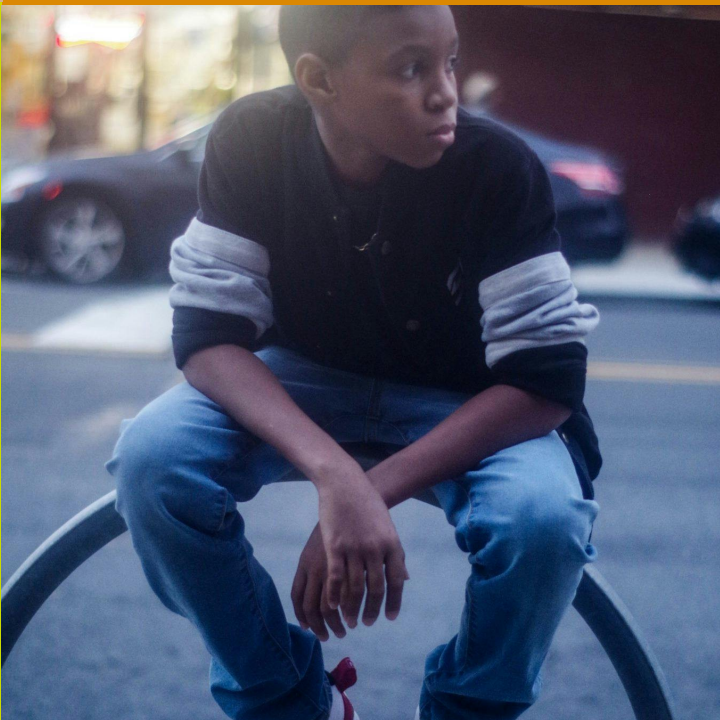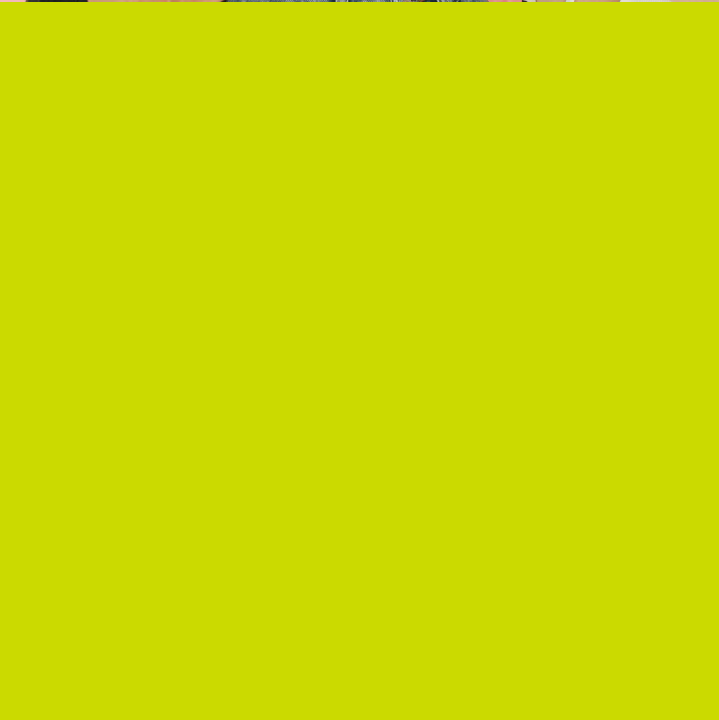# *Turning the Spigot Off:*
Mobilizing Schools to Support Secondary Prevention of Substance Use and Co-Occurring Other Mental Health Disorders

Randi M. Schuster, PhD

Associate Professor, Harvard Medical School

Director of School-Based Research and Program Development, MGH Center for Addiction Medicine

