is uncomfortable to be around;</td>
</tr>
<tr>
<td>• + would be made fun of by other students for having depression;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More likely to agree that they and other students would help a student with depression.</th>
</tr>
</thead>
<tbody>
<tr>
<td>More comfortable discussing mental health issues with their peers and their teachers talked to them more about mental health.</td>
</tr>
</tbody>
</table>

## Help-Seeking

More likely to consider seeking help from:

- ++ P2P Member
- ++ School Counselor
- ++ Teacher
- Mental health professional
- + +Doctor
- ++ Internet website
- Phone help line
- Crisis text line
- ++ Other relative
- ++Boyfriend girlfriend, or partner

More likely to report that they “definitely” knew where to get mental health help in their school.

+ indicates middle school only  ++ indicates high school only
Want to learn more?

Attend our session on Friday from 2:45-3:45pm in which we’ll discuss the program’s sustainability and lessons learned over the last 10 years!
Tier 2: TRAILS Groups

Effective mental health care, accessible in all schools.
Traditional model of school staff training

Graduate School → Professional Development → IMPOSSIBLE!

Aarons et al., 2017; Fixsen, et al., 2005; Joyce & Showers 2002; Owens et al., 2014; Powell et al., 2015; Proctor et al., 2013
Best practice models of school staff training

Aarons et al., 2017; Durlak & DuPre, 2008; Fixsen, et al., 2005, Joyce & Showers 2002; Powell et al., 2015; Proctor et al., 2013
Coaching as an Implementation strategy

- In-person skills modeling and supported practice with feedback delivered in a naturalistic setting (i.e. during treatment delivery to real clients or patients)

- Advantages of coaching:
  - Requires relatively small number of sessions
  - delivered during treatment in natural setting
  - active practice with real cases and their inherent complexities
  - eliminates dependence on trainee self-report of session events
  - personally tailored training
  - adaptable and flexible

- has been demonstrated to improve the learning and maintenance of new skills among treatment providers in community and clinical settings

Lyon et al., 2011; Beidas et al., 2011; Beidas, Edmunds, Marcus and Kendall, 2012
Beidas et al., 2014; Powell et al., 2017; Powell et al., 2015
Training
- In-person professional development
- Printed manuals and materials

Web-Based Support
- Electronic resources to support direct services
- Materials for individual or group support

In-Person Coaching
- Comprehensive protocol for TRAILS Coaches
- Delivered in the school during student groups
The TRAILS Training Model

1. **Training for school professionals (counselors, social workers, nurses, school psychologists)**
2. **School professionals paired with TRAILS coaches**
3. **School professionals & coaches work together to facilitate skills group for students**
4. **School professionals equipped to serve students independently**
## Coaching Logistics: Student Groups

### Student CBT & Mindfulness Skills Groups
- 9-12 weekly sessions
- 45-60 minutes
- 8-15 students per group
- 1-3 SPs per group

### School Professional (SP) Responsibilities

<table>
<thead>
<tr>
<th>School Professional (SP) Responsibilities</th>
<th>Coach Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Primary group leader</td>
<td>- Secondary/Tertiary group leader</td>
</tr>
<tr>
<td>- Student referrals</td>
<td>- Supporting the SP</td>
</tr>
<tr>
<td>- Scheduling, room reservations</td>
<td>- Modeling / assisting with skills</td>
</tr>
<tr>
<td>- Student attendance</td>
<td>- Answering SP or student questions</td>
</tr>
<tr>
<td>- Parent permission</td>
<td>- Observing SP fidelity</td>
</tr>
<tr>
<td>- Risk management</td>
<td>- Completing study paperwork</td>
</tr>
</tbody>
</table>
What makes a great coach?
Evidence-based Mental Health Practices

