

Building Schools & Communities that Prevent Youth Suicide:

The Final Report of the Social Worlds & Youth Well-Being Study, Western Slope, Colorado

By

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Executive Summary

The *Social Worlds & Youth Well-Being Study* examines the impact of social environments on youth's mental health and resilience to identify strategies for improving youth suicide prevention in schools and communities. This study is guided by two primary research questions: (1) How can we build strong and enduring cultures of belonging that encourage effective help-seeking among youth?; and (2) How can we build better mental health safety systems in schools and communities to help youth who are struggling and to improve suicide prevention? This study grew out of a shared desire between the Western Slope Public School District (WSPSD) (a pseudonym) and the research team to identify new, sustainable, effective, and equitable strategies to improve suicide prevention in schools and their communities. This executive summary presents our main findings from the study in an abridged format.

Methodology

This report presents results from interview, fieldwork, and survey data collected between August 2019-September 2023. Combined, this data represents 281 interviews with youth, school staff, parents, and community mental health providers; 36 months of fieldwork in schools and at school and community events; and two different surveys, one with WSPSD families (with 701 family respondents) and one with WSPSD school staff (with 568 staff respondents).

Notably, the data collected for this research make it clear that each school in the district is filled with adults who are concerned about their students' well-being. School staff care about being trusted adults and about preventing suicide. Outside of school, district personnel and local families also had strong desires for schools to help keep youth happy and safe.

School Strategies to Support Youth Well-Being

In this report, we identify eight areas we observed as critical to promoting youth well-being and preventing suicide: (1) Listening to Youth Voices; (2) Enabling Staff's Suicide Prevention Work; (3) Integrating the Whole Child in all Core Aims of Education; (4) Expanding the Culture of Belonging; (5) Including Mental Health in Multi-Tiered System of Supports; (6) Overcoming Communication Barriers; (7) Improving Trauma Responsiveness; and (8) The Role of the District. We discuss each in turn below.

1. Listening to Youth Voices

We conducted 47 formal interviews with youth (though we got to know approximately 83 students during our fieldwork) and spent many hours in classrooms, counselor waiting rooms and offices, and administrative offices. The most important suggestion youth made for suicide prevention was to listen to them and take their concerns seriously. Listening means showing empathy and allowing youth to express anger and anxiety freely. This includes showing concern for what they are struggling with in the present rather than telling them "Things will get better" in the future. Youth also want adults to listen without judging them. This is essential for youth to feel safe enough to share difficult topics with adults in their lives. Additionally, many youth told us that labeling them or their peers as "bad" is alienating and reduces their trust in adults. This is something that youth that we spoke with experienced, and it hurt. They request adults avoid this and have faith that they are doing their best, even in difficult circumstances.

In addition, youth expressed desires for improvements to district mental health protocols. In their current forms, youth feel that the protocols reduce students' willingness to seek help from

school staff. Students are most concerned that school staff, especially school counselors, will tell their parents or guardians what students discuss with them. School counselors (like all school staff) are often professionally obligated to share information they learn about students with the students' parents or guardians to ensure student safety and well-being. Most counselors (or other staff members) try to do this with care and transparency. Two things appeared to improve the experience of having confidentiality broken among youth. We suggest that all school staff members keep these strategies in mind as best practices. First, it helps when school staff are as transparent as reasonably possible with students about the limits of confidentiality, so that students understