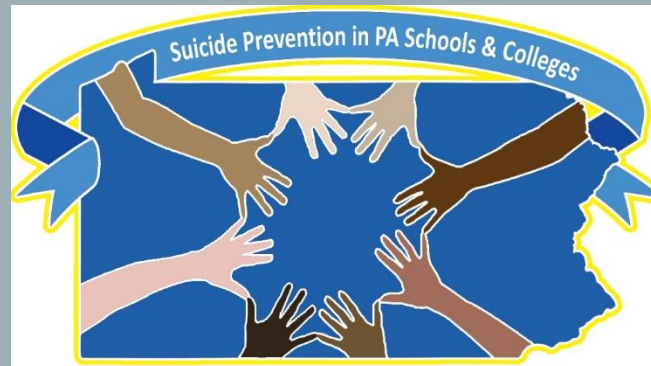


YOUTH SUICIDE PREVENTION IN PENNSYLVANIA SCHOOLS

Tita Atte, MPH, CPH

Perri Rosen, PhD, NCSP



YOUTH SUICIDE IN PENNSYLVANIA

Survey Item “In the past 12 months...”	Youth Risk Behavior Survey (2015)	Pennsylvania Youth Survey (2015)
Considered suicide	16%	16%
Had a suicide plan	14%	13%
Attempted suicide	8%	10%
Needed medical treatment for suicide attempt	3%	2%
Felt very sad or hopeless for at least 2 weeks	28%	22%

(Youth Risk Behavior Survey, 2015)
(Pennsylvania Youth Survey, 2015)

SCHOOL SUICIDE PREVENTION LEGISLATION IN PA: ACT 71

- Beginning with the 2015-2016 school year, each school entity **shall**:
 - Adopt suicide prevention policies and procedures
 - Develop a professional development plan to provide 4 hours of suicide awareness and prevention training every 5 years

- Beginning with the 2015-2016 school year, each school entity **may**:
 - Incorporate suicide prevention curriculum/programming for students

PENNSYLVANIA STUDENT ASSISTANCE PROGRAM (SAP)

- “School entities shall plan and provide for a student assistance program”
(Chapter 12 of the PA Public School Code)
- The goal of SAP is to help students overcome “barriers to learning”
- SAP is administered by 3 state departments:
 - PA Department of Education (PDE)
 - PA Department of Human Services (DHS)
 - PA Department of Drug and Alcohol Programs (DDAP)

