3rd Annual Washoe County

YOUTH MENTAL HEALTH SUMMIT

AGENDA

8:30 am - 9:00 am
Coffee & Networking

9:00 am - 9:05 am
Welcome by Kim Young, CEO of The Children's Cabinet

9:05 am - 9:10 am
Connie Wray, Emcee & Intro Video from Senator Catherine Cortez-Masto

9:10 am - 9:15am
WCSD Superintendent Joe Ernst

9:15 am - 10:00 am
Youth Risk Behavior Surveillance System (YRBSS) Update

10:00 am - 10:30 am
Update on West Hills Hospital

10:30 am - 11:00 am
Developing the Mental Health Professional Pipeline

11:00 am - 11:40 am
Digital Wellness

11:40 am - 12:00 pm
Digital Wellness Teen Panel

12:00 pm - 1:00 pm
Lunch

1:00 pm - 1:20 pm
Signs of Suicide '23-'24 Data

1:20 pm - 1:40 pm
Nevada State Office Suicide Prevention Postvention Toolkit for School District

1:40 pm - 2:00 pm
Childhood and Brain Development

2:00 pm - 2:30 pm
Childhood Development Teen Panel

2:30 pm - 3:00 pm
Sports/Athletics and Mental Health

3:00 pm - 3:30 pm
Teen Athlete Panel

3:30 pm
Final Remarks & Adjourn

3:30 pm - 6:00 pm
Resource Fair

Brought to you by Connect Washoe County

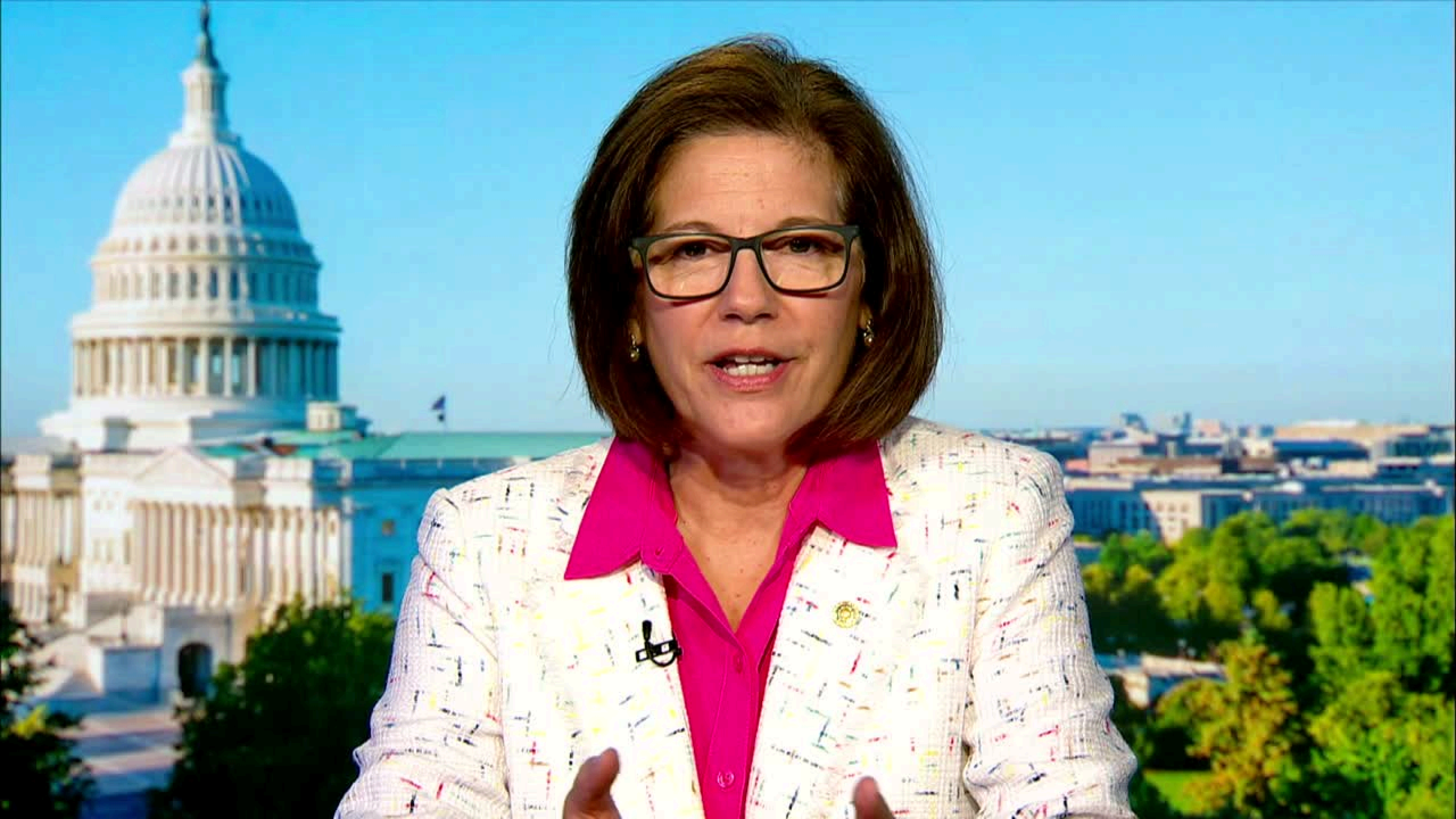
WELCOME

Kim Young

CEO, The Children's Cabinet

Connie Wray

Emcee



Joe Ernst

WCSD Superintendent

WCSD High School and Middle School Mental Health: 2019-2023 YRBS

Kristen Clements-Nolle, PhD, MPH
Washoe County Mental Health Summit
September 17, 2024

Acknowledgements

- NV Department of Education
- NV Division of Public and Behavioral Health
- Nevada Statewide Coalition Partnership
- School district superintendents and district staff
- School administrators and teachers
- UNR YRBS team

Nevada YRBS Procedures

- CDC funds a state-level high school YRBS
  - Approximately 36 high schools statewide
- NV Division of Public and Behavioral Health contracts with UNR to sample all other regular public, charter, and alternative high schools and middle schools
  - Approximately 220 high schools and middle schools statewide
- SB69 requires that all secondary schools in Nevada participate in the YRBS
- Classrooms are randomly sampled at each school
- Teachers of participating classrooms receive $50-$100 in amazon gift cards
- Following parental permission, students complete an anonymous survey in the classroom
  - Students can choose not to participate, skip any question, or stop the survey at anytime

WCSD YRBS Participation

High School

2019 Response Rate	2021 Response Rate	2023 Response Rate
16 Schools N=1,038 (72.9%)	18 Schools N=1,103 (76.8%)	17 Schools N=941 (65.2%)

Middle School

2019 Response Rate	2021 Response Rate	2023 Response Rate
16 Schools N=1,373 (75.1%)	21 Schools N=2,149 (75.1%)	21 Schools N=1,978 (75.6%)

YRBS Data Weighting

- Data are weighted at state and regional levels based on sex, race/ethnicity, and grade level to ensure the results represent all high school and middle school students in Nevada

- NOTE: Due to differences in the administration period due to COVID-19 school lockdowns, data were also weighted by age for trend analyses. The estimates that are weighted by age will differ from those published in other reports

WCSD High School Mental Health Trends

2019-2023 High School:
Past 12 Months Mental Health

100
90
80
70
60
% 50
40
30
20
10
0

■ 2019 ■ 2021 ■ 2023

	2019	2021	2023
Electronically bullied	15.7	18.6	18.8
Depressive symptoms	39.6	47.0*	41.7
Non-suicidal self-injury	21.4	29.4*	23.4*

Depressive symptoms: *p<.05

Non-suicidal self-injury: *p≤.01

2019-2023 High School:
Past 12 Months Mental Health

%	2019	2021	2023
Suicide ideation	18.9	23.6*	19.8
Suicide plan	14.2	20.3*	19.0
Suicide attempt	10.3	12.7	12.1

Suicide ideation: *p<.05

Suicide plan: *p<.001

2019-2023 High School

Past 12 Months Mental Health

	2019	2021	2023
Never/rarely got the help they need (%)	58.2	60.6	61.0

WCSD Middle School Mental Health Trends

2019-2023 Middle School:
Past 12 Months Mental Health

%	2019	2021	2023
Electronically bullied	15.7	17.9	19.1
Depressive symptoms	30.1	32.6	33.2
Non-suicidal self-injury	17.9	18.4	19.7

2019-2023 Middle School:
Past 12 Months Mental Health

%	2019	2021	2023
Suicide ideation	18.6	17.6	19.7
Suicide plan	9.6	11.2	12.7
Suicide attempt	4.6	5.8	6.5

2019-2023 Middle School:
Past 12 Months Mental Health

	2019	2021	2023
Never/rarely got the help they need (%)	51.3	48.2	49.6

2023 WCSD Mental Health Outcomes by Sex

2023 Electronically Bullied by Sex

100
90
80
70
60
% 50
40
30
20
10
0

Female Male

21.3 13.8
23.5 14.9

High School
p<.01

Middle School
p<.001

2023 Depressive Symptoms by Sex

	Female (%)	Male (%)
High School (p<.001)	53.5	30.3
Middle School (p<.001)	44.7	23.6

%

100
90
80
70
60
50
40
30
20
10
0

Female Male

29.9
14.1
28.4
9.3

High School

p<.001

Middle School

p<.001

2023 Suicide Ideation by Sex

2023 Suicide Plan by Sex

	Female	Male
High School	20.9	17.0
Middle School	18.5	7.4

Y-axis: % (0–100)

Middle School $p<.001$

2023 Suicide Attempt by Sex

%	Female	Male
High School	12.5	10.4
Middle School	9.3	4.1

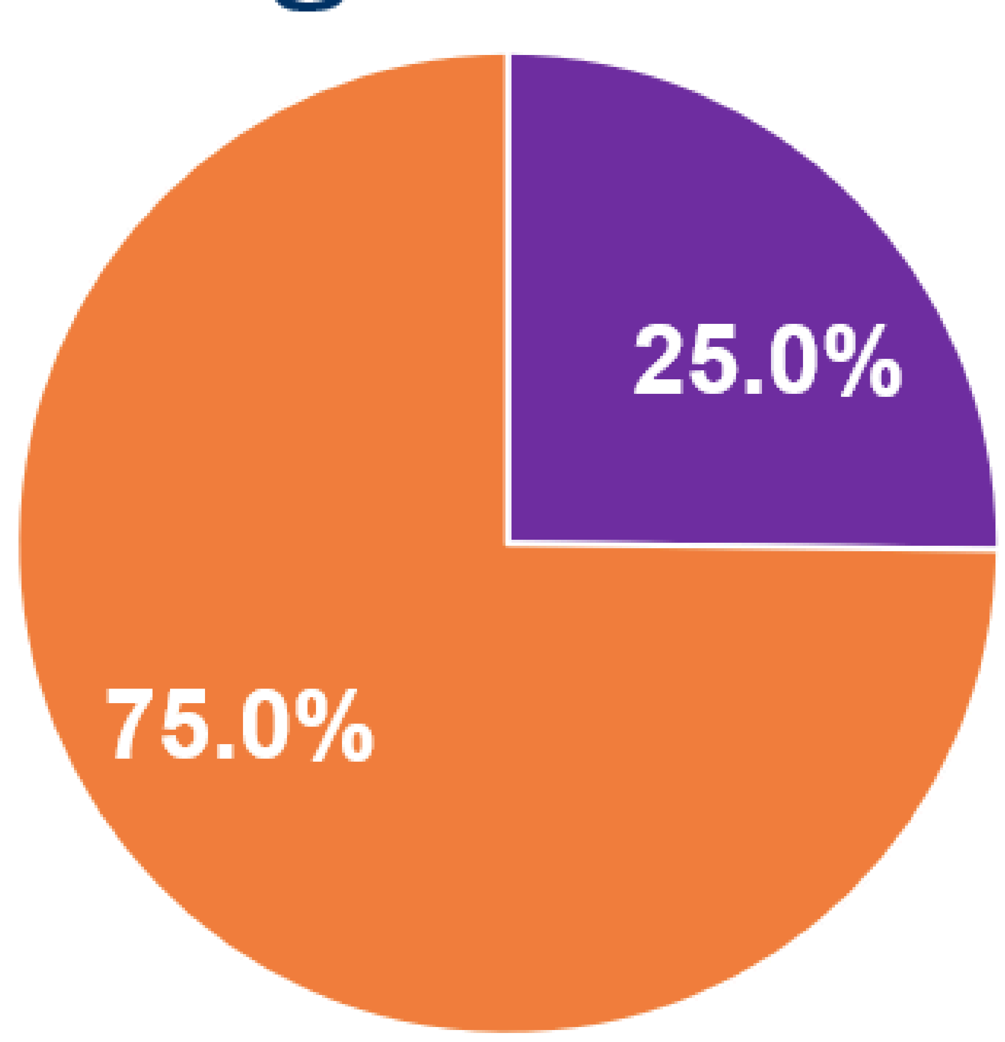
Middle School $p<.001$

2023 Never/Rarely Got Needed Help by Sex

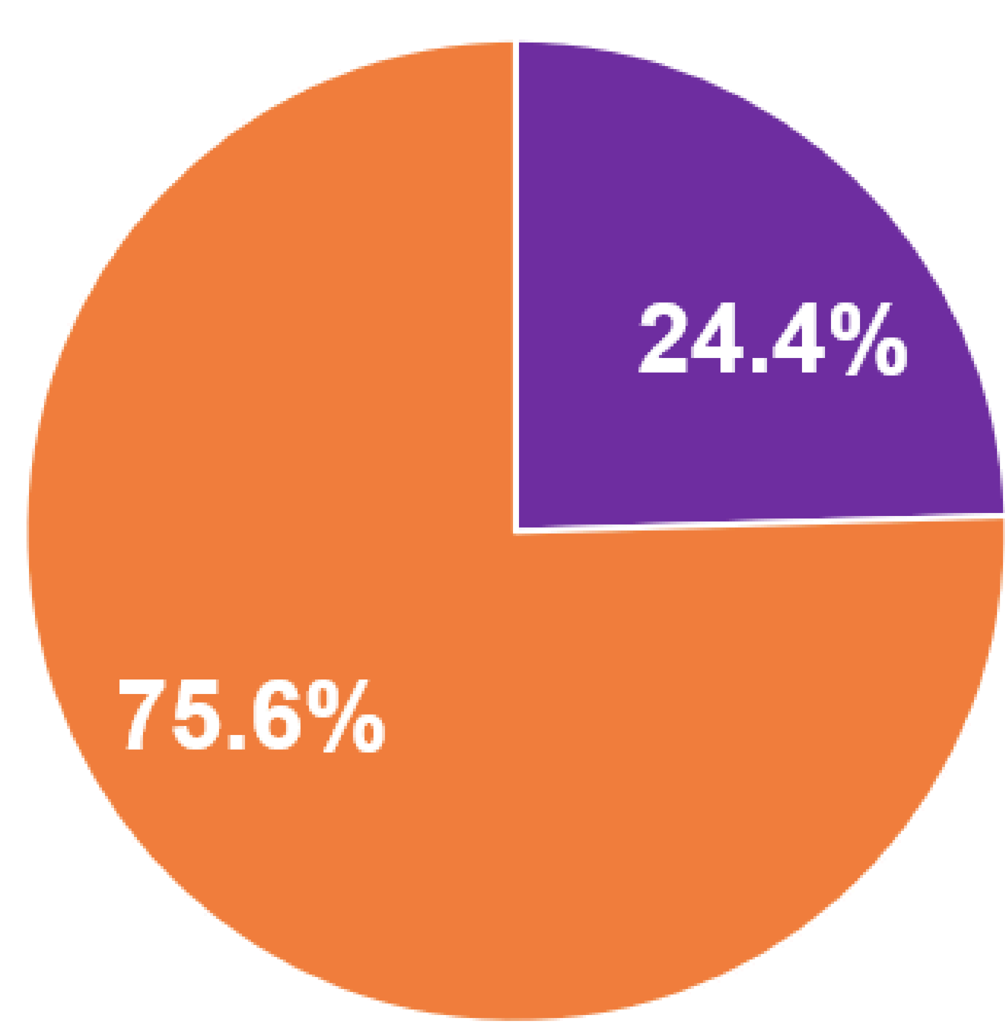
%	Female	Male
High School	58.7	62.7
Middle School	49.2	53.7

2023 WCSD Mental Health Outcomes by Sexual and Gender Identity

High School



Middle School



2023 Electronically Bullied by Sexual and Gender Identity

%	LGBTQ+	Not LGBTQ+
High School	27.2	14.8
Middle School	27.9	17.3

High School: p<.001

Middle School: p<.001

2023 Depressive Symptoms by Sexual and Gender Identity

2023 Non-Suicidal Self-Injury by Sexual and Gender Identity

%	LGBTQ+	Not LGBTQ+
High School (p<.001)	49.7	13.7
Middle School (p<.001)	40.4	12.7

2023 Suicidal Ideation by Sexual and Gender Identity

%	LGBTQ+	Not LGBTQ+
High School (p<.001)	39.1	12.9
Middle School (p<.001)	41.2	13.6

2023 Suicide Plan by Sexual and Gender Identity

%	LGBTQ+	Not LGBTQ+
High School (p<.001)	32.9	14.0
Middle School (p<.001)	30.7	8.5

2023 Suicide Attempt by Sexual and Gender Identity

%	LGBTQ+	Not LGBTQ+
High School (p<.001)	20.2	8.5
Middle School (p<.001)	15.4	4.2

2023 Never/Rarely Get the Help They Need by Sexual and Gender Identity

2023 WCSD Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs)

ACEs are disruptions to the promotion of safe, stable, and nurturing family relationships and are characterized by stressful or traumatic events that occur during an individual's first 18 years of life.

2023 Individual ACEs

%	High School	Middle School
Physical Abuse	32.7	16.6
Sexual Abuse	9.6	5.3
Emotional Abuse	61.2	63.5
Physical Neglect	13.3	
Household Intimate Partner Violence	21.3	17.7
Parental Mental Illness	32.2	31.1
Parental Substance Abuse	30.4	24.2
Parental Incarceration	18.1	14.4

2023 ACE Scores

	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
High School	23.0	20.3	20.5	12.3	23.9
Middle School	26.3	30.7	17.9	10.0	15.1

(y-axis: %, 0–100)

2023 Electronically Bullied by ACE Score

%	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
High School (p<.001)	3.6	8.4	17.1	23.8	35.4
Middle School (p<.001)	6.7	15.1	23.2	26.5	41.2

2023 Depressive Symptoms by ACE Score

■ 0 ACEs ■ 1 ACE ■ 2 ACEs ■ 3 ACEs ■ 4+ ACEs

%

100
90
80
70
60
50
40
30
20
10
0

16.5
27.3
36.4
53.8
71.3

10.2
26.5
45.2
51.7
67.5

High School
p<.001

Middle School
p<.001

2023 Non-Suicidal Self-Injury by ACE Score

%	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
High School	5.4	16.1	19.5	33.5	39.0
Middle School	3.6	11.5	21.5	29.6	52.0

High School $p<.001$

Middle School $p<.001$

2023 Suicidal Ideation by ACE Score

%	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
High School (p<.001)	2.7	12.2	16.1	31.3	36.4
Middle School (p<.001)	3.4	12.2	23.3	33.9	48.6

2023 Suicide Plan by ACE Score

%	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
High School (p<.001)	3.0	10.6	17.6	27.1	35.7
Middle School (p<.001)	1.5	6.8	15.2	19.9	39.9

2023 Suicide Attempt by ACE Score

%	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
High School	3.1	6.3	8.7	15.8	22.0
Middle School	1.1	3.3	5.0	12.3	22.7

High School: $p<.001$

Middle School: $p<.001$

2023 WCSD Positive Childhood Experiences

Positive Childhood Experiences (PCEs)

PCEs stem from safe, stable, nurturing relationships and environments, and have the power to prevent or protect children from ACEs

How do PCEs impact children's health?

Adverse Childhood Experiences

Prevention

Mitigation

Positive Childhood Experiences

Direct

Health Outcomes

2023 Electronically Bullied by PCEs

100
90
80
70
60
%
50
40
30
20
10
0

Low Family Communication
High Family Communication

Low School Connectedness
High School Connectedness

20.1
13.3
20.9
17.5
22.5
13.1
24.3
14.6

High School
p=.004

Middle School
NS

High School
p<.001

Middle School
p<.001

2023 Depressive Symptoms by PCEs

	Low Family Communication	High Family Communication
High School (p<.001)	52.4	27.3
Middle School (p<.001)	45.0	21.7

	Low School Connectedness	High School Connectedness
High School (p<.001)	54.1	31.7
Middle School (p<.001)	44.3	24.3

2023 Non-Suicidal Self-Injury by PCEs

2023 Suicidal Ideation by PCEs

	Low Family Communication	High Family Communication
High School ($p<.001$)	25.7	11.1
Middle School ($p<.001$)	27.6	10.2

	Low School Connectedness	High School Connectedness
High School ($p<.001$)	27.5	13.2
Middle School ($p<.001$)	25.9	13.1

2023 Suicide Plan by PCEs

%	Low Family Communication	High Family Communication
High School (p<.001)	25.9	11.8
Middle School (p<.001)	19.1	6.1

%	Low School Connectedness	High School Connectedness
High School (p<.001)	29.3	12.7
Middle School (p<.001)	18.2	8.0

2023 Suicide Attempt by PCEs

	Low Family Communication (%)	High Family Communication (%)
High School ($p<.001$)	15.7	5.9
Middle School ($p<.001$)	9.1	3.6

	Low School Connectedness (%)	High School Connectedness (%)
High School ($p<.001$)	18.1	6.9
Middle School ($p<.001$)	8.9	4.2

2023 Never/Rarely Get Help by PCEs

Kristen Clements-Nolle, PhD, MPH

clements@unr.edu

YRBS Reports and Information:

Washoe Behavioral Health

Ryan Gustafson, Director
Washoe County Human Services Agency

Goals

- A place to be seen
  - Washoe County assumed responsibility from the State for the children's Mobile Crisis Response Team (MCRT) in July of 2024.
  - Since that time MCRT in Washoe has responded to over 150 calls and provided needed crisis assessments for 40 children and families
- A place to go
  - Washoe county purchased the former West Hills Hospital facility, closed in December of 2021, and is in the process of rehabilitating the facility.

Washoe Behavioral Health Center: Goal 3 – Facilities

Measure of Success: The renovation and programming of the facility formerly known as West Hills is on track to completion by July 2026.

Champions: William Wardell, Ryan Gustafson and Julia Ratti.

FY 25 and 26 Major Milestones	Start Date: July 1, 2024				Completion Date: June 30, 2026			
	Sept 24	Dec 24	Mar 25	June 25	Sept 25	Dec 25	Mar 26	June 26
Program design and associated licensing standards are finalized	X	X						
Stakeholder/provider engagement process is designed and underway	X	X	X	X				
Facility design complete			X	X				
Construction complete					X	X	X	X
Operator Identified							X	X

Conceptual Map Legend

01
Psychiatric Residential Treatment Facility (PRTF)
Serving pediatric and Adolescents.

02
Crisis Stabilization/Respite Center (Children and Youth)
23-72 hours; to assist County and other providers that have respite/stabilization needs.

