ISSUE BRIEF

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WELL BEING TRUST

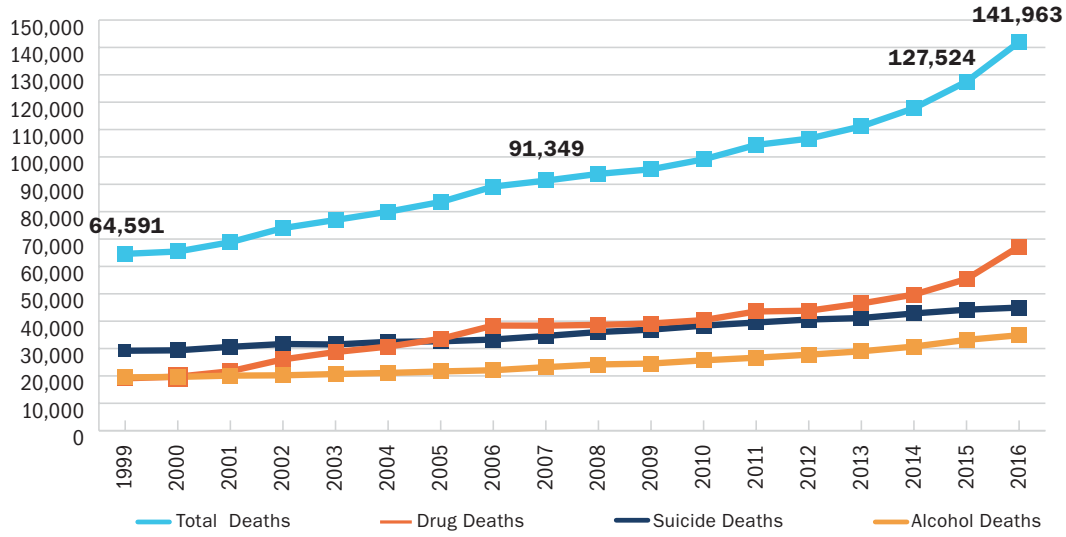
Pain in the Nation: Education Brief

HOW THE EDUCATION SECTOR CAN HELP ADDRESS THE ALCOHOL, DRUG AND SUICIDE CRISES

The Rising Problem of Despair

In 2016, 142,000 Americans died from alcohol-induced fatalities, drug overdoses and suicide—one every four minutes. These "deaths of despair" have become a full-blown public health crisis as the number of Americans who died each year from the trio of causes has escalated at an alarming pace over the last decade.[1] Although these deaths are mostly among adults, children are also dying from these same diseases of despair, and many more are suffering second-hand as adults and caregivers around them struggle with, and some die, from the alcohol, drug and suicide epidemics.[2,3]

Annual Deaths from Alcohol, Drugs and Suicide, 1999-2016



Source: CDC WONDER

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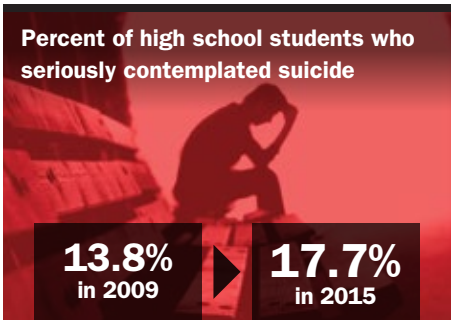
Despair Deaths and Substance Misuse Among Children

Deaths from suicide among 0 to 17-year-olds grew 84 percent in the last decade (2007-2016) and are having devastating consequences for their families and communities.[4] Suicide is the third leading cause of death among children aged 10-14 and the second leading cause of death among those aged 15-24.[5] In just one year (from 2015 to 2016), the suicide rate grew by 10 percent among children under the age of 18. Suicide rates among girls aged 10-14 increased 231 percent in the last decade and rose 8 percent in 2016.[6] The number of high school students who reported seriously contemplating suicide also increased significantly from 13.8 percent in 2009 to 17.7 percent in 2015.[7]

