

Mental/Behavioral Health: A Public Health Approach

Presented By:

NM Department of Health

Office of School and Adolescent Health

State Behavioral Health Consultant

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HOW DO YOU KNOW WHEN YOU'RE NOT OK?

For many people, this is not an easy topic.

Preventionists often experience compassion fatigue and may be more susceptible to the impact of suicide.

Please monitor yourself closely, and seek out help when needed.

1-855-662-7474
NM Crisis & Access Line



Learning Objectives

- Understand the current structure of mental/behavioral health in schools
- Understand the DOH/PED guiding frameworks of mental/behavioral health in schools
- **Understand how OSAH and Department of Health support school mental health.**
- Understand the importance of evidence-based programs.
- Apply guiding frameworks to current school challenges.
- Know where to get mental/behavioral health resources in New Mexico.

Who is OSAH?

Trainmeosah.com

The Office of School and Adolescent Health (OSAH) . . .

- strives to ***educate*** and ***provide resources*** to educational staff, health and behavioral health professionals, and community members who serve schools and adolescents
- provides ***training*** and ***technical assistance*** to develop and enhance a sustainable behavioral health system for schools and youth-serving organizations
- ***promotes evidence-based practices*** to improve the health, wellness, and resilience of youth

The New Mexico Department of Health-Office of School and Adolescent Health

OSAH provides resources and technical assistance to educational staff, physical and behavioral health professionals, and community members who are involved with children and youth to help them develop sustainable health systems for children and youth in schools and communities.

Adolescent Behavioral Health and Suicide Prevention Program Responsibilities

- Promoting **capacity building and sustainability** of behavioral health services and early intervention programs in schools and youth serving organizations.
- Training** schools and youth serving organizations in evidence based programs.
- Alliance building** for schools and youth serving organizations to coordinate care with community mental health organizations and providers.
- Providing **advanced training** for medical and behavioral health providers on screening, early intervention, resiliency, referral, and follow-up.
- Facilitating community partnerships** to support awareness, decrease stigma, and enhance behavioral health services statewide.
- Providing **technical assistance for implementation** and expansion of evidence-based behavioral health programs.

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Visit our website: trainmeosah.com



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School Based Health Centers

- 48 OSAH funded SBHC's
- Accessible services for youth regardless of insurance or ability to pay.
- 15,549 students served in FY2020

School Health Services

- NM School Health Manual
- Annual Head to Toe Conference
- Statewide training and technical assistance

Adolescent Behavioral Health

- Training schools and youth serving organizations in evidence based programs
- Working to decrease the incidence of youth suicide in New Mexico through a variety of strategies.
- 751 New QPR Gatekeepers and 505 QPR Instructors trained

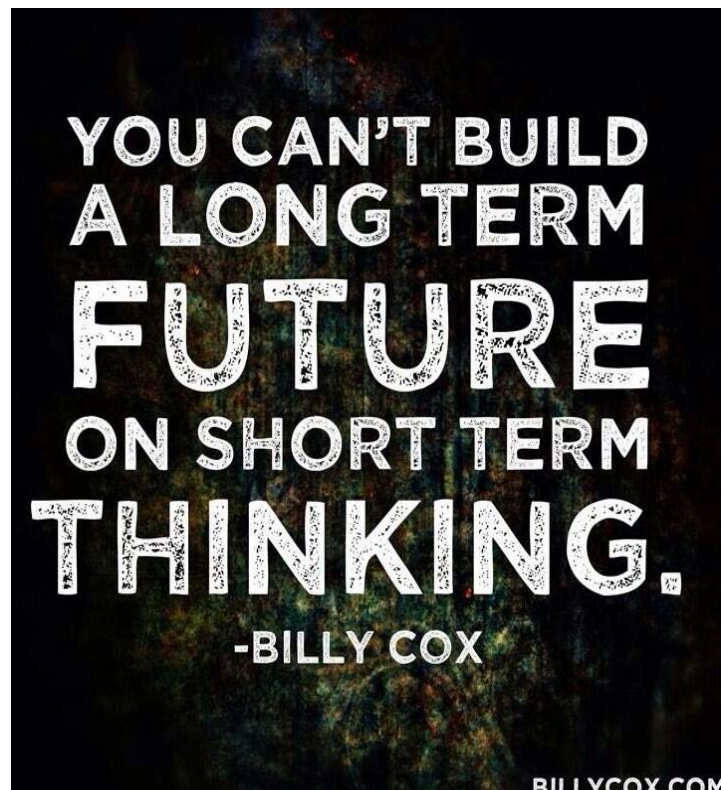
Youth Engagement and Empowerment

- Based on Positive Youth Development framework.
- 40 Youth Peer- to Peer programs statewide.



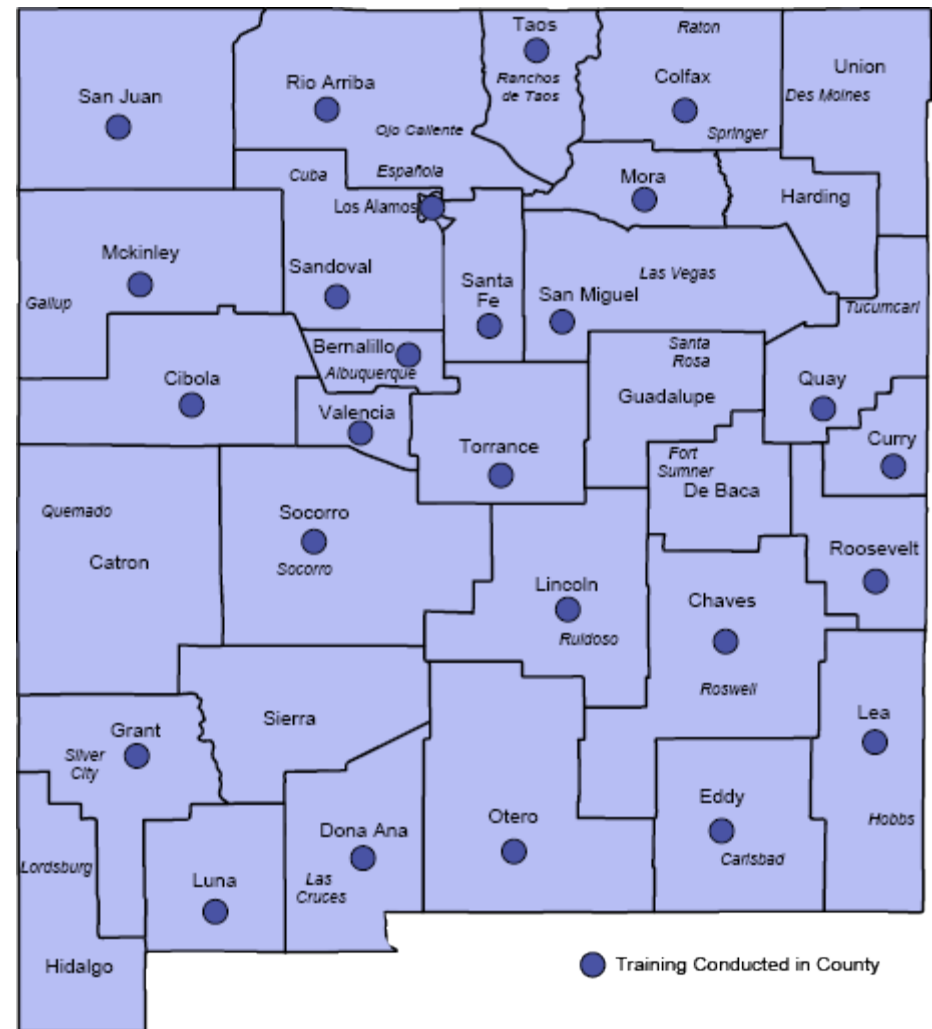
OSAH's Overarching Behavioral Health Principles

- Promotion of statewide facilitation of services
- Use of Evidence Based and Evidence Informed Practices
- Collaboration with multiple agencies to affect sustainable system change
- Demonstration of long-term capacity building and sustainable programs



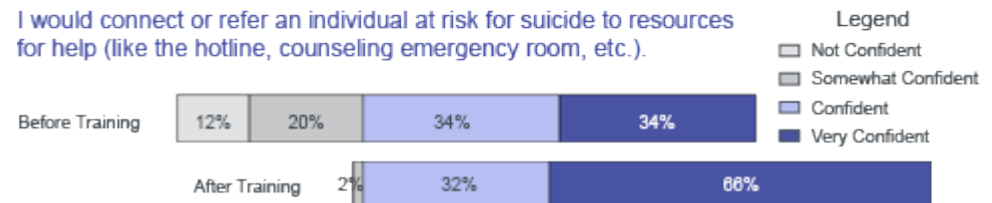
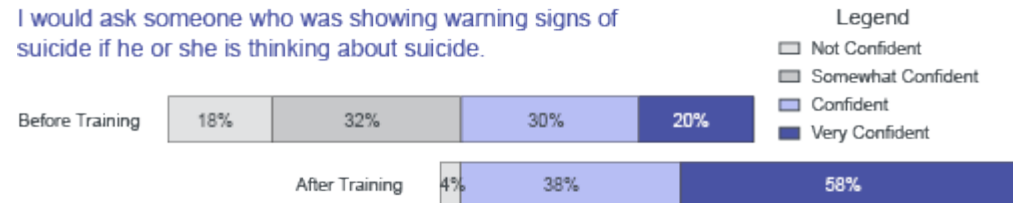
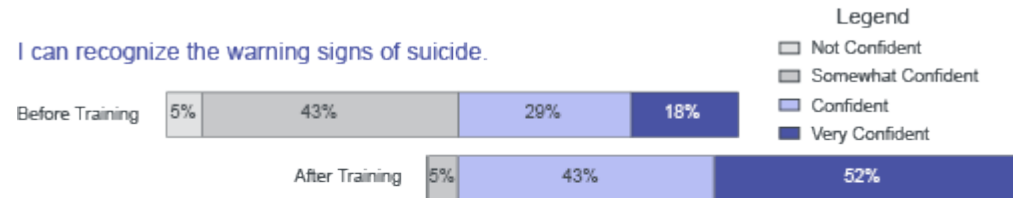
Statewide Training Success

With the new virtual training model, OSAH and partners were able to train individuals in 26 of the 33 counties across the state of New Mexico in QPR, YMHFA, and tMHFA. Outreach to the seven remaining counties will be a priority for Year 3 of the grant.



Training Builds Confidence & Potentially Saves Lives

Following the training for QPR, participants were asked to rate their level of comfort, both before and after training, of assessing signs of suicidality, asking someone if they needed help, and if they would connect the person with resources. The results are as follows.





The Mental Health Needs of New Mexico's Youth

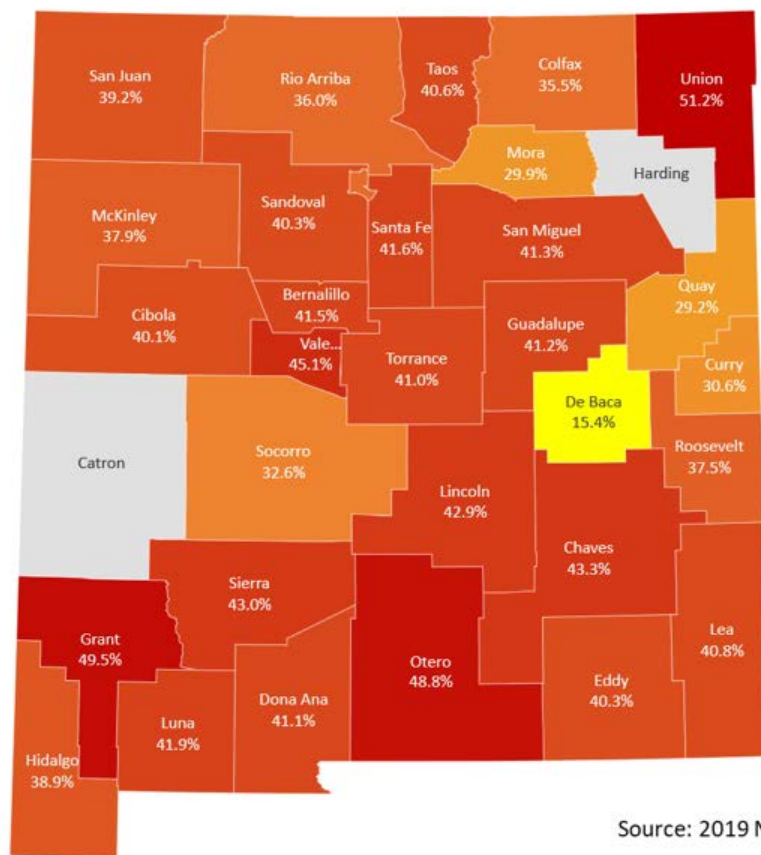
Mental Health: A Public Health Crisis

- More than 20% of children and adolescents have a mental health condition
- Most chronic mental illness begins by age 24, including half by age 14
- Most mental, emotional, and behavioral disorders have their roots early in life
- However, only about half of school-age children with a mental health condition actually receive mental health services, and most (70-80%) of those who receive services obtain them through school

SOURCE: <https://mhccnetwork.org/centers/mhcc-network-coordinating-office/mhcc-school-mental-health-initiative>

In 2015, percentage of students grades 9-12 in a NM public school who felt so sad or hopeless almost every day for two weeks or more in a row

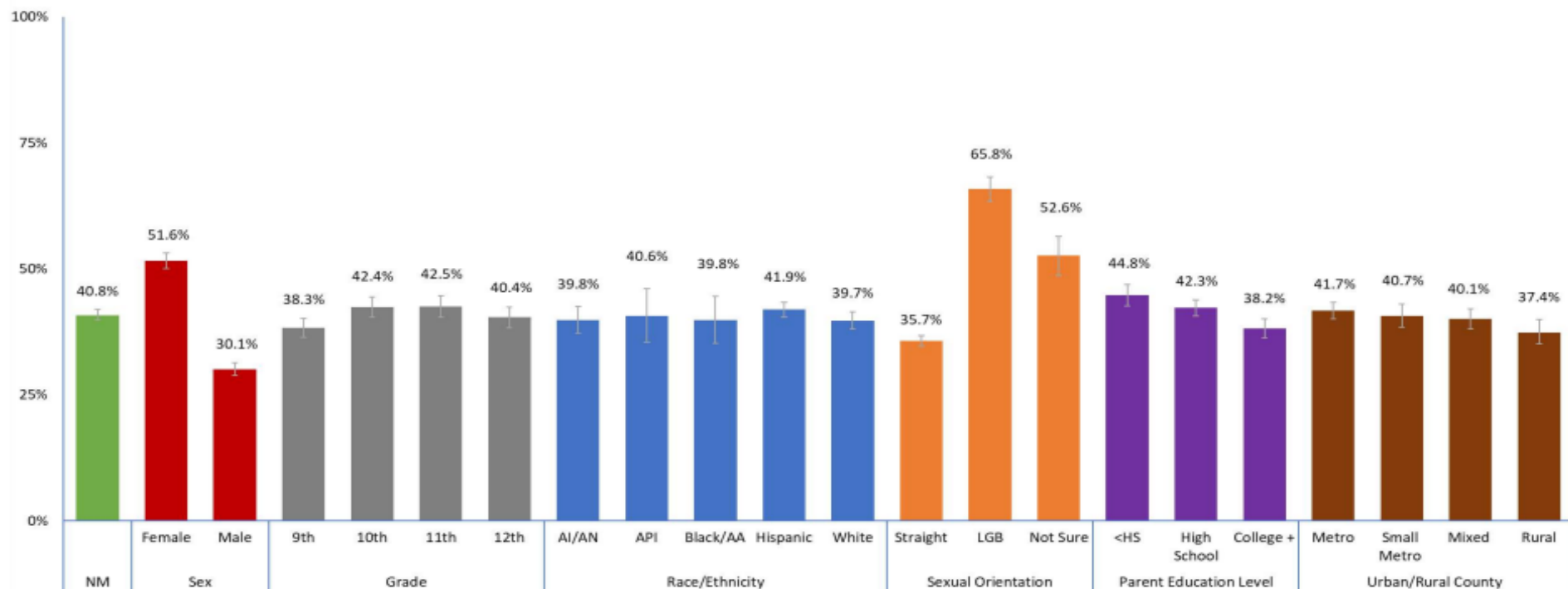
Felt Sad or Hopeless by Region and County, Grades 9-12, New Mexico, 2019



