NMDOH
Office of School and Adolescent Health
Behavioral Health Overview

State Behavioral Health Consultant

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Self Care & Resources

- For many people, Mental Health and Suicide is a difficult topic to discuss

- Please monitor yourself, and feel free to take a break, turn off or mute the presentation, or take deep breaths

- To talk with someone, here are some sources of support...
  - **855-662-7474** NM Crisis & Access Line
  - **505-277-3013** Agora Crisis Center (at UNM)
  - **855-507-5509** NM Healthcare Worker & 1st Responder Support Line

- **And, consider adding your employers' EAP contact # into your phone**
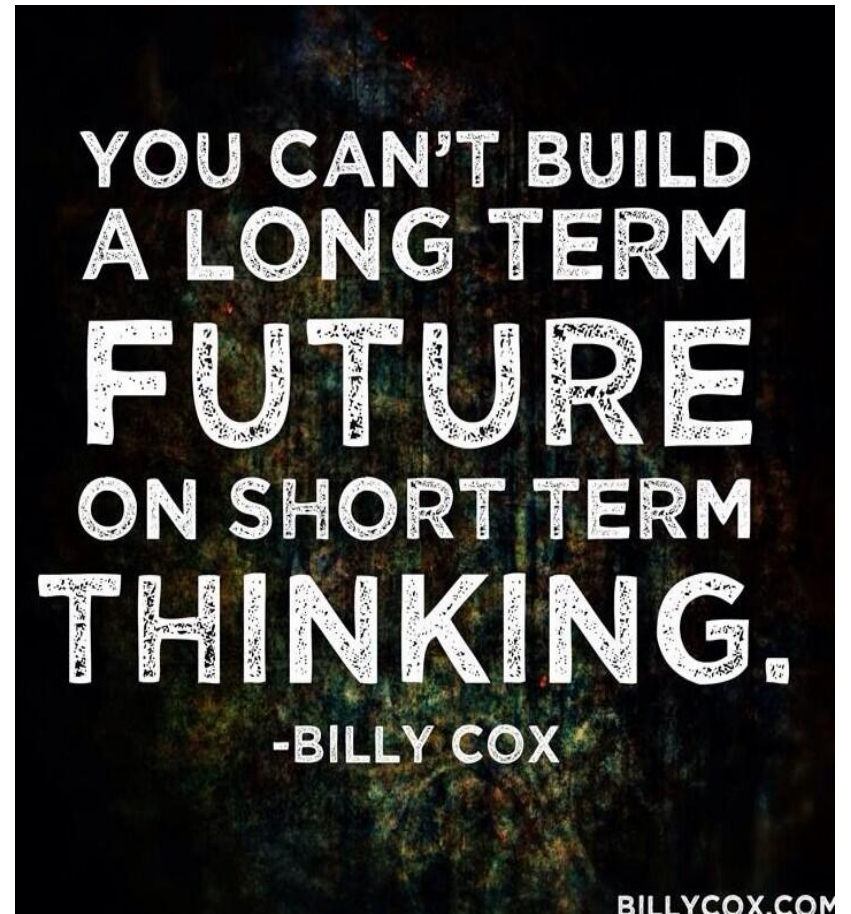
What is OSAH?

Trainmeosah.com

The Office of School and Adolescent Health (OSAH) . . .

- strives to *educate* and *provide resources* to educational staff, health and behavioral health professionals, and community members who serve schools and adolescents

- provides *training* and *technical assistance* to develop and enhance a sustainable behavioral health system for schools and youth-serving organizations

- *promotes evidence-based practices* to improve the health, wellness, and resilience of youth

OSAH's Overarching Behavioral Health Principles

- Promotion of statewide facilitation of services

- Use of evidence based and evidence informed practices

- Collaboration with multiple agencies to affect sustainable system change

- Demonstration of long-term capacity building and sustainable programs

YOU CAN'T BUILD A LONG TERM FUTURE ON SHORT TERM THINKING.

-BILLY COX

BILLYCOX.COM

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Data Sources

- **Youth Risk and Resiliency Survey (YRRS)**
- **National Survey on Drug Use and Health (NSDUH)**
- **Hospitalization Inpatient Discharge Data (HIDD)**
- **Vital Records and Statistics – Death Data**
- **Syndromic Surveillance (CDC ESSENCE)**
- **Mental Health Technology Transfer Centers (MHTTC)**

*New Mexico Indicator-Based Information System

(IBIS) - https://ibis.health.state.nm.us/
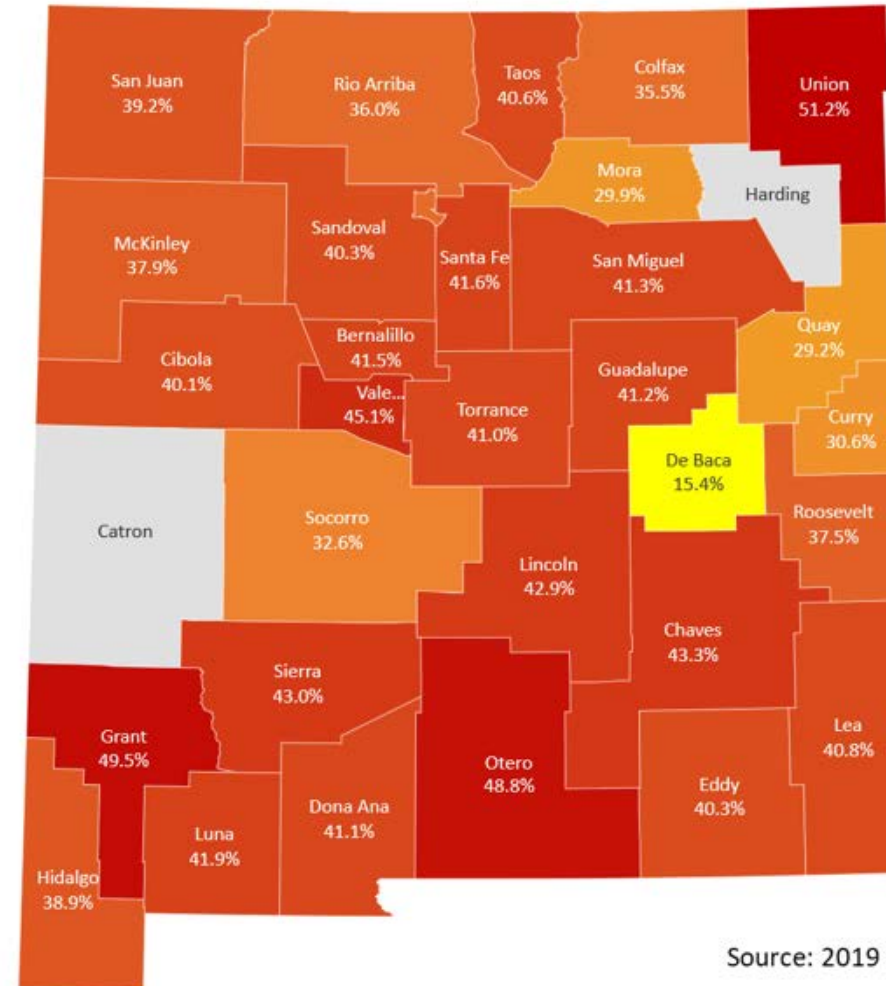
The Mental Health Needs of New Mexico's Youth

