



Moving toward health, well-being and economic vitality

Breakout session

Youth Mental Health: Partnering with Schools to Drive Improvement

Youth mental health: Partnering with schools to drive improvement

Glenn Thomas, Ph.D.

John Ackerman, Ph.D.

Jennifer Hughes, Ph.D., MPH

Big Lots Behavioral Health Services

Nationwide Children's Hospital

Center for Suicide Prevention and Research



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Why Prevention in Schools?

Benefits:

Decreases
need for
other
services

Impacts
school
culture

Aligns with
social-
emotional
standards

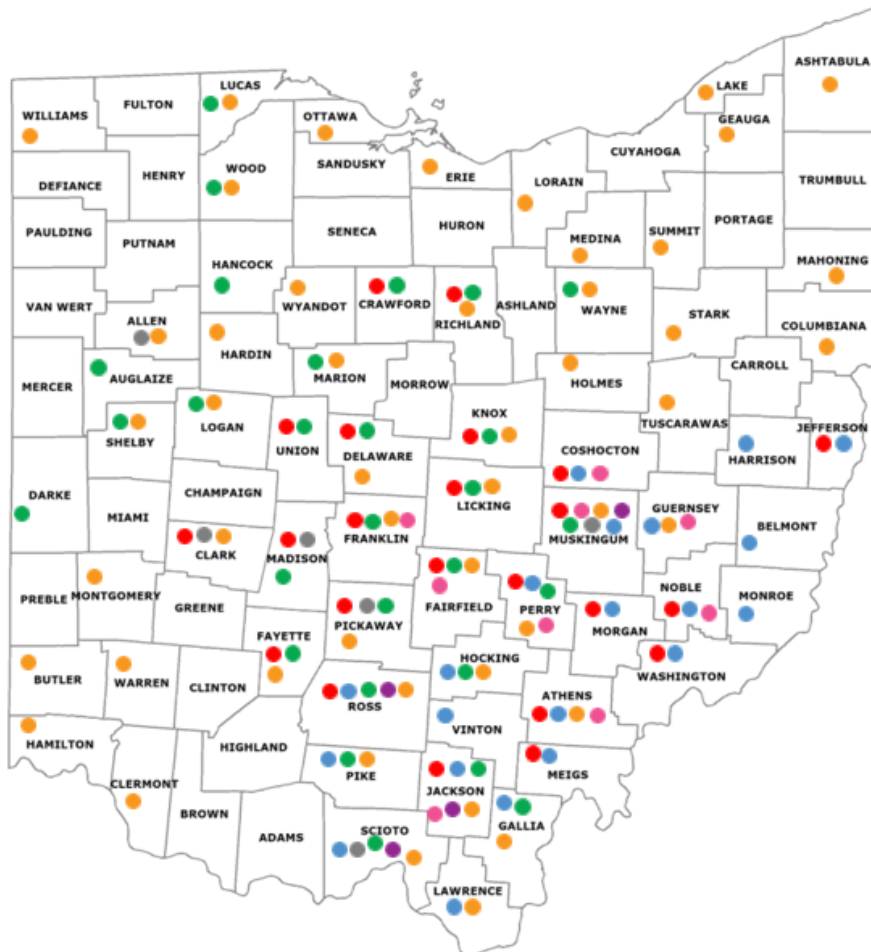
Opportunity
for teacher-
led strategies

Social
determinants
of health

Cost-effective
and early
prevention
linked to long-
term outcomes

NCH Behavioral Health

*Building Local Capacity & Expanding **Prevention***



- **Signs of Suicide:** Suicide awareness & prevention in schools
- **PAX Good Behavior Game:** Classroom tools to prevent BH concerns, promote positive relationships
- **Project ECHO:** Cohort-style training to support local providers in managing BH conditions
- **Behavioral Health Integration:** Integrating primary care & BH to promote co-management
- **BH-TIPS:** BH consultation for local providers
- **Zero Suicide Collaborative:** Tools & strategies for suicide prevention & care
- **Expulsion Prevention Line:** Support for children facing expulsion (all counties)

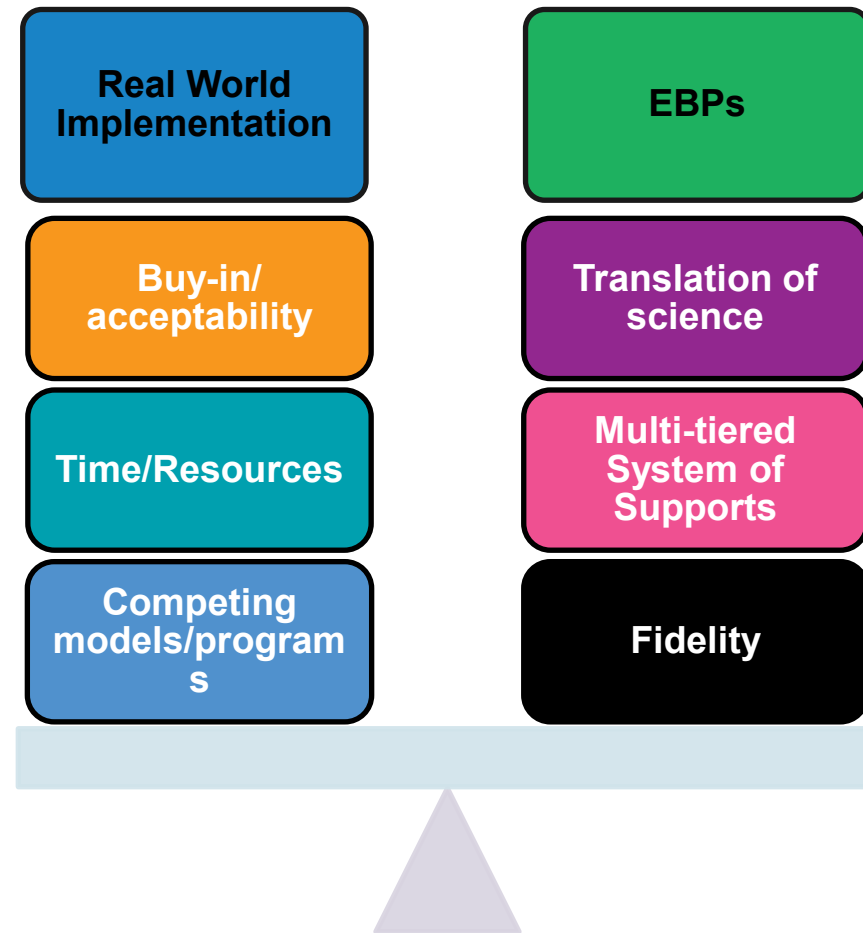


NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.



