SUMMARY REPORT

Mental Health, Suicide Prevention, and Our Community

A community summit focusing on mental health and suicide prevention in our schools, our homes, our businesses and our community

A NH Listens Summary Report

Facilitated by:

Michele Holt-Shannon, NH Listens, Director
Mo Nunez, Great Schools Partnership, Senior Associate

Hosted by:

Dr. William Harbron, Dover School District, Superintendent
Suzanne Weete, Community Partners, External Communications Manager

June 28, 2019

ABOUT NH LISTENS

New Hampshire Listens is a civic engagement initiative of the Carsey School of Public Policy at the University of New Hampshire.

Our mission:

To bring people together for engaged conversations and informed community solutions

Our work:

- Create engaged community conversations on local and statewide issues
- Serve as a resource and support network for new local Listens groups
- Cultivate a network of facilitators for public engagement and action

Our principles:

- Bring people together from all walks of life
- Provide time for in-depth, informed conversations
- Respect differences as well as seek common ground
- Achieve outcomes that lead to informed community solutions

New Hampshire Listens
www.NHListens.org
NH.Listens@unh.edu
(603) 862-0692

Executive Summary

Dover Public Schools and Community Partners hosted a three-hour summit at Wentworth-Douglass Hospital on June 28, 2019 with trained facilitators guiding the morning small group discussions. The summit focused on mental health and suicide prevention in schools, homes, businesses, and the community overall. The goals of the summit were to: (1) Get to know each other and talk about what people are seeing in schools and in the community, (2) Learn about what works to reduce the stigma and strengthen prevention and treatment, and recovery, and (3) Identify action steps people can do together. The group discussions generated valuable contributions that support making decisions and taking action together regarding mental health and mental illness in Dover. The following report summarizes the summit discussions. The themes highlighted in the report will help identify areas for further consideration and action. The report, as presented, is to be shared with all who participated, partners, and decision-makers.

Background

More of us are struggling to maintain our mental health and are suffering from mental illness. We know people who are experiencing, have experienced, or will experience struggles with mental health in their lives. Mental illness affects thinking, emotional state and behavior. It disrupts people's ability to work or attend school, carry out daily activities, and engage in satisfying relationships. Staff, families, and community members are impacted by tragedies, misinformation, blame, delayed action, and lack of awareness and knowledge (e.g., people may say "they have friends," "it's just a phase."). There is ongoing concern for students struggling with their mental health and experiencing emotional crisis (e.g., suicide watches). Mental health needs to be a priority issue to all who live, learn, and work in the community. That's why a group of dedicated people want to keep mental health as a priority issue in Dover. They are generating opportunities to develop ideas for shared action like the summit.

Focus Group Snapshot

Eleven Dover School District counselors and psychologists (experience ranging from one to eighteen years, in all school levels) gathered in May 2019 to discuss what they are seeing in schools among students, and in their work with staff, teachers, and families. They talked about:

What's going well?

- Students are reaching out to each other
- People are working together (e.g., schools, police and fire departments, Community Partners)

Noticeable changes

- Students experiencing trauma and needing support
- Frequency and intensity of suicide ideations increasing at all school-levels
- More anxious students using self-harm that is leading to hospitalization
- Peer-support and "therapy" among students, students solving problems without adult support
- Parent involvement lessens after elementary school
- More special education evaluations focused on emotional regulation and behavioral concerns
- Capacity and referrals (e.g., long waitlists, shifts in insurance billing = more in-school evaluations)

Being equipped for students

Practices with Impact and Influence

- Match professionals' abilities and certifications with school role, (e.g., reduce caseloads, fit services to needs)
- Provide the right intensity and duration of treatment that fit into students' school-life
- Plan for wrap-around care (i.e., intensive, individualized care for youth with serious, complex needs)

Partnership – Finding hands that reach back

- Involve mental health professionals in district-level critical incident response, crisis plans and structures
- Develop partnerships with Institutes of Higher Education (e.g., training and interns) to build capacity

Taking action and removing barriers

- Build a well-funded school-based health center (e.g., psychiatrists, medication management specialists)
- Help families and students develop consistent routines by maintaining programs and activities during school breaks, utilize partnerships and scholarships
- Gather providers to: talk, expand capacity, create overlap, avoid unnecessary duplication

Summary of Discussions

Participants

Thirty-five people gathered for Dover's community summit on mental health and suicide prevention. Participants represented many sectors of the community.

