

Guidebook: Community Needs and Assets Assessment Youth Suicide Prevention

The purpose of this assessment is to identify the resources available to address youth suicide prevention/intervention within your region. This assessment can serve as the basis for discussion when beginning your planning. We recognize that no one person (or agency) within the Community Health Network Alliance (CHNA) will have access to all of this information. Ideally, completion of the assessment will be a collaborative effort across the CHNA. We recognize that some towns or communities throughout your CHNA may have different needs. Therefore it is important to collect data that can capture the needs of various identified areas within the CHNA. One suggestion is for different individuals on your team to collect data based on geography (i.e. particular towns or groups of towns that are logically related by service utilization), demographics, areas of expertise, or other relevant criteria. We have provided some suggestions of potential respondents for each question and suggest identify the towns and regions to which the data applies

Regardless of the method(s) you choose to collect the data, we recommend that all CHNA members come together to discuss and complete the final version of the assessment. One of the greatest values of the CHNA is that it brings together persons of varying backgrounds, experiences, and perspectives to discuss an issue of common concern. Different CHNA members may have different responses to the same question, and collective dialogue allows for expression of divergent viewpoints. Discussion may also generate questions and concerns that did not come up on the survey and may be valuable in the planning process. We encourage you to note these thoughts and to ‘think outside the box.’ Remember that this assessment is a tool for your OWN use in the planning process; it is NOT a test of how thoroughly or precisely you answer the exact questions on the survey!

Finally, we recommend that this assessment be an active process and that you go out into the streets, clinics, agencies, etc. to check your assumptions and to learn more about youth patterns, opinions, and behaviors. We also recommend that you organize **focus groups** and/or **key informant interviews** with youth and parents to discuss some of the questions on the assessment as noted throughout the manual. This information should be considered *in addition to* CHNA responses to these questions, as any differences between community collected information and your own understanding can be very informative. Remember that you will be coming together to discuss all of the data and may find it valuable to compare adult and youth responses.

This manual provides basic information on the purpose of each question, suggestions for who might respond, possible data sources or methods, and the definitions of any ambiguous terms.

A. Demographics

Question A1: *Please provide as much of the following demographic data as possible.*

Purpose: To get a sense of the overall size and demographic composition of the youth population in your CHNA. Many of these statistics highlight segments of the youth population that tend to have a higher-than-average risk for suicide.

Who might respond?

- CHNA members who work with various segments of the youth population may have access to specific types of data
- Feel free to ask for help from data managers in your CHNA and at DPH to locate this information.

Data Sources/Methods:

- CHNA agency databases/reports
- MDPH website:
 - MassChip database – the ‘Instant Topics’ section has some CHNA-specific statistics
 - Department of Child and Family Services – the ‘Statistics’ section under the ‘For Researchers’ tab may be helpful
 - Department of Youth Services – ‘Publications and Reports’ (in the right hand column) may be helpful
- MDPH representatives for this project or data managers

Definitions:

- Youth in the juvenile justice system: The DYS state statistics report on the number of admissions to detention centers, the number of new commitments into the system, and the committed caseloads in various regions. Please indicate on the assessment what measures you used to get your numbers.

B. Community Resources for Youth

Question B1: *Please rate the extent to which youth in your identified area go to ‘hang out’ or interact with other peers or adults in the following settings?*

Purpose: Social isolation and social support can play a significant role in youth psychology and development. Before designing or expanding social programs that may help to protect against suicidal ideation or behavior, it is important to know what youth like to do and what spaces and activities seem to promote health and wellness. Observation of youth in their ‘hang out’ environment also allows you to explore the risk and protective factors related to peer-to-peer and peer-to adult interactions and relationships.

Who might respond?

- Members of the CHNA who:
 - work with youth in these or other (formal or informal) extra-curricular/recreational environments
 - have the time to conduct community-based research

Data Sources/Methods:

- Direct observation/experience
- Talking with youth/youth workers
- Focus groups and key informant interviews with youth

Definitions:

- Categories of use are relative. Consider use relative to availability of resources, e.g. frequency of use compared to hours of operation

Question B2-B3: *What kinds of formal or informal activities are available to youth in the identified area? Are there activities that would benefit youth (increase protective factors and/or decrease risk factors) that are not currently available?*

Purpose: Involvement in organized activities/events, particularly those that promote a sense of community or belonging, can help to protect against depression and suicidal thoughts and behaviors. The purpose of this question is to identify existing activities/events that are important to youth and those that may be missing so that you can prioritize resources in the planning phase.

