Adolescent Mental Health Toolkit

Resources to Support Student Well-being in Dakota County

Public Health
Prevent. Promote. Protect.
TO GOOD HEALTH

Dakota COUNTY

Toolkit Objective

To strengthen the capacity of Dakota County school district personnel and other community professionals to promote positive adolescent mental health and well-being and to prevent suicide.

About this Toolkit

This toolkit was developed to encourage Dakota County school professionals to utilize evidence-based mental health promotion and suicide prevention strategies. This toolkit serves as a resource to support local school districts in evaluating their mental health programs, policies, and practices.

This toolkit was designed for Dakota County School Districts, but can be a useful resource for anyone, especially others in community settings who are working to promote positive mental health and well-being.

The Dakota County Public Health Department will update this toolkit annually. For up-to-date information on services and programs, call First Call for Help at 211 or go to the Minnesota Help Info website.

If you are reading a printed copy of this toolkit, please refer to the electronic version at www.dakota.mn.us, Search: School Mental Health Promotion Toolkit to access the webpages hyperlinked on this document. If you have questions or additions for future editions, please call 651-554-6100 or email public.health@co.dakota.mn.us.

This toolkit designates when resources meet the requirements for the following categories:

- Best Practice

- Evidence-Based Practice

- Evidence-Based Program

- Program with Evidence of Effectiveness

- Model Program

- Research Proven

For more information about program **designations**, go to the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) website. Please be aware that SAMHSA's National Registry for Evidence-based Programs and Practices (NREPP) has been discontinued and SAMHSA is reconfiguring its approach to identifying and disseminating evidence-based practices. For more information, please read Assistant Secretary Elinore F. McCance-Katz's statement about NREPP and evidence-based practices.

Limitations

This toolkit is not a recommendation or an endorsement of the services or programs described. It is not a comprehensive list of all services and programs to Dakota County residents. It is important to consider culture when selecting services. Dakota County offers limited culturally specific services and programs; they are listed in the Mental Health Disparities section and in the Resource Lists.

Acknowledgments

- Dakota County Public Health employees

- Dakota County Social Services employees

- Personnel from the several Dakota County school districts

Your input to maintain the accuracy of this document is valuable. For input, questions and/or consultation, contact: Shannon Bailey, Health Promotion Coordinator, Dakota County Public Health Department, 1 Mendota Road West, Ste. 410, West St. Paul, MN 55118-4771, 651-554-6164, [Shannon.Bailey@co.dakota.mn.us.](mailto:Shannon.Bailey@co.dakota.mn.us)

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SECTION ONE

Cultural Considerations

According to the Centers for Disease Control and Prevention, **cultural competency** refers to an ability to interact effectively with people of different cultures.

Culture can account for minor variations in how people communicate their symptoms and which ones they report. Some aspects of culture may also underlie *culture-bound syndromes* - sets of symptoms much more common in some societies than in others. More often, culture bears on whether people even seek help in the first place, what types of help they seek, what types of coping styles and social supports they have, and how much stigma they attach to mental illness.

Culture also influences the *meanings* that people impart to their illness. Consumers of mental health services, whose cultures vary both between and within groups, naturally carry this diversity directly to the service setting (U.S. Department of Health & Human Services, 2001, August).

Communication can create misunderstanding and barriers to making meaning in a situation. **Translation and interpretation** are necessary but are not complete solutions. For more information on culture and health literacy, go to the Centers for Disease Control and Prevention (CDC) website.

The Dakota County Somali Mental Health Needs Assessment provides a local lens to support the health and well-being of Dakota County Somali residents (or, go to www.co.dakota.mn.us, Search: Somali Needs Assessment).