As of 2016, more than 1 million adolescents aged 12 to 17 (4.3 percent) had a substance use disorder (including either alcohol or drugs) and around one in five 12 to 20-year-olds reported consuming alcohol in the past month. Another survey found that more than half of high schooler's alcohol consumption was binge drinking and two in five reported consuming eight or more drinks in a single occasion. An estimated 90 percent of adolescent drinking is via binge drinking.[8]

In addition to an increased risk of overdose, substance misuse can have long-term adverse effects on physical and mental health, academic and career attainment, relationships with family and friends and establishing and being a connected part of a community. The underlying root causes of misuse have also been shown to contribute to increased likelihood of poor academic performance, bullying, depression, violence, suicide, unsafe sexual behaviors and other problems that can emerge during teenage years.[9] Ongoing



substance misuse has a high correlation with school dropout rates, chronic absenteeism, classroom behavior issues, and impaired cognitive development.[10]

Indirect and Multigenerational Effects on Children

The alcohol, drug and suicide epidemics have claimed more than one million U.S. lives in the past decade. For every one of these deaths, many additional Americans, including children, are affected, directly or indirectly.

For example, despair deaths are straining our country's child welfare system as more and more children are forced into foster care because of parental death or substance misuse. In 2016, the number of children in foster care increased for the fourth consecutive year, with parental drug misuse cited as the reason for removal in more than one-third of cases. This trend has resulted in overloaded social workers and an insufficient number of foster parents.[11]

Young people exposed to Adverse Childhood Experiences (ACEs)—stressful, traumatic events—are more likely to develop substance use disorders as adults.[12] Children whose parents misuse drugs or alcohol are also at increased risk of experiencing other ACEs, including emotional abuse and neglect.[13] ACEs often lead to an earlier age of initiation of alcohol use,[14] a greater likelihood of serious problems with drugs[15] and increased odds of attempting suicide.[16] ACEs are also linked to social, emotional and cognitive impairment, lower academic achievement and lower educational attainment.[17]