THE SAP PROCESS

Referral

Team
Planning

Interventions
and
Recommendations

Follow-
up



SAP REFERRALS, SCREENING, AND INTERVENTION YEAR 1: 2014-2015

SCREENING:
18,286

**Total Public
School
Enrollment:**
1,739,559

Referral
21,927

Team
Planning

Interventions
and
Recommendations

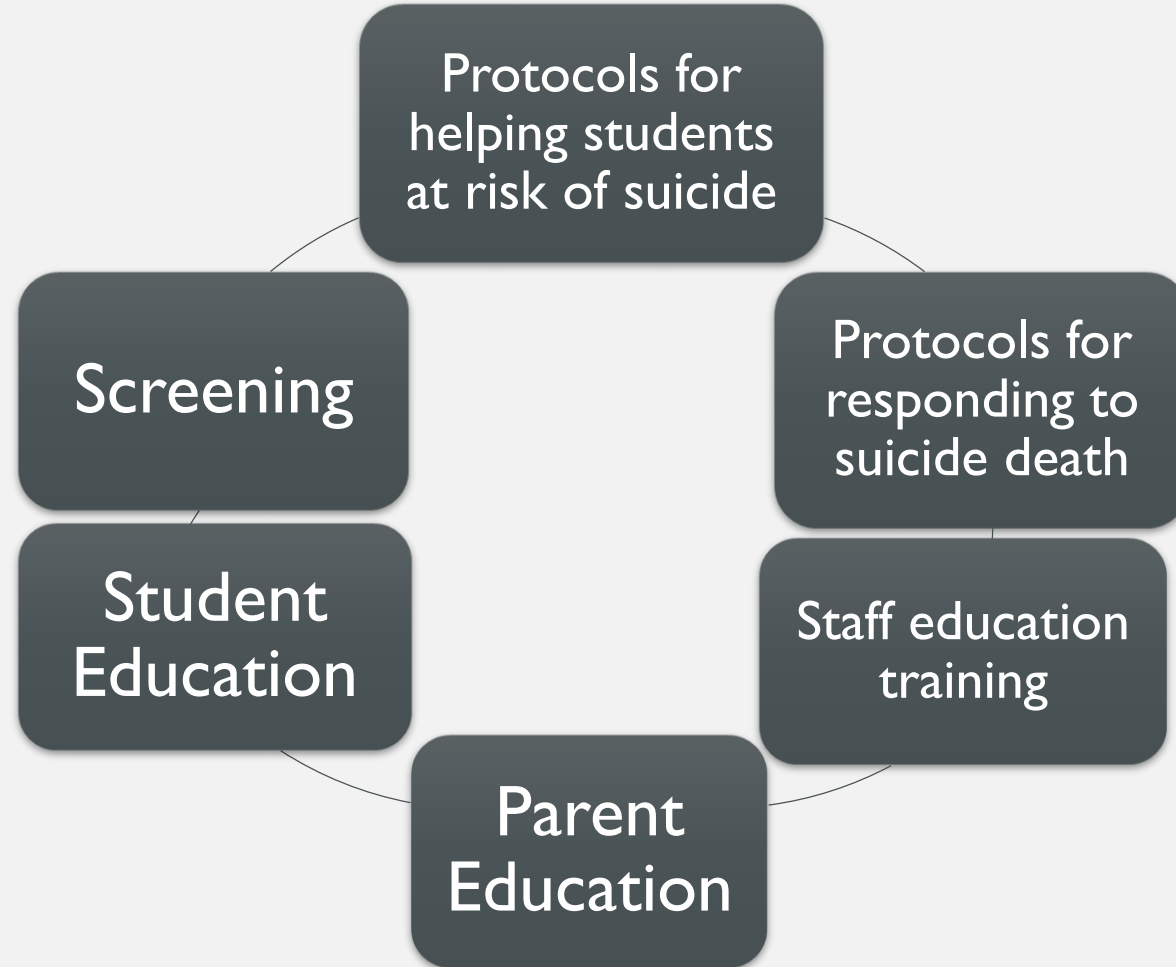
Follow-
up
15,855



GARRETT LEE SMITH GRANT: “SUICIDE PREVENTION IN PA SCHOOLS AND COLLEGES INITIATIVE”

- Increase the number of
 - staff in schools, colleges, and universities trained to identify/refer youth at risk for suicide
 - youth screened and referred for treatment
 - clinical service providers trained to assess, manage, and treat youth at risk for suicide
- Increase awareness about youth suicide prevention among youth, families, educators, and community members
- Implement sections of the *2012 National Strategy for Suicide Prevention* to reduce rates of suicidal ideation, attempts, and deaths
- Promoting state-wide, systems-level change to advance suicide prevention efforts

HOW SCHOOLS CAN HELP PREVENT SUICIDE



POLICIES AND PROCEDURES

- Collaboration with the PA Department of Education (PDE) and PA School Boards Association (PSBA)
- Development of a webinar(s) for school administrators/SAP teams
 - Policy webinar
 - Includes considerations for how to integrate SAP into school policies and procedures
 - Crisis response/suicide risk assessment series
 - School districts discuss how SAP fits with their procedures
 - Module focused on the role of SAP and community partnerships

