

The 988 Suicide & Crisis
Lifeline offers 24/7,
confidential support
from trained counselors
who can help people
experiencing mental
health-related distress.





Scan code for resources & digital information kit:



# YOUTH MENTAL HEALTH & WELLNESS

Community Town Hall Free & open to the public

Hosted by the:
Tompkins County Suicide
Prevention Coalition



Saturday, October 5th, 12:30pm - 3:30pm



Tompkins County Public Library, 101 E. Green St. (Borg Warner Room)



Our vision is for a community where no lives are lost to suicide.

### Tompkins County Suicide Prevention Coalition



Health agencies, community organizations, and individuals who share a determination to prevent suicide deaths in our community came together in 2017 to create the Coalition. Its 2022-2025 Strategic Plan reads:

"Our vision is for a community where no lives are lost to suicide. Our mission is to use data, science, and collaborations to identify and implement effective suicide prevention strategies for Tompkins County."

### Our Goals

Improve the quality and enhance the use of data sources and systems for suicide prevention in Tompkins County.

Advance quality improvement for suicide care in all Tompkins County healthcare and behavioral health settings.

Reduce suicide attempts in the youth population, including students attending colleges in Tompkins County.

Reduce access to lethal means for suicide within high-risk demographic populations as determined by national, state, and local data.

Advocate for policies and practices designed to prevent suicides in the community.

Get Involved! Health providers, organizations, businesses, and individuals are welcome and encouraged to join the Coalition at any time.



### Fast Facts on Youth Mental Health

Suicide is the 2nd leading cause of death for ages 10-14 (CDC, 2021) Suicide is the 3rd leading cause of death for ages 15-24 (CDC, 2021)

Nationally, nearly all indicators of poor mental health and suicidal thoughts and behaviors in high school students worsened from 2013 to 2023. (CDC, 2024)

40% experienced persistent feelings of sadness or hopelessness

29% experienced poor mental health

20% seriously considered attempting suicide

16% made a suicide plan

9% attempted suicide

In Tompkins County, indicators of poor mental health in high school and middle school students aligned with the national survey data. (CLYDE, 2023)

47% felt anxious or worried on most days

35% felt sad or depressed on most days

34% said "sometimes I think life is not worth it."

44% said "at times I think I am no good at all."

### Suicide Warning Signs for Youth



### It's time to take action if you notice these signs in family or friends:

- 1. Talking about or making plans for suicide.
- 2. Expressing hopelessness about the future.
- 3. Displaying severe/overwhelming emotional pain or distress.
- 4. Showing worrisome changes in behavior, particularly in combination with the warning signs above, including significant:
  - Withdrawal from or changing social connections/situations.
  - Changes in sleep (increased or decreased).
- Anger or hostility that seems out of character or out of context.
- Recent increased agitation or irritability.

If you or someone you know is struggling or in crisis, help is available.

Call or text 988 or chat 988lifeline.org, or reach out to a mental health professional.





### **SUICIDE PREVENTION**& CRISIS SERVICE

### of Tompkins County

**OUR MISSION**: To save lived by providing crisis prevention, intervention and postvention. We will reduce the stigma about suicide through compassionate support and community education.

**PREVENTION**: At SPCS, we offer several **suicide awareness educational opportunities** for individuals or organizations to learn to support those in their personal and professional lives. All of our educational opportunities are at **no cost** to the attendees. These range from 45 minutes to a full two-days and we have offerings of both virtual and in-person trainings.

At SPCS we also understand that **loneliness is on the rise** and social connections are vital as a prevention method. Our **Ithaca Warm Line** is a supportive place for individuals to have social conversations and is available 24/7. **607.210.8328** 

SUICIDE PREVENTION

a CRISIS SERVICE
of Tompdon County

SOUTH AND THE SERVICE
OF TOWN COUNTY

SOUTH AND TH

**INTERVENTION**: At SPCS, there are many ways to reach out for yourself or someone you are concerned about in a time of need. **All services are available 24/7**:

Call/Text/Chat: Dial 988 www.988lifeline.org LGBTQ+ Peer Support Line: 607.276.1771

Local Crisis Line: 607.272.1616 Email: help@ithacacrisis.org

Local Chat: www.ithacacrisis.org

Connections are anonymous and discrete. Our focus is to work with you on safety-for-now.

**POSTVENTION**: Grief from a loss by suicide is different than other forms of grief. When someone you know dies by suicide, SPCS is there for support. Reaching out to process those emotions with the 988 Lifeline, calling for our **Postvention Team** to come out and connect with your students/staff/clients/ residents, etc., or providing additional supports as needed in communicating about a recent loss. We can come to your location to be there for those who are affected to listen and connect about the experience. We also provide a **Survivors of Suicide Loss Support Group: Finding Strength Together**. Our group meets the fourth Wednesday of every month. Reach out to our business office for more information.

**For more information** about our services or if you are interested in learning more about suicide prevention, intervention or postvention or want to attend one of our educational opportunities, **visit our website or contact Tiffany Bloss**.

988 SUICIBE A CAUSIS LIFELINE



Whatever time: Day. Night. Weekend.
Whatever the reason: Mental health distress. Substance use crisis.
Thoughts of suicide.

The 988 Suicide & Crisis Lifeline is here for you.

### Text 988 | Call 988 | Chat 988 lifeline.org

Simply calling or texting 988 or chatting <u>988lifeline.org</u> will connect a person in crisis to compassionate care and support for any mental health or substance use-related distress. Anyone—a person in crisis, or someone supporting a person in crisis—can reach 988 in the United States through any land line, cell phone, and voice-over internet device.

With rising levels of anxiety, depression, emotional distress, and overdose deaths, it is crucial that people have somewhere to turn when they're in crisis. Suicide is a leading cause of death in the United States. The number of people with a substance use disorder continues to increase. The 988 Lifeline is a direct connection to immediate and free support and resources for anyone in crisis.

