Juvenile Suicide Prevention Conference

Communication and Collaboration

1. There is a need for a process to help ensure that various agencies have access to information and the ability to communicate across agencies.
    a. An established process would ensure everyone knows the available resources for youth and families.
    b. This would also increase the support between agencies and organizations, providing them knowledge of what could be offered from an organization when another cannot meet a specific need.
2. Individualized Education Program (IEP) in Schools
    a. Identifying when/if this information can be shared by schools with law enforcement given the legal restrictions on information sharing.
    b. Navigating how can to overcome HIPAA and FERPA hurdles to allow the school to share relevant information with law enforcement such as youth's disability information, which may further escalate an encounter with law enforcement.
3. A consistent state-wide process/policy for locating and reaching appropriate crisis placement procedure for youth is needed.
    a. Policies would cover the entire timeline from intake to follow-up after discharge.
4. Schools should provide students and families lists of mental health resources in all relevant languages to communities represented within the school district.
5. Ensure that practitioners provide relevant knowledge and resources to non-clinical stakeholders.
6. Suicide hotline number should be publicly posted within schools, child serving organizations and businesses, as well as online and through social media platforms.

Enhanced training

1. Target Audiences for Training: educators, community members, youth, family, early childcare providers, health care providers, and School Resource Officers (SROs)
2. Increased in-school training on mental health and rapport building in both urban and rural areas.
3. Provide training specific to the connection between electronic devices, social media use, isolation, disconnection, and other symptoms of depression.
4. Increased parental support and training for parents of children and youth with mental health needs.
5. Trauma training for school professionals and teachers in the greater Nebraska areas.
6. Training for teens on how to recognize and respond to suicide threats.
    a. Utilization of peer to peer and teen outreach models

Reduction of Stigma

1. Raise awareness that mental health is physical health.
    a. Personalize mental health for policy makers so they understand the impacts it has on their communities and on the physical health for youth.
    b. Help constituents in outreach to their leaders to show that this is a bipartisan issue.
2. Work to erase the stigma associated with communicating about mental health concerns.
    a. Increased media campaigns and similar efforts
    b. Making it easier for people to ask for and accept help
    c. Ensure that information is culturally competent and framed to fit various communities

Funding

1. There is need for funding to provide training, prevention, and early intervention services.
    a. Early childhood service providers, doctors, and other medical professionals should provide mental health screenings in early developmental years.
2. Funding for community based intervention
    a. Services need to be available preventatively, prior to youth entering the system.

Access and Availability of Services

1. To address the significant lack of behavioral health providers and clinicians in the western, rural part of the state, there is a need to identify ways to both recruit and retain these professionals.
    a. Specifically, insurance reimbursement is a barrier and easing this process would entice clinicians to come and/or stay in the area.
2. Telehealth and transportation are needed services in greater Nebraska, including transportation for youth to attend therapy sessions.
3. A coordinated policy between stakeholders in the rural areas would help to streamline the process for getting youth to facilities for necessary services.
    a. Develop training, policies, and protocols for law enforcement, rural emergency rooms, facilities, etc.
4. Increase in the availability of on-call psychologists.
    a. Would like to see local community centers providing access to professionals at least once a week.
5. Create location for youth to go to obtain medical or mental health services prior to a youth entering an emergency protective custody (EPC) and without having to have a delinquency filing.
6. A mental health bed should be available in every hospital.
    a. There need to be options to access services without having to become involved with the system that connect families with informal supports
    b. Shifting away from the system response by providing support networks so that families can access services without having to enter the juvenile justice system.
7. Ensuring that the policies of all stakeholders are not limiting access to services or hold youth in the system unnecessarily (system accountability). These include systems across the spectrum such as prevention, schools, mental health, juvenile justice, etc.
8. Pediatric psychiatrist and psychologists must be accessible statewide.
    a. For some communities, there may be a visiting psychiatrist once every 30 days, whom may or may not specialize in pediatrics.
9. For placements, there are significant waitlists for hospitalization, and there are little to no alternative or intermediate treatment placement settings in greater Nebraska.
10. Increase groups for kids that are free where they can experience a sense of belonging such as Hope Squad, supports, and afterschool clubs.

The JSC and NCJJ will continue to work across three branches to uplift key policy changes needed to better equip our state to prevent juvenile suicide.