TRAINING MODEL

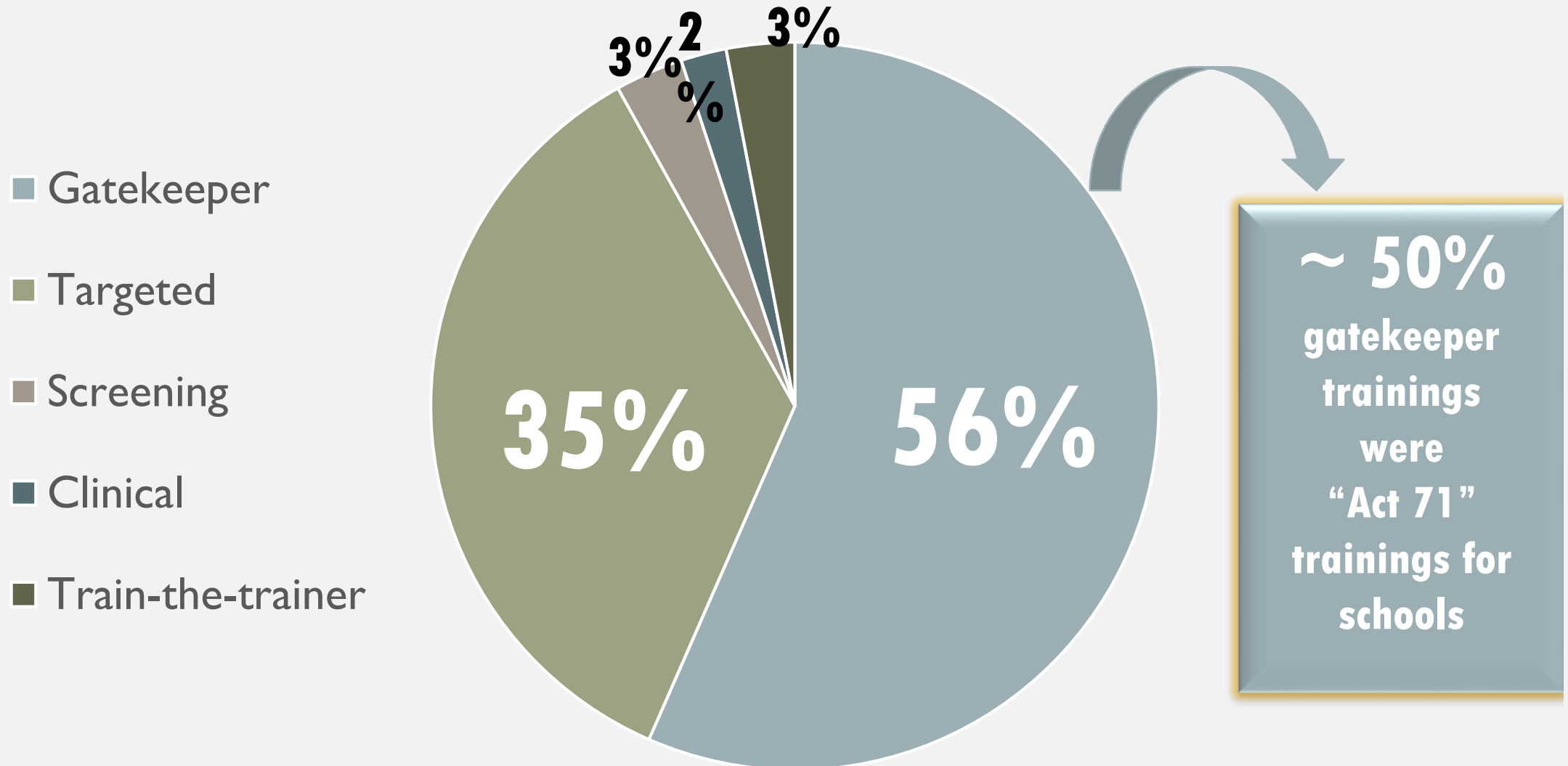
Suicide risk assessment
Safety Planning
Postvention
Family Engagement

Myths
Risk and protective factors
Warning Signs
How to respond to youth who may be suicidal



Cognitive-behavioral therapy for suicide prevention (CBT-SP)
Attachment-based family therapy (ABFT)

