

# Connecticut Urban Middle School Indicated Early Intervention Project

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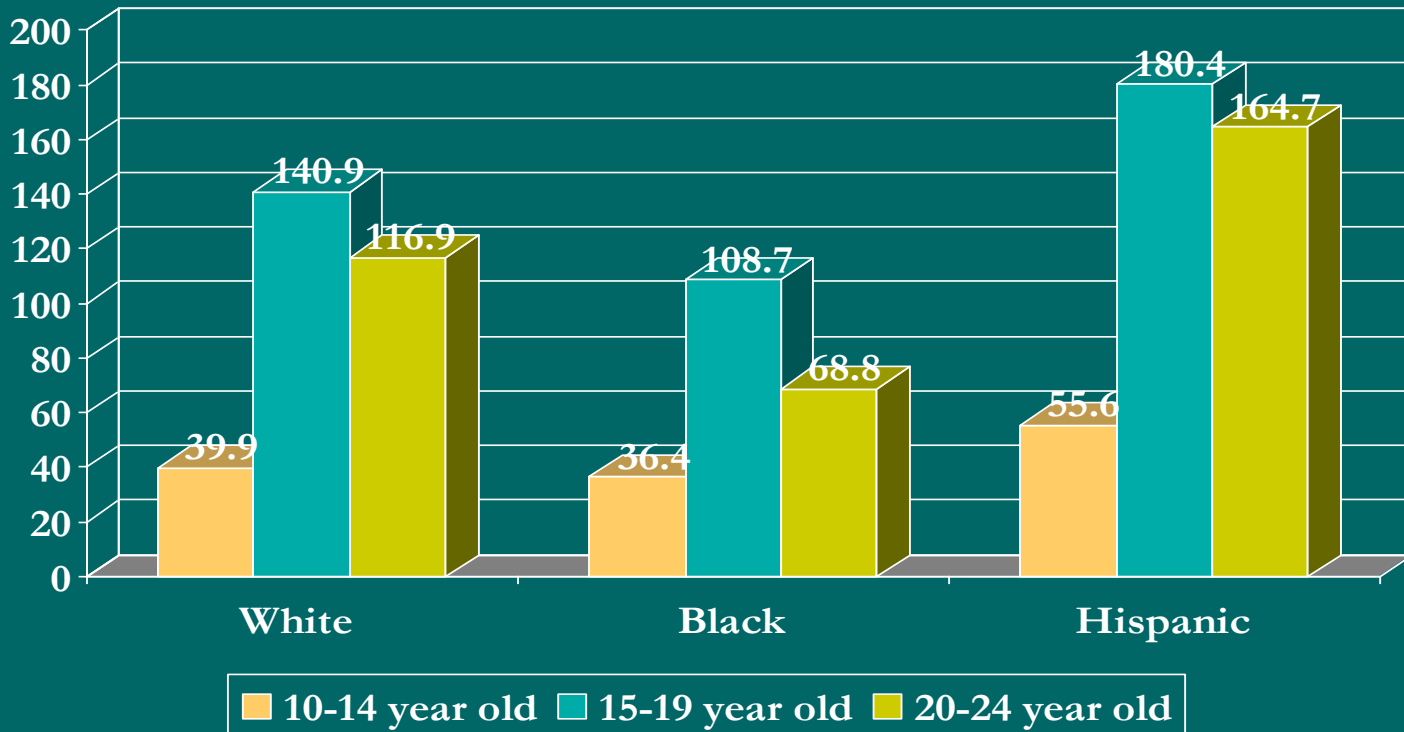
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# CT Youth Suicide

- The 3<sup>rd</sup> leading cause of death in the state (CDC)
- 372 Connecticut children and youth ages 10-24 died by suicide 1999-2009 (CT OCME)
  - **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