03
Commercial Sexual Exploitation of Children (CSEC) Receiving Center

04
Adult Live In Treatment Program
Serving Nevada Cares Campus Shelter, Our Place Women's and Family Program, and other community adults with severe mental illness and other needs. Would work towards stabilization and transition to the community.

05
Intake, Assessment, and Evaluation
Mental health and clinical assessments for children/adults/seniors.

06
Training facility
University of Nevada Reno School of Medicine and clinical programs; fellow and interns to build capacity for Behavioral Health Services.

07
Office Space
Human Services Agency clinical team.

Main Entry
PUE & Building Setback
Single Story Addition 7,000 SF Detached
15 Spaces
05
06
04
04
07
03
07
02
01
01
01
01
Courtyard
Cafeteria
Kitchen
Gymnasium
5' - 0" Side Setback
1 Space
Sidewalk & Landscaping
10' Water Easement
21 Spaces
Receiving
4 Spaces
Transformer, Generator & Cooling Towers
10' Power, Comm & Gas Easement
2 Spaces
Site Access (currently gated)

Questions?

Workforce Expansion
(and introducing myself to my new community…)

Takesha Cooper, MD (Chair/Chief)
Chair, Department of Psychiatry and Behavioral Sciences
Professor of Psychiatry
University of Nevada Reno School of Medicine
Chief, Behavioral Health - Renown Health
she/her

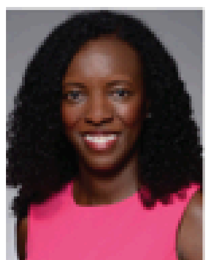
Takesha Cooper, MD

Education/Prior Leadership Roles

- Associates of Science –Pre Medicine, Crafton Hills Community College (1992-1994)
- BS Biochemistry – UC Santa Barbara (1994-1996)
- MS Biochemistry - UC Riverside (1997-1999)
- MD Keck USC School of Medicine (1999-2003)
- Residency – San Mateo County Hospital (2003-2006)
- Fellowship - Stanford (Chief fellow) (2006-2008)
- Private Practice (2008-2013) – Menlo Park
- Riverside County Dept of Mental Health – Associate Medical Director (2014-2016)

¡ENTÉRESE! PREGÚNTELE AL MÉDICO

Reuniones públicas y gratuitas para familias



Takesha Cooper, M.D.
Psiquiatra Infantil

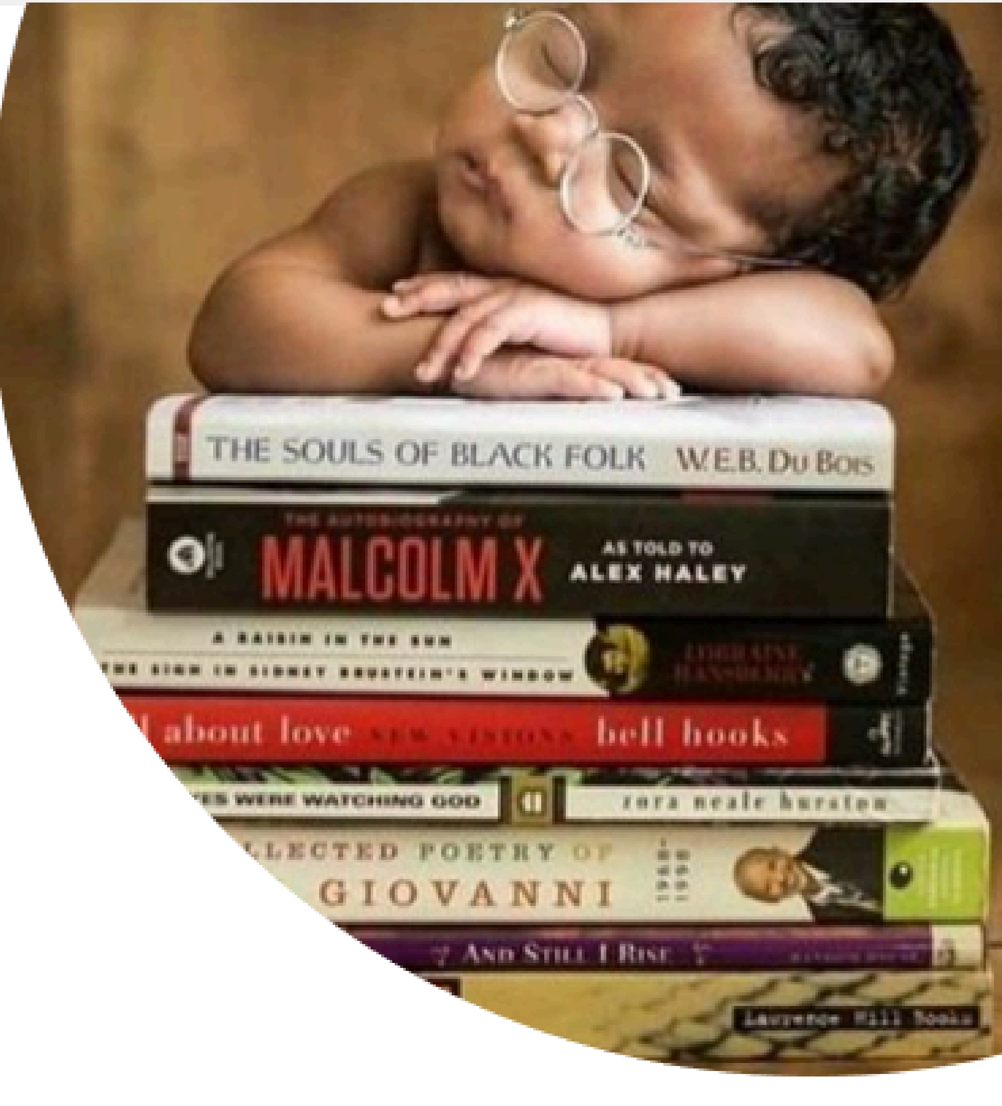
La Dra. Takesha Cooper, facultativa médica con posgrado en ciencia, se crío en de Moreno Valley donde se recibió de la preparatoria Canyon Springs High Scho actualidad, es la directora médica adjunta y psiquiatra de niños y adolescentes Riverside University Health System, además de ser profesora de Ciencias Clinica Sanitarias en la Facultad de Medicina de la Universidad de Riverside.

Lorie Lacey-Payne es *parent partner* (colaboradora para padres de familia) del University Health System—Behavioral Health (salud comportamental). Ella y su ofrecen servicios de apoyo para padres y familias, ayudándoles a orientarse y desenvolverse dentro del sistema de atención para la salud mental.

JUEVES, 4 DE OCTUBRE | 6:30 P.M. - 8 P.M.

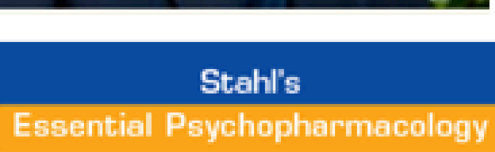
Prior roles (continued): (University of California, Riverside School of Medicine)

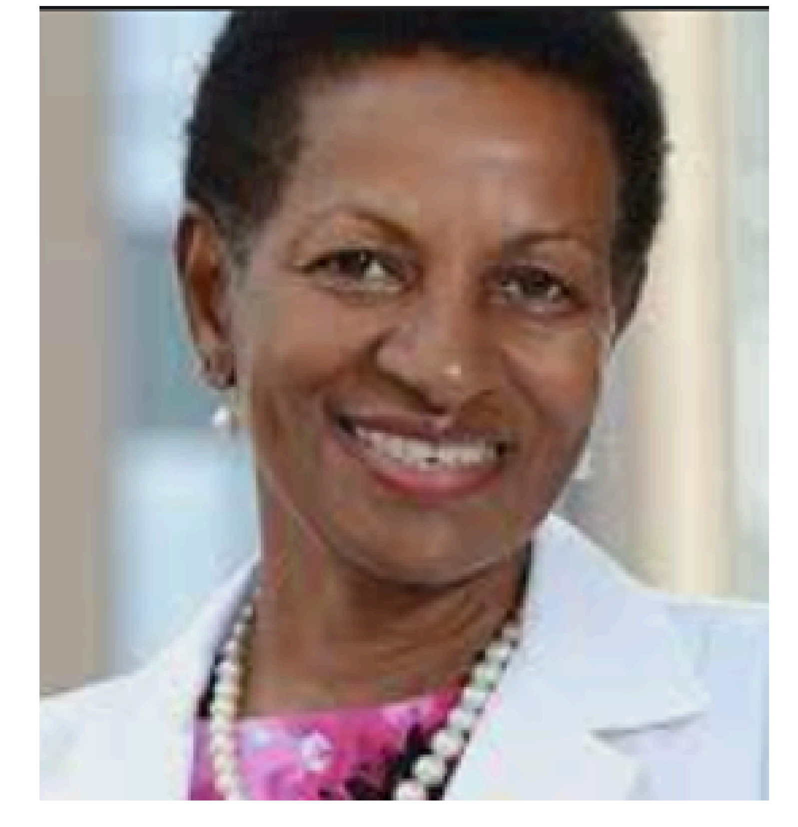
- Professor of Psychiatry
- Chair of Medical School Admissions (2018- 2023)
- Vice Chair of Education (2019- 2023)
- Equity Advisor (2018 – 2023)
- Psychiatry Residency Director (2019-2023)
- Clinical lead and Co-PI for $16 million U54 Center for Health Disparities
- Treat children in Child Welfare System
- Community Service – former School Board Trustee -2022

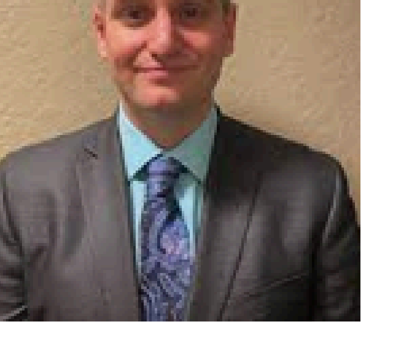


Finally, for FUN…!

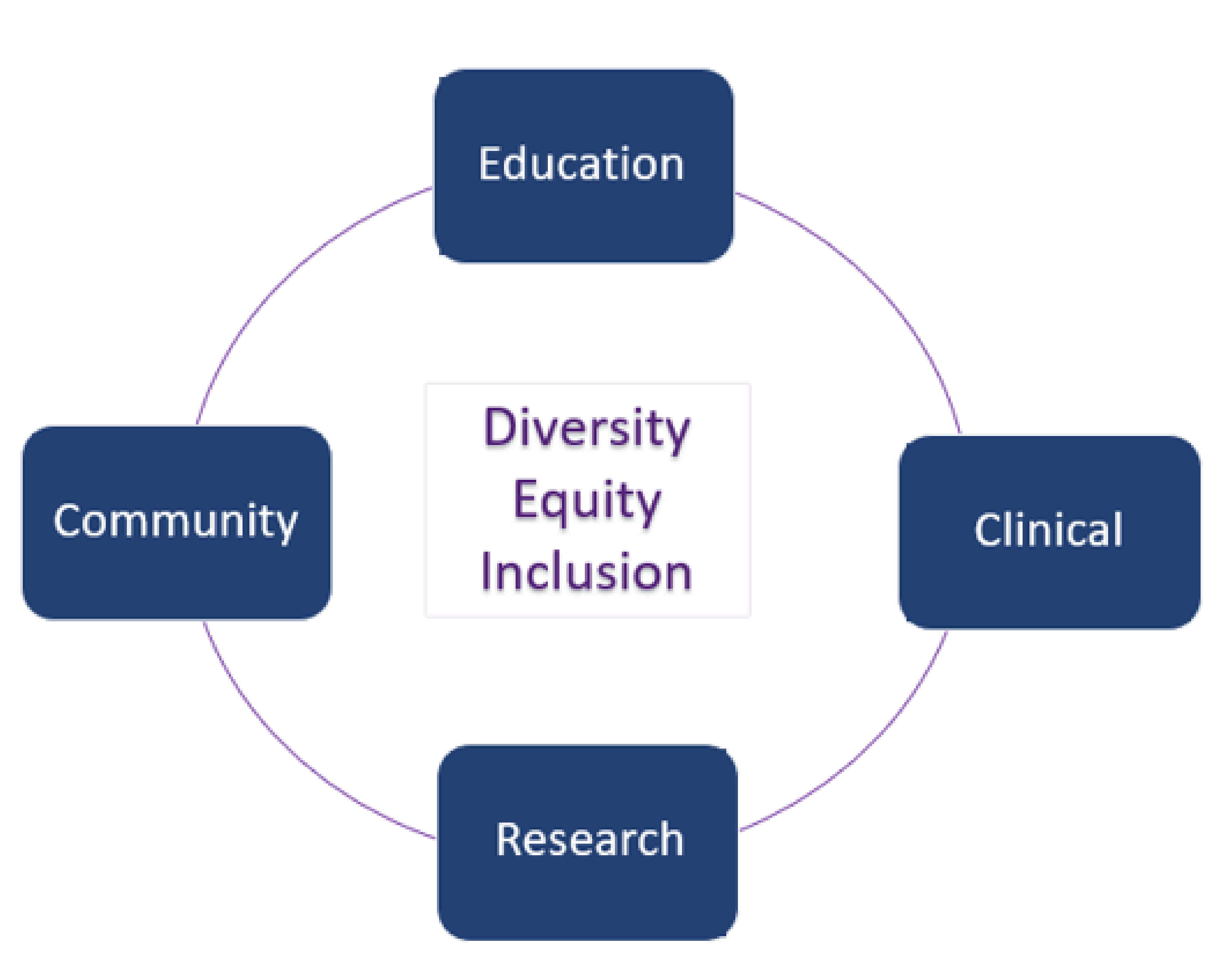
Mentorship







Why I came to Reno in 2023



- Capacity for Impact!!
- Reno presented and exciting opportunity to reinvent and build something better together
- Ensure inclusive & diverse lens throughout
- Expand the mental health workforce
- Build clinical research opportunities
- Meaningfully engage with our community
- Expect high quality education for our learners and care to our community

Practicing Child and Adolescent Psychiatrists

Use the filter menu to the right to interact with this dashboard

State

Nevada

** Hover for Data Source*

** Hover for Tips & Definitions*

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

WWW.AACAP.ORG

Number of Children < 18	Total CAPs	Number of CAPs/100k Children	Average CAP Age	% of No CAP Counties
689,692	56	8	48	71%

State Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs

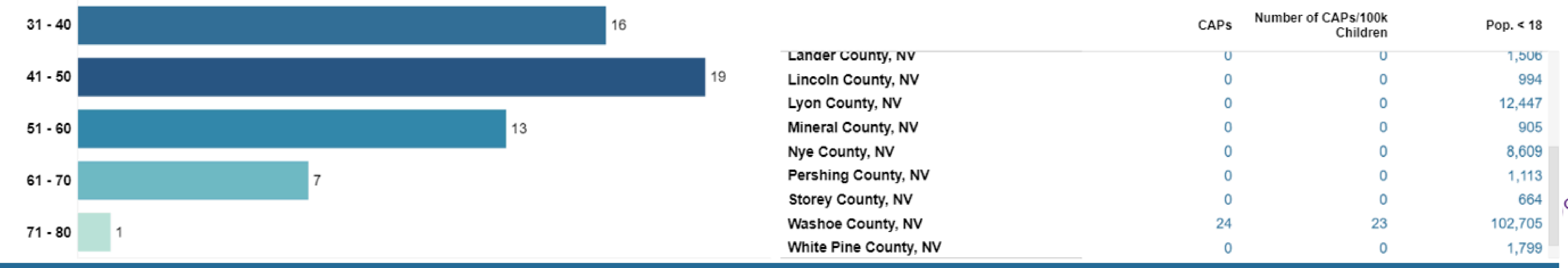
NV

County Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs

Number of CAPs by Age Group

Breakdown by County



	CAPs	Number of CAPs/100k Children	Pop. < 18
Lander County, NV	0	0	1,506
Lincoln County, NV	0	0	994
Lyon County, NV	0	0	12,447
Mineral County, NV	0	0	905
Nye County, NV	0	0	8,609
Pershing County, NV	0	0	1,113
Storey County, NV	0	0	664
Washoe County, NV	24	23	102,705
White Pine County, NV	0	0	1,799

Practicing child and adolescent psychiatrists in Washoe Co (2022)

County Map

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs

Washoe County, NV

CAPs	24
Pop. < 18	102,705
Number of CAPs/100k Children	23
Average CAP Age	46

According to the **American Academy of Child and Adolescent Psychiatry**, nearly 1 in 5 children experience a mental health issue, but only about 20% receive care.

Building a pipeline

Help Wanted: Building A Pipeline To Address The Children's Mental Health Provider Workforce Shortage

Building a pipeline

- **Tool 1: Align curriculum between 2-year community colleges and 4-year colleges** to guarantee seamless credit transfer for mental health-related degrees, such as social work and psychology; and
- **Tool 2: Offer creative incentives** to offset the higher cost of programs requiring certifications and/or higher education and to attract workers into high-demand fields, such as social work; and
- **Tool 3: Adapt apprenticeship models to support the social services and mental health workforce** to create mental health provider pathways that provide valuable experience for students, lessen the financial burden of education and provide support to existing full-time social workers

Building a pipeline

Tool 1: Aligning curriculum between 2-year community colleges and 4-year colleges

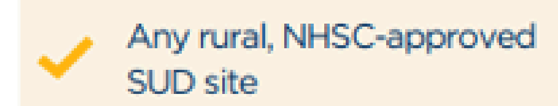
- Make the transition from community college to 4 yr university more clear
- Example: A community college social work student might not realize that some required courses don't align with those of a 4-year college, leading to extra time and financial costs to meet both sets of requirements, which can discourage them from pursuing the field.

Building a pipeline

Tool 2: Offering Creative Incentives

- Employment incentives (non-competes, signing bonus, flexible work schedules, childcare etc.)
- Loan repayment programs (specific to behavioral health)
- *Need Organized Help* for students to apply for Loan Repayment Programs
  - National Health Service Corps (NHSC) Loan Repayment Program
  - State Loan Repayment Program (SLRP)
  - Nevada Health Centers Loan Repayment Program
  - HRSA student to service loan repayment
  - Faculty Loan Repayment programs

WHICH ONE IS RIGHT FOR YOU?

PROGRAM TYPE	NHSC Loan Repayment Program	NHSC SUD Workforce Loan Repayment Program	NHSC Rural Community Loan Repayment Program
DISCIPLINES ELIGIBLE FOR ALL PROGRAMS	Physicians (DO/MD)* • Nurse Practitioners (NP)* • Physician Assistants (PA)* • Certified Nurse Midwives (CNM)* • Health Service Psychologists (HSP) • Licensed Clinical Social Workers (LCSW) • Psychiatric Nurse Specialists (PNS) • Marriage and Family Therapists (MFT) • Licensed Professional Counselors (LPC)		
DISCIPLINES ELIGIBLE FOR SPECIFIC PROGRAMS	+ Dentists (DDS/DMD) Dental Hygienists (RDH)	+ Substance Use Disorder (SUD) Counselors Pharmacists (PHARM) Registered Nurses (RN)	+ Substance Use Disorder (SUD) Counselors Pharmacists (PHARM) Registered Nurses (RN) Certified Registered Nurse Anesthetists (CRNA)
AWARD AMOUNT	UP TO $75K full-time / UP TO $37.5K* part-time 		
SPANISH-LANGUAGE AWARD ENHANCEMENT	Up to $5,000 for clinicians who demonstrate Spanish-language oral proficiency. This is in addition to the maximum award amounts for each program for full- or half-time service.		
SERVICE COMMITMENT	2 YEARS	3 YEARS	
NHSC HEALTH CARE SITE	✓ Any NHSC-approved site	✓ Any NHSC-approved SUD site	✓ Any rural, NHSC-approved SUD site

*In 2024, primary care providers, including physicians, nurse practitioners, certified nurse midwives, and physician assistants can apply for an increased award amount. Other eligible disciplines providing dental and behavioral health services can apply for the standard award.

All programs use one application, **but you can only apply to one program.**

NHSC.HRSA.GOV/LOAN-REPAYMENT

Building a pipeline

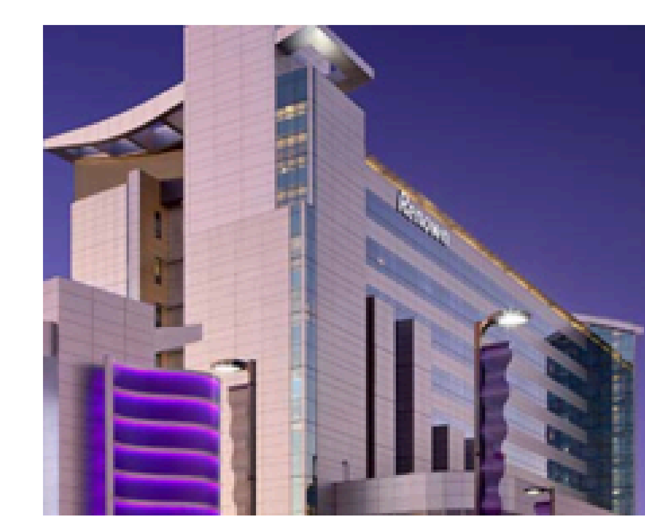
Tool 3: Adapting Apprenticeship Models

Apprenticeships (Internships) traditionally used in trade industries, are now being adapted in some states to create pathways for mental health professionals. These paid or financed programs allow students to gain hands-on experience while earning credentials, helping to reduce the financial barriers that might otherwise deter them from entering the field.

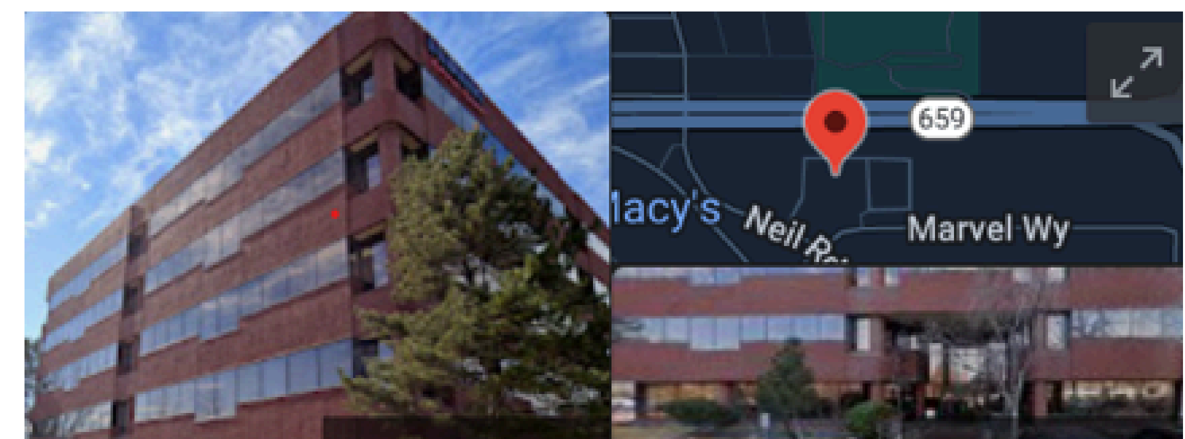
Expanding the Workforce
Renown and UNR Med's efforts

Prior to my arrival…

- Lots of great efforts:
  - Leadership by Dr. Joshua Fitzgerald
  - SOAR First Episode Psychosis Program
  - Partnership with Pediatrics (Dr. Kris Deeter and colleagues)
  - VP Steve Shell's vision for growth/expansion, Crisis Care Center
  - MFT Interns trained at 85 Kirman
  - Many more….



1155 Mill St
Reno, NV 89502

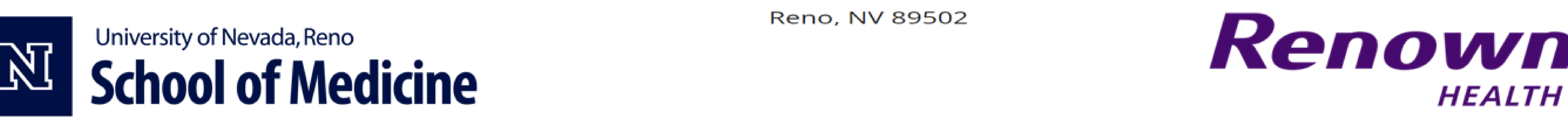


Located in: U.S. Bank Branch

Address: 5190 Neil Rd #215, Reno, NV 89502

85 Kirman Ave Ste 100-200
Reno, NV 89502

745 W Moana Ln, Reno, NV 89509



Expanding the Workforce
Renown and UNR Med's efforts

Hiring behavioral health providers

- Since August 1, 2023
  - Promoted Dr. Joshua Fitzgerald to Division Chief of Youth Behavioral Health
  - Transitioned Peds behavioral health under child and adolescent psychiatry with ongoing collaboration with Dept of Pediatrics
  - Transitioned Neuropsychology from Neurology under Behavioral Health (hired 2 new neuropsychologists)
  - Hired 4 child and adolescent psychiatrists
  - Hired >8 therapists & psychologists now treating youth

Expanding the Workforce
Renown and UNR Med's efforts

Educating Diverse Groups of Learners about Mental Health

- Since August 1, 2023
  - Expanded the psychiatry residency from 6 resident doctors/yr to 8 resident doctors/yr with plan to increase to 10 by 2026
  - Plans to expand Child and Adolescent Psychiatry Fellowship from 2 doctors to 3 doctors by 2026 and to 4 by 2027
  - Partnered with Renown Nurse Practitioner to train in behavioral health to become a Psychiatric Mental Health Nurse Practitioner

Expanding the Workforce
Renown and UNR Med's efforts

Educating Diverse Groups of Learners about Mental Health

- Since August 1, 2023
  - Partnered with UNR Physician Assistant School
    - Hired doctorate level Physician Assistant
    - Brought in 6 PA students to rotate with BH for one month each
    - Team approach – working with nurses, residents, medical students, psychiatrists, psychologists, therapists
    - Treating all ages

Expanding the Workforce
Renown and UNR Med's efforts

Grants and Gifts obtained

- Since August 1, 2023
  - $800K SAMSHA grant to infuse substance use curriculum into the
    - Orvis School of Nursing
    - Physician Assistant school
    - UNR Medical School
  - $1.3 Million Fund for a Resilient Nevada to start UNR Med/Renown Addiction Medicine Fellowship
  - $500K from Health Plan of Nevada to Renown Behavioral Health for mental health
    - Intensive EB training for therapists and psychiatrists on Dialectical Behavioral therapy/initiation of Adolescent IOP DBT group
    - Expansion of 85 Kirman 3rd and 4th floor, creating 60 more offices
  - $500K from Health Plan of Nevada to UNR Med Psychiatry for residency education
    - (books, resident wellness, faculty development, Chat with the Chair – leadership)
  - VA Strong Grant – added an additional 2 FTE

Expanding the Workforce
Renown and UNR Med's efforts

Creating Pathway Programs

- Since August 1, 2023
  - Social Worker students providing case management for families in hospital and outpatient clinics
  - Hired Psychological Assistants to complete hours with us, hire them as Psychologists
  - Engage **medical students** to consider careers in Psychiatry
  - Initiated recruitment dinners for **residents** & **fellows** to *stay local* upon graduation
  - Partnered with
    - Community Health Alliance
    - Renown Health
    - UNR Med Dept of Psychiatry
    - Nevada Psychiatric Association

Expanding the Workforce
Renown and UNR Med's efforts

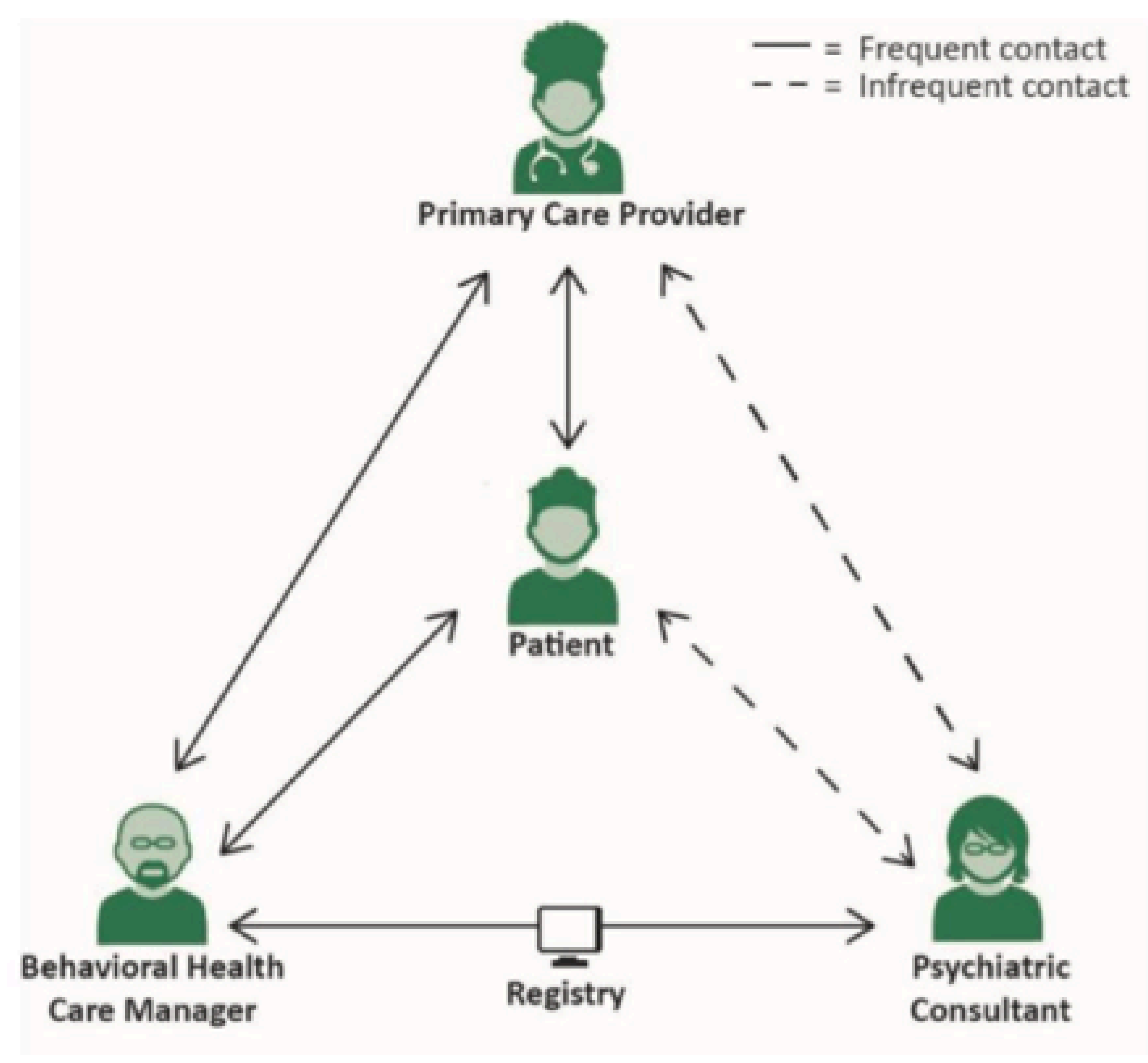
Program Expansion

- Since August 1, 2023
  - Now accepting **Medicaid** at 85 Kirman clinic!
  - Dr. Fitzgerald developed Bridge clinic akin to John's Hopkins'
    - Short term therapeutic care for youth from ED or Inpatient hospital
    - For youth with suicidal ideation, self harm that don't meet criteria for hospitalization
    - Therapy sessions with family and youth twice per week for 2 weeks
      - Focus on coping skills, crisis management, safety planning
    - Transition into Intensive Outpatient Program then
    - Transition into outpatient therapy

Expanding the Workforce
Renown and UNR Med's efforts

What is to come

- Collaborative care models (hiring therapists to embed in Family Medicine clinics)
- Collaborative care model (pilot in Pediatrics underway)



Expanding the Workforce
Renown and UNR Med's efforts

What is to come

- Expand the utilization of SBIRT and explore integrating ACE's into SBIRT model.
- Maintain a Neonatal Abstinence Syndrome Registry and address the needs of identified infants born at Renown Regional through individual case management for every infant.
- Continue to collaborate and connect with community partners conducting parent education programs to address early childhood risk and protective actors.

Expanding the Workforce
Renown and UNR Med's efforts

What is to come

- Addiction medicine fellowship with adolescent rotations
- Development of specialty clinics (Depression, Anxiety disorders, ADHD and Externalizing Disorders, Autism Spectrum Disorders, Eating Disorders etc.)
    - Recruitment of expert faculty to teach and care for patients
    - **Train our faculty and learners** to become certified in CBT, TF-CBT, ACT, IPT, DBT, etc
    - Multidisciplinary team-based approach
    - Clinical research implementation
    - Education and outreach to the community
- Hope to partner with Washoe County on West Hills to provide high quality care to children with behavioral health needs
- Ongoing engagement with the Children's Crisis Collaboration team meetings
- Expansion of our Telehealth services into the Rurals. Start a Rural track of the residency and child fellowships

Contact:

Takeshac@med.unr.edu

(775) 982-5419

The Association between Social Media & Smartphones and Adolescents' Mental Health

University of Nevada, Reno

College of Education
& Human Development
Life changing learning. sm

Samuel Ehrenreich, PhD
Washoe County Youth Mental Health Summit – 9/17/24

EARN MONEY WHILE USING FACEBOOK, INSTAGRAM OR TIKTOK

WE NEED PARTICIPANTS FOR A RESEARCH STUDY ON SOCIAL MEDIA

Who can participate:

- Must be in middle or high school (in the Fall 2024 semester)
- Must have either a Facebook, Instagram, or TikTok account
- Must have their own smartphone

What's involved?

After receiving parent permission:

1. Early in the Fall semester: You complete an online survey (25-40 minutes) - earn $11 Amazon eGift Card
2. Several weeks later: each night for 6 nights you would spend 5 minutes on your favorite social media platform, and complete short surveys (2-5 minutes each) - earn up to $21 Amazon eGift Card

Scan the QR code for more information, or contact:

Dr. Sam Ehrenreich, Professor
sam@unr.edu or AUSMstudy@gmail.com

Shameless self-promotion slide

- I'm recruiting participants!
  - Middle- and high school kids
  - Tik-Tok, Instagram and/or Facebook
  - Have their own phone
- Up to $32 for some surveys and to spend 5 minutes on SM for 6 nights.

Overview

- Talk about what research tells us about the impact of these technologies
  - The primary risks of Social Media (SM) for mental health
  - Address some contradictions in the research
  - Talk about where the current narrative gets it right, and gets it wrong
- How we need to reframe our thinking about tackling this issue.
  - Specific, actionable advice for parents will be presented at the talk this evening (5:00pm here at Grace Church).

Does SM Harm Teens Mental Health?

- Association between social media and internalizing symptoms
- Active vs. Passive use
- Body image issues
- Social Comparison
- The positive role of SM in adolescent development

Associations between SM & Internalizing

- The association between SM Use and internalizing symptoms are often quite small
  - Small correlations between SM Use and depression ($r = .12$) and anxiety ($r = .11$)
  - Correlation with loneliness is smaller ($r = .04$), and likely much more complex
- These are SMALL effects, and likely contribute minimally to the individual.
- Takeaways from these small effects:
  - SM is likely not the primary cause of increases in teens' internalizing symptoms
  - All of these findings are heavily bi-directional
  - Importantly, these meta-analyses tend to focus on "Time Spent on Social Media", which is probably not ideal.
- The "how/why" teens use social media is MUCH more important than the "how much"

Active vs. Passive Social Media use

- Evidence suggests that Active SM is likely protective or neutral.
  - Related with overall well-being, improved mood, and social well-being.
  - Typically unrelated to negative mental health outcomes
- Evidence for Passive SM use is the opposite:
  - It's often unrelated to positive adjustment outcomes and predictive of negative adjustment outcomes
    - Likely through several mediating variables we'll talk about next.

Body image issues

- The connection between SM use and body dissatisfaction is much more clear.
  - SM predicts body dissatisfaction (*r*'s = .3 - .45), disordered eating (.39), internalization of the thin-ideal (.25 - .45), and self-objectification (.3 - .4)
- This is the case for both time on SM, as well as specific content
  - SM trends, proana/promia content (*r*'s = .4 - .5)
- These associations are ***also*** bi-directional

Social Comparison

- "Comparison is the thief of joy"
  - Also happens to be a critically important source of information during the adolescent years.
- Upward social comparison is particularly problematic
  - UpSC is associated with body-image issues (-.31), diminished well-being (-.19), reduced self-esteem (-.21) and poorer mental health (-.21)

So what's the takeaway already!?!

SNS Passive Browsing

β= 0.17*

Social Comparison

β= 0.61*

Fear of Missing Out

β= 0.34*

Depressive Symptoms

β= -0.37*

Global Self-Worth

β= -0.26*

Self-Perceived Social Acceptance

β= -0.16*

β= -0.18*

Self-Perceived Physical Appearance

e

e

e

e

But wait!! What about…

SM and ***positive*** teen adjustment

- SM is predictive of improved mood, positive affect, and happiness
- Promotes connection, promotes creativity & facilitates hobbies, provides a venue for social support, reduces boredom (*r*'s = .3 - .4)
- Can ***reduce*** depressive/anxious symptoms
  - Abruptly taking away these technologies creates stress, loneliness and feelings of isolation

SM and ***positive*** teen adjustment (continued)

- SM can be a critically important source of connection, support, identity exploration, autonomy, and intimacy.
- Especially for marginalized youth
  - LGBTQ+ youth and homeless teens
  - Socially rejected or heavily introverted kids
  - Kids from unique demographic/cultural/racial groups
  - Rural youth (or other mobility challenges)
  - Kids with really niche interests
- (I also have to point out: kids in these groups are also at the greatest risk of cyberbullying.)

Does SM Harm Teens Mental Health?

- For the individual teen, “overall, it probably causes some harm, but less than we tend to worry about”
  - Most of the risk is in daily, problematic uses (social comparison, passive use, counting likes) and lost opportunities (e.g. sleep, physical activity).
- The serious risk is for individuals who are already somehow vulnerable or exposed to acutely problematic content
  - already depressed, dissatisfied with their body, socially rejected
  - pro-ana/promia content, pro-suicide, highly violent content.

Does SM Harm Teens Mental Health?

- Beyond risk to individuals, what worries me more is the societal impact.
  - Small effects have major implications across 20 million teens
- Meaningful changes for most teens can’t be done by parents or counselors. It requires ***systemic*** change
  - At the corporate and policy levels

So, how can we help teens

- Reframe the conversation away from "is SM bad?" or "are teens using too much SM?"
- More generally reframe the conversation away from "what ***not*** to do".
- We have to move away from thinking we can "parent our way out of this".

The AUSM Study at UNR

(Adolescents Use of Social Media)

VOLUNTEERS NEEDED!

EARN MONEY WHILE USING FACEBOOK, INSTAGRAM OR TIKTOK

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sam@unr.edu or AUSMstudy@gmail.com

Shameless self-promotion slide (returns)

- Questions??

Digital Wellness

TEEN PANEL

Lunch Break

12PM - 1PM

SIGNS OF SUICIDE

2023-2024 OUTCOMES

SOS Signs of Suicide®

- **Evidence-based** youth suicide prevention program
- Improvements in students' **knowledge** and **adaptive attitudes** about suicide risk and depression.
- Grades 6-12
- **Identify signs of depression** and **suicide** in themselves and their peers
- Materials for
  - School professionals
  - Parents
  - Communities

  To help support **recognizing at-risk students** and taking appropriate action.

If you're concerned about yourself or a friend, don't be afraid to ACT.

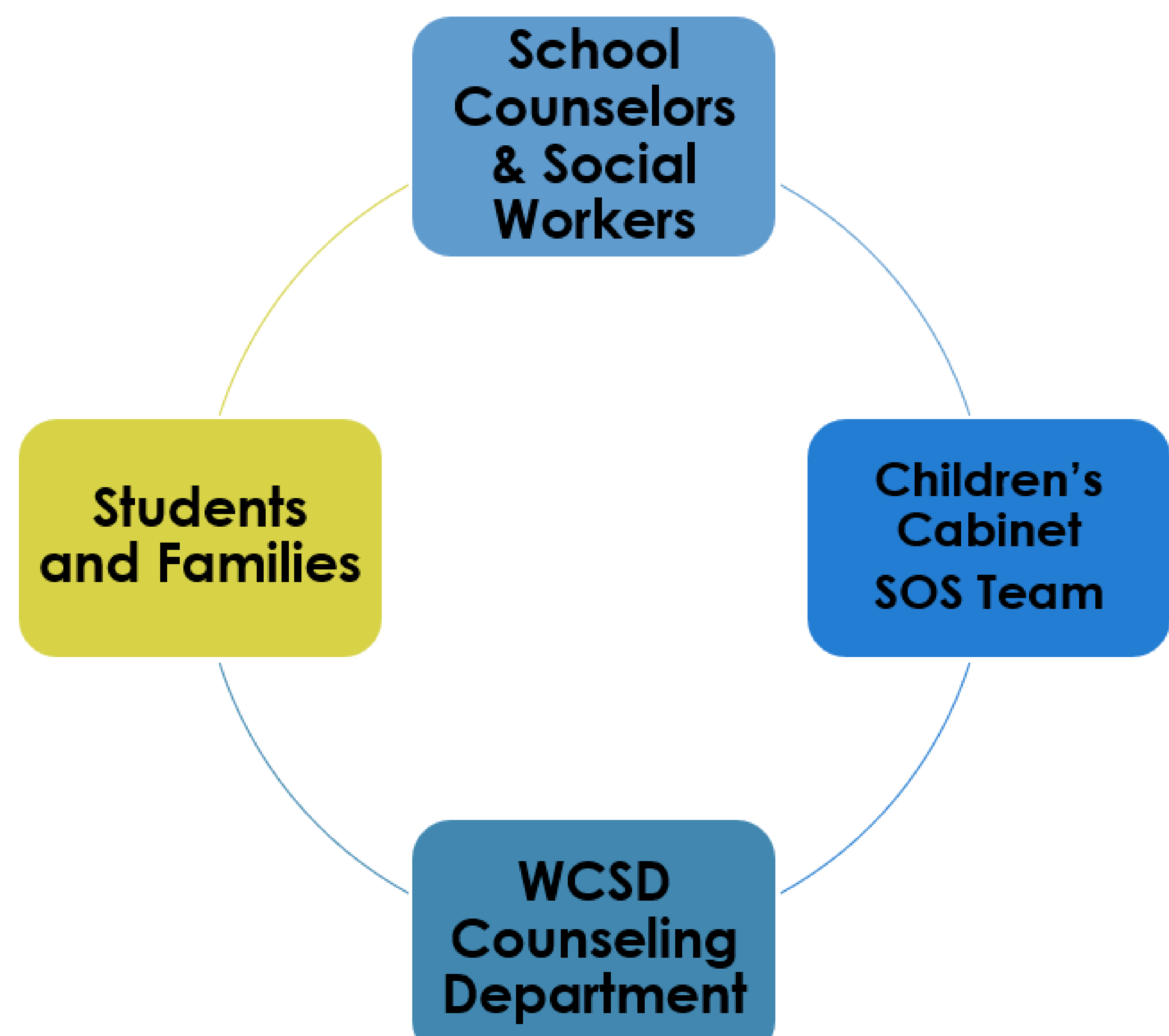
Acknowledge
that you're seeing signs of depression and/or suicide in yourself or others

Care
By letting them know you're worried about them

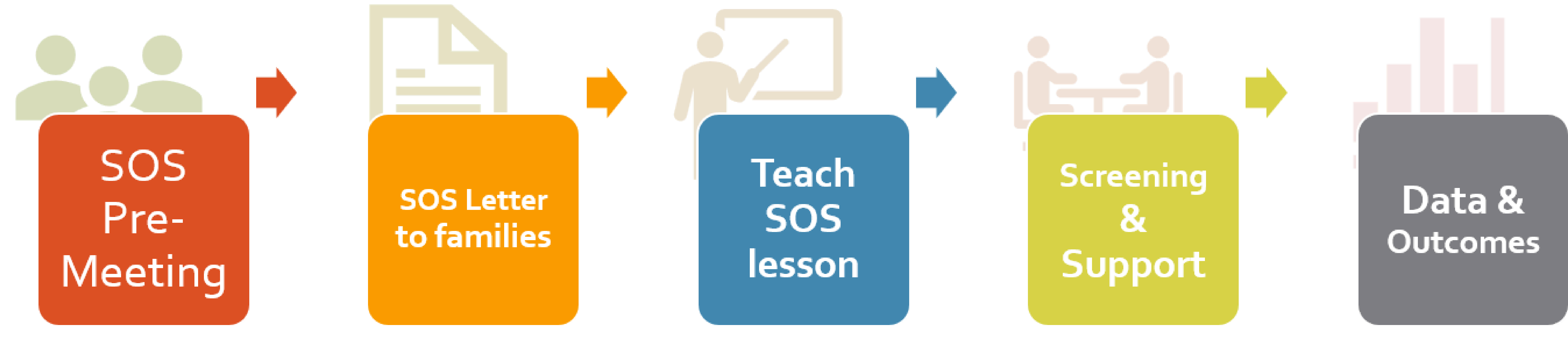
Tell
Tell a trusted adult

ACT

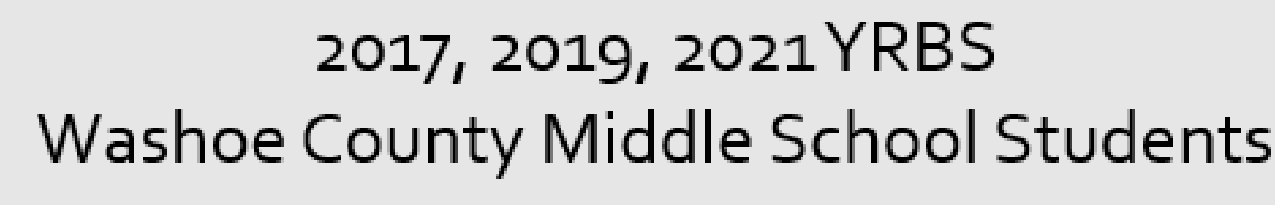
Teamwork and Collaboration



WCSD Signs of Suicide- X19 process map



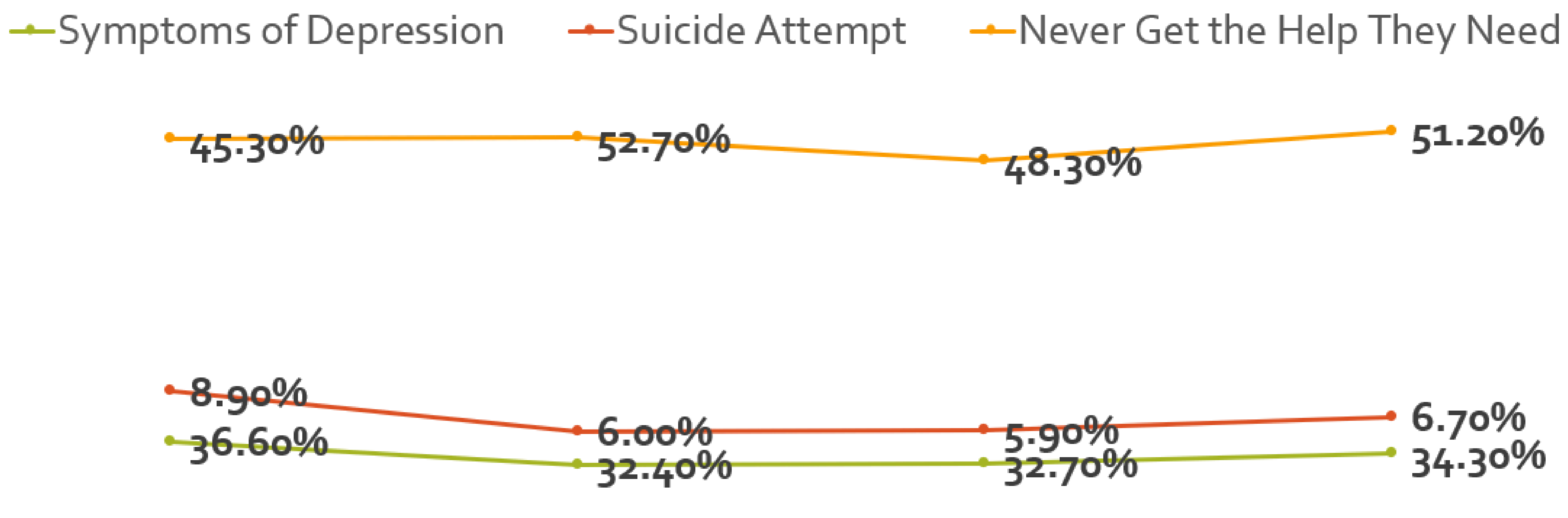
Trend Data on Youth Suicide Risk Factors



	2017	2019	2021
Symptoms of Depression	36.60%	32.40%	32.70%
Suicide Attempt	8.90%	6%	5.90%
Never Get the Help They Need	45.30%	52.70%	48.30%

Y-axis: 0.00%, 10.00%, 20.00%, 30.00%, 40.00%, 50.00%, 60.00%

Youth Suicide Risk Factors Trends



2023 YRBS Washoe County Middle School Students

51.2% Never get the help they need

34.3% Symptoms of Depression

6.7% Suicide attempt

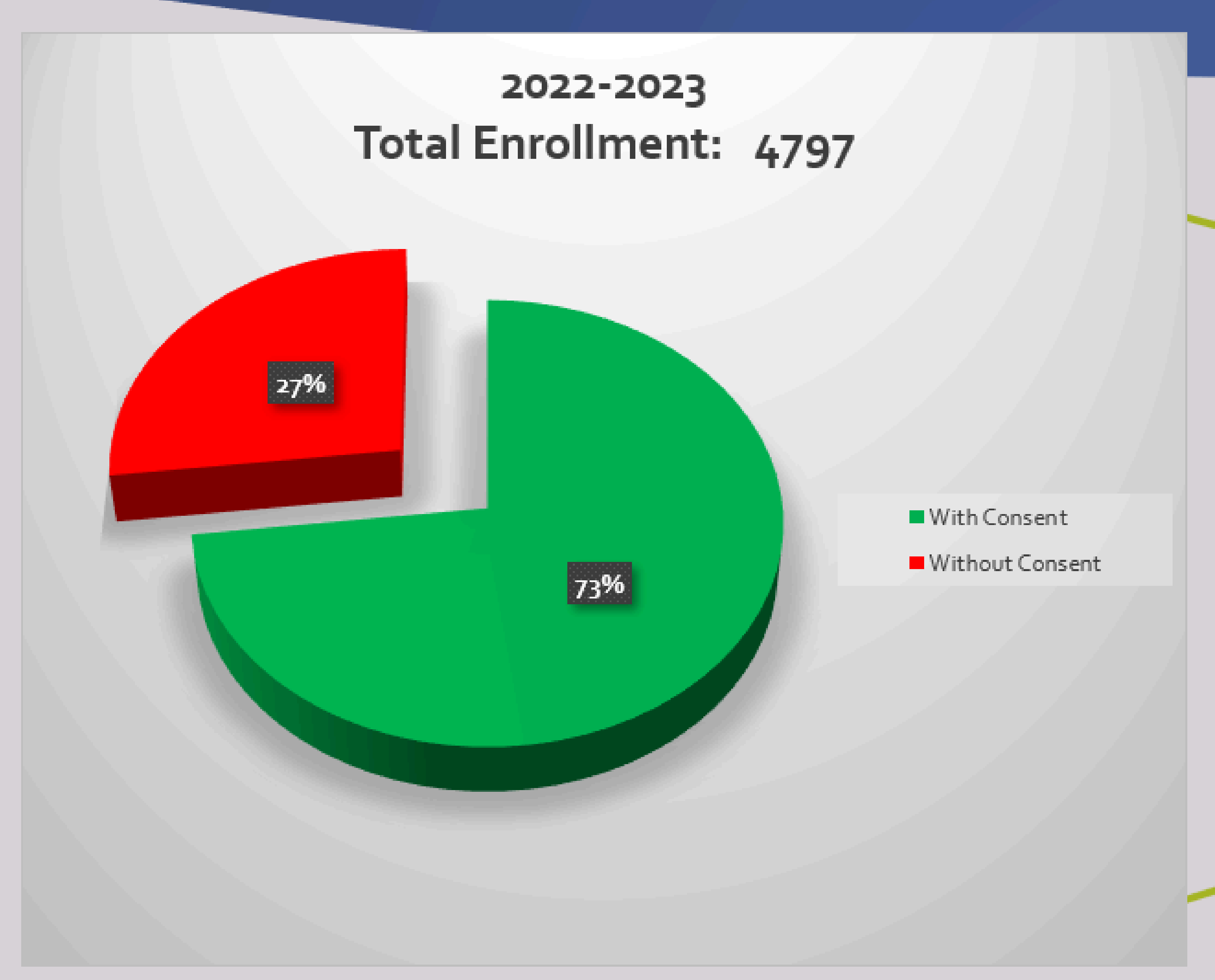
Brief Screen for Adolescent Depression*

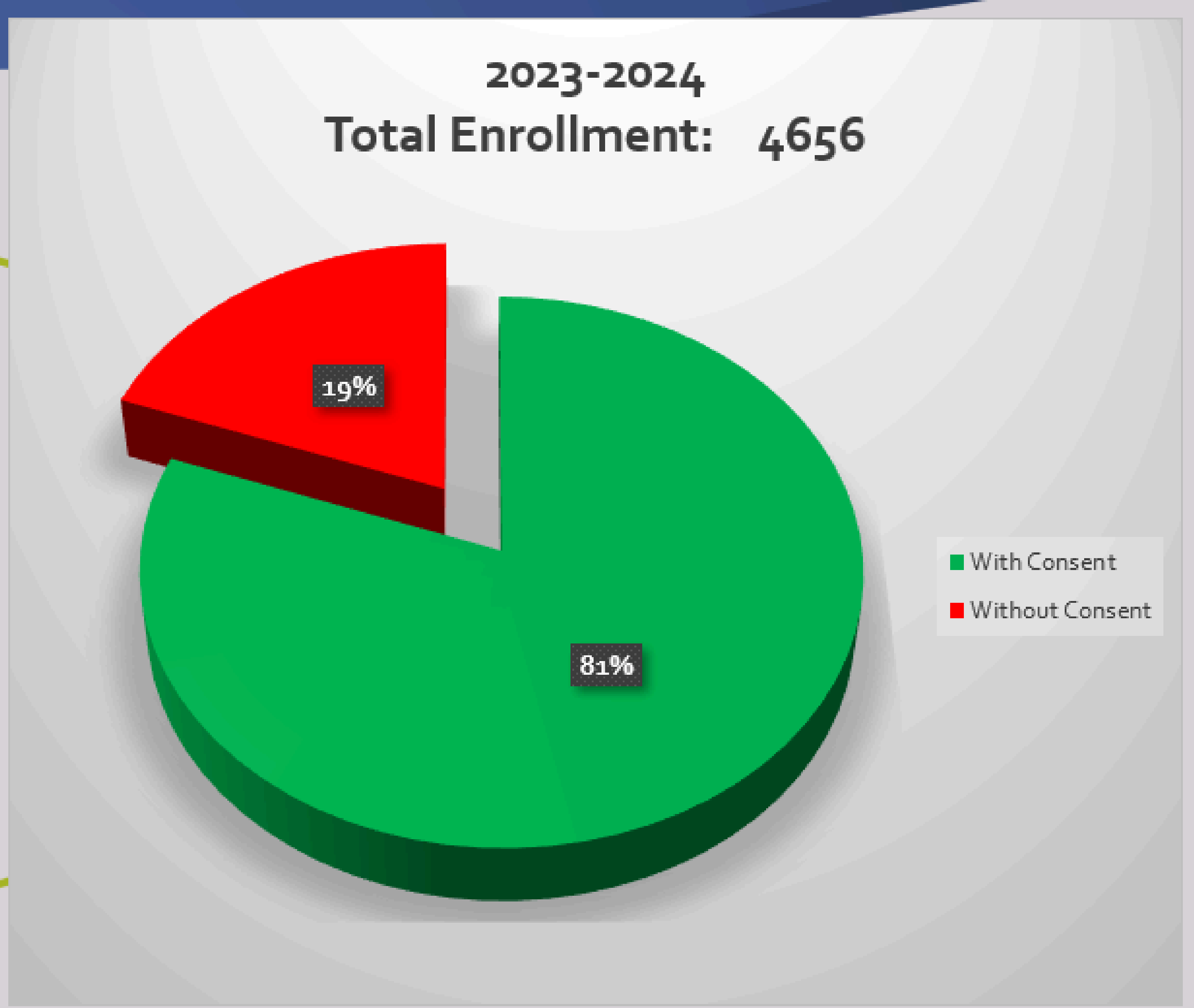
Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

In the last four weeks...

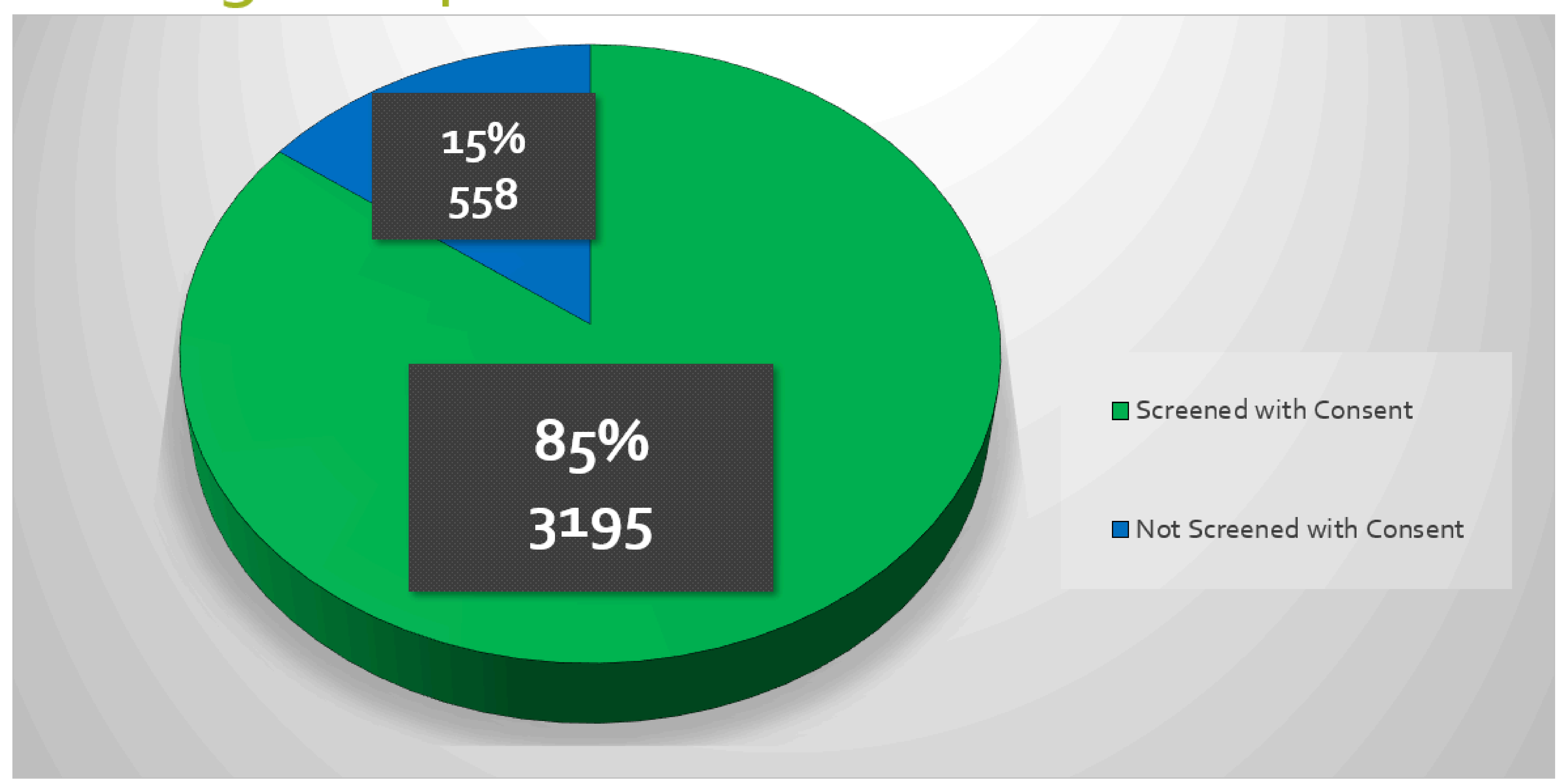
1.	Have you felt like nothing is fun for you and you just aren't interested in anything?	**Yes**	**No**
2.	Have you had less energy than you usually do?	**Yes**	**No**
3.	Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people?	**Yes**	**No**
4.	Have you thought seriously about killing yourself?	**Yes**	**No**
5.	Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	**Yes**	**No**
6.	Has doing even little things made you feel really tired?	**Yes**	**No**
7.	Has it seemed like you couldn't think as clearly or as fast as usual?	**Yes**	**No**