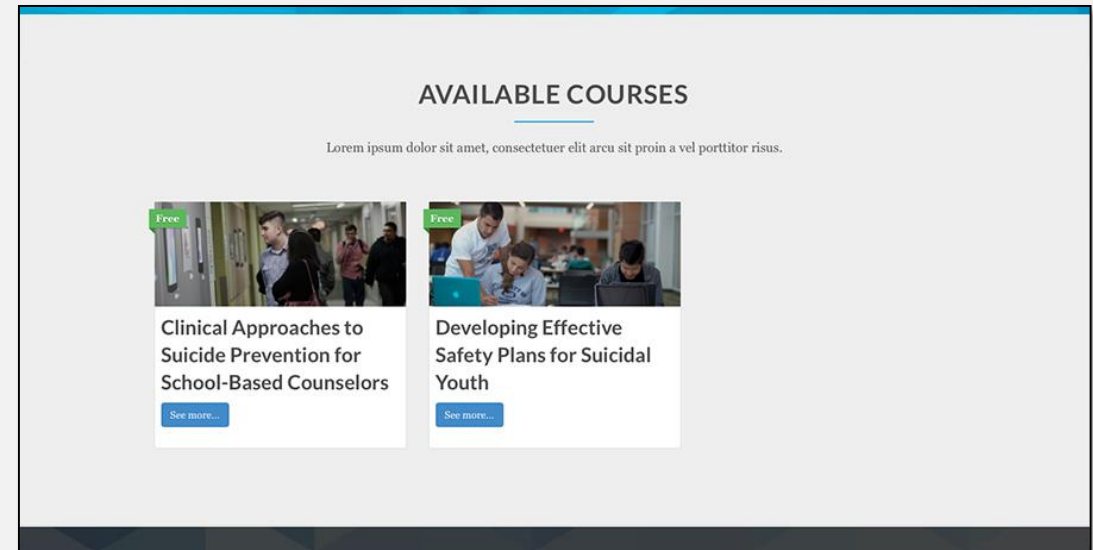
TRAINING



>200 trainings reaching **>12,000** individuals

SUICIDE PREVENTION ONLINE LEARNING CENTER

- Trainings based on role
- Courses/classes
- Pre-test/post-test
- Certificates of completion
- Print transcript for Act 48 credit

