



Connecticut Youth Suicide Prevention Initiative (CYSPI)



Project Evaluation

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DCF Youth Suicide Advisory Board, November 18, 2010



CYSPI Overview

■ Purpose

- Develop and implement comprehensive, evidence-based youth suicide prevention and early intervention strategies that may be sustained and expanded throughout Connecticut.

■ Partners

- Departments of Mental Health and Addictions Services, Children and Families, Education, CT Youth Suicide Advisory Board, the Connecticut State University System, Saint Francis Hospital and Medical Center, Screening for Mental Health, Inc., United Way of CT, Wheeler Clinic, and the University of Connecticut Health Center.

CYSPI Goals



- **Goal 1:** Build upon CT's existing youth suicide prevention infrastructure.
- **Goal 2:** Implement selected youth suicide prevention/early intervention strategies.
- **Goal 3:** Identify a permanent funding source to sustain the CT Suicide Prevention Initiative and support statewide replication/implementation.
- **Goal 4:** Conduct a high quality program evaluation through an academic partnership.

CYSPI Hartford Pilot

Assessing Depression and Preventing Suicide in Adolescents (ADAPSA)

■ Partners:

■ Saint Francis Hospital and Medical Center:

- Adolescent and Young Health Program

■ Hartford Public Schools

- Quirk Middle School and Hartford High School School-Based Health Centers

- ### ■ Objective:
- To implement selected youth suicide prevention/early intervention screening and brief treatment strategies with middle school youth, age 11-14+ in an effort to reduce risk related to suicide.



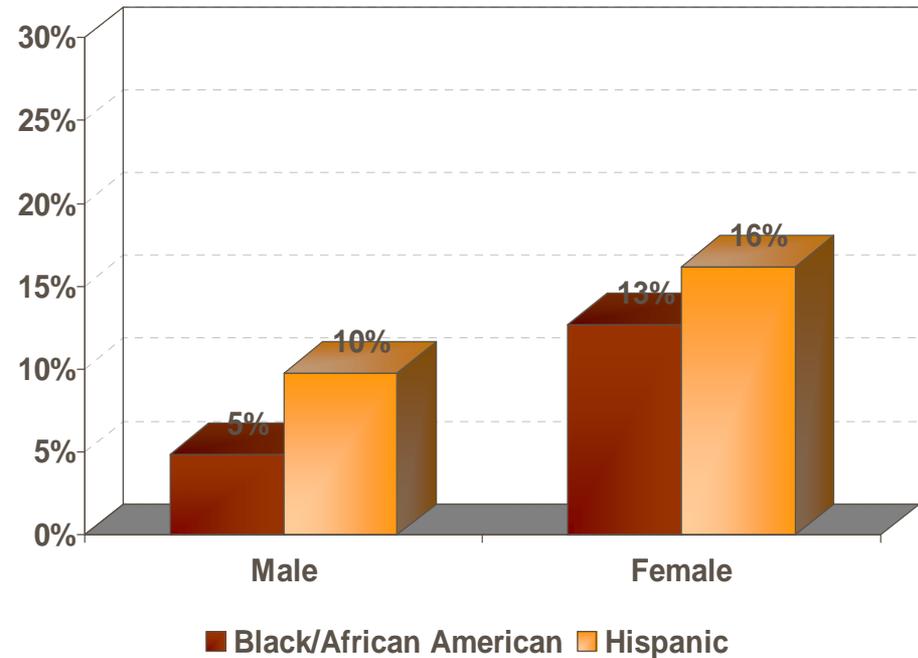
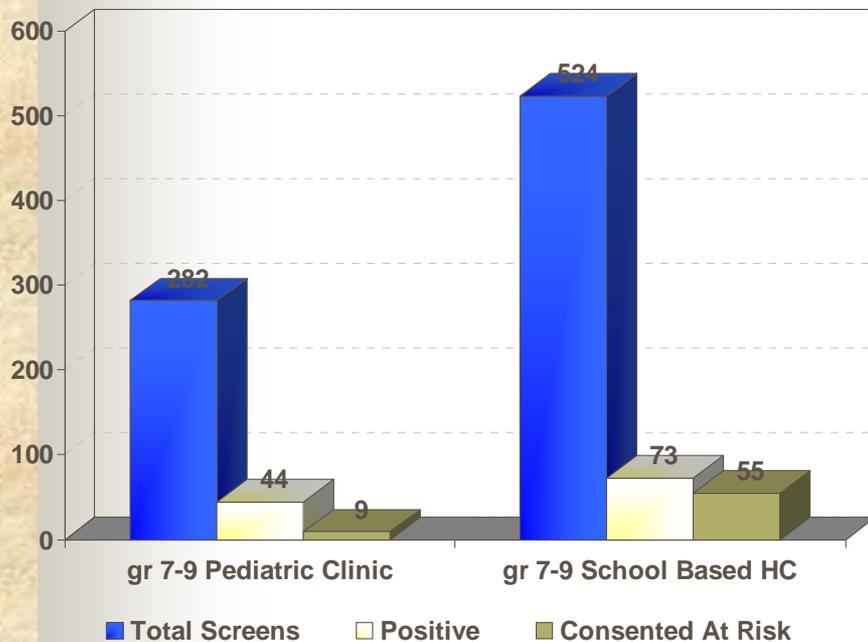
Hypotheses

- School Based Health Centers (SBHC) will be more successful than a hospital-based pediatric clinic in identifying middle school youth (grades 7-9) at risk for depression and suicide and providing services to this population.