Who might respond?

- Members of the CHNA involved in or familiar with these activities/events

Data Sources/Methods:

- Direct observation/experience
- Talking with event/activity participants and organizers
- Data from the town or sponsor of the event on the turnout
- Attendance records from youth groups/clubs
- Focus groups and key informant interviews with youth

Question B4: *What media outlets are used by youth in your identified area and which ones do youth rely on for getting information? ***Purpose:*** To identify media outlets that attract youth attention and may be used to promote suicide prevention (e.g. increase awareness about risk factors, inform youth of where to go to get help, encourage healthy relationships, etc.) Youth may also be interested in helping with media prevention efforts.*

Who might respond?

- Members of the CHNA who:
 - Have done promotional/public education campaigns
 - Are media-savvy (e.g. understand or even use networking sites, etc.) or have worked in the communications field
 - Have children (or youth acquaintances) who use media as a primary source of entertainment/information

Data Sources/Methods:

- Media-savvy youth (you may try to identify youth that use media as a form of social isolation)
- Adults in the communications field
- Parents
- Local media representatives or polling companies (e.g. those that collect data on ratings and audience demographics, produce shows, help to create youth databases, etc.)
- Focus group and key informant interviews with youth

Definitions:

- Specialty Magazines: Any magazines that are popular among youth and may be willing to participate in prevention efforts (e.g. publish an advertisement or public announcement)

Question B5: *Who are perceived (either by youth or the community) as positive role models for the youth in your identified area? Do youth have adequate opportunity to develop positive relationships with these role models? How might increased accessibility to positive role models be accomplished within the identified area?*

Purpose: To identify people who make, or have the capacity to make, a positive difference in the lives of at-risk youth. In addition to possibly engaging these individuals in suicide intervention/prevention work, we recommend that you also think more broadly about what makes a 'positive role model.' This may help in efforts to find and to train new youth leaders/mentors; the existing role models may even facilitate training sessions or workshops on youth leadership.

Who might respond?

- Members of the CHNA who:
 - Are familiar with peer leadership/mentoring programs
 - Who work directly with youth
 - May have had an important role model in their lives growing up and feel connected to this issue

Data Sources/Methods:

- Focus groups and key informant interviews with youth:
 - For those *with* positive role models, you may ask what is most important to them about their mentors/role models
 - For those *without* clearly identifiable role models, you may ask them what qualities they would hope for in such a person or what they feel is missing from the social supports in their lives.
- People who have participated in Big/Brother Big Sister or other formal leadership/mentoring programs

Definitions:

- Positive Role Model: This is a subjective term. We recommend that you discuss different definitions of the term and look for leaders/mentors that 'fit' each definition. These may be individuals to which youth have direct access or individuals to which there is not direct access, but to whom youth feel connected in an indirect way.

Questions B6 – B8: *Which of the following pose barriers to accessing primary care (mental health and addiction) services for youth in the identified area?* **Purpose:** To think about what resources and actions are necessary to ensure greater access to primary care, mental health and addiction services. In addition to looking at structural or environmental barriers, you may consider why those that *do* have access to these services do not use them (they do not know about the services, fear interactions with authority, fear stigma from friends and family, etc.).

Who might respond?

- Members of the CHNA who have personal experience helping youth navigate the clinical system

Data Source/Methods:

- Data looking at trends in client/patient enrollment and visits
- Staff who have conducted client/patient satisfaction survey or focus groups exploring access issues
- Members of the billing, financing, and insurance departments of clinics/agencies
- Other clinic or agency leaders/administrators who confront these barriers everyday (those who book appointments, providers who have to bill for insurance, etc.)
- Those directly involved in securing transportation (e.g. outreach workers, those who give stipends/tokens to clients/patients to help afford public transport)
- Focus groups/key informant interviews of youth and their caregivers

Definitions:

Primary Care- Healthcare services aimed at addressing routine medical care and preventative treatment.

Mental health Services- Services aimed at addressing behavioral and/or psychological health. See assessment for some examples.

Addiction Services – Services aimed at facilitating recovery from addictive behaviors. Although many addiction services specialize in substance use addictions, other addictions may be prevalent in your area, such as gambling.

C. Primary and Mental Health Care Services for Youth

Questions C1ab - C3ab: *Who are your current and potential partners in primary health services(mental health; addiction services) for youth?* **Purpose:** To generate a list of contacts with whom you might work on this project.

Who might respond?