And it works. About 98 percent of people who call, chat, or text the 988 Lifeline get the crisis support they need and do not require additional services in that moment. The 988 Lifeline is a key part of a broader vision for reimagined crisis care in the United States. Through federal, state, local, and community partnerships,



SAMHSA is working towards a vision where everyone has:

- Someone to talk to
- Someone to respond
- A safe place for help





### **Frequently Asked Questions**

### What support is available through the 988 Lifeline?

The 988 Lifeline offers free and confidential support for anyone in crisis. That includes people who need support for a suicidal, mental health and/or substance use crisis, or who are in emotional distress.

### What happens when a person calls, texts, or chats?

When a person calls or texts 988 or chats <u>988lifeline.org</u>, they are connected with a crisis counselor who listens, tries to understand how the problem is affecting the person, provides support, and shares resources. 988 Lifeline crisis counselors are trained to help reduce the intensity of a situation for the person seeking help and connect them to additional local resources to support their wellbeing.

### How does the 988 Lifeline protect the privacy of those who call, text, or chat?

When a person contacts the 988 Lifeline, they don't have to say who or where they are to get support. The 988 Lifeline crisis counselor knows only the person's phone number if they call or text, or their IP address if they use chat. No one is required to provide any personal information to receive the help from the 988 Lifeline.

### How is 988 different from 911?

The 988 Lifeline was established to improve access to immediate support to meet the nation's growing mental health, suicide, and substance use distress needs. The 988 Lifeline provides easy access to emotional distress care, which is distinct from 911, where the focus is on dispatching emergency medical services, fire, and police, as needed.

Only a small percent of 988 Lifeline calls require activation of the 911 system. Most of those are done with the consent and cooperation of the caller. This occurs when there is imminent risk to someone's life that cannot be reduced during the call. In these cases, the crisis counselor shares information with 911 that is crucial to saving the caller's life.

SAMHSA is working towards a long-term vision of strong coordination between 988 and 911 so people in crisis get to the most appropriate care needed in that moment. SAMHSA is actively working with 911 counterparts at federal, state, and local levels as our country continues to improve response.

### Urgent realities.



The United States is experiencing a suicidal, mental health, and substance use crisis:

- In 2021, a person died by suicide every
   11 minutes
- Suicide was the second-leading cause of death for people ages 10–14 and 25–34.
- Suicide rates increased significantly among non-Hispanic Black & American Indian and Alaska Native people.
- Nearly 900,000 youth ages 12–17 and 1.7 million adults attempted suicide.
- 46.3 million people ages 12 or older had a substance use disorder in the past year.
- In 2021, nearly 107,000 people died from a drug overdose.

### Easier access.



988 is an easy-to-remember number that is providing greater access to life-saving services.

### There is hope.



Whether you're experiencing thoughts of suicide, a mental health or substance use crisis, or any other kind of emotional distress, there is compassionate support available through the 988 Lifeline.

Email 988 questions to:

988Team@ samhsa.hhs.gov



### THE GOALS

The goals of suicide prevention education are for students to be more likely to:

- 1. Engage in healthy coping
- Be able to identify trusted adults at school, at home, and in the community
- Find help and support to stay safe when suicide is the issue.

Research suggests that positive themed messages that emphasize help-seeking and coping are effective at influencing social norms and perceptions about suicide.

Because identifying trusted adults is an emphasis, it is important that all faculty and staff receive, and parents are offered suicide prevention awareness information.

Another important consideration, in planning suicide prevention education, is to review the pathways to care for families. School suicide intervention and referral procedures should be reviewed for consistency with best practices and should be accessible and communicated to faculty and staff.

### **RESOURCES**

A Guide for Suicide Prevention in New York
Schools

https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf

Model School District Policy for Suicide Prevention https://afsp.org/our-work/education/modelschool-policy-suicide-prevention/

Suicide Prevention Center of New York https://www.preventsuicideny.org/schools-colleges-universities/

School Mental Health Resource & Training Center https://www.mentalhealthednys.org/

Society for the Prevention of Teen Suicide https://www.sptsusa.org/



### PREVENTION IN THE CLASSROOM



# FIRST, DO NO HARM

As hard as it is to hear, it is possible to do harm when facilitating discussions about suicide prevention in the classroom, and yet, the need for teens to have accurate and helpful information about suicide prevention is critical.

We can assume that the topic may bring suicide to the forefront for vulnerable students. The recommendations in this document are intended to assist you in your endeavor to provide thoughtful, helpful, and safe messages and programing to your students.

### INTEGRATED, NOT STAND ALONE

Rather than one-time assembly presentations, it is recommended that educators use an evidence-based, developmentally appropriate curriculum or program that can be integrated into health curriculum with other topics.

### DEVELOPMENTALLY APPROPRIATE

Use materials that are designed and evaluated for use with the student population that you serve. Students should not be made to feel that saving someone's life is their burden to bare alone. No one helps alone when suicide is the issue.

### GUARD AGAINST SELF-DISCLOSURES

It is possible for students to perceive that they have permission to talk openly about their own or another student's experiences with suicide. This may leave them vulnerable. Be clear about keeping personal experience private. Explain that staff members can be approached for private conversations.



## **AVOID ASSEMBLIES**

In order to maintain attention and engage students in a large group, speakers must be charismatic, and the presentation emotionally charged. Research has demonstrated that there is very little sustained impact from such presentations and that vulnerable students can be left with stronger feelings of isolation. A classroom format where content is delivered in a more matter-of-fact/emotionally neutral manner that allows for more attention to student reactions and needs is safer and more effective.

# AVOID PREVALENCE STATISTICS

Teens often misinterpret statistical data and the data can make suicide seem like it is a larger part of teen culture and more acceptable to their peers than it is. Most students don't have suicidal thoughts. Awareness events and assignments should emphasize hope, help, and strength.

