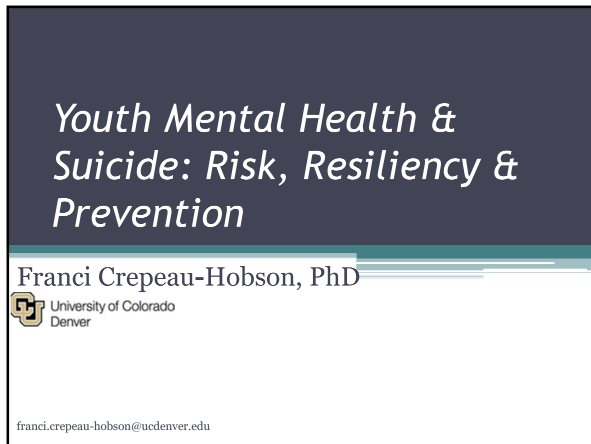


School Psychologists

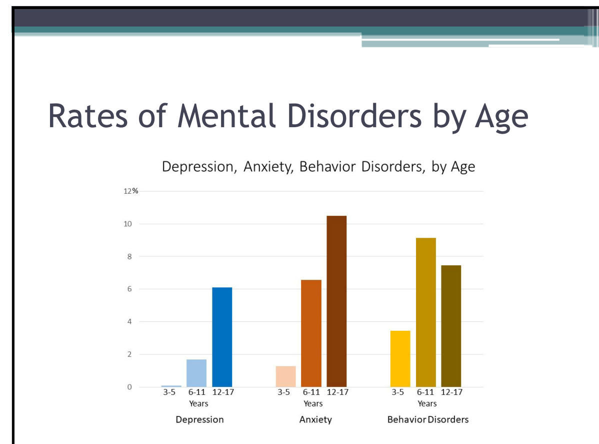
- Expertise: mental health, learning, & behavior
- Services:
  - Psychological assessment
  - Mental health & behavioral interventions
  - Consultation and collaboration
  - Academic/learning interventions
  - Special education services
  - Crisis preparedness, response, and recovery
  - Family–school–community collaboration
  - Research and program evaluation

Mental Illness in Children/Youth

- Mental health disorders are the **most common** diseases of childhood
  - Almost half of youth will have a diagnosable mental disorder by the age of 18
  - More than 1 in 5 have a mental disorder with *severe impairment*
  - Most common Disorders:
    - Anxiety
    - ADHD and Behavior disorders
    - Depression
- ***Many children have two or more of these disorders at the same time***

Centers for Disease Control (2018).

Rates of Mental Disorders by Age



Mental Health Treatment

- Percent of children in U.S. who received *any* type of mental health treatment: 10.2%
  - Percent of children with mental disorder who received treatment: <30%
  - **About half was provided in the school setting**
- Percent of children in Colorado who received *any* type of mental health treatment: 8.4%

Barriers to Treatment

- Structural barriers
  - not knowing where to get help
  - lack of transportation
- Perceptual barriers
  - Stigma
  - Myths/fears re: treatment
- Financial barriers
  - financial cost of treatment
  - insurance limitations

➡ **Need for school-based services**

Costs of Mental Illness

- Lost Productivity & Law Enforcement: **$202 Billion**
  - 70.4% of youth in juvenile justice settings meet criteria for a psychiatric diagnosis
    - High-risk youth cost society $1.2 to 2 million each in rehabilitation, incarceration, and costs to victims
  - 1 in 10 students who drop out of school do so due to mental health challenges
- *Suicide*

Suicide: The Numbers

- Suicide is the second leading cause of death in individuals ages 10-24 in the U.S.
- In Colorado, suicide is THE leading cause of death in this age group
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease **COMBINED**
- More than 6,000 young lives lost in the U.S. in 2016 alone

2015 Healthy Kids Colorado Survey (HKCS)

- 29.5% of Colorado high school students indicated feeling sad or hopeless almost every day for two weeks or more in a row during the previous 12 months.
- Nearly 17.5% reported considering suicide,
- 7.8% reported making one or more suicide attempts in the previous twelve months.