Ongoing Youth Mental Health Crisis

- 40% increase in persistent feelings of sadness

- 36% increase in youth seriously considering suicide
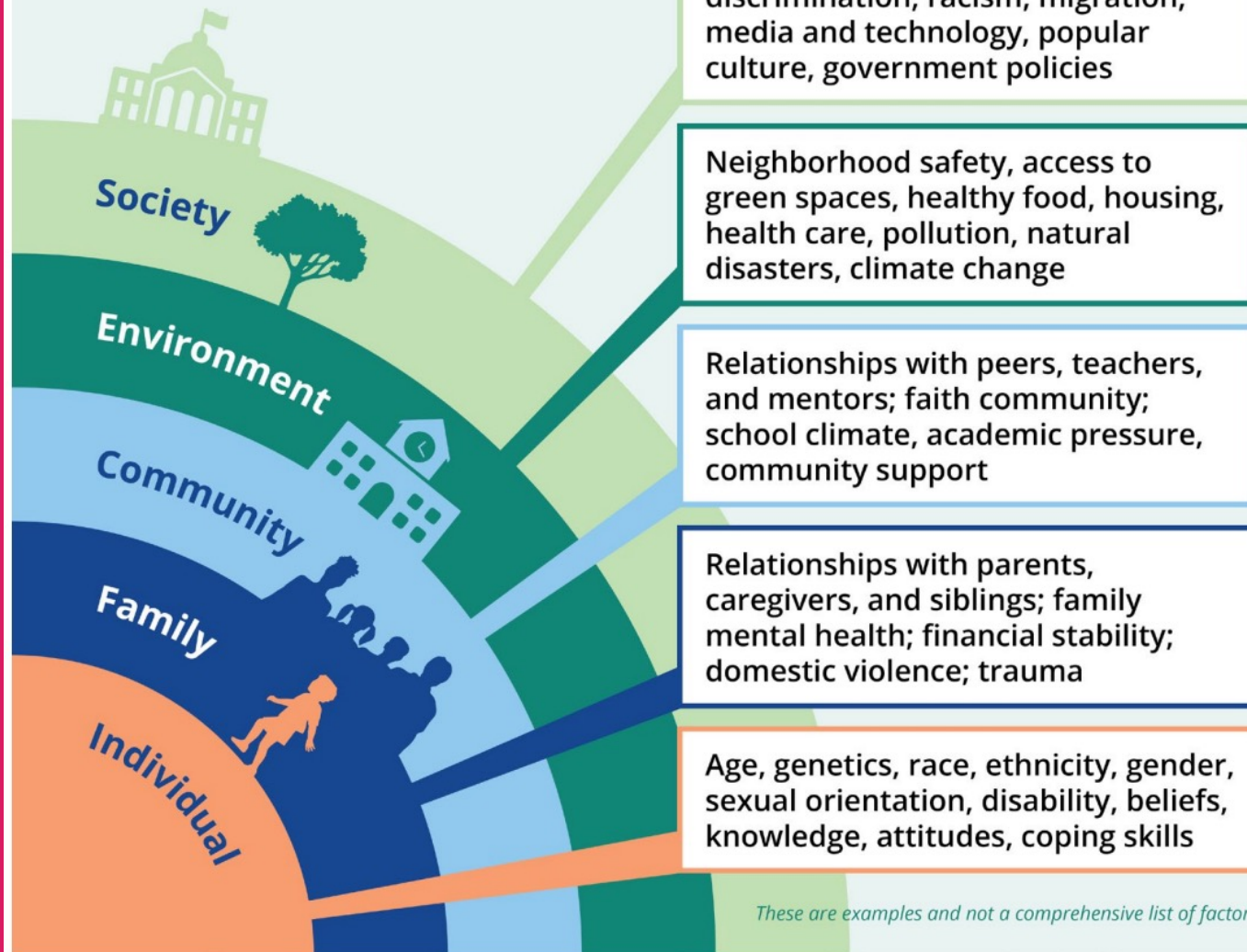
- 44% increase in youth with a suicide plan

YRBS, 2020

Contributors

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE

Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)

Society

Environment

Community

Family

Individual

Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies

Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change

Relationships with peers, teachers, and mentors; faith community; school climate, academic pressure, community support

Relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence; trauma

Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills

These are examples and not a comprehensive list of factors

Interaction between SD and GD identities on:

Depressive symptoms (OR=2.81)
Anxiety symptoms (OR=4.36)
Suicidal thoughts (OR=2.88)
Suicide plan (OR=2.32)
Suicide attempt (OR=1.80)
Non-suicidal self-injury (OR=3.67)