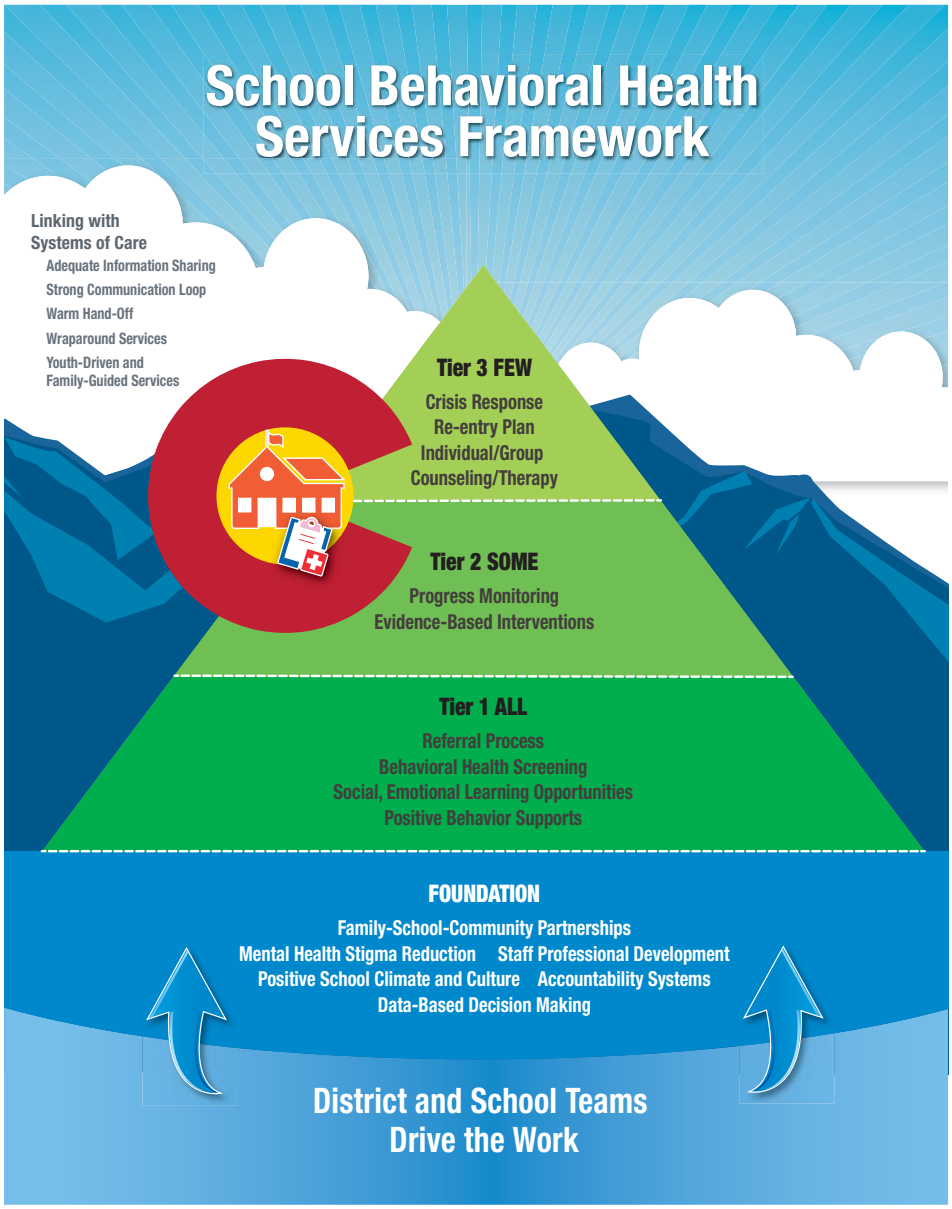
In addition to trauma, children may be harmed physically when their mothers misuse substances during pregnancy, increasing the risk of a host of adverse birth outcomes, including low birth weight and infant death. Neonatal Abstinence Syndrome (NAS), which occurs when a baby exhibits drug withdrawal symptoms after birth, is associated with feeding difficulties, seizures and respiratory distress. A 2016 review of state trends found a 383 percent increase in the number of infants born with NAS from 2000 to 2012. Alcohol use during pregnancy can cause Fetal Alcohol Spectrum Disorders, conditions that can include physical problems, such as facial deformities and stunted growth, and behavioral and learning problems. In addition to these direct consequences of substance use during pregnancy, research has found that children who were exposed to substances in utero have a higher risk of subsequent abuse by their parents.

How Educators Can Help

Recognizing that despair deaths are caused by a confluence of factors that adversely affect well-being and contribute to underlying pain, the Trust for America's Health and Well Being Trust have called for a national strategy to improve resilience.[18] If we can strengthen family and social relationships, improve the social-emotional development of America's young people, and reduce early childhood trauma in our nation, we can reverse many of the dynamics fueling the rise in despair deaths. Much of this important work can be done in our nation's schools.

Educators are committed to the success of their students and are increasingly aware that success is dependent on meeting the comprehensive needs of the whole child. Environmental disasters, violence, homelessness and other traumatic circumstances affect student performance and challenge teachers and school leaders to find solutions beyond the training they received through educator preparation programs. They need access to and training in evidence-based strategies that help them ensure schools are safe and healthy and support the well-being of students. Armed with knowledge about such strategies, teachers, staff and school leaders can help create and sustain the conditions for learning that are necessary for students to learn and thrive.

One such strategy that has been adopted by schools and districts throughout the country is the School Behavioral Health Services Framework, commonly known as multi-tiered systems of support (MTSS). This approach—which includes prevention, early intervention, response and treatment—provides a model for behavioral and mental health promotion in education settings. Research now documents the link between mental health and academics: health is foundational for learning, and academic success leads to strong mental health.[19] Although primarily an academic intervention, schools that have adopted the MTSS model have experienced positive behavioral influences as well.[20]



Source: The Colorado Education Initiative: http://www.coloradoedinitiative.org/wp-content/uploads/2014/07/Colorado-Framework-for-Behavioral-Health-updated-links.pdf.