HKCS - Sexual Minority Youth

- Gay, lesbian, or bisexual students:
  - 61.3% indicated feeling sad or hopeless
  - 46.3% reported considering suicide
  - 25.4% reported attempting suicide in the previous twelve months.
- Transgender students
  - 35% reported an attempt in the past 12 months, compared to 7% of their cisgender peers
  - Transgender students are also 2X as likely to report experiencing bullying, are 4X less likely to feel safe at school, and are less likely to report having an adult to go to for help

Risk Factors for Suicide

- Demographics
  - Males – die by suicide 3-4X more often than females
  - Highest rate for adolescents: American Indian/Alaska Native Youth
  - *JAMA Pediatrics* study: suicide rates for black children aged 5-12 were 2X higher than those of similarly-aged white children

Risk Factors for Suicide

- Cognitive
  - Poor coping/problem solving skills
  - Cognitive distortions
  - External locus of control
  - Inability to take a future-time perspective
  - Perfectionism

Risk Factors for Suicide

- Environmental
  - Family dysfunction
  - Parental psychopathology
  - Parental substance abuse
  - Physical or sexual abuse
  - Family history of suicide

Risk Factors for Suicide

Emotional/Mental Health

- Most common mental disorders in youth who die by suicide:
  - Mood Disorders
  - Substance-Related Disorders
  - Disruptive Behavior Disorders
- Other types of mental disorders linked to youth suicide
  - Anxiety Disorders
  - Schizophrenia
  - Borderline Personality Disorder
  - Adjustment Disorder
- *Hopelessness*

Other Risk Factors

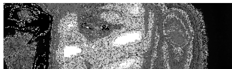
- LGBTQ Youth
- Exposure to Suicide
- Biological Risk Factors (e.g., Serotonin Deficits)
- Social Isolation
- Poor Problem-Solving or Coping Skills
- Access to Lethal Weapons, Particularly Firearms
- *Limited Access to Mental Health Services*

Suicide in Children and Youth with Disabilities

- Students with emotional disabilities: higher rates of suicidal ideation and behaviors
- Students with learning disabilites: higher rates of depression, emotional distress, and suicide attempts
- Those with ADHD: also more likely to have suicidal thoughts and behaviors

Risk Factors for Suicide

- Two Most Prominent
  - Presence of at least one mental health disorder
  - History of suicidal behavior, particularly suicide attempts



Precipitating Factors

- Interpersonal Loss
- Disciplinary Crisis
- Legal Trouble
- School Failure/Academic Problems
- Bullying/Victimization
- Extreme Disappointment/Rejection

Additional Triggering Conditions

- Exceptionally high demands
- Medical problem/Diagnosis
- Anniversary dates of painful life events
- Tough transitions
- Loss of a job
- Confirmation of unwanted pregnancy

Protective Factors

- The presence of an important person in the youth's life
- Good coping, problem-solving, and conflict resolution skills
- A supportive caring family
- Interests and activities
- Restricted access to lethal means
- Cultural or religious beliefs that discourage harming self and encourage self-preservation
- *Effective clinical care for mental, physical, and/or substance use disorders*

Protective Factors

- Trusted Adults
  - Youth who have an adult to go to for help are 3.5X LESS likely to attempt suicide
- School Safety
  - Youth who feel safe at school are 3.2X LESS likely to attempt suicide
- Extracurricular Activites
  - Youth who participate are 1.7X LESS likely to attempt suicide

Strategies to Increase Protective Factors

- Individual Level
  - Ensure multiple, supportive relationships; pro-social, skill building opportunities for all kids; Ensure appropriate prevention services are available and accessible to all youth
    - Increase support for state funded and or school-based mental health care services

Strategies to Increase Protective Factors

- Relationship Level
  - Create opportunities to support and educate parents, youth peer groups and communities in developing and maintaining healthy relationships.
    - Implement research based prevention programs that emphasize positive, healthy peer relationship development (Natural Helpers Program; Sources of Strength)

Strategies to Increase Protective Factors

- Community Level
  - Develop and strengthen community-level partnerships that include youth and provide information and education to improve the coordination of services that create safe, healthy schools and communities.
    - Enhance engagement and bonding of children and adolescents with caring adults (Mentoring or Youth Involvement)