Source: 2019 NM YRRS

Felt Sad or Hopeless in the Past 12 Months, Grades 9-12

New Mexico, 2019



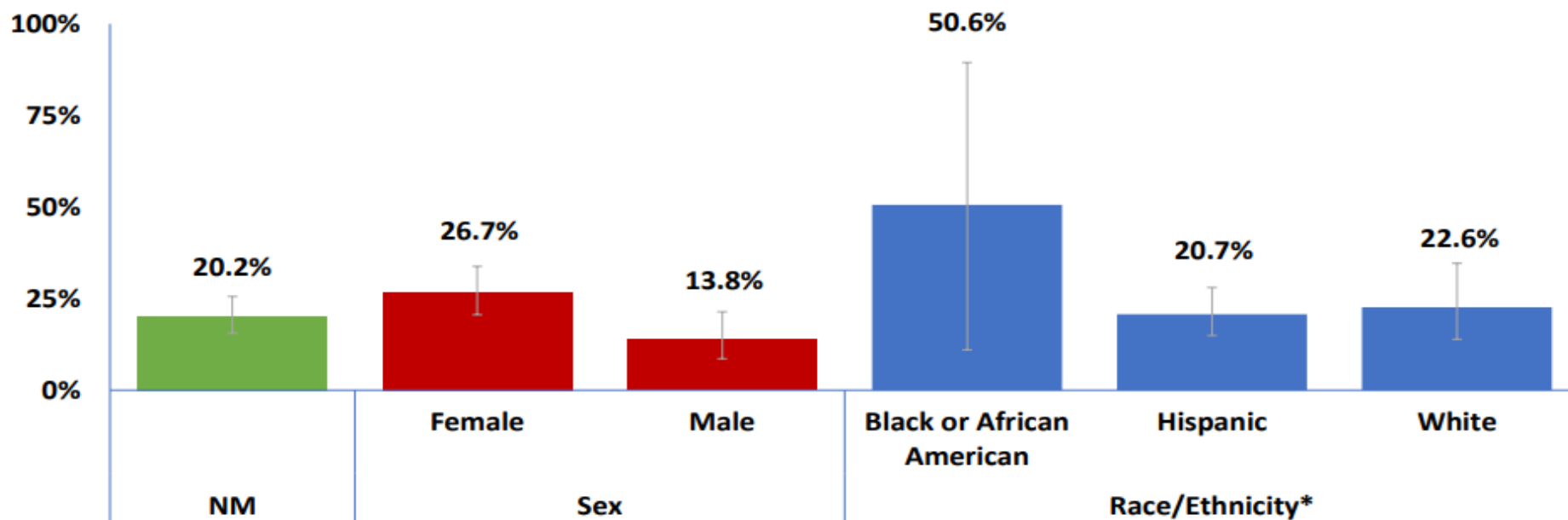
AI/AN = American Indian or Alaskan Native; API = Asian or Pacific; Islander AA = African American

LGB = Lesbian, Gay or Bisexual; HS = High School

Source: 2019 YRRS (NM); NMDOH and NM PED

Major Depressive Episode in Past 12 Months, Ages 12-17

New Mexico, 2018-2019

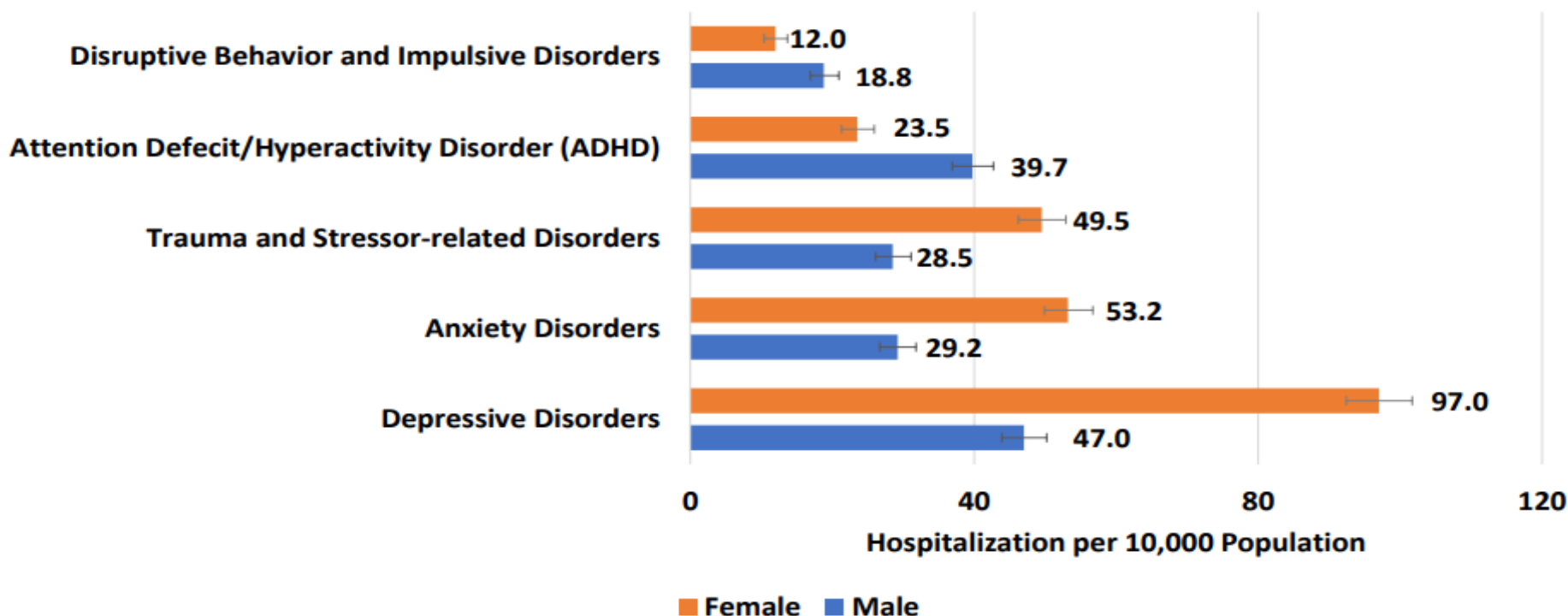


*Insufficient sample size to report race/ethnicity in American Indian/Alaskan Native and Asian/Pacific Islander Categories.