Language Matters in Mental Health

Don't Say This	Say This When Necessary
That's crazy, psycho, insane, nuts	That's wild, bizarre, odd, eccentric
It drives me crazy	It annoys me
Patient, client, case, consumer	An individual needing mental health services, person with lived experience
He is a paranoid schizophrenic She's an anorexic He's depressive She's OCD He's bipolar She's mentally retarded	He has/lives with paranoid schizophrenia She has/lives with anorexia nervosa He has/lives with major depression She has/lives with obsessive-compulsive disorder He has/lives with bipolar disorder She has/lives with an intellectual or developmental disability
She is emotionally disturbed	She has/lives with a serious emotional condition
He's a special education student	He's a student receiving special education services
She's an addict or substance abuser	She has/lives with a substance use disorder
He's mentally ill	He has/lives with a mental health condition or diagnosis
Super utilizers, High-needs adults	Individuals with complex support and service needs
Successful suicide Unsuccessful suicide	Completed suicide, died from suicide Attempted suicide
Suffering from mental illness	Living with (or experiencing) mental illness
Those who…	People who…
Adapted from the Hogg Foundation for Mental Health in Texas	

Toolkit Purpose

The purpose of this School Mental Health Toolkit is to document:

- Dakota County mental health promotion and suicide prevention activities and resources

- Mental health Information and support to individuals and families

- Support for communities to organize themselves to build protective factors and reduce risk factors at the school level

This document provides Dakota County school personnel, parents and caregivers a central resource for information to support the mental well-being of young people in grades 6-12, prevent suicide, and respond to sudden deaths appropriately. This toolkit includes a list of evidence-based practices as well as model programs and policies.

Definitions

The World Health Organization defines mental health as, "…a state of well-being in which every individual realizes his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make contributions to his or her community."

Minnesota State Statute, section 245.462, Subd. 20 (a), defines mental illness as, "…an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is detailed in a diagnostic codes list by the commissioner, and that seriously limits a person's life capacity to function in primary aspects of daily living such as personal relations, living arrangements, work and recreation. For children, mental illness is referred to as an emotional disturbance with a similar definition (Kock, S. E., 2016, p.14)."

Key Suicide Risk Factors

Key indicators for suicide risk include when a person has a desire to die and has access to lethal means such as a firearm. Psychologist Thomas Joiner, a leading expert on issues of suicide, calls this a "capacity for suicide" because a person in this situation is at an increased risk for attempting suicide. Often the desire to die comes from a sense of low belongingness and the perception of being a burden to others.

Common risk factors (as outlined by Dr. Terri Erbacher)

Risk factors can be different for each person.

- Males are at a higher risk of dying from suicide than females

- Access to lethal means (i.e. firearms)

- Lesbian, Gay, Bi-sexual, and Transgender sexual orientation and/or sexual identity

- Trauma history

- Previous suicide attempt: 20 percent of those who kill themselves previously attempted suicide

Genetic predisposition

- Self-injurious behaviors

- Alcohol and other substance use disorders

- Impulsive

- Aggressive

- Low self-esteem

Suicide Warning Signs

Warning signs are visible signs that a person may show that indicate they may be in a crisis or thinking about suicide. Fifty to seventy-five percent of people who are suicidal give some warning of their intentions (Erbacher, Singer, & Poland, 2015, p. 13). To see a list of warning signs for youth and learn how to respond if you see them, go to the [Suicide Awareness Voices of Education](#) (SAVE) website.

[The Minnesota chapter of the National Alliance on Mental Illness](#) (NAMI) hosts classes for professionals and families. A list and more information are available on their website. For more information on suicide risk factors and warning signs, go to [The American Foundation for Suicide Prevention](#) website.

Protective Factors

The presence of protective factors can lessen the potential of suicidal thoughts and behaviors. Protective factors are skills and resources that help to reduce the risk of developing mental health problems. Resilient people often have multiple protective factors and are able to bounce back in the face of adversity (Erbacher et al., 2015, p. 14). [Suicide Awareness Voices of Education (SAVE) lists common protective factors](#) on their website.

Resources to learn more about protective factors or get involved

- Dakota County Adverse Childhood Events Training: Understanding ACEs: Building Self-Healing Communities. No cost trainings, presentations vary from 45-miutes to two hours depending upon interest. Contact Janell Schilman at Janell.Schilman@co.dakota.mn.us or 952-891-7449.

- [The Bounce Back Project](#) is a community initiative in Buffalo, Minnesota, promoting health through happiness.

