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Assessment of Suicide Prevention Knowledge and Training among the Office of Student Support Programs and Services Staff at Pasco County Schools

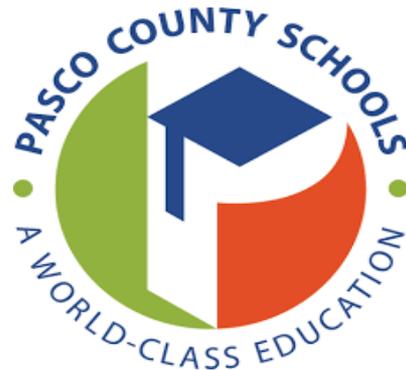
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Overview

- Background
- Study Purpose
- Objectives and Hypotheses
- Methods
- Results
- Strengths and Limitations
- Future Recommendations
- Implications for Adolescent Behavioral Health



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Background: Suicidality in Florida

*Epidemiology*¹⁻²

The Middle School Health Behavior Survey (MSHBS) 2011

- N = 6,057
 - 8% constructed suicide plans
 - 6% attempted suicide
 - Higher prevalence for females

*Epidemiology*¹⁻²

Florida Youth Risk Behavior Survey (YRBS) 2013

N = 6,089

- 14% considered attempting suicide
- 10% created a suicide plan
- 8% attempted to commit suicide
- Prevalence of suicide attempts was higher among females (10%) when compared to males (5%) and the state average (8%).

Study Purpose

To guide the development of suicide prevention, intervention and postvention training for Pasco County Schools Office of Student Support Programs and Services (OSSPS) Staff



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Community Partner Overview

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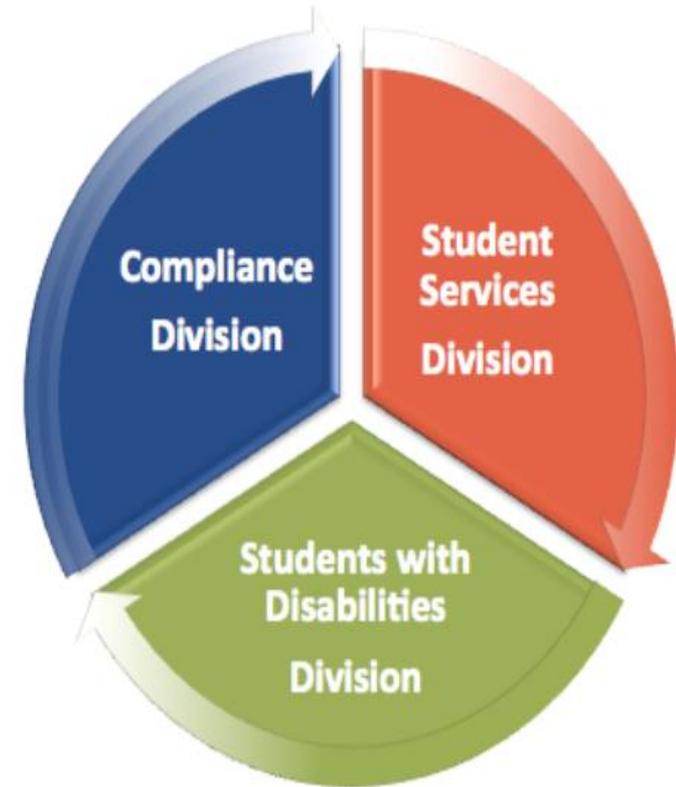
Pasco County Public Schools

- Pre-K through 12th grade are offered through traditional and nontraditional alternatives
- 84 total schools including charter schools
- 68,904 total number of students (PreK-12)
 - 2,978 ESOL students
- 94.1% of district funding used for direct student services