Source: 2018-19 NSDUH

Mental Health Diagnoses in Hospitalized Patients, Ages 5-17

New Mexico, 2019



Source: 2019 HIDD; NMDOH

Sadness and Hopelessness

The 2019 NM-YRRS asked students:

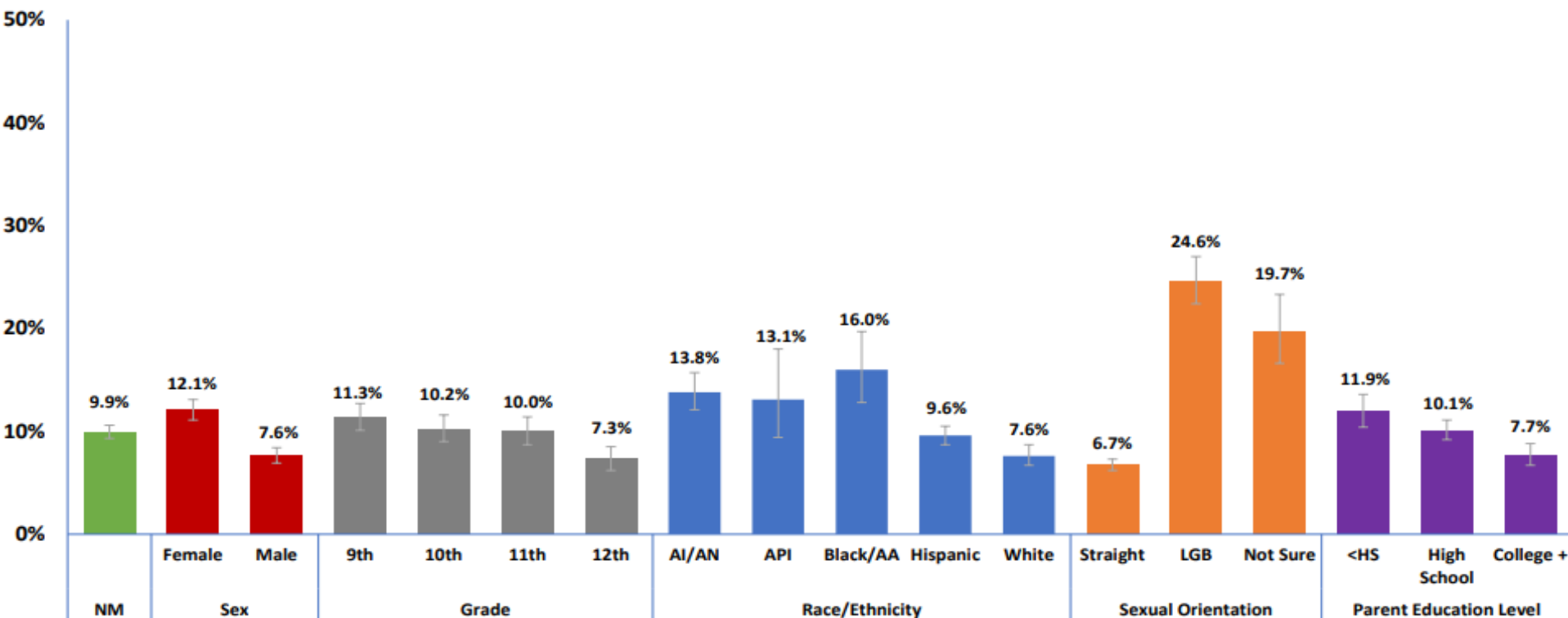
*During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?*

Sadness and hopelessness, Grades 9–12
NM ■ 2009–2019



Attempted Suicide in the Past 12 Months, Grades 9-12

New Mexico, 2019



AI/AN = American Indian or Alaskan Native; API = Asian or Pacific Islander; AA = African American

LGB = Lesbian, Gay or Bisexual; HS = High School

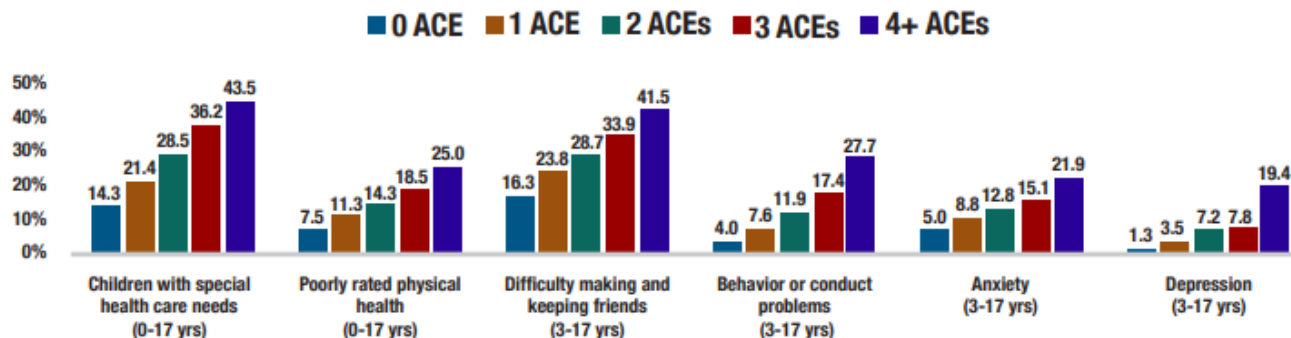
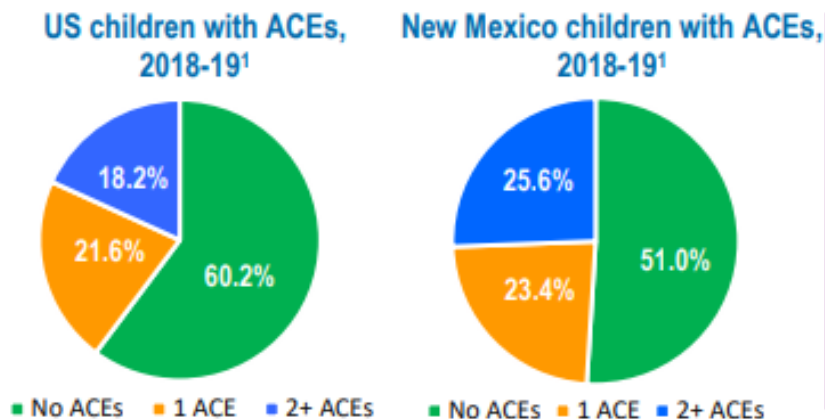
Source: 2019 YRRS (NM); NMDOH and NM PED

High School Students 2019 (YRRS Data)

- Girls (50.7%) were more likely than boys (30.3%) to feel sad or hopeless
- LGBT Students (65.9%) and students who were unsure of their sexual identity (52.5%) were more likely than straight students (32.5%) to feel sad or hopeless.
- The proportion of NM high school students who seriously considered suicide increased from 15.9% to 18.8%. (Increase of 18% from 2009-2019)