Mental Health: A Public Health Crisis

- More than 20% of children and adolescents have a mental health condition

- Most chronic mental illness begins by age 24, including half by age 14

- Most mental, emotional, and behavioral disorders have their roots early in life

- However, only about half of school-age children with a mental health condition actually receive mental health services, and most (70-80%) of those who receive services obtain them through school

SOURCE: https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/mhttc-school-mental-health-initiative

Felt Sad or Hopeless by Region and County, Grades 9-12, New Mexico, 2019

In 2015, percentage of students grades 9-12 in a NM public school who felt so sad or hopeless almost every day for two weeks or more in a row

San Juan 39.2%
Rio Arriba 36.0%
Taos 40.6%
Colfax 35.5%
Union 51.2%
Mora 29.9%
Harding
McKinley 37.9%
Sandoval 40.3%
Santa Fe 41.6%
San Miguel 41.3%
Quay 29.2%
Cibola 40.1%
Bernalillo 41.5%
Guadalupe 41.2%
Curry 30.6%
Vale… 45.1%
Torrance 41.0%
De Baca 15.4%
Catron
Socorro 32.6%
Lincoln 42.9%
Roosevelt 37.5%
Chaves 43.3%
Sierra 43.0%
Grant 49.5%
Otero 48.8%
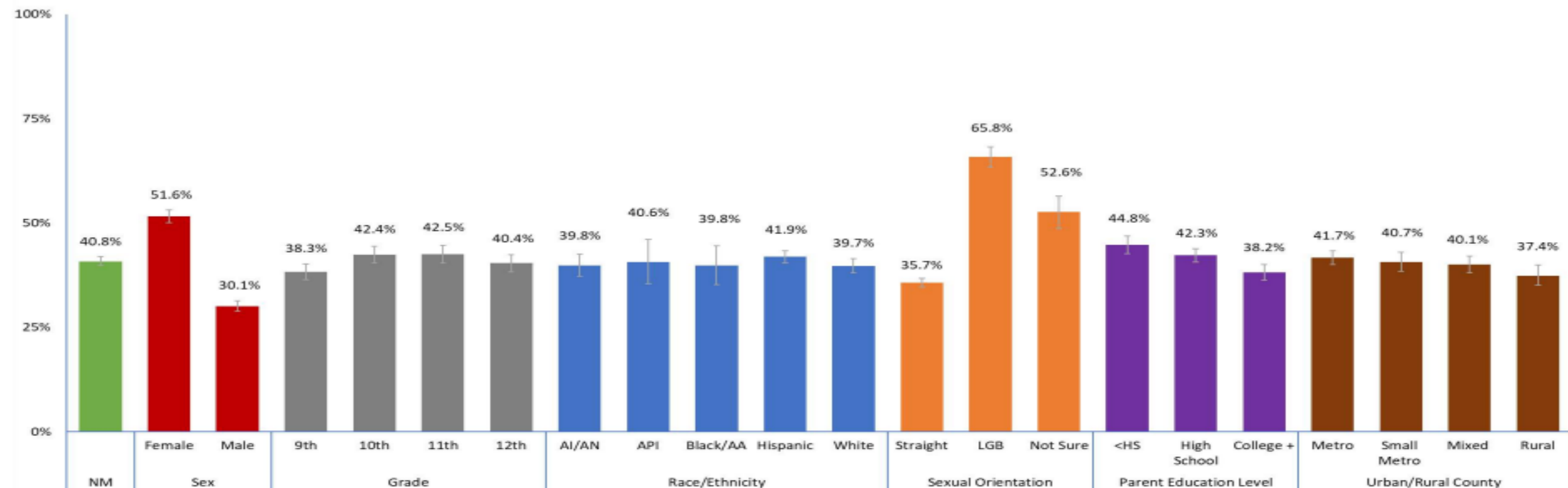Eddy 40.3%
Lea 40.8%
Luna 41.9%
Dona Ana 41.1%
Hidalgo 38.9%

Source: 2019 NM YRRS

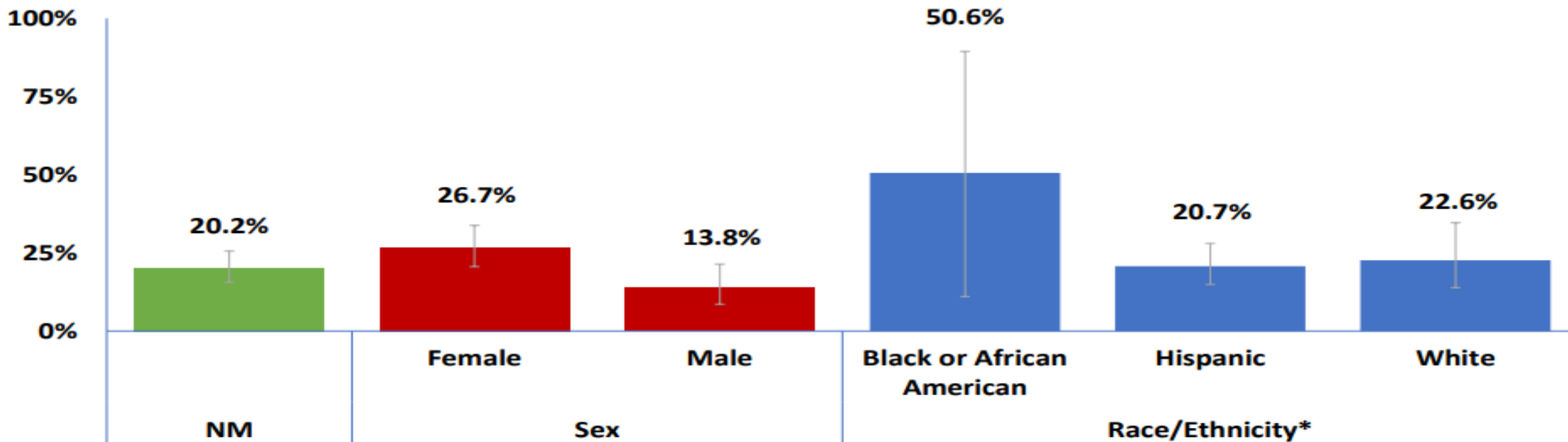# Felt Sad or Hopeless in the Past 12 Months, Grades 9-12 New Mexico, 2019