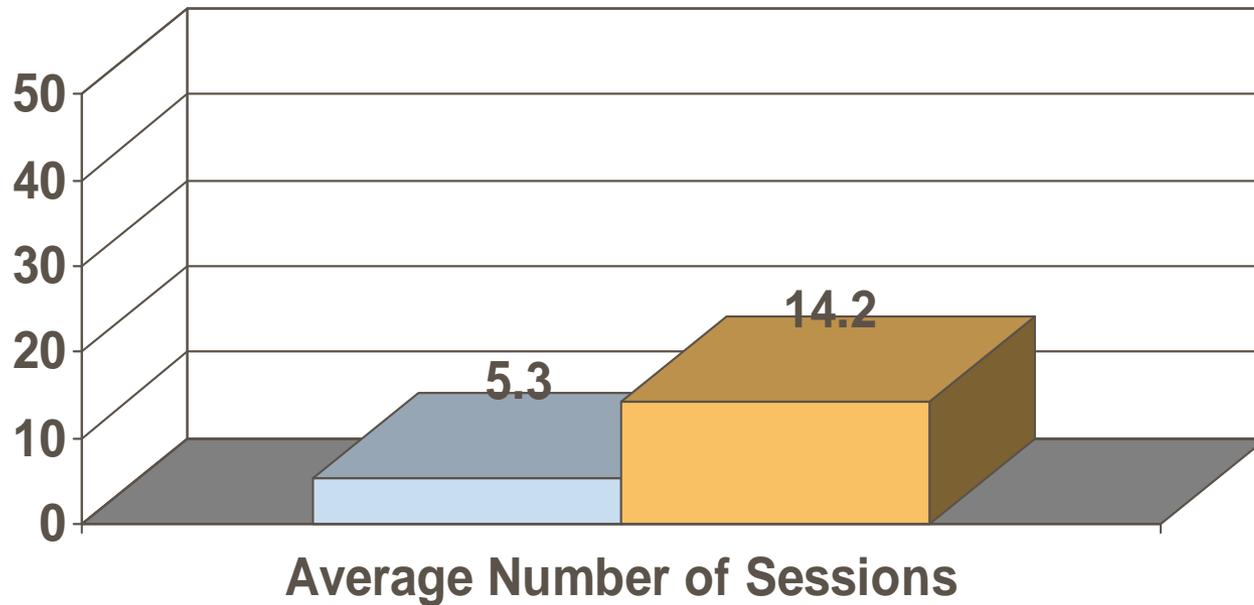
Study Inclusion

- Screened as part of “Well Child” visits at 2 Urban School Based Health Clinics and one Urban Hospital Based Pediatric Outpatient Clinic
- All youth were screened using the Reynolds Adolescent Screen (RAS-2)
- Inclusion cutoff of 77 and/or endorsement of Self Harm “critical item”
- A total of 806 7th-9th-grade youth were screened at all three sites, 117 of which screened positive at-risk for suicide. A total of 388 youth had consent to participate in the study, 69 of which screened positive at-risk for suicide.