- The [MN Well-Being and Resilience Learning Community](#) is a monthly learning opportunity led by the Minnesota Department of Health (MDH). It is for anyone who is interested in building resilience and promoting mental well-being. Participants learn

about effective well-being strategies and practical implementation steps from communities across Minnesota.

- Be a trauma informed school; learn how to cultivate resilience in a complex world. Learn more about SAMHSA's six key principles of a trauma-informed approach.

National and State Mental Health Data

Schools can use the following data to create environments where all staff and students are aware of potential warning signs and are aware of accessible resources.

The Minnesota Department of Human Services estimates nine percent of school-aged children and five percent of preschool children have a severe emotional disturbance, which includes mental health problems that have become longer lasting and interferes significantly with the child's functioning at home and school.

- In 2016, the Minnesota Department of Human Services estimated that about 20 percent of children experience an emotional disturbance. Most children are served in public and private outpatient settings and recover fully within a relatively short period (Kock, 2016).

- School staff is more at risk of dying from suicide than students; suicide rates are highest for Caucasian men ages 35-64 years old. In youth ages 15-24 years old, estimates indicate there are 100-200 suicide attempts for each completed suicide (Centers for Disease Control and Prevention [CDC], 2014).

Mental Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (CDC, 2008). An example of disparities related to mental health is people living with serious mental illnesses dying an average of 24 years sooner than their peers who do not have serious mental illnesses (ResearchGate, 2010).

Some reasons for this disparity include higher rates of risk factors among those with mental illness, such as:

- Higher rates of smoking
- Poor weight management, weight gain from some anti-psychotic medications
- Poor nutrition
- Low physical activity
- Poor access or utilization of preventive healthcare
- Poverty
- Social isolation

- Effects of anti-psychotic medications
- Higher rates of substance use disorders
- Unsafe sexual behaviors
- Residing in group care facilities and homeless shelters where there is an increased exposure to infectious diseases (Kock, 2016, p. 16)

More resources about health disparities in Minnesota

- 2017 Health Care Disparities Report for MN Health Care Programs provides health care performance rates for patients enrolled in the managed care component of these programs.

- The Minnesota Community Measurement Report documents depression-related mental health disparities. Minnesota Department of Health Suicide Related Data is a legislative report, which offers a detailed plan regarding the Minnesota State Suicide Prevention Plan objectives:

- **Objective 4.1:** Improve the timeliness, usefulness and quality of suicide-related data to help explain the scope of the problem, identify high-risk groups and set priority prevention activities.

- **Objective 4.2:** Improve and expand the state, tribal and local public health capacity to routinely collect, analyze, report and use suicide-related data to help develop effective prevention efforts, especially at the local level.

- **Objective 4.3:** Increase the number and quality of surveys and other data collection instruments that include questions on protective factors against suicidal behaviors (also referred to as self-directed violence or SDV), risk factors and exposures to suicide to help better understand community suicide prevention needs and plan effective prevention and support services.

- **Objective 5.1:** Monitor how the suicide prevention plan is being implemented in the state and local communities.

School Considerations

- Schools provide youth with opportunities to make potentially life-saving connections with family, friends, school staff, and intimate partners (Erbacher et al., 2015, p.21).

- Strong administrative support is critical for effective school crisis response planning. Each district/building should complete a crisis plan, ensure all staff is informed, and have a written document developed on the district or building level.

- School administrators should designate a well-trained suicide prevention expert in each building (Erbacher et al., 2015, p. 15).

- In 2016, the Minnesota legislature mandated that teachers renewing their license must receive an hour of suicide prevention best practices – effective immediately and applicable for teachers renewing their licenses beginning August 1, 2017.

- School-based suicide prevention includes screening and educating all students, training adults, and conducting a suicide risk assessment.

- Suicide prevention gatekeeper training is a systematic approach designed to use the expertise of all school staff members to create an infrastructure of caring adults and to support youth in recognizing, talking about, and preventing suicide. Some of the most frequent suicide gatekeeper referrals are English teachers (Walsh, Hooven, & Kronick, 2013, pp. 53-61).

