Promoting Mental Health in Schools
School Counselor Summer Institute
June 29, 2017

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360-725-6044

Learning Targets

1. HYS Suicide and Mental Health Data
2. Suicide Prevention and Crisis Planning
3. Health Standards
4. Social Emotional Learning
5. Mental Health in Schools
6. Resources
### Mental Health Crisis Lines by County

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>509-488-4611</td>
</tr>
<tr>
<td>Ferry</td>
<td>1-866-268-5105</td>
</tr>
<tr>
<td>Lincoln</td>
<td>1-888-380-6823</td>
</tr>
<tr>
<td>Okanogan</td>
<td>509-826-6191 or 1-866-826-6191</td>
</tr>
<tr>
<td>Pend Oreille</td>
<td>1-866-847-8540</td>
</tr>
<tr>
<td>Spokane</td>
<td>509-838-4428 or 1-877-678-4428</td>
</tr>
<tr>
<td>Stevens</td>
<td>1-888-380-6823</td>
</tr>
<tr>
<td>Chelan</td>
<td>1-800-584-3578</td>
</tr>
<tr>
<td>Skagit</td>
<td>1-800-584-3578</td>
</tr>
<tr>
<td>Whatcom</td>
<td>1-800-584-3578</td>
</tr>
<tr>
<td>Clallam</td>
<td>1-800-380-4522</td>
</tr>
<tr>
<td>Jefferson</td>
<td>1-800-385-0321</td>
</tr>
<tr>
<td>Kitsap</td>
<td>360-479-3033 or 1-800-843-4793</td>
</tr>
<tr>
<td>King County</td>
<td>1-866-427-4747</td>
</tr>
<tr>
<td>Optum Health BHO</td>
<td>1-800-576-7764</td>
</tr>
<tr>
<td>Thurston-Mason BHO</td>
<td>1-800-320-0041 or 1-360-754-1338</td>
</tr>
<tr>
<td>Clallam</td>
<td>1-800-452-4500 or 1-800-643-4793</td>
</tr>
<tr>
<td>Jefferson</td>
<td>1-877-410-4803</td>
</tr>
<tr>
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</table>

**Source:** WA DSHS State Mental Health Crisis Lines
2016 Mental Health Status

1 out of 3 10th graders had depressive feelings
1 out of 5 10th graders had serious thoughts about suicide
1 out of 10 10th graders attempted suicide

Note: Depressive feeling: felt so sad or hopeless for two weeks in a row that they stopped doing usual activities.

10th Grade: Substance Use and Mental Health Status 2016

10th graders experiencing depressive feelings were also more likely to report substance use.

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?

% 10th graders from state sample responding Yes, HYS

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>29.5%</td>
<td>4776</td>
</tr>
<tr>
<td>2004</td>
<td>32.6%</td>
<td>7625</td>
</tr>
<tr>
<td>2006</td>
<td>30.3%</td>
<td>8040</td>
</tr>
<tr>
<td>2008</td>
<td>30.2%</td>
<td>6555</td>
</tr>
<tr>
<td>2010</td>
<td>29.8%</td>
<td>6533</td>
</tr>
<tr>
<td>2012</td>
<td>30.9%</td>
<td>8173</td>
</tr>
<tr>
<td>2014</td>
<td>34.9%</td>
<td>8625</td>
</tr>
<tr>
<td>2016</td>
<td>34.5%</td>
<td>10,523</td>
</tr>
</tbody>
</table>

During the past 12 months, did you ever **seriously consider attempting suicide**?

% 10th grade students answered Yes, HYS

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>17.8%</td>
<td>2545</td>
</tr>
<tr>
<td>2004</td>
<td>18.4%</td>
<td>3961</td>
</tr>
<tr>
<td>2006</td>
<td>15.1%</td>
<td>4272</td>
</tr>
<tr>
<td>2008</td>
<td>17.3%</td>
<td>6552</td>
</tr>
<tr>
<td>2010</td>
<td>17.6%</td>
<td>6522</td>
</tr>
<tr>
<td>2012</td>
<td>18.8%</td>
<td>8146</td>
</tr>
<tr>
<td>2014</td>
<td>20.5%</td>
<td>8601</td>
</tr>
<tr>
<td>2016</td>
<td>20.6%</td>
<td>10,493</td>
</tr>
</tbody>
</table>
During the past 12 months, did you make a plan about how you would attempt suicide?