### AVOID DEATH STORIES

Teen literature often attempts to address suicide prevention through cautionary stories of tragic student deaths. Often the theme is of wrongs committed by other students or adults who either contributed to, caused, or were oblivious to the suicide risk. These themes can feed into some common ideas that suicidal students have about suicide. Suicidal students often think their voice and their pain will be better heard, and they will get more compassion if they die.

Another common idea is that responsibility doesn't ultimately lie with the person who made the decision to end their own life, but with others. This idea undermines the sense of agency that students need to keep themselves safe against thoughts of suicide.

A third concern is that many students have experiences with traumatic loss. Grief and moral injury from such losses are complicated, and stories that blame can interfere with the healing process.

### WARNING SIGNS, TAKE ACTION! IF YOU NOTICE ANY OF THESE

**Call or Text:** 

Signs that a student may be at risk include the following F-A-C-T-S:

- about the future, seeming sad and unhappy, being anxious and worried, or getting angry • FEELINGS like expressing hopelessness and aggressive.
- friendships, doing risky, dangerous things like drinking & driving, or researching ways to die **ACTIONS** like withdrawing from activities or
- caregivers, teachers, friends, religious leaders, out to others in the student's life (i.e., parents, **CHANGES** in the normal mood and behavior etc.) to see if they've also noticed changes. be what is easiest for you to notice. If you observe changes that concern you, reach of your student. In some ways, this may
- **THREATS** are sometimes direct like "I'd rather be dead". They can also be vague like "I just
  - home or school or with the law, experiencing some type of loss or facing a life change that may be too overwhelming for the student to triggers for the suicidal behavior. These can SITUATIONS are events that can serve as include things like getting into trouble at don't care about anything anymore." deal with on their own.

# SUICIDE IS PREVENTABLE.

By taking time to notice and reach out to someone you feel is at risk, you can be the beginning of a positive solution.











www.PreventSuicideNY.org

**Youth Suicide Prevention** is Everyone's Business!

# YOUR ROLE AS A TEACHER IS CRITICAL

Are there more requirements, more testing, and Does teaching seem to get harder every year? less time for you to think- let alone plan?

Are you expected to take more responsibilities challenging and when some of them may be for your students, even when they are more at-risk for suicide?

# Did you know that according to national data:

have felt so sad or helpless during the course of an academic year that they couldn't do the things they Almost 30% of 9th through 12th grade students normally do?



Or that suicide eading cause vouth in New of death for is the 2nd

# Suicide risk doesn't immediately disappear once an

### Who are these kids?

# They're sitting in your classrooms every day.

there are ways that can help you better identify these struggling students and get them to someone who their needs. Students who are thinking about suicide are not concentrating on school work; they are often preoccupied with problems that seem overwhelming is trained to make a more complete assessment of Although your job is to teach them, not diagnose them, and unsolvable. Your role in this process is critical but very limited and is often the first step in getting students the help

# So how do you accomplish this?

By doing what you do best-simply paying attention to your students and knowing where to send them in your school if you notice anything that concerns you. The majority of those students who are thinking about suicide show direct or indirect warning signs. These are things that reflect a change in the student's behavior, attitude or feelings from as little as two weeks ago. Some common warning signs are listed on the back responsibility is to get that student to the appropriate panel of this brochure. If you see any of these, your esources in your building.

### Remember, your job isn't to figure out what the problem is— it's simply to get this student help.

Be sure to follow up with that resource person to ensure action is being taken and check in with the student to see how things are going. If you continue to se concerned, let that resource person know.

# intervention is made, so keep your eyes open!

Noticing and referring potentially at-risk students are Equally important is your role in encouraging students to seek help if they have a problem and to turn to a only the beginning of the suicide prevention equation.

### Help-seeking is called a protective factor, the kind of thing that can buffer us from life stressors.

The single most important protective factor for youth is a relationship with one trusted adult. As you know too well, many of your students may not have very supportive situations outside of school, so their trusted adult is often someone in their school community.

### What does it take to be a trusted adult to a student?

### Here's how students describe it:

- Making time to talk, even if your schedule is tight
- Taking my concerns seriously, no matter how trivial they seem
- Not telling me " it will be better tomorrow"
- probably can't fix what I'm worried about but just listening to me talk LISTENING! Recognizing you
- Being honest if you think you have to tell someone else about my problem

about it can help

- Taking action when it's necessary
- Remembering what we talked about and asking me about it later

about suicide can be very difficult, remember, it's different! While simply listening to a student talk When you review this list, you'll probably find that these are the same things you look for in someone to whom you turn for help- it's no he first step in the process. That critical next step is getting that student to the resources in your school that can offer more help!



### MENTAL HEALTH SUPPORT AND CRISIS SERVICES 2024

TOMPKINS COUNTY, NY

Suicide Prevention

988 Suicide & Crisis Lifeline Dial or text 988 (Dial 911 if imminent danger)

Free and confidential support for people in distress

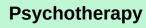
<u>Suicide Prevention & Crisis Service</u> (607) 272-1616 Ithaca area's local crisisline and resource for community education Warm Line (607) 210-8328

<u>Veterans Crisis Line</u> 988 then press 1 or text 838-255 Confidential crisis support for veterans and their loved ones

The Trevor Project (866) 488-7386 or text START to 678-678 Counseling for LGBTQ youth who are struggling or searching for answers and information

<u>Cayuga Medical Center</u> (607) 274-4011 *Emergency Department and inpatient Behavioral Services* 

Guthrie Cortland Medical Center (607) 756-3500 Emergency Department and inpatient Behavioral Services "Hope is being able to see that there is light despite all of the darkness." Desmond Tutu





<u>Tompkins County Mental Health Services</u> (607) 274-6200

Therapy for individuals, families, youth, and children; integrated care for mental health and substance use disorders

