Summary of Regional Youth Suicide Prevention Workshop
County Task Forces/Community Members
November 29, 2010
Norristown

Comments from Vic Zittle on Child Death Review:

- Suicide statistics from coroners not always clear; i.e. choking game deaths—it depends if the intent is clear; if intent is not clear it is ruled accidental.
- No standardized way of reporting death across 67 counties so not all drug and alcohol-related suicides may be captured
- CDR tries to see that manner of death and cause of death are consistently recorded across counties??

Roundtable topics (chosen by attendees):

1. Regional Collaboration
2. Accessing and Networking with schools (2 tables)
3. Screening Tools (2 tables)

Feedback from roundtable discussions:

<u>Regional Collaboration</u>

Recommendations:

1. Review and Revise Regional Task Forces to include SAP and CDR.
2. Establish mutual and cooperative goals i.e. newsletter, website, conference, concerts, and warm line (which would be more informational than crisis oriented.
3. Regional Communication—a vehicle for sharing what is working i.e. website or email distributions.

Concerns:

1. Upkeep and maintenance of website and other projects
2. Barriers of politics i.e. medical examiners office providing information is handled differently from county to county.
3. Funding—paying or meetings, meals and conferences
    - Possibilities: Behavioral Health Managed Care providers sponsoring events, grants from businesses; freestanding independent task forces (not county entity) agencies would donate meeting space, time and supplies on a rotating basis.

Comments (regarding # 3 above):

- In Chester County co-chair is county employee
- Would have to be careful that responsibilities are clear so issues don't fall through the cracks
- Bylaws could help with this. Delaware County has mission statement and guidelines
- Should have survivors on the task force which increases "passion" for the work
- Some survivors may be willing to donate resources.

- Be sure that the task force supports survivors.

General Comments:

- Who would provide training on a how a task force should run?
- Task forces need to make decision regarding non-profit or not. Once you begin collecting funds, legal issues come into play.
- Need to look at people who are not at the table and should be included (i.e. American Foundation for Suicide Prevention (which sometimes will give financial support local ministerium)

<u>Accessing and Networking</u>:

Strategies:

1. Set up a team (subcommittee to work with schools)
2. Learn process of the school system, policies and politics i.e. school board, administration, etc. and type (charters, etc.)
3. SAP liaisons can be good resources
4. Administrative support would be needed
5. Need to develop strategies for networking with current school programs
6. Explore using Mental Health First Aid (12 hour course see MentalHealthFirstAid.org)
7. Using students to reach other students i.e. aevidum.com
8. Schools need case managers—possibility for SAP? To work with out of school and in school resources. Writing grant to obtain case manager.
9. Use reframing to decrease the stigma and resistance
10. Marketing concepts may be helpful with increasing school buy-in including presentations on what your agency can offer the school districts.
11. Educate schools on agencies that can provide trainings for their students and staff.
12. With multiple agency involvement—having agencies go to schools to prevent families from having to travel and keep multiple appointments, but need to work out the technical issues involved with that.
13. Using mobile agency involvement (coming to the schools for services)
14. Meet with schools to develop strategies
15. Educate school staff on identification, referral, and services
16. Interagency collaboration would need to be emphasized to prevent confusion, and "territorial" issues.
17. Make connections within programs (agencies) and keeping consistency in the program.

Concerns:

1. Maintaining task force and networking despite turnover and attrition
2. School board issues in allowing networking
3. Stigma of MH and suicide issues for schools
4. Issues with being allowed to screen students in schools including practical considerations i.e. space and time constraints.
5. PSSA testing and school's emphasis on academics and resistance to issues that they perceive as interfering with this.
6. Schools often are reactive to suicides rather than proactive
7. Schools wanting to deal with problems "in house" and not involve outsiders

8. School nurse involvement would be critical, but they are often covering multiple buildings and their time is limited.
9. Schools and agencies need to understand each other's cultures and how to access services.
10. Young adults who are between high school and college are a vulnerable population without services or institution (school) to identify them or for the individual to turn to for support.
11. There can also be a gap between elementary and middle schools and secondary services if student is transferring or moving up in school system.
12. Schools don't understand medical assistance process and time frames before student is eligible.

<u>Screening</u>:

Possible screening tools:

- TeenScreen
- IFT (?)
- SIQ (?)
- SOS
- Behavioral Health Screening—PENN
- School Nurses could do as part of routine health screening
- QPR (question, persuade, refer)

Advantages of screening:

1. Multiple referral points
2. Students liked it
3. Schools were supportive

Recommendations:

1. Everyone is trained including all support staff in schools on behavioral signs.
2. Tools should be universal, same standardized tools should be used for a region so that everyone is talking same language.
3. In school liaison should be assigned to collaborate with agencies and school administrators, staff
4. Use student run organizations to promote (i.e. Aevidum, The Me Project).—using students to reach students
5. Teen summit (bring teens together to talk about what works for them)
6. Tools should be universal,
7. More training needed in crisis intervention
8. Make information and trainings more family friendly
9. Build relationships with school personnel
10. Increased collaboration with school nurses & PCP
11. Have in school liaison

Concerns:

1. Parent may be resistant to having their children screened at school
2. Funding for screening
3. Stigma of screening
4. Parents who were in denial –didn't feel it was needed

5. Parents feel unwelcome in schools so may feel this is a negative intrusion
6. Lack of training in using screening tools
7. Screening tools not universal—everyone uses their own.
8. Hard time getting information “into” schools
9. Concerns of screening all kids, which may result in an overload of referrals, and not enough services to address the needs.
10. Attitude of “us vs. them” with schools and parents (Parents feel unwelcome in schools so may feel this is a negative intrusion)
11. Obtaining parental permission
12. Parent follow through with recommendations
13. Storage of information and tracking