2-Year Comparison of Student with Consent and Without Consent

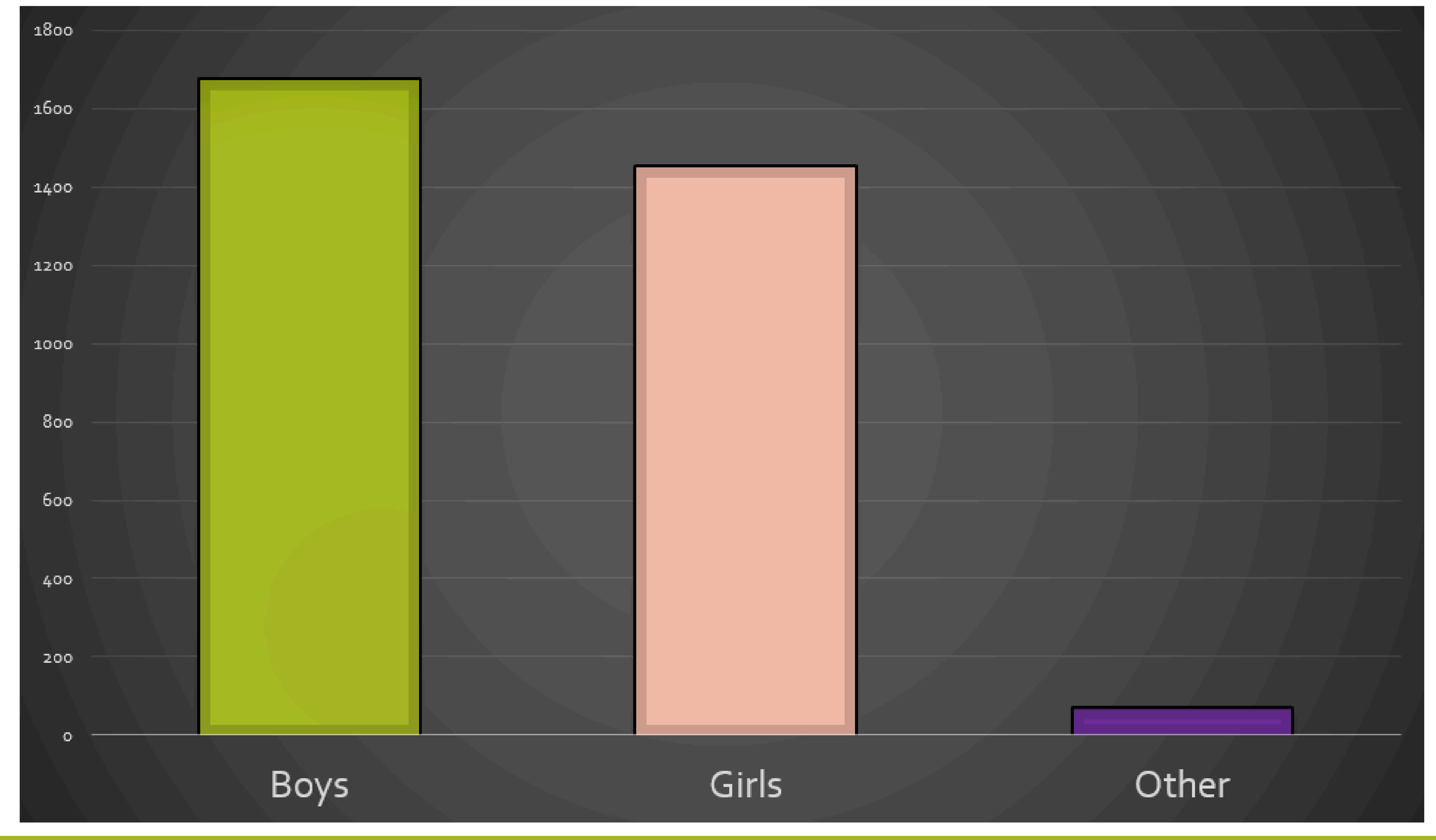




2023-2024 Total Screened with Consent



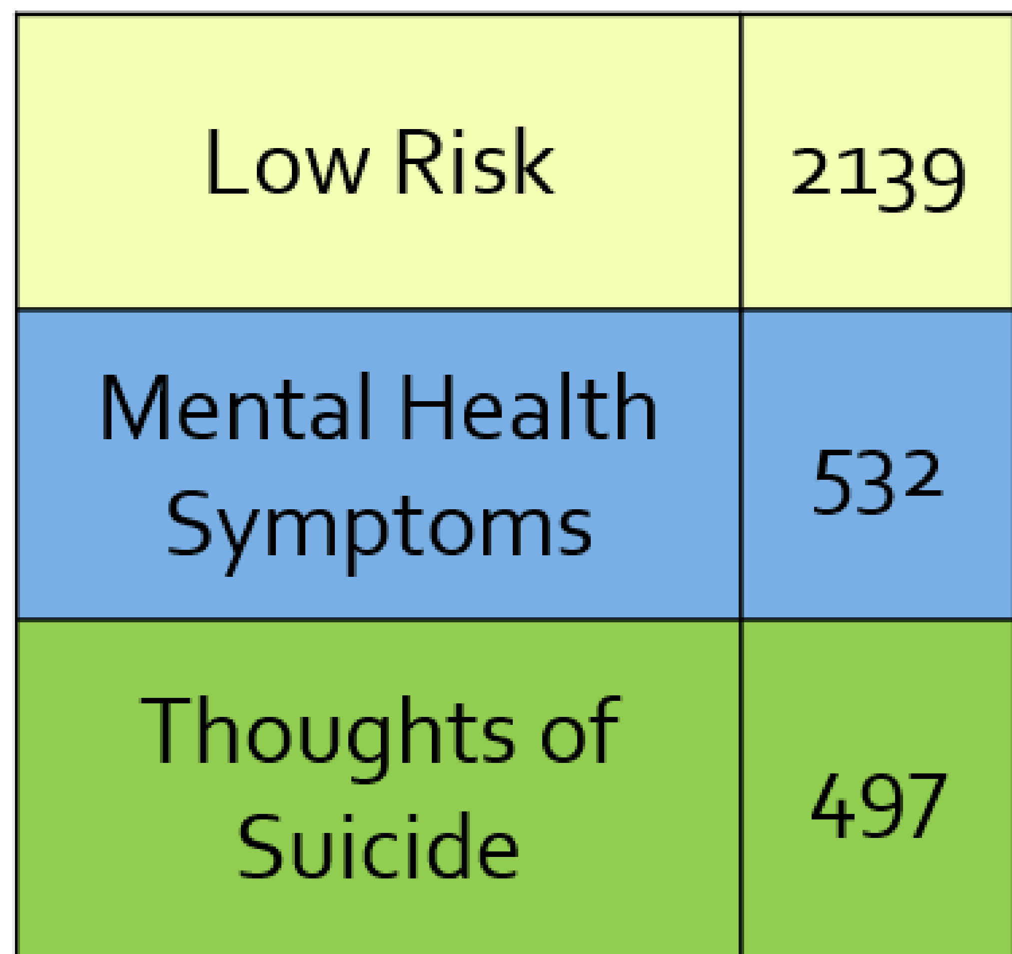
23-24 Gender breakdown



Boys 1674
Girls 1451

67 Students self identified as Transgender/Nonbinary, **50** of these students scored at risk

Risk Categories



Low Risk	2139
Mental Health Symptoms	532
Thoughts of Suicide	497

Risk Categories

Green Screen
15.7%

Blue Screens
17.3%

15.7%

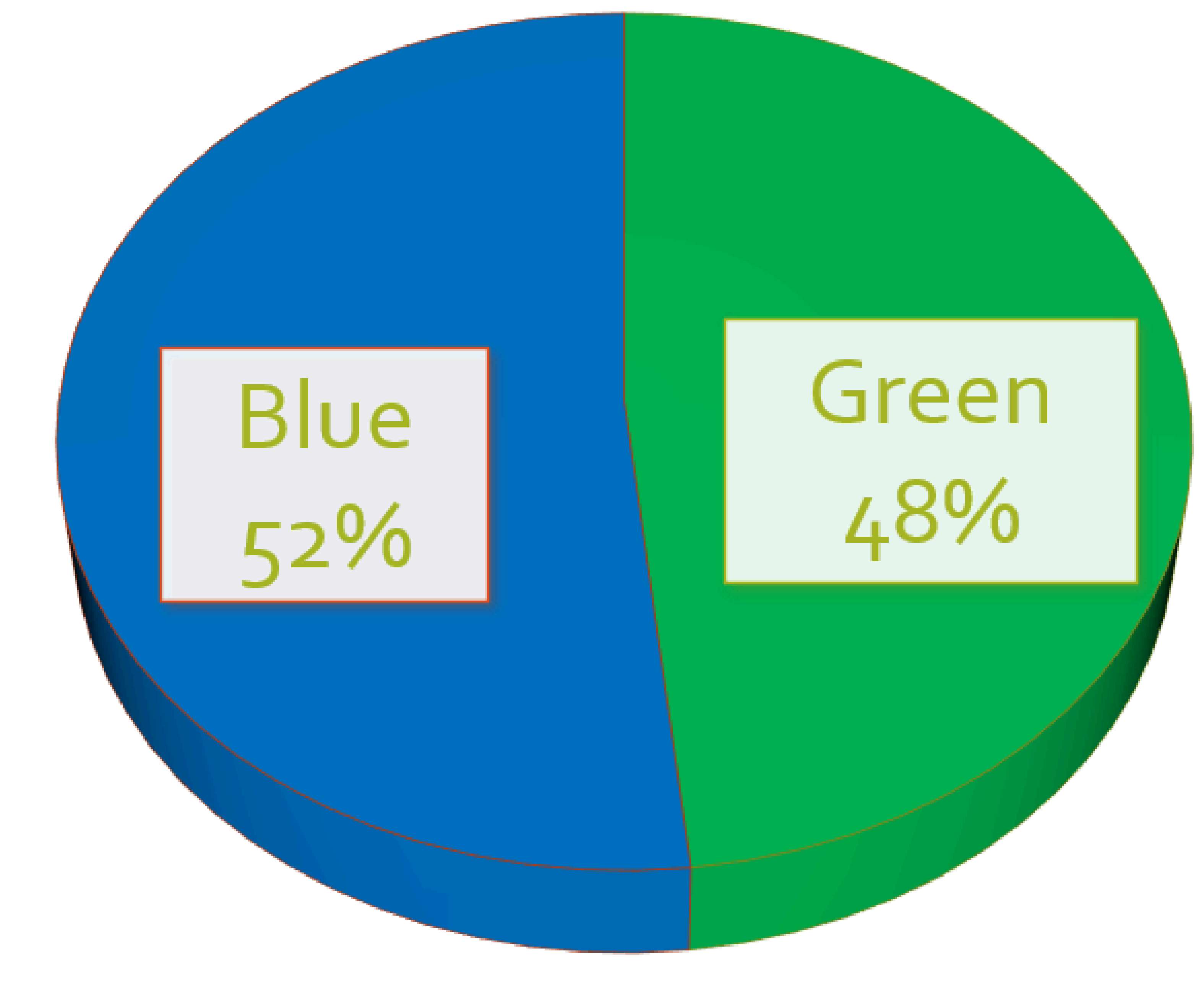
17.3%

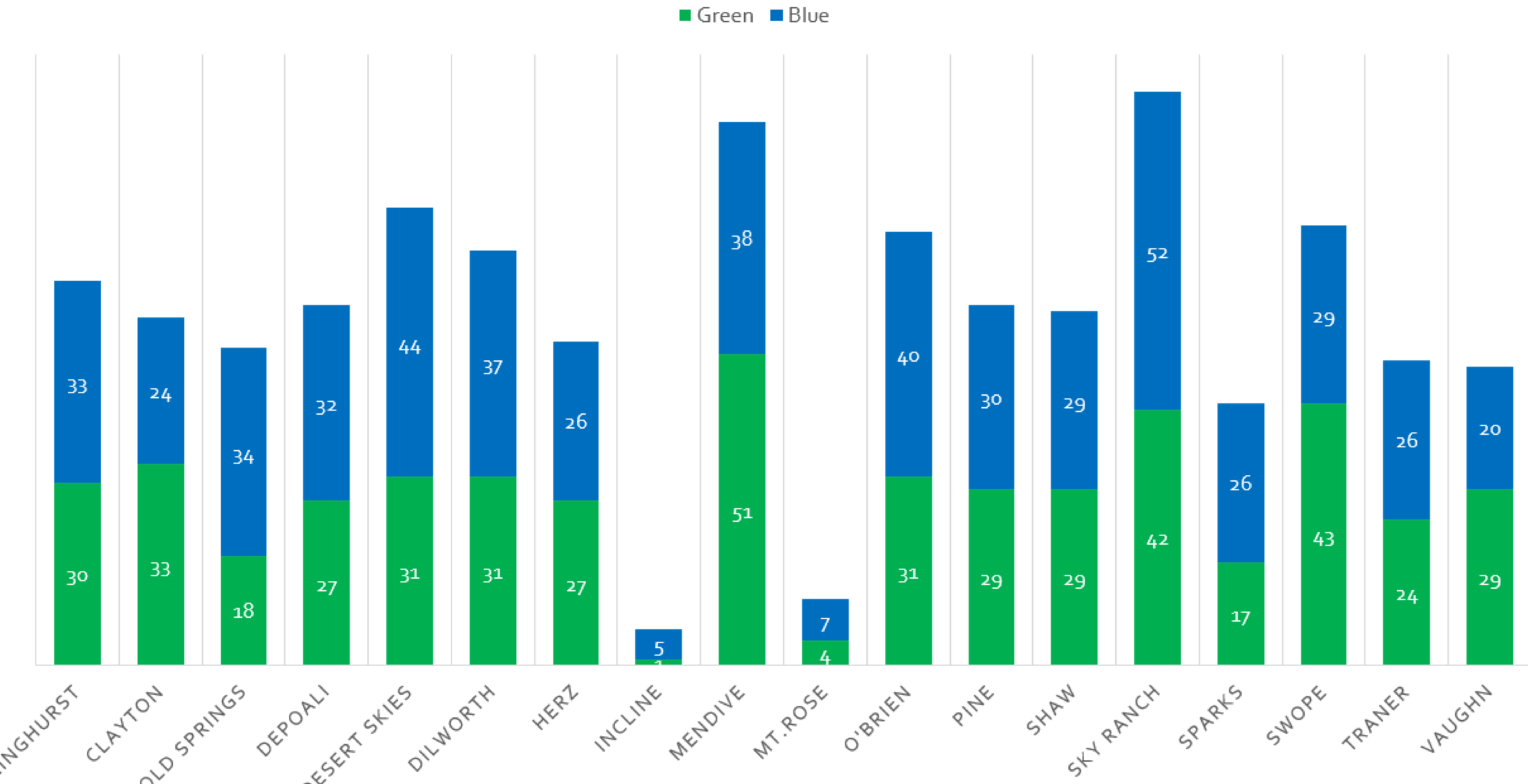
66.9%

Yellow Screen
66.9%

WCSD At-risk breakdown

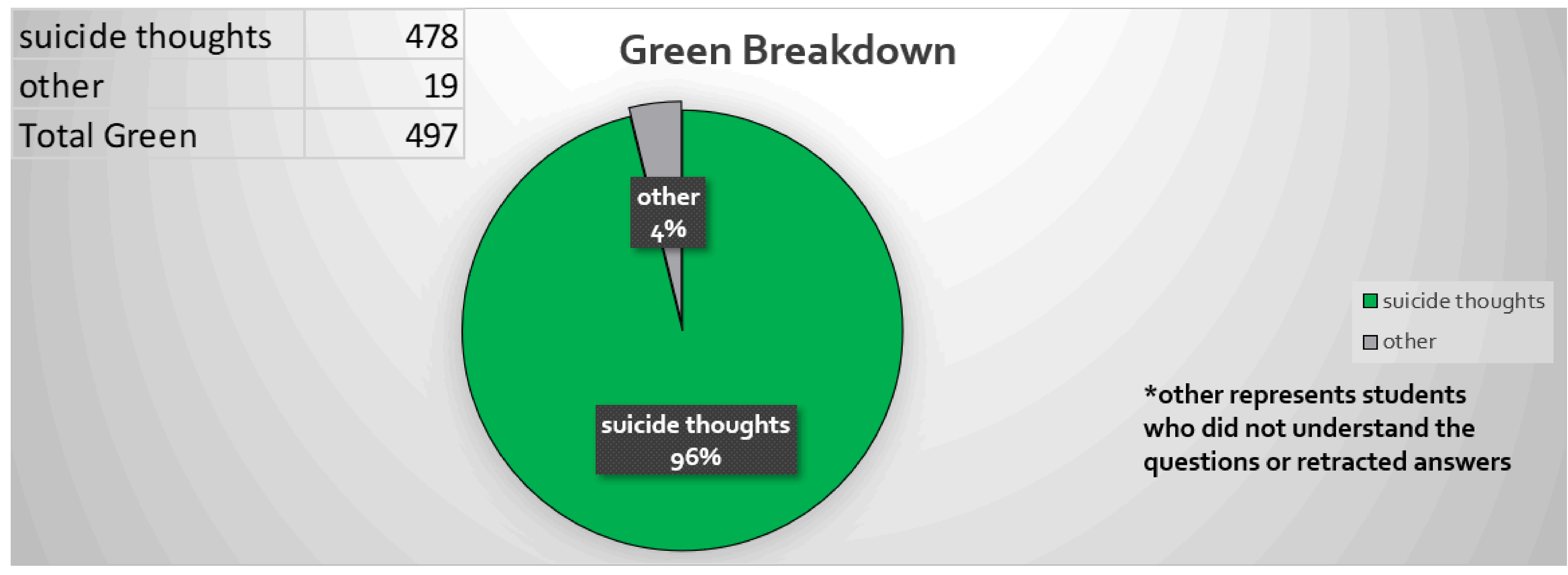
Green	497
Blue	532





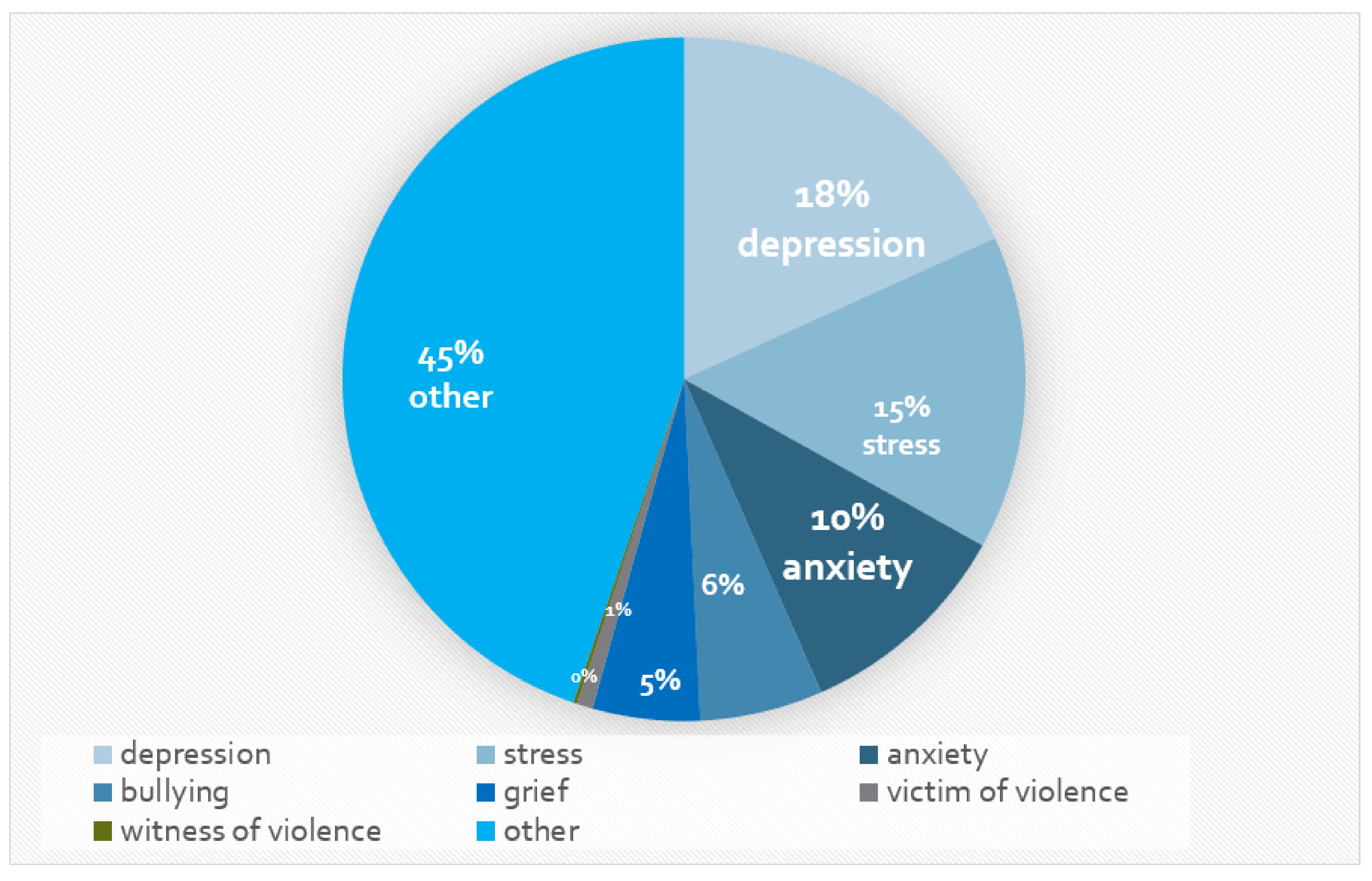
AT RISK BY SCHOOL
Green
Blue
BILLINGHURST
CLAYTON
COLD SPRINGS
DEPOALI
DESERT SKIES
DILWORTH
HERZ
INCLINE
MENDIVE
MT.ROSE
O'BRIEN
PINE
SHAW
SKY RANCH
SPARKS
SWOPE
TRANER
VAUGHN
30
33
33
24
18
34
27
32
31
44
31
37
27
26
5
51
38
4
7
31
40
29
30
29
29
42
52
17
26
43
29
24
26
29
20

Total Green Results: 497



Total Blue Results: 532

depression	97 (18%)
stress	79 (15%)
anxiety	55 (10%)
bullying	31 (6%)
grief	27 (5%)
victim of violence	4 (1%)
witness of violence	1 (0%)
other (tired, lack of sleep, anger issues, self-esteem, family issues, etc.)	238(45%)

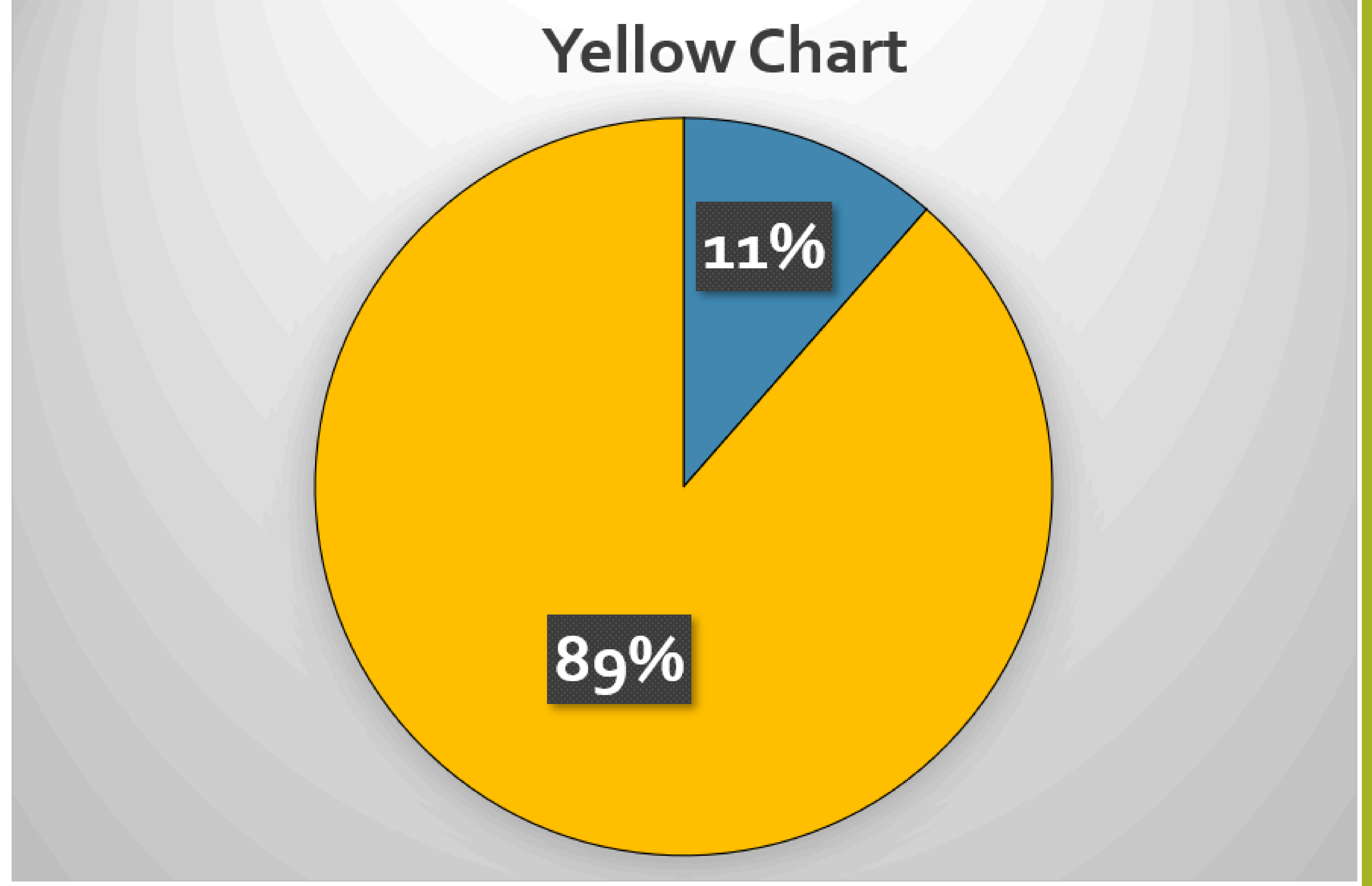


School Level At-Risk Students: Two Year Comparison

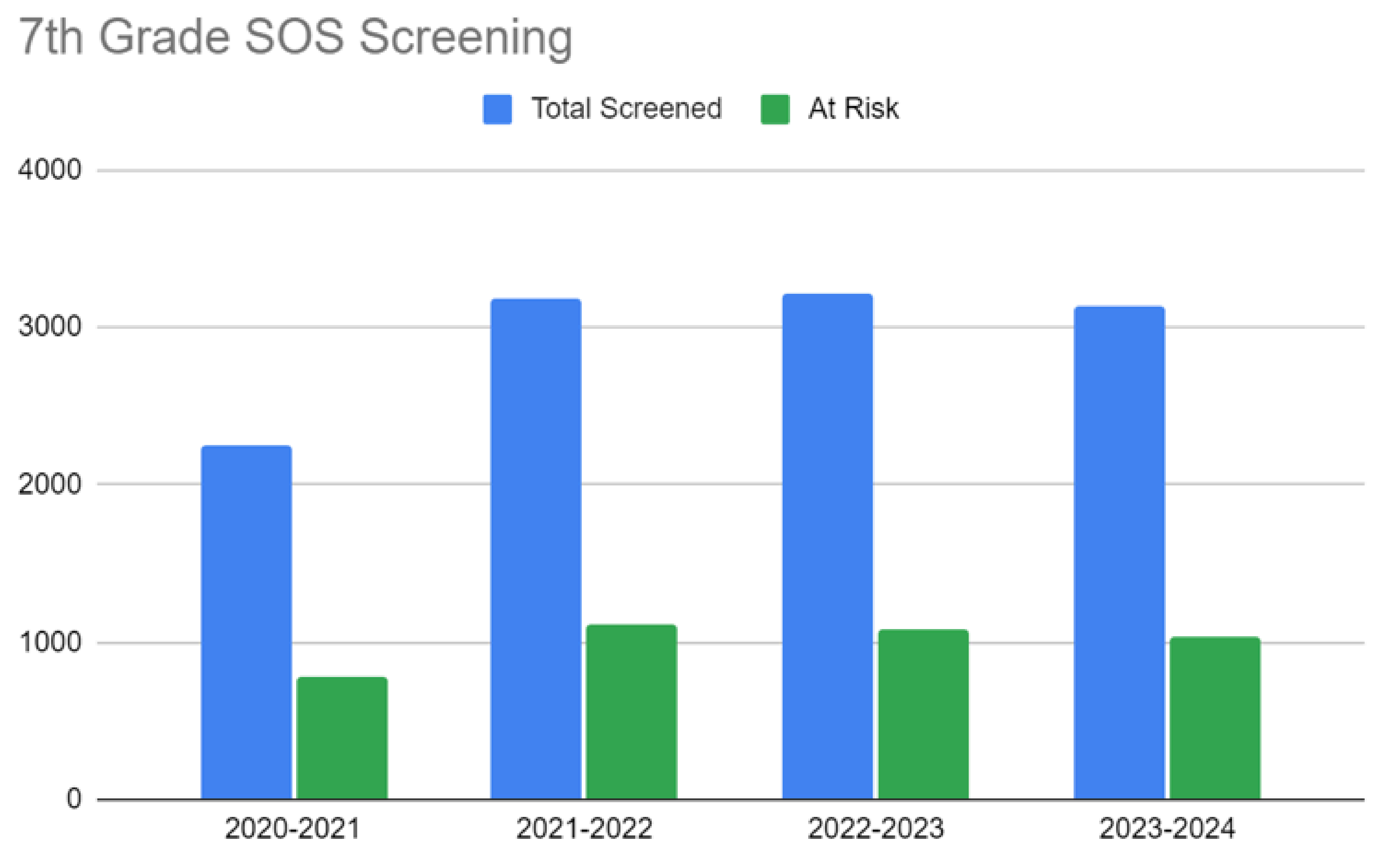
	% At-Risk					% At-Risk		
	2022-23	2023-24	Change			2022-23	2023-24	Change
Billinghurst	32.80%	27.9%	4.9%		Mt. Rose	37.00%	37.1%	0.1%
Clayton	43.30%	39%	4.3%		O’Brien	33.80%	27.9%	5.9%
Cold Springs	33.50%	35.1%	1.6%		Pine	33.70%	35.1%	1.4%
Depoali	27.50%	30.6%	3.1%		Shaw	25.60%	32.2%	6.6%
Desert Skies	34.50%	33.5%	1%		Sky Ranch	29.90%	28.6%	1.3%
Dilworth	39.60%	46.4%	6.8%		Sparks	37.40%	30.7%	6.7%
Herz	30.20%	27.4%	2.8%		Swope	28.70%	30.6%	1.9%
Incline	35.70%	20.6%	15.1%		Traner	36.30%	45.9%	9.6%
Mendive	46.40%	38.9%	7.5%		Vaughn	38.00%	38.6%	0.6%

Yellow Results

Yellow with Concerns (vision, bullying, doesn't know their counselor etc.)	290
Yellow with no Concerns	2243