• Strong empirical support
• Skills-based
• Strength and solution focused
• Impact on meaningful outcomes
  • Health
  • Social
  • Academic
  • Personal
  • Functional
Effective mental health services, accessible in all schools
<table>
<thead>
<tr>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>Cohort 3</th>
<th>Cohort 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Achieving College &amp; Career Education</td>
<td>• Achieving College &amp; Career Education</td>
<td>• Ann Arbor Open</td>
<td>• Huron HS</td>
</tr>
<tr>
<td>• Ann Arbor Steam</td>
<td>• Beach MS</td>
<td>• Dexter HS</td>
<td>• Milan HS</td>
</tr>
<tr>
<td>• Lincoln MS</td>
<td>• Chelsea HS</td>
<td>• Forsythe MS</td>
<td>• Pathways To Success</td>
</tr>
<tr>
<td>• Pathways to Success</td>
<td>• Clague MS</td>
<td>• Huron HS</td>
<td>• Pioneer HS</td>
</tr>
<tr>
<td>• Washtenaw International HS</td>
<td>• Creekside Intermediate MS</td>
<td>• Milan HS</td>
<td>• Progress Park</td>
</tr>
<tr>
<td>• Washtenaw Technical Middle College</td>
<td>• Lincoln HS</td>
<td>• Pathways to Success</td>
<td>• Scarlett MS</td>
</tr>
<tr>
<td>• Ypsilanti Community HS</td>
<td>• Pathways to Success</td>
<td>• Pioneer HS</td>
<td>• Saline HS</td>
</tr>
<tr>
<td>• Ypsilanti Community MS</td>
<td>• Scarlett MS</td>
<td>• Progress Park</td>
<td>• Saline MS</td>
</tr>
<tr>
<td></td>
<td>• Washtenaw International Middle Academy</td>
<td>• Tappan MS</td>
<td>• Tappan MS</td>
</tr>
<tr>
<td></td>
<td>• Ypsilanti Community HS</td>
<td>• Saline HS</td>
<td>• Whitmore Lake HS</td>
</tr>
<tr>
<td></td>
<td>• Ypsilanti Community MS</td>
<td>• Scarlett MS</td>
<td>• Whitmore Lake MS</td>
</tr>
</tbody>
</table>
School Professional Participation

- 251 SPs have attended a 1 day TRAILS Training
- 86 have cofacilitated TRAILS groups with a coach
- 28 schools have had a coach
School Professional Data

School Professionals (N=33)

- Self-reported knowledge of CBT, use of CBT, and Perceptions of CBT all significantly increased after a semester of coaching.
Student Participation

- Cohort 1: 99
- Cohort 2: 111
- Cohort 3: 105
Student Depression and Anxiety Symptomology

![Bar chart showing pregroup and postgroup PHQ-9 and GAD-7 scores for Cohort 1, Cohort 2, and Cohort 3. Significant differences are indicated by asterisks.]
Student CBT Skill Usage
TRAILS Participants

• “It’s changed the way I practice completely. It’s changed the way I parent completely. And it’s changed the way I take care of myself completely.”

• “Before this project, we were drowning, literally drowning, and didn’t know what to do. Now we’ve become much more efficient and the students come in already knowing that they’re going to have to work through the skills. “

• “Some of it seems like common sense, really simple things, but it allows students to reconnect with what they’re feeling, why they’re feeling that way, and how to change.”
Tier 3: High-Risk Students

Student Support Services Staff

- Training and coaching to support accurate and timely identification and referral
- Resources to increase effective screening and risk-identification
- Tools to improve communication with local providers
## Tier 3: Suicide alertness and suicide intervention training

<table>
<thead>
<tr>
<th>SafeTALK</th>
<th>ASIST</th>
<th>safeTALK T4T</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For anyone 15 years or older</td>
<td>• For anyone 16 years or older</td>
<td>• Train the trainer model</td>
</tr>
<tr>
<td>• Suicide alertness</td>
<td>• Suicide alertness</td>
<td>• Must have taken safeTALK and ASIST</td>
</tr>
<tr>
<td>• Connecting to resources</td>
<td>• Create suicide safety plan</td>
<td>• Create sustainability within schools</td>
</tr>
<tr>
<td>• 3.5 hour training</td>
<td>• 2-day training</td>
<td></td>
</tr>
<tr>
<td>• Targeting non-MH professional</td>
<td>• Targeting school counselors, behavior interventionists, school social workers, school psychologists</td>
<td></td>
</tr>
<tr>
<td>school staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[LivingWorks logo]
SafeTALK Feedback

• This was great! It helps me see how important my interactions with my students are. I feel that if I find myself in this situation, I can really help.

• The dialogue was very helpful to understand how I can be a part of SafeTALK not only as a teacher, but as a friend, parent, and even as a stranger. This is so important for us to know for clues to look and listen for.

• I have also been hearing good things about the training. Today a teacher came to my office with a student who had expressed that he was thinking about suicide. The hand-off was awesome, the teacher followed the script by letting me know what the student had shared with her and asking the student if what she shared was accurate and the student responding accordingly saying yes.
SafeTALK Feedback

• One school that participated in safeTALK saw significant positive change in student’s perception of how much their teachers and counselors knew about addressing mental health concerns

• Another school that participated in safeTALK saw significant positive change in how often teachers talked to students about mental health
### ASIST Feedback