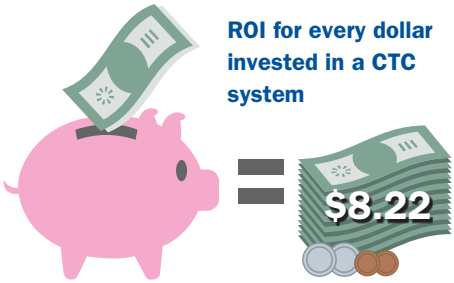
The remainder of the brief focuses on specific steps educators can take to help address the drug, alcohol and suicide crises. The brief concentrates on how educators and administrators can engage community partners, improve school climate, help screen students to identify risk of mental and behavioral health concerns, ensure schools have well-trained health personnel and provide training to support a school culture of well-being.

Partnerships

A thorough and comprehensive approach to addressing how the education sector can help tackle the alcohol, drug and suicide crisis requires a careful systems approach. Simply creating new programs in schools without integrating them with and connecting them to other systems (i.e., the healthcare sector, the social safety net and others) will not bring about as robust a change as possible. Additionally, in some cases, adding a program without a systems plan could actually further fragmentation, resulting in additional layers of complexity in an already overly complex system. Incorporating this systems lens requires a comprehensive plan that brings together all community capabilities and resources.

A community thrives when all resources are marshaled to build protective factors at the individual student and family levels, which, in turn, will help identify at-risk students and ensure they receive the support and services they need.

For example, models for effective cross-sector coordination include the Communities That Care program (CTC), PROmoting School/community-university Partnerships to Enhance Resilience (PROSPER) and the federally-supported Drug Free Communities (DFC) program.



CTC is a community-based approach that targets predictors of problems, rather than waiting for problems to occur. Communities that implemented CTC had fewer health and behavior problems among their students and students were more likely to have abstained from alcohol and drug use, even after the program ended.[22] A cost-benefit analysis found a benefit of $8.22 for every dollar invested in a CTC system.[23]

PROSPER is an evidence-based state delivery system for supporting sustained, community-based implementation of scientifically-proven programs that reduce adolescent substance misuse. Youth participants scored significantly lower on a number of negative behavioral outcomes, including drunkenness, cigarette use, marijuana use, use of other illicit substances, and conduct problem behaviors, up to 6.5 years past baseline. And, in many cases, higher-risk youth benefited more.[24]

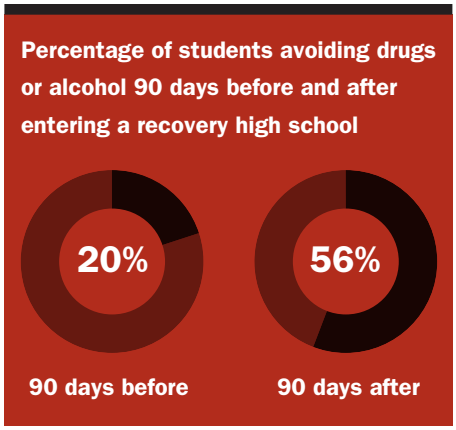
DFC is a federal program designed to encourage community stakeholders (schools, businesses, media, parents, etc.) to work together to deal with substance misuse problems in a comprehensive and coordinated manner.[25] A recent evaluation of DFC found that, among middle school youth across all DFC coalitions ever funded, prevalence of alcohol use declined by 27 percent, prevalence of tobacco use declined by 32 percent, prevalence of marijuana use declined by 14 percent, and prevalence of (illicit) prescription drug use declined by 11 percent. And, among high school students, use of alcohol declined by 19 percent, of tobacco by 28 percent, of marijuana by 6 percent, and of (illicit) prescription drug use by 16 percent.

All these evidence-based coalition models engage with schools as key partners and provide access to technical experts and training, help with collecting and analyzing data and metrics, allow for continuous improvement, and increase sustainability through braided funding.

Schools often work with their local police department, juvenile justice system, child welfare system, healthcare organizations and others to help steer youth with mental health or substance use disorders into treatment rather than into the justice system. Most high schools have a School Resource Officer, typically a law enforcement official deployed in the school setting to ensure safe learning environments and develop positive relationships with troubled youth.

