State and Tribal Infrastructure to Monitor Early Identification, Referral and Follow-up of Youth at Risk for Suicide in Schools

HAILEY REID, YE XIU, CHAD RODI, CHRISTINE WALRATH, RICHARD MCKEON

BACKGROUND

- Suicide is the third leading cause of death for youth aged 10-24 resulting in about 4,405 deaths among young people every year
- 2007 YRBS:
  - 6.9% of high school students had attempted suicide
  - 14.5% of students had seriously considered attempting suicide
  - 11.3% of students nationwide had made a plan about how they would attempt suicide
- Higher rates among certain subgroups, especially young Native Americans and Alaska Natives

GARRETT LEE SMITH MEMORIAL ACT

- To date, more than $100 million has been appropriated for the GLSMA
- As of October 1, 2009, 86 State, Tribal, and Territorial grantees have been funded:
  - 14 in Cohort 1 (1 tribe; 13 states)
  - 24 in Cohorts 2 and 3 (6 tribes; 18 states)
  - 23 new communities in Cohort 4 and 7 Cohort 1 communities were re-funded (12 tribes; 17 states; 1 territory)
  - 4 new communities were funded in Cohort 5 in addition to 14 re-funded from Cohort 2 and 2 re-funded from Cohort 1 (4 tribes; 14 states)

OBJECTIVES

- Assess the extent to which youth identified at-risk for suicide by trained gatekeepers or through mental health screenings are referred to and receive appropriate services.
- Document the result of screening activities or gatekeeper trainings.
- Identify gaps in referral network.
- Improve or create data collection systems to track service referral and receipt.

METHODOLOGY

- Data was abstracted from an existing data system or collected as part of the sites’ efforts to monitor service access for youth identified at risk for suicide.
- Data elements:
  - Was a mental health or non-mental health referral made?
  - When was the referral made?
  - What type of referral was made?
  - Did the youth receive services?
  - When was the service received?
  - What type of service was received?
  - Demographic information (i.e., age, race, gender)

DATA COLLECTION STRATEGIES

Example 1:
- Gatekeeper training; policy and protocol development
- School-based coordinators use event logs to track youth identified by gatekeepers and follow-up to ensure that the youth attended the appointment.
- Referrals to mental health professionals in the community

Example 2:
- Bullying prevention training; tracking protocol
- Point person in each school is responsible for tracking youth and enter into an electronic data collection system.
- Refer youth to school counselor.
DATA COLLECTION STRATEGIES (CON’T)

Example 3:
- Teen screen
- School counselor submits the data quarterly using a web-based survey.
- Referrals to school counselor for a mental health assessment.

Example 4:
- QPR training
- Modified client intake forms to include EIRF element
- Refer youth at risk to a mobile crisis response team who conducts a mental health assessment and provide on-going individual therapy

SAMPLE

- 3,812 youth were identified as at risk for suicide in schools
- 70% (n=28) of the sites contributing data worked in school-based settings
- Other settings include child welfare agencies, juvenile justice, law enforcement agencies (n=12)

DEMographics

- Average age: 14.6
- Gender: 65.3% female; 34.7% male
- Race:
  - 61.5% White
  - 16.4% Black or African American
  - 11.0% Hispanic
  - 8.4% American Indian or Alaska Native
  - 0.9% Asian
  - 0.9% Native Hawaiian or Other Pacific Islander

NUMBER OF YOUTH IDENTIFIED IN SCHOOLS

Total: 3,812
Screening: 2,998
Gatekeepers: 814

SERVICE REFERRALS

- Mental health referral
- Non-mental health referral
- Neither

*Examples of ‘Other’ include: peer, self, primary care provider and police officer.
### TYPE OF MENTAL HEALTH REFERRAL

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health assessment/treatment</td>
<td>4.6%</td>
</tr>
<tr>
<td>Substance use assessment/treatment</td>
<td>1.6%</td>
</tr>
<tr>
<td>Emergency room or mobile crisis</td>
<td>2.5%</td>
</tr>
<tr>
<td>Psychiatric hospitalization</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>96.2%</td>
</tr>
</tbody>
</table>

N=2703

*Examples of 'Other' include grief counseling, trauma group, medication management.

### TYPE OF NON-MENTAL HEALTH REFERRAL

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed availability of other supports</td>
<td>13.5%</td>
</tr>
<tr>
<td>Informed youth of crisis hotline</td>
<td>65.9%</td>
</tr>
<tr>
<td>Tutoring/academic counseling</td>
<td>11.4%</td>
</tr>
<tr>
<td>Physical Health referral</td>
<td>12.1%</td>
</tr>
<tr>
<td>Recreational/after-school activities</td>
<td>32.7%</td>
</tr>
<tr>
<td>Other</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

N=703

*Examples of 'Other' include referral to clergy, mentor program, women's shelter.

### PERCENT THAT RECEIVED THE MENTAL HEALTH SERVICE THEY WERE REFERRED TO

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Screening</td>
<td>25.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Gatekeeping Activities</td>
<td>21.4%</td>
<td>78.6%</td>
</tr>
</tbody>
</table>

N=1110

### REASON NO SERVICE WAS RECEIVED

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action was taken by the youth or family within 3 months of the referral</td>
<td>72.3%</td>
</tr>
<tr>
<td>Person that identified the youth made an appointment but the youth did not attend</td>
<td>22.6%</td>
</tr>
<tr>
<td>Attempted to make appointment but was wait-listed for at least 3 months</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

N=389

*For those youth for whom grantees submitted follow-up data to the cross-site evaluation.

### TYPE OF SERVICE RECEIVED

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health assessment</td>
<td>72.0%</td>
</tr>
<tr>
<td>Individual therapy</td>
<td>20.0%</td>
</tr>
<tr>
<td>Other service</td>
<td>4.6%</td>
</tr>
<tr>
<td>Emergency room services</td>
<td>3.0%</td>
</tr>
<tr>
<td>Group therapy</td>
<td>1.5%</td>
</tr>
<tr>
<td>Substance use assessment</td>
<td>1.2%</td>
</tr>
<tr>
<td>Substance abuse counseling</td>
<td>0.5%</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>0.4%</td>
</tr>
<tr>
<td>Family therapy</td>
<td>0.4%</td>
</tr>
</tbody>
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N=1217

### DISCUSSION

- With support and training, schools can develop or access data to track identification, referral, and follow-up of youth at risk for suicide.
- Mental health screening and trained gatekeepers identifying youth at risk for suicide are different but complimentary approaches to identifying and responding to youth in crisis.
- Both can increase access to service for youth in distress that may not regularly come in contact with mental health professionals.
Contact Information

Hailey M. Reid
Senior Research Associate
ICF Macro
646-695-8164
Hailey.M.Reid@macrointernational.com