<table>
<thead>
<tr>
<th>1 = Not at all, 5 = Extremely (N=25)</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the presentation meet your learning objectives?</td>
<td>4.76</td>
</tr>
<tr>
<td>The presenter seemed knowledgeable.</td>
<td>4.92</td>
</tr>
<tr>
<td>The information was presented in a usable way.</td>
<td>4.88</td>
</tr>
<tr>
<td>I can apply the information from today’s presentation to my professional practice.</td>
<td>4.80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 = Very little, 5 = A great deal (N=25)</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did you learn as a result of this CE program?</td>
<td>4.56</td>
</tr>
</tbody>
</table>
Common barriers

• Scheduling trainings
  • Limited PD days
  • Limited time on PD days

• Suicide prevention training is not required – Need admin buy-in

• Timing of training
  • Too soon after loss not beneficial
  • Earlier in the year is better
Original Program Model

Jan 2018 – Dec 2019

Work with each middle and high school in the county to improve student mental health using evidence-based practices
TRAILS CORE FEATURES: A 3-TIERED APPROACH

TIER 3 - SUICIDE PREVENTION & INTERVENTION
• Student suicide risk identification and management
• Resources for coordination of care

TIER 2 - EVIDENCE-BASED MENTAL HEALTH CARE
• Programming for students impacted by mental illness
• Resources to identify and refer students in need

TIER 1 - PREVENTION & STIGMA REDUCTION
• Anti-stigma education and awareness programming
• Social emotional learning for the classroom setting
• Family outreach and engagement
TRAILS Growth and Expansion

• K-8 expansion
• SEL curriculum
• Web-assisted delivery
• Emergency services referral and communication tool expansion
K-8 Expansion

Resources

Check-in & Warm Up
Materials and activities to get your students focused, engaged, and ready to talk about their mental health.

Assessment Measures
Brief, high-quality assessment tools to identify primary symptoms and observe changes over time.

Psychoeducation - Feelings
How are you feeling? Resources to build awareness and understanding of complex emotions. The more students understand their feelings, the better they can advocate for themselves.

Psychoeducation - Anxiety
What is Anxiety? Why does it happen? Information about the diagnosis, symptoms, and how it affects daily life.

Psychoeducation - Depression
What is Depression? Is this the same as feeling sad? Information about the diagnosis, symptoms, and how to distinguish Depression from typical mood swings.

Psychoeducation - Trauma
Materials to help inform students and adults about trauma and its impact on health and wellness.

Psychoeducation - CBT Theory
Information about Cognitive Behavioral Theory and ways in which thoughts, feelings and behaviors are closely related. Plus, how Cognitive Behavioral Therapy (CBT) can help.

Mindfulness
Introductory materials about what mindfulness is and how it works. Also, activities to include mindfulness in CBT work to help with stress, depression, and anxiety.

Cognitive Coping
Thinking traps and coping thoughts. Materials to build awareness of automatic thoughts and learn to replace them with statements that are.

Behavioral Activation
Get out of that chair! Information about the cycle of inactivity and how to get out of it using goal setting and progress monitoring.

Self Care
A toolkit of materials and resources to help students develop self-awareness and independent self-care strategies.

Exposure
Face your fears! Materials to help students do the things they want or need to do but tend to avoid because they cause distress.

Suicidality & Homicidality
How to talk to students about suicidal and homicidal risk, and how to help keep kids safer.

Review & Relapse Prevention
Materials and activities to guide review of CBT and Mindfulness skill and plan for the future.

Mental Health in Schools
What is the role of schools in supporting students’ mental health? What are other schools doing?

Relaxation
A toolbox of materials to build fundamental coping skills, such as relaxation, deep breathing, guided meditation, and more.
SEL Curriculum

Deliverables:

• Develop 20 brief lesson plans aligned with 5 SEL competencies
• Grounded in CBT and mindfulness
• Appropriate for instructional staff
• Designed for K-2, 3-5, 6-8, 9-12
• Deliverable in 10-15 mins
Web-Assisted Delivery

Problem: Many schools do not have adequate mental health staff (social workers, counselors, etc.) to deliver CBT services.

Technological Solution: Provide a web-based application to support a minimally trained staff member who can guide students through materials with a parallel workbook (print or electronic).
Emergency Services Communication Tool Expansion

- Communication tool between local schools and UM-PES Department
- The tool is paired with a Colombia Suicide Severity Rating Scale
- Both the tool and CSSRS are faxed to PES
- Allows for communication between PES and school, improving care coordination
Questions? Comments?

Contact Us:
• Lizelle Salazar  lsalazar@umich.edu
• Jill Paladino  jillpal@med.umich.edu

Websites Referenced:
• P2P  https://www.depressioncenter.org/p2p
• TRAILS  TRAILStoWellness.org
• LivingWorks  https://www.livingworks.net/programs/
thank you!

TRAILS
Transforming Research into Action to Improve the Lives of Students