AI/AN = American Indian or Alaskan Native; API = Asian or Pacific; Islander AA = African American
LGB = Lesbian, Gay or Bisexual; HS = High School
Source: 2019 YRRS (NM); NMDOH and NM PED

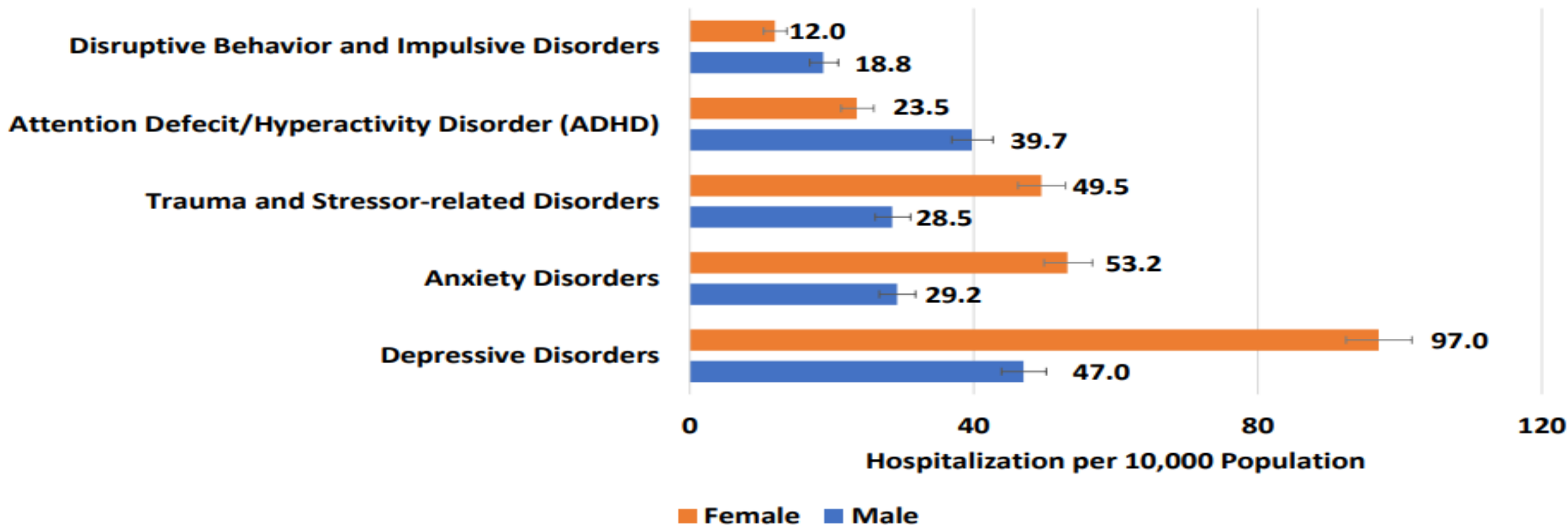# Major Depressive Episode in Past 12 Months, Ages 12-17 New Mexico, 2018-2019

Mental Health Diagnoses in Hospitalized Patients, Ages 5-17 New Mexico, 2019

Disruptive Behavior and Impulsive Disorders
- Female: 12.0
- Male: 18.8

Attention Defecit/Hyperactivity Disorder (ADHD)
- Female: 23.5
- Male: 39.7

Trauma and Stressor-related Disorders
- Female: 49.5
- Male: 28.5

Anxiety Disorders
- Female: 53.2
- Male: 29.2

Depressive Disorders
- Female: 97.0
- Male: 47.0

Hospitalization per 10,000 Population

■ Female ■ Male

Source: 2019 HIDD; NMDOH

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Investing for tomorrow, delivering today.