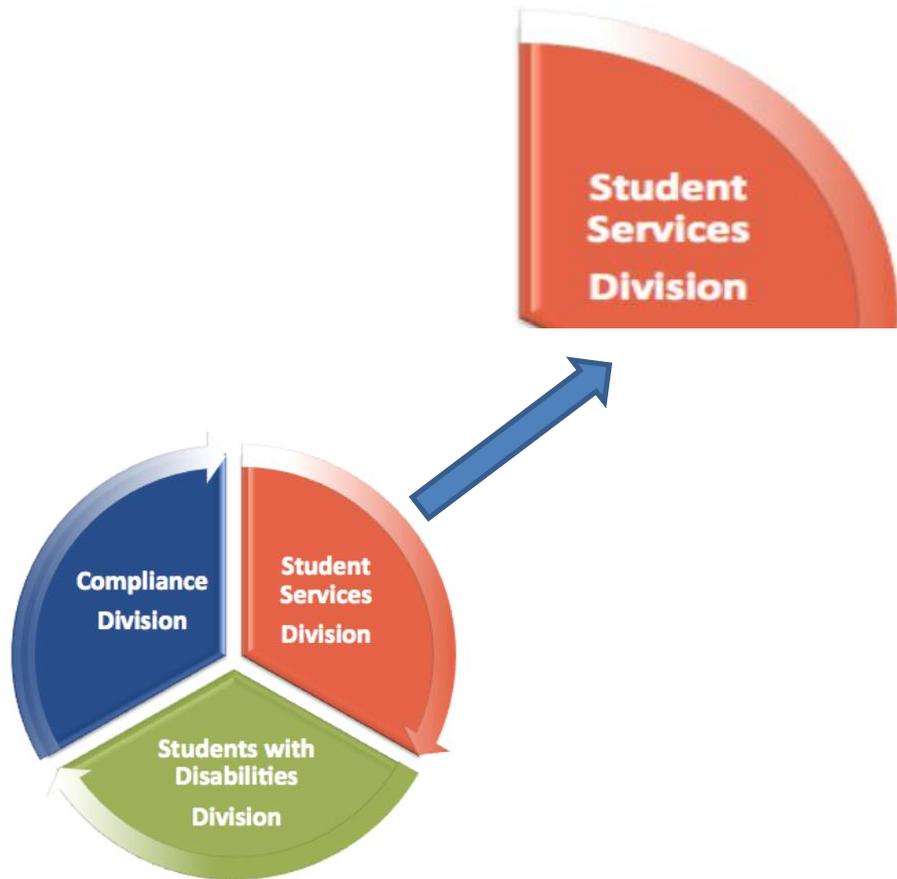
Office for Student Support Programs and Services

Mission Statement

To provide expertise and leadership for supporting the academic, social- emotional, physical and behavioral development of all students within an integrated multi-tiered system of support that meets the needs of a full range of learners.⁶



Office for Student Support Programs and Services



- Social Worker Services
- School Psychology Services
- Counseling Services
- School Health Services
- Prevention and Intervention Services
- Nurse Staff

Office for Student Support Programs and Services

- Expressed the need for suicide prevention and clear protocol for addressing the health issue.
- Training for suicide prevention (primary, secondary and tertiary) is needed for all OSSPS staff.

Study Objectives

- Assess the level of training for suicide prevention, intervention and postvention amongst OSSPS staff
- Assess the level of knowledge of suicide prevention, intervention and postvention amongst OSSPS staff

Methods

- Online qualtrics survey administered via email
 - November 2015-March 2016
 - 30 minutes in length
- Inclusion criteria
 - **OSSPS** staff (School Psychologists, School Counselors, School Nurses and School Social Workers)

Results: Demographics

- Participants (N=59)
 - School Social Workers (n=31)
 - School Counselors (n=11)
 - School Psychologists (n=10)
 - School Nurses (n=5)
- Female-84.7%
- Caucasian-78%