Numbers Screened Positive and % Endorsing Self Injury

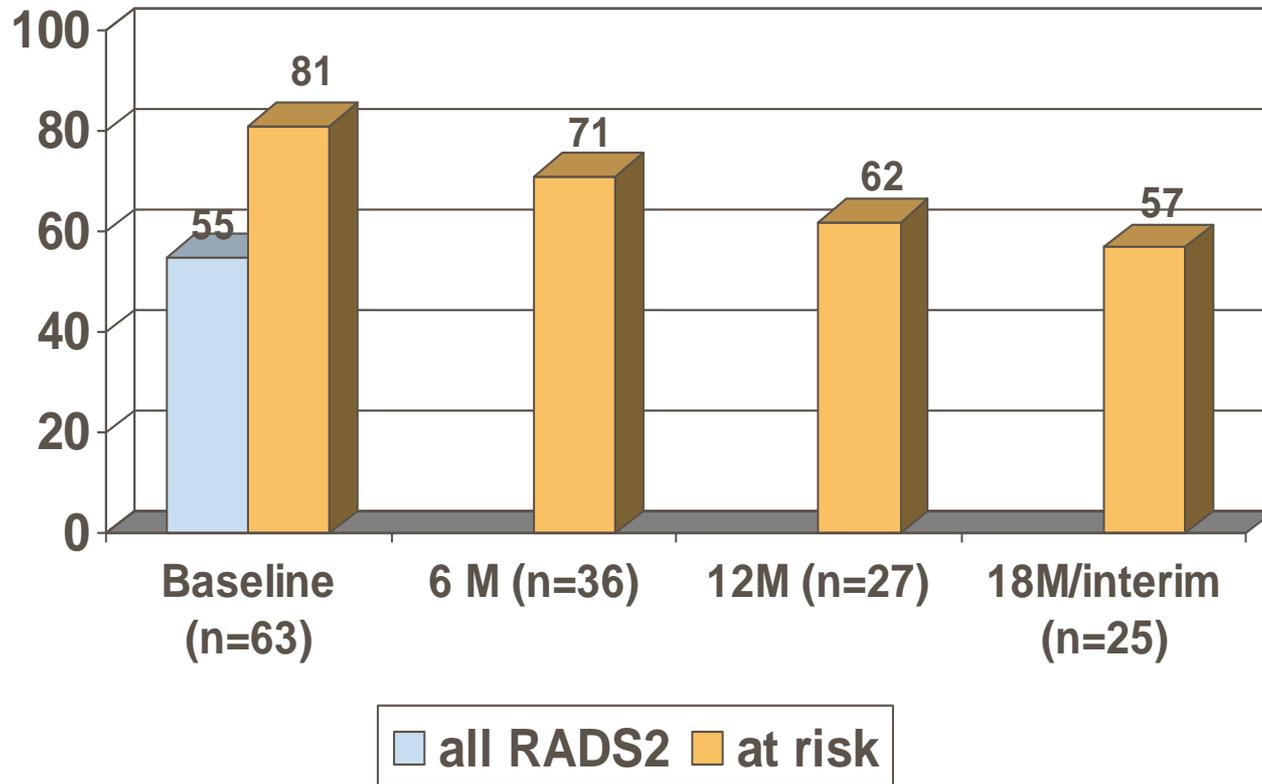


Direct Services Provided to Youth At Risk

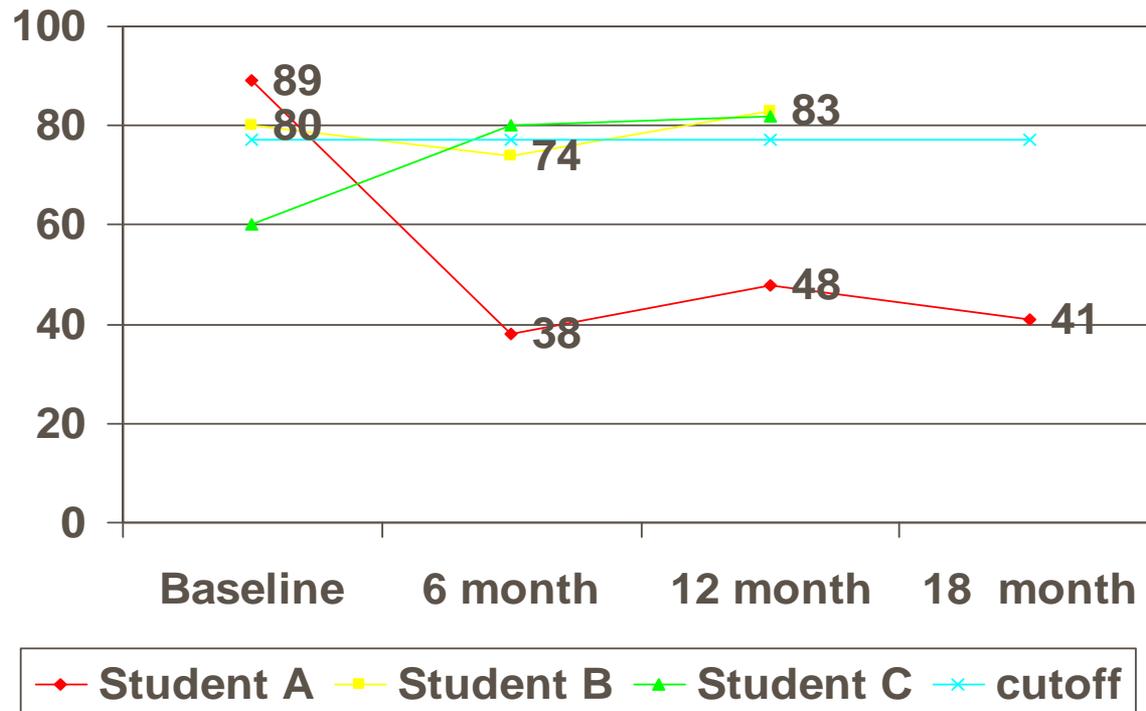


- Community Outpatient Clinic (1-23)
- School Based Health Center (1-42)

Mean RADS-2 for at risk youth



Trends in RADS-2 Scores



Results

- Overall, screening and brief treatment was effective. Consented students with 12-month follow-up data had an average screening score (60.3) that was significantly lower than the baseline average score (76.3) showing that the services they received significantly helped to reduce their risk.
- The SBHCs in the study provided approximately 3-times as many mental health appointments and almost 2-times the number of screens than the hospital-based adolescent clinic.

Results Continued

- Treatment adherence was significantly greater for youth at the SBHC resulting in better outcomes, primarily due to youth access and staff outreach.
 - Youth kept almost all of the appointments offered at the SBHC.
 - Average number of clinical appointments at the SBHCs was more than double the original goal of 4-6.

Conclusion: Hypotheses proven- SBHCs are in a unique position to provide mental health screening, referral and treatment to youth, and screening should take place more frequently than once a year.

CYSPI High School Model Overview

- **Partners:** State Department of Education/CT Technical High Schools System (17 schools), Trumbull Public Schools/High School, Screening for Mental Health, Inc., and Department of Children and Families Emergency Mobile Psychiatric Services.
- **Objectives:**
 - Develop a quality, sustainable infrastructure and expertise in the implementation of the evidence-based Screening for Mental Health, Inc. **SOS (Signs of Suicide) High School Model.**
 - Enhance the relationships and communication between the high schools' student support teams/crisis teams and local community mental health providers.
 - To ensure that suicidal and at-risk youth receive timely and effective crisis intervention, screening and appropriate medical treatment and/or referral to therapeutic counseling.





Signs of Suicide (SOS) High School Program

1-2 Class period in-school presentation program comprised of self screening form, DVD and discussion guide, staff training video, and prevention behavior (**ACT**)

ACKNOWLEDGE that their friend has a problem, and that the symptoms are serious.

CARE let that friend know that they are there for them, and want to help.

TELL a trusted adult about their concerns



Hypotheses and Study Design

- Hypotheses: Grade 9 students exposed to the SOS suicide prevention program will have greater gains in Knowledge, Adaptive Attitudes about suicide and report less suicidal behavior
- Methods: CT students recruited from 16 Technical and one comprehensive HS.
- Pretest-post test, 3-month follow-up design
- Schools were randomly assigned to treatment and control conditions

Students Surveyed

A total of 1,638 students were surveyed at least 1 time

1,274 @ pretest

1,256 @ posttest

1,052 took both

	SOS Sample	CT Tech HS 07-08
White	59%	58%
Black	7%	15%
Hispanic	24%	26%
Other	10%	1%

Preliminary Results

Relative to the students in the control group, students who completed SOS

↑ Knowledge

↑ Attitudes

↑ Referrals (all schools, av. 3 students/school, range 0-18 referrals/school)

↓ Attempts (70% reduction)