<u>Family & Children's Service of Ithaca</u> (607) 273-7494 In-person mental health and tele-mental health counseling and related social services

Mindwell Center (607) 260-3100

Outpatient mental health care for children, youth, families, and adults

<u>Ithaca Therapists</u>
Listing of 150+ local practices from Psychology Today

On Campus for Students

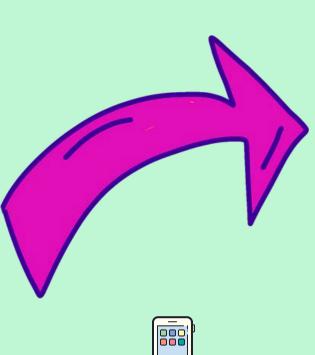
Cornell University

Counseling and Psychological Services (607) 255-5155

Ithaca College

<u>Center for Counseling and Psychological Services (607) 274-3136</u>

Tompkins Cortland Community College Mental Health Counseling (607) 844-6577



Scan to download

"Love is the capacity to take care, to protect, to nourish." Thích Nhất Hạnh



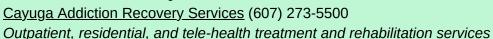


Mental Health Association in Tompkins County (607) 273-9250 In-person and online support groups for youth and families; community education

National Alliance on Mental Illness-Finger Lakes (607) 288-2460 Family and partner/spouse support groups; community education Helpline (844) 863-9314

NY Project Hope (844) 863-9314 Emotional support helpline and referral information

### Addiction Recovery



The Reach Project (607) 273-7000 Harm reduction medical practice with addiction and other services

### Sexual Assault and Domestic Violence



Advocacy Center of Tompkins County (607) 277-3203 Support for survivors, friends, and families of domestic violence and sexual assault Hotline (607) 277-5000

### Health and Social Services



Cayuga Health Find a Medical Provider (607) 274-4615 Directory of physicians

Guthrie Find a Medical Provider (866) 488-4743 Directory of physicians

Racker (607) 272-5891 Wide range of community programs including family and behavior support services

<u>"211 Tompkins Cortland"</u> 211 or (877) 211-8667 Hotline providing information and connections to health and social services









### PEOPLE I CAN ASK FOR HELP IN A CRISIS

NIA	<u>%</u> -
- 80	<u>'</u> 2
<b>/</b>	

Name/Phone	



# ASK YOUR KIDS CARE FOR YOUR KIDS EMBRACE YOUR KIDS



See Reverse for Questions that Can Save a Life

Always ask questions 1 and 2.	Past	Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?			
2) Have you actually had any thoughts about killing yourself?			
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, skip to question 6.			
3) Have you been thinking about how you might do this?			
4) Have you had these thoughts and had some intention of acting on them?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
Always Ask Question 6	Life- time	Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.  If yes, was this within the past 3 months?		High Risk	



If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.

STAY WITH THEM until they can be evaluated.





# Ask your students Care for your students Escort your students



See Reverse for Questions that Can Save a Life

	I		
Always ask questions 1 and 2.	Past	Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?			
2) Have you actually had any thoughts about killing yourself?			
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, skip to question 6.			
3) Have you been thinking about how you might do this?			
4) Have you had these thoughts and had some intention of acting on them?	nad High Risk		
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
Always Ask Question 6	Life- time	Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.  If yes, was this within the past 3 months?		High Risk	



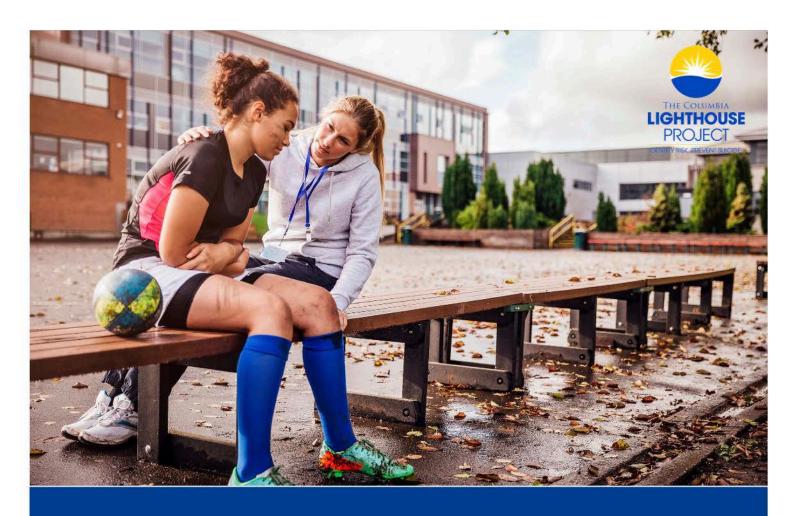
If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.

STAY WITH THEM until they can be evaluated.





app



# Ask your athletes Care for your athletes Escort your athletes

See Reverse for Questions that Can Save a Life

Always ask questions 1 and 2.	Past	Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?			
2) Have you actually had any thoughts about killing yourself?			
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, skip to question 6.			
3) Have you been thinking about how you might do this?			
4) Have you had these thoughts and had some intention of acting on them?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
Always Ask Question 6	Life- time	Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.  If yes, was this within the past 3 months?		High Risk	



If YES to 2 or 3, seek behavioral healthcare for further evaluation.

If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.

STAY WITH THEM until they can be evaluated.



Download Columbia Protocol app



# Ask friends & family Care for friends & family Embrace friends & family

See Reverse Side for Questions that Can Save a Life



Always ask questions 1 and 2.	Past	Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?			
2) Have you actually had any thoughts about killing yourself?			
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, skip to question 6.			
3) Have you been thinking about how you might do this?			
4) Have you had these thoughts and had some intention of acting on them?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
Always Ask Question 6	Life- time	Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.  If yes, was this within the past 3 months?		High Risk	



If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.

STAY WITH THEM until they can be evaluated.