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Real World Implementation of EBPs



*Durlak & DuPre, 2008;
Flaspohler et al., 2012*

Why PAX Good Behavior Game?

A set of behavioral principles implemented by the teacher throughout the school day to teach **self-regulation** which results in:

- More **nurturing** classroom environments
- Increased **academic performance**
- Improved long-term **outcomes**
- In collaboration with PAX Tools, PAX provides a system of care approach



PAX classrooms typically report:

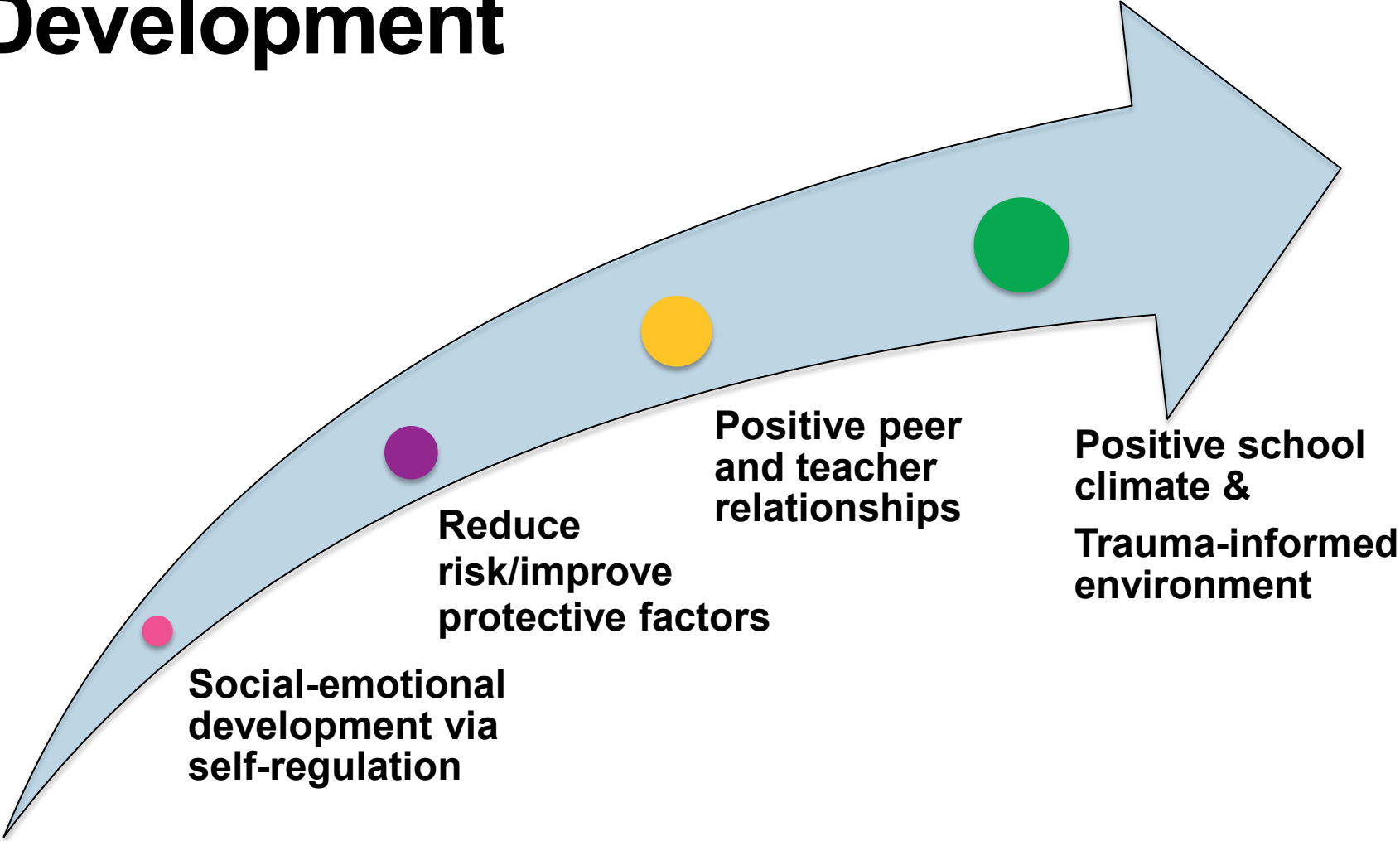
- 45 to 60 additional minutes of instruction
- Up to 75% reduction in disturbing or disruptive behavior
- Up to 60% decrease in discipline referrals
- Up to 20 to 30% decrease in special education referrals
- Significant increases in Math and Reading scores

Long-term outcomes include:

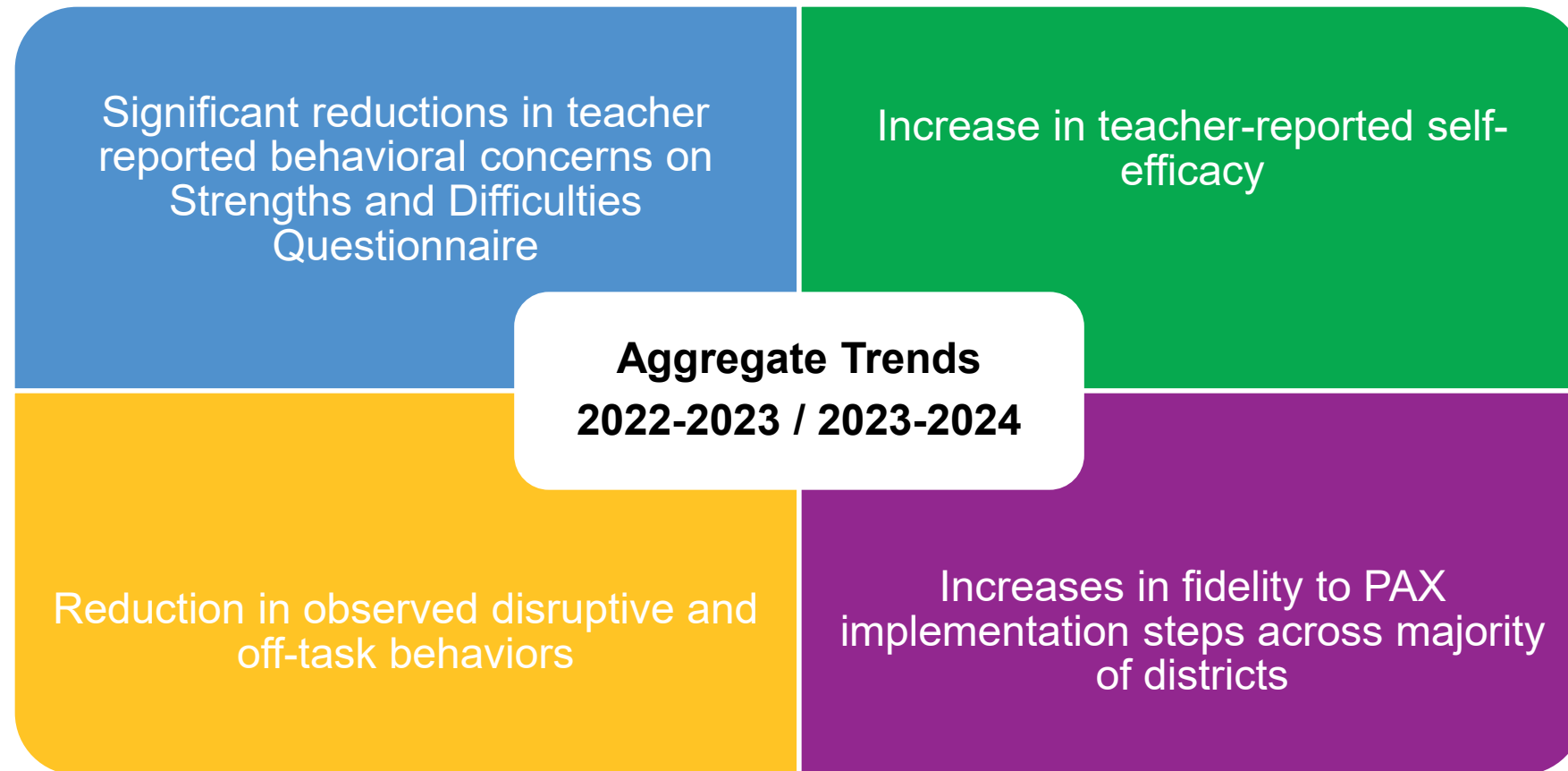
- Up to 50% reduction in suicidal ideation
- 68% reduction in tobacco use
- 35% reduction in alcohol dependence
- 50% reduction in other substance use
- 23% reduction in violent and criminal behaviors

(e.g., Bradshaw et al., 2009; Wilcox et al., 2008)

How PAX Promotes Positive Development



NCH PAX Implementation Trends



Signs of Suicide (SOS)



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Center for Suicide Prevention & Research

- Joint Behavioral Health & Research Institute Center
- Provide consultation and training on suicide prevention, assessment, intervention & postvention
- Reduce stigma, uplift strengths & foster awareness
- ***“We engage each community member to understand their role in preventing suicide”***

Signs of Suicide (SOS)

SOS is a universal evidence-based program delivered in schools to students in grades 6-12

Full NCH model is free in central and SE Ohio and involves staff and caregiver trainings, student awareness training, depression and suicide screening

- Train all adults to **identify** depression symptoms and warning signs for suicide
- Teach **action steps** to students and adults when encountering suicidal behavior
- Increase **student awareness** and **help-seeking**

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SOS Program Elements

- Increases classroom dialogue around mental health which reduces stigma
- Realistic vignettes depict peers showing warning signs of suicide
- Helpful ways of responding are modeled using ACT framework

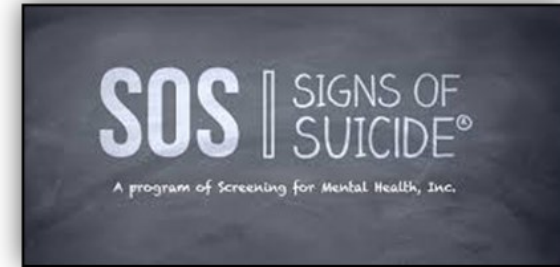
Acknowledge

Care - show that you care

Tell a trusted adult



Signs of Suicide (SOS)



- 3 RCTs show 40-64% reduction in self-reported suicide attempts at 3-month follow-up
- Students show improved knowledge of depression, warning signs & how to respond to at-risk peers (AseLINE & DeMartino, 2004; AseLINE, 2007; Schilling et al., 2016)
- Incorporates best practice elements
- Engages existing supports including school staff, parents, peers, community