Pachas et al., under review

Path analysis using a two-dimensional model of emotional reactivity

Other work cooking

Noyola et al., in prep
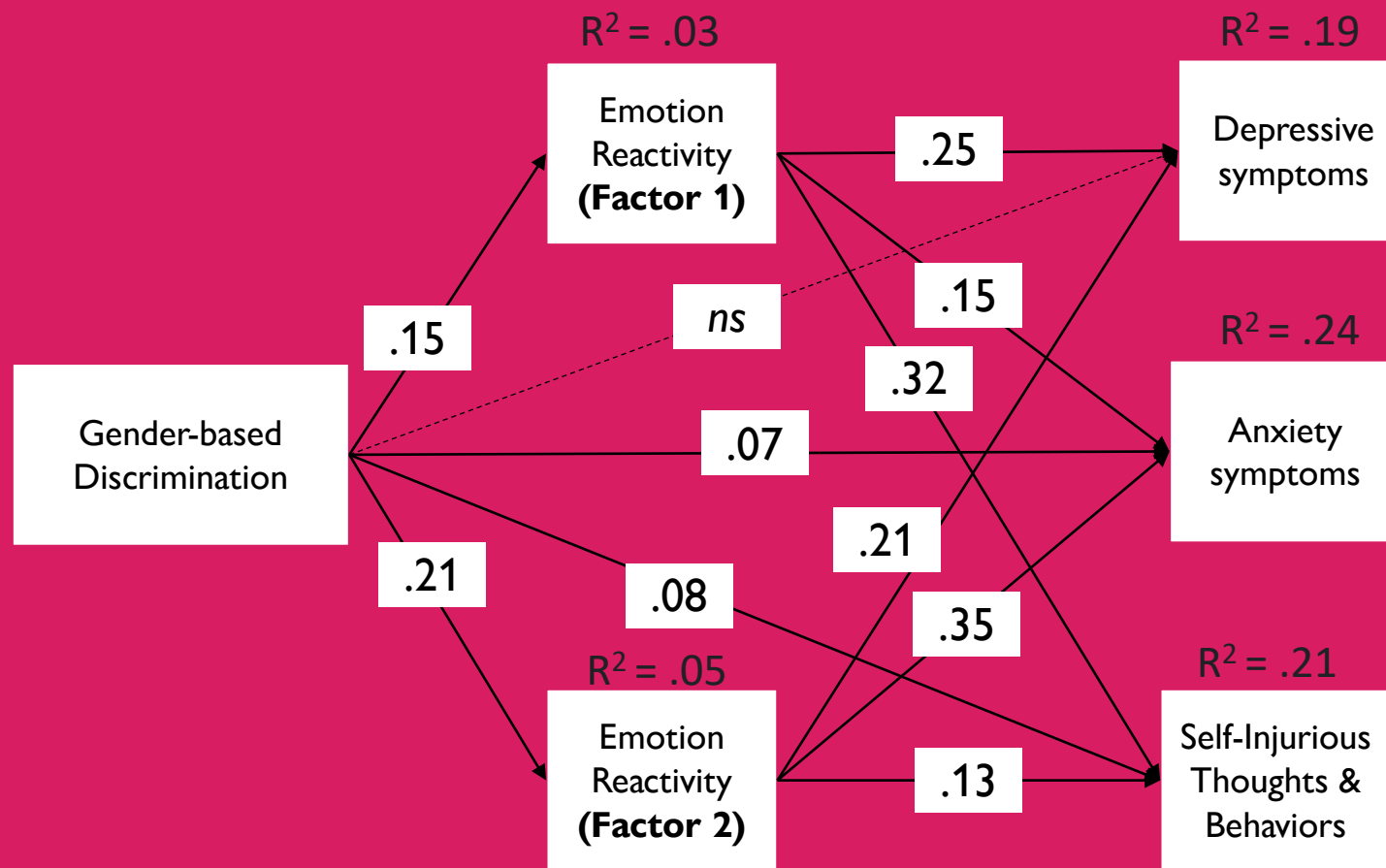
Covariances were calculated but not shown for simplicity.
Age was entered as a covariates but is not show for simplicity.

MH and SU Co-Morbidities

Figure. Associations Between Substance Use Frequency and Self-Reported Mental Health Symptoms in 2 Independent Samples of Adolescents