- Parents have sued school districts because they believed the school's failure to stop bullying lead to their child's suicide; a result of negligence or duty to protect vulnerable minors. School mental health professionals have been found liable for failing to protect even when the district has been determined to have immunity from such a lawsuit (Erbacher et al., 2015, p. 52).

- Schools should also consider incorporating peer suicide prevention programs. Adolescents are more likely to share their suicidal thoughts with a peer than with an adult (Kalafat & Elias, 1994, pp. 224-233).

- Utilize suicide prevention curriculum Hazelden's Lifelines Curriculum to develop or strengthen existing policies and practices.

  Designation: Program with Evidence of Effectiveness

SECTION TWO

Dakota County Mental Health Data

The [Minnesota Student Survey](#) (MSS) includes youth perception data from students in grades 5, 8, 9, and 11. It asks students about mental health, stress, self-inflicted injury, suicidal behavior, and many other well-being and risk indicators. To request district-specific Minnesota Student Survey data, email healthstate@state.mn.us.

[2017 Dakota County Mental Health and Suicide Statistics](#)

Additional notes about suicide data

Collecting accurate data about suicide is complicated by the legal process and community attitudes. There is generally a lengthy delay while officials examine the evidence to determine if a death was a suicide. Without conclusive evidence, officials may record potential suicides as "unintentional" or "undetermined" on death certificates. Investigative techniques and coding have also changed over the last two decades, making it difficult to draw conclusions from past statistics. In addition, inconsistent case definitions about what determines a suicide create difficulty coding mortality data.

In addition, while community attitudes about suicide have changed over the years, there is still a significant stigma attached to suicide, which also influences the collection of data and comparisons to other years. Medical examiners, coroners, doctors, and public safety professionals may not record a death as a suicide to spare the victim and his or her family the social stigma sometimes associated with a death by suicide or to avoid potential insurance consequences.

Other indicators of mental health

The rate of deaths due to suicide is clearly an important indicator of mental health in a community. However, other data can potentially provide a more complete picture of the problem of suicidal behavior, because most suicide attempts do not result in death.

Public Health Community Health Improvement Plan

The [Dakota County Community Health Improvement Plan](#) is a key step in a long-term, systematic effort to address public health issues identified in the community health assessment. Two community action teams developed goals, measurable objectives and action steps for the two priority planning areas, one being mental health. The following indicators enable the group to track progress over time:

1. Percentage of youth who attempted suicide in the past year. (baseline measure: 4% of 9th graders in 2013) Source: Minnesota Student Survey (2016: 4%)

2. Average number of mentally unhealthy days for adults in the past 30 days. (baseline measure: 2.6 days in 2014) Source: County Health Rankings; Behavioral Risk Factor Surveillance System (Centers for Disease Control)

3. Percentage of adults who delay getting mental health care. (baseline measure: 56%) Source: Metro SHAPE Survey

4. Percentage of youth who seriously considered or attempted suicide in the past 12 months who received treatment. (baseline: 29% of 8th, 9th, and 11th graders in 2013) Source: Minnesota Student Survey (2016: 29%)

The Dakota County Mental Health Action Team formed in 2014, and it is comprised of community practitioners and county staff. The Action Team identified other measures related to mental health as a core component of the 2014-2019 Dakota County Community Health.

Dakota County Community Health Profiles

The [Community Health Profiles](#) are two-page summaries that provide current information about health issues and concerns in Dakota County.

Dakota County School District Mental Health Resources

Search each school district's website for listed documents.