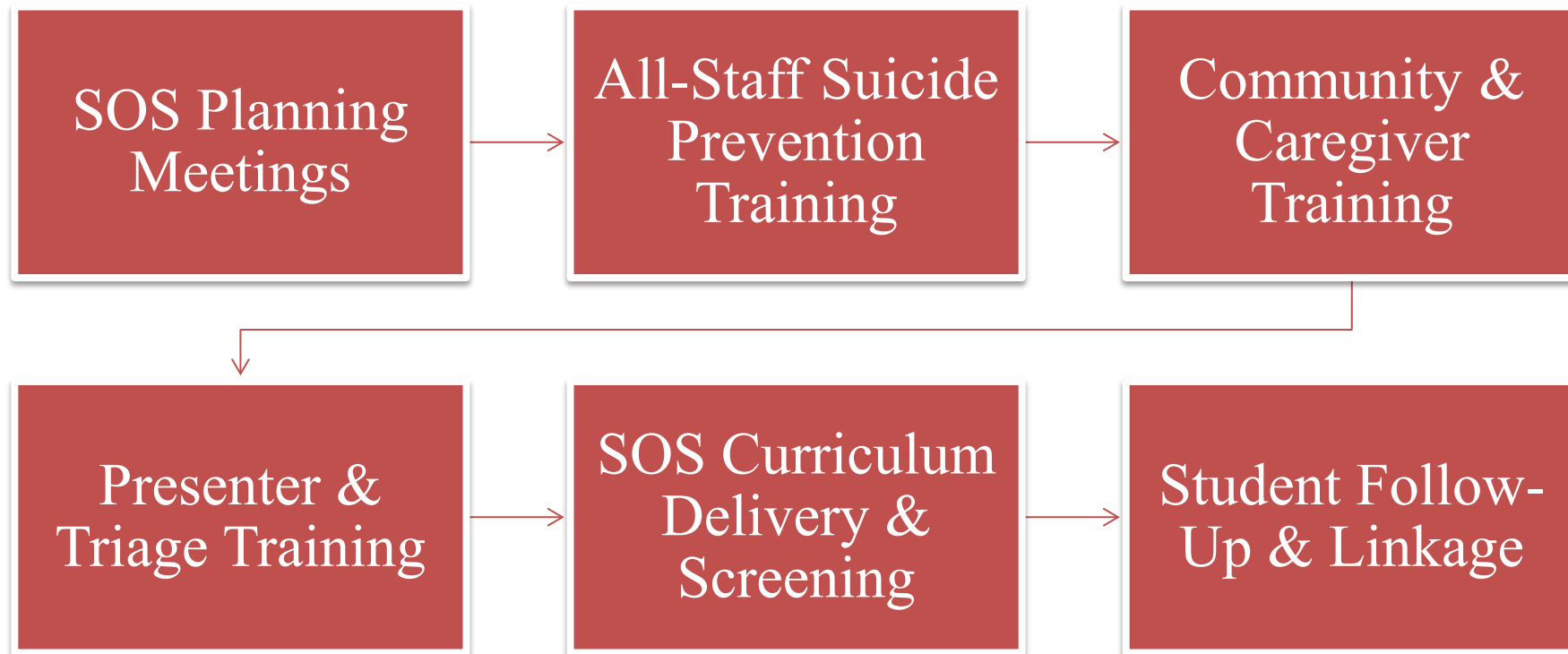
Universal Screening for Depression and Suicide

- Asking about suicide directly saves lives
- Screening all students who are part of SOS allows for early identification and linkage
- Clear follow-up processes are needed:
 - Triage
 - Risk assessment
 - Safety planning
 - Disposition

Train on Evidence-Based Tools

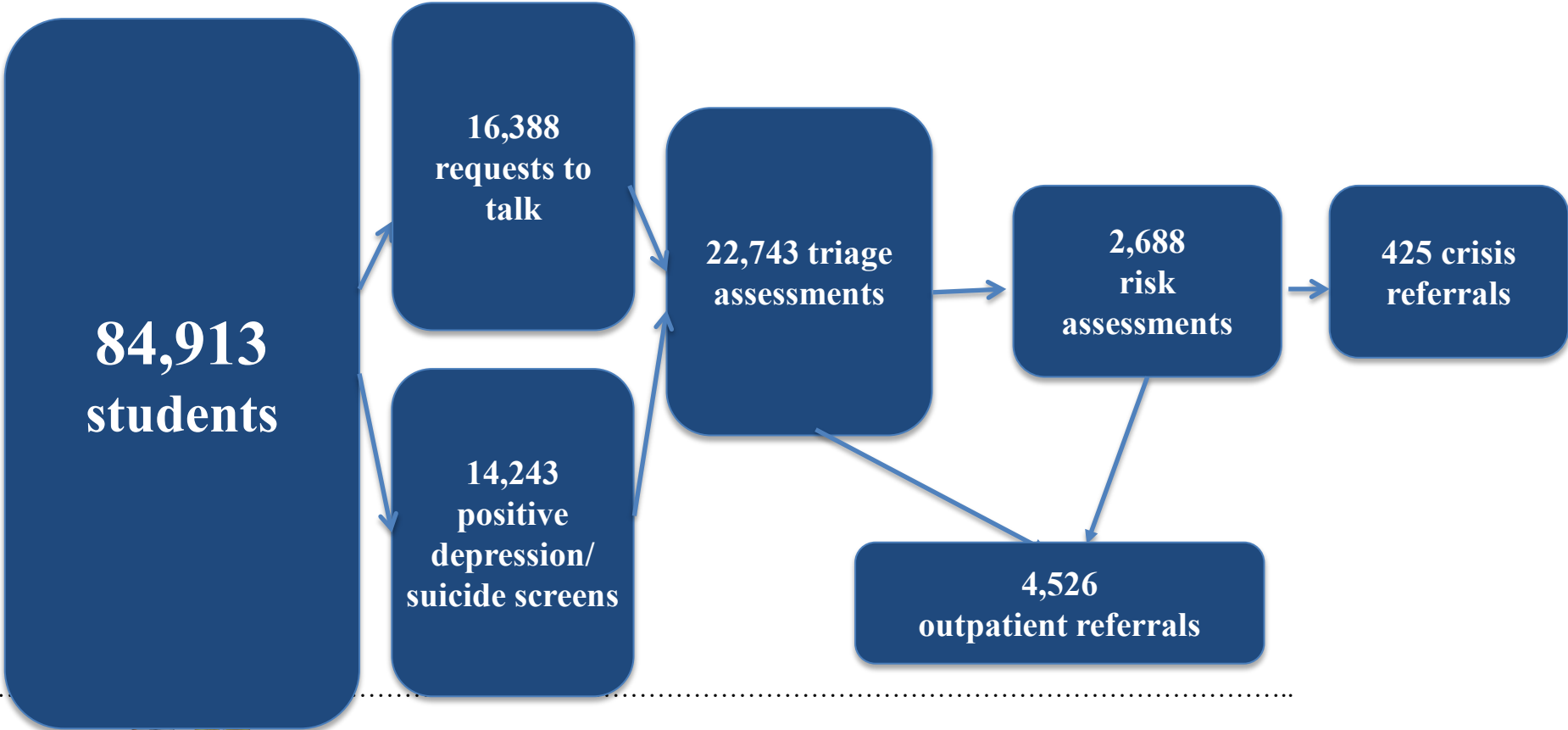
- Use supported instruments and model use
 - Validated screeners for suicide risk
 - C-SSRS or other assessment for suicide risk
 - Safety Plan (Brown & Stanley model)
- Make team decisions; consult regularly
- Coordinate care with community BH partners