When you feel sad or hopeless, are there adults that you can turn to for help?
## Suicide Prevention Requirements & Resources

### Suicide Prevention Legislation Timeline

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Adds mental health and suicide prevention to the essential academic learning standards in health and fitness RCW 28A.230.095</td>
<td>School counselor, psychologist, social worker, and nurse to receive suicide prevention training. RCW 28A.410.226</td>
<td>OSPI to assist schools in implementing youth suicide prevention activities. RCW 28A.300.288</td>
</tr>
<tr>
<td></td>
<td><em>Issues of Abuse</em> course content include recognition, screening, and response to emotional or behavioral distress in students, substance abuse, violence, and youth suicide. RCW 28A.410.035</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students substance abuse, violence, and youth suicide. RCW 28A.320.127</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Requires that each Educational Service District develop and maintain the capacity to train on youth suicide screening and referral, and student emotional and behavioral distress. RCW 28A.310.500</td>
<td></td>
</tr>
</tbody>
</table>
Plan for recognition, screening, and response to emotional or behavioral distress

RCW 28A.320.127
Starting in the 2013-14 School Year

Prevention: Identification of training opportunities for staff

- In recognition, screening, and referral of students experiencing emotional or behavioral distress
- How to use the expertise of district staff who have been trained in recognition, screening, and referral
- Plans for annual training of all staff

Intervention: How staff should respond to suspicions, concerns, or warning signs

- Establish internal referral systems for all staff to use when concerned about a student
- Development of partnerships with community organizations and agencies for referral of students to primary care, behavioral health, and social support services, including development of at least one memorandum of understanding
- How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others

Postvention: Communication Protocols and Supports

- Protocols and procedures for communication with parents
- How the district will provide support to students and staff during and after a crisis
- Debrief and Process improvement

Suicide Prevention through the MTSS Lens

**Tier II: Targeted Interventions**
- MOU with local or regional Primary Care and Behavioral Health Service Provider
- Referral of students screened to primary care, behavioral health, and other social support services.

**Tier I: Universal Interventions**
- Essential Academic Learning Standards to include mental health and suicide prevention.
- School District Plan Components:
  - Staff Training and Certification
  - Procedures for how staff should respond to suspicions, concerns, or warning signs
  - Recognition, screening, and referral procedures that incorporate staff expertise

**Tier III: Intensive Interventions**
- Protocols and procedures for communication with parents
- Protocol and procedure for how staff are to respond in a crisis situation where a student is in imminent danger to themselves or others
- How the district will provide support to students and staff after an incident of violence or youth suicide.
- Individual student reentry plans that include safety plans.
Substitute Senate Bill 6431, 2014  
School Suicide Prevention RCW 28A.300.288

OSPI partners with state agency and community agencies to assist schools in implementing youth suicide prevention activities.

- **Technical Assistance for Schools and Educational Service Districts**
- **Update and Maintain OSPI’s Suicide Prevention Webpage** with plan guidance and other resources
- **Partnership with the Professional Educator Standards Board** to review and approve training required for certification/recertification
- **UW Forefront Innovations in Suicide Prevention Rural Community Initiatives**
- Implementation of the **Statewide Suicide Prevention Plan**

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### Health Education Standards – Updated Spring 2016

Content covers social emotional learning now included in the [Health Education Standards](#) and outcomes:

**Core Idea:** Social Emotional Health (So) grades K-12

**Topics:**
- Self-Esteem
- Body Image
- Stress Management
- Expressing Emotions
- Harassment, Intimidation, and Bullying
- Emotional, Mental, and Behavioral Health
Department of Health:
Start a Convo, Save a Life

- One Conversation Saved My Life: [https://youtu.be/FygtjeUVJLA](https://youtu.be/FygtjeUVJLA)

- A Friend Asks App

- School Packet
  - Teacher's Guide
  - Parent-Caregiver Letter
  - Resources for Youth
  - Resources for Teachers and Parents/Caregivers

For information on how to use this campaign at your high school, contact Sigrid Reinert sigrid.reinert@doh.wa.gov

Social Emotional Learning
Recommended Standards and Benchmarks from the Workgroup included in the 2016 Report to the Legislature:

Addressing Social Emotional Learning in WA K-12 Public Schools, October 2016
### Awareness