# 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

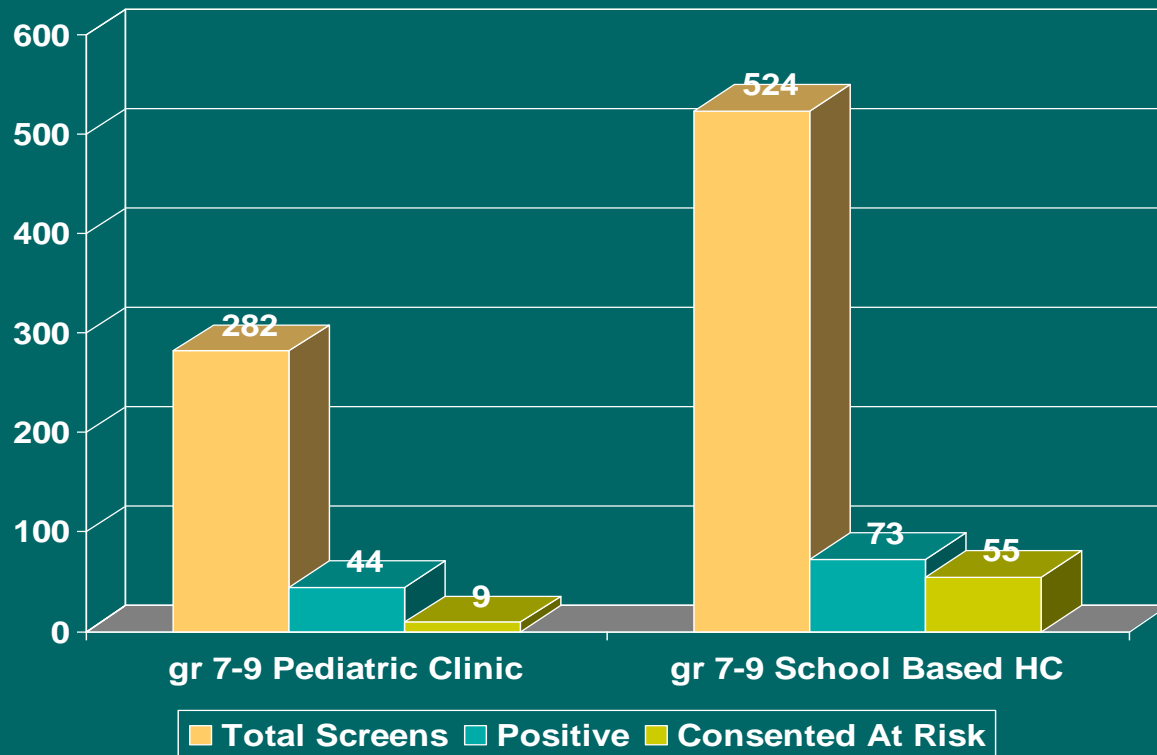
# Pediatric Services

- 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 approx 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