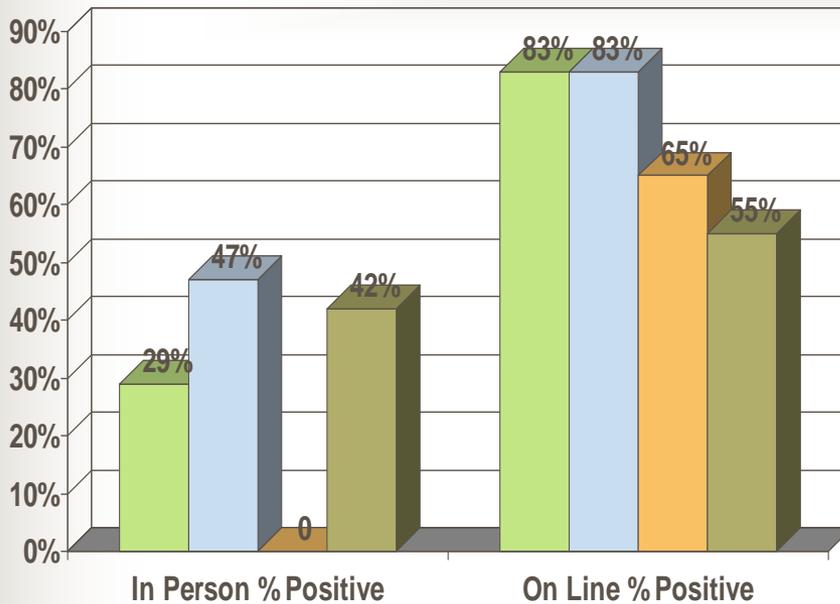
CYSPI College Model Overview

- **Partners:** CT State University System (Central, Eastern, Southern, & Western), and Screening for Mental Health, Inc.
- **Objectives:**
 - Develop a quality, sustainable infrastructure and expertise in the implementation of the Screening for Mental Health, Inc. *CollegeResponse* Model (SOS-Signs of Suicide and NDSD-National Depression Screening Day) and the QPR (Question, Persuade, Refer) Institute **QPR Gatekeeper Model**.
 - To ensure that suicidal and at-risk young adults receive timely and effective screening and treatment.