- As many CHNA members as possible – the more contact, the better!
- Members of the CHNA with networking experience/skills

Data Source/Methods:

- Community directories
- Personal contacts or recommendations

Question C4ab: *Below is a list of persons/organizations that may be involved in the mental health screening and referral process for at-risk youth. In the table below, please identify to what extent the following stakeholders are involved in the screening and referral processes for at risk youth. Please describe ways in which any of the above screening and referral processes could be improved.*

Purpose: To look for gaps or weaknesses in the screening and referral processes. These processes are critical because many at-risk youth may not discuss depressive or suicidal thoughts/feelings/risk factors without being asked or prompted by a provider

Who might respond?

- Members of the CHNA who:
 - Have administered screenings or referrals or have colleagues that use these processes
 - Have helped to develop screening or referral tools/protocols
 - Are familiar with youth screening and referral processes relevant to suicide prevention

Data Sources/Methods:

- Conversations with people who administer screenings/referrals
- Conversations with those who are recipients of potential referrals
- Conversations with youth who have gone through these processes
- Databases with information on screenings/referrals or reports that summarize this data
- Direct observation of screening and referral tools/processes

Definitions:

- Screenings: Processes used to identify and measure the severity of possible risk factors
- Referrals: Recommendations to seek additional services and efforts to help connect the patient/client/student to those services

Question C5-C&: *In what ways (or circumstances) might parents or guardians (faith-based organizations; school) be better supported in accessing mental health services for youth? (To answer this question we suggest considering conducting a focus groups for relevant informants or utilizing key informants who have experience in this area).*

Purpose: To identify barriers preventing or inhibiting parents or guardians from accessing mental health services for youth.

Who might respond?

- CHNA parents
- Members of the CHNA who work with youth and their families

Data Sources/Methods:

- Focus groups and key informant interviews with parents, members of faith based organizations that work with youth and school personnel
- Informal discussions with parents in the community
- School meetings/personnel (e.g. adjustment counselors)
- Parent support groups

D. Addressing Community Risk Factors

Question D1ab -D2: *In the table below, please assess whether or not there are sufficient resources to address the following risk factors, and identify any barriers to accessing these resources. Please list any current and potential partners who address/could address these risk factors.*

Purpose:

- 1) To recognize some of the important risk factors impacting depressive or suicidal youth
- 2) To identify gaps in services/resources necessary to address these issues and barriers to accessing these services/resources
- 3) To connect with individuals who may be able to provide advice/support on suicide prevention efforts that target specific risk factors or populations

Who might respond?

- Members of the CHNA who:
 - Have expertise/work with youth in these areas
 - Have colleagues, or are part of networks of people, who address these risk factors
 - Have personal experience addressing these risk factors

Data Sources/Methods:

- Conversations with providers/agencies who work with youth to confront these risk factors
- Databases that record information on risk factors (e.g. information from screenings, reasons for patient/client visit, etc.)
- Provider directories that list ‘areas of expertise

Questions D3-D9: *List organizations in the identified area that work specifically with 3) gay, lesbian, bisexual, or transgender youth; 4) specific racial or ethnic groups; 5) youth with disabilities; 6) young veterans; 7) Children of veterans; 8) children of parents with mental illness and/or addiction; 9) isolated communities. Have staff at these organizations received training about suicide risk, prevention and/or intervention?*

Purpose: Isolation resulting from personal identities or life experience that may be poorly understood by the majority can be a risk factor for suicide. Interventions that bring together individuals from a particular identity group may create a sense of belongingness and support among youth. It is important to determine whether or not the leaders/facilitators have the training and resources necessary to identify and address risk.

Who might respond?

- Members of the CHNA who work with, or have colleagues or friends who work with, identity-specific youth groups

Data Sources/Methods:

- Conversations with facilitators and members of these groups
- Records of topics discussed or actions taken to address various issues (e.g. meeting minutes, annual reports, records of events that the group sponsored/conferences or trainings they attended, etc.)

Question D10a-b: *What is the prevalence of alcohol and drug use among youth in your identified area? Does your identified area have alcohol and drug abuse treatment programs for youth? outpatient programs? residential programs? detox programs? Please list any specialized alcohol and drug treatment services in the identified area (e.g. GLBT, culturally-specific, gender-specific, sensitive to disabilities, etc.)*

Purpose: To identify resources available to youth who:

- 1) May be using alcohol or drugs to mask or to 'escape' feelings or problems
- 2) May be at greater risk for self-harm or extreme or rash behaviors as a result of intoxication
- 3) Have co-occurring substance abuse and mental health problems

Also, to identify gaps in the services and resources necessary to address alcohol and drug abuse.