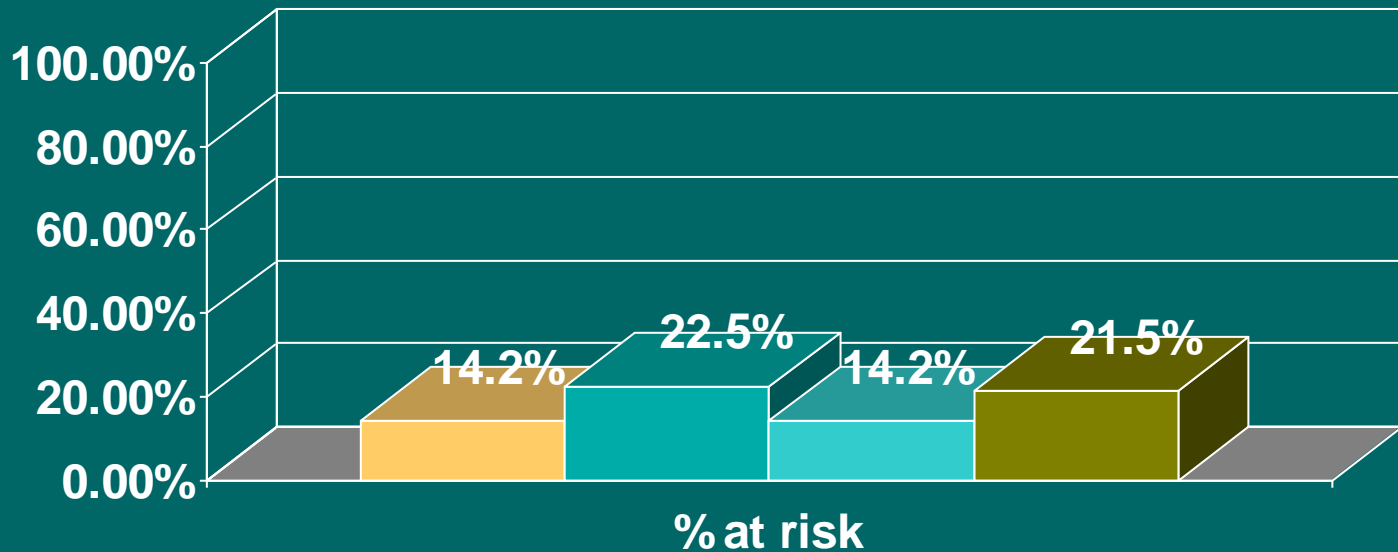
# Criteria for Inclusion

- 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



# At Risk By Gender and Ethnicity (consented)



Male (n=170)

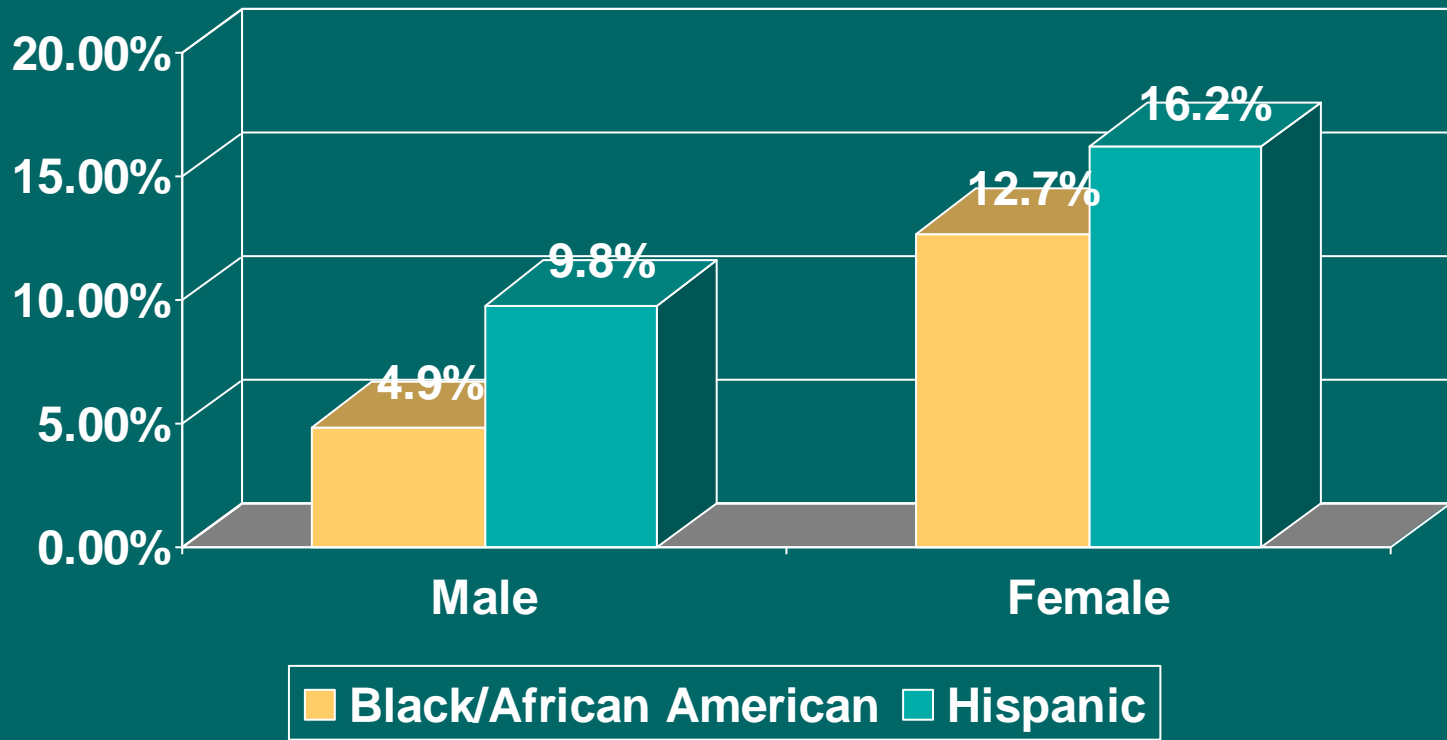
Female (n=218)