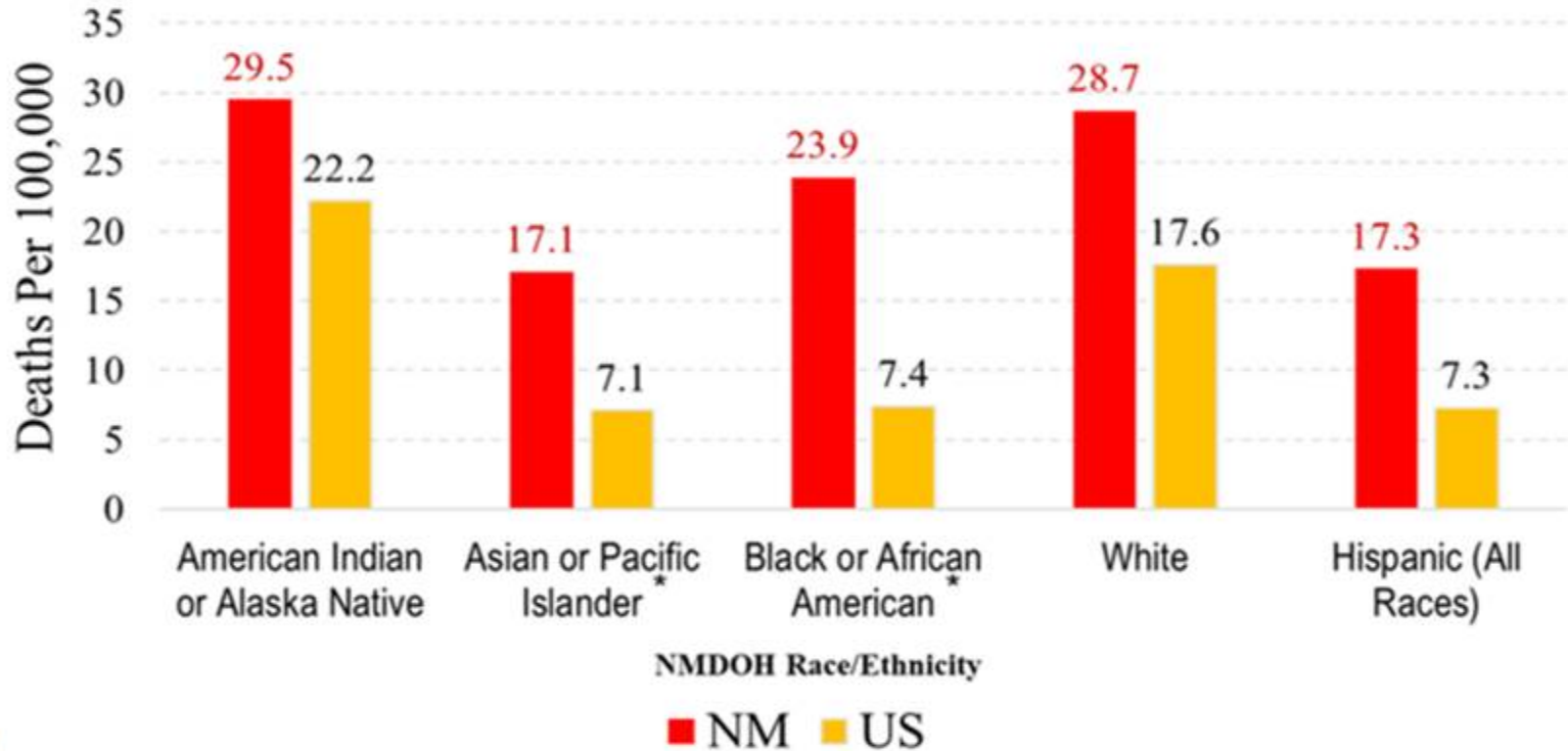
ACES in New Mexico

- Traumatic childhood events
- NM has the highest rate of children who have between 3 and 8 ACEs at 18%.
- The toxic stress of ACEs can lead to long term physical and mental health concerns.



Suicide in NM

New Mexico Rate of Suicides (Age-Adjusted) Per 100,000 Residents by Race/Ethnicity, 2019



Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics.