A Substance use and risk factor survey

Tervo-Clemmens et al., 2024; JAMA Pediatrics
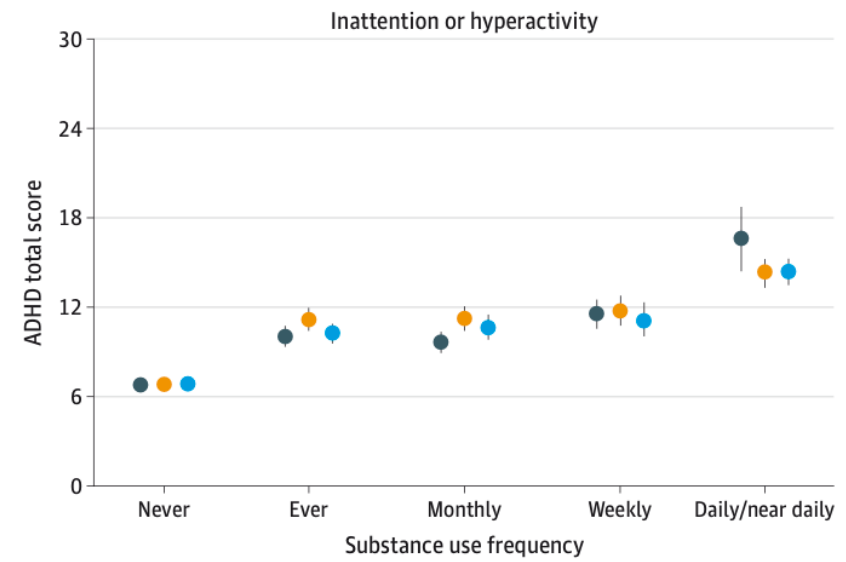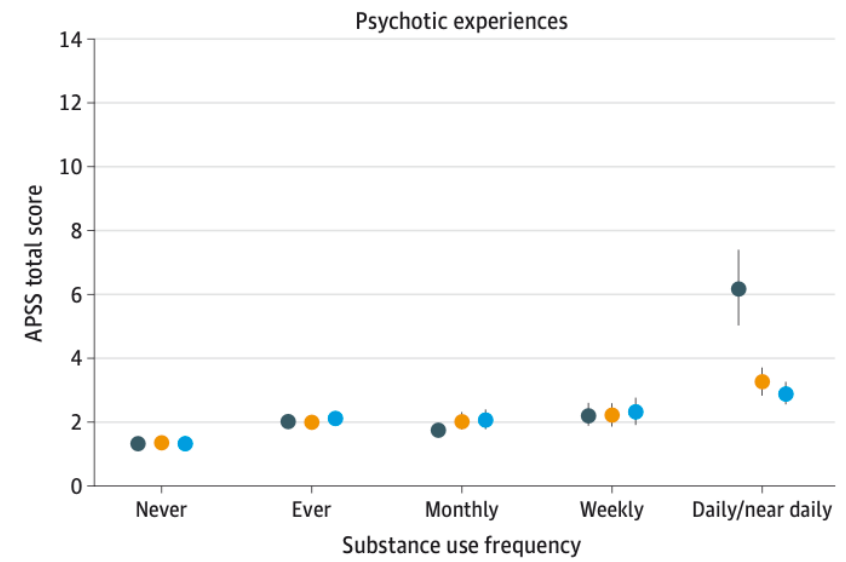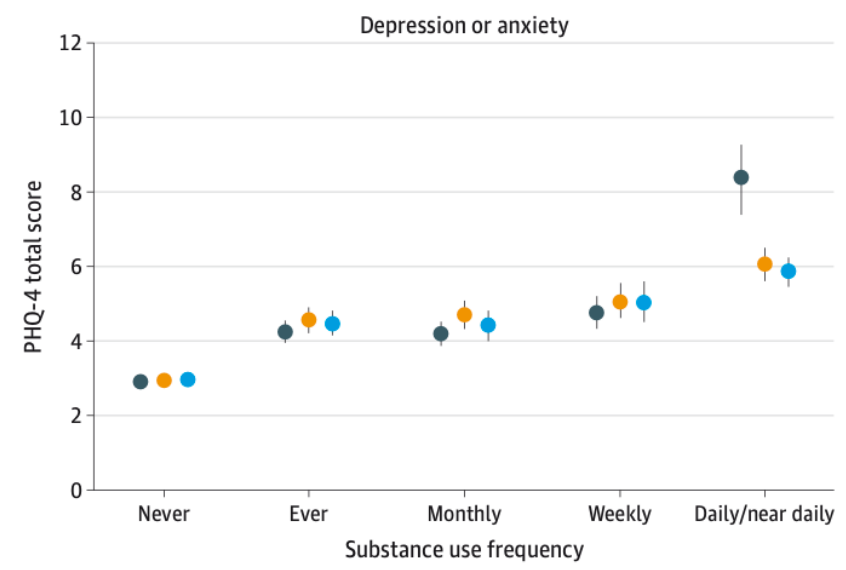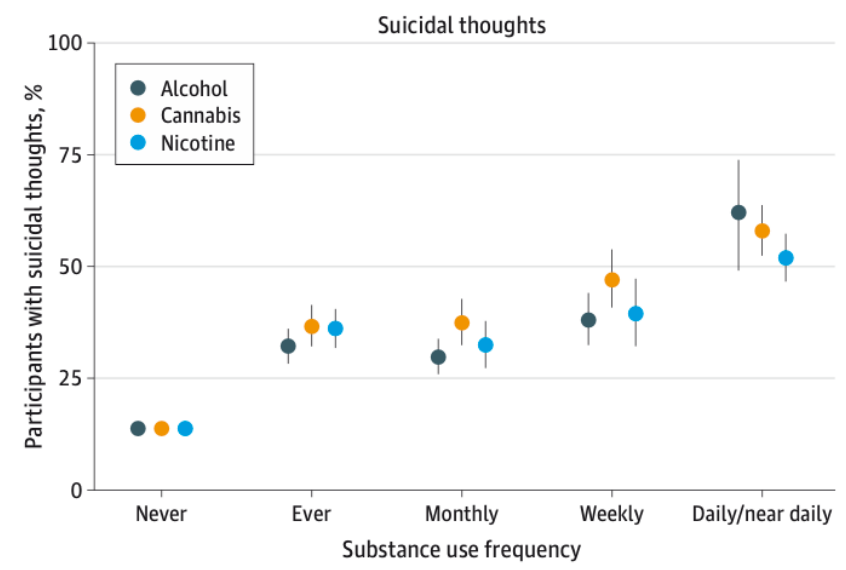
Problem:
Persistent youth mental health crisis with inadequate attention to prevention