Black African (n=120)

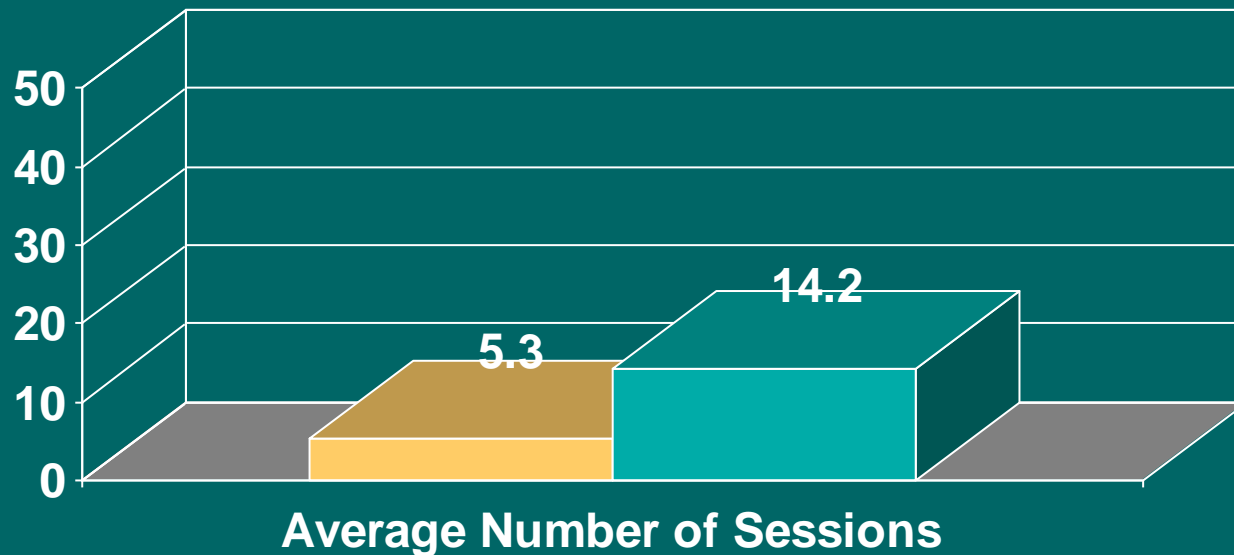
Hispanic (n=237)