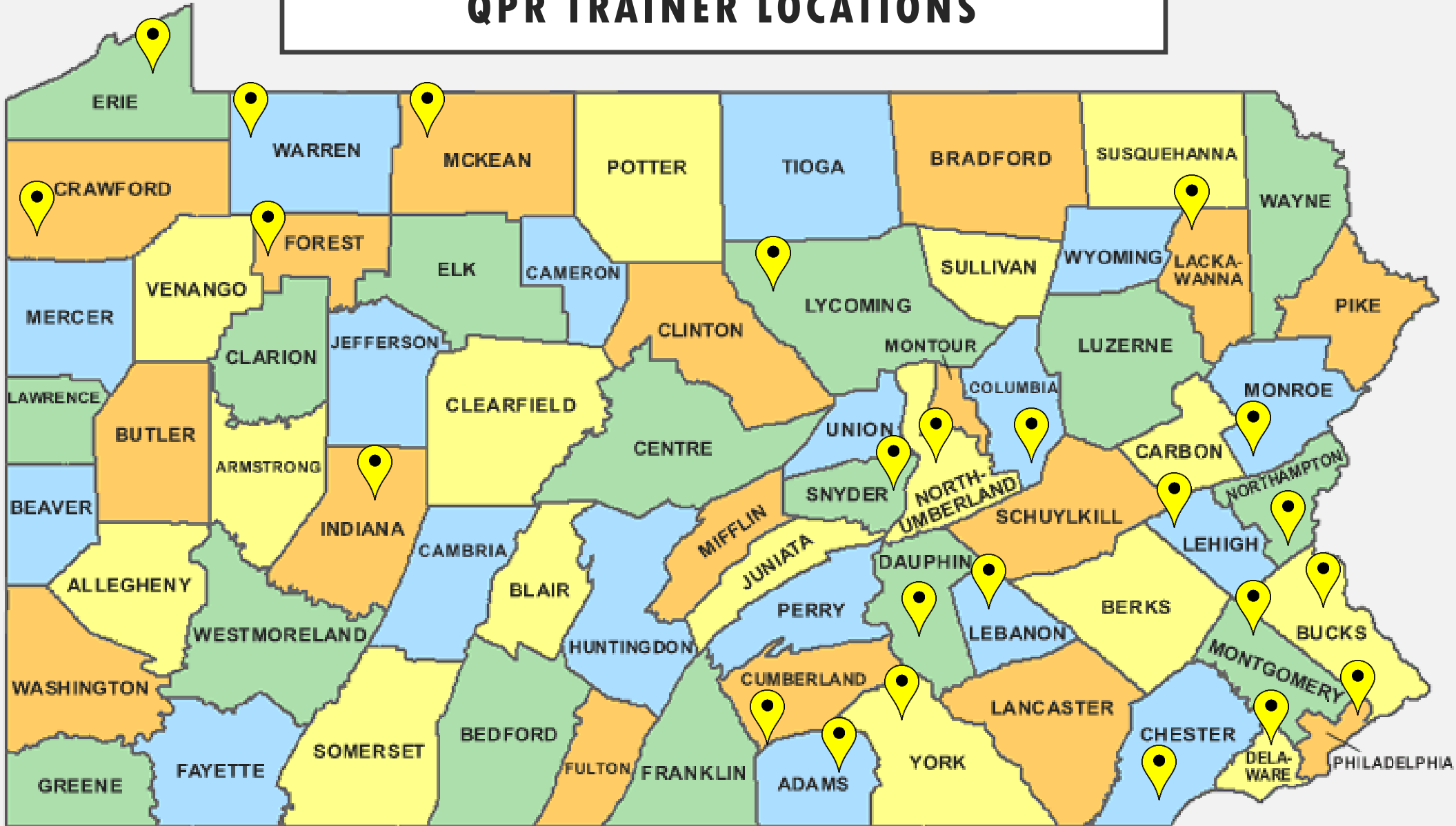


The screenshot displays a webpage titled "AVAILABLE COURSES". Below the title is a line of placeholder text: "Lorem ipsum dolor sit amet, consectetur elit arcu sit proin a vel porttitor risus." There are two course cards. The first card features a photo of a hallway with a "Free" tag in the top left corner. The text on the card reads "Clinical Approaches to Suicide Prevention for School-Based Counselors" and includes a "See more..." button. The second card features a photo of people working at computers with a "Free" tag in the top left corner. The text on the card reads "Developing Effective Safety Plans for Suicidal Youth" and includes a "See more..." button.

QPR INSTRUCTOR TRAINING

- 6 QPR Instructor Trainings → 81 new QPR Instructors
 - School District employees (administrators and school mental health professionals)
 - County and state employees
 - Suicide Prevention Task Force Members
 - RTF administrators and clinicians
 - College faculty (primarily in pre-service teacher preparation programs)
- 30 Trainings → 916 new gatekeepers since May 2016
 - NOTE: 70% of QPR Instructors were trained in May 2017 or later

QPR TRAINER LOCATIONS



STUDENT EDUCATION AND AWARENESS

- Partnerships with Aavidum and the Jana Marie Foundation
 - Aavidum mental health curriculum
 - Jana Marie Foundation “Mind Matters” curriculum
- Awareness activities
 - Annual public service announcement contest

2017 PSA Contest Winners



WHY IS SCREENING IMPORTANT?

- Effective treatments are available, but most behavioral health problems remain undetected due to lack of screening.
- Screening:
 - Standardizes screening questions across patients and providers
 - Adolescents more likely to report MH problems
 - Facilitates conversation
 - Increases early detection of risk behaviors

LIMITATIONS OF EXISTING SCREENING TOOLS

- Usually address only a single domain (e.g., depression)
- Only cover current and past two weeks symptoms, even though many visits are yearly (well-visits)
- Lacking psychometric validation
- Paper and pencil administration or Local PC software
- No electronic or centralized data

SAP SCREENING

- After surveying several agencies across the state, we discovered that many agencies:
 - Did not use empirically supported and validated screening tools
 - Did not have uniformity in what questions they asked and how they asked them
 - Struggled to compile their data in a meaningful way for themselves and their county oversight
 - Stated that the time to complete the entire SAP screening/assessment process was long

BEHAVIORAL HEALTH SCREEN (BHS)

- The BHS is a validated, comprehensive screening tool designed specifically for multiple settings.
- It goes beyond most screening tools by offering a full psychosocial assessment on a self-report, internet-based system that scores the data for busy clinicians and providers.
- Strong reliability and validity data on the scales and items
- Reports instantly generated with scaled scores and critical items flagged
- Flexible web tool and platform allows for site-specific additional assessment items

BEHAVIORAL HEALTH SCREEN (BHS)