Results: Demographics

- Highest degree earned
 - MA/MS/M.Ed/MPH (61%)
 - Other (13.6%)
 - EdS/Specialist (10.2%)
 - Bachelor's Degree (6.8%)
 - PhD/PsyD/EdD/DrPH (5.1%)
- Age
 - 25 to 35 (20%)
 - 37 to 45 (32%)
 - 46 to 54 (15%)
 - 56+ (20%)
- Time in current position
 - 0-5 years (44%)
 - 5-10 years (12%)
 - 10-20 years (20%)
 - 20+ years (24%)

Results: Survey Questionnaire

- Have you ever had a student referred to you as potentially suicidal?
 - Yes: 76.3%
- In the past two years, about how many students have been referred to you as potentially suicidal
 - Elementary schools- 0-20 students
 - Middle school-0-86 students
 - High School-0-30 students
- Do the schools you work in have a written policy allowing students to be seen by a OSSPS without parent consent if it is suspected that the student may be suicidal?
 - Yes: 32.2%
 - No: 11.9%
 - Some of them: 1.7%
 - Not sure: 54.2%
- In the past two years, about how many completed student suicides have occurred in your..
 - Elementary schools: 0-2
 - Middle School: 0-2
 - High School: 0-5

**How well prepared do you
perceive yourself to be in each of
the following areas...**

Results: *“How well prepared do you perceive yourself to be in each of the following areas...”*

– Prevention of Suicide Risk

	Frequency	Percent
Not at all prepared	3	5.1
A little prepared	9	15.3
Moderately prepared	18	30.5
Quite prepared	17	28.8
Extremely prepared	12	20.3

Results: *“How well prepared do you perceive yourself to be in each of the following areas...”*

– Conducting assessment of suicide risk for individual students

	Frequency	Percent
Not at all prepared	2	3.4
A little prepared	6	10.2
Moderately prepared	8	13.6
Quite prepared	31	52.5
Extremely prepared	12	20.3

Results: “How well prepared do you perceive yourself to be in each of the following areas...”

– *Providing postvention (i.e., assisting after a completed student suicide)?*

	Frequency	Percent
Not at all prepared	5	8.5
A little prepared	15	25.4
Moderately prepared	11	18.6
Quite prepared	22	37.3
Extremely prepared	6	10.2

What training have you received in each of the following areas...

Results: *“What training have you received in Prevention of suicide...”*

- Graduate level coursework -61%
- Self Study (e.g., read books, Internet resources) -55.9%
- District in-service -45.8%
- Professional development workshops -44.1%
- Never been trained-5.1%

Results: *“What training have you received in Conducting assessment of suicide risk of individual students...”*

- District in-service –66.1%
- Graduate level coursework –49.2%
- Professional development workshops -47.5%
- Self Study (e.g., read books, Internet resources) –47.5%
- Never been trained-1.7%

Results: *“What training have you received in Providing postvention (i.e., assisting after a completed student suicide)...”*

- Graduate level coursework –40.7%
- District in-service –37.3%
- Self Study (e.g., read books, Internet resources) –33.9%
- Professional development workshops –28.8%
- **Never been trained-22%**



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Working with diverse youth ...

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Results: “For which of the following populations of diverse youth have you received training in relation to suicide prevention, assessment, intervention and postvention?”

- Youth and families
 - with diverse cultural and ethnic backgrounds-79.7%
 - with a strong religious affiliation-25.4%
- Youth with diverse sexual orientations-52.5%
- Youth with a disability (e.g. deaf, physical handicap)-28.8%
- English Language Learners-22%

Results: “How comfortable do you feel working with these diverse youths in relation to suicide risk?”

– English Language Learners

	Frequency	Percent
Not at all prepared	4	6.8
A little prepared	13	22.0
Moderately prepared	15	25.4
Quite prepared	20	33.9
Extremely prepared	7	11.9
Total	59	100.0

Results: *“How comfortable do you feel working with these diverse youths in relation to suicide risk?”*

– Youth with diverse sexual orientations

	Frequency	Percent
Not at all prepared	11	18.6
A little prepared	14	23.7
Moderately prepared	22	37.3
Quite prepared	11	18.6
Extremely prepared	1	1.7
Total	59	100.0

Barriers to involvement in prevention and intervention with suicidal youth...