And, some communities have special recovery high schools designed for students recovering from a substance use disorder as an alternative to the justice system.[26] A study of recovery high schools found that complete avoidance of alcohol or other drugs increased from 20 percent during the 90 days before entering such schools to 56 percent after.[27]

Working together with various community partners, schools can help mitigate the devastating epidemic of drug overdoses, alcohol-related fatalities and suicides among the next generation of Americans.



BRAIDING AND BLENDING OF FUNDING

Braiding is coordinating funding and financing from various sources to support a single initiative or portfolio of interventions, generally at the community or program-level.[21] Braided funds remain in separate and distinguishable strands, to allow close tracking and accounting of expenses related to each separate funding source. Funding sources can include both traditional and non-traditional sources from both the private and public sectors — including private foundation funding, categorical funding from federal, state or local government, dedicated revenue streams, as well as hospital community benefit dollars, Medicaid and commercial health insurance reimbursement, or community development funds.

Blending, in contrast, combines different funding/financing streams into one pool, under a single set of reporting and other requirements such that expenses can no longer be traced to their original source. Blending makes dollars from different streams indistinguishable from one another as they are combined to meet the needs on the ground that are unexpected or not covered by other sources.

Braiding can increase opportunities to obtain larger amounts of funds, and is often more politically feasible then blending since each funder can track how funds are spent.

Screenings are a quick and low-cost method of reaching a wide number of children to identify risky behaviors and problems early and implement appropriate interventions.

School Climate

Creating a positive and inclusive school climate can promote the healthy development of students and help them avoid risky behaviors. Research has demonstrated that when students believe adults and peers at school care about them, they are more likely to avoid unhealthy behaviors such as drug and alcohol misuse.[28]

The MTSS model provides a concrete framework to improve school climate and contribute to student well-being and success. There are many variations of MTSS being implemented across the country. MTSS is defined as "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions."[29] The model was originally designed for special education students but has grown in promise and practice as evidence mounts of its effectiveness in improving school climate and student success.

To enhance both academic and behavioral outcomes, school leaders can implement Positive Behavioral Interventions and Supports (PBIS) models that rely on positive rather than punitive approaches to student misbehavior. Research indicates the PBIS approach contributes to reduced problem behavior, decreased bullying, less illegal substance use, and increased graduation rates.[30] According to a Washington State Institute for Public Policy cost-benefit analysis, for every dollar spent on PBIS, there is a return of $13.61 in societal benefits.[31] The PBIS approach provides a framework for school personnel to organize and deliver evidence-based practices at the school or district level.

Screening

On average, children spend about one-third of their time in school.[32] Thus, schools provide an excellent setting for proactively screening children for substance misuse and mental health risk factors. Screenings are a quick and low-cost method of reaching a wide number of children to identify risky behaviors and problems early and implement appropriate interventions.

In addition, making these types of screenings routine could possibly help reduce the stigma associated with mental and behavioral health concerns, may help students feel cared for, and possibly normalize the use of systems for providing help and resources. An annual screening for substance misuse and suicidal thoughts are among the recommendations in the authoritative standards for care such as Guidelines for Adolescent Preventive Services and Bright Futures.[33]

Schools can:

- Screen students on a periodic basis using an age-appropriate questionnaire;
- Intervene with students who present risk factors by providing feedback about unhealthy behaviors and educating them about the risks involved with substance misuse;
- Refer for treatment students who need further assessment and services;
- Provide onsite mental health in schools; and
- Assist in the process to make treatment available where it doesn't exist, including establishing a referral system that helps link students to youth-friendly providers. Teachers and schools may need to document unmet needs and work to ensure accessibility.

