Situating Mental Health Literacy & Suicide Prevention within PBIS
Integration and Alignment of Suicide Prevention with the PBIS Framework

Prevention and skill building emphasizing social, emotional, and behavioral wellness

**PBIS Core Components**
- Evidence based interventions and strategies.
- Data informed decision making.
- System development to enable accurate and durable implementation.

**Strategies to support students known to be at higher risk of suicide**
- Individualized student interventions and supports.
- Crisis response and community partnerships.
- Ongoing program changes based on progress monitoring associated with students response to intervention.

**Strategies to identify and support students that may be at risk of suicide**
- Targeted training for specialized staff (e.g., school mental health professionals, school nurses, administrators).
- Targeted small group interventions for students.
- Suicide risk screening and/or assessment.

**Approaches that create emotionally and physically safe environments for students**
- Gatekeeper training for staff, students, and families.
- Social-emotional learning interventions to enhance protective factors (e.g., healthy coping, help-seeking).
- School-wide initiatives to increase protective factors to reduce risk factors (e.g., bullying prevention, trauma-informed practices reflecting rapport, clarity of expectations, positive reinforcement).
- School-wide, classroom, and individual-level data collection and analyses.

**School-based Suicide Prevention**
- Policies and procedures for prevention, intervention and postvention.
- Education for students, staff, and families.
- Screening and assessment.
Interconnected Systems Framework (ISF)

A structure and process to integrate Positive Behavioral Interventions and Supports and School Mental Health within school systems. The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth.
ISF Enhances MTSS Core Features

• **Effective teams** that include community mental health providers
• **Data-based** decision making that include school data beyond ODRs and community data
• Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
• **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
• Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
• Ongoing **coaching** at both the systems & practices level for both school and community employed professionals
Pennsylvania Youth Survey (PAYS)

- Voluntary survey conducted with 6, 8, 10 and 12 grade students to learn about their behavior, attitudes and knowledge concerning risk and protective factors in their lives.

- The survey is conducted on an every other year basis and is sponsored through the Pennsylvania Commission on Crime and Delinquency in collaboration with the Pennsylvania Department of Education.

- Approximately 75% of school districts in Pennsylvania are projected to conduct the PAYS during the 2017-18 school year.

- Primary focus is on 1) providing school leaders with critical information concerning changes in patterns in the use and abuse of harmful substances and behaviors, and 2) assessing risk factors that are related to undesired behaviors and the protective factors that help guard against concerning behavior.
Using PAYS Data: Logic Model
(Adapted from Safe Schools/Healthy Students: SAMHSA)

• Designing, implementing and sustaining effective data-driven school-based programs to enhance social-emotional-behavioral wellness of students and staff requires the application of multi-tiered logic within an organized framework.

<table>
<thead>
<tr>
<th>Needs &amp; Gaps</th>
<th>Data Sources</th>
<th>Objectives</th>
<th>Activities, Curricula, Programs, Services, Strategies &amp; Policies</th>
<th>Partner Roles &amp; Resources</th>
<th>Process Measures</th>
<th>Impact &amp; Outcome Measures</th>
</tr>
</thead>
</table>


Once the multi-tiered logic is applied through the logic model framework, attention turns to developing **action plans** to implement the identified activities, curricula, programs, services, strategies and policies (see middle column from the logic model framework).

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
<th>What action will occur?</th>
<th>Who will carry it out?</th>
<th>What resources are needed?</th>
<th>By when and how to monitor?</th>
<th>Communication How and Whom?</th>
<th>Resources needed</th>
<th>Status Updates</th>
</tr>
</thead>
</table>

**Using PAYS Data: Action Plans**
(Adapted from Safe Schools/Healthy Students: SAMHSA)
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The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of implementation.