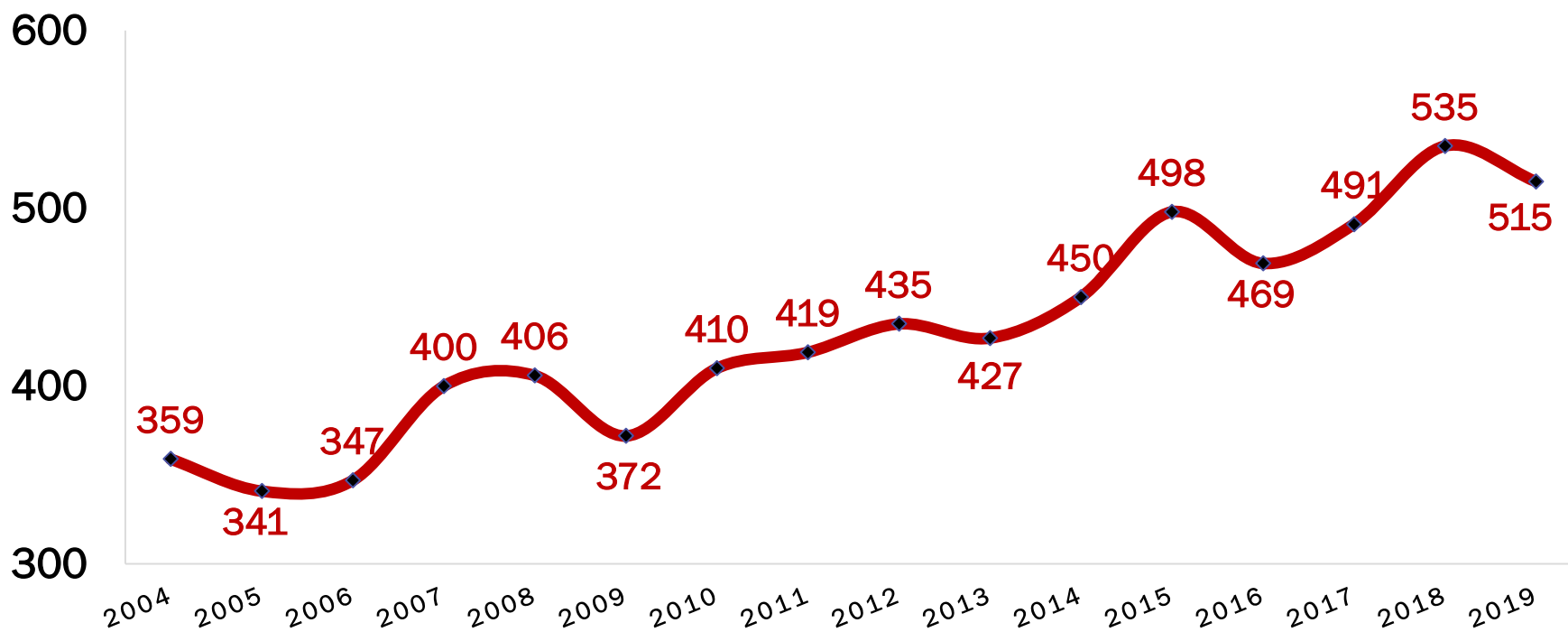
Section 3 | Health and Wellness

2022 Data Book | New Mexico Health and Human Services

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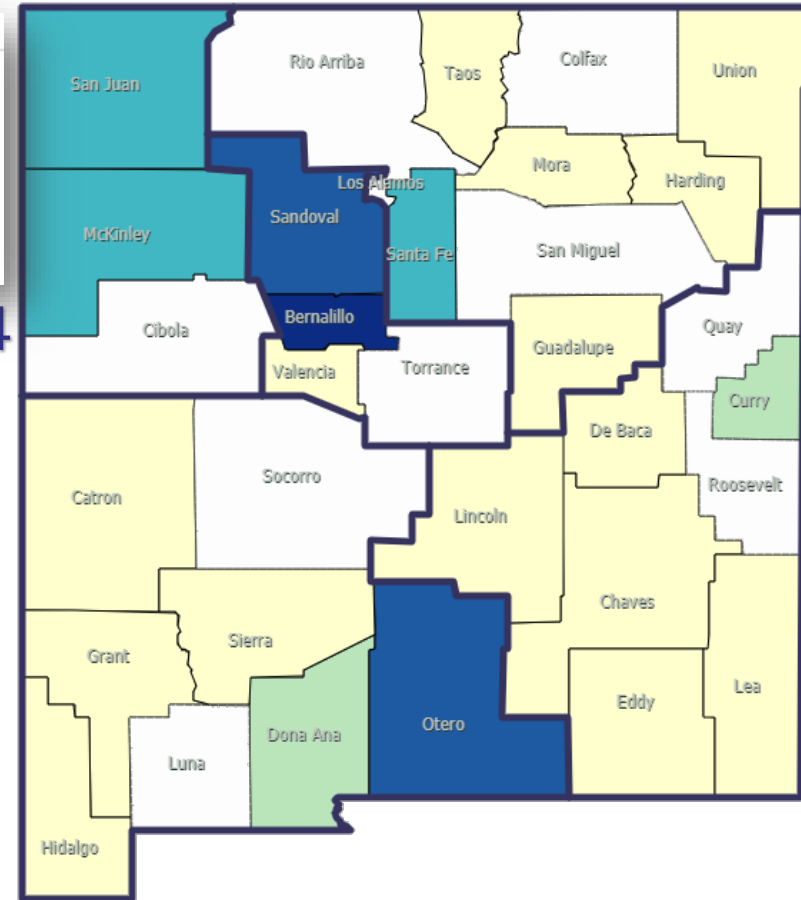
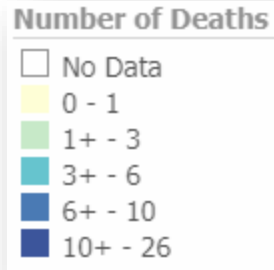
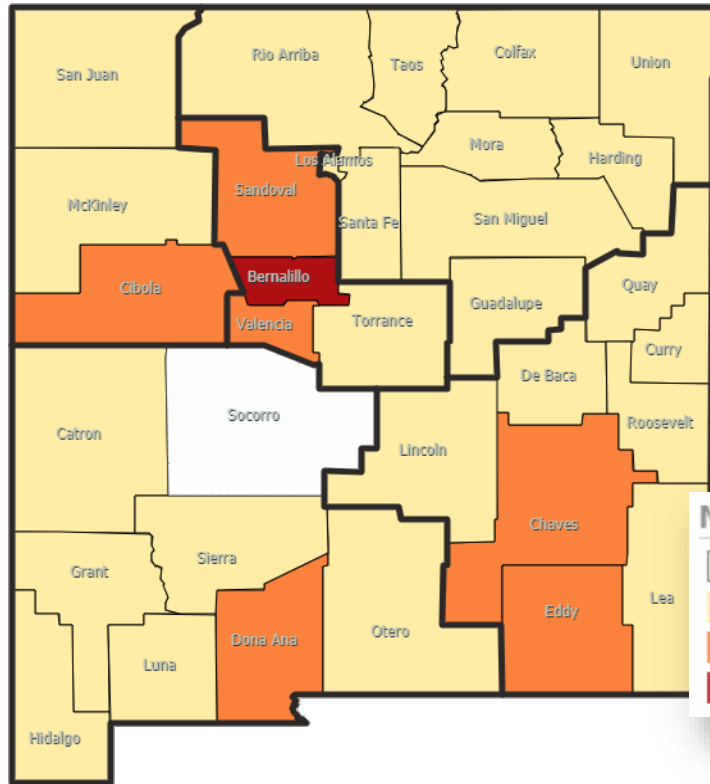
Suicides in New Mexico (all ages; by year)

(by decedent's county of residence; retrieved from ibis.health.state.nm.us)

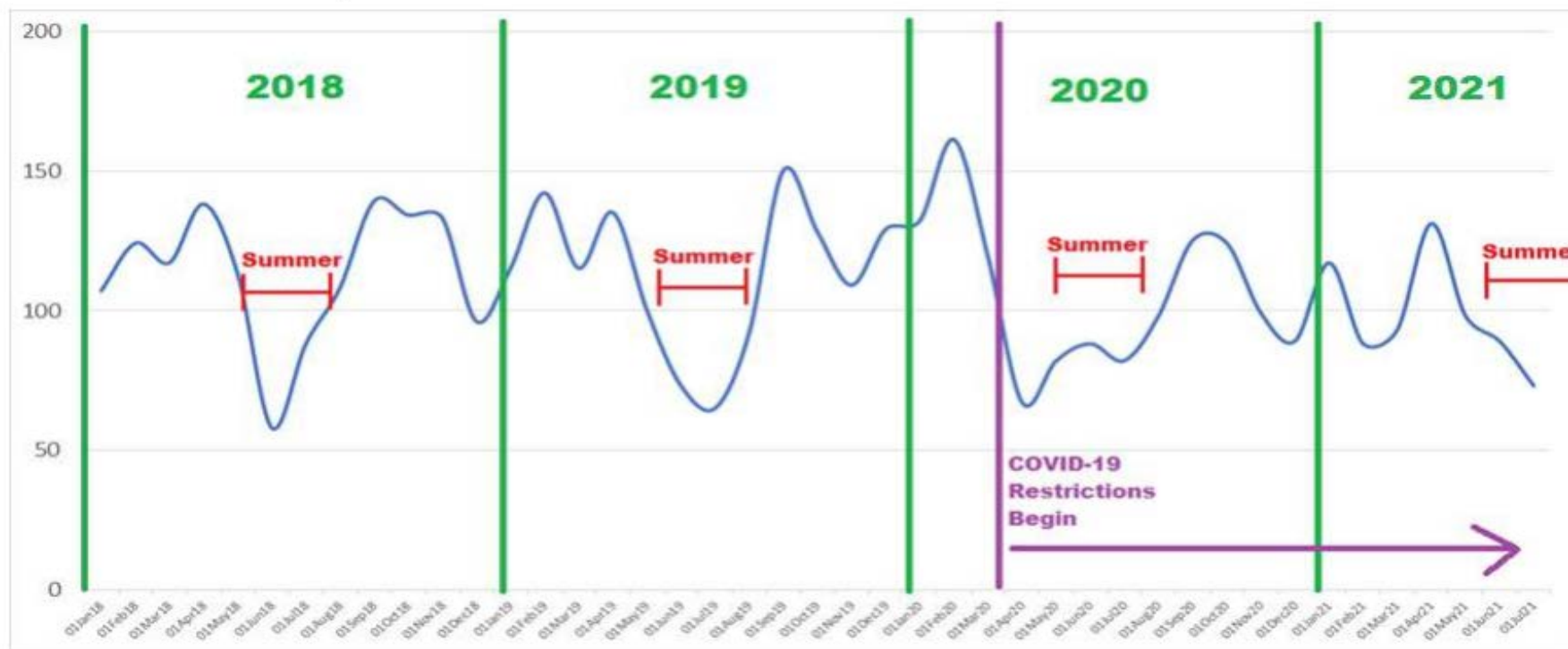


Number of Youth Suicides in 2019

(by decedent's county of residence; retrieved from ibis.health.state.nm.us)



Suicide Attempts and Suicide Ideation Emergency Department Events, Ages 12-17 New Mexico, 2018-2021 – Total Count



Source: CDC ESSENCE

2020: Syndromic Surveillance

- 24.5% reduction in emergency department visits for all causes among youth from 2019 to 2020
- 6.4% reduction in suicide attempt/suicide ideation emergency department visits from 2019 to 2020
 - Highest 2020 month (February) was pre-COVID
- Suicide attempts/ideation events
 - 7.7% of all emergency department events in 2019
 - 11.8% of all emergency department events in 2020