- **Web-based screening** efficiently addresses identification and prevention by

- Covering 13 Domains in about 7 minutes
- Identifying Critical Issues: Suicide, Violence, Gun Access
- Automatically Scoring: Depression, Suicide, Anxiety, Trauma, Substance Eating Disorder
- Identifying Risk Behaviors: Substance Use, Safety, Bullying
- Identifying Patient Strengths: Grades, Exercise



- **Developed, Validated & Clinically Tested**

- In use at The Children's Hospital of Philadelphia since 2007
- The items were reviewed by a team of 20 national experts and by several physician focus groups.
- In use in over 40 clinical sites across the state of Pennsylvania and New York (primary care, emergency departments, crisis centers, schools, and universities)



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BEHAVIORAL HEALTH SCREEN (BHS)

Key Domains

- School
- Family
- Substance Abuse
- Sexuality
- Safety
- Demographics
- Medical
- Depression
- Anxiety
- Suicide and Self Harm
- Trauma
- Nutrition and Eating
- Psychosis
- Bullying



Key Validated Scoring Scales

Scale	Score
Depression	0-4 ; Mean of 5 items
Anxiety	0-4 ; Mean of 4 items
Suicide - Current	0-4 ; Mean of 3 items
Traumatic Distress	0-4 ; Mean of 3 items
Eating Disorder	0-4 ; Mean of 4 items
Substance Abuse	0-4 ; Mean of 4 items

The system generated report provides scores for the key domain scales. These scores are based on the clinically significant categories based on these well-validated measures.

BEHAVIORAL HEALTH SCREEN

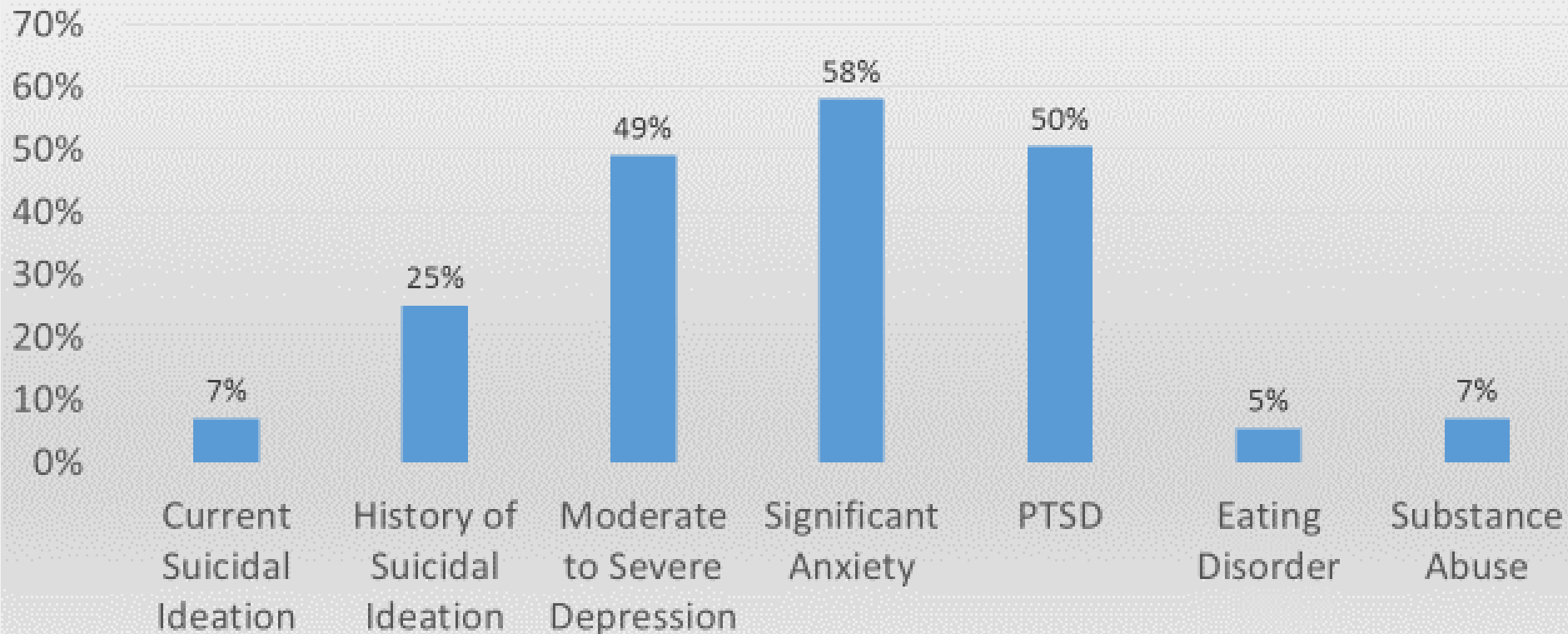
- Full version contains 61 core items with an additional 40 embedded items that are presented when certain items are positively endorsed.
- Students respond yes/no to items or in terms of frequency (never, sometimes, always)
- After completion, data from the BHS are scored and a report is immediately generated for the clinician
- Several versions
 - Primary Care 12 to 24
 - Emergency 12 to 24
 - Primary Care/Emergency 25 and older
 - School 12 to 24
 - Child 6 to 14 (Parent Self-Report) – coming soon
- Written at a 6th grade level
- Available in English, Spanish, Mandarin, and Korean



SCREENING OVERVIEW

- 33 SAP agencies participating over 28 counties (42% of PA counties)
- Participating agencies serve over 200 school districts (40% of the total number of school districts in PA)
- Nearly 3400 SAP screens using BH-Works have been completed as of June 2017
- Over 2500 students have been referred for services
 - 967 attended services / 172 were already in services

SUICIDE AND RELATED RISK FACTORS ENDORSED BY STUDENTS IN SAP (N = 3356)



CHALLENGES TO IMPLEMENTATION

In a few counties, the implementing agencies met some initial resistance by some of their schools

- Several Concerns:
 - Subject Content
 - Age appropriateness
 - Parental reaction
 - Validity
- Agency directors and liaisons worked with schools on accepting the new tool.
 - Provided research
 - Provided documentation explaining the tool for parents
 - Reviewed subject matter within the tool
 - Reviewed validity of the tool

POSITIVE FEEDBACK AFTER IMPLEMENTATION

- Speed, accuracy, and ease of use
- Summary pinpoints target issues and provides direction for liaisons on areas to focus when completing additional assessments
- Students are able to answer freely and most tend to answer honestly even though they know it will be reviewed with them once completed
- Students like being able to see their results after completion
- BH-Works is less subjective than previous tools utilized
- In many cases, the data for at risk behavioral health disorders has shown a significant increase from the prior school year
- Previous tools were unable to accurately identify risk factors

COUNTY EXAMPLE

- 3 SAP (previously 4) liaison agencies conduct the SAP assessments for one entire county
- Office of Addiction Services hold the SAP contract for the county.
- They wanted
 - A better way to compile the data collected by their agencies
 - More oversight over their agencies
 - Uniformity in the method used by the agencies to collect their data
 - An easier way to report the state-mandated data
- Our team worked with OAS to create a more uniform, comprehensive assessment form for SAP → the “SAP File”

“SAP FILE”

Part One: Student Demographic Information

(Information can be gathered from student file or parent/legal guardian)

Student Name:

Address:

Home Phone Number#:

Cellular Number#:

Emergency Contact Name:

Emergency Contact Relationship to Student:

Emergency Contact Phone Number:

Age:

Race/Ethnicity [JQRS]:

Gender [JQRS]:

Sexual Orientation:

Student's Primary Language:

Does the student speak another language?

Yes

No

If yes, please specify:

Summary of Reporting Information (JQRS)

Primary Reason for Referral [JQRS]:

Primary Drug/Alcohol Primary Mental Health Primary Co-Occurring NONE

Secondary Reason for Referral [JQRS]:

- Co-dependency
- Suicide Ideation
- Suicide Attempt
- Child Abuse
- Bullying
- Grief/Loss
- Tobacco
- GLBTQI Issues
- Other Trauma/Other

Please provide details, if needed:

Please list any prior known interventions that this student has received:

Based on today's assessment, the student was referred for the following intervention and/or treatment [JQRS]:

TO TRY OUT BH-WORKS...