See the Active Implementation Hub Resource Library
http://implementation.fpg.unc.edu

EBP:

<table>
<thead>
<tr>
<th>EBP:</th>
<th>High</th>
<th>Med</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Point Rating Scale:</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Availability</td>
<td></td>
<td></td>
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<tr>
<td>Evidence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Readiness for Replication</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Capacity to implement</td>
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</tbody>
</table>

Capacity to Implement:
- Staff meet minimum qualifications
- Sustainability:
  - Staff Competencies
  - Organization
  - Leadership
  - Financial
- Buy-in process operationalized:
  - Practitioners
  - Families

Fit with current initiatives:
- School, district, state priorities
- Organizational structures
  - Community values

Readiness for Replication:
- Qualified purveyor
- Expert or TA available
- Mature sites to observe
- Several replications
- Operational definitions of essential functions
- Implementation components operationalized:
  - Staff Competency
  - Org. Support
  - Leadership

Evidence:
- Outcomes – Is it worth it?
- Fidelity data
- Cost-effectiveness data
- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness

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Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)

Resources and supports for:
- Curricula & Classroom
- Technology supports (IT dept.)
- Staffing
- Training
- Data Systems
- Coaching & Supervision
- Administration & system
Selected EBPs Associated with Suicide Prevention

- Social Emotional Learning Curriculum:
  - Positive Action
  - Second Step
- Universal Screening:
  - SRSS-IE
- Gatekeeper Trainings:
  - YMHFA
  - QPR
  - Kognito
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Examples of Statements / Questions Survey 1 using a Likert type scale for Responses: To occur between 1 – 4 weeks following initial training (response options are 1= strongly disagree, 2=disagree, 3= agree, and 4= strongly agree).

1) As a result of YMHFA training, I am more aware of how social, emotional and behavioral matters might influence student learning.

2) As a result of YMHFA training, I am better able to recognize the signs that a student may be experiencing a mental health challenge.

3) As a result of YMHFA training, I am better able to effectively reach out to a student who may be experiencing a mental health challenge.

4) As a result of YMHFA training, I am more aware of my own views and feelings about mental health problems and disorders and how my views and feelings can influence my interactions with my students.

5) Based on my experiences with initial YMHFA training, I feel sufficiently prepared to provide mental health first aid to a student at school or in the community.
### Pre-Service Training Example YMHFA (Part 1)

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Agree/ Agree</th>
<th>Strongly Disagree/ Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) As a result of YMHFA training, I am more aware of how social,</td>
<td>92.9 %</td>
<td>7.1%</td>
</tr>
<tr>
<td>emotional, and behavioral matters might influence student learning.</td>
<td></td>
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<td></td>
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<tr>
<td>2) As a result of YMHFA training, I am better able to recognize</td>
<td>91.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>the signs that a student may be experiencing a mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>challenge.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) As a result of YMHFA training, I am better able to effectively</td>
<td>91.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>reach out to a student who may be experiencing a mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>challenge.</td>
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</tbody>
</table>
Examples of Statements / Questions Survey 2: To occur between 3 - 4 months following initial training (responses will be in drop down menu form).

1) Since my initial training in YMHFA, have you been more sensitive to the social, emotional and behavioral health needs of your students? (Drop down menu with Yes, No, Uncertain options)

2) Since my initial training in YMHFA, have you applied aspects of the YMHFA action plan referred to as ALGEE (or applied the action plan known as ALGEE in its entirety) with a youth in either school or community settings? (Drop down menu of Yes or No)

-----------------------------------------------------------------

Note: The following items become relevant for those who indicated they have applied aspects of the YMHFA action plan or ALGEE in its entirety:

1) Since your initial training in YMHFA, which aspects of the YMHFA action plan known as ALGEE have you applied with a youth? (drop down menu of ALGEE asking them to check all that apply)

2) With how many students /young people have you applied aspects of the YMHFA action plan or ALGEE in its entirety? (drop down menu of 1-2, 3-4, 4-5, and more than 5 students/youth).

3) As a result of your efforts in providing YMHFA, in your own opinion, did your provision of YMHFA have a constructive impact? (Drop down menu of Yes, No, Uncertain)
<table>
<thead>
<tr>
<th>Number of ALGEE Elements Used</th>
<th>Frequency</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>1</td>
<td>27</td>
<td>22.5%</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>15.8%</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>26.7%</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>9.2%</td>
</tr>
<tr>
<td>5</td>
<td>31</td>
<td>25.8%</td>
</tr>
</tbody>
</table>