Special District #6 – South St. Paul

- District Crisis Management Policy

- School Counseling Programs

ISD #191 – Burnsville and Eagan

- District Mental Health Resources

ISD #192- Farmington

- District Crisis Management Policies

- Farmington High School Student Mental Wellness App

ISD #194 – Lakeville

- District Mental Health

- Memorials for Deceased Students and Staff Policy

ISD #195 – Randolph

- District Crisis Manual

- District Crisis Management Policy

ISD #196 – Eagan, Apple Valley, Rosemount

- Student Services

- Response of a Death of a Student Policy

ISD #197 – Mendota Heights, West St. Paul, Eagan

- District Crisis Policy
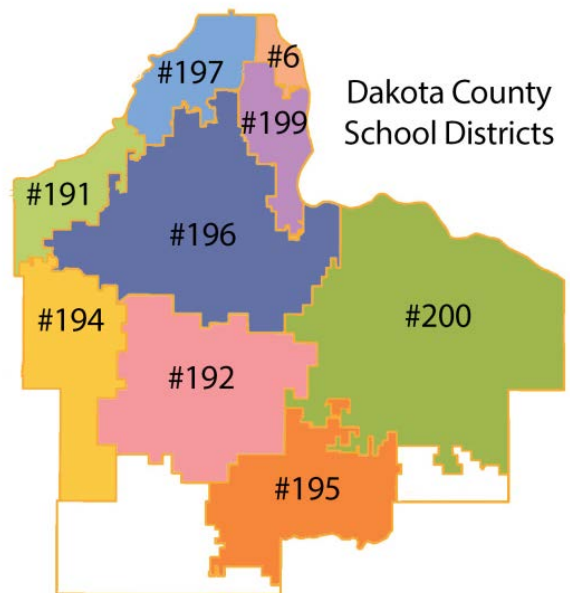
ISD #199 – Inver Grove Heights

- District Crisis Management Policy

ISD #659 – Northfield

- District Emergency and Crisis Management Plan

ISD #917 – Intermediate School District

- District Crisis Management Policy

Dakota County School Districts

Dakota County Mental Health Resources

Collaborative Groups

Dakota County Children's Mental Health Local Advisory Council

The [Children's Mental Health Local Advisory Council (LAC)](#) works to increase awareness of mental health in Dakota County. Parents and youth who are or have received mental health services and providers are welcome to serve on this council.

Dakota County Healthy Communities Collaborative (DCHCC)

Quarterly meetings of the DCHCC offer professional networking opportunities, discussion of current and emerging community health concerns, and calls to action. The group hosts the annual Dakota County South of the River Mental Health Summit and the annual Living Longer: The Power and Possibilities Summit (focus is older adults). The Park Nicollet Foundation supports the DCHCC. For more information, contact [Shannon.Bailey@co.dakota.mn.us,](mailto:Shannon.Bailey@co.dakota.mn.us) 651-554-6164.

Dakota County Integrated Children's Mental Health and Family Service Collaborative

[The Dakota County Collaborative](#) is an integrated children's mental health and family services collaborative that meets to establish an integrated system of care for children and support early intervention and prevention services in Dakota County. Partners include parents, community agencies, schools and County staff.

Interagency & Collaborative Groups Focused on the Needs of Children, Adults, and Families

Find a full list of [2018 Dakota County Interagency & Collaborative Groups](#) focused on the needs of children, adults and families. Contact: Janell Schilman, Dakota County Social Services, with questions: 952-891-7449, [Janell.Schilman@co.dakota.mn.us.](mailto:Janell.Schilman@co.dakota.mn.us)

Dakota County Library - Mental Health Resources for Youth

The Dakota County Library system provides access to current and authoritative information about mental health topics, including non-fiction materials, to support independent learning and research, young adult fiction featuring teens facing mental health situations; and access to online databases with timely research articles about mental health topics.

Contact: Renee Grassi, Youth Services Manager: Renee.Grassi@co.dakota.mn.us

Dakota County School Mental Health Practice Group

This group is a sub-committee of the Dakota County Integrated Children's Mental Health and Family Service Collaborative, focused on the delivery of School Linked and School Based Mental Health Services. It is comprised of school-linked and school-based mental health providers, schools, County and local social service stakeholders that are able to make both program and policy changes within their organizations and school districts.

The goal is to improve service delivery and collaboration among the various interagency partners that identify, refer, and directly serve students through a variety of mental health supports available in the school and the community.

Contact: Janell Schilman, Dakota County Social Services: 952-891-7449 or Janell.Schilman@co.dakota.mn.us

Dakota County Safe Drug Free Schools (SDFS)

This group meets on the first Friday of every month from 8:00 – 10:00 AM at the Dakota County Western Service Center. Meetings include professional training and networking opportunities, for individuals who work in Dakota County schools.