Results: “Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”

– Parents resistant to mental health care

	Frequency	Percent
Not at all	4	6.8
A little	17	28.8
Moderately	22	37.3
Quite	13	22.0
Extremely	3	5.1
Total	59	100.0

Results: “Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”

- *Insufficient district support for preventative mental health services (e.g., too few resources to provide counseling)*

	Frequency	Percent
Not at all	7	11.9
A little	13	22.0
Moderately	15	25.4
Quite	10	16.9
Extremely	14	23.7
Total	59	100.0

Results: *“Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”*

– *Lack of visibility and/or time at assigned school(s)*

	Frequency	Percent
Not at all	4	6.8
A little	11	18.6
Moderately	11	18.6
Quite	16	27.1
Extremely	17	28.8
Total	59	100.0

Results: *“Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”*

- *Poor communication between school and community mental health service providers such as the crisis center*

	Frequency	Percent
Not at all	9	15.3
A little	14	23.7
Moderately	14	23.7
Quite	16	27.1
Extremely	6	10.2
Total	59	100.0

Results: *“Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”*

- *Untimely identification of suicidal youth (e.g., teachers/students do not notify school psychologists of students in need)*

	Frequency	Percent
Not at all	10	16.9
A little	16	27.1
Moderately	23	39.0
Quite	7	11.9
Extremely	3	5.1
Total	59	100.0

Results: *“Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”*

- *Difficulty coordinating care of suicidal youth with police and others who can Baker Act*

	Frequency	Percent
Not at all	16	27.1
A little	13	22.0
Moderately	12	20.3
Quite	11	18.6
Extremely	7	11.9
Total	59	100.0

Results: *“Rate the extent to which these barriers limit your involvement in prevention or intervention with suicidal youth...”*

– Fear of liability issues

	Frequency	Percent
Not at all	31	52.5
A little	17	28.8
Moderately	8	13.6
Quite	3	5.1
Extremely	31	52.5
Total	59	100

Results: Procedures and instruments used to assess suicide risk

- Student Interview: 81%
- Other: 16.9%
- Suicidal Ideation Questionnaire: 8.5%
- Children's Depression Inventory: 6.8%
- Comprehensive measure of mental health: 6.8%
- Beck Hopelessness Scale for Children: 1.7%
- Beck Scale of Suicidal Ideations: 0%

Results: “Test Your Knowledge Score”

- *Average Score for all participants: 29.8*

- *Average score by sections:*
 - Prevention Knowledge
 - *Mean score: 10.2*
 - Intervention Knowledge
 - *Mean score: 9.0*
 - Postvention Knowledge
 - *Mean score: 7.2*
 - General Knowledge (True/False)
 - *Mean score: 3.4*

Strengths and Limitations

- **Limitations**

- Sample size
- Competing demands of staff
- Self-reported data
- Online survey administration

- **Strengths**

- Baseline information
- Timeliness
- Assessment of various professional groups

Future Recommendations

- Increase the awareness of Suicide Prevention
- Training
 - Identifying youth at risk
 - Working with LGBTQ youth
 - Implementing postvention procedures
- Establish communication protocols and procedures
 - Community Partners and Mental Health Service providers and OSSPS staff
 - Parent resistance to mental health treatment
- Professional Development
 - Conferences, workshops, in-service, etc.
- Survey administration following a staff meeting
 - Paper based
 - Addition of survey questions

Implications for Adolescent Behavioral Health

- School Based Mental Health Practices
 - Standardized protocols and procedures for School based mental health professionals
 - Required annual trainings
 - Annual reviews of local, state, national mental health policies and implications



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Thank you

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