# Endorsing Self Injury by Gender and Race

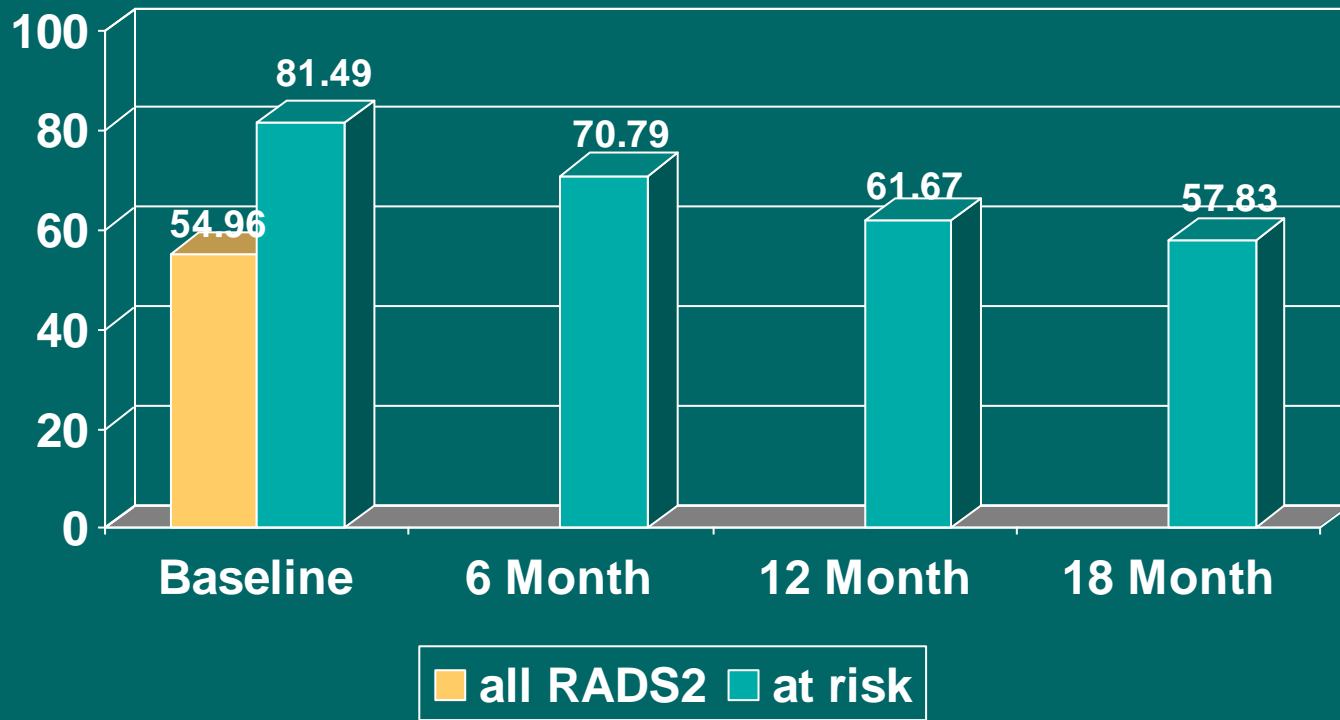


# Direct Services Provided to Youth At Risk

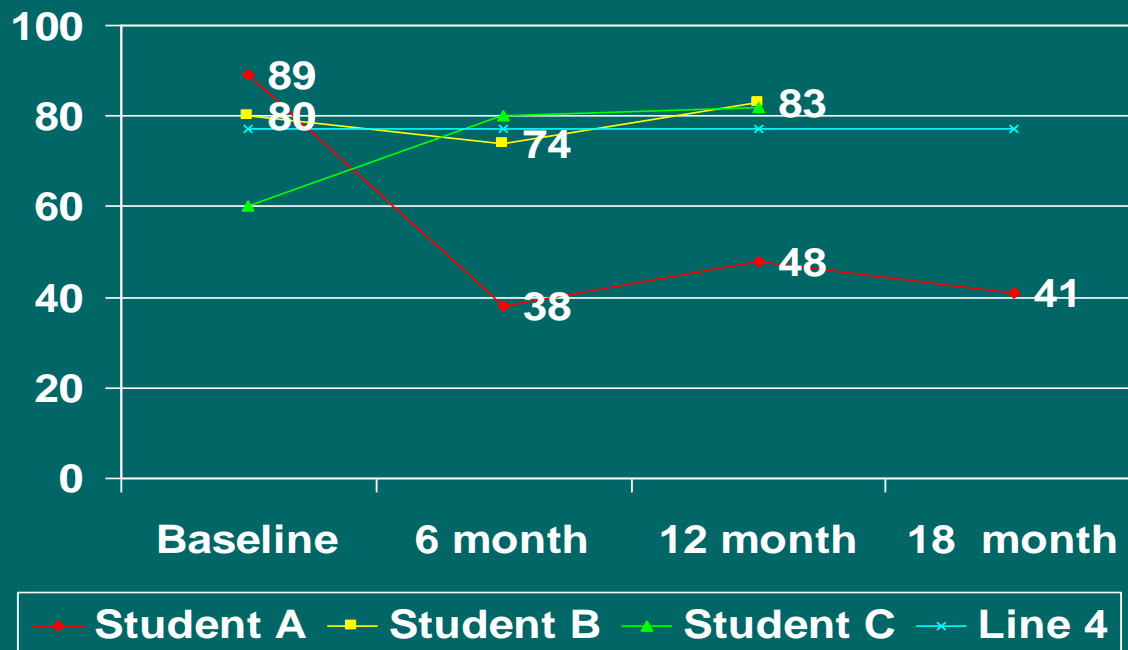


- Community Outpt Clinic (1-23)
- School Based Health Center (1-42)

# Mean RADS-2 for at risk youth



# Trends in RADS-2 Scores



# Acknowledgements

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