Contact: Shannon Bailey, Public Health Coordinator: 651-554-6164 or Shannon.Bailey@co.dakota.mn.us

Dakota County Mental Health Resources

[C.O.R.E. Drop in Center](#)

- Community, Outreach, Resources and Engagement
- The drop in center provides a place where youth who are at-risk or are currently experiencing homelessness can get help with basic needs and case management.

[Dakota County Children's Mental Health Case Management](#)

- Intake: 952-891-7459

[Dakota County Crisis Response Unit](#)

- The Dakota County Crisis Response Unit provides 24-hour phone and face-to-face crisis intervention and consultation. Call 952-891-7171.
- The primary goal of the Crisis Response Unit is to assist in stabilizing the immediate crisis, ensure safety for the client, the family and/or the community, and assist with referrals to appropriate county or other agency staff as necessary.

[Dakota County Grief Services](#)

[Diamondhead Clinic Tele-Mental Health Services](#)

- No Obstacles to Wellbeing (NOW!) tele-mental health services provided at Burnsville High School by Park Nicollet
- Services are available to Burnsville High School students in English and Spanish

[TreeHouse Mentoring](#)

- The Eagan and Lakeville TreeHouse programs provide a safe environment, mentoring, support, guidance and practical skills supporting adolescents and young adults

Dakota County Resource Directories

Dakota County Collaborative Mental Health Resource List for Dakota County Children and Youth includes several culturally specific and culturally competent mental health providers.

Dakota County Public Health Community Resource Guide contains a comprehensive list of low-cost services in Dakota County, listed by issue or type of resource.

Low Cost Dakota County Mental Health Services

- Briva Health

- Low Cost Dakota County Mental Health Services

- More Low Cost Dakota County Mental Health Services

- Portico Healthnet

    - Improving health care (low cost medical, dental and mental health services) access in Minnesota

Minnesota and National Mental Health Resources

- Alliance of Hope for Suicide Loss Survivors

- American Foundation for Suicide Prevention - MN Chapter

    - Talk Saves Lives – a suicide prevention presentation, no cost, survivor outreach

- Life Skills Curriculum

- Parents' Guide to Getting Good Care – Child Mind Institute

- Partnership for Drug-Free Kids

- Sources of Strength

    - A suicide prevention program that uses peer leaders to enhance protective factors associated with reducing suicide at the school population level

    Designation: Evidence-Based Program and Practice

- School Health Assessment and Performance Evaluation System

- Suicide Awareness Voices of Education

  - Students Mobilizing Awareness and Reducing Tragedies (SMART Schools)

  - Linking Education and Awareness for Depression and Suicide (LEADS) Curriculum

    Designation: Best Practice

- The resources included in this database have all been reviewed and are constantly being updated in order to represent the best of what is out there.

Minnesota Reports

2016 MN Governor's Mental Health Task Force Summary includes recommendations for transforming Minnesota's mental health system into a comprehensive continuum of care.

MN Mental Health Promotion includes information on prevention, postvention, trauma-informed and resiliency and well-being strategies.

The goal of the Minnesota State Suicide Prevention Plan 2015-2020 is to reduce suicide in Minnesota by 10% in five years, 20% in ten years, ultimately working towards zero deaths.

Resources and Training

Adverse Childhood Events Training

- Contact Janell Schilman, Janell.Schilman@co.dakota.mn.us 952-891-7449

The Columbia Protocol The Columbia Protocol (screening)

- The Columbia-Suicide Severity Rating Scale (C-SSRS)

Crisis Text Line

- Text MN to 741741

Make It Ok

- A campaign to reduce the stigma associated with mental illnesses
- A 60-minute presentation is available, contact NAMI to request a speaker

Minnesota Association for Children's Mental Health

- Professional training, publications, resources, projects and programs

National Alliance on Mental Illness (NAMI) - Minnesota

- Education NAMI Education
- Support NAMI Support

- Training request NAMI Presentation Request Form

National Training and Technical Assistance Center for Child, Youth and Family Mental Health

