

Youth Suicide Prevention Task Force

Summary of meeting on Thursday, October 18, 2018-Johnson County

Speakers/Resources Identified:

- Presentation from Clark Flatt, President, The Jason Foundation, Inc.
- Presentation from Johnson County Superintendents and students
- Presentation from Steff Hedenkamp and Shane Brethowr, #ZeroReasonsWhy Campaign
- Presentation from Rennie Shuler-McKinney, Shawnee Mission Medical Center
- Presentation from Jennifer Savner Levinson, SPEAK UP –Suicide Prevention Education Awareness for Kids United as Partners
- Presentation from Karen Mulligan, Manager, School Based Social Workers, Children’s Mercy Kansas City
- Presentation from Joe Kordalski, Johnson County Suicide Prevention Coalition

What Works:

- Prevention efforts and programs for adolescents should utilize all interconnected sources who daily impact a young person’s life. Triangle of Prevention- Youth, Educators/Youth Workers, Parents/Communities
- School-Based Curriculums for school professionals, such as those provided through Jason Foundation Inc.
- School-Based Curriculums for youth, such as “A promise for Tomorrow” which is a 3-5 lesson unit in positive peer support awareness and prevention of youth suicide. It stresses how to help a friend who may be thinking about suicide. Or “B1” which promotes that, “An informed friend can make a difference”
- Smartphone applications such as “A friend Asks” which provides information such as warning signs, how to help a friend, and instant connectivity to the national talkline/crisis line.
- Raising awareness and providing information directly to parents and communities about how to recognize and appropriately respond to young people who may be struggling with thoughts of suicide, example- “signs of concern” seminar.
- Posters, magnets, promotional materials can be helpful but need to be explained to students
- Programs such as “SOS” needs to be taught in middle school or preferably elementary school
- Hospitals incorporating questions related to suicide during their evaluation of patients with appropriate training to those that will be asking those questions.
- Means restrictions such as gun locks.

Hurdles Identified:

- Dealing with myths surrounding suicide, example: talking about suicide will increase suicides
- Reluctance of schools to implement prevention strategies (usually based on myths) or fear they will be blamed.
- Legislative hurdles, example: how to mandate training occur or enforce when it does not occur
- Territorial behavior, example: working in silo’s
- If parents don’t know there is a problem regarding youth suicide either in their state or community, they will not be looking for the signs in their own children.
- There is still stigma surrounding mental health, depression, anxiety and suicide.
- There are still barriers to “share” information between schools, professionals, parents, etc.
- There are shortages of mental health professionals (social workers, counselors, psychiatrists, etc. for students to go to.
- Shortage of hospital beds for those that need inpatient stay.
- Needs of students and youth exceed the resources available? Example: not enough counselors or social workers to talk with youth, not enough therapists to have quick turnaround appointments for those that need services, not enough hospital beds for those that need inpatient services.
- There are not enough psychiatrists in our state, of those that graduate from our state, most choose to leave.
- Families are waiting in upwards of 6 weeks to see a provider to address mental health needs for their child.
- Students who need to speak to a counselor often must wait upwards of 2 weeks before an appointment is available.

- Suicide continues to be a significant problem with our children even when task forces are established and the community has considerable resources, as Johnson County reportedly lost 15 children to suicide in 2017.
- Guidance counselors are viewed by youth as those individuals who help them on their future educational goals: not someone to turn to when in crisis.
- Gaining corporate sponsorship for programming can create more stability than total reliance on grant dollars.

Recommendations:

- Students need to be trained in how to identify, support and encourage their peers to get appropriate help.
- Identify, support and offer resources to end stigma associated with suicide and mental illness.
- Increase the accessibility for students to report concerns regarding themselves or peers.
- Ensure there are adequate resources available to address the demand created when youth are identified as needing services.

Remaining Questions:

- Could telemedicine be useful in addressing youth suicide concerns?
- What are the barriers for psychiatric hospitals to have or increase beds for inpatient treatment?
- Could the partnership between Children's Mercy and Blue Valley (which brought 20 social workers into the schools) go further/be replicated in other areas?