- Health care and hospitals
- Mental health and community support
- Public health network
- Law enforcement
- City and municipal employees
- Housing
- Transportation
- Elected officials
- Banking and finance
- Manufacturing
- Schools
- Insurance providers

Questions Explored

The summit consisted of two parts with small groups discussing information shared about mental health and illness in schools, impacts on families and youth, and on business and employees. Participants also discussed the following questions:

- Why is the topic of mental health important to you?
- Briefly describe an experience in your life that informs what you believe about mental illness/trauma…something that has shaped how you think and feel about mental health and illness.
- What are you seeing at home and at work that has changed over the past few years?
- What are some of the key themes, ideas and insights from this conversation that we want to share?
- What could we do together that would have an impact?
- Who are we targeting to spread this awareness first and why? (and then who after that target audience?) Youth, veterans, older adults,
- What common messages do we want to send?
- What best practices could we amplify?
- What tools, skill sets and resources (financial?) people can bring to the table.

Group Agreements help further respectful dialogue about challenging and sensitive issues persisting in all our lives. The following were used during the community summit.

- **Be Curious and Open to Learning,** Listen to and be open to hearing all points of view. Maintain an attitude of exploration and learning. Conversation is as much about listening as it is about talking.
- **Look for Common Ground and Appreciate Differences,** It's okay to disagree, but don't make it personal. We look for what we agree on and simply appreciate that we will disagree on some beliefs and opinions.
- **It's ok to put issues like race and class on the table,** It takes all of us to pay attention to fairness and bias so everyone in our school community can thrive – students, families, and educators.
- **Be Authentic and Welcome that from Others,** Speak authentically from your personal and heartfelt experience. Be considerate to others who are doing the same. It's okay to be raggedy and share an incomplete thought.
- **Be Purposeful and to the Point,** Notice if what you are conveying is or is not "on purpose" to the question at hand. Notice if you are making the same point more than once. Create space for everyone to talk.
- **Acknowledge Discomfort,** the conversation could get a little uncomfortable. It may challenge your own notions about mental health and illness. That's ok. Express only what you feel comfortable sharing.

PART I: What are we seeing and experiencing?

Participants began their discussions focused on "what they are seeing" in the community. They reflected on mental health in school, the community, and at work. Small groups talked about:

- **Pretending and stigma -** Mental health is complicated (e.g., biological influences, feeling better for short periods of time then not). Often people experiencing distress may "look good" on the outside but feel very different on the inside. People who experience a mental health crisis should not be expected to resume their regular routines and "pretend everything's okay." This behavioral camouflage creates exhaustion, the feeling that there is "nothing left to give." The importance of being supportive, reducing negative reactions and therefore stigma is important when attending to mental illness. Everyone can do their part by recognizing and responding to the signs of emotional crisis.
- **Technology's impact -** People need help reducing distress when the information they engage with online, via their phones, or on social media impacts their well-being. Parents need to learn more.
- **Recognition and response –** People need to be able to: recognize and respond to critical incidents, be supportive of and have correct information about mental illness, prevention and treatment (both long-term and short-term), and provide responsive care in time for those in need. Often resources are not enough compared to the need (e.g., 6 to 8 months waitlist for a bed in treatment).
- **Sharing stories –** People need to understand that there is power and comfort in sharing stories about mental illness and mental health struggles. Conversation is "opening doors."
- **Active partnering and learning –** People put hope in cross-sector partnerships which can support education across the county and within workplaces to make them "recovery friendly." When people are correctly informed and offered a variety of supports (e.g., Arts in Reach (AIR), transportation assistance) they can find coping skills that work for them (e.g., tech- and non-tech-based).

PART II: What can we do together?

Participants talked about "what can we do together?" They discussed spreading awareness, teaching, and providing guidance in responsive and supportive interactions – immediately and over time.

People who can benefit or should be a focus

- **Parent and caregivers** need preventative resources and education before mental health is a concern.
- **Youth** are a strong voice "at the table." Peer supports, coping and resilience strategies are essential.
- **Workplace owners, supervisors, and leaders** directly interact with others and influence others daily. They can help reduce stigma, spread awareness, and provide friendly and safe workplaces. This includes people who provide loans or insurance, pay people, and manage finances.
- **First responders and health providers** need additional training and support in proper referrals, screening, and intervention. They can benefit from learning to recognize their own mental health challenges.
- **Educators and school personnel** working in classrooms, on buses, in lunch rooms, libraries, and elsewhere in schools need support for approaching people – techniques and strategies for responding and making referrals.

Common messages to send

One of the key messages discussed was, "normalizing" conversations about mental health and illness and reducing stigma. There is a continuum of mental health, and "it's normal to feel lots of different ways," to experience periods of wellness and unwellness. People struggling are not making a choice to be unwell. They need people who understand that treatment is individually-based, not "one size fits all." There are long-term plans, not just quick fixes. People can find what is "right for them." Participants talked about resiliency and protective factors that can help create a "Heart Safe Community." Overall, people continue to need help understanding and engaging in conversations about the struggles associated with mental health and illness – for themselves and others.

Best practices to amplify

Communities work together to construct systems that support mental well-being and overall health. Many different people can share their actionable insights, stories, and energy to influence state-level policy. Locally amplified best practices help. Participants listed:

- Policies and procedures in place that are consistent, shared, and updated regularly
- Maintained hotlines and bridges for disseminating resources
- Targeted and broadly-based education (e.g., media campaigns, Mental Health First Aid, Safe Zones)
- Department of Health and Human Services (DHHS) open enrollment in cities
- Strong professional networks with peer and family supports (e.g., NAMI suicide prevention)
- Critical incident teams or units and trainings, with law enforcement assisted diversion

Tools, skillsets and resources

Amplifying best practices requires tools, skill sets, and resources gathered and utilized effectively by community sectors, decision-makers, and local actors together. Participants talked about their ideas.

- **Creating accessible networks**, and meeting people where they are with clear messaging helps. There are many media outlets, social media networks, and online platforms or communities that support education and communication (e.g., Public Service Announcements (PSAs), radio, Instagram, Facebook groups, a large cross-sector and public campaign). Communities can partner to create and host events and programs (e.g., libraries, city hall, businesses/organizations, schools, post offices, etc.)
- **Determining useful data** bolsters actionable ideas. Data may come from, questionnaires at doctors' offices, NH Department of Safety or the Bureau of Emergency Medical Services, regional Integrated Delivery Networks, new evaluations with certain stakeholders, learning about high risk groups.
- **Building awareness through education** supports community well-being. Rallying around current resources and people in the field helps prevent burnout – making sure people are getting what they need. Reserving time and space for adults and youth to have conversations that normalize mental health and illness builds community. Create clear "how to" frameworks, social emotional vocabulary, positive self-talk, and zones of regulation.
- **Outreach and prevention training** are a part of schools and the larger community. Students need ongoing opportunities to learn about their social and emotional well-being. People of all identities and experiences need opportunities to talk and receive information about mental health (e.g., suicide prevention, adverse childhood experiences). People can come together to influence legislation, public policy, and community collaborations – creating and executing action plans. People can hold each other accountable (e.g., fines for parents or caregivers who do not prevent and/or address bullying).
- **Embedded supports for individuals and providers** is long-term work**.** People need many different kinds of supports regarding mental health (e.g., self-care, coping skills, peer and provider led support groups, recovery friendly workplaces). Providers may feel over capacity, leading to compassion fatigue and burn-out. They need help to do their jobs well (e.g., in-house personal support, professional development, education for businesses, youth programs with key contacts and check-ins).
- **Building safety and trust** is essential. People need to know it's okay to talk about mental health at work, school, and in the larger community. They need peer supports (e.g., Victims, Inc.) and resources tying together services they already use.
- **Utilizing resources, collaborating, and integrating financial means** helps deepen networks and actionable strategies. Cross-sector coordinators need time, funding, and human resources.

Concluding Notes

Anyone can offer help when they recognize the signs of someone in emotional crisis. Help remove stigma by responding thoughtfully when you see someone in need. Because this work, this conversation, this building of belonging is about all of us creating a community where people of all identities, ages, experiences, and incomes know they are important. We all need to know we are not alone and talking about our struggles is normal. We all matter and deserve to be well.

The community summit provided broad areas of action, in summary:

- Support people in learning how to be compassionate when they and/or others are struggling with mental health – reducing negative reactions and therefore stigma.
- Develop opportunities for people to learn more about how mental health concerns relate to technology and social media use.
- Bolster current professionals' abilities and knowledge. Train people in: (1) recognizing and responding to critical incidents, (2) being supportive of and having correct information about mental illness, (3) prevention and treatment (long-term and short-term) that provides timely care for those in need.
- Make time and find space for people to connect and safely share different kinds of stories about mental health and mental illness. People need help understanding and engaging in conversations about the struggles associated with mental health.
- Determine and solidify cross-sector partnerships which can support education across the county and within workplaces to make them "recovery friendly."
- Articulate "how to" frameworks, social emotional vocabulary, positive self-talk, and zones of regulation for adults and youth.
- Join together to (1) Identify time, funding, and human resources, to (2) influence legislation, public policy, and community collaborations that benefit community mental health and fight mental illness.

Future gatherings, small, medium, and large can help determine clear steps forward. It takes many people thinking and acting on a continuum – from systems theories and researched practices to finite and seemingly small actions – to create lasting change. Getting to know each other helps us partner more effectively. It helps us all care more, take action, and make a difference. *It will take all of us working together, to put an end to stigma and normalize the conversation.* The work in Dover prioritizing mental health and mental illness continues.

APPENDICES

A. Summit Agenda
B. Summit Invite
C. Information Shared at the Summit
D. Summit Discussion Notes, June 28, 2019
E. School Counselors Focus Group Notes, May 29, 2019

A. Summit Agenda

A Community Summit

Mental Health, Suicide Prevention, and Our Community

Goals

- Get to know each other and talk about what we are seeing
- Learn about what works to reduce stigma and strengthen prevention and treatment
- Identify a few things we can do together

Welcome and Introductions ~ 9:00

- We need all of us to make a difference - Background and welcome from Suzanne Weete and Bill Harbron
- Introductions and Group Agreements - Facilitators Mo Nunez and Michele Holt-Shannon
- Table Conversations and Introductions

What are we seeing? ~ 9:45

Table Conversations

- Round One: First, briefly describe an experience in your life that informs what you believe about mental illness and trauma… something that has shaped how you think and feel about mental health and mental illness.
- Round Two: What are you seeing at home, in community, and at work that has changed over the past few years?
- Finally, what are some of the key themes, ideas and insights from this conversation that we want to share?

Large group insights

Short takes on what we are experiencing ~ 10:15

Short Takes on:

- How mental illness impacts our schools – Bill Harbon
- How mental illness impacts our community – Amanda Seavey
- How mental illness impacts our businesses – Melissa Lesniak

Break

What can we do together? ~ 11:00

Table conversations on action steps

- Who are we targeting to spread awareness?
- What common messages could we send?
- What best practices could we amplify?
- What tools, skill sets and resources can we bring to the table?

Exit Ticket

Closing ~ 12:00

B. Summit Invite

A COMMUNITY SUMMIT

Mental Health, Suicide Prevention & Our Community

FRIDAY
JUNE 28
9:00 - 12:00 P.M

WENTWORTH-DOUGLASS HOSPITAL
GARRISON WAY, AUDITORIUM A

A MID-MORNING BREAK AND SNACK WILL BE PROVIDED FOR ALL ATTENDEES.

Hosted by Dr. William Harbron, Superintendent of Dover Schools and Community Partners, Strafford County's local community mental health center.

DOVER SCHOOL DISTRICT
EMPOWERING ALL LEARNERS!

YOU ARE INVITED

Please attend the first community summit focusing on mental health and suicide prevention in our schools, our homes, our businesses and our community. Summit attendees include a cross section of community members including first responders, school personnel, therapists, business leaders and community influencers.

FRIDAY JUNE 28, STARTING AT 9:00 A.M.

Check in begins at 8:45 a.m.

PART 1 - 9:00-10:30 A.M. A GUIDED DISCUSSION TO:

- Establish a common definition of mental health and mental illness
- Define stigma? What does stigma mean to you?
- What are the issues (target areas) in relation to mental health, mental illness and stigma that need to be focused on first as a community?

PART 2 - 10:45-12:00P.M

Begin a framework to educate the school community and community-at-large, using SMART goals. Specific, Measurable, Attainable, Relevant and Timely. ***Your awareness, input and perspective is very important.***

- Year 1-Who are we targeting?
- Per target area, what is our message, and what are the avenues/means to deliver the message
- What marker will we use to measure the campaigns' effectiveness?

Please attend one or both segments of this summit- or send someone else (preferably a decision maker) from your organization to participate.

RSVP BY JUNE 17
TO SUZANNE WEETE
suzanneweete@communitypartnersnh.org

____ Yes, I will attend both parts of the mental health summit
____ I will attend part 1 of the summit
____ I will attend part 2 of the summit
____ I cannot attend this summit, but please include me on future plans.

We appreciate your attention to this matter.
The mental health of our community is paramount to the safety, success and happiness of all who live and work here. It will take an entire community working together, to put an end to stigma and normalize the conversation about mental health.
Mental health = health.

C. Information Shared at the Summit

Mental Health Facts

- One-half of all chronic mental illness begins by age of 14; three-quarters by the age 24.
- Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13.3%
- Suicide is the 3rd leading cause of death in youth ages 10 - 24.1
- Approximately 1 in 5 adults in the U.S. (46.6 million) experiences mental illness in a given year.
- Approximately 1 in 25 adults in the U.S. (11.2 million) experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.

Mental Health Matters at Work

- Nationally, employers are **losing out on $225.5 BILLION** a year due to reductions in productivity related to employee anxiety, stress, depression, and substance use disorder (SUD) - https://healthpayerintelligence.com/news/employers-could-see-high-financial-returns-for-mental-healthcare.
- 70% of Americans with depression are in the workforce.
- 400 million workdays are lost each year due to mental illness.
- **$105 BILLION** - Cost of untreated mental illness in the U.S. each year- mostly due to lost productivity.
- Employees who reported being depressed, unable to manage stress, or a combination of the two were **70%, 46%, and 147% costlier** than employees who did not experience these risk factors, respectively - https://blog.wellable.co/mental-health-in-the-workplace.

Knowing What Works

- Mental Health First Aid and Youth Mental Health First Aid, like CPR but for an emotional crisis
- Early intervention and early childhood screenings
- Connections to others is essential – See something, say something. It could be anyone, co-worker, work acquaintance or supervisor.
- Therapy comes in many forms: individual, family, and group therapy
- A clear pathway for help in the community through therapists and guidance counselors in schools
- Family and medical leave policies and Employee Assistance Program (EAP) plans at workplaces help.
- Your personal care provider (PCP) can offer treatment!
- Culture that addresses stigma. Youth are leading us! Older generations need to support and accept.
- Providers like PCP's, school personnel, employers caring for employees
- Wrap around services that connect our providers

Bottom line

- You don't need to be a professional therapist to help someone.
- Literacy matters! Be aware of what we see and when - RECOGNIZE and RESPOND
- Help create an open, normalized, dialogue about mental illness through awareness and education.
- Mental illness cannot be in the shadows. It is an illness like heart disease, diabetes, and should be treated as such with a doctor/therapist. Your child has the flu, you bring them to the doctor. Your child has anxiety or depression – this needs to be addressed by a professional.

D. Summit Discussion Notes, June 28, 2019

PART I: What are we seeing?

Short takes

- After a crisis-- expecting people to be well immediately after-- pretending + having nothing left to give.
- Exhausting
- How we get information so we can be responsive.
- Wait lists, higher demand than (room?) -having to ask people to want 6-8 months , not okay.
- Melissa- house metaphor. Looks good on the outside doesn't necessarily mean looks good on the inside. The regular stress of the process. Being supportive +

Report outs

- Recognize + Respond
- AIR → Arts in Reach-- Teenage girls 13-16 w/ transportation assistance
- Power of Stories -comfort in sharing -- not comfy conversations
- Barriers --seeking ▵ to public Policy banners-- obstacles to transfer from MA-NH license is hard

Partnerships/Hopes

- Cross sector connections
- Insight and ideas
- Concept of county awareness
- Learn tools for self that I can help and not hurt
- Energy to do more.

Themes

- Impact of phones + social media
- Coping skills
- Experiences + negative reactions +stigma
- So much misinformation. Makes you not want to reach out.
- Impact of tech and strengthen coping mechanism
- Parent education + how phones are getting used.
- Education +creating awareness in my profession.
- Recovery friendly workplace.
- Biochemical understanding-- when things are biologically driven.
- Opening conversation + the doors that open
- Don't think we need it when we feel good.

PART II: What can we do together?

Who are we targeting to spread awareness?

- Parents/caregivers (all) before mental health is an issue-- help equip w/ resources before they're needed + educate on S+S
- In business→ front line supervisor working directly w/ people
- YOUTH/PARENTS- Parents because they are raising youth- dispel stigma & deal with their own 'issues' -educate them -youth- to teach coping/resiliency.
- BUSINESS OWNERS- Because they have workforce/patrons they have direct interactions/ influence on.
- HEALTH PROVIDERS- Proper referrals & are educated in screening + intervention & recognize their own personal MH issues + address them/remove stigma/finding support systems that work.
- EDUCATORS- Referrals / Identifying / Responding / How to approach / Techniques + Strategies
- Everyone
- Community Lenders
- Identify leaders in community (ex. Turbocam)
- "I can help"

- "Training"
- More Peer Support
- Young People
- Youth need to be "at the table"
- DHHS open enrollment in each city
- "Heart Safe Community"
- Something similar for Mental Health? Zero Suicide
- ACE's training
- More MH education in School-- more than 1 semester
- ↑ Communication, Consent, Collaboration - 3 C's !
- Legislation
- Public Policy
- Parents
- Kids
- Training systems for police/ first responders (→ Dover police does mental health triage)
- Support for teachers + first responders
- (CREU→ Law Enforcement Assisted Diversion)
- Payors/Insurance
- Normalize conversations across sectors in community (systems)
- Need data on highest risk groups
- People proving a service in the community
    - 1. First responders
    - 2. Hospital personnel
    - 3. Educators
    - 4. Bus lunch
    - 5. Librarians
    - Why! – Adults b/c they have more contact w/ large groups of people

What common messages could we send?

