PTSD Can Persist Months After School Shooting

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CHICAGO — Schoolwide mental health screening should be routinely conducted after a school shooting to identify at-risk students and help guide the selection of appropriate treatment strategies.

This conclusion is based on a study that showed roughly one-fourth of the 247 students directly exposed to the shootings at Santana High School in Santee, Calif., suffered from posttraumatic stress disorder or partial PTSD 8-9 months after the March 5, 2001, event in which 2 students died and 13 were injured.

Among all 1,160 students screened, 4.9% met criteria for PTSD and 12.5% met partial criteria for PTSD. Depression was present in 15.4% of all students and 18.7% of those with direct exposure.

This level of distress was present even after the immediate postevent development of a three-tier mental health program of psychological first-aid, specialized school-based interventions, and specialized community-based services.

"It wasn't until we did our screening that we really truly found out which students were at risk," principal investigator Melissa J. Brymer, Ph.D., Psy.D., said at the annual meeting of the International Society for Traumatic Stress Studies.

This is the first study aimed at evaluating the impact of a school shooting in a high school population. Psychological screening was not conducted after the widely publicized Columbine (Colo.) High School massacre—the fourth deadliest school shooting in U.S. history and the deadliest for an American high school.

"Many people are concerned that if we screen, we're going to retraumatize. That did not happen," Dr. Brymer said at the meeting, which was cosponsored by Boston University.

Trauma screening had been planned for September 2001, but was delayed until November and December 2001 because of the Sept. 11 terrorism attacks. In all, 247 students had witnessed a fellow student being shot or receiving medical treatment, 590 students had heard or seen a shot fired from a distance, and 323 students experienced no exposure—meaning they either just witnessed people running or were not on campus during the shootings.

The findings did show a dose-of-exposure pattern for PTSD but not for depression. PTSD rates were highest in students with direct exposure (9.7%) and lowest in those with no exposure (3.4%). In contrast, depression peaked in students with direct exposure (18.7%), but was also high in those with no exposure (15.6%).

The high rates of depression observed in those without direct exposure to the shootings is typically not seen in disasters caused by natural events. "We need to keep that in mind when we're doing this work," said Dr. Brymer, director of terrorism and disaster programs, National Center for Child Traumatic Stress, University of California, Los Angeles.

Subjective features of exposure, such as whether the students felt frozen or torn between wanting to help themselves or help others, played a larger role in the development of PTSD than of depression.

The study also identified a significant gender-exposure interaction, with girls in the direct-exposure group scoring significantly higher than their male counterparts for both PTSD and depression.

The findings demonstrate that systematic schoolwide screening after a school shooting is feasible and is an important strategy for identifying at-risk students, Dr. Brymer and her associates concluded.

The study also shows that distress is present months after tragic events. This is important because funding for most school-based recovery programs is limited to 12 months after a disaster, Dr. Brymer explained.

"Recovery programs in schools stop after their funding is over, so if you still have kids significantly impaired by a disaster, some kids aren't getting the services that they need," she said in an interview. "We need to be advocating that there are programs and resources available longer term."

Dr. Brymer disclosed no relevant conflicts of interest. ■