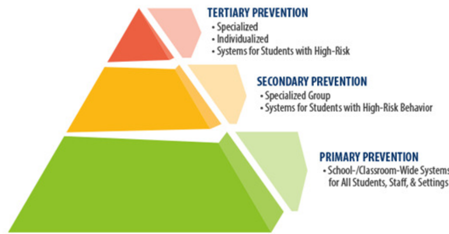
Strategies to Increase Protective Factors

- Society
  - Promote cultural change by increasing prevention research, expanding collaboration, building legal advocacy, creating effective marketing strategies and leveraging resources.
    - Implement and evaluate social marketing campaigns and educational tools that promote positive youth assets (protective factors)

Effective Prevention Strategies

- Public Health Approach
  - Focuses primarily on populations rather than individuals
  - Considers full spectrum of interventions to address all levels of risk
  - Focuses on preventing problems rather than treating them
  - Equal emphasis on promoting competencies, health and wellness

Public Health Model



Primary/Universal Suicide Prevention

- Key assumptions:
  - Suicide risk factors often go unrecognized and treated
  - Education will result in better identification of at-risk youth and increase help-seeking and referral for treatment
- Most widely used approach in the schools

Primary Prevention in the Schools

- Develop a district-wide school policy regarding student suicide
- Educate school professional about warning signs and risk factors
- Encourage collaboration
- Include suicide prevention education in the teaching curriculum
- Develop a peer assistance program

Primary Prevention in the Schools

- Implement activities aimed at increasing school connectedness
- Develop supportive school-family partnerships
- Develop supportive school-community partnerships
- Develop and support a school crisis response and intervention team

Universal Suicide Prevention Programs

- Primary purpose: Provide useful, relevant, and practical info to both students and staff about suicide, and where and how to get help for self or a peer
- Information best provided by a school-based mental health professional
- Best done in small groups or classrooms (e.g., as part of a health class)
- May include a screening component

Universal Suicide Prevention Programs

- School-based programs with demonstrated effectiveness:
  - Sources of Strength (https://sourcesofstrength.org/)
  - Signs of Suicide (SOS; https://mentalhealthscreening.org/programs/youth)

Secondary Prevention

- Suicide Risk Assessments (SRA) for individuals identified with potential risk
  - Goal: determine if a student is suicidal, and if so to what extent
    - Provide support based on SRA findings
  - Study: 3400 SRAs in three years in three districts
    - Kindergarten-12th grade
    - Most frequently in middle school
    - Equal numbers of males and females
      - Females more likely to rated as severe/high risk
    - **NO student assessed went on to die by suicide**

Secondary Prevention

- Ensure student safety
  - Restriction of access to lethal means
  - Increased supervision
  - Safety contract
- Ensure the student receives appropriate care
  - Routine/daily check-ins
  - School-based counseling
  - Continued monitoring as needed

Tertiary Prevention in the Schools

- Refer students at highest risk to outside treatment
  - Have referral procedures inplace
  - Know resources in the community
    - Second Wind Fund (http://thesecondwindfund.org/)
- Re-entry procedures (after a hospitalization)
- Postvention

Postvention – a Form of Prevention

- Suicide postvention is a crisis intervention strategy designed to:
  - Reduce the risk of suicide contagion
  - Provide the support needed to help survivors cope with a suicide death
  - Address the social stigma associated with suicide
  - Disseminate factual information.
- School setting is an optimal place to provide suicide postvention services.
  - Because young people spend a significant amount of time in school, affected individuals can be monitored and treated in an efficient and timely manner.
- Great resource: *After a Suicide Toolkit* (available at: http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf)

Suicide Contagion

- Definition: the process by which one suicide may contribute to another: Exposure to the suicide or suicidal behavior of one or more persons influences others to attempt or complete suicide
- Contagion accounts for up to 5 percent of all suicide deaths annually)
  - Effect is strongest among adolescents
- If there appears to be contagion, school administrators should consider taking additional steps beyond the basic crisis response:
  - Increase universal prevention efforts including education and screening
  - Step up efforts to identify other students who may be at heightened risk of suicide
  - Collaborate with community partners in a coordinated suicide prevention effort

Summary and Conclusions

- Many young people are struggling with mental health challenges
- Youth suicide is a crisis in Colorado
- Prevention strategies and intervention are effective in reducing risk and saving $$ and lives
- We all have a role to play in preventing suicide in children and youth

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