Key Findings

- Prevalence of many mental health indicators among youth has risen significantly over the past 10 years
- 40.8% of students felt persistent sadness/hopelessness
- One in five students (21.8%) engaged in nonsuicidal self-injury
- One in ten students (9.9%) attempted suicide in the past year

Guiding Framework-

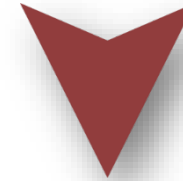
A Coordinated Effort





Protective Factors

Family & School
Connectedness
Reduced Access to Firearms
Safe Schools
Academic Achievement
Self-Esteem



Risk Factors

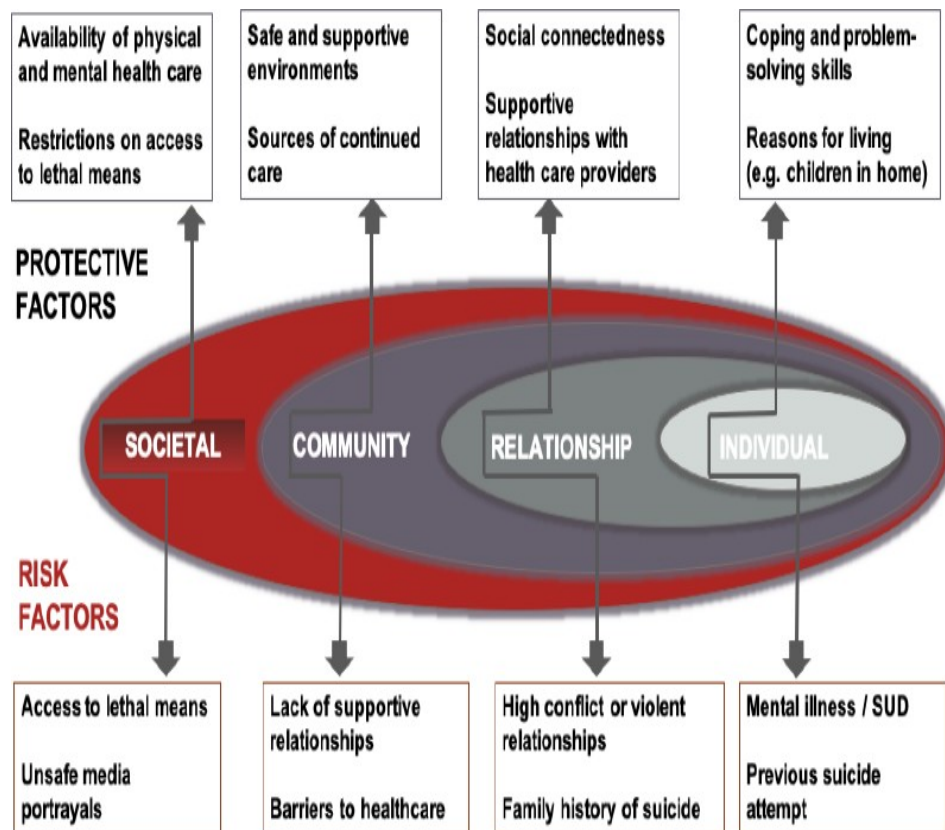
Mental Illness
Substance Abuse
Firearms in the Household
Previous Suicide Attempts
Non-Suicidal Self-Injury
Exposure to Suicide
Low Self-Esteem

American Association of Suicidology Youth Suicidal Behavior Fact Sheet

Identify and Support People at Risk: What we have done

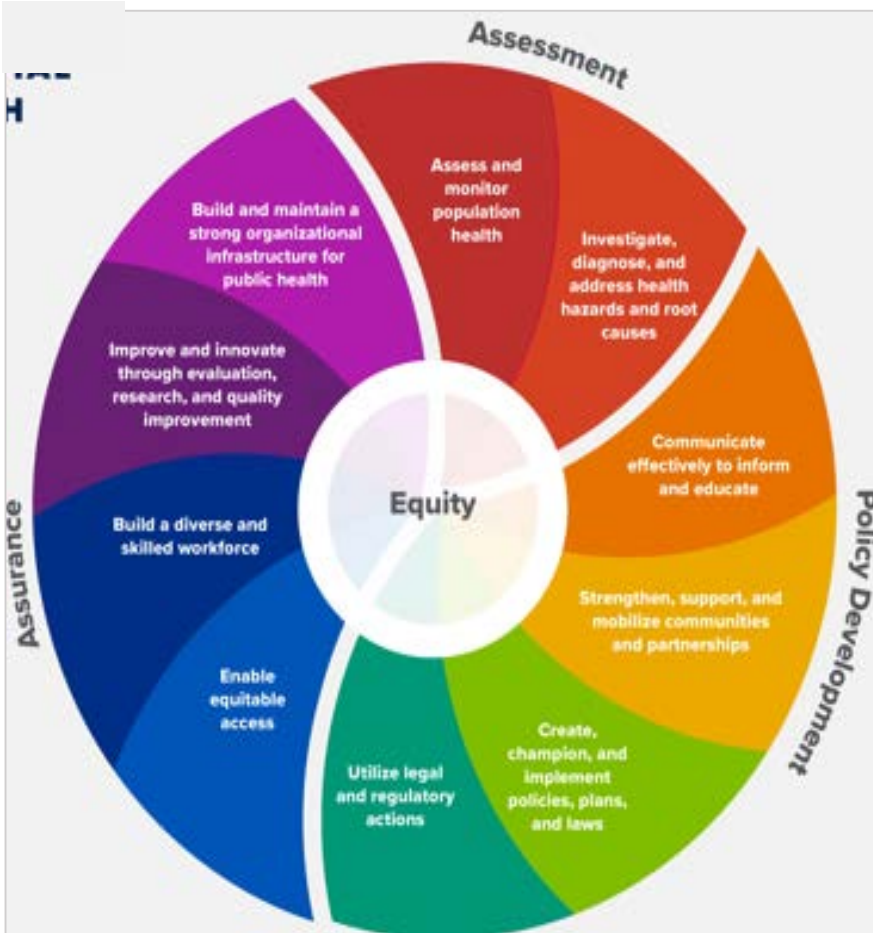
- Promoted and offered evidence-based suicide prevention gatekeeper trainings at schools & youth-serving organizations across NM
- Improved early identification and treatment of youth who are at-risk through screening & follow up
- Provided technical assistance for prevention, intervention, and postvention services
- Monitored and disseminated state, regional, and county data for planning
- Implemented mandatory gatekeeper training for CYFD staff members and universal suicide risk screening for all justice-involved youth
- Developed training and resource guide for *Secondary Prevention of Suicide in the ED*