How CSPR Stages SOS Training



NCH Signs of Suicide Implementation

Oct 2015-June 2024: 276 schools, 4,044 classrooms



SOS Implementation Lessons

- Staff and administrator buy-in is imperative
- “Fidelity with flexibility” approach is ideal for real world implementation
- Embrace school champions and empower partners
- Grow competent workforce by offering training to school and community providers
- Every rollout is a chance to improve through feedback, debriefing, and processing challenges

YAM YOUTH AWARE OF MENTAL HEALTH

Youth Aware of Mental health, also known as YAM, is an international, evidence-based, school-based program for young people ages 13 to 17, in which they learn about and explore the topic of mental health.

Evidence suggests that implementing YAM in just 91 youth (or 3 classrooms) can prevent 1 new suicide attempt or 1 new case of severe suicidal ideation

Source: <https://www.y-a-m.org/>



In 2010, the Saving and Empowering Young Lives in Europe (SEYLE) randomized controlled study tested 3 approaches to youth suicide prevention in 11,110 students in 10 European countries :



Professional Screening



Source: <https://www.y-a-m.org/>

The benefits of YAM...

YAM is a 5 session, classroom-based mental health promotion program, with the following benefits:

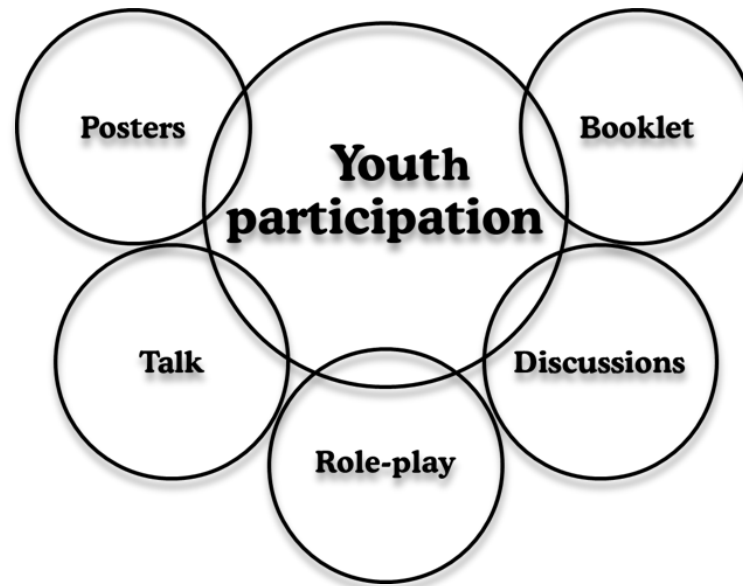


- Increases solidarity among young people
- Increasing confidence in supporting a friend
- Reduces new cases of suicide attempts and severe suicidal ideation by approximately 50%
- Reduces new cases of depression by 30%

Source: <https://www.y-a-m.org/>

YAM Basics

- Delivered by certified YAM Instructor
- Provides youth with a safe space where they can play out real-life situations and incorporate their own content



YAM in the US: 2016 Pilot

KERA Texas Standard NEXT UP: 11

Doctors Are Going Inside North Texas Schools To Study, Treat Depression In Teenagers

KERA | By Justin Martin
Published May 16, 2018 at 2:43 PM CDT



▶ LISTEN • 5:16




Dr. Jennifer Hughes of UT Southwestern is among researchers educating teenagers about depression and suicide.

Archives of Suicide Research, 24:269–284, 2020
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DOI: 10.1080/13811118.2019.1624667



Check for updates

Feasibility and Acceptability of the Youth Aware of Mental Health (YAM) Intervention in US Adolescents

