

Call to Action/Action Alert Template – July 31 Results



1. **Who** are you mobilizing to “take action” (e.g. health providers, school nurses, teachers, child care centers, etc.)? Carry forward and further specify the target audience(s) from Q2 of the worksheet. Identify 1 but no more than 3 segments to mobilize.

Adults and youth

2. **What is the evidence-based “ask”, action, or change** that the people identified in question one will be asked to do? Consider **key message(s)** or resources to be communicated or promoted to the target audience, and behaviors to target. (Carry forward and refine from Q 6 and 7 of domain group worksheet.)

Key ask/action/change:

Youth: Mental illness affects 1:2 youth; you are not alone. It’s okay (and important!) for you to talk to someone you trust; “find and talk to a trusted adult.”

Adults: Mental illness affects 1:2 youth. It’s okay (and important!) for you to talk to youth about suicide and mental wellness. It’s also okay (and important!) to seek help; increase awareness of the resources that are available.

Now, **refine by audience or segment**, if needed. Include key **data, resources, or visuals** (infographic, chart, photo, colors, etc.), if appropriate to improve messaging-effectiveness for each audience. *Be as detailed as possible with your ideas.*

Who (from Q1 above)	Audience-specific Message	Data/Resource	Visual
Adults	It’s important to talk about this—you are not alone. It’s important to seek help.	# with MH disorder Everybody has mental health KCCTC data points (connectedness)	Physical health check-up is just as important as a mental health check-up; Connections, resilience, hope; Wellness
Youth	Communicating a message of trust. You are not alone-it’s important to talk to others.	KCCTC data points (connectedness)	Connectedness; Best friend necklaces/pair of shoes; One trusted adult—talk to your adult; Give power to those who feel powerless.

3. **How** could you **get the word out** about this action alert to the people identified in question one? **Who** should disseminate? Think of at least 2 communication channels and/or network partnerships per audience that could help disseminate the call to action. (If you have more than one audience, these could be the same channels for all audiences.)

Who (from previous)	Communication Channels/ Network Partnerships
Adults	(1) Social Media: YouTube, Facebook (2) KSDE/Family and Consumer Science (3) KAAP
Youth	(1) Social Media: Snapchat, YouTube (2) KSDE/Family and Consumer Science

4. **When** should this be activated? When should it be archived? Consider the timeline for this action alert/call to action.

Start Date: September 2020 (National Suicide Prevention Month/Day)

End Date: Ongoing; May is Mental Health Awareness Month (September – May campaign is similar to a school year)

5. **Sketch it!** Use this space to provide a visual of how you want images, data, messages, etc. organized for the action alert. Use shapes and label them by content so it's clear to the designer how you want to utilize the space proportionately. A proof of the design will be shared back with the group.

What is the problem/focus issue?

- Suicide rate continues to increase in the adolescent population
- Less than 1% that made an attempt didn't have a plan, indicating that many had plans or there was time to intervene
- Most kids do have risk factors identified so can intervene early
- Many initiatives are focused on training adults—we are missing the youth. They are the ones getting the tips. Need students at the table.
- What is the biggest cause—is it bullying? What are other risks? Internalizing-anxiety and depression, performance fears, and are often missed
- How do you approach it if is not bullying?
- Lisa Chaney shared a 2018 hot spot map
- Lack of emotional intelligence—whether it is bullying or pressures from home—not able to manage emotions
- Impacts of trauma ACES
- Known protective factors
- Coping and communication
- Lack of mh infrastructure
- Case study history
- How many of the youth are using the lifeline in KS? Are those with attempts reaching out.
- Is there any emphasis on emotional development? Deal with medical issues first but the rest of appt. is mental health (Dr. Harris)
- Lots of interest in KSDE around social emotional learning
- Pressures on schools—to meet all the requirements-don't want it to become a checkbox
- DBT911 app—helps you access your own crisis plan
- Calmwave—helps you breathe
- Where is the information for youth about what to do when someone is suicidal—how do we help people get resources
- MH First Aid training—geared toward teens/peers
- Yellow ribbon
- Peer support
- Fab Families

Who is target audience?

- Youth Parents should be right behind the youth—parents are afraid to talk about it or ask—stigma of talking about it or admitting to MH issues.

What type of product do we want to create?

- Focus on getting kids to identify a trusting adult—make product related to identification by a youth to trusted adult
- Need to start early before
- Checklist looking at emotional development

What specific behaviors do we want to target and change?

- Increase awareness of currently available resource
- Decrease the number of youth indicating seriously considering suicide
- Cost of treatment-Insurance costs
- Lack of comprehensive infrastructure to treat
- Sparse MH providers in rural areas of the state
- How is diversity considered?