Why are schools part of the solution?

1. Critical access point to improve equity

- No-show rates for initial intake MH appointments range from 48-62%

- 40-60% of children receiving outpatient MH services attend few sessions and drop out quickly

- Schools provide greater access to mental health services

Gopalan et al (2010); Harrison, McKay & Bannon (2004); Jaycox, 2009; McKay, McCadam, & Gonzales (1996); McKay, Lynn and Bannon (2005)

3. Potential to leverage proclivity for social contagion for good
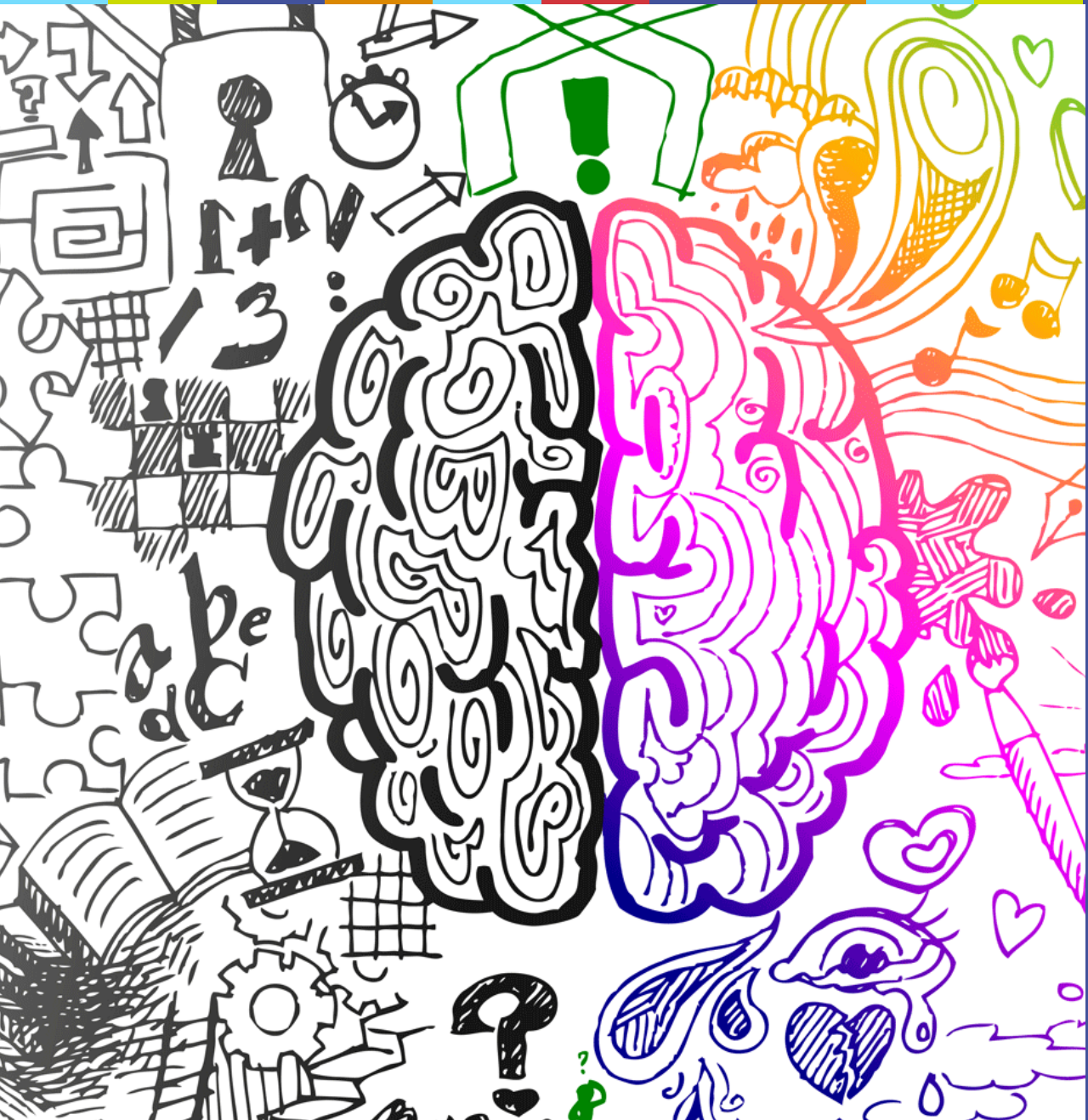
4. **Dense contact and historical relationships allow for intensive monitoring during sensitive developmental windows when progression of symptoms can occur quickly.**