### **Safety Plans Work**



Write 3 warning signs that a may be developing.	crisis	
Write 3 internal coping strat your problems.	egies that can take yo	our mind off
Who/What are 3 people or p (Write name/place and phone number	•	traction?
	Phone	
	Phone	
	Phone	
Who can you ask for help? (V	•	_
Drofossionals ar adamsias va		i-i
Professionals or agencies yo Clinician:	•	
Local Urgent Care or Emergency Address	Department:	
Call or text 988 or chat 988lif	eline.org	
Write out a plan to make you (Write 2 things)	r environment safer.	000
(Write 2 things)		98

### MENTAL HEALTH & SUICIDE PREVENTION RESOURCES FOR SCHOOLS Tompkins County

### MODELS FOR SUICIDE PREVENTION IN SCHOOLS

### The Suicide Prevention Center of New York

A Guide for Suicide Prevention in New York Schools

Manual outlining best practices for school districts in developing policies and procedures to prevent, assess the risk of, intervene, and respond to youth suicidal behavior.

https://www.preventsuicideny.org/wp-

content/uploads/2022/12/SchoolsSuicidePreventionGuide.pdf

**Talking Points: Student Presentations** 

Guidance for New York State community suicide prevention stakeholders working with schools requesting student presentations.

https://docs.wixstatic.com/ugd/ef5da1 2a35f0f6e25148bc97b3a1596321abc5.pdf

Contact: Suicide Prevention Center of New York

SPCNY@omh.ny.gov

### **New York State Education Department**

Guide for Suicide Prevention for School Personnel

Manual to equip school personnel with the knowledge to identify and act when a student is at risk for suicide.

https://www.p12.nysed.gov/sss/documents/GuideforSuicidePreventionforSchoolPersonnel2.7.22.pdf

### U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

Preventing Suicide: A Tooklkit for High Schools

Guide to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. https://store.samhsa.gov/sites/default/files/sma12-4669.pdf

### American Foundation for Suicide Prevention, National Association of School Psychologists, American School Counselor Association, and The Trevor Project

Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources

Model policies and best practices for school districts to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

https://www.thetrevorproject.org/wp-

content/uploads/2021/08/Model School Policy Booklet.pdf

### **HEARD Alliance**

Toolkit for Mental Health Promotion and Suicide Prevention

Comprehensive tool inspired by California's Pupil Suicide Prevention Policy for implementing strategies for emotional health promotion and suicide prevention for K-12 schools. <a href="https://www.heardalliance.org/help-toolkit/">https://www.heardalliance.org/help-toolkit/</a>

### JED Foundation and McLean Hospital College Mental Health Program

The Comprehensive Approach to Mental Health Promotion and Suicide Prevention for High Schools

Guide providing high schools and districts with a framework to support and improve student mental health, reduce risk for suicide, and prepare students emotionally for the transition out of high school and into young adulthood.

https://jedfoundation.org/wp-content/uploads/2021/07/The-Comprehensive-Approach-to-Mental-Health-Promotion-and-Suicide-Prevention-for-High-Schools JED.pdf

### American Academy of Pediatrics and American Foundation for Suicide Prevention

Suicide: Blueprint for Youth Suicide Prevention

Educational resource to support pediatric health clinicians and other health professionals in identifying strategies and key partnerships to support youth at risk for suicide. https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/

### U.S. Surgeon General

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory

Recommendations for supporting the mental health of children, adolescents, and young adults; and systemic change recommendations for the schools, community organizations, health care systems, technology companies, media, funders and foundations, employers, and government. <a href="https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf">https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf</a>

### YOUTH MENTAL HEALTH SURVEYS

### TST BOCES, Tompkins County Whole Health, Alcohol & Drug Council of Tompkins County

Community-Level Youth Development Evaluation (CLYDE) Survey 2023

Data on health behaviors and experiences of middle and high school students

Data on health behaviors and experiences of middle and high school students in Tompkins County, NY.

https://clyde.catalyst-insight.com/public/dashboard/tompkins\_ny

### **Centers for Disease Control (CDC)**

Youth Risk Behavior Survey: Data Summary & Trends Report 2013-2023

Data on health behaviors and experiences of high school students in the United States. https://www.cdc.gov/yrbs/dstr/pdf/YRBS-2023-Data-Summary-Trend-Report.pdf

### RECOMMENDATIONS TO ADDRESS YOUTH USE OF SOCIAL MEDIA

### **U.S. Surgeon General**

Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory Recommendations for addressing the urgent public health concern about the effects of social media on youth mental health.

https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf

### **American Psychological Association**

Advisory on Social Media Use in Adolescence

Recommendations based on current scientific evidence on the potential beneficial and harmful effects of social media use on adolescents' social, educational, psychological, and neurological development.

 $\underline{https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use.pdf}$ 

### **HELP GUIDES**

### Ithaca Youth Bureau & Youth Employment Service

10 WAYS to support a friend's mental health

A guidebook FOR teens BY teens

https://ycaithaca.my.canva.site/yca-mental-health-booklet-2024

Contact: Ever Stokes, Ithaca Youth Council Coordinator

bstokes@cityofithaca.org

### The Sophie Fund

A Parent's Guide to College Student Mental Health (Ithaca Edition)

A brief report on youth mental health and listing of resources to educate and support college students and their families.

https://thesophiefund.org/student-mental-health-advocacy/

Contact: The Sophie Fund thesophiefund2016@gmail.com

### Cayuga Health, Guthrie Cortland, Tompkins County Whole Health, Suicide & Prevention Service of Tompkins County, The Sophie Fund

Mental Health Support and Crisis Services

Listing of key mental health providers and support services in Tompkins County.

https://thesophiefund.org/my-mental-health-resources/

Contact: The Sophie Fund thesophiefund2016@gmail.com

### **POSTVENTION & ADVOCACY**

### American Foundation for Suicide Prevention and the Suicide Prevention Resource Center After a Suicide: A Toolkit for Schools