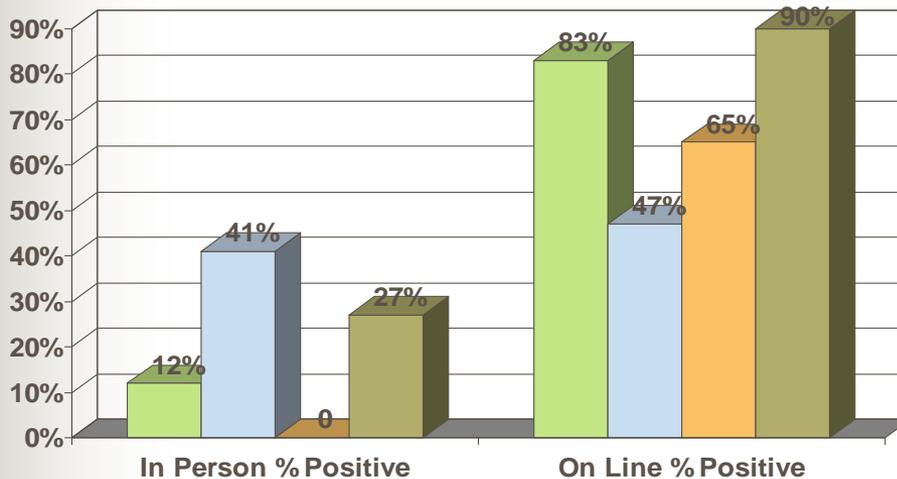


SCREENING FOR MENTAL HEALTH®

NDS D Depression Screening

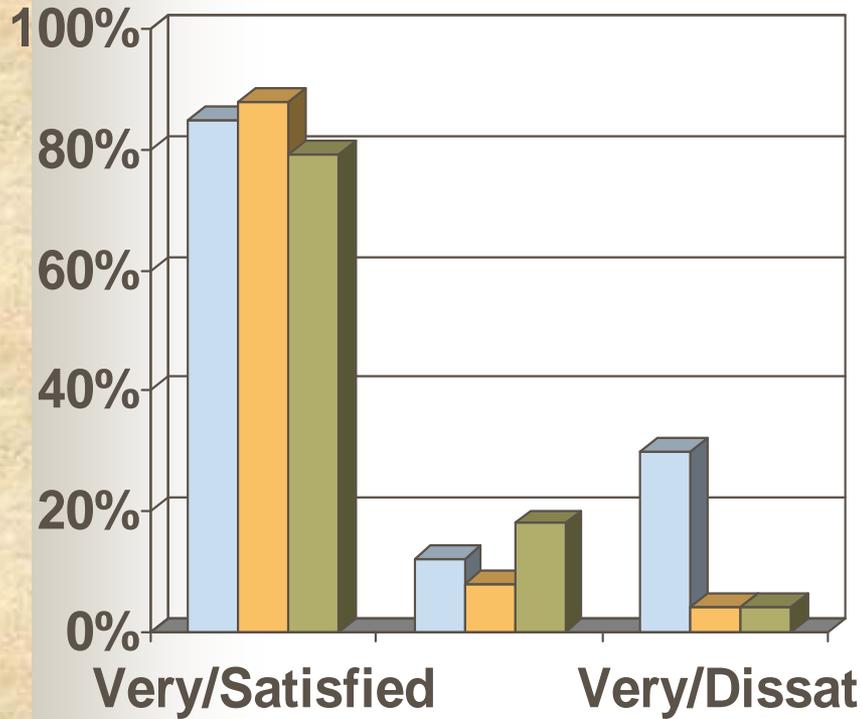


2007-2008
324 In person
437 On line
761 total

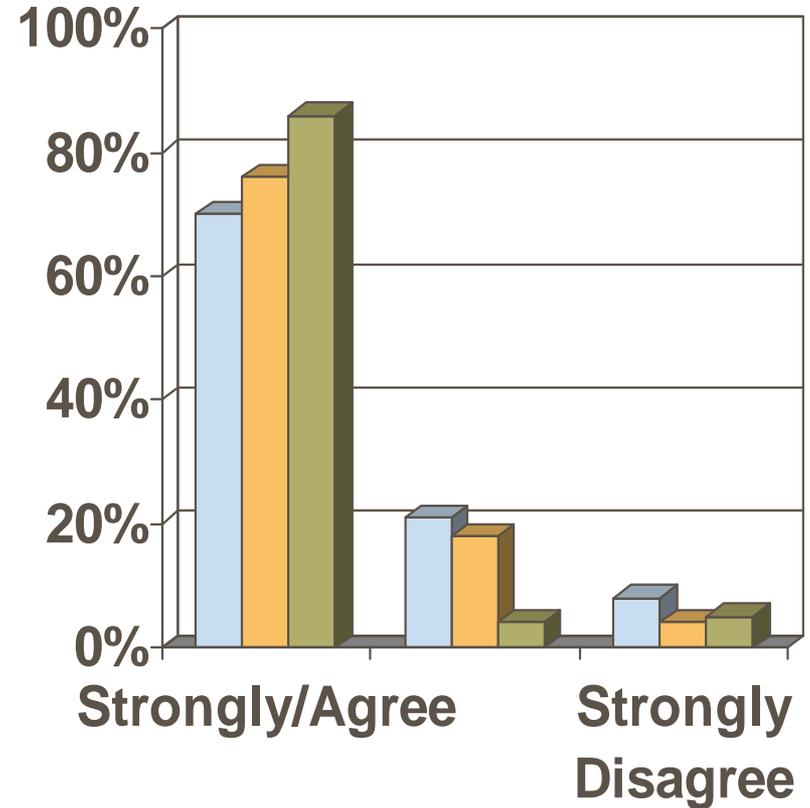


2008-2009
172 In person
689 On line
861 total

SOS College Evaluation



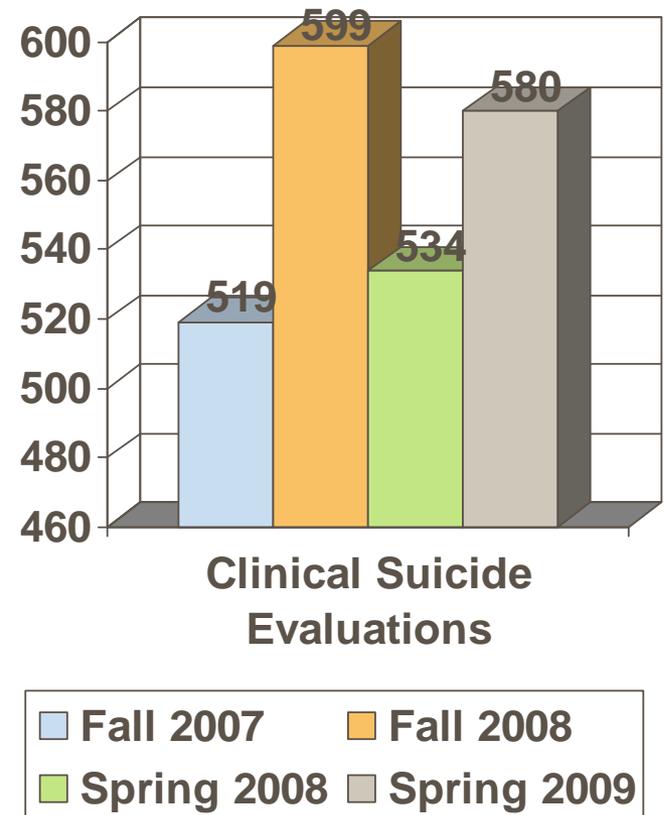
Overall Quality
Information Instruction
Training Materials



Relevant Useful
Expect to use

Campus Counseling Centers Addressing Depression/ Suicide

- **2007-2008 School yr**
662 students identified depression and 136 suicide as presenting concern
- **2008-2009 School yr**
767 students identified depression and 144 suicide as presenting concern



QPR Results

- QPR (Question, Persuade, Refer) Institute's *QPR Gatekeeper Program*
 - CSU Counseling Center staff are trained trainers (2/site minimum)
 - 1-2 hour training offered to residential and instructional faculty and staff on all 4 CSU campuses
 - 335 people trained , 11 training sessions
 - Training results aggregated with AMSR and ASIST by federal cross-site evaluation

- Implementation coincided with increased rates of referrals at all four campus counseling centers.

Additional CSU activities and accomplishments leveraged by the CYPSSI include:

- Increased collaboration with local hospitals and mental health providers to coordinate care
- Development and revival of campus-wide multidisciplinary healthy student-focused initiatives, including student behavior review teams to proactively respond to critical student issues
- Participation in university threat assessment teams
- Establishment of student organizations dedicated to mental health promotion and stigma reduction:
 - Active Minds on Campus (SCSU, University of New Haven, CT College, and Sacred Heart University), and
 - NAMI on Campus (CCSU and ECSU)

Continued

- Use of MentalHealthEdu online training and development of guides for faculty and staff to assist with identification and response to students in psychological distress
- Implementation and continued use of Titanium Schedule software system at SCSU, CCSU, ECSU, which streamlines counseling center management and assists with data collection
- CSU Counseling Center Director joined DCF Youth Suicide Advisory Board

CYSPI Training/Workforce Development

- **Partners:** CT Department of Children and Families, United Way of CT, and Wheeler Clinic/CT Clearinghouse
- **Goal:** To implement selected youth suicide prevention/early intervention strategies.
- **Objective:** To expand the existing Department of Children and Families (DCF)-sponsored training program in recognizing the signs and symptoms of suicidality and depression, and increase the capacity of the State's clinical workforce to assess and manage suicide risk.



CYSPI AMSR Training

Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals by the National Suicide Prevention Resource Center and Education Development Center, Inc.