Universal Screening

~20% of kids asked for connection to school-based support

Disproportionately LGBTQIA+, REM

20% endorsed past year SI (and 20% of those with past year SI opted in to extra support)

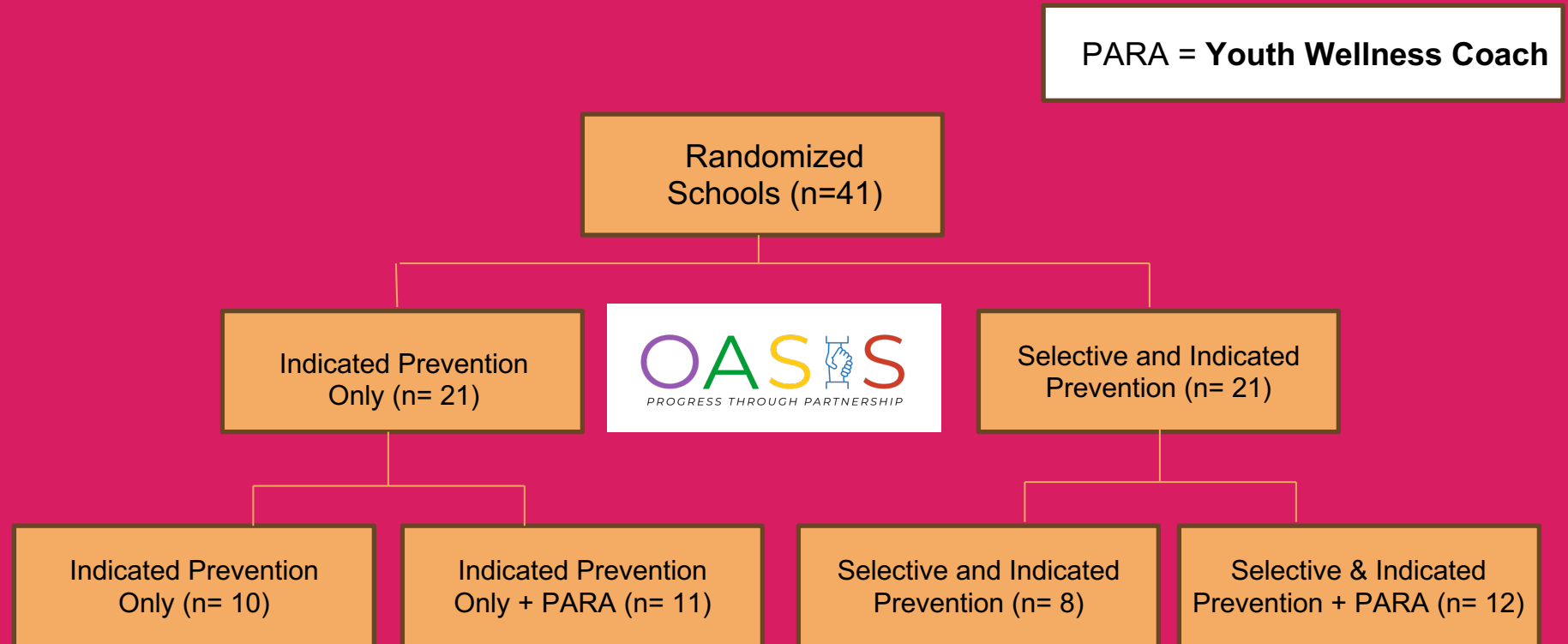~40% did not talk to *anyone* (formal or informal supports) in the past year about MH

How to make sustainable for schools?