Postvention guidance for schools responding to a suicide death of a student to help people cope with the emotional distress and prevent additional trauma that could lead to further suicidal behavior and deaths especially among people who are vulnerable. https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf

### American Academy of Pediatrics and the American Foundation for Suicide Prevention Advocacy and Policy Priorities for Youth Suicide Prevention

Guide for pediatricians, other medical professionals, public health professionals, and community members for engaging in policy and advocacy strategies to support youth at immediate risk of suicide, and to address upstream risk and protective strategies that can reduce suicide risk. <a href="https://downloads.aap.org/dochw/SuicidePrev">https://downloads.aap.org/dochw/SuicidePrev</a> Advocacy Policy Priorities23.pdf

### **The Advocacy Center of Tompkins County**

Compassionate, trauma-informed, survivor-focused services and education for victims of domestic and sexual violence; services include counseling, safety planning, confidential safe house, and assistance with medical, legal, and financial matters. https://www.actompkins.org

### The Sophie Fund

Ithaca-based nonprofit advocating for improved mental health support for community members and students on local college campuses; areas of focus include suicide prevention, bullying prevention, sexual assault prevention, training and clinician support, and mental health awareness.

www.thesophiefund.org

### TRAINING & EDUCATION OPPORTUNITIES FOR MENTAL HEALTH & SUICIDE PREVENTION Tompkins County

### **Creating Suicide Safety in School**

Training to assist school administrators, school-based mental health and health professionals, school safety staff, and school counselors with planning suicide prevention activities.

https://www.preventsuicideny.org/training-options/

Offered by:

Suicide Prevention Center of New York

https://www.preventsuicideny.org/ Contact: Garra Lloyd-Lester

Garra.Lloyd-Lester@omh.ny.gov

### **Applied Suicide Intervention Skills Training (ASIST)**

Training to recognize when someone may be thinking about suicide, and how to provide a skilled intervention and develop a safety plan with the person to connect them to further support.

https://www.samhsa.gov/resource/dbhis/applied-suicide-intervention-skills-training-asist

Offered by:

Suicide Prevention & Crisis Service of Tompkins County

https://ithacacrisis.org/ Contact: Tiffany Bloss blosst@ithacacrisis.org

Offered by:

Suicide Prevention Center of New York

https://www.preventsuicideny.org/

Contact: Sally Manning

sally.manning.ithaca@gmail.com

### **Suicide Safety for Teachers (SST)**

Reviews the importance of suicide prevention and characteristics of at-risk students, outlines educators' limited but critical roles, clarifies building referral procedures, and identifies school and community resources.

Offered by: TST BOCES

https://www.tstboces.org/ Contact: Teresa Heatherman theatherman@tstboces.org

### **Mental Health First Aid**

Teaches the skills needed to recognize and respond to signs and symptoms of mental health and substance use challenges, as well as how to provide someone with initial support until they are connected with appropriate professional help.

https://www.mentalhealthfirstaid.org/

Offered by:

Mental Health Association in Tompkins County

www.mhaedu.org Contact: Jenny Miller jmiller@mhaedu.org

Offered by: Sally Manning

Contact: Sally Manning

sally.manning.ithaca@gmail.com

### **Ending the Silence**

Presentation for middle and high school aged youth to learn about the warning signs of mental health conditions and what steps to take if you or a loved one is showing symptoms of a mental health condition.

https://www.nami.org/support-education/mental-health-education/nami-ending-the-silence/

Offered by:

National Alliance on Mental Illness (Finger Lakes)

https://www.namifingerlakes.org

Contact: Sandra Sorensen

namiflexec@namifingerlakes.org

### **Talk Saves Lives**

Introduction to suicide prevention providing a clear understanding of suicide as a leading cause of death, including the most up-to-date research on suicide prevention, and what participants can do in their communities to save lives.

https://afsp.org/talk-saves-lives/

Offered by:

American Foundation for Suicide Prevention (Greater Central New York)

www.afsp.org/chapter/greater-central-new-york

Contact: Karen Heisig kheisig@afsp.org

Suicide Prevention & Crisis Service of Tompkins County

https://ithacacrisis.org/ Contact: Tiffany Bloss blosst@ithacacrisis.org

### safeTALK

Program to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention.

https://livingworks.net/training/livingworks-safetalk/

Offered by:

Suicide Prevention & Crisis Service of Tompkins County

https://ithacacrisis.org/ Contact: Tiffany Bloss blosst@ithacacrisis.org

### Helping Students at Risk for Suicide

Training to improve the competence and confidence of school-based professionals to intervene when suicide risk is identified, and to assist school leaders with developing standardized policies and procedures to support best practices in suicide intervention.

Offered by:

Suicide Prevention & Crisis Service of Tompkins County

https://ithacacrisis.org/ Contact: Tiffany Bloss blosst@ithacacrisis.org

Offered by:

Suicide Prevention Center of New York

https://www.preventsuicideny.org/

Contact: Sally Manning

sally.manning.ithaca@gmail.com

### SafeZone Project

Program to create a network of visible allies to people who identify as part of the LGBTQ+ community, providing information and resources related to sexual orientation, gender identity, gender expression, and vocabulary.

https://thesafezoneproject.com/

Offered by:

Suicide Prevention & Crisis Service of Tompkins County

https://ithacacrisis.org/ Contact: Tiffany Bloss blosst@ithacacrisis.org

### What Is Active Listening

Listening skills training to alleviate isolation, loneliness, low self-esteem and to show a person in crisis that they are deserving of our time and attention.