- can also help ↓ stigma among youth; normalize + understand the sliding scale of mental wellness
- How to recognize + respond
- blanket education IE: Data, Stigma
- Resiliency + Protective Factors
- they'll notice changes over time + be able to respond
- Continuum of Mental Health
    - "OK to feel how you feel until it's not."
    - Youth→ Health Class-- More mental health curriculum
    - Adults→ Mentally well to mentally unwell goes back + forth throughout life
    - "It's not bad, until it's bad."
    - ★- <u>normalize</u> mental health/illness as physical health is – be able to define/ discuss
        - Mental Health Illness is <u>not</u> a choice (I.E. Personality Disorders)
        - Messaging-- Share what we do locally so it can influence policy state level.
        - Talking about mental illness like we would any other injury--not one size fits all--, need a long-term plan -- not just a quick fix-- <u>resiliency</u> +what is right w/ you.
        - Emphasis how normal it is to feel a lot of different ways.

What best practices could we amplify?

- Peer/Family supports
- Increased access (timely) to resources
- MHFA + CIT trainings
- Strong networks of professionals
- Policy + Procedures in place/ consistent +shared (update regularly)
- Connect suicide prevention -NAMI

- Learn the 5 signs - Recognize and Respond for all + Connect +Listening
- Story Telling
- Disseminate resources RE hotline (bridges)
- Mental health first AID/ SAFE ZONES (ID + IMPLEMENTS)

What tools, skill sets and resources can we bring to the table?

- platforms/networks
- rallying around current resources +making sure they're getting what they need
- community partners
- general support
- selfcare
- community events/spaces
- funding $
- online communities + resources (podcasts, insta, FB groups)
- Building communication btwn. parents/youth/orgs. - "how to's" for having conversations +sharing info
- PSA's→messaging
- coping skills
- professional dvlpmnt.
- support groups
- Media Outlets (PSA/ radio stations)
- Social Media
- Target businesses
- Questionnaires @ Dr's Office
- Evaluation to target stakeholders
- Media Outlets (PSA/ radio stations)
- Social Media
- Target businesses
- Questionnaires @ Dr's Office
- Evaluation to target stakeholders
- Make connections
- Community education (x2)
    - Teachers
    - Police department + wide training
    - First responders
- Data:
    - where do we get data?
    - Pediatric offices
    - IDN (Integrated Delivery)
    - NH Bureau of EMS (Public)
    - Dept Safety
- Community education
- Collaboration between organizations
- Recovery friendly workplaces- supporting employees
- VICTIMS INC-- peer support for traumatic deaths
- FUNDING?
- Lack of therapists/over capacity -- compassion fatigue (for first responders, too)
- BUILD TRUST- to talk about mental health at work
- TRAIN in PEER SUPPORT
- Combine services-one stop shop for support
- Community events + programs
- Youth programs with contact points + check-ins on wellness/mental health
- MHFA

- locked in community settings
- library
- Give kids an emotional vocabulary, positive self talk
- Social emotional learning
- Zones of regulation --emotional regulation
- No feelings are bad feelings -- knowing what to do with them-- how long to feel them/
- Embedded therapy in many professions (ex. Medical, First responders)
- Safe spaces – Bringing services/professionals into spaces people already feel safe in
- Proactive not only reactive
- Parent (caregiver/family) education
- Mental health info normalized – not just for crisis situation (ex. at scheduled check ups and accessible for income level etc.)
- Breaking down stigma + taboo
- doesn't discriminate
- Mental Health is a part of overall well being
- Systems need to be willing to assess the individual (long term management, not quick fix)
- Parent/Family support (especially for low income families)
- Mental health info as part of regular school communication
- Bring to communities --don't ask them to come
- Tie in services already being used
- We want this to become commonplace (city hall, grocery stores, schools, post office, chamber of commerce, food pantries, etc.)
- Create a shift in our definition of success (more acceptance of different paths - Education, career, life….)
- Spread awareness
- Create action plans/ execute them
- Create community connections
- Share solutions/ seek solutions

E. School Counselors Focus Group Notes, May 29, 2019

Participants

Eleven people participated in the focus group ranging from one to 18 years of experience. The group included school counselors and psychologists from the public schools.