Optimizing and Advancing SBIRT in Schools (OASIS)

What is SBIRT: Screening, Brief Intervention, and Referral to Treatment

Originated in Emergency Rooms (clinical settings)

State mandated in public middle schools and high schools in MA since 2016

PARA = **Youth Wellness Coach**

Randomized Schools (n=41)

Indicated Prevention Only (n= 21)

Selective and Indicated Prevention (n= 21)

Indicated Prevention Only (n= 10)

Indicated Prevention Only + PARA (n= 11)

Selective and Indicated Prevention (n= 8)
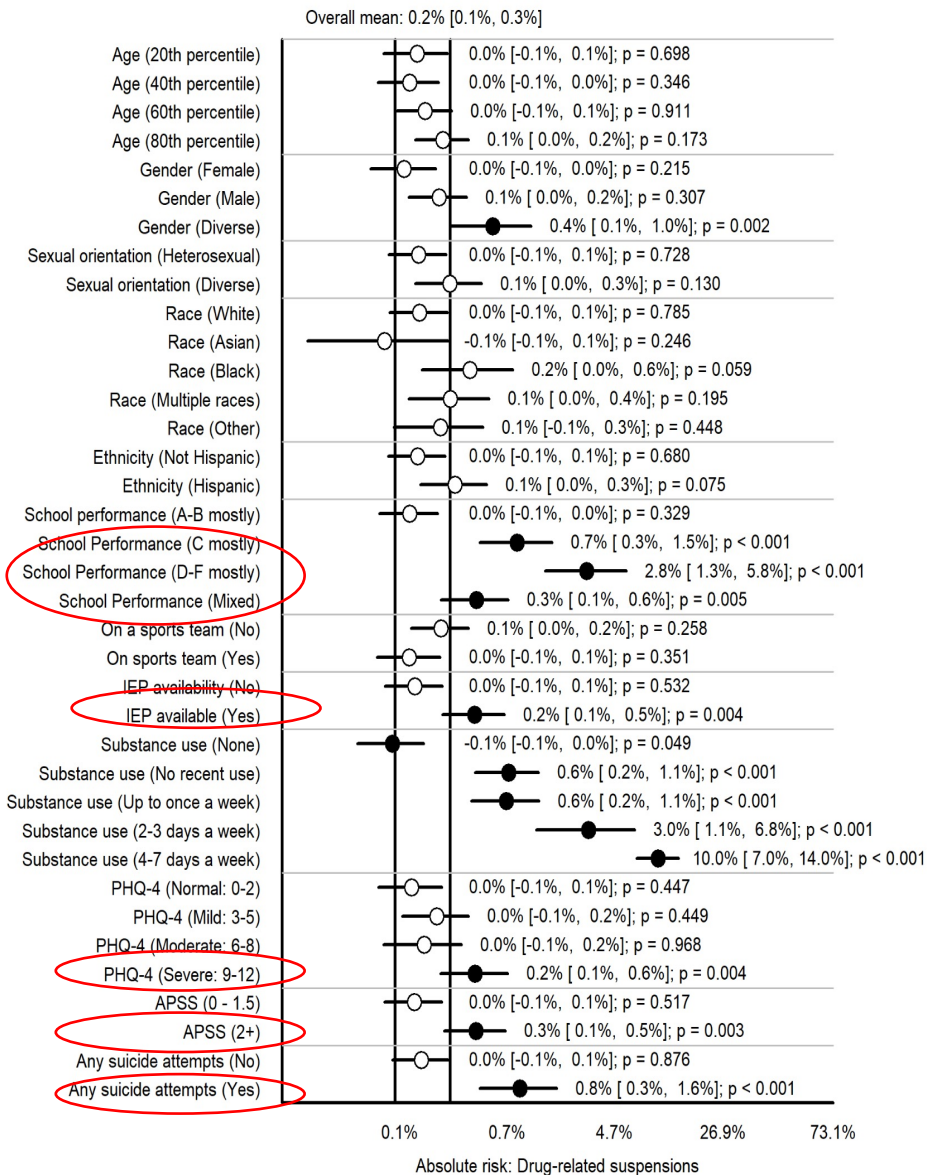
Selective & Indicated Prevention + PARA (n= 12)