Attempted Suicide in the Past 12 Months, Grades 9-12 New Mexico, 2019
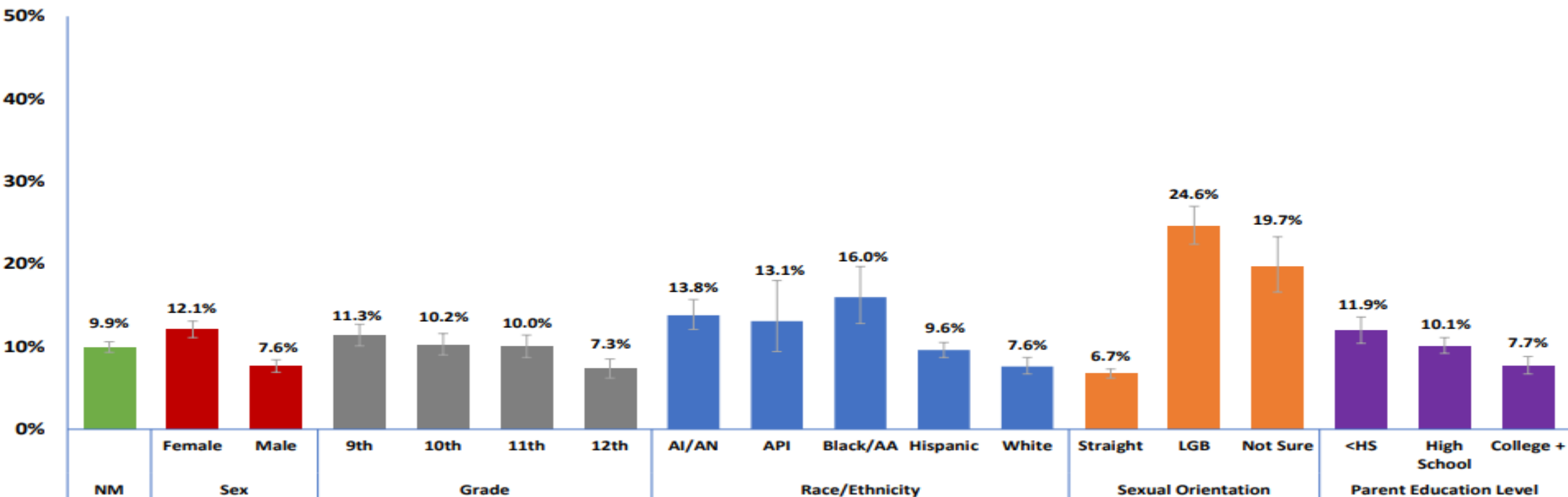
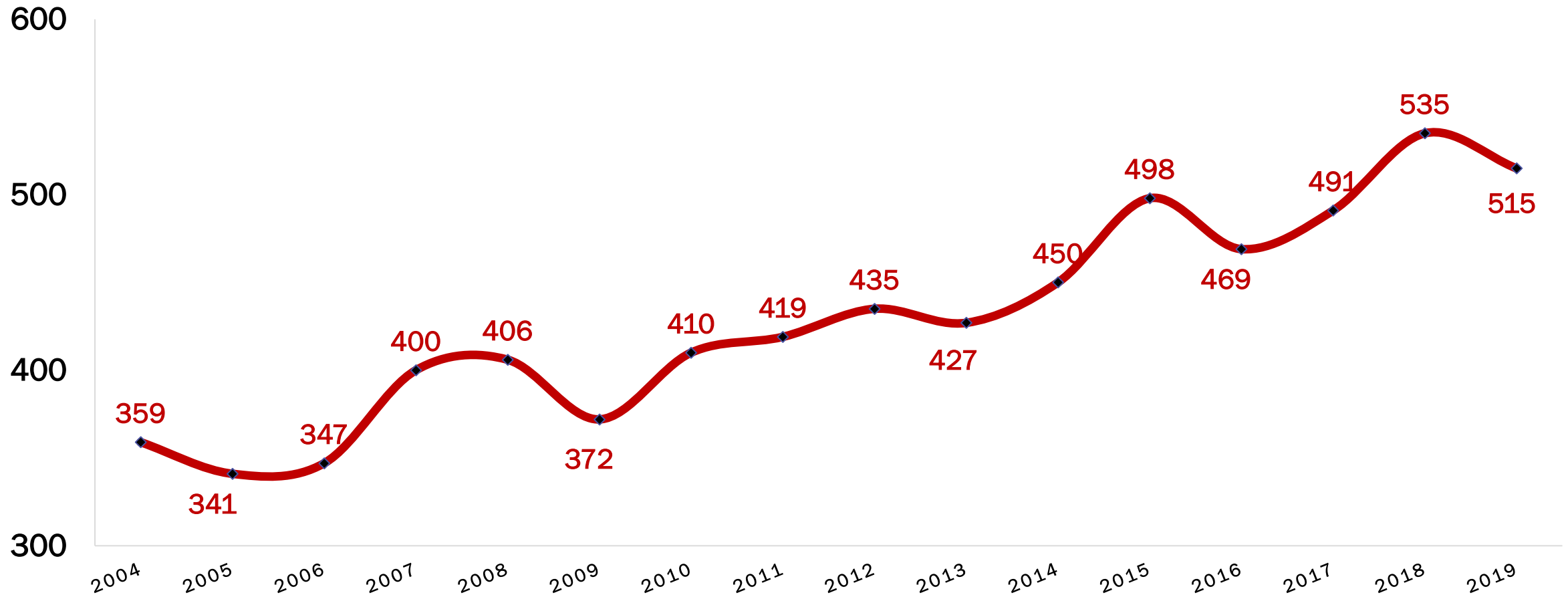AI/AN = American Indian or Alaskan Native; API = Asian or Pacific Islander; AA = African American
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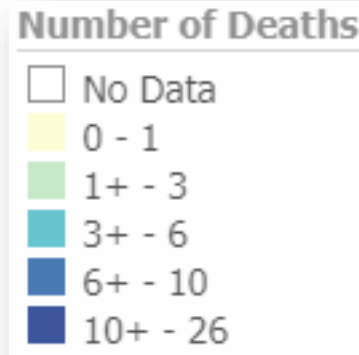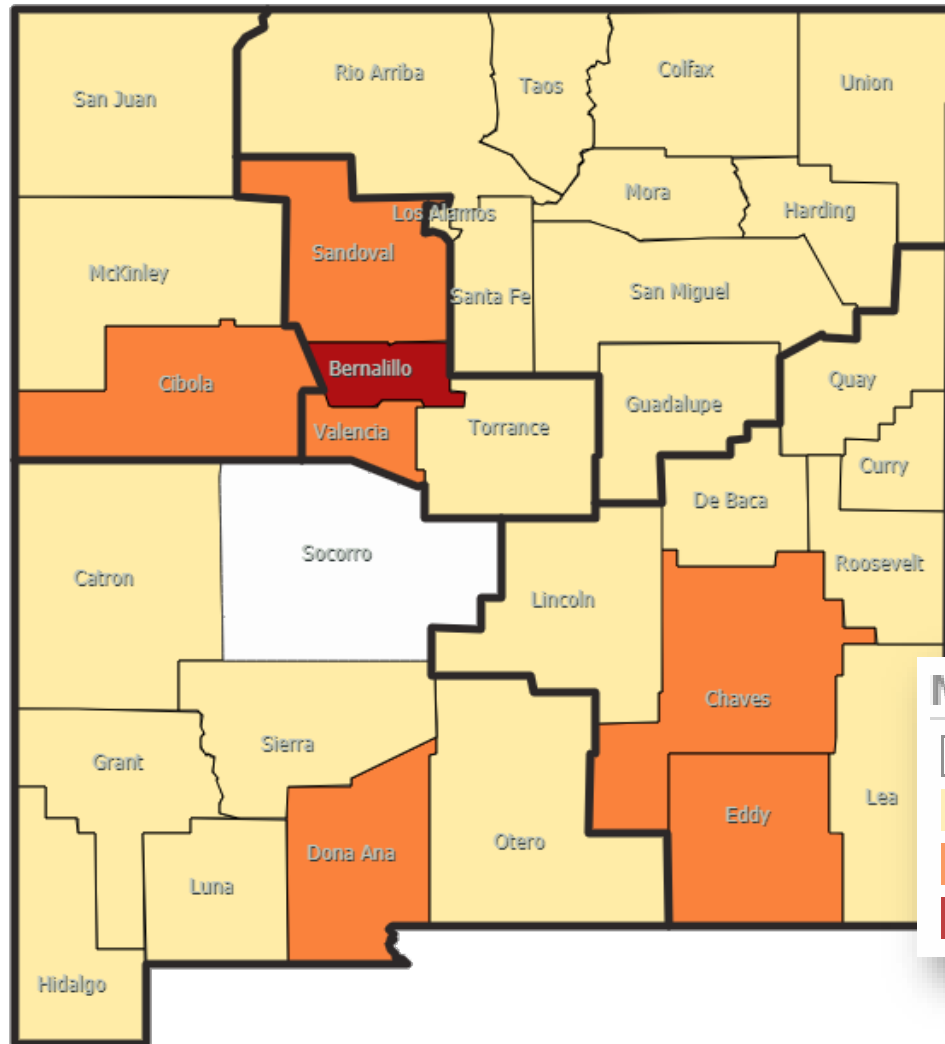Source: 2019 YRRS (NM); NMDOH and NM PED