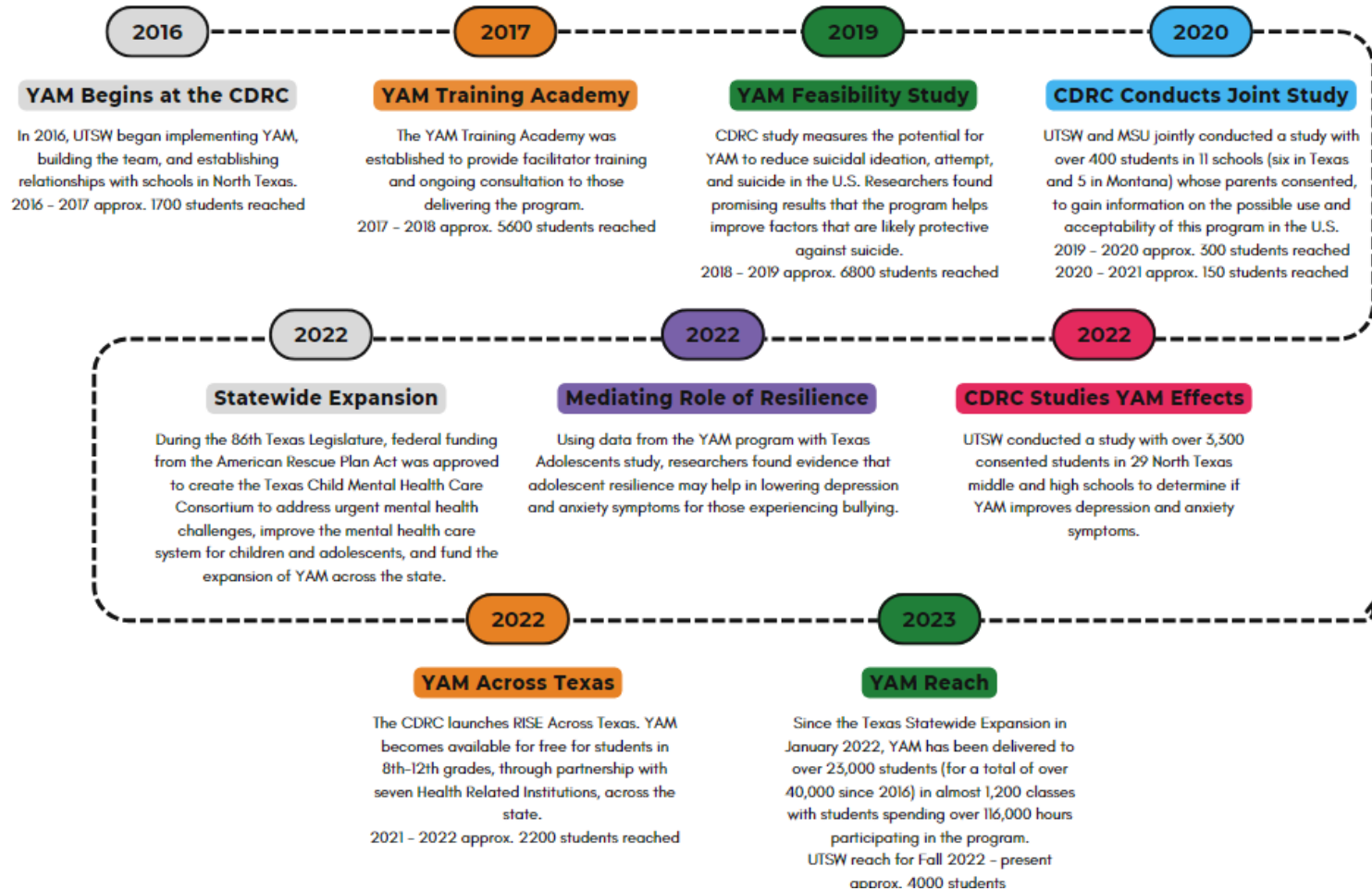
Janet C. Lindow , Jennifer L. Hughes, Charles South, Luis Gutierrez, Elizabeth Bannister, Madhukar H. Trivedi*, and Matthew J. Byerly*

YAM YOUTH AWARE
OF MENTAL
HEALTH

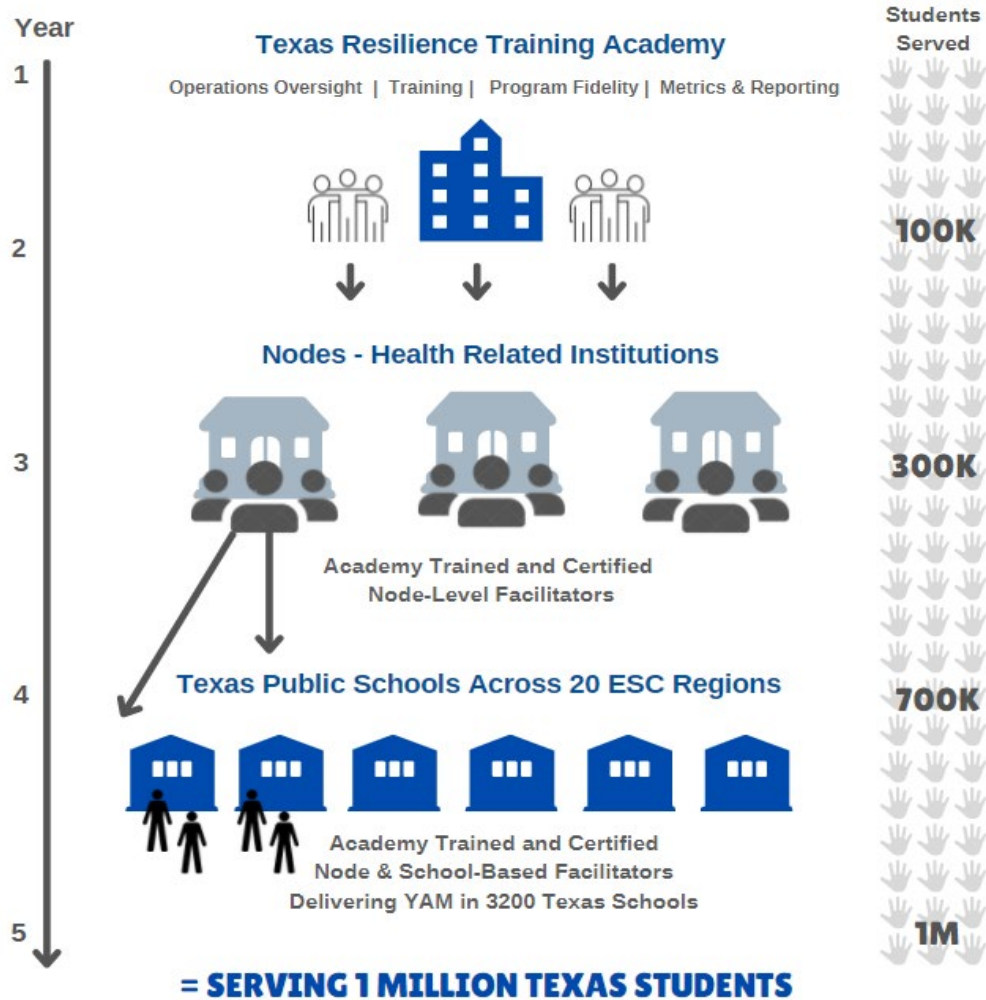
Lindow J, Hughes J, Trivedi MH, et al. (2020). The Youth Aware of Mental Health Intervention: Impact on help seeking, mental health knowledge, and stigma in US adolescents. *Journal of Adolescent Health*, 67(1), 101-107