<table>
<thead>
<tr>
<th>SELF</th>
<th>SOCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STANDARD 1</strong></td>
<td><strong>STANDARD 4</strong></td>
</tr>
<tr>
<td><strong>SELF-AWARENESS</strong> – Individual has the ability to identify and name one’s emotions and their influence on behavior.</td>
<td><strong>SOCIAL AWARENESS</strong> – Individual has the ability to take the perspective of and empathize with others from diverse backgrounds and cultures.</td>
</tr>
<tr>
<td><strong>BENCHMARK 1A</strong></td>
<td>Demonstrates awareness and understanding of one’s emotions.</td>
</tr>
<tr>
<td><strong>BENCHMARK 1B</strong></td>
<td>Demonstrates knowledge of personal strengths, areas for growth, culture, linguistic assets, and aspirations.</td>
</tr>
<tr>
<td><strong>BENCHMARK 1C</strong></td>
<td>Demonstrates awareness and understanding of family, school, and community resources and supports.</td>
</tr>
<tr>
<td><strong>BENCHMARK 4A</strong></td>
<td>Demonstrates awareness of other people’s emotions, perspectives, cultures, language, history, identity, and ability.</td>
</tr>
<tr>
<td><strong>BENCHMARK 4B</strong></td>
<td>Demonstrates an awareness and respect for one’s similarities and differences with others.</td>
</tr>
<tr>
<td><strong>BENCHMARK 4C</strong></td>
<td>Demonstrates an understanding of the social norms of individual cultures.</td>
</tr>
</tbody>
</table>

### Management

<table>
<thead>
<tr>
<th>SELF</th>
<th>SOCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STANDARD 2</strong></td>
<td><strong>STANDARD 5</strong></td>
</tr>
<tr>
<td><strong>SELF-MANAGEMENT</strong> – Individual develops and demonstrates the ability to regulate emotions, thoughts, and behaviors in contexts with people different than oneself.</td>
<td><strong>SOCIAL MANAGEMENT</strong> – Individual has the ability to make safe and constructive choices about personal behavior and social interactions.</td>
</tr>
<tr>
<td><strong>BENCHMARK 2A</strong></td>
<td>Demonstrates the skills to manage and express one’s emotions, thoughts, impulses, and stress in constructive ways.</td>
</tr>
<tr>
<td><strong>BENCHMARK 2B</strong></td>
<td>Demonstrates constructive decision-making and problem solving skills.</td>
</tr>
<tr>
<td><strong>BENCHMARK 5A</strong></td>
<td>Demonstrates a range of communication and social skills to interact effectively with others.</td>
</tr>
<tr>
<td><strong>BENCHMARK 5B</strong></td>
<td>Demonstrates the ability to identify and take steps to resolve interpersonal conflicts in constructive ways.</td>
</tr>
<tr>
<td><strong>BENCHMARK 5C</strong></td>
<td>Demonstrates the ability to engage in constructive relationships with individuals of diverse perspectives, cultures, language, history, identity, and ability.</td>
</tr>
</tbody>
</table>
### Efficacy and Engagement

#### SELF

<table>
<thead>
<tr>
<th>STANDARD 3</th>
<th>SELF-EFFICACY – Individual has the ability to motivate oneself, persevere, and see oneself as capable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENCHMARK 3A</td>
<td>Demonstrates the skills to set, monitor, adapt, persevere, achieve, and evaluate goals.</td>
</tr>
<tr>
<td>3B</td>
<td>Demonstrates problem-solving skills to engage responsibly in a variety of situations.</td>
</tr>
<tr>
<td>3C</td>
<td>Demonstrates awareness and ability to speak on behalf of personal rights and responsibilities.</td>
</tr>
</tbody>
</table>

#### SOCIAL

<table>
<thead>
<tr>
<th>STANDARD 6</th>
<th>SOCIAL ENGAGEMENT – Individual has the ability to consider others and a desire to contribute to the well-being of school and community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENCHMARK 6A</td>
<td>Demonstrates a sense of social and community responsibility.</td>
</tr>
<tr>
<td>6B</td>
<td>Demonstrates the ability to work with others to set, monitor, adapt, achieve, and evaluate goals.</td>
</tr>
<tr>
<td>6C</td>
<td>Demonstrates effective strategies to contribute productively to one’s school, workplace, and community.</td>
</tr>
</tbody>
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**Adverse Childhood Experiences**

- Mental Illness, Depression, Suicide Ideation at home
- Family Member with Substance Use Disorder
- Loss of a parent to death or abandonment, including divorce
- Incarceration of any family member
- Witness of Domestic Violence against the Mother
- Physical Neglect
- Child Physical Abuse
- Child Sexual Abuse
- Child Emotional Abuse
- Emotional Neglect

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**Students with 3 or more ACEs are 2 ½ times more likely to fail a grade and have more discipline problems**