Suicides in New Mexico (all ages; by year)
(by decedent's county of residence; retrieved from ibis.health.state.nm.us)

359
341
347
400
406
372
410
419
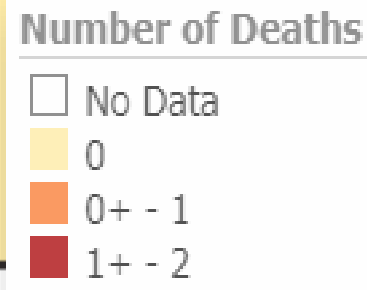435
427
450
498
469
491
535
515

600
500
400
300

2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Number of Youth Suicides in 2019

(by decedent's county of residence; retrieved from ibis.health.state.nm.us)

Number of Deaths
- ☐ No Data
- 0 - 1
- 1+ - 3
- 3+ - 6
- 6+ - 10
- 10+ - 26

age 15-24

Number of Deaths
- ☐ No Data
- 0
- 0+ - 1
- 1+ - 2

age 0-14
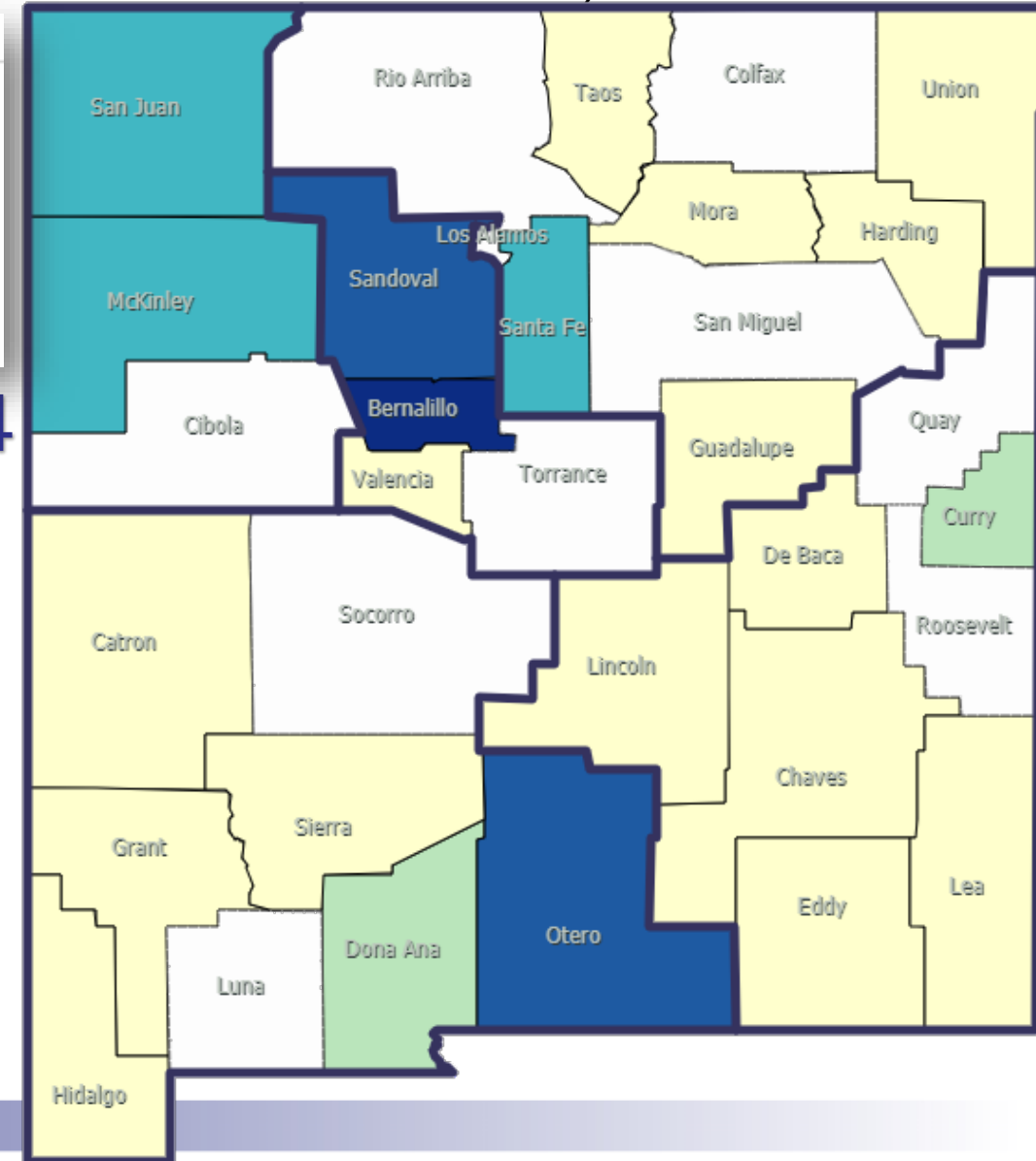
The Impact of COVID-19

The impact of Covid-19 on adolescent mental health:

• 40% of New Mexican adults with children in the home felt anxious, stressed, or on edge nearly every day

• Children and parents are experiencing increased anxiety due to school and child-care closures from the pandemic, as well as isolation and other concerns

• The pandemic has resulted in a drastic drop in the number of child abuse reports in New Mexico

  • Children are spending most of their time at home, and with less interaction with other adults, especially teachers, it is harder for youth to report abuse or for adults outside the home to notice the signs