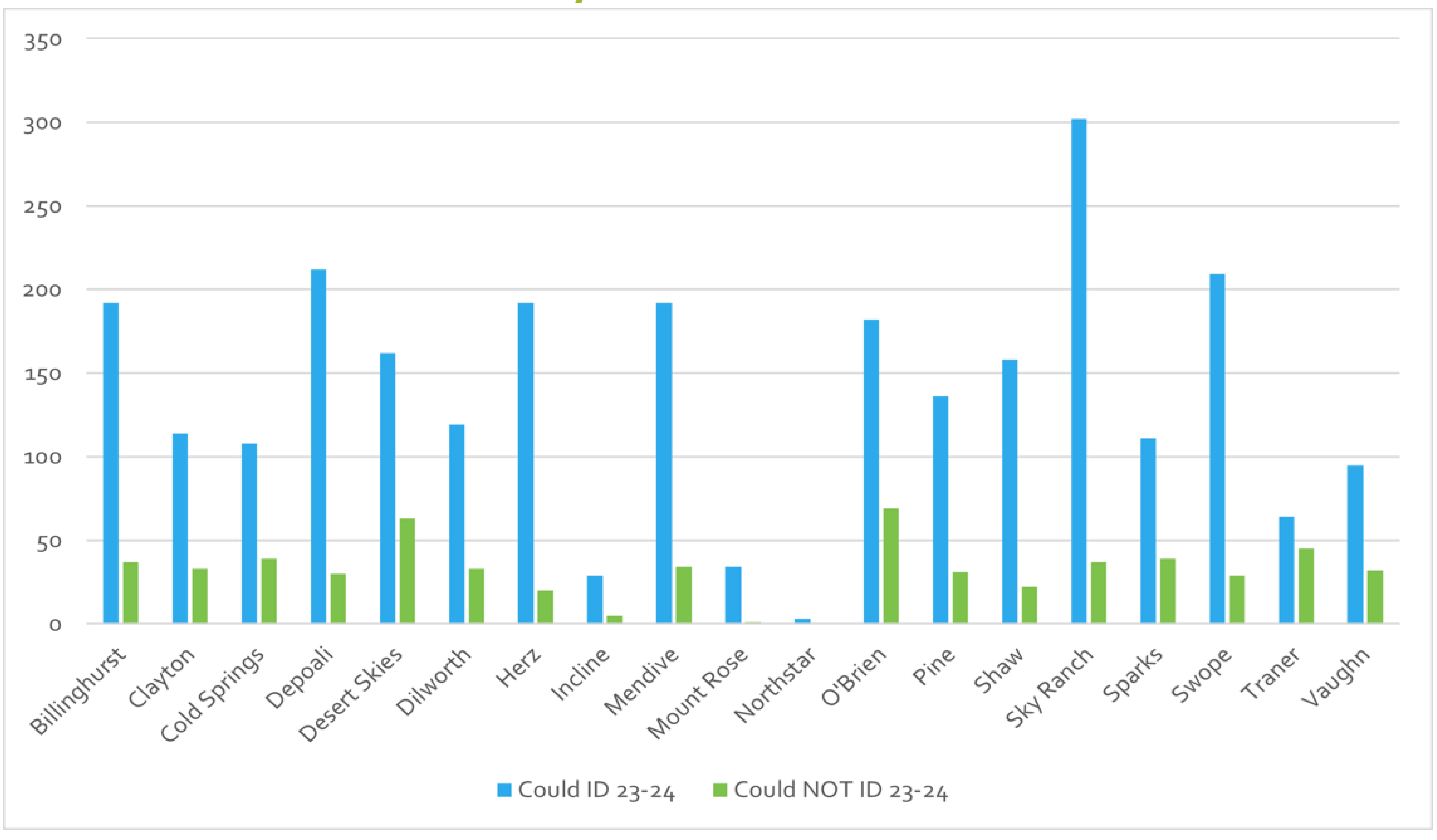


SOS 4 Year Comparison

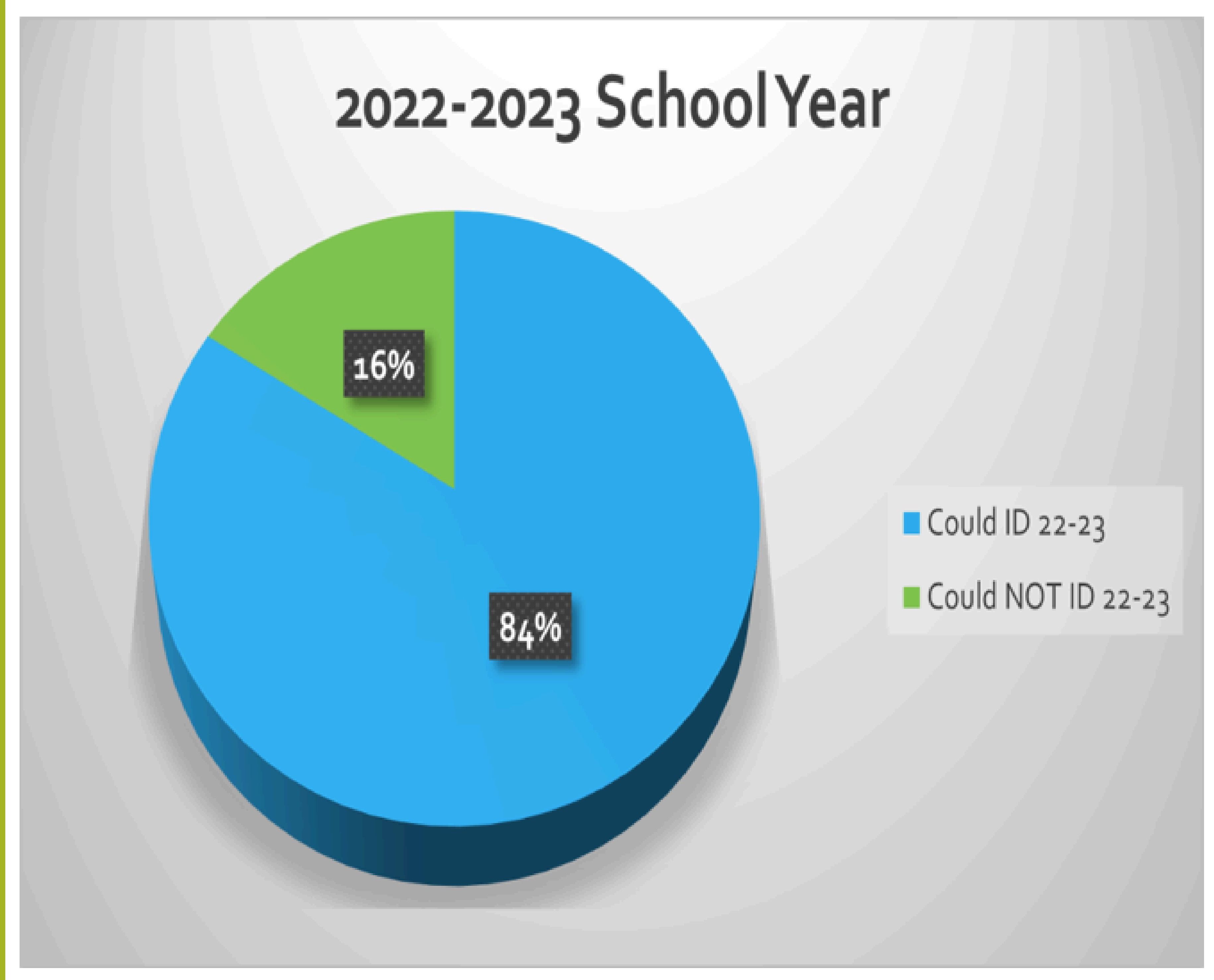


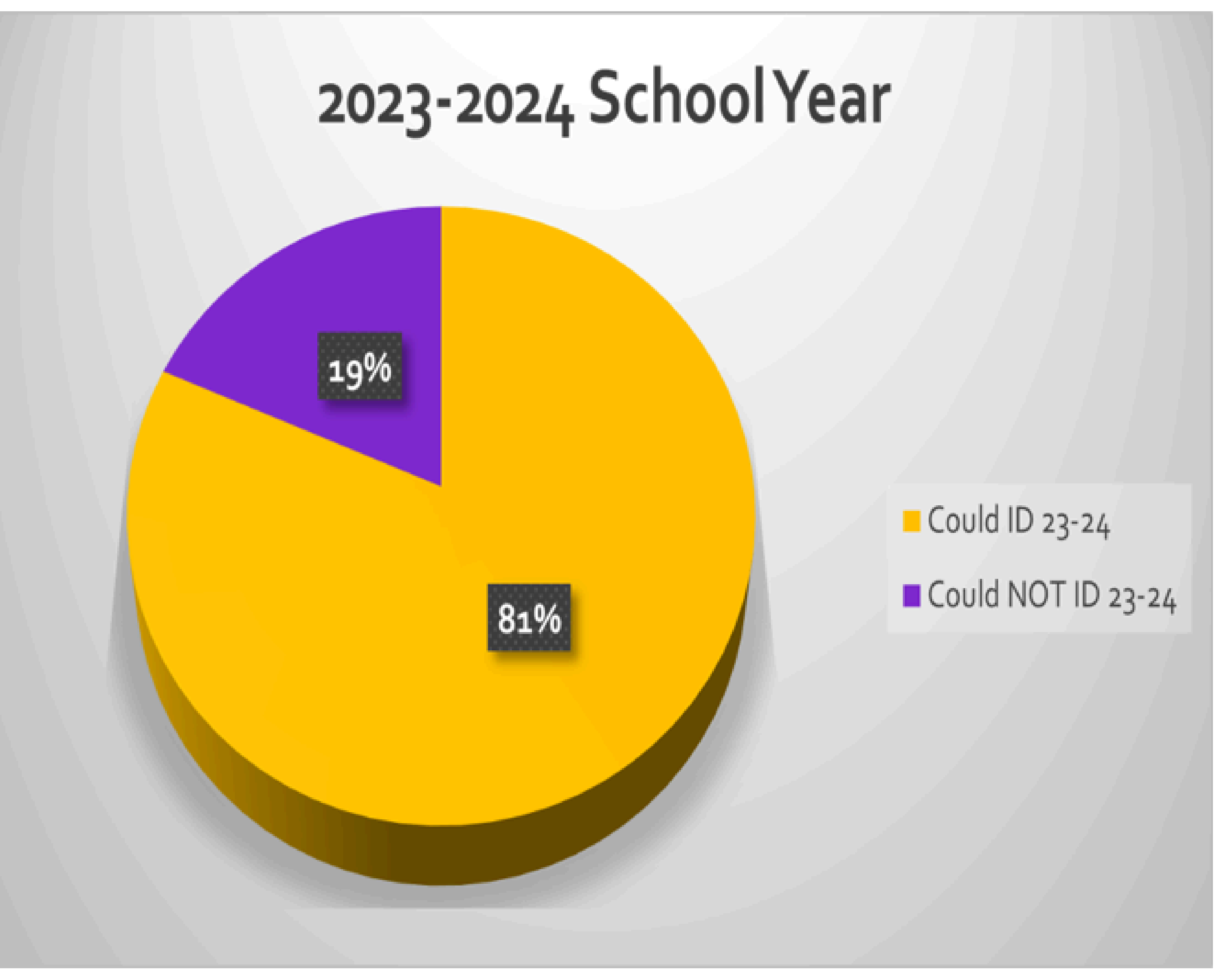
- **2023-2024: 3195** 7th grade students
  - **33%** at risk (1056 students)
- **2022-2023: 3209** 7th grade students
  - **34%** at risk (1089 students)
- **2021-2022: 3187** 7th grade students
  - **35%** at risk (1115 students)
- **2020-2021: 2252** 7th grade students
  - **35%** at risk (788 students)

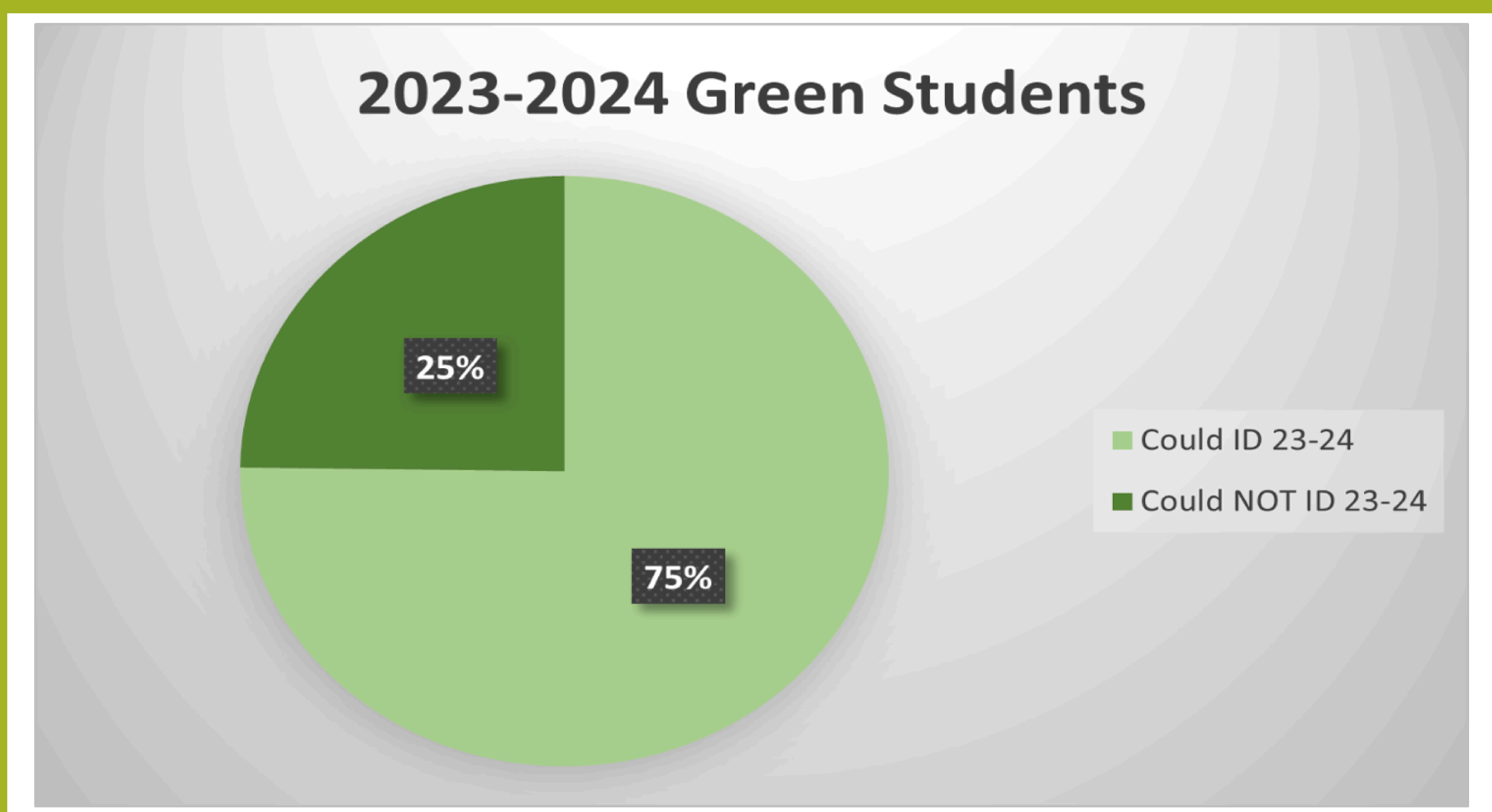
Can/Can't ID by school



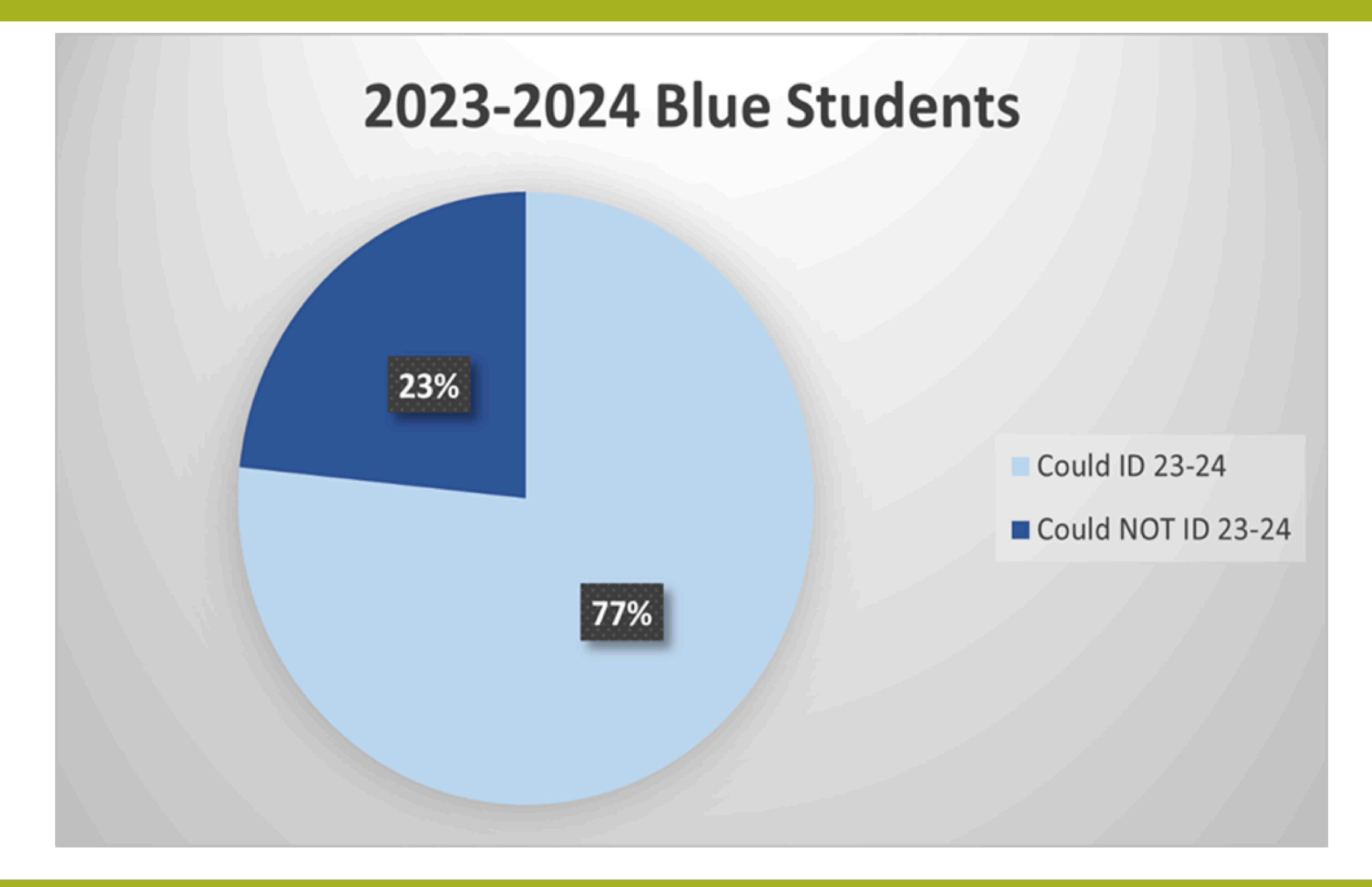
Can/Can't ID Trusted Adults – All Students