In the past school year…

4100 students conducted SBIRT screening with a YWC

Rates of SU disclosure are 2-fold higher

95% (vs 58%) answered honestly

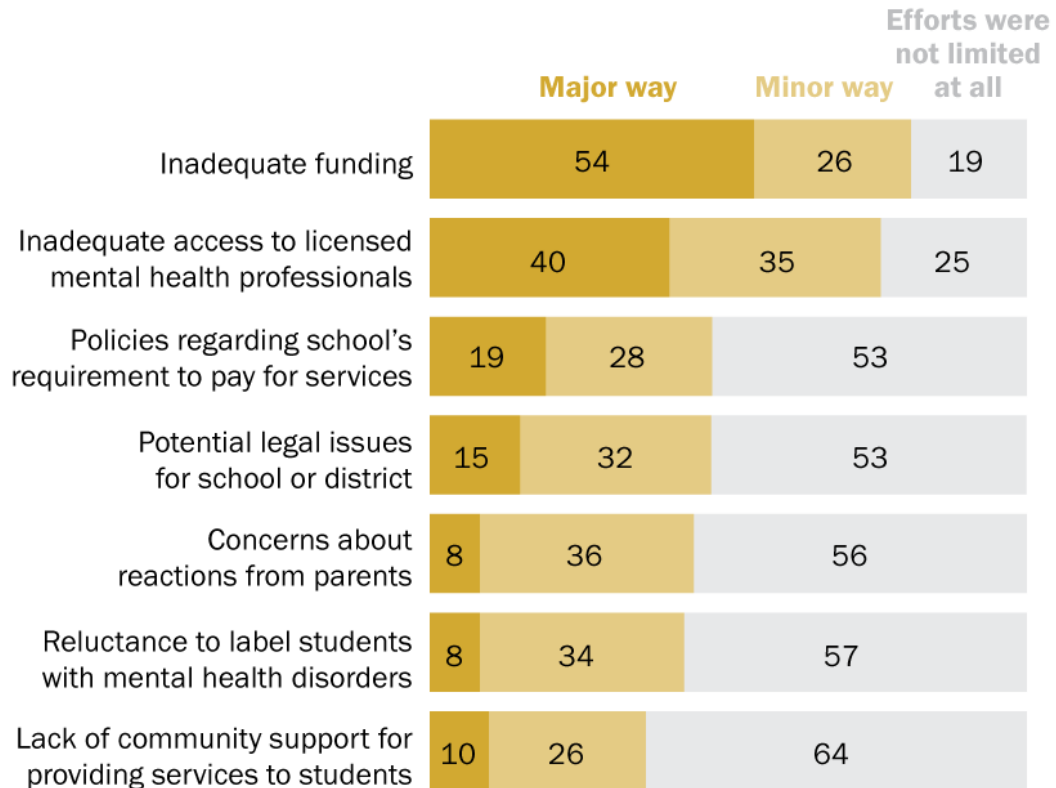Interrupting the School-to-Prison Pipeline via Alternatives to Punishment

The iDECIDE Basics

- State-funded low-touch, tier 2 intervention for students caught violating school substance use policy

- Drug agnostic

- Youth centered, skills-based, and without a focus on abstinence

- LMS hosted

- Available in multiple languages

- Delivered by trained facilitators; lay staff encouraged!

- 4 module interactive, multimedia curriculum:

    Teen Brain Development, Neurobiology of Addiction, and Industry Tactics

    Motives for Use and Specific Drug Effects

    Identifying Triggers and Healthy Alternatives

    Core Values and Setting Goals

- In nearly 400 middle and high schools statewide, with over 1000 faciliators trained

- Caregiver curriculum coming in August 2024

Implementation Challenges

Inadequate funding, access to licensed professionals majorly limited schools' ability to provide students with mental health services

% of U.S. public schools saying that each factor limited their efforts to provide mental health services to students in a _____ during the 2019-20 school year

	Major way	Minor way	Efforts were not limited at all
Inadequate funding	54	26	19
Inadequate access to licensed mental health professionals	40	35	25
Policies regarding school's requirement to pay for services	19	28	53
Potential legal issues for school or district	15	32	53
Concerns about reactions from parents	8	36	56
Reluctance to label students with mental health disorders	8	34	57
Lack of community support for providing services to students	10	26	64

Note: Shares may not sum to 100 due to rounding.
Source: U.S. Department of Education, National Center for Education Statistics, 2019–20 School Survey on Crime and Safety (SSOCS).

PEW RESEARCH CENTER

Thank you!!

Please reach out with any questions or thoughts…

617-643-6673

RSCHUSTER@MGH.HARVARD.EDU

@RANDIMSCHUSTER