SOURCE: https://www.nmvoices.org/archives/14677

Suicide Attempts and Suicide Ideation Emergency Department Events, Ages 12-17 New Mexico, 2018-2021 – Total Count
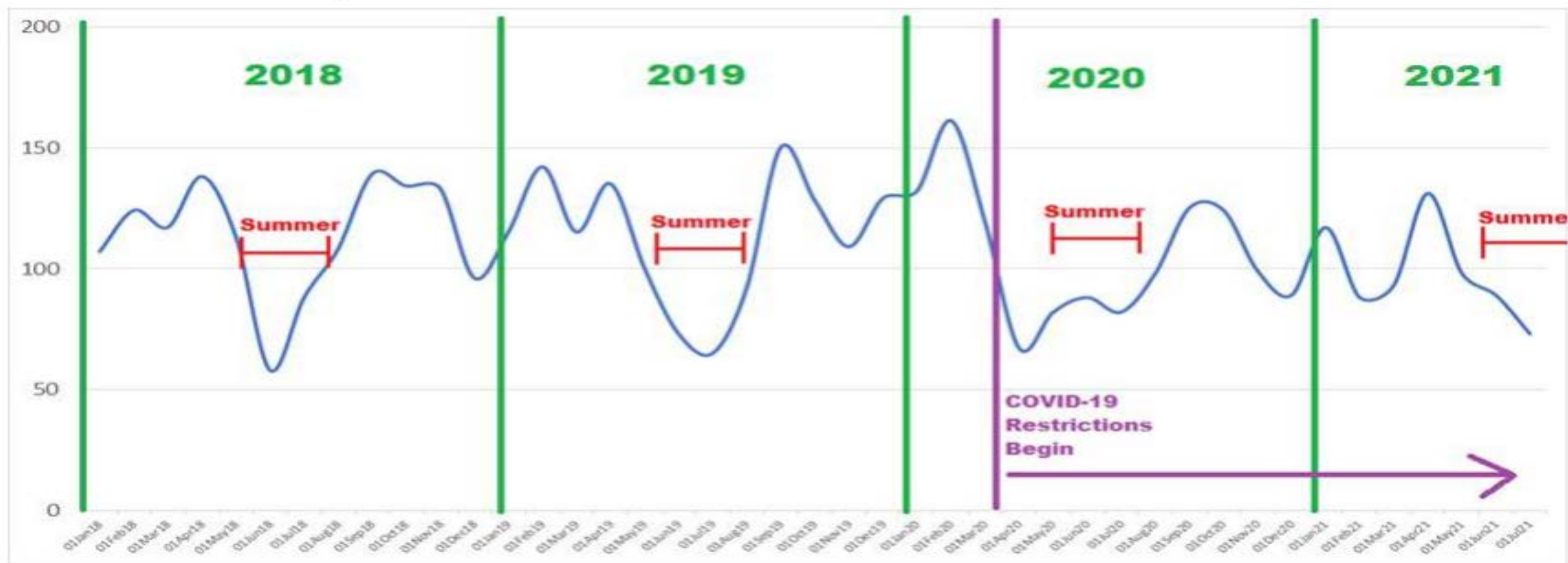
Source: CDC ESSENCE

2020: Syndromic Surveillance

- 24.5% reduction in emergency department visits for all causes among youth from 2019 to 2020

- 6.4% reduction in suicide attempt/suicide ideation emergency department visits from 2019 to 2020
  - Highest 2020 month (February) was pre-COVID

- Suicide attempts/ideation events
  - 7.7% of all emergency department events in 2019
  - 11.8% of all emergency department events in 2020

Key Findings

- Prevalence of many mental health indicators among youth has risen significantly over the past 10 years

- 40.8% of students felt persistent sadness/hopelessness

- One in five students (21.8%) engaged in nonsuicidal self-injury

- One in ten students (9.9%) attempted suicide in the past year

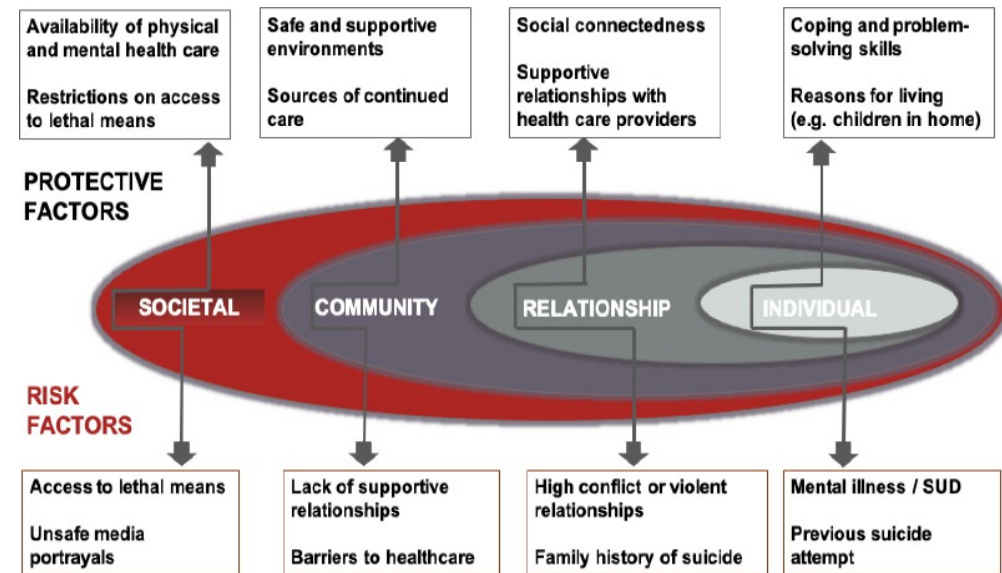# Guiding Framework-
A Coordinated Effort

# Identify and Support People at Risk: What we have done

- Promoted and offered evidence-based suicide prevention gatekeeper trainings at schools & youth-serving organizations across NM

- Improved early identification and treatment of youth who are at-risk through screening & follow up

- Provided technical assistance for prevention, intervention, and postvention services

- Monitored and disseminated state, regional, and county data for planning

- Implemented mandatory gatekeeper training for CYFD staff members and universal suicide risk screening for all justice-involved youth

- Developed training and resource guide for *Secondary Prevention of Suicide in the ED*

Causes and Protective Factors Relating to Suicide

PROTECTIVE FACTORS

Availability of physical and mental health care	Safe and supportive environments	Social connectedness	Coping and problem-solving skills
Restrictions on access to lethal means	Sources of continued care	Supportive relationships with health care providers	Reasons for living (e.g. children in home)

