Youth Suicide Prevention Task Force
Summary of meeting on Friday, August 31

Speakers/Resources Identified:

- Presentation from Lisa Chaney, Greenbush-The Southeast Kansas Education Service Center
- Presentation from Chris Maxwell, American Association of Suicidology
- Presentation from Dr. Judy Hughey, Kansas School Counselor Association and Kansas Association of Counselor Education and Supervision
- Presentation from Andy Martin, National Alliance on Mental Illness (NAMI) Kansas

What Works:

- Successful data collection through the Kansas Communities that Care Student Survey.
- Trained professionals using Adolescent Dialectical Behavior Therapy with youth who have attempted suicide prior or have borderline tendencies. .
- Implementing a school counseling core curriculum that proactively enhances awareness of mental health; promotes positive, healthy behaviors; and seeks to remove the stigma associated with mental health issues, understands warning signs.
- Providing responsive services including internal and external referral procedures, short-term counseling or crisis intervention focused on mental health or situational (e.g. grief, difficult transitions) concerns with the intent of helping the student return to the classroom and removing barriers to learning
- Providing school-based prevention, universal and targeted interventions for students with mental health and behavioral health concerns
- Providing students with individual planning addressing their academic, career and social/emotional (including mental health) needs
- Educating teachers, administrators, parents/guardians, and community stakeholders about the mental health concerns of students, including recognition of the role environmental factors have in causing or exacerbating mental health issues and provide resources and information
- Advocating, collaborating and coordinating with school and community stakeholders to ensure that students and their families have access to mental health services
- Recognizing and addressing barriers to access mental health services and the associated stigma, including cultural and linguistic impediments
- Adequate number of mental health professionals per number of students-Education Programs for peers and families - NAMI education programs are tested and validated with proven research and lead by people lived experience to help people struggling to understand mental illness in themselves and in others.

Hurdles Identified:

- Oversimplified solutions. Many attempts to address suicide focus on hot-button topics and don't distinguish between correlation and causation.
- Not enough mental health professionals in schools to adequately meet student needs
- Not all schools participate in surveys. Opt in vs. opt out caused a decrease of participation. Lack of time, privacy concerns, etc.
- In order to get participation, some areas that may be directly related to suicide (ie., domestic violence in the home) are not mentioned in these surveys, limiting the breadth of the information received, and create gaps in correlational information.
- In addition to quantitative studies, qualitative studies are needed to better understand child suicide
- Lack of funding for outcome-based research
- Non coordination between various state agencies and organizations collecting suicide data.
- Lack of awareness of the extreme high risk of death by suicide for the first two weeks after hospitalization
- Lack of adequate access to outpatient services for the weeks following inpatient services
- Lack of residential care settings. (Adequate beds do not exist).
- Access to appropriately educated professional staff in hospitals, residential settings, counseling centers and schools is an impediment for students and families seeking mental health treatment options.
- Communication between community service providers and school counselors can be a barrier to treatment and a successful transition in returning to school from treatment.
- Rural areas have limited treatment opportunities
- Providing an avenue for at risk students and youth to reach out, that they will actually use (text, social media, phone app, etc.**)**

Recommendations:

- Adolescent Dialectical Behavior Therapy training promoted in Kansas universities and colleges for all behavioral health degrees (social workers, psychologists, marriage and family therapists, etc.)
- Working with KACES to prepare more school counselors to meet the needed student counselor ratio of 1-250; and with KCSWE to prepare more social workers to ensure the proper student social worker ratio.

- Encourage participation in surveys, including optional depression/suicide module.
- Increase awareness of survey response availability and use by others in school/communities.
- Work to reduce myths around suicide (asking will cause it to happen; talking about it is bad).
- Increase support of crisis centers.
- Improvements on data collection and dissemination. More extensive research for qualitative vs. quantitative.
- Funding for full time Suicide Prevention Coordinator to assist with data collection, targeted implementations, and coordination of existing state efforts. Look to Zero Suicide Initiative legislation in other states.
- Standardized state-wide psych autopsies
- Better follow-up post discharge from healthcare facilities.
- Allow and expect licensed school counselors to spend 80% of time on direct and indirect services with students.
- Ensure that mental health professionals in schools have pay and benefits that will be competitive and interest good applicants.

Remaining Questions:

- Why are out of state youth getting bed space before Kansas youth?
- What really causes youth suicide?
- What avenue will work best for youth to report?