CAN SCHOOL-BASED MENTAL HEALTH SERVICES MAKE A DIFFERENCE?

David Love, LMFT
Valley Community Counseling Services
Stockton, CA
davidlove@vccsinc.org
David Love, LMFT

- Licensed Marriage and Family Therapist
- Founder and Executive Director of Valley Community Counseling Services, located in San Joaquin County California.
- Over forty years experience working with families and children impacted by domestic violence, child abuse and/or substance abuse.
- Has provided training throughout the United States and presented in Europe, China, Japan and Australia.
POLLING QUESTION # 1

Do the K-12 schools in your area provide on-campus mental health services?
VCCS SCHOOL-BASED MENTAL HEALTH & CRISIS INTERVENTION SERVICES

- Nine school districts serving 55 school sites
- 30 sites with 2 counselors (graduate students) and or therapists each school day
- 25 sites with 1 therapist 4-5 days per week
- 20-25 counseling groups per week at various sites
- Trained crisis response team available for all districts
MENTAL HEALTH SERVICES PROVIDED

- Mental Health and Behavioral Assessments
- Suicide Evaluations
- Child Protective Services Reports
- Social Skills Groups
- Supportive Counseling
- Family Counseling
- Mental Health Therapy
- Referral to Community Resources
MENTAL HEALTH SERVICE EVALUATION PROCESS

- Reasons for student referrals
- Interventions utilized
- Counseling goals for each student
- Percent of goals accomplished
- Outside services obtained for student and/or family
- Suicide evaluations completed
- Child abuse reports filed
SCHOOL-BASED MENTAL HEALTH PROGRAM SERVICES
(2022/23 school year)

- Individual sessions: 45,000+
- Parent contacts: 7000+
- Suicide assessments: 1000+
- Groups: 14,000+ students seen
- Referred to outside resources: 900+
- Child protective reports filed: 450+
Mental Health Issues of Local Student Population Measured by CA Healthy Kids Survey

- 19% of 11th graders have considered suicide
- 38% of 11th graders have experienced chronic sadness/hopelessness
  
  #

- Crisis team responded to 40 completed suicides in past 5 years
- 5 on campus shootings in past 4 years
RATES OF STUDENT DEPRESSION OR MENTAL HEALTH ISSUES REPORTED IN SERVICE AREA BY TEACHERS “CA Healthy Kids Survey”

- Elementary School Students: Mild-43.1%, Moderate-16.8%, Severe 4.9%
- Middle School Students: Mild-42.3%, Moderate-32.4%, Severe 11.7%
- High School Students: Mild-32.8%, Moderate-37.4%, Severe 21.9%
POLLING QUESTION # 2

Have you worked with a suicidal K-12 student?
STUDENT SUICIDE RISK ASSESSMENT PROCEDURE

- Train staff and students to recognize students at risk
- Set up formal suicide referral process
- Develop standardized suicide assessment tool
- Complete risk assessment process on all identified students
- Determine level of risk
- Refer to appropriate services
SUICIDE RISK LEVEL 1

- Suicidal ideation but no previous attempts
- No plan
- Signs of depression
- Direct or indirect threats
- Evidence of self harm
- Change in personality
SUICIDE RISK LEVEL 2

- Plan but no means
- Destructive behavior
- Cannot commit to safety
- Previous suicide attempt
- Recent suicide of a friend, family member or a classmate
- Recent trauma
SUICIDE RISK LEVEL 3

- Suicide plan and means
- Refuse to sign safety plan
- Previous attempts
- Signs of significant depression
- Significant alcohol and/or drug use
- Recent suicide attempt
- Mental Health diagnosis
- Access to lethal methods
STUDENT SUICIDE INTERVENTIONS

- Complete safety plan
- Contact parent/guardian
- Assign counselor/therapist
- Schedule parent/guardian appointment
- Complete parent/guardian acknowledgement form
- Establish appropriate counseling/therapy process
POLLING QUESTION # 3

Do you use a standardized suicide assessment tool for K-12 students?
CRISIS RESPONSE TEAM

- Teams in each school district
- Trained counselors and therapists
- Respond when requested by school site or district administration
- Average one response per week in service area
- Respond to student and/or school staff death, suicide attempt or completion and school shooting or major incident
CRISIS RESPONSE TO COMPLETED SUICIDE

- Assemble and brief team
- Coordinate with school site and district
- Set-up support groups
- Identify students in need of individualized support
- Determine if additional counseling staff is needed
- Provide support for school staff
PARENT/CARETAKER MEETING

- Schedule evening informational meeting as soon as possible
- Meeting conducted by crisis team members and appropriate school district and site staff
- Explain what support services are currently available
- Encourage the use of these services
- Explain why the risk of an additional suicide at the school site has increased (after a student suicide the chance of a second one during the school year has increased by 300%)
INSERVICE TRAINING FOR SCHOOL STAFF

- Administrators
- Counselors and Psychologist
- Classroom Teachers
- Support Staff
INSERVICE TRAINING TOPICS

- The mental health referral process
- Basic trauma theory
- Reframing behavioral problems as symptoms of trauma
- Suicidal signs and the referral process
- The value of available mental health services
- Basic training for classroom teachers in the use of mindfullness