SOCIETAL | COMMUNITY | RELATIONSHIP | INDIVIDUAL

RISK FACTORS

| Access to lethal means	Lack of supportive relationships	High conflict or violent relationships	Mental illness / SUD
Unsafe media portrayals	Barriers to healthcare	Family history of suicide	Previous suicide attempt

Source: Alabama Commission on the Evaluation of Services adapted from the CDC

CDC Essential Public Health Services Framework
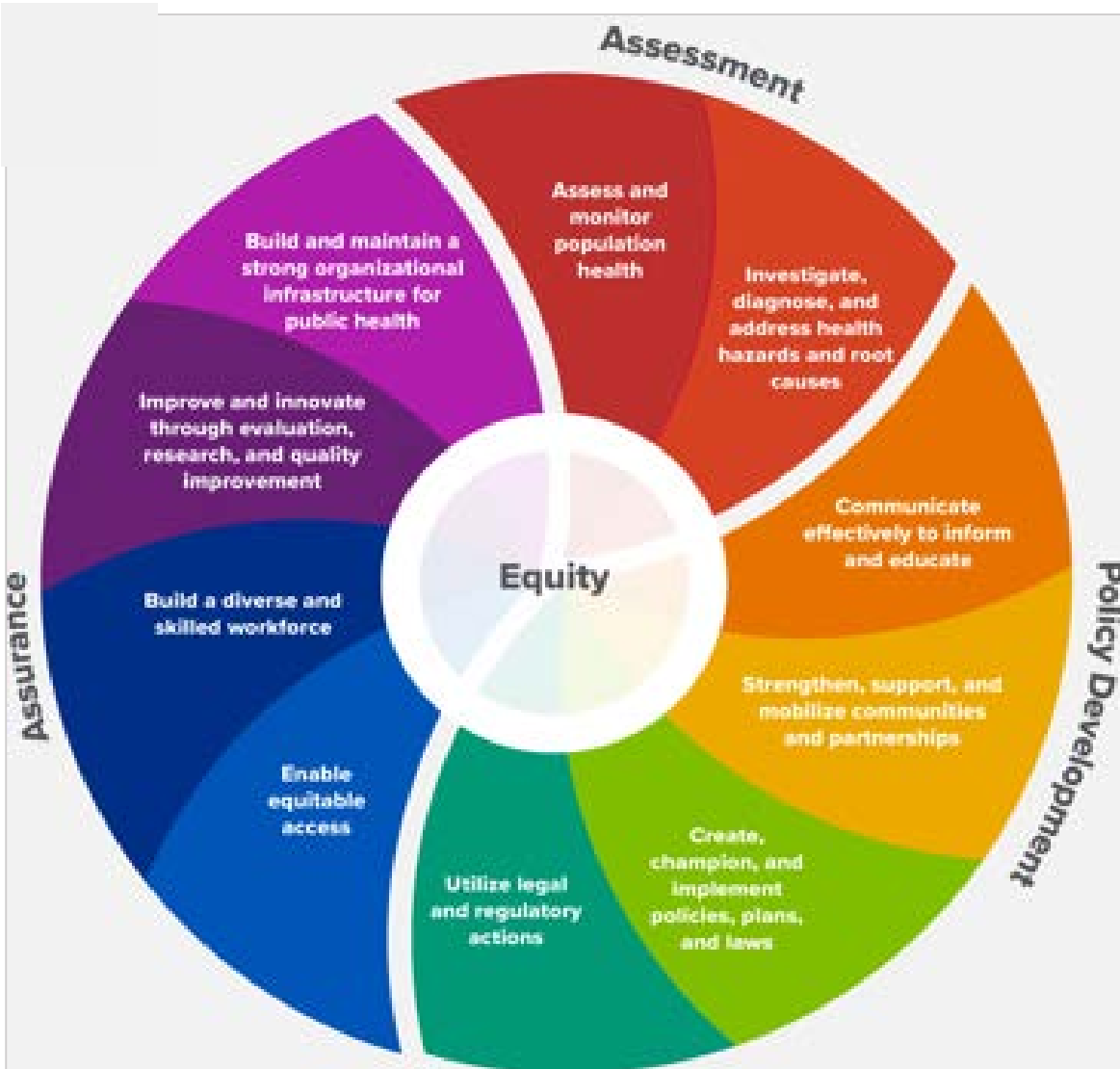
1. Assess and monitor population health
2. Investigate and address health hazards and root causes
3. Communicate effectively to inform and educate
4. Mobilize communities and partnerships
5. Create, promote, implement policies, plans, and laws
6. Use legal and regulatory actions
7. Enable equitable access
8. Build a diverse and skilled workforce
9. Improve, innovate using evaluation, research, QI
10. Build, maintain strong organizational infrastructure

