
CAN SCHOOL-BASED MENTAL HEALTH SERVICES MAKE A DIFFERENCE?

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 - 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.
 - Co-author of the book “After the Fact: A Guide for Families Learning of Their Child’s Sexual Abuse Later”.
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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
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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
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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
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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+
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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

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- Crisis team responded to 40 completed suicides in past 5 years
 - 5 on campus shootings in past 4 years
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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%
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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
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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
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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
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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
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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
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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
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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
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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%)
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INSERVICE TRAINING FOR SCHOOL STAFF

- Administrators
 - Counselors and Psychologist
 - Classroom Teachers
 - Support Staff
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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 mindfulness
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