Offered by:

Suicide Prevention & Crisis Service of Tompkins County

https://ithacacrisis.org/ Contact: Tiffany Bloss blosst@ithacacrisis.org

### The Columbia Protocol—Columbia Suicide Severity Rating Scale (C-SSRS)

Training for individuals and systems in suicide risk screening through a series of simple, plainlanguage questions that anyone can ask.

https://cssrs.columbia.edu/training/training-options/

Offered by:

The Columbia Lighthouse Project <a href="https://cssrs.columbia.edu/">https://cssrs.columbia.edu/</a>
Contact: <a href="https://cssrs.columbia.edu/about-the-project/contact-us/">https://cssrs.columbia.edu/about-the-project/contact-us/</a>

### Stanley-Brown Safety Plan

Training in a brief, collaborative intervention for counselors, therapists, and clinicians that aims to mitigate acute suicide risk.

Offered by: Stanley-Brown Safety Planning Intervention

Contact: www.suicidesafetyplan.com

Offered by: Suicide Prevention Resource Center

Contact: www.sprc.org/news/safety-planning-for-youth-suicide-prevention

### It's Real: Teens and Mental Health

Provides young people with mental health education and resources; how to start a conversation about mental health, the importance of self-care, and how to reach out for help.

https://afsp.org/itsreal

Offered by:

American Foundation for Suicide Prevention (Greater Central New York)

https://afsp.org/chapter/greater-central-new-york

Contact: Karen Heisig kheisig@afsp.org

### More Than Sad: Suicide Prevention Training for Parents, Teachers, and Other School Personnel

Teaches how to recognize signs of depression and other mental health problems to initiate a conversation about mental health with children; and to get help.

https://afsp.org/more-than-sad/#parents

Offered by:

American Foundation for Suicide Prevention (Greater Central New York)

https://afsp.org/chapter/greater-central-new-york

Contact: Karen Heisig kheisig@afsp.org

### Let's Talk: Having Supportive Conversations About Mental Health

Provides foundational information about mental health and mental disorders, promotes early recognition of developing mental health problems, and teaches key communication skills for talking with others about their mental health in supportive ways.

Offered By:

Mental Health Association in Tompkins County

www.mhaedu.org Contact: Jenny Miller jmiller@mhaedu.org

### **Understanding and Supporting Mental Health in Others**

Provides a conceptual understanding of mental health challenges, tips for providing support and connecting people to resources, as well as basic de-escalation skills to assist individuals in acute distress. This program can be tailored to meet the needs of adults supporting children, youth, college students, or other adults.

Offered By:

Mental Health Association in Tompkins County

www.mhaedu.org
Contact: Jenny Miller
jmiller@mhaedu.org

### **Working with Clients Facing Mental Health Challenges**

Outlines how service providers and others working directly with people can understand and support clients and/or the people they work with who are experiencing mental health challenges. Particular attention is paid to how you can offer support within the context of your role, foundational skills for de-escalation, and key actions to take when clients are in acute situations including panic attacks, psychosis, and warning signs of suicide.

Offered By:

Mental Health Association in Tompkins County

www.mhaedu.org Contact: Jenny Miller jmiller@mhaedu.org

### **Mental Health Conditions in Children**

Workshop for adults working with school-age children providing an overview of common mental health symptoms in children, the interplay between trauma and mental health diagnoses in children, how children with specific diagnoses may present, and ways of supporting children with mental health diagnoses.

Offered By:

Mental Health Association in Tompkins County

www.mhaedu.org
Contact: Jenny Miller
jmiller@mhaedu.org

### **Meet Little Monster**

A coloring and activity book for young people to express and explore their feelings in a fun, creative, and empowering way, and to foster dialogue between children and the safe adults in their lives.

https://www.nami.org/wp-content/uploads/2024/05/NAMI\_Meet-Little-Monster\_ENG.pdf Offered by:

National Alliance on Mental Illness (Finger Lakes)

https://www.namifingerlakes.org

Contact: Sandra Sorensen

namiflexec@namifingerlakes.org

### VOLUNTEER OPPORTUNITIES FOR SUPPORTING MENTAL HEALTH Tompkins County

### Suicide Prevention & Crisis Service of Tompkins County

Website: www.ithacacrisis.org

Contact Email: <u>blosst@ithacacrisis.org</u>

Contact Phone: (607) 272-1505

Positions: Ithaca Warm Line volunteer, event supporter, board member.

Apply: https://ithacacrisis.org/volunteer

### **National Alliance on Mental Illness (Finger Lakes)**

Website: www.namifingerlakes.org

Contact Email: support@namifingerlakes.org

Contact Phone: (607) 288-2460

Positions: Board member, NAMI program facilitator, NAMI education presenter, outreach and

event supporter, Helpline volunteer. Virtual and in-person opportunities are available.

Apply: www.namifingerlakes.org/volunteer

### **Mental Health Association in Tompkins County**

Website: <a href="https://www.mhaedu.org">https://www.mhaedu.org</a> Contact Email: info@mhaedu.org Contact Phone: (607) 273-9250

Positions: Board member, warmline volunteer, receptionist, fundraiser and event coordinator,

Peer Outreach Center support.

Apply: https://www.mhaedu.org/join-our-team

### The American Foundation for Suicide Prevention (Greater Central New York)

Website: https://afsp.org/chapter/greater-central-new-york

Contact Email: <a href="mailto:kheisig@afsp.org">kheisig@afsp.org</a>
Contact Phone: (315) 664-0346

Positions: Many volunteer opportunities, including program facilitation, advocacy efforts, support for those impacted by suicide. Virtual orientation is provided. Volunteers must be 18+.

Apply: <a href="https://afsp.wufoo.com/forms/s1gupit1krv9sb">https://afsp.wufoo.com/forms/s1gupit1krv9sb</a>

### **Advocacy Center of Tompkins County**

Website: www.actompkins.org

Contact Email: <u>info@actompkins.org</u> Contact Phone: (607) 277-3203

Positions: Hotline volunteers to provide crisis counseling, support, and information about domestic violence, sexual assault, and child sexual abuse. Forty hours of training includes in-

person classes.