Building and Aligning Infrastructure and Resources
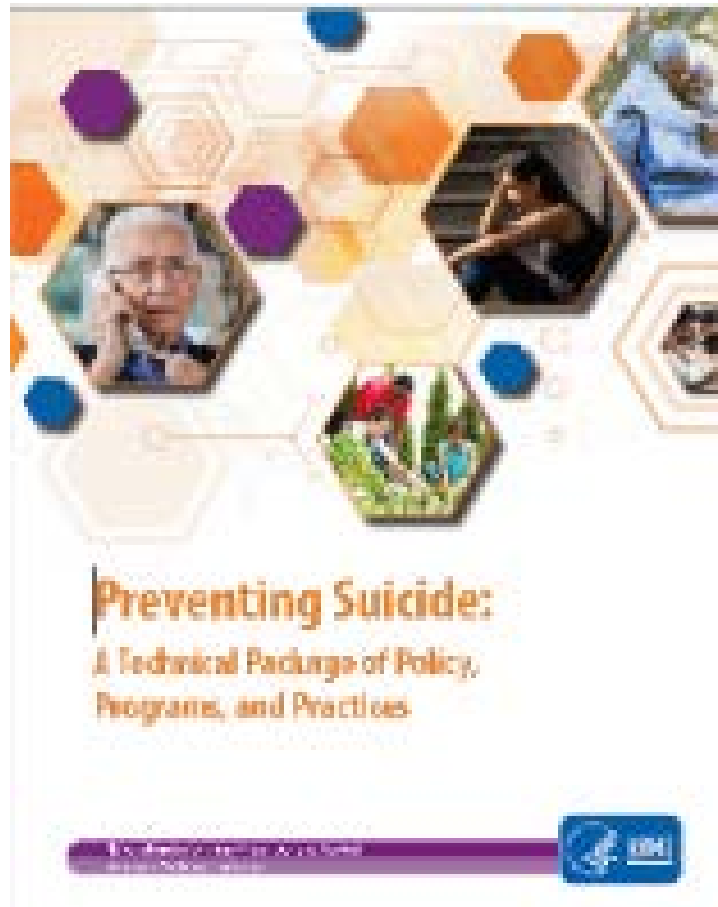
- **Guiding framework: Center for Disease Control and Prevention's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices***
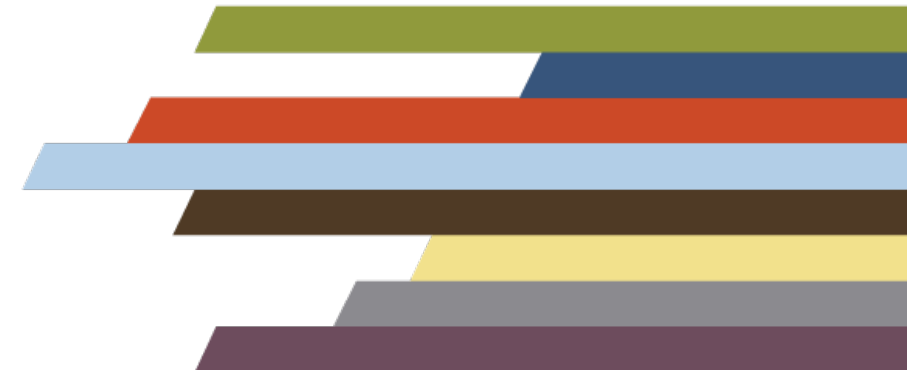
Module 1: Foundations of Comprehensive School Mental Health

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools

School Health Assessment & Performance Evaluation (SHAPE)
www.theSHAPEsystem.com

SHAPE helps districts and schools improve their school mental health systems! **HOW?**

SHAPE users map their school mental health services and supports

Assess system quality using national performance standards

Receive custom reports and strategic planning guidance and resources

Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources

Use state and district dashboards to collaborate with schools in your region

School Mental Health *Matters*

3/4
of youth who receive mental health services access them in schools

Students who participate in social emotional learning programs do better **academically** and **socially**

A+

Positive school climate integrated with social emotional learning **improves school safety** and decreases bullying

Youth are **6x more likely** to complete mental health treatments in schools than in other community settings

Funding

SFY22 DOH-OSAH Funding for Behavioral Health

- (Federal) SAMHSA Garrett Lee Smith Suicide Prevention Grant $675,000/year (ends in June of 2024)

- Preventive Health Block Grant $100,000/year

- General Fund Appropriation for Behavioral Health $513,000/year

- Other State Funds
  - Transfer from the Attorney Generals Office $1,000,000/one time (SFY22)

- (General Funds) Special Appropriations $150,000/year
  - Psychoeducation Services for Sandia Pueblo ($50,000/one time)
  - Anti-stigma training in schools ($100,000/reoccurring)

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S Department of Health and Human Services

OSAH is excited to announce that we have been awarded the Garrett Lee Smith Youth Suicide Prevention Grant.

In collaboration with our partners from CYFD, PED, NMCAL, UNM and DOH Epidemiology we intend to . . .

- increase the number of youth-serving organizations able to identify and assist youth at risk of suicide

- increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide

- improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units
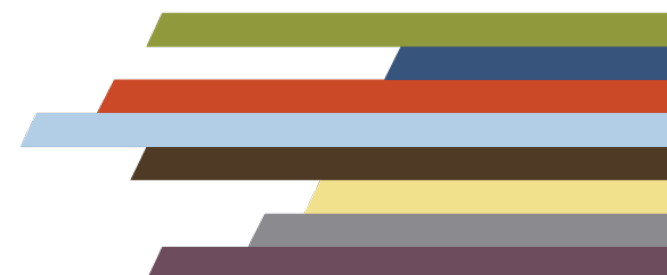
Behavioral Health RFP Purpose

Plan, implement and evaluate intentional, research driven and evidence-based practices and programs targeting the improvement of youth behavioral health.

Eligible Areas
✓Substance abuse, addictions, and recovery
✓Suicide prevention, intervention, and postvention/recovery.
✓Resiliency Building
✓School Mental Health (Focus on SHAPE, National School Mental Health Best Practices; Implementation guidance, modules for states, districts and schools)

Behavioral Health RFP Funding Goals

- Expanding reach to underserved communities

- Expanding partnerships

- Comprehensive, whole child approach.

- EBP's

- Sustainability- How will your work continue after this funding ends?

SFY23 DOH Budget Request:

DOH is requesting a base increase to support infrastructure, health councils, outreach, prevention, promotion, and postvention efforts around suicide.

- 1,000,000 base increase for <u>teen suicide prevention:</u>
    - Consumer Settlement Funds (CSF) replacement, which ends SFY22

- 3.9 million base increase for <u>suicide prevention</u>:

- Infrastructure (staffing).
    - 3 positions created: Epidemiology and Response Division (1,510.4)
    - 4 positions created: Public Health Division (2,424.7)
    - Outreach, prevention, promotion, postvention efforts

Identify and support New Mexicans at risk: Where we are going?

- DOH infrastructure
- Increasing inter-agency coordination
- Increasing postvention coordination and response (e.g., OMI and MRC). MRC Expanding *NMCAL* outbound calling
- Promoting policy and sustainability activities to require broader evidence-based suicide gatekeeper trainings
- Establishing a means for a notification of crisis events and coordinated postvention crisis response in schools
- Continuing *Zero Suicide* and expanding *Secondary Prevention of Suicide in the ED* program

Evidence of support

- Support for implementation of the comprehensive school mental health model
- Increased opportunities for instructor certification opportunities of EBP's
- Adaptation of gatekeeper trainings and promotion through cultural/linguistic lens
- Unified Wellness Promotion and Media campaign
- Alignment with PED Social Emotional Learning
- Accessible and frequent Gatekeeper Trainings
- Postvention response- focus on schools
- Infrastructure development

Questions?

THANK YOU

Shayna.Klassen@state.nm.us
OSAH Statewide Behavioral Health Consultant

"CHILDREN LEARN MORE FROM WHAT YOU ARE THAN WHAT YOU TEACH."

—W.E.B. DuBois

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Investing for tomorrow, delivering today.