Share a positive thing that happened this year:

- Kids reaching out to one another
- Students realizing/achieving positive growth
- Getting to know new colleagues
- Working and collaborating with community agencies (Dover PD, Fire, Community Partners)

What changes have you noticed with students and families

- Parents less involved…particularly as students move from Elem to MS or HS
- Parents unaware of the amount of support "therapy" students try and provide to each other…. students are "go to" people among peers and they believe they have answers and can resolve things on their own
- Parents too comfortable with kids talking to friends…ex when asked who does your child go to for support, they identify students not always adults
- Anxiety much higher among students and first coping skill is to hurt themselves…increase in not only ideation but hospitalization…
- Increase in frequency and intensity of ideations in school…a daily occurrence even at elementary school level
- Increase in students who have experienced trauma
- Spike in special education evaluations…. many of these focus on social emotional regulation or behavioral concerns
- Lack of capacity for continuum of supports…. supposed to identify and refer but to who? Booked….12 week waits when student is in active crisis
- Increase in wait time to see a professional…12 weeks not uncommon and often don't take insurance
- Access to supports is difficult
- Shift in insurance and APA billing…. mental health/emotional regulation evals being pushed into schools that would have normally been done by outside providers
- At capacity- in a reactive stance not proactive

In what ways do you feel you have the greatest impact and influence? Where are you best equipped to support students?

- When student requires outside MH therapy and school and family also engage to support work as a team…when we are a piece of the puzzle and a partner not the only solution or "fix it".
- When I work within my profession, job description and can refer to others…as school counselors we are to assess and refer
- When parents aren't resistant or unavailable to support (missed appointments, missed intakes etc.)
- When the expectations meet role…but if it doesn't, we can't drop the ball "kid" …we can't "not accept new clients" or clients beyond our scope
- When we are able to be proactive and partner with teachers to deliver school counselor curriculum and information BEFORE kids are in crisis…uneven across district….DMS teachers plan time is when guidance curriculum is delivered so counselors are trying to teach,

maintain classroom decorum and scan/assess the room for impact/concern over lesson or information. At DHS/Elem teachers remain with counselor and lesson is taught in context of class (Wellness…responding to needs at Elem etc.)
- When teachers support school counselor work
- DHS admin supports…has plans in place, appropriate structures…
- When working in a dept of people doing the same job (access to knowledgeable others…not alone)
- When collaborating with behavior specialist and school counselor
- When handling a crisis or critical incident…. Building and SAU support present

What are the needs of students that should definitely be a community responsibility? Where do you reach out and not have a hand reaching back?

- Community based supports pushing into school…. there is some but reducing barriers (hours, insurance)
- Supports at the right intensity and duration that are accessible in a timely manner…so students don't have to completely step out of their lives and schools to receive support (inpatient…intensive outpatient during school day)
- Lack of wrap around

What partner or partners are absent from the table?

- Funding
- Psychiatrists and medication management…specialists
- No place to refer…can create divide with parents….
- School based health center staffed and accessible

What barriers could be removed?

- Summer support programs…how to make sure kids are cared for during breaks
- Scholarships for camps/activities
- Families have to string together camps in Dover…
- Partnerships with IHEs (Institutes of Higher Ed) for training and interns
- Capacity to be consistent
- DCYF- not just react but be proactive and make connections
- Community resources- identified and in one place
- Review of community organizations and projects to avoid duplication…. expand capacity and create overlap where needed

NH Listens

Carsey School of Public Policy
University of New Hampshire
NH.listens@unh.edu
www.nhlistens.org