Who might respond?

- Members of the CHNA who:
 - Work in the field, or have colleagues who work in the field, of substance abuse
 - Have helped to connect youth to substance abuse services
 - Have personal experience with substance abuse

Data Sources/Methods:

- Data from the town or county (e.g. health department, courts, corrections facilities)
- SAMHSA or MDPH data
- Conversations with youth
- Conversations with people in the field (substance abuse counselors/case managers, staff/clients at HIV prevention/Needle Exchange agencies, staff/residents at Half-Way Houses, etc.)

Definitions:

Prevalence of abuse: If possible, please provide a percentage. If it is difficult to find the percentage of overall use, you may consider the number of admissions to drug/alcohol treatment centers, the number of participants enrolled in a needle exchange program, etc.

E. Community Prevention & Intervention

Question E1a-b: *Does your identified area have a suicide hotline? Does your identified area have access to a crisis intervention system/team in the region?*

Purpose: To identify how well prepared the community/region is to support youth in moments or periods of crisis.

Who might respond?

- Members of the CHNA who have either been involved in crisis prevention efforts or work with those who have.

Data Sources/Methods:

- Those currently involved in suicide prevention efforts in the CHNA

Question E2: *Are the ‘first responders’ (i.e. persons that might arrive first on the scene in a time of crisis) in your identified area trained in suicide prevention? Are they mandated by policy to receive training and to periodically update this training? Are there policies regarding suicide prevention training (such as who must be trained- if anyone- and how often training is required to be updated)?*

Purpose: To gauge the preparedness of ‘first responders’ to confront suicidal ideations and behaviors in the moment of crisis.

Who might respond?

- Members of the CHNA familiar with the policies and procedures related to suicide prevention and with the responsibilities of ‘first responders’

Data Sources/Methods:

- Conversations with ‘first responders’ and their supervisors
- Policies and Procedures manuals or training schedules/records
- Red Cross and other organizations that might provide relevant trainings

Definitions:

- **Gatekeeper/gatekeeper training:** A gatekeeper is an individual who is specially trained to confront someone at risk of suicide, assess the situation, and connect that individual to necessary support services. The Youth Suicide Prevention Program (yspp.org, 2004-2007) describes the goals of gatekeeper training as follows:
 - Reduce attitudinal barriers which hinder the ability to be direct and comfortable with suicidal situations
 - Dispel myths about youth suicide
 - Identify the indicators and assess suicidal risk
 - Intervene with a youth at risk of suicide
 - Engage in efforts to build collaborative resource networks for suicidal youth.
- **Triage:** In general, triage is a method to prioritize needs in an emergency situation. In suicide prevention training programs, triage usually involves the QPR method (questioning, persuading, and referring)

Question E3a-b: *In the table below, please identify where the **Emergency Department services** are located, whether mental health coverage is available at the site, and whether there are systems in place to arrange for follow-up care for youth. Is there a means of following up on referrals made? Describe any barriers to accessing emergency room services.*

Purpose: Emergency rooms (ER) are often places where youth seek services when in crisis. The purpose of this question is to identify local ER services as to assess their ability to provide adequate services and follow-up to youth who may be at high-risk for suicide.

Who might respond?

- Members of the CHNA who are familiar with ER services.

Data Sources/Methods:

- Conversations with ER staff
- ER policies or protocols

Question E4a-b: *In the following table, please list any **key partners** in the identified area who **currently** either specialize in the services listed or have staff trained to provide the service. To the best of your knowledge describe or name the service provided under each category. Also note whether these people/agencies have an opportunity to update their training in the area.*

Purpose: To gauge the preparedness of the community/CHNA to respond to all levels suicidal ideations and behaviors and generate a list of persons/organizations that might act as partners at each level.

Who might respond?

- Members of the CHNA who:
 - Have (or know people who have) special experience with one or more particular response level (prevention, intervention, and/or postvention)
 - Have good networking skills or many points of contact in the community/CHNA

Data Sources/Methods:

- Discussions/reports of past or current efforts to confront the issue of youth suicide
- Directories that identify providers' 'areas of specialty'
- Conversations with people who work directly in the field of youth suicide

Definitions:

- **Prevention:** Strategies implemented to increase protective factors and/or reduce risk factors for suicide. For example a police department's efforts to educate the public about safe storage of firearms and a community access TV station's anti-stigma public service announcements are both examples of prevention programs. Prevention strategies are often broadly implemented. Schools who conduct social skills training for children who are socially marginalized are implementing prevention strategies, as are primary care providers who instruct parents in the warning signs of depression in children. Think as broadly as you can in terms of who presently provides these services and who could.
- **Intervention:** Efforts to provide services to those at imminent risk of suicide. These are typically treatment strategies/facilities such as mobile crisis teams, inpatient facilities, or particular treatment modalities that are known to be effective in reducing suicide such as Dialectical Behavior Therapy.
- **Postvention:** Efforts to deal with the aftermath of suicide attempts or completions. First responders are often trained in postvention protocols as are mental health practitioners specializing in trauma. Consider those who may be in a position to provide postvention but may not be adequately trained such as clergy or other faith-based personnel and school personnel.

Question E5: *Please describe any successes or challenges the communities in your identified area have confronted in their efforts to address suicide and/or mental health issues.*

Purpose: To recognize those community strengths that could be capitalized upon, and weaknesses that could be strengthened, in addressing suicide and/or mental health issues.

Who might respond?

- Members of the CHNA who have been directly involved in these efforts or have been particularly perceptive/critical of the actions that the community has taken in the past

Data Sources/Methods:

- Conversations with people involved in these efforts
- Conversations with youth who might have insight into the effectiveness of these efforts
- Records of past interventions/events

Definitions:

- Mental health promotion: Examples might include efforts to educate the public, political advocacy (e.g. efforts to dispel myths or confront stigma; legislative actions, etc.)
- Help-seeking behaviors: Behaviors that result in an individual getting their needs met through accessing services that address such needs, for example, calling a hotline in a moment of crisis.

Questions E6-E7: *The following question has to do with postvention protocols and services (i.e. support offered to family, friends, peers and community members after a completed suicide). Are there other postvention activities that would be helpful to the community in the event of a suicide? (e.g. Is there a particular segment of the community whose needs are not currently addressed?)*

Purpose: To assess the capacity of the community/region/CHNA to provide comprehensive support services in the postvention period

Who might respond?

- Members of the CHNA who have been involved in postvention planning or services (or know others who have)

Data Sources/Methods:

- Conversations with grief counselors, school counselors, or others directly involved in postvention services
- Conversations with the police department and local media representatives to ask about the procedures for releasing information about a youth suicide or suicide attempt to the public
- Records (oral or written) of the procedures used in the past to address suicide or other major crises/traumas in the CHNA
- Conversations (if appropriate) with parents, family, and friends in the CHNA who have lived through a suicide attempt or completion

Definitions:

- Critical incident debriefing: Specific, evidence-based methods to process the physical and psychological symptoms of a critical, or traumatic, incident

Question F2: *What are the prevalent or notable beliefs, myths, or attitudes regarding suicidal thoughts and behaviors in your region? Who holds these biases (youth, adults, members of particular religions or faiths, etc.)?*

Purpose: Beliefs, myths, and attitudes often influence decisions about how to process and handle one's feelings and may act as both motivating and protective factors in the decision as to whether or not to take one's own life. In order to build successful suicide prevention programs, it is helpful to understand the context of peoples' actions and reactions.

Who might respond?

- Members of the CHNA who:
 - Have come across myths, beliefs, and attitudes about suicide in their professional or personal lives
 - Know of (or are part of) religious or other social and cultural groups that carry specific beliefs about suicide
 - Interact with youth of diverse social and cultural backgrounds and experiences
 -

Data Sources/Methods:

- Youth and parent focus groups and interviews
- Conversations with community members of diverse social and cultural backgrounds and experiences
- Providers/youth workers who work to understand the belief systems and values of the people with whom they work

Question F3: *How might the CHNA increase the public's awareness of who/how to ask for help upon identifying someone in need?*

Purpose: To identify process or partners to engage toward the goal of increasing public awareness of the resources available to help those in need

Who might respond?

- Suicide prevention workers/advocates – these people may have ideas for how to better 'advertise,' and/or improve access to, their services
- Conversations with people who have helped to organize public awareness campaigns in the past and any records from these campaigns (were they effective? strengths? weaknesses?)
- Parent focus groups or interviews
- Conversations with members of the general public – perhaps presenting them with a hypothetical situation, i.e. asking them what they would do if they knew of someone in need and wanted to help

The remaining questions should be fairly self-explanatory: The purpose of the Data section is to think about the resources available to you and the additional resources that you might need in order to begin the planning process. The purpose of the last few questions is to express direct concerns about the planning process and to share any final thoughts about community needs and assets.