- **Target Population:** Clinical staff (masters/PhD prepared clinicians) of the 17 CT Technical High Schools and Trumbull High School, the DCF Emergency Mobile Psychiatric Services clinicians, the CT State University (CSU) System Counseling Services staff, and the clinicians funded through the CYSPI at St. Francis Hospital and Medical Center and Quirk Middle School in Hartford, CT.
- **AMSR Training** is a one-day workshop which focuses on nine competencies that are core to assessing and managing suicide risk and is a collaboration of the American Association of Suicidology and the Suicide Prevention Resource Center.
- **AMSR Training for Trainers (TOT)** is a three-day training that prepares participants to become registered trainers of the one-day training.

CYSPI ASIST Training

Applied Suicide Intervention Skills Training by LivingWorks

- **Target Population:** Department of Children and Family (DCF) personnel, juvenile justice personnel, foster parents, and schools nurses (training participants). The trainings will be open to other people as space/funds permit, as approved by DMHAS.
- **ASIST 2-day Training** is a two-day workshop designed to provide participants with gatekeeping knowledge and skills. Gatekeepers are taught to recognize the warning signs of suicide and to intervene with appropriate assistance.
- **ASIST 5-day Training for Trainers (ASIST T4T)** prepares participants to become registered trainers of the 2-day training.

AMSR and ASIST Results

■ ASIST

- 144 people trained, 8 training sessions
- 15 ASIST-TOT people
 - 8 CT people and 7 US Army Chaplains
 - Over 140 people have been trained by 8 of 8 ASIST TOT graduates thus far

■ AMSR

- 154 AMSR-trained clinicians
- 23 AMSR TOT-trained clinicians
 - 19 CT Clinicians and 4 out-of-state
 - Over 120 additional people have been trained by 10 of 19 AMSR TOT graduates thus far

AMSR, ASIST, QPR Results

- Macro International Training Exit Survey aggregate findings indicate:
 - Participants reported overall satisfaction with their training experiences, trainers' knowledge, and the sites.
 - 81% reported they attended to increase their general awareness and knowledge of suicide for themselves and others.
 - 69% reported they attended to identify youth who might be at risk for suicide.
 - The highest area of impact was scored 3.4 of 4 and was "I will use a lot of what I learned from this training."
 - Other areas of high impact were: increased knowledge, helped people feel more prepared to offer help, and is pertinent to their work.

AMSR TOT Evaluation Results

■ Suicide Prevention Resource Center Evaluation

- 91% completed the evaluation. On average the clinicians had 20 years of experience (range 8-32)
- Majority were very satisfied with:
 - The training, the trainer and the training manuals
 - Felt the content was “just right” for their level
- Majority believed that the training:
 - Increased their confidence in assessing suicidal risk
 - Increased their confidence in managing clients at risk for suicide
 - Increased their familiarity with the core competencies for mental health professionals
 - Increased their familiarity with the fundamentals of Suicidology
 - Increased their knowledge in the nine core competencies featured in the workshop.
- All stated they would recommend the workshop to their peers.