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) method is a public health approach recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the early identification and treatment of substance misuse.[34] It is also the only prevention intervention recommended in the President's Commission on Combating Drug Addiction and the Opioid Crisis.[35]

SBIRT provides a systematic means of identifying and providing appropriate services to people who clearly need, but are not receiving, treatment. Massachusetts passed a law in 2016 requiring public schools to verbally screen middle and high school students for substance use disorders using a validated screening tool.[36] The use of this tool enables school health teams to detect risk for substance-use-related problems and deploy brief intervention strategies to address these concerns at an early stage.

Additional validated assessment tools used for screening children include:

- CRAFFT, a six-question behavioral health questionnaire for youth recommended by the American Academy of Pediatrics to help identify substance misuse;[37]
- The Pediatric Symptom Checklist, a comprehensive assessment of a child's emotional and behavioral health;[38] and
- Rapid Assessment for Adolescent Preventive Services, a five-minute screening system for risk behaviors that contribute to adolescent and young adult morbidity and mortality tailored to different age groups.[39]

Personnel

To adequately meet the behavioral needs of their students, schools may need to expand their staff and/or develop partnerships to provide more services, such as those provided by school counselors, mental health workers, school social workers, school nurses, school psychologists, and other healthcare staff.

These professionals can:

- Provide support and intervention to students;
- Consult with families and teachers;
- Promote positive peer relationships;
- Provide social problem solving and conflict resolution;
- Develop school-wide practices and approaches; and
- Connect and collaborate with community providers for needed services.

Schools can partner with behavioral health specialists in the local community to provide these services in addition to offering them directly onsite through school-based health professionals. Such partnerships foster sustainability and can enhance funding opportunities. Whether provided through the school or community partnerships, Medicaid reimbursement may be available to support these services for eligible students in many states under Medicaid's Early Periodic Screening, Diagnosis and Treatment benefit.

An example of this type of successful school-community partnership is in **Washington, D.C.,** where **Mary's Center** (a Federally Qualified Health Center) operates a mental health program in 16 public schools. The program helps to decrease access barriers and promote behavioral wellness for children and their families by providing diagnostic assessments and behavioral health services.[40] Billing for Medicaid services (like individual, group or family therapy) allows Mary's Center to broaden its support within the school to other typically non-billable school-wide mental health promotion and prevention services, such as lessons on social-emotional wellness, workshops for parents on positive discipline and stress management, and trainings for teachers on trauma-informed education. In the 2016-2017 school year, 57 percent of school based mental health clients had an improvement of 10 points or greater during at least three months of treatment on the 30-point Child and Adolescent Functional Assessment Scale.[41]

Just 10 states require annual training for school personnel on suicide prevention.

It is important to provide more stable and sustained funding to support a long-term commitment to evidence-based programs.

Professional Development

Educators who receive professional development on best practices to identify and support students at risk for suicide or substance misuse can be more effective in preventing and minimizing these risks. Even though suicide is a leading cause of death of young people, educators are not typically provided with the training and tools to recognize warning signs and intervene appropriately. Although the U.S. Surgeon General has recommended training for school personnel on suicide risk,[42] the American Foundation for Suicide Prevention found that, as of 2016, only 10 states required annual training for school personnel on suicide prevention.[43] Another 17 states mandate training but not annually, and 15 states encourage training, but do not mandate it.[44]

Many schools and districts are now providing Mental Health First Aid (MHFA) courses for educators to build their capacity to identify students with mental health concerns and respond appropriately. MHFA USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. It has been shown to help educators grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions, and increase their own mental wellness.[45]

School health funding through CDC's Division of Adolescent and School Heath and its School Health Branch can be used to train educators and school health personnel on the latest prevention strategies and programs. These may include supervision strategies, behavior management techniques, school connectedness and parent engagement. Professional development funding under Title II and Title IV of the Every Student Succeeds Act can also be used for training teachers in social-emotional learning, mental health promotion techniques, and how to promote a positive school climate.[46]

In addition to prevention and intervention training, school personnel should be educated about "postvention" efforts after suicide or suicide attempts.[47] The goal of postvention is to help heal the community and mitigate negative effects, including additional suicides.[48] The Suicide Prevention Resource Center recommends that schools plan ahead and develop protocols to be followed after a suicide in the school community and train teachers and staff on how to support affected students, their families, and each other. Such training can also help educators address other traumatic events in the lives of their students, including violence in the school, community or home. The U.S. National Guidelines developed by the National Action Alliance for Suicide Prevention provides specific recommendations to help schools with postvention planning.[49]