Go to:

<https://bhworks.mdlogix.com>

Staff Login:


demo@demo.com

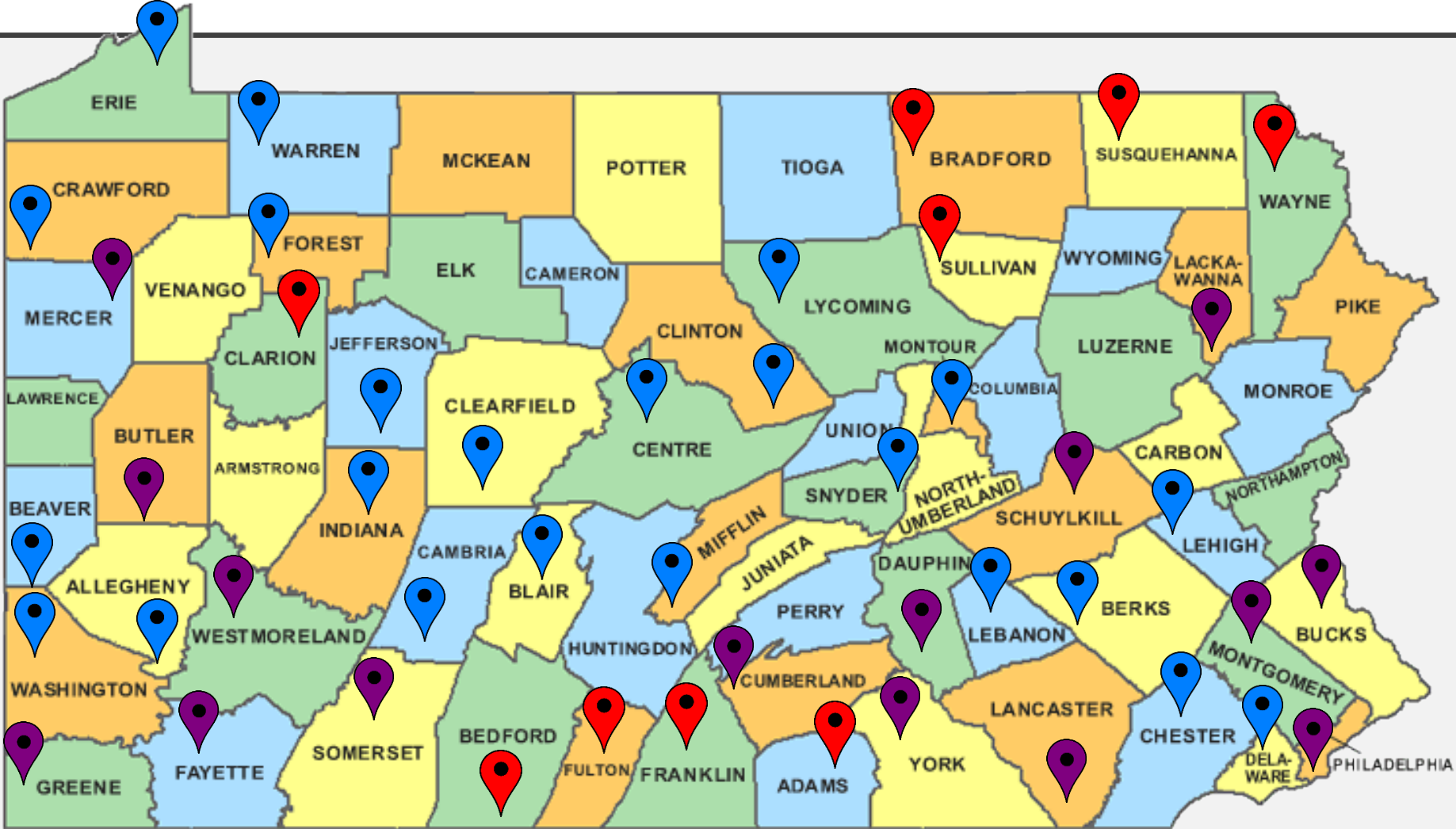
Password:

demo123

For additional info, go to <https://bh-works.com>

IMPLEMENTATION OF TRAINING AND SCREENING

-  **Training**
-  **Screening**
-  **Training and screening**



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