Causes and Protective Factors Relating to Suicide



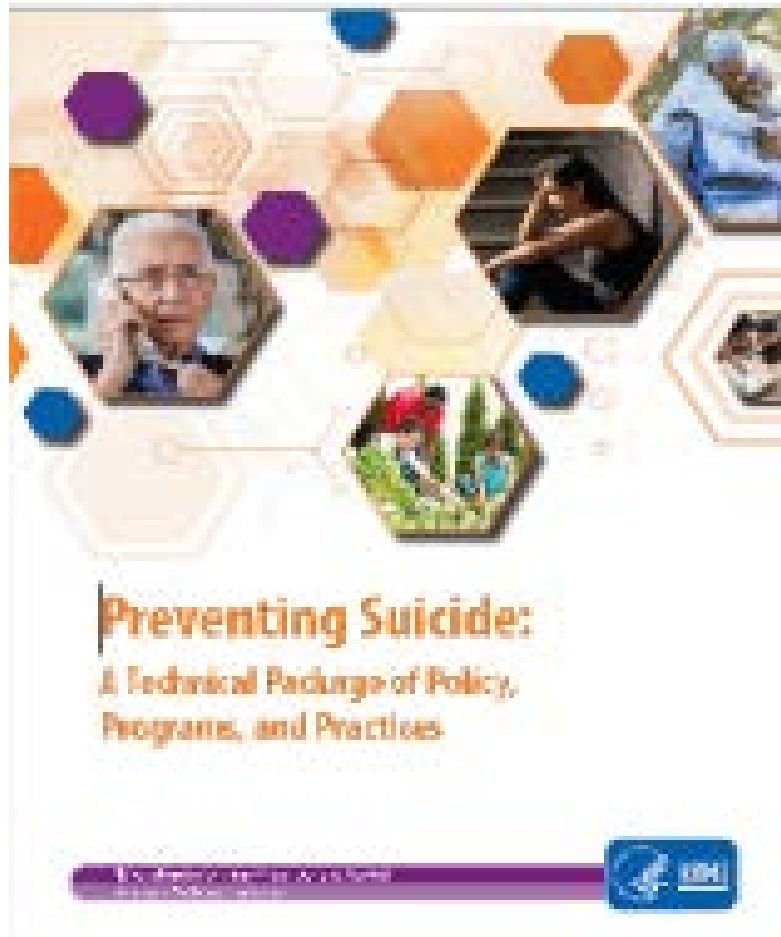
Source: Alabama Commission on the Evaluation of Services
adapted from the CDC

CDC Essential Public Health Services Framework



1. Assess and monitor population health
2. Investigate and address health hazards and root causes
3. Communicate effectively to inform and educate
4. Mobilize communities and partnerships
5. Create, promote, implement policies, plans, and laws
6. Use legal and regulatory actions
7. Enable equitable access
8. Build a diverse and skilled workforce
9. Improve, innovate using evaluation, research, QI
10. Build, maintain strong organizational infrastructure

Building and Aligning Infrastructure and Resources



- Guiding framework: Center for Disease Control and Prevention's [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



NCSMH

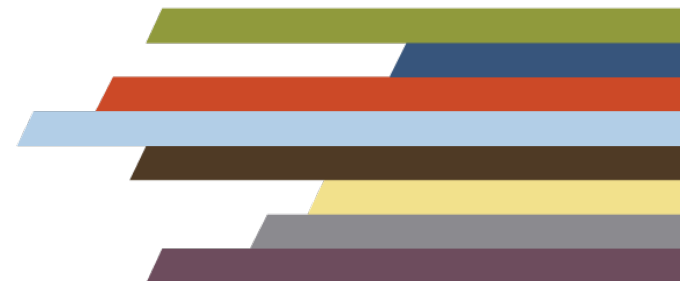
NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

Module 1: Foundations of Comprehensive School Mental Health

**National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools**



Investing for tomorrow, delivering today.



What is **SHAPE**?

Your **FREE** assessment tool designed to improve school mental health system quality and trauma responsiveness at the school, district, and state levels

[Learn More](#)



Take a Tour

From our program quality and trauma responsiveness assessments and feedback reports to our extensive library of free and low-cost screening and assessment measures, **SHAPE** delivers the tools you need to improve your school or district's mental health programs and increase your grant funding opportunities. Take the tour to learn more.

I want to sign up for:

[Myself](#)

[My School](#)

[My District](#)

[My State](#)

SHAPE helps districts and schools improve their school mental health systems! **HOW?**



SHAPE Features

School & District Profiles	Quality Assessment & Resources	Custom & State Dashboards	Screening & Assessment Library	Trauma-Responsive Schools Assessment & Resources
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School Mental Health Matters



Youth are **8x more likely** to complete mental health treatments in schools than in other community settings

Positive school climate integrated with social-emotional learning **improves school safety** and decreases bullying

Students who participate in social-emotional learning programs improve academic performance by **11 percentage points**

Put your star on the map

92 schools
Have earned Gold Star Status

112 school districts
Have earned Gold Star Status

28 states
Have schools or districts with Gold Star Status

[Learn More](#)



School Health Assessment & Performance Evaluation (SHAPE)

www.theSHAPEsystem.com

SHAPE helps districts and schools improve their school mental health systems! **HOW?**



SHAPE users map their school mental health services and supports



Assess system quality using national performance standards



Receive custom reports and strategic planning guidance and resources



Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources



Use state and district dashboards to collaborate with schools in your region

Data-Driven Decision-Making

Observations & other data/information should be used to make **fair, objective decisions** about:

- Identifying student mental health needs
- Matching students to appropriate services and supports
- Monitoring progress to evaluate student response to interventions
- Changing student services and supports over time as appropriate

Data Sources in Schools

- ✓ Mental health screenings and assessments
- ✓ School climate surveys
- ✓ Grades
- ✓ Attendance/seat time
- ✓ Performance test scores
- ✓ Office referrals
- ✓ Suspensions/expulsions
- ✓ Achievement/benchmark test scores
- ✓ Behavioral observations
- ✓ Crisis incidents

School Mental Health *Matters*



3/4
of youth who receive mental health
services access them in schools

Students who participate in social emotional
learning programs do better
academically
and
socially



Positive school climate integrated
with social emotional learning
improves school safety
and decreases bullying

Youth are
6x more likely
to complete mental health treatments in schools
than in other community settings



What is an Evidence-Based Practice?



"the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement (health promotion).

- Examples include:
 - Making decisions based on best available scientific evidence
 - Using data and information systems systematically
 - Applying program-planning frameworks
 - Engaging the community in decision making
 - Conducting sound evaluation
 - Disseminating what is learned

Selecting programs

- Good sources of information regarding evidence-based programs are registries (lists of programs that have been evaluated) and literature reviews (articles that summarize findings from different studies).
- Where to find them?
 - [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
 - [Suicide Prevention Resource Center \(SPRC\)](#)

Cultural Considerations

- Using culturally competent approaches is another important key to success.
- Many evidence-based programs for suicide prevention have not been assessed in diverse populations, so their effectiveness with these populations is not known
- Practice-based evidence (PBE) is a term sometimes used to refer to practices that are embedded in local cultures and are accepted as effective by the community.
- Practitioners of PBE models draw upon cultural knowledge to develop programs that are respectful of and responsive to local definitions of wellness.
- To the extent possible, PBE programs should be evaluated so that they can add to the evidence base for suicide prevention.

Activity: Small group discussion

You are a school counselor in a rural High school. A student you are working with discloses that they are suicidal. This is the third time this year you will have to send them for acute care from a provider.

1. How do you know what to do to support the student? What resources and where do you get them?
2. What guiding frameworks apply and how? Immediate or long term?
3. Once the immediate need is taken care of, what happens next? Long term, sustainable change? What and how?

Resources

Trainmeosah.com

[MHTTC](#)

[CDC](#)

[SPRC](#)

[PFA](#)

[SAMHSA](#)

[NMCAL](#)

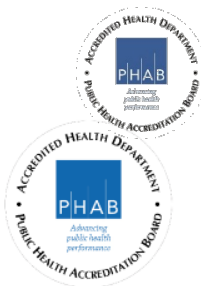


NMConnect
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Mental Health
Resources



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THANK YOU

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training opportunities

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Courage

IS WHAT IT TAKES TO
STAND UP AND SPEAK

Courage

IS ALSO WHAT IT TAKES TO
SIT DOWN AND LISTEN

~ Winston Churchill