UTSouthwestern
Medical Center

YAM in Texas – UT Southwestern Center for Depression Research and Clinical Care (CDRC)



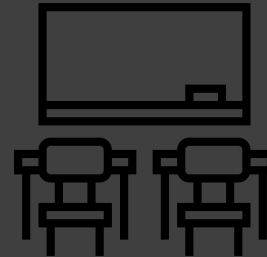
Youth Aware of Mental Health (YAM) Program





- New NCH grant to pilot YAM implementation in Ohio, through NCH Center for Suicide Prevention and Research

- Aims to use implementation science to study scale-up of YAM in Ohio



RE-AIM Framework	
Reach	What proportion of the target population participated?
Efficacy	What is the impact on specified outcome criteria?
Adoption	What proportion of practices/clinicians will adopt this program?
Implementation	What is the quality/consistency of delivery in real-world settings?
Maintenance	To what extent is the program sustained over time?

Future Directions

- Increased support for culturally and developmentally appropriate suicide prevention research and programming
- Engaging, scalable, universal youth suicide prevention programs from K-12
- Accessible and integrated suicide prevention trainings for trusted adults
- Policies and public health initiatives that stem from clinical and prevention science

Contact Information

John Ackerman: John.Ackerman@nationwidechildrens.org

Jenny Hughes:
Jennifer.Hughes@nationwidechildrens.org

Glenn Thomas:
Glenn.Thomas@nationwidechildrens.org

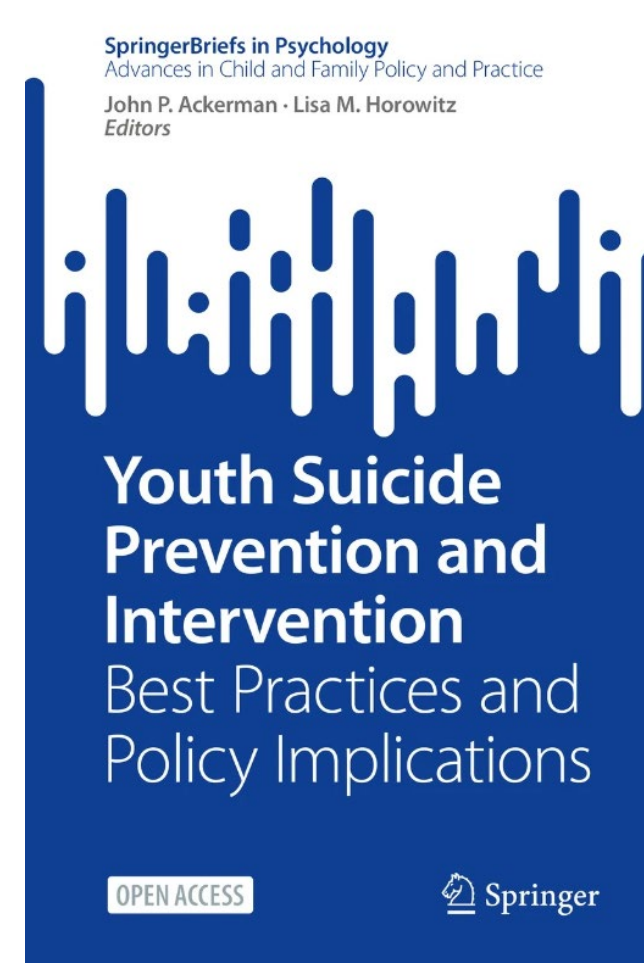
General Contact for PAX:
paxgoodbehaviorgame@nationwidechildrens.org

General Contact for CSRP:
suicideprevention@nationwidechildrens.org

Youth Suicide Prevention and Intervention: Best Practices and Policy Implications

Open Access (free!):

<https://link.springer.com/book/10.1007/978-3-031-06127-1>



Suicide Prevention Resources

www.nationwidechildrens.org/suicide-research

<https://kidsmentalhealthfoundation.org/>

<http://www.sprc.org/>

<http://afsp.org/>

<https://www.suicidology.org/>

988 Suicide & Crisis Lifeline: <https://www.samhsa.gov/find-help/988>

Crisis Text Line, text “4HOPE” to 741-741: <http://www.crisistextline.org/>

Trevor Project: <http://www.thetrevorproject.org/>

After a suicide: A toolkit for schools (2nd Ed.):

<https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf>

Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention, 2nd Edition by Erbacher, Singer & Poland (2023).



Oct. 3 • Columbus, Ohio



student resiliency coordinators: a new twist on school-based service delivery

Libby Charlton, LISW-S

Sue Fralick, LPCC-S, LICDC-CS



student resiliency program

why?

Dayton Public Schools were needing a **different approach for their students** where there was not the focus on “meeting productivity”, seeing students “one hour weekly”, needing less “siloed” work and more day-to-day collaboration and access.

Then the SAMSHA Disaster Relief Grant happened and due to our work in DPS, we were asked to be a partner to provide a trauma focus in 5 other districts.



student resiliency program

purpose: The Student Resiliency Program combines several prevention initiatives into a well-organized and delivered trauma informed practice that aligns physical and emotional health with trauma exposure.

focus: Resiliency development, protective and supportive factor development, brief intervention and education, referrals, and care coordination for students and their families.

goal: To provide skills and tools to students, their families, and school staff to support a strength-based approach that views challenges as opportunities and enhances growth and development.

screening tools

- Pediatric ACEs (Adverse Childhood Experiences) and Related Life Events Screener – PEARLS
- ACE associated health conditions modeled after the ACEs Aware Project in California
- CRAFFT 2.1 +N
- Zero Suicide Asq
- Resiliency characteristics screen
- Resiliency strengths assessment
- Social Determinants of Health screen