More Info: www.actompkins.org/volunteer

### **Ithaca Free Clinic**

Website: <a href="https://www.ithacahealth.org">https://www.ithacahealth.org</a>
Contact Email: <a href="mailto:volunteer@ithacahealth.org">volunteer@ithacahealth.org</a>

Contact Phone: (607) 330-1254

Positions: Clinicians, receptionists, medical assistants, and administrative support.

Apply: <a href="https://www.ithacahealth.org/volunteer">https://www.ithacahealth.org/volunteer</a>

### Family & Children's Service of Ithaca

Website: <a href="https://www.fcsith.org">https://www.fcsith.org</a> Contact Email: info@fcsith.org Contact Phone: (607) 273-7494

Positions: Board member, board committee member, Host Home provider.

More Info: https://www.fcsith.org/volunteer

### **Preventing Youth Suicide: Advocacy and Policy Priorities**

Suicide is the 2<sup>nd</sup> leading cause of death in youth and young adults ages 10-24. Suicide is tragic but can be prevented.

Pediatric health clinicians, public health professionals, and other community members can engage in policy and advocacy strategies to support youth at immediate risk of suicide, and to address upstream risk and protective factors that can reduce suicide risk. Key advocacy priorities are listed below.

For full details on advocacy and policy priorities for youth suicide prevention, visit the **Blueprint for Youth Suicide Prevention**.



### Build the evidence base to address disparities in youth suicide prevention:

- Increase funding for culturally informed research for youth suicide prevention
- Support research to understand and address suicide among youth from diverse populations
- Expedite public access to data on youth suicide prevalence at local, state, and national levels



### Increase payment and insurance coverage for mental/behavioral health and suicide prevention services

- Support provider payment for mental health and suicide prevention services
- Incentivize screening, follow-up, and collaborative care models for mental and behavioral health
- Preserve and extend insurance coverage for pediatric mental and behavioral health services



### Increase access to affordable, effective mental health care for all youth

- Increase funding and resources for youth access to mental health support in their communities
- Promote innovative care models (eg, telehealth, teleconsultation, collaborative/integrated care)
- Strengthen linkages between medical settings, schools, social services, and youth-serving systems
- Promote diversity, equity, and inclusion in mental and behavioral health care



### Build the mental and behavioral health workforce

- Develop a national strategy to expand diversity, supply, and distribution of the mental health workforce
- Support loan repayment assistance for child and mental health professionals
- Increase provider knowledge and capacity in addressing mental health needs



### Address lethal means access to reduce suicide risk among youth

- Support clinicians in screening for lethal means access and providing safety counseling
- Increase funding for research related to firearms and suicide prevention
- Promote policies to restrict lethal means access, such as voluntary firearm removal initiatives or National Prescription Drug Take-Back Days
- Promote policies that allow family members to petition a judge or law enforcement personnel to remove firearms from the environment of a person who is at risk of hurting themselves or others



### Address disparities in suicide risk via education and policy change

- Educate clinicians, policymakers, and the public on disparities in suicide risk and rates
- Support policies to eliminate systemic racism and discrimination
- Promote enhanced suicide prevention and mental health resources for schools
- Promote mental health services and suicide screening within the juvenile justice system, child welfare system, and other systems-of-care supporting youth
- Provide adequate funding for culturally and linguistically appropriate suicide prevention programs



### Foster healthy mental development in children and adolescents

- Encourage funding and resources for evidence-based programs to foster healthy mental development
- Support policies and programs to address underlying risk factors that impact suicide risk
- Encourage integration of strengths-based, trauma-informed care into clinical and school settings



### Support children and adolescents in crisis

- Increase funding for suicide prevention across the continuum of care
- Support policies to improve our national crisis response infrastructure
- Support funding for the 988 Suicide and Crisis Lifeline and its Centers
- Support funding for mobile crisis and step-down programs following crisis stabilization







CAN YOU HELP PREVENT BULLYING?

Sign Up with Us!



Tompkins Count

### **Tompkins County Bullying Prevention Task Force**

Concerned community stakeholders formed the Tompkins County Bullying Prevention Task Force in 2019. It spreads greater awareness about bullying (including cyberbullying) and promotes



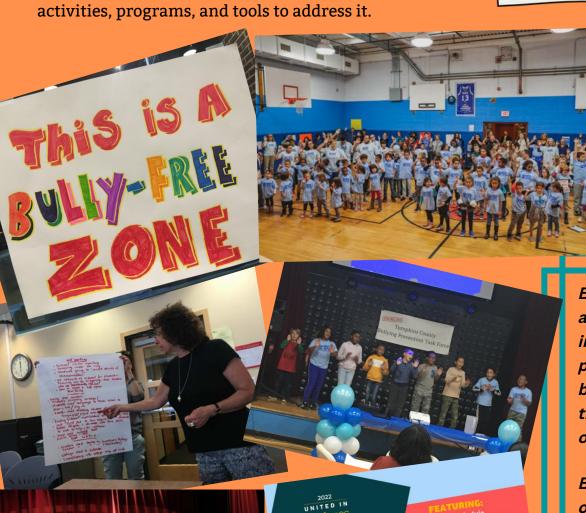
### JOIN OR LEARN MORE

thesophiefund2016@gmail.com www.thesophiefund.org/bullying

> Scan to download



Tompkins County Bullying Prevention Task Force



"What to Do About

Cyberbullying

OPEN TO ALL!

Register: https://bit.ly/3y2DjRu

Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.

Bullying can be verbal, social, or physical. It can have lasting effects on victims, bullies, and bystanders alike, including serious problems with school and mental health.

(www.stopbullying.gov)

### Thoughts & Feedback



Do you have ideas or experiences you would like to share with the Coalition?

Or comments about the Town Hall?

If so, please write them here and drop this page in our Suggestion Box.

Thank you for attending!