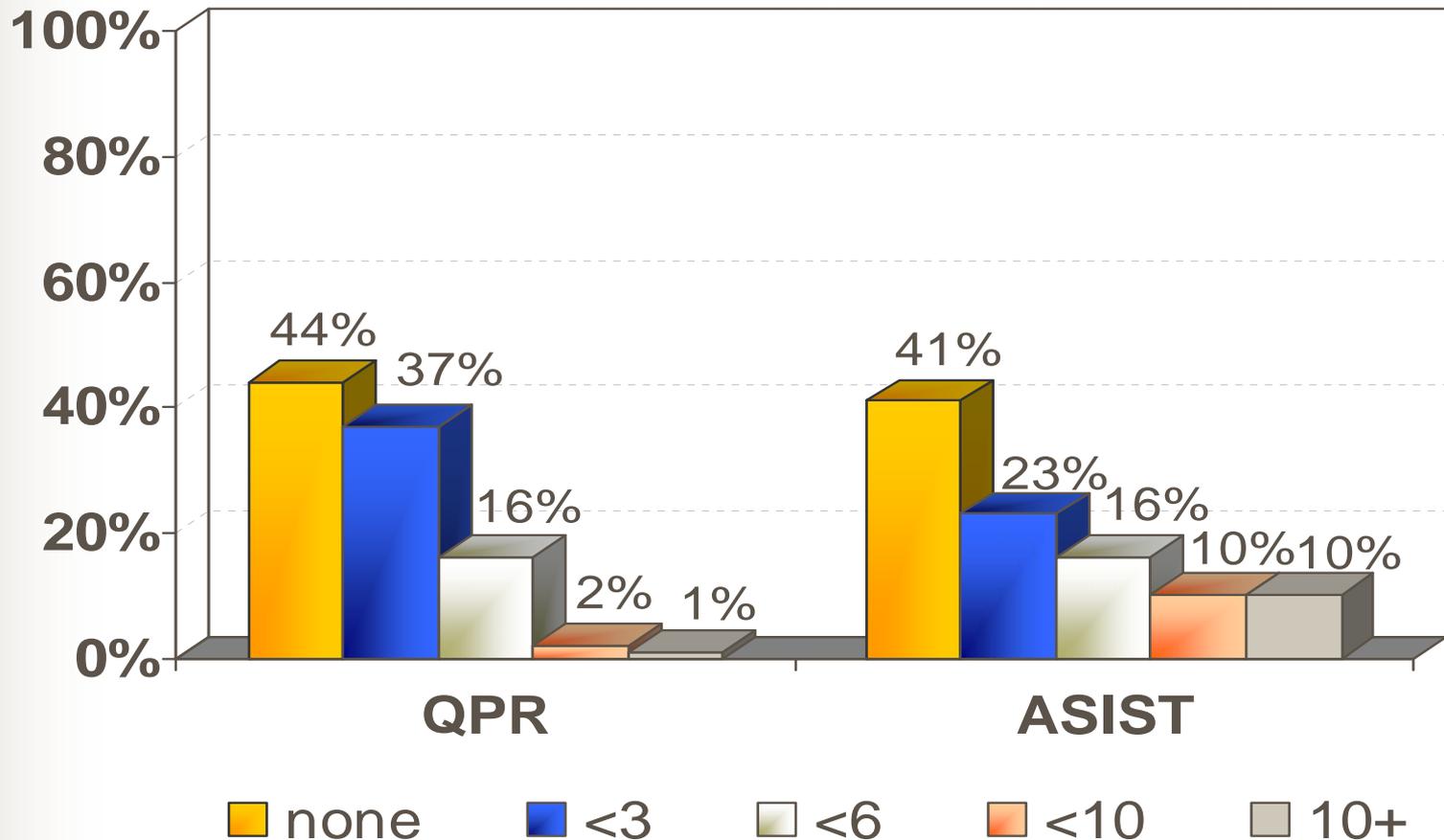
AMSR TOT Evaluation Results

- Macro International Training Utilization and Penetration Survey
 - Most of the participants reported:
 - That they had personally benefited from their attendance, and the overall feedback was positive
 - That the training provided up to date statistics and research and taught them how to assess suicidal ideation and creating safety plans
 - Sharing information learned in the training with co-workers, peer youth groups, and with trainees during trainings they facilitated
 - Having a heightened sense of awareness post-training
 - A desire for additional training on suicide prevention and related topics

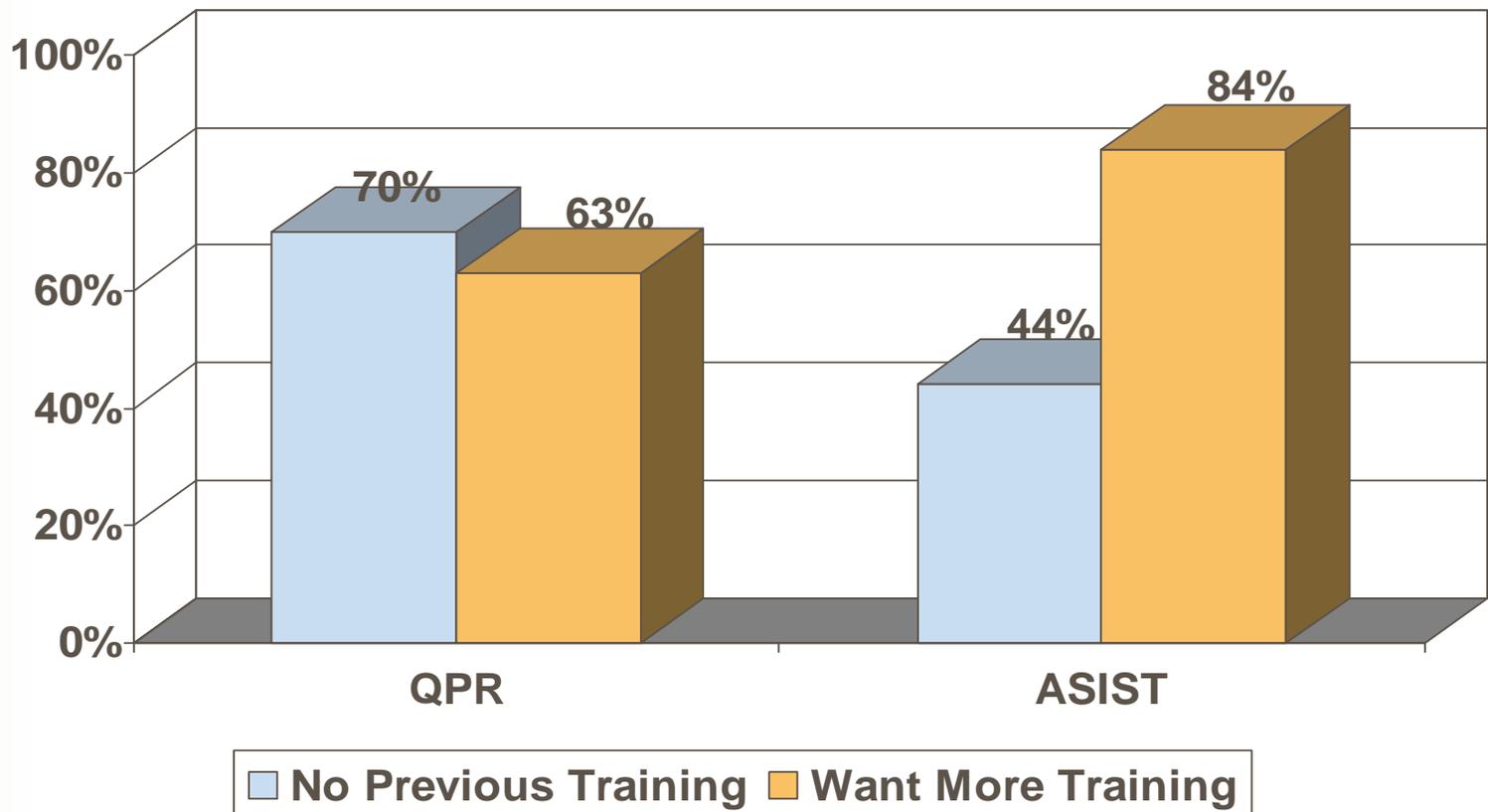
Gatekeeper Training Comparison: QPR vs. ASIST

Demographics	QPR n=335	ASIST n=144
Evaluation Participants	n=161 48%	n=80 56%
Male	33%	6%
Female	67%	94%
Modal age group	17-22	30-38
African American	25%	40%
European American	68%	58%
Hispanic	6%	2%

Referred suicidal youth to help 6 months following training



Past and Future Suicide Prevention Training



Gatekeeper Evaluation Results

- Results show QPR and ASIST being comparable despite their differences in content, cost and length.
- QPR and ASIST were well-received by trainees and both types of trainees reported that the training introduced them to new concepts about suicide prevention.
- QPR and ASIST trainees assessed their preparedness similarly as “quite well prepared to competently interact with a suicidal young person.”
- QPR and ASIST trainees rated their average knowledge about a variety of skills for assessing, interacting, and referring a suicidal young person very similarly, and both groups revealed similar levels of knowledge about suicide.

DMHAS Supported Mental Health & Suicide Prevention Training

- Prevention and Health Promotion Training
Collaborative and Catalog: www.ctclearinghouse.org
- Available to all prevention providers regardless of DMHAS funding.
- Trainings specific to mental health promotion and suicide prevention.
 - Mental Health First Aid
 - ASIST (Applied Suicide Intervention Skills Training)
 - SafeTALK (Suicide Alertness for Everyone) (Tell, Ask, Listen and KeepSafe)
 - Introduction to Suicide Prevention



Mental Health First Aid

Mental Health First Aid is a 12-hour interactive course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. www.mhamd.org

Presenters: Judith Stonger, MA, CPP and Jacey Liu, LCSW,
Wheeler Clinic

Curriculum Developer: Mental Health First Aid Training and
Research Program in Australia (“*MHFA Australia*”)

The logo for ASIST (Applied Suicide Intervention Skills Training) is displayed in a blue, serif font. The letters 'A', 'S', 'I', and 'T' each have a horizontal line through them. The logo is set against a decorative background featuring a yellow star on the left, green foliage in the center, and a blue, rocky or crystalline structure on the right.

ASIST

The **ASIST** (Applied Suicide Intervention Skills Training) workshop is for individuals who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. www.livingworks.net

Presenters: Judith Stonger, MA, CPP and Jacey Liu, LCSW,
Wheeler Clinic

Curriculum Developer: LivingWorks



safeTALK

safeTALK (Suicide Alertness for Everyone) (Tell, Ask, Listen and KeePSafe) is a 3 hour training that prepares individuals over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. www.livingworks.net

Presenters: Judith Stonger, MA, CPP and Jacey Liu, LCSW,
Wheeler Clinic

Curriculum Developer: LivingWorks

Intro to Suicide Prevention

Introduction to Suicide Prevention

This course includes an overview of risk and protective factors across the lifespan that place certain individuals at increased risk for suicide. An array of preventive intervention strategies are explored, including examples of “effective” and “promising” evidence-based programs. Participants: 1) learn about the signs and symptoms of mental illness and the risk factors for suicide for individuals across the lifespan and 2) increase their awareness of multi-level preventive intervention strategies targeting individuals and communities. An interactive component is built in throughout.

Presenter and Curriculum Developer: Susan Ottenheimer, LCSW,
The Consultation Center

CYSPI Statewide Education and Awareness Campaign

- **Partners:** CT Department of Children and Families and Wheeler Clinic/CT Clearinghouse
- **Objective 1:** To build the capacity of CT communities to promote the mental health and wellness of youth/young adults through the use of a youth driven, positive community youth development approach that embraces youths' desire to create change in their surrounding environments.
- **Objective 2:** To increase the capacity of youth/young adults to manage their own mental health and wellness through the education of stress management strategies, warning signs that it is time to seek additional assistance from a trusted adult, and where to go for help within their community or school.



Activities

- Approved strategies include establishment of:
 - An Active Minds Chapter on a College Campus
 - A Yellow Ribbon Campaign in a High School
 - Development of an innovative local approach based on community interest, needs and input.

- Fourteen mini-grants (7 each year) were awarded to a variety of youth and young adult serving agencies, organizations and schools with pre-existing youth groups or prior experience with youth.
 - Cohort 1 (2007-2008): 2 Yellow Ribbon Programs, 2 Active Minds on Campus Chapters, and 4 “Design Your Own” approaches.

 - Cohort 2 (2008-2009): 4 Yellow Ribbon Programs, 1 implemented and 1 enhanced Active Minds on Campus Chapters, and 2 “Design Your Own” approaches.

Results

- A total of over 3,000 people of all ages have participated in CYSPI funded activities through this initiative. This is equal to 7 Boeing 747-400 planes!!!



- Populations involved included: youth, parents, schools, colleges, universities, community members, community-based and youth organizations, hospitals, fraternal organizations/lodges, town departments, politicians, and mental health clinicians.

Yellow Ribbon Evaluation

- One Yellow Ribbon grantee performed pre-/post-surveys with the 13-15 year-old Peer Leaders and Peer Mentors.
 - 78% increased their understanding of factors that put youth at risk of suicide, while 22% stayed the same.
 - 78% strongly agree, and 22% agreed with the statement, “If a friend or fellow student came to me because she/he was depressed or having suicidal thoughts, I would know who to go to for help.
 - 89% strongly agreed and 11% agreed with the statement, “I know what resources are available to me if I am feeling depressed or having suicidal thoughts.
 - 67% strongly agreed, and 33% agreed with the statement, “I think that the Yellow Ribbon program makes it easier for youth to ask for help if they are depressed or having suicidal thoughts.
 - 100% would recommend the Yellow Ribbon program presentation to others.

Sustainment Activities

- **Garrett Lee Smith (GLS) Federal Program**
 - Recent increase to SAMHSA of \$6 million for GLS Program, now totaling \$54.2 million
 - Re-application is allowed
 - Strong focus on connecting with attempt survivors

- **CT-GLS related**
 - Screening and brief treatment model at Saint Francis Hospital
 - Majority of programs initiated via the mini-grant program
 - SOS High School Program at majority of schools in study
 - Clinical services, Titanium software, QPR and NDSD at CSUs, awareness activities and expansion efforts

Continued

- MHFA, ASIST, safe-TALK, Intro to SP training via DMHAS PHP Collaborative
- EMPS incorporation of AMSR components in clinician training and utilization of SOS curriculum for school programs
- Nomination of EMPS Program to NREPP Service to Science Academy
- Statewide Healthy Campus Initiative expansion to include mental health & suicide
- Inclusion of suicide in Regional Action Council Sub-Regional Profiles
- Re-application to SAMHSA in 2011?

For More Information

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