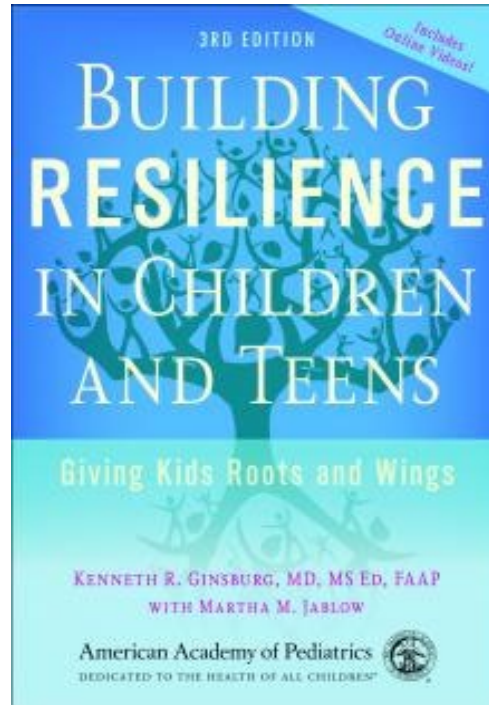
positive screens

- The effects of a positive screen in any one of these areas links to concerns/needs in most all the other areas.
- Combining assessments, screens, and early interventions for all of these facilitates outcomes that build resilience skills in children and provide tools to manage stress from life circumstances in a healthy, productive manner.



what are the 7Cs of resilience?

1. Competence
2. Confidence
3. Connection
4. Character
5. Contribution
6. Coping
7. Control



The program model is patterned off the book: *Building Resilience in Children and Teens: Giving Kids Roots and Wings* by Kenneth Ginsburg and his 7 Cs of resiliency.

7 ways an SRC nurtures resiliency

1. Help develop **competence** in applying new and learned skills in all settings
2. Help improve **confidence** and self-esteem through recognizing and utilizing strengths, responding to positive support, and developing perseverance
3. Encourage building **connections** by improving relationships with others and social interactions
4. Instill knowledge of what is right and wrong and help develop problem solving skills to grow the student's **character**
5. Teach students to see beyond themselves and help others, to understand how they can **contribute** in their home, school, and community, which gives them a sense of purpose
6. Teach **coping** skills for stressors and/or trauma in the home, school, and community
7. Enhance the student's ability to recognize how choices and actions lead to real life consequences, with the goal of improving internal **control**

how does the SRC referral process work within a school?

- Referrals are typically **generated by the school** and are approved through collaboration with the identified school liaison and the Dayton Children's clinical manager
- **Students are referred for a variety of reasons**, having been impacted by life's circumstances and trauma, and notably the school recognizes that whatever challenges the student may be having are negatively impacting their school/social/academic performance
- **Students referred are not youth who have chronic mental health diagnoses**, as we seek to engage them early in prevention services
- The program is **consent based**, requiring signed consents and releases to the school from the parent/legal guardian to participate



program outcomes

Resiliency 7 C's outcome tool

Impact stories

- Parent/guardian
- Student
- Teachers/school staff
- SRCs

NPS survey – patient satisfaction

- Gatekeepers (school liaison)
- Parents

What some of our families have to say about the program


- “Thank you for caring and continuing to be there for my daughter!”
- “I am really glad to see him talking about his feelings more, you have helped him a lot” – Trotwood Elementary
- “Our SRC is a positive, uplifting motivator in my grandson’s life.”

resiliency outcomes – 2023-24 school year

60% of students with a pre and post outcome completed showed growth in resilience skills from intake to end of year

Of students who showed improvement, there was an average 21% improvement in score from pre to post

Data represents all 59 schools which includes:

- Dayton Public Schools
 - Miamisburg
 - Mad River
 - Trotwood
 - West Carrollton
 - Brookville
 - Northridge
 - Alter
 - Carroll
 - Oakwood
 - DECA
- 

more outcomes for 2023-24

Connecting students to a PCP

- 75 out of 1238 students served did not have an assigned PCP at intake = 6%
- 43 of those 75, the SRC was able to help get connected to a PCP = 57%

Number students hospitalized for behavioral health

- 22 out of 1238 served = 1.7%
- 1 out of every 56 served

national statistics

- 3 of 5 suicide decedents, ages 10 and up, did not have a documented preceding mental health diagnosis – *JAMA Network Open, 2024*
- From 2003-2012, only 34.6% of youth suicide decedents ages 5-11 and 34.8% of youth suicide decedents ages 12-14 years had a documented mental health problem.
- Similarly, from 2013 to 2018, only 42.1% of youth suicide decedents ages 10-19 years had a known mental health condition.
- Recommendations include increasing accessibility of MH screening, promoting connectedness and strengthen relationships among youths and parents/caregivers can protect against youth suicide.

our supervision model

- **Training competencies:**

- Family Engagement
- Abuse + Neglect
- De-escalation
- Age Specific Competencies + Feelings Expression
- Collaboration
- DEI
- Substance use screening + SBIRT
- Motivational Interviewing
- Trauma Informed Care
- Boundaries
- ASQ (suicide prevention screening) + Safety Planning
- PEARLs + ACEs associated healthcare screening tools
- Youth Mental Health First Aid
- Documentation

Required weekly individual and group supervision

Weekly Resiliency Learning Community in small (8-10 staff) groups

Individual weekly with independently licensed manager

Book Club

Small group settings

Books selected and discussed focus on resiliency and trauma



funding challenges

- Prevention services are not billable to Medicaid
- Prevention services need to be funded by other sources including school social-emotional learning state funds.
- Primary funding sources cycles differ, creating additional barriers and uncertainty
 - Federal funding: September-September
 - State funding: fiscal year July-June
 - Human Services Levy funding through ADAMHS board January-December
- Additional “other” funders – i.e., individual grants, awards, or philanthropy – not only vary, but can come throughout the year with no predictability and may come with restrictions such as “one year only” or “no opportunity for renewal”
- **Sustainability for staff positions is risky for all!**

thank you and questions

For further discussion you can reach us at:

Charlton@childrensdayton.org

Fralicks@childrensdayton.org





We value your opinion!

Please fill out our evaluation using the QR code to the right or in your program

