Connecticut Urban Middle School Indicated Early Intervention Project

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CT Youth Suicide

- The 3rd leading cause of death in the state (CDC)
  - 23 Ages 10-14 (55% male)
  - 154 Ages 15-19 (81% male)
  - 195 Ages 18-24 (89% male)
CT Self Inflicted Injury ED Visits (per 100K) by Race 2005-2007 CT DPH

<table>
<thead>
<tr>
<th>Race</th>
<th>10-14 year old</th>
<th>15-19 year old</th>
<th>20-24 year old</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>39.9</td>
<td>140.9</td>
<td>116.9</td>
</tr>
<tr>
<td>Black</td>
<td>36.4</td>
<td>108.7</td>
<td>68.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>55.6</td>
<td>180.4</td>
<td>164.7</td>
</tr>
</tbody>
</table>
Hypotheses

- School Based Health Centers will be more successful in identifying middle school youth (grades 7-9) at risk for depression and suicide and providing services to this population than a community based pediatric clinic.
Pediatric Services

- Screening for depression was deemed an appropriate standard of care and recommended by The American Academy of Pediatrics and the Society of Adolescent Medicine.
- In 2006, about 20,000 students in the state of CT received services at School Based Clinics (DPH, 2009).
- Approximately 1/3 of the visits to the clinics were for mental health related issues.
Criteria for Inclusion

- Screened as part of “Well Child” visits at 2 Urban School Based Health Clinics and one Urban Hospital Based Pediatric Outpatient Clinic
- All youth are screened using the RADS-2
- Inclusion cutoff of 77 and/or endorsement of Self Harm “critical item”
Screening Totals

- gr 7-9 Pediatric Clinic:
  - Total Screens: 282
  - Positive: 44
  - Consented At Risk: 9

- gr 7-9 School Based HC:
  - Total Screens: 524
  - Positive: 73
  - Consented At Risk: 55
At Risk By Gender and Ethnicity (consented)

- Male (n=170): 14.2%
- Female (n=218): 22.5%
- Black African (n=120): 14.2%
- Hispanic (n=237): 21.5%
Endorsing Self Injury by Gender and Race

<table>
<thead>
<tr>
<th>Gender</th>
<th>Black/African American</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.9%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Female</td>
<td>12.7%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>
Direct Services Provided to Youth At Risk

- Community Outpt Clinic (1-23): 5.3 sessions
- School Based Health Center (1-42): 14.2 sessions
Mean RADS-2 for at risk youth

<table>
<thead>
<tr>
<th>Time</th>
<th>all RADS2</th>
<th>at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>54.96</td>
<td>81.49</td>
</tr>
<tr>
<td>6 Month</td>
<td>70.79</td>
<td>61.67</td>
</tr>
<tr>
<td>12 Month</td>
<td>61.67</td>
<td>57.83</td>
</tr>
<tr>
<td>18 Month</td>
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</table>
Trends in RADS-2 Scores
Acknowledgements

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- Special appreciation of Elizabeth Schilling PhD for help with data evaluation