

Youth Suicide Prevention Task Force

Summary of meeting on Tuesday, September 25 in Wichita

Speakers/Resources Identified:

- Presentation from Antigone Davis, Director and Global Head of Safety, Facebook
- Presentation from Kimberly Nelson, Regional Administrator Region VII, Substance Abuse and Mental Health Service Administration (SAMHSA)
- Presentation from Andy Brown, Prevention Program Manager, KDADS
- Presentation from Chad Childs, Governor's Behavioral Health Services Planning Council, Prevention Sub-committee

What Works:

- Connection is essential. Even social media connection is better than none, and there is evidence it has helped prevent some suicides.
- Social media technology is getting better at preventing disturbing images from being displayed, and noticing suicide messaging.
- Grants are available for states and non-profit organizations that work toward our mission (SAMHSA)
- Public education is needed on trauma, the impact of substance use disorders and mental illness, and the potential for recovery.(SAMHSA)
- Providing leadership and advancing best practices in addressing the behavioral health of the nation. (SAMHSA)
- Governor's Behavioral Health Services Planning Council Prevention Sub-Committee's ongoing work to identify key stakeholders and update state recommendations to form strategic plans for continual renewal
- Zero Suicide program: reduced suicide by patients by 40%
- "Perfect Depression Care" reduced suicide by patients by 75%

Hurdles Identified:

- Suicide is an extremely complex problem, is on the rise globally and with many age groups, and includes those without social media access.
- "The communities that we live in are not supporting life." (KDADS)
- Prevention tools such as Safe2Tell are helpful, but still do not change conditions causing increase in suicidal ideation
- Need to modify provider requirements for SBIRT
- That stigma continues to thwart many people's access to recovery services
- That we need to continue to focus on training a high quality workforce to address these issues in our nation
- Data access and availability state-wide
- Challenges of collaboration
- In some cases, suicides remain a mystery
- Some schools are slow to implement the Jason Flatt Act and get all staff to take the required training
- There is not enough training and technical assistance to teachers and professionals at this time
- Need a framework for our consideration of what we've heard and how we can report on it: perhaps using the three areas of prevention, identification, and intervention (as intervention is an essential component of prevention).

Recommendations:

- Partnering with SAMHSA and our various technical assistance centers to ensure best practices are being deployed in communities to address the issue of reducing suicide. For example; the Suicide Prevention Resource Center, National Child Traumatic Stress Network, Mental Health Technology Transfer Center, etc.
- Improve shared access to data resources among state agencies and Planning Council Sub-committees
- Better coordinate efforts and care transitions of Behavioral Health Services
- Allocate resources to prioritized areas of need through data-driven decision making
- Identify ongoing state funding for the National Suicide Prevention Lifeline
- Create and fund a full-time state suicide prevention coordinator position

- Establish a state suicide prevention fund to support implementation of prevention strategies at the local level
- Adopt Zero Suicide

Remaining Questions:

- More information as to the pilot project in schools partnering with mental health centers requested. How are funds being distributed?
- Who can mandate Zero Suicide?
- What are the current certification hours required for suicide training of teachers for each institution that has a certification requirement?