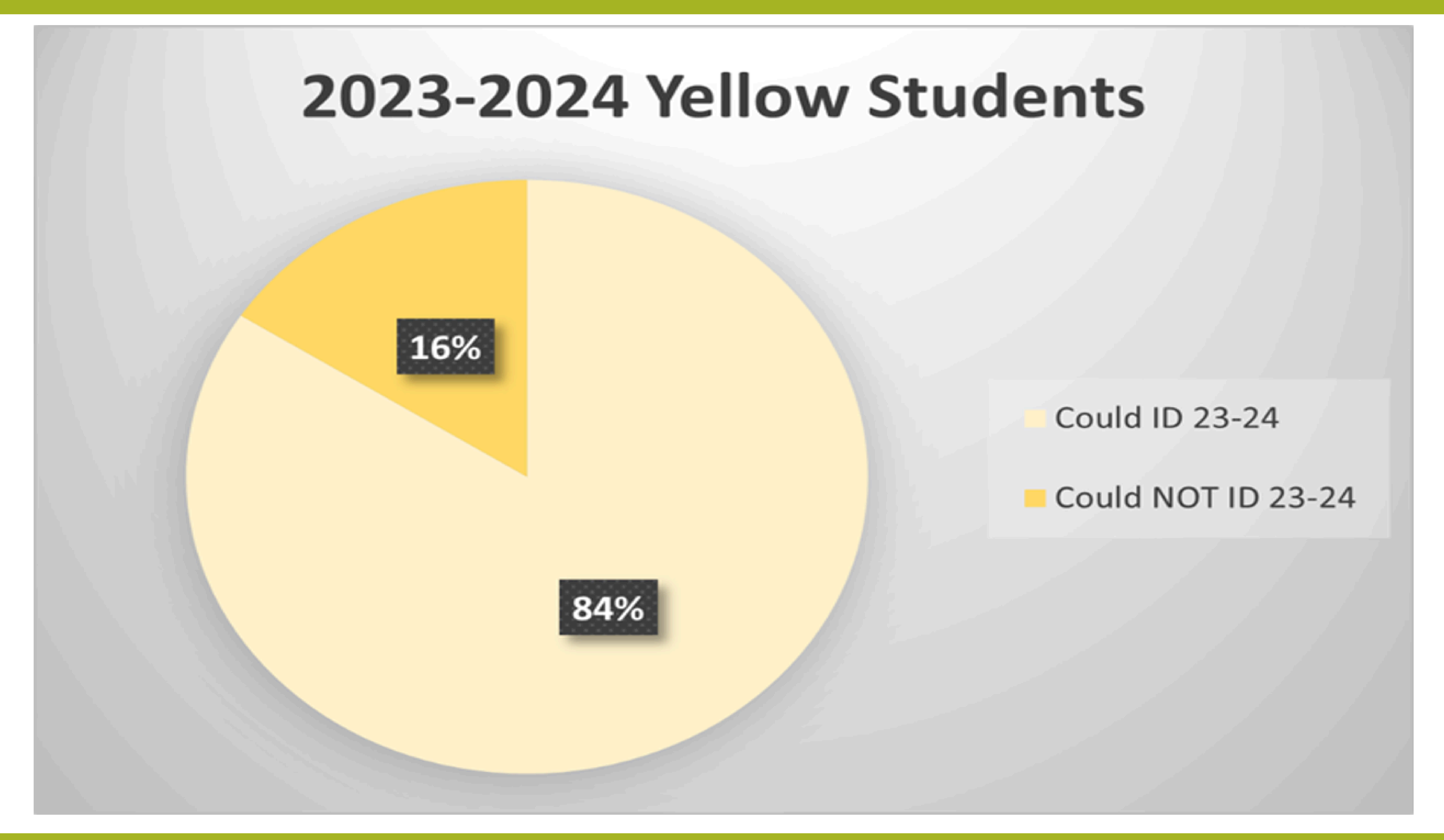




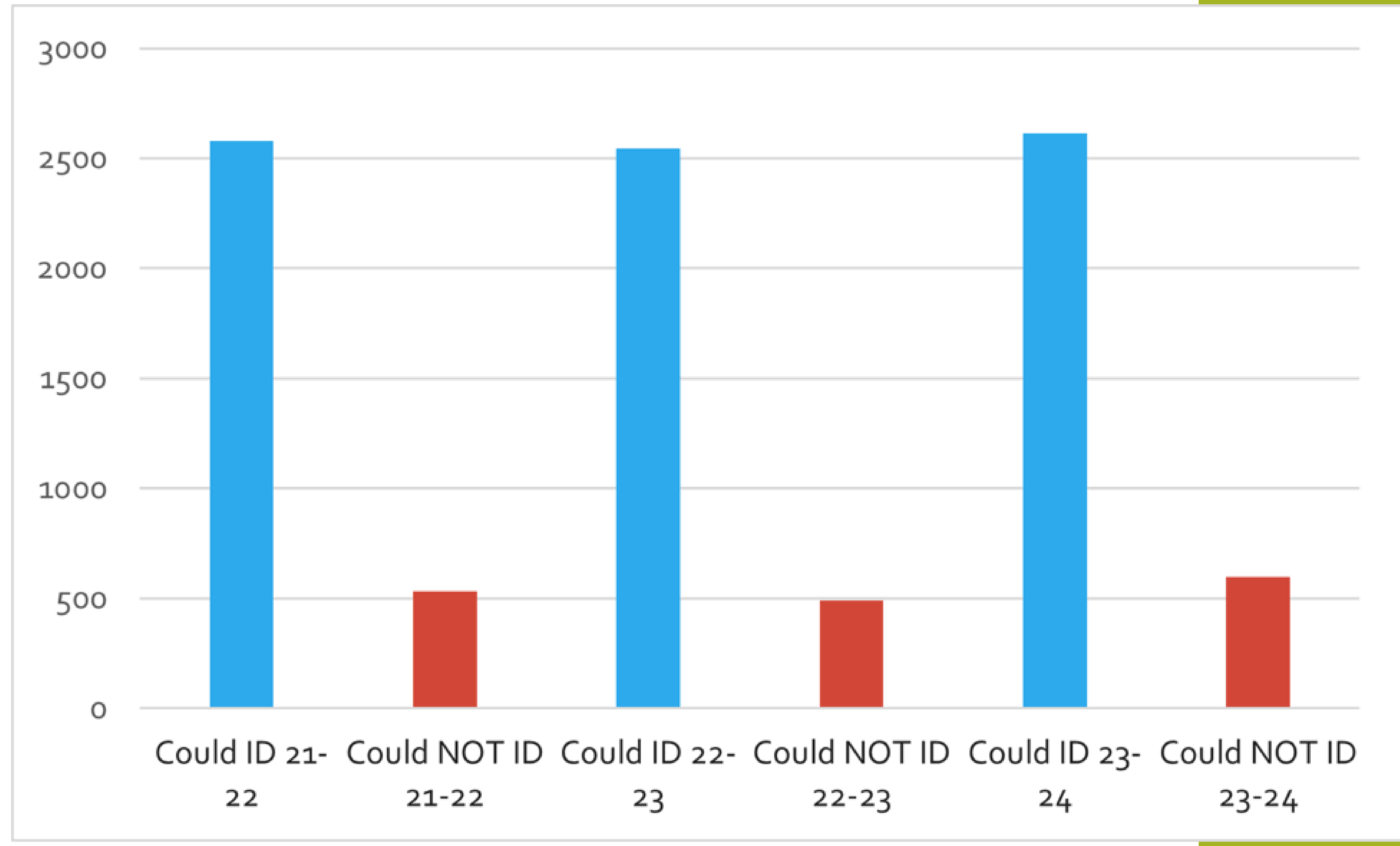


2023-2024 Green Students
25%
75%
Could ID 23-24
Could NOT ID 23-24


2023-2024 Blue Students
23%
77%
Could ID 23-24
Could NOT ID 23-24


2023-2024 Yellow Students
16%
84%
Could ID 23-24
Could NOT ID 23-24

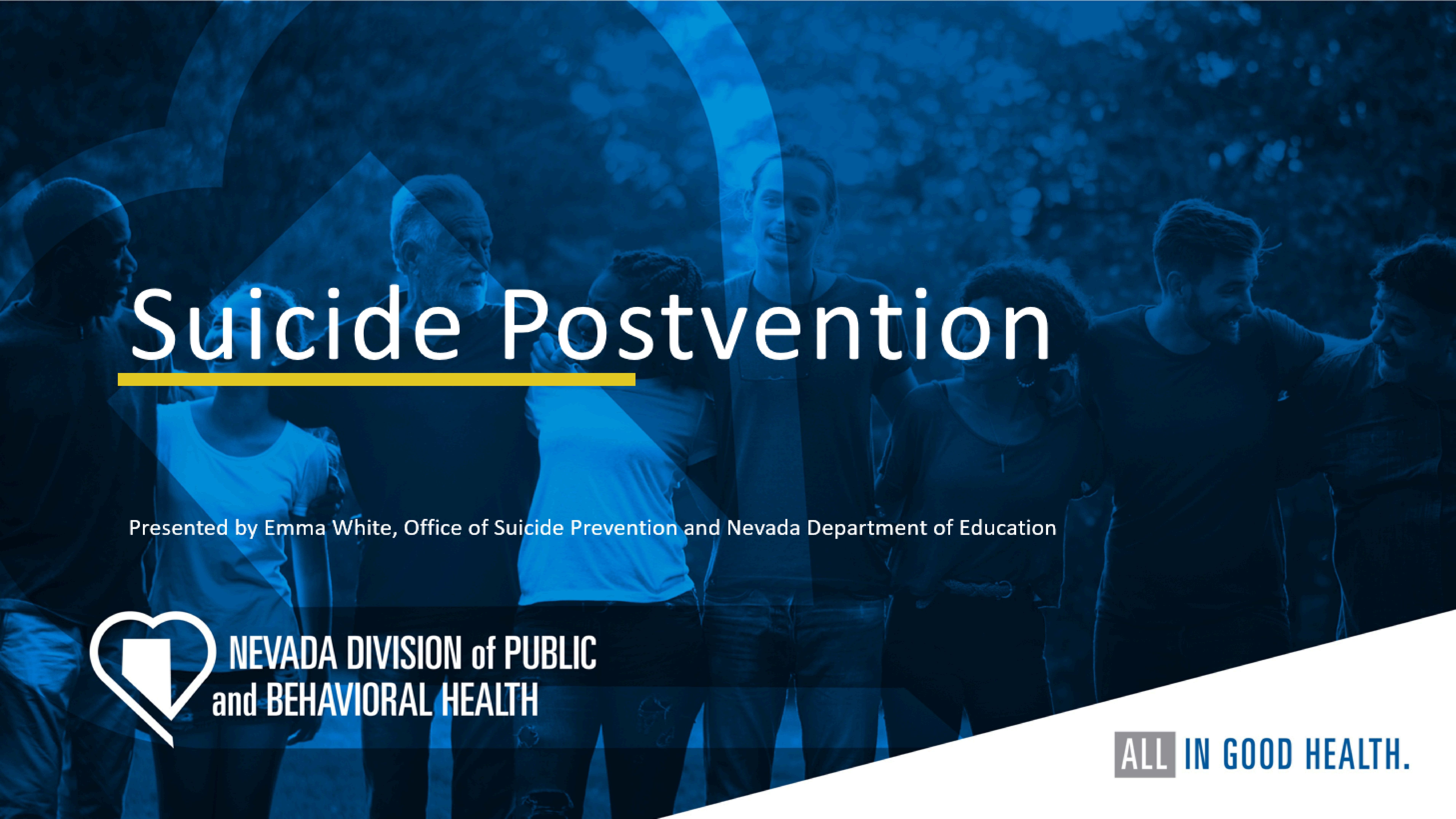
WCSD 3-YEAR TRENDS



QUESTIONS???

Kim Hargrove- khargrove@childrenscabinet.org

Keeli Killian- kkillian@washoeschools.net


Suicide Postvention
Presented by Emma White, Office of Suicide Prevention and Nevada Department of Education
NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH
ALL IN GOOD HEALTH.

What is Postvention?

- Postvention is an organized immediate, short-term, and long-term response in the aftermath of a suicide to promote healing and mitigate the negative effects of exposure to suicide.
- Key Terms: Suicide Loss Survivor, Suicide Attempt Survivor, Suicide Survivor, Suicide Focused Lived Experience

Purpose of Postvention Toolkit

- To provide the best compilation of state and national resources available to enhance the ability of individual schools to respond with appropriate resources, services and supports specific to their respective districts. This toolkit gathers best practices across the field of suicide prevention, intervention, and postvention.
- The toolkit is presented in partnership with the Nevada Office of Suicide Prevention (NOSP), SafeVoice, the Nevada Department of Education, Nevada Division of Public and Behavioral Health (DPBH), Office of Safe and Respectful Learning Environment (OSRLE), and the Mobile Crisis Response Team (MCRT).
- Follows Nevada Revised Statutes 388.243-388.253 - **Development of plan to be used by schools in responding to crisis, emergency or suicide.**
- First plan was from 2016; update is in line with the National Strategy for Suicide Prevention and the State Strategy.

Roles of the School/Community

School and communities have a critical role in suicide prevention. Subject matter experts have identified 6 key components to suicide prevention efforts in schools: protocols for helping students at risk of suicide, protocols for responding to a suicide death, staff education and training, parent education, student education, and screening (SAMHSA, 2012).

Preventing Suicide in Schools

Help students at risk for suicide

Implement protocols for responding to suicide death

Staff Education and Training

Parent Education

Student Education

Screening

Suicide postvention is an organized response.

- Provides opportunities to start healing from the grief and distress of suicide loss. These healing activities can mitigate future risks of suicide and other adverse effects.
- Recognizes that suicide can present a unique form of trauma exposure.
- Ensures that individuals/families who have experienced a suicide and/or suicide attempt are offered support and a path to recovery.

Postvention Toolkit: Immediate Response

Crisis response and management

- If the incident has happened at school: Ensure the immediate safety of school staff and students (e.g., provide first aid, call ambulance and police).
- If the incident has happened away from school: Find out as many of the facts and circumstances as possible.
- Confirm facts with the family and/or police.
- Ensure those affected (students/parents/guardians/staff) are not left alone.

Postvention Toolkit: The First 24 Hours

Planning and notifications

- Inform the relevant representative at the Department of Education (or equivalent body for your school) and the Nevada Office of Suicide Prevention.
- Convene school leadership, with crisis response team support, and plan the following steps:
- Contact the relevant mental health agency.
- Identify and plan support for students who are at risk.
- Set up a student support room in the school.
- Inform staff. Give them a script explaining what has happened, to ensure staff are providing students the same consistent message.
- Inform students via a script. Do this in small groups, not at a whole school assembly. Do not describe the method of suicide.
- Inform the wider community via a letter, if appropriate.
- Contact the public information office in the central office of your relevant education authority (the Department of Education or equivalent authority for non-government schools).

Postvention Toolkit: The First Week

Restoring school to regular routines

- Liaise with the bereaved/affected family.
- Plan the school's involvement in the funeral.
- Organize regular staff meetings, to ensure they are provided with up-to-date information.
- Monitor students and, in collaboration with the relevant mental health agency, target assessment of students identified as being at continued risk.
- Monitor staff wellbeing and provide opportunities for debriefing.
- Keep parents/guardians informed via notices. Collect all the belongings of the deceased student for the police and family.
- Continue documentation of all the school's actions.

Postvention Toolkit: The First Month

- Consider offering parents/guardians and/or the community information sessions or support groups with the Nevada Office of Suicide Prevention.
- Continue documentation of all the school's actions.
- Plan for relevant events that will be held by the school (yearbook photographs, award nights, graduation).
- Gather information from staff that is relevant for a critical incident review.
- Conduct a critical incident review including confirmation of cause of death (e.g., conformation through Coroner's Office).

Postvention Toolkit: Longer Term

Seek continuous improvement

- Continue to support and monitor students and staff.
- Keep parents/guardians, staff and students informed.
- Plan for anniversaries, birthdays, and other significant events that could impact student body and community.
- Implement the recommendations of the critical incident review.
- Include your school's postvention plan in its staff induction process.
- Provide regular suicide prevention trainings to students, staff, and parents/guardians.

Safe Messaging

Talking about suicide is critical and we all have a responsibility to balance being truthful with the school community and the need to be sensitive to the family. Follow guidelines on safe messaging about suicide.

- The talk should center around the fact that the school has lost a valuable member of its community, not the circumstances of the death.
- Framing suicide as a success or failure is outdated and harmful to survivors of suicide loss or attempts as well as using terms such as, "committed suicide, failed suicide, completed suicide, successful suicide, etc."
- It is imperative to avoid idealizing the person and glorifying suicide. Talk about the person in a balanced manner. Don't be afraid to include known struggles especially in individual conversations about the death.

(CDC, AFSP, AAS Research)

Download the Toolkit

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Adolescent Development

Presented by Natalie Sanchez

MS,MFT, AAMFT Supervisor, Health Psychology Associates

Third Annual Youth Mental Health Summit

2024

Agenda for discussion

- Cognitive theories of development
- Brain development
- Social and emotional considerations
- Parenting
- Resources
- Questions

N.Sanchez 24

Theories of Development

Piaget's Stages of Cognitive Development

Sensorimotor. Birth through 2 years old.

During this earliest stage of cognitive development, infants and toddlers acquire knowledge through sensory experiences and manipulating objects. A child's entire experience at the earliest period of this stage occurs through basic reflexes, senses, and motor responses.

Preoperational. Toddlerhood through early childhood (2-7 years old).

The emergence of language is one of the major hallmarks of the preoperational stage of development.

Concrete operational. Ages 7-11 years old.

While children are still very concrete and literal in their thinking at this point in development, they become much more adept at using logic

Formal operational. Adolescence through adulthood, 12 years and older.

The final stage of Piaget's theory involves an increase in logic, the ability to use deductive reasoning, and an understanding of abstract ideas

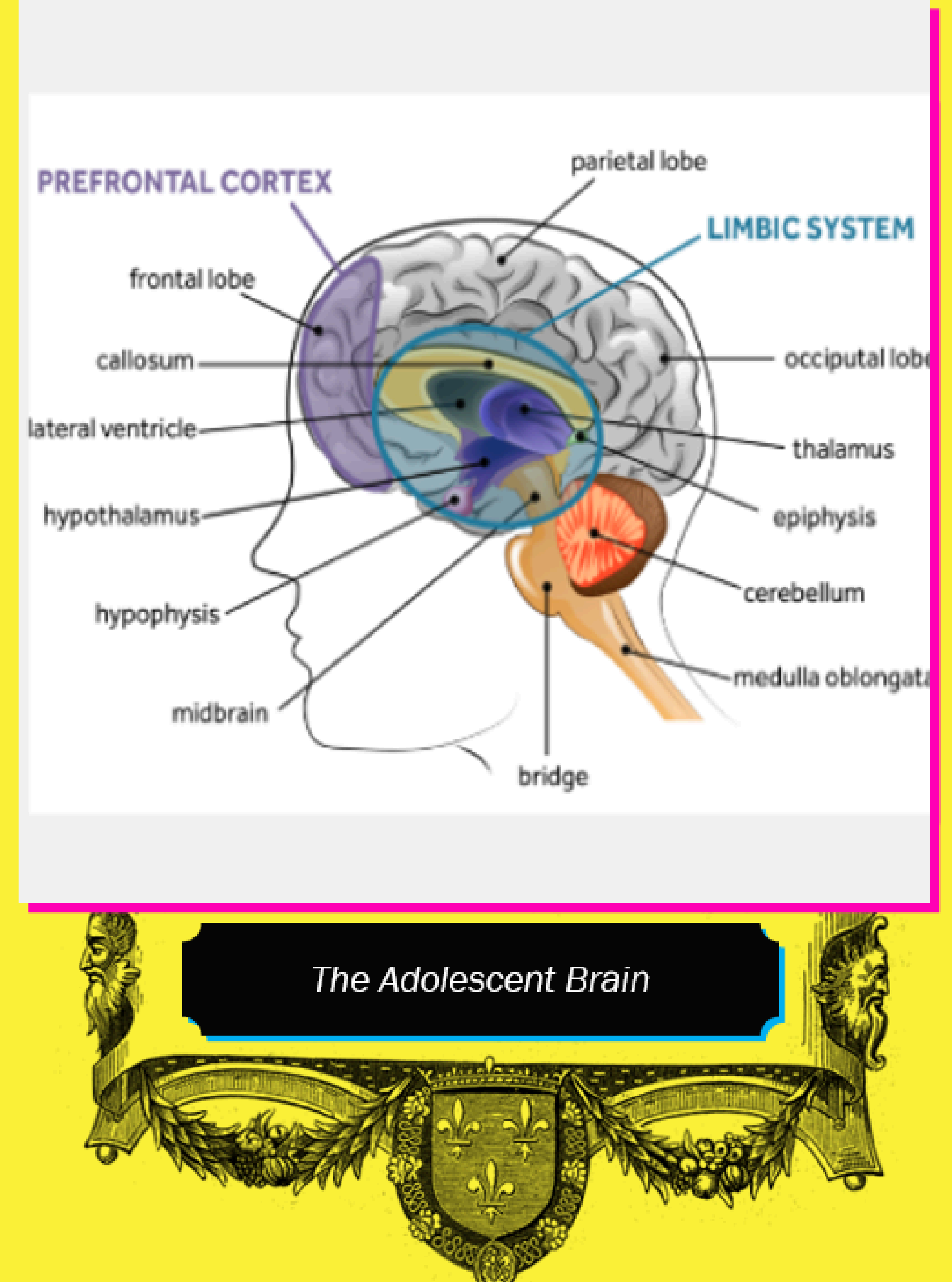
https://www.researchgate.net/publication/368328868_Child_and_Adolescent_Development

Cognitive Development Continued...

Erikson's Psychosocial Stages

Stage	Basic Conflict	Virtue	Description
Infancy 0–1 year	Trust vs. mistrust	Hope	Trust (or mistrust) that basic needs, such as nourishment and affection, will be met
Early childhood 1–3 years	Autonomy vs. shame/doubt	Will	Develop a sense of independence in many tasks
Play age 3–6 years	Initiative vs. guilt	Purpose	Take initiative on some activities—may develop guilt when unsuccessful or boundaries overstepped
School age 7–11 years	Industry vs. inferiority	Competence	Develop self-confidence in abilities when competent or sense of inferiority when not
Adolescence 12–18 years	Identity vs. confusion	Fidelity	Experiment with and develop identity and roles
Early adulthood 19–29 years	Intimacy vs. isolation	Love	Establish intimacy and relationships with others
Middle age 30–64 years	Generativity vs. stagnation	Care	Contribute to society and be part of a family
Old age 65 onward	Integrity vs. despair	Wisdom	Assess and make sense of life and meaning of contributions

https://www.ncbi.nlm.nih.gov/books/NBK556096/



Brain Development

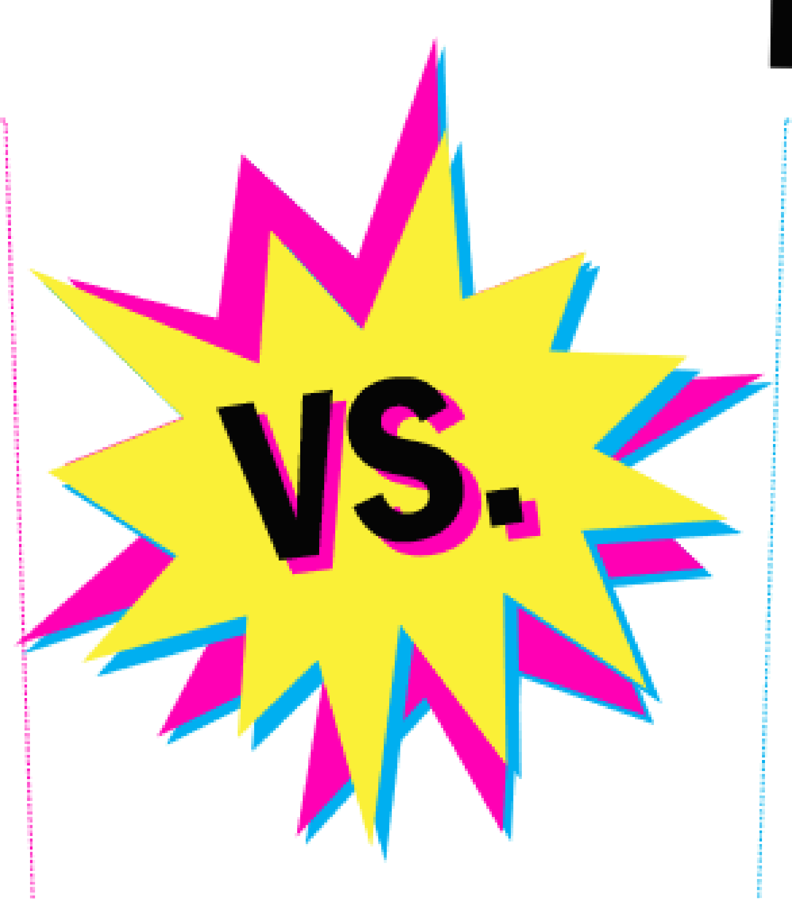
"We assume that when our kids begin to look like an adult…then our teenager should act like, and be treated as, an adult with all the adult responsibilities we assign our peers." Frances E. Jensen MD

- Supercharged hippocampus
  - Used for encoding and retrieving
- Amygdala
  - Seat of anger, susceptible to sex hormones and adrenaline-part of the limbic system where emotions and experiences are integrated
- The teen brain is only 80% of the way to maturity
  - Underdeveloped cerebellum
  - Parietal lobes
    - Responsible for focusing
      - The trouble with "multitasking"
  - Prefrontal and frontal cortex
    - The last places in the brain to "connect" where the wiring is the thinnest
    - Prospective memory

Superheroes aka Teens Have Both...

Strengths

- Superior cognitive skills
- High rates of learning
- Incredible memory
- Openness to new experiences
- An interest in big life questions



Vulnerabilities

- mood swings and irritability
- impulsiveness, explosiveness,
- inability to focus, to follow through, to connect with adults
- the temptation to use drugs and alcohol, and engage in other risky behavior

Emotional Health and Wellbeing

Lisa Damour, PhD

- Several factors related to current adolescent mental health
  - History of psychiatry and psychiatric medication
  - Rise of the wellness industry
  - A unique current cultural context (pandemic, climate change, school shootings)
- Considerations for mental health
  - Emotions are important!
  - Adolescents should have feelings that make sense in light of the circumstances.
  - Find adaptative ways to manage those emotions.
  - They should have a range of defenses that offer relief without distorting reality.
    - Externalization

Parents Have Superpowers Too!

- Listen
  - Talk less, touch more
- Manage your emotions and how you respond
  - Ability to quickly regulate your nervous system
  - Tolerance for misadventures
- Experience, perspective
- Actively cultivate a relationship
- Communicate
  - Help your teen understand “cold and hot” states
- Promote resiliency
  - Assess individual risk
    - E.g. drug and alcohol counseling for consistent drug use
  - Community resources
    - Attending talks, conferences, connecting with others

Jensen and Damour p 8

Resources and References

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- Washoe County School District https://www.washoeschools.net/
- Washoe County Children's Mental Health Consortium https://wccmhc.com/
- Medicating Normal, The Nevada Psychological Association: https://npa.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2214848#!/

Acknowledgments and Gratitude

- Annie Zucker & The Children's Cabinet
- Deacon Shoenberger, PhD, & Health Psychology Associates
- The many teens/superheroes and their families from my clinical practice.

Thank you!

QUESTIONS?