**Students with 3 or more ACEs have poorer health**

**Students with 3 or more ACEs score lower on standardized tests and have language difficulties**
Trauma Responsive Schools

Free download available at: http://www.k12.wa.us/CompassionateSchools/HeartofLearning.aspx

Training Modules Available at: http://www.k12.wa.us/CompassionateSchools/Resources.aspx

The Heart of Learning and Teaching:
Compassion, Resiliency, and Academic Success

School-based Mental Health
Mental Health in Schools

- Students are experiencing significant mental health issues
- Students with co-occurring behavioral health issues (mental health and substance use) are less likely to graduate
- Barriers create limited access to behavioral health services in the community
- Nearly 50% of students age 14 and older with a mental illness drop out of high school

The average delay between symptom onset and mental health interventions is 8-10 years

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
School Mental Health through the MTSS Lens

**Tier I: Universal Supports**
- Caring interpersonal relationships
- Social Emotional Learning
- Trauma-responsive practices
- Behavioral health literacy for staff and students:
  - Substance Use Prevention
  - Mental Health Promotion
  - Education

**Tier II: Targeted Supports**
- Referral and case management
- Early identification and screening
- Effective individual and group interventions (example: Check in/Check out, intervention groups)

**Tier III: Intensive Supports**
- Counseling & Treatment Services
- Support Teams
- Deepened collaboration with youth, families, and community providers (e.g.: WISE)
- Wraparound planning
- Referral to outside services

OSPI’s Mental Health Supports

**Project AWARE (Advancing Wellness and Resilience in Education)**

- Mental Health in High School Curriculum Resource (includes alignment with Health Standards)
- Youth Mental Health First Aid
- OSPI Mental Health and Schools web page
Children’s Mental Health Workgroup (E2SHB 2439) 2016

Increasing access to adequate and appropriate mental health services for children and youth.

- Identify barriers to accessing mental health services for children and families
- Advise the Legislature on statewide mental health services for children and youth
- **Final Report** December 2016

Resulting Legislation from the Children’s Mental Health Workgroup Report

**E2SHB 1713**—signed by Gov. Inslee May 5, 2017, Includes:

**Health Care:**
- Depression screening for youth 12-18 and mothers of infants birth to 6 mos*.
- **Health Care Authority** annual reporting requirement on provider availability, accepting new patients, languages spoken
- Reimbursement for Telemedicine

**Mental Health Workforce Development:**
- One 24 mo child psychiatry residency @ WSU*

**Mental Health Service Delivery and Care Coordination:**
- **OSPI** pilot project leads at 2 ESDs, includes a case study report for replication of efforts*
- **Health Care Authority** to oversee care coordination; maintain adequate capacity of service providers, appointment follow-up, co-treat with primary care, current information on the behavioral health resource line, maintain an accurate list of providers and their availability.
- **Paperwork Reduction**—**Department of Social and Health Services** to streamline documentation requirements and establish regulations by 4/1/2018*

**Child Care Services:**
- Department of Early Learning to establish a child care consultation program*

*subject to appropriation
Self Care

The Six things to do **EVERY DAY** to get your body out of *Distress*:

1. Aerobic Exercise – at least 10 minutes
2. Breathing – belly breathing
3. Sleep Hygiene – 8 hours for adults too!
4. Hydration and stable blood sugar – to maintain a stable brain function
5. Practice Gratitude – name ten things every night before bed
6. Name your feelings – allow yourself to feel and heal

It’s not the load that breaks you down, it’s the way you carry it.

--Lou Holtz
Holmes-Rahe Life Stress Inventory

The social readjustment rating scale lists life events with a corresponding value.

• If a score is 150 pts or less, there is a relatively low susceptibility to stress-induced health breakdown.

• 150-300 pts implies about a 50% chance of a major health breakdown in the next 2 years.

• 300 pts or higher raises the odds of a health breakdown in the next 2 years to 80%.

Resources

- Suicide Prevention Training for ESA Certification: PESB
- Training for School Staff: ACT on FACTS: 2016-17 National Version - Making Educators Partners in Youth Suicide Prevention
- DOH’s list of Youth Online Services and Resources
- Heard Alliance Toolkit for K-12 MH Promo and Suicide Prevention
- Suicide Prevention Resource Center lists of Programs and Practices
- DOH Resource for Suicide Prevention in the workplace
- Suicide Prevention Resource Center After a Suicide Toolkit for Schools
- Guidelines for Parents for Crisis Response
Questions

Contact:
For electronic version of this presentation, please contact:

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camille.goldy@k12.wa.us