Other school-based interventions can support students by incorporating suicide and substance misuse prevention education and other protective skills into the school day. To be effective, these programs must be evidence-based and sustained over the long term. Some schools have instituted substance misuse, suicide and mental health programs in response to tragic events in a community but may need help to identify resources to sustain such interventions beyond the immediate response period. It is important to provide more stable and sustained funding to support a long-term commitment to evidence-based programs.

Trauma-informed practices or strategies have been adopted in many schools and are being shown to help all students, not just those impacted by trauma, to develop self-coping skills and foster self-awareness and resilience. By adopting these strategies school-wide, stigma around mental health is reduced and social and emotional safety is enhanced. Supporting students in the aftermath of trauma or in dealing with life's complexities can enhance their engagement in school and with peers, teachers and families.[50] Such engagement is crucial for academic success.

The National Institute on Alcohol Abuse and Alcoholism has identified key elements of the most effective school-based alcohol prevention programs, which include:

- Correcting misperceptions that everyone is drinking;
- Teaching youth ways to say no to alcohol;
- Using interactive teaching techniques (e.g., small-group activities, role plays and same-age leaders);
- Involving parents and other segments of the community;
- Revisiting the topic over the years to reinforce prevention messages;
- Providing training and support for teachers and students; and
- Ensuring efforts are culturally and developmentally on target for the students they serve.[51]

The National Institute on Drug Abuse has identified five key prevention skills that schools should help their students acquire at both the elementary and middle and high school levels.[52]

The Life-Skills Training (LST) program is a classroom-based substance misuse prevention program for middle school students, which includes a booster program for high school students. In addition to drug awareness and resistance skills, the program teaches students social and self-management skills. The program has been extensively tested and found to reduce alcohol and drug use by as much as 87 percent.[53] A cost-benefit analysis of LST found the program yielded a benefit of $17.35 for every dollar invested.[54]

Evidence-based programs to prevent suicide include the SOS Signs of Suicide program, a two-part school-based program designed for middle and high school students. It includes instruction and activities to increase awareness of suicide and depression and a brief depression screening. The SOS Program has reduced self-reported suicide attempts by 40 percent to 64 percent in randomized control studies.[55, 56]

Other school-based strategies that can help reduce risk factors while building students' protective factors against substance misuse or suicide include:

- **Social and emotional learning:** Designed to help children understand and manage their emotions, social-emotional learning programs help to create positive school climates and conditions for learning. Students who are socially and emotionally healthy are less likely to engage in substance misuse and have higher academic outcomes.[57] Social-emotional learning programs been found to yield as much as $20.80 in benefits for every dollar invested.[58]
- **Anti-bullying programs:** In 2015, more than 20 percent of high school students reported being bullied on school grounds.[59] Both youth who bully and those who are bullied report higher levels of suicidal ideation and suicides.[60] Because many school-based anti-bullying programs have yielded mixed results, schools should make sure their program is evidence-based and does not include components that have been proven ineffective against bullying, such as zero-tolerance policies.[61]

Schools can play a crucial role in promoting the health and safety of young people and help them establish lifelong healthy behaviors. School leaders, teachers and school-based health professionals can lead the effort to ensure students are appropriately screened, cared for, instructed and connected and, hopefully, prevent students from engaging in substance misuse that might eventually lead to despair and death. In partnership with parents, businesses, healthcare organizations, and state and federal government agencies, schools can continue to be the heart and hub of communities and help children become healthy, productive citizens.

Endnotes

1 Unless otherwise noted, all of the despair death data is from the CDC WONDER database. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10.html.

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Trust for America's Health
WWW.HEALTHYAMERICANS.ORG

1730 M Street, NW, Suite 900
Washington, DC 20036
(t) 202-223-9870
(f) 202-223-9871

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