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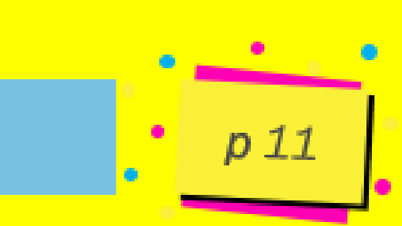
775-448-6828

THANK YOU!

Thank you!



Childhood and Brain Development

TEEN PANEL

RENO
JMU
UC DAVIS
AGGIES
UCDAVIS
17
USA

N
SPORT PSYCHOLOGY
ESPN
COLLEGE
GAMEDAY
BUILT BY
THE HOME DEPOT
NCAA
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NEBRASKA

2022
UNLV
DR. CHAD
DOERR
ALL ACCESS
STADIUM | 150 LEVEL | SUITES | VIP CLUB | PRESS BOX | EVENT LEVEL | LOCKER ROOM
MOUNTAIN
WEST
CHAMPIONS
MORE THAN AN ATHLETE
UNLV
9-8-8

245

Benefits of Youth Sport

What do you think are the benefits of youth sport participation?

Benefits of Youth Sport

Physical
- Exposure to variety of fun ways to exercise
- Development of motor coordination
- Speed
- Strength

Technical
- Develop and implement complex skills
- Persistence and overcoming plateaus
- “Learning how to learn”

Strategy
- Problem solving skills
- Conflict resolution
- Abstract thinking

Mental
- Emotion regulation
- Stress management
- Focus skills

Sociocultural
- Exposure to DEI experiences
- Role modeling
- Sportsmanship
- Healthy Competition

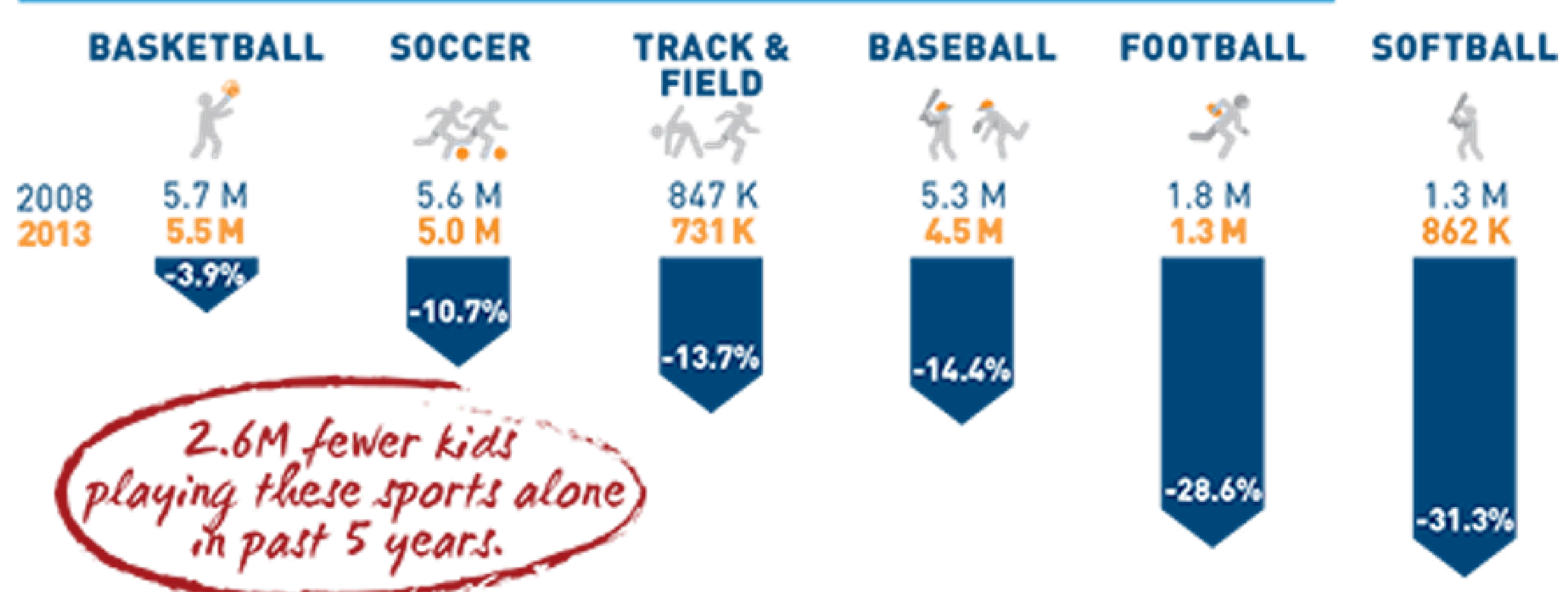
What do you think could contribute to negative mental health impacts from youth sport participation?

ADVICE FROM OUR EXPERTS

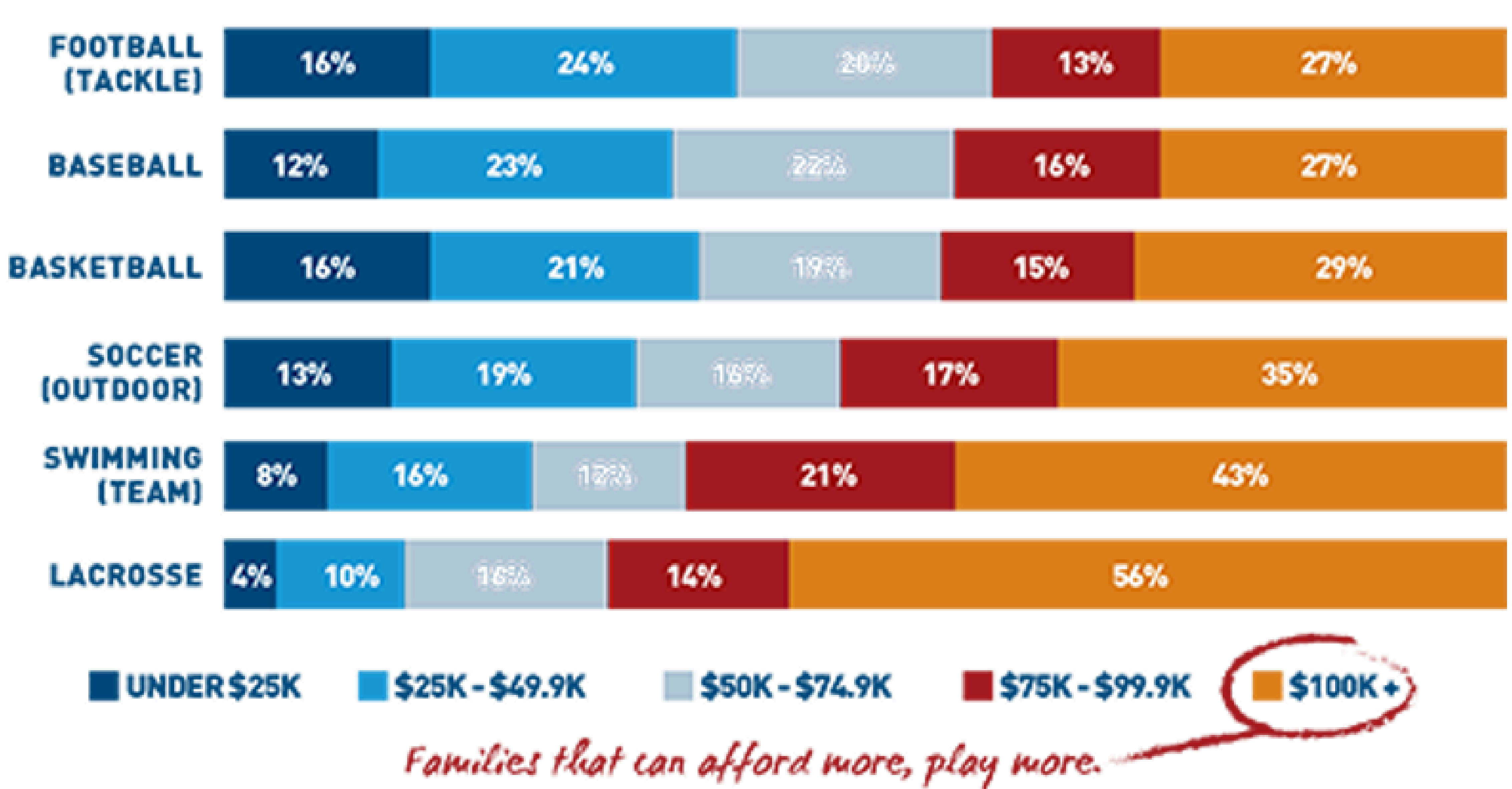
A Decline in Sports Participation: Why More and More Adolescents Are Quitting

March 12, 2024 | by Melinda A. Smith | Share

A six-year study shows that burnout is causing children to leave organized sports.



Source: Aspen Institute's Project Play



Source: Aspen Institute's Project Play

Physical

- Exposure to variety of fun ways to exercise
- Development of motor coordination
- Speed
- Strength

Technical

- Develop and implement complex skills
- Persistence and overcoming plateaus
- "Learning how to learn"

Strategy

- Problem solving skills
- Conflict resolution
- Abstract thinking

Mental

- Emotion regulation
- Stress management
- Focus skills

Sociocultural

- Exposure to DEI experiences
- Role modeling
- Sportsmanship
- Healthy Competition

Is the sport culture in our community providing an experience that is leading to the betterment of our youth?

Student-Athlete Well-Being

The Student-Athlete's Sources of Wellness and/or Confidence

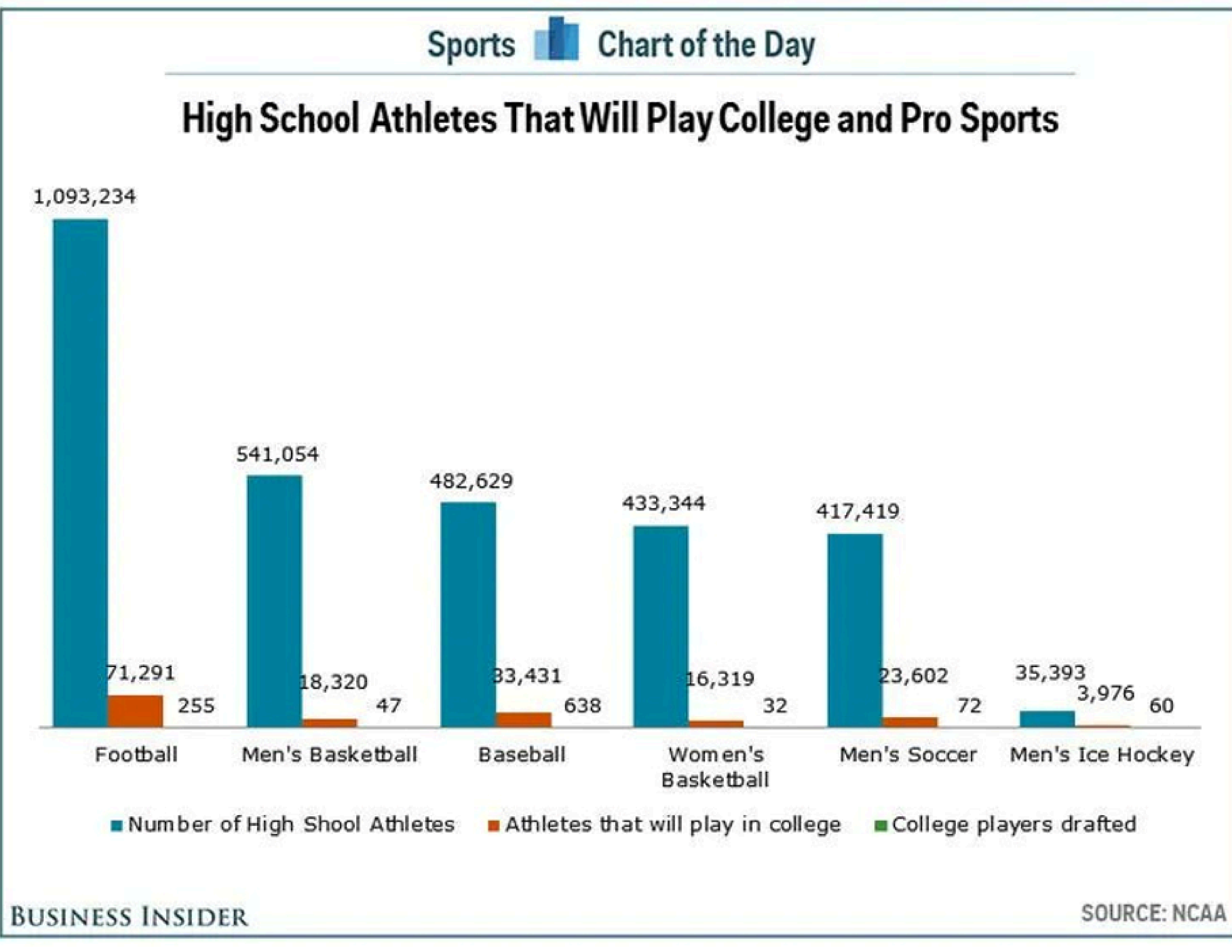
Athletics

Student-Athlete Well-Being

Student-Athlete Well-Being

The Student-Athlete's Sources of Wellness and/or Confidence

- Athletics
- Friends
- Financial Stability
- Sleep/Nutrition/Recovery
- Safe/Supportive Environment
- Family/Love
- Hobbies
- Faith/Religion
- Academics


Sports
Chart of the Day
High School Athletes That Will Play College and Pro Sports
1,093,234
71,291
255
Football
541,054
18,320
47
Men's Basketball
482,629
33,431
638
Baseball
433,344
16,319
32
Women's Basketball
417,419
23,602
72
Men's Soccer
35,393
3,976
60
Men's Ice Hockey
Number of High Shool Athletes
Athletes that will play in college
College players drafted
BUSINESS INSIDER
SOURCE: NCAA

Caveat:
Even a healthy sport culture may still have individuals experiencing mental health difficulties

Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health

SECOND EDITION

An Inter-Association Consensus Document

Copyright 2016, Revised 2020, Updated 2024

**Note: Schools are legislatively required to make mental health services and resources available to their student-athletes consistent with this document.*

MENTAL HEALTH BEST PRACTICES CHECKLIST: BEST PRACTICES FOR MEMBER SCHOOLS IN SUPPORTING AND PROMOTING STUDENT-ATHLETE MENTAL HEALTH AND WELL-BEING

This checklist serves as a supplement to the Mental Health Best Practices, Second Edition, and is intended to aid membership in implementation of Mental Health Best Practices; it is not intended to serve as a stand-alone document. Completion of the Mental Health Best Practices Checklist should be done in accordance with the best practice recommendations and foundational principles discussed in the Mental Health Best Practices.

Best Practice 1:

Create Healthy Environments That Support Mental Health and Promote Well-Being

CORE COMPONENTS:

- ☐ A written plan that is developed in collaboration with a licensed mental health care provider.
- ☐ Plan includes multiple levels for mental health promotion programming, such as:
  - Individual student-athletes.
  - Teams and the personnel that comprise them.
  - Athletics departments.
  - Campus culture and policy.
  - Community, state and federal culture and policy.
- ☐ Plan considers diversity, equity and inclusion throughout all aspects of health promoting environments.

ADDITIONAL ELEMENTS TO CONSIDER:

- Train and support coaches about mental health and their role in mental health promotion. Relevant topics may include mental health first aid, mental health literacy, trauma-informed coaching, cultural sensitivity, empathic listening and resources for supporting and promoting coach mental health.
- Provide opportunity for athlete-facing staff to have a working knowledge of trauma-informed approaches.
- Provide annual education about the importance of sleep for health and performance and strategies for improving sleep hygiene.
- Provide guidance and support related to social media and NIL.
- Engage recruits and their families through sharing information about mental health resources and mental health promotion initiatives.
- Develop a written plan to support student-athletes in preparing for a successful transition in or from sport.
- Consider continuous improvement processes that consider dynamic multilevel risk and protective factors of student-athlete mental health and well-being.

Best Practice 2:

Procedures for Identification of Student-Athletes With Mental Health Symptoms and Disorders, Including Mental Health Screening Tools

CORE COMPONENTS:

- ☐ Use validated screening tools as part of a process to identify student-athletes experiencing psychological distress.
- ☐ Screen all student-athletes at least once annually, with consideration for pre-participation examination screening as a baseline.
- ☐ Screening is used in consultation with a licensed mental health care provider.

ADDITIONAL ELEMENTS TO CONSIDER:

- In addition to screening for psychological distress, screen for specific mental health disorders and risk factors.
- Use screening tools that have athlete-relevant cut points and/or screening tools that have been validated diverse populations.
- To foster trust with student-athletes, share screening information with student-athletes on an annual basis, including the purpose of screening and what happens after screening.
- Have athlete-facing staff complete evidence-based training in mental health literacy.
- Consider continuous improvement strategies that help ensure mental health screening is meeting student-athlete and member school needs.

Best Practice 3:

Mental Health Action Plans That Outline Referral Pathways of Student-Athletes to Qualified Providers

CORE COMPONENTS:

- ☐ Have written action plans for routine and emergency mental health care needs.
- ☐ Action plans address the full spectrum of mental health care, including:
  - How student-athletes with mental health symptoms are identified.
  - When and how they are referred for mental health care, including evaluation, ongoing treatment, follow up and reentry when indicated.
  - Who is involved in the identification, referral and care process.
- ☐ Action plans provide well-defined considerations for what constitutes a routine and/or emergency mental health condition.
- ☐ Action plans discuss opportunities for regular outreach, including communication, rehearsal and ongoing continuous improvement.

ADDITIONAL ELEMENTS TO CONSIDER:

- Recognize that student-athletes may have experienced or be experiencing maltreatment and/or psychosocial trauma by prioritizing student-athlete safety and trust, empowering athletes in the care process and attending to cultural and individual identity factors.
- Conduct annual outreach about action plans to all stakeholders involved.
- Provide a brief visual summary of the action plan(s).
- Include post-crisis support in the action plan(s).
- Consider non-clinical aspects of care.
- Consult with campus disability services.
- Continuous improvement strategies could consider how action plans are understood, implemented and experienced.

Best Practice 4:

Licensure of Providers Who Oversee and Manage Student-Athlete Mental Health Care

CORE COMPONENTS:

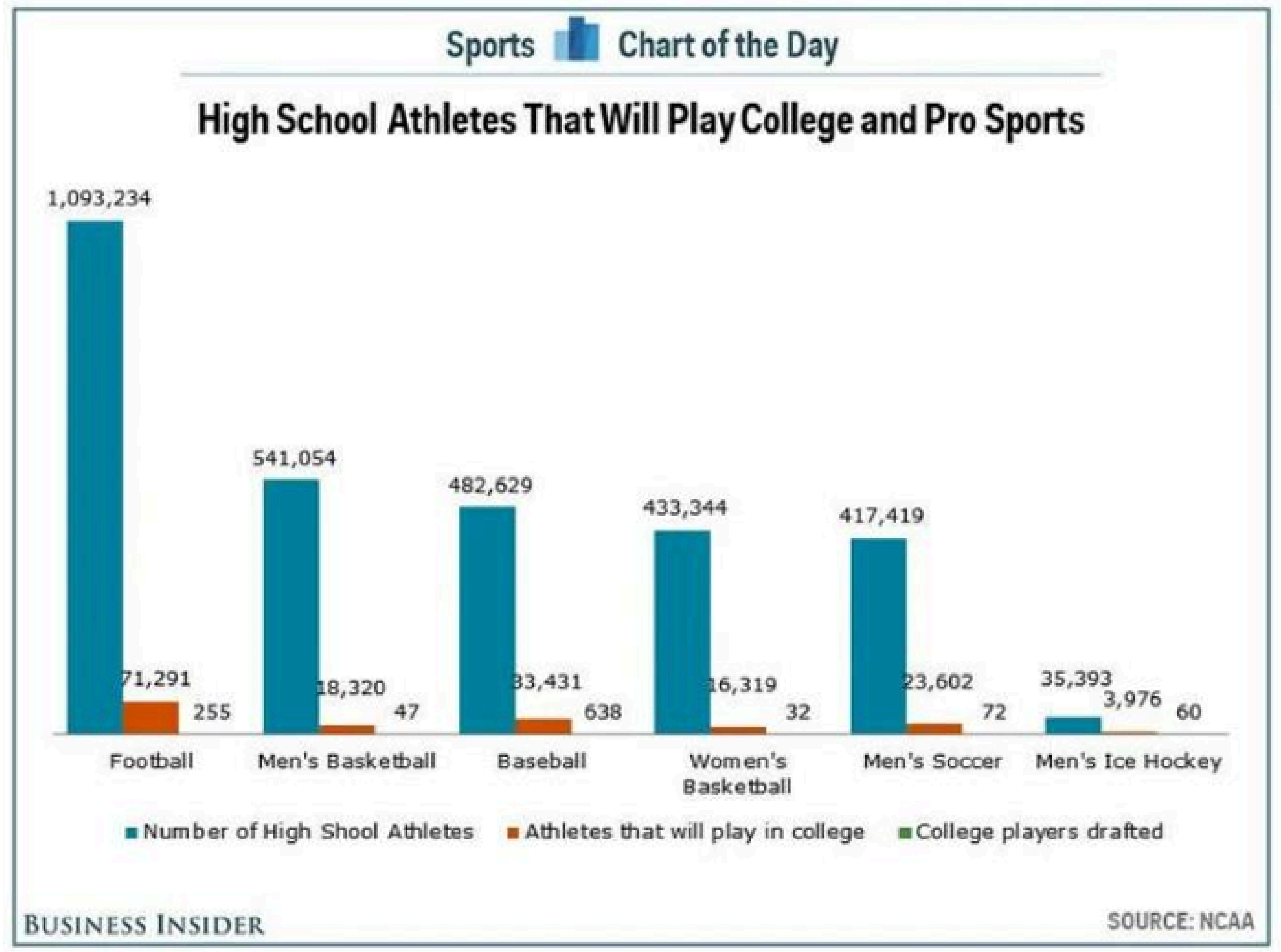
- ☐ Formal evaluation and treatment of student-athletes with mental health symptoms should be performed by qualified mental health care providers acting within the scope of their clinical licensure.

ADDITIONAL ELEMENTS TO CONSIDER:

- Recognize the value of accessible providers and student-athlete choice of provider in the care process.
- Prioritize cultural sensitivity in recruitment, hiring, retention and professional development of licensed mental health care providers.
- Continuous improvement strategies could consider student-athlete experiences with accessing and utilizing mental health services, while being mindful of student-athlete privacy.

Promoting Healthy Youth Sport Culture

- Assess, identify, and clearly communicate developmentally appropriate goals for you team culture
  - Life skills are more acquired through sport when intentionally identified and discussed with student-athletes
  - Middle school vs jv vs varsity intentions
    - Misalignment between goals/expectations from parents/coaches/administrators to student-athletes may = distress
    - Ongoing collaboration of "load management" from different organizations to reduce burnout
- Develop a culture of communicating and giving feedback about **behaviors over character**
- Emphasize importance of coach/staff mental health
  - Difficulties of modern coaching and increasing staff retention
  - Creating a culture of consulting and support to aid in navigating challenging situations



TEEN ATHLETE PANEL

3rd Annual Washoe County

YOUTH MENTAL HEALTH SUMMIT

Brought to you by
Connect Washoe County

Attendee Feedback Survey

THANK YOU!

YOUTH MENTAL HEALTH RESOURCE FAIR

3:30 PM - 6:00 PM