- Cultural and linguistic competence information and resources

OutFront MN – Leading towards Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) equity

- Gender Inclusion Policies
- Gender and Sexuality Alliance (GSA)

PACER Center – Children's Mental Health and Emotional or Behavioral Disorders Project

- PACER Children's Mental Health

The Trevor Project

- Crisis intervention and suicide prevention for LGBTQ young people

Model School District Policy on Suicide Prevention Model School District Policy on Suicide Prevention

- *Designation: Best Practice*

[People Incorporated Training Center](#)

[NEDA- National Eating Disorders Association](#)

- [Educator Toolkit](#)

- [Coach and Trainer Toolkit](#)

[The Vitals App](#)

Suicide Intervention Training

[Applied Suicide Intervention Skills Training – Suicide Prevention Resource Center](#)

- Two-day suicide prevention training for professionals and community members

  Designation: Program with Evidence of Effectiveness

[Connect Suicide Prevention and Response Training](#)

- Training in suicide prevention, intervention, and postvention

- [NAMI Presentation Request Form](#)

  Designation: Best Practice and Model Program

[Kognito](#)

- Health simulations for teachers offering virtual learning modules

  Designation: Research-Proven and Evidence-Based

[Minnesota Department of Education License Renewal Conditions](#)

- The Minnesota State legislature requires teachers complete at least one hour of Suicide Prevention Best Practices as part of the renewal condition for Early-Onset Mental Illness in Children and Adolescents.

- Training must include key warning signs for early-onset mental illness in children and adolescents.

- Dakota County schools can request their School-Based Mental Health Providers provide employee training through their Mental Health Contract for Services.

[National Suicide Prevention Lifeline](#)

- The Lifeline, 1-800-273-8255, provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals

- Call 1-800-273-8255 for deaf and hard of hearing

Suicide Awareness Voices of Education (SAVE)

- [Community Professionals Training](#)

[Mental Health First Aid (MHFA) Courses](#)

- Adult and Youth (12-18 years old) Mental Health First Aid courses

- Eight-hour classes offer certification by the National Council for Behavioral Health

- A Public Safety course is available for first responders and law enforcement

- [Fairview MFHA Course Information](#)

- *Designation: Evidence-Based Program*

[Question, Persuade, Refer Suicide Gatekeeper Training](#)

- One-hour suicide prevention gatekeeper training

- [NAMI Presentation Request Form](#)

  Designation: Program with Evidence of Effectiveness

[School Suicide Prevention Accreditation Program](#) - American Association of Suicidology School Suicide Prevention

- Home-study program for school psychologists, social workers, nurses, counselors, and others dedicated to or responsible for reducing the incidence of suicide and suicidal behaviors among today's school-aged youth

- Participants will receive a School Suicide Prevention Resource Guide, recommended reading list, and a sample exam

  Designation: Evidence-Based Practice

Toolkits

Child Trauma Toolkit for Educators

2018 Mental Health America Back-to-School Toolkit

- Resources for students, parents and professionals, classroom activities, media and web materials

Suicide Prevention Resource Center

- After a Suicide: A Toolkit for High Schools SAMHSA
    - Risk Assessment
    - Postvention Protocols
    - Education and Outreach Tools
    - Screening Tools
- Resources for Middle Schools

- The Minnesota Department of Education has a Toolkit for Ensuring Safe and Supportive Schools for Transgender and Gender Nonconforming Students.

- Preventing Suicide: A Technical Package of Policy, Programs, and Practices, CDC, 2017

    - Create or strengthen protective environments: reduce access to lethal means, organize policies and culture, community-based policies to reduce excessive alcohol use
    - Promote connectedness: Peer norm programs and community engagement activities
    - Teach coping and problem-solving skills: social-emotional learning programs, parenting skill and family relationship programs
    - Identify and support people at risk, lessen harms and prevent future risk: suicide prevention gatekeeper training, crisis intervention, and treatment for people at risk of suicide
    - Lessen harms and prevent future risk: suicide postvention, safe reporting and messaging about suicide

SECTION THREE

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