

Youth Suicide Prevention Task Force

Summary of meeting on Friday, November 9th, 2018-Dodge City

Speakers/Resources Identified:

- Presentation from Rep. Steve Eliason, Utah State Representative
- Presentation from Joshua Tanguay, Fort State University
- Presentation from Lakin USD 215, Cody Calkins and Mike Beitz
- Presentation from Benjamin Anderson, Kearny County Hospital
- Presentation from Richard Falcon, International Yellow Ribbon
- Presentation from Greg Valdez, Yellow Ribbon International Teen Board
- Presentation from Dodge City High School TALC representatives
- Presentation from Melanie Scott, Dodge City High School and Ford County Suicide Prevention Coalition
- Presentation from Rob Boyd, Ford County Fire/EMS Chief
- Presentation from Josh Smith, Youth Pastor
- Presentation from Kathy Busch, School Mental Health Advisory Council
- Presentation from Steve Birdsall, Capsol

What Works:

- Having LSCSW's doing the crisis response works
- Availability of interactive resources for youth to report (Chat lines, call lines, text lines)
- DCHS TALC Yellow Ribbon Teen Group
- Providing education and trainings as well as opportunities to consult with other counselors and districts regarding youth suicide
- Developing a student crisis response manual that includes consistent intervention procedures, post-intervention details, and a safety/re-entry plan
- Staff Self Care opportunities and resources-prevention of compassion fatigue
- Trauma informed education and practices
- Building positive relationships and connections with students who are struggling, and really, all students

Hurdles Identified:

- Resources – funding. Schools have limited resources to spend on tools or applications that can be used to address depression and suicide.
- Resources – people. If an app and other tools are used to identify suicide risk, having licensed mental health professionals available to respond to chat or provide other information is both critical and a challenge.
- Resources – people. Even if funding for tools is available, having someone available to monitor a computer workstation for communication is challenging.
- Students feel there is plenty of awareness in our school, but what is the next step? More peer training is needed.
- Student involvement-after a completion, many say they want to help, but few follow up or show up to meetings or attend trainings
- Parents and the community do not come to trainings, even when offered in Spanish.
- Getting parents and the community to prevention trainings
- Defeating the stigma of mental health in our community
- Lack of student positive coping skills (self/peer to peer)
- Funding beyond the intake-helping families be able to afford continued therapy and medication
- Lack of beds or space when students are sent to be hospitalized.
- Getting those in crisis quickly screened is still difficult. We need more screeners

Recommendations:

- The ability to assign licensed mental health professionals to reply to chat or threats without having someone at a workstation is needed to address limited resources.
- Working with an advocate to provide training regarding mental wellness is very important.
- Monitoring for threats, identifying risk, providing support tools and the ability to communicate to those at risk should be part of the overall system solution.
- Having teens provide guidance on what features would make an application usable is key.
- State Mandated and funded student prevention training using evidence-based materials.
- Help us get parents/community involved in trainings and events.
- Safe2Tell-we greatly need something very similar.
- An app is just part of the answer but should be combined with other tools to provide the best opportunity to identify and mitigate risk.
- On-going prevention funding
- Help students see that their language matters. They see signs so much on social media, that it becomes a norm. They just scroll past it.
- Mandatory staff and student mental health/suicide prevention training
- Adequate funding for mental health school personal (school counselor: student ratios) and additional funding for a therapist on campus.
- Adequate funding to help with physical health on campus.
- Mental health hospitalization beyond 2-3 days.
- We need to teach failure to our kids. They are pampered their entire childhood and when failure does happen they don't know how to handle it. They need to be taught coping mechanisms that work for them.
- Changing of school curriculum to include classes that they fail or classes that teach how do deal with failure.
- Culturally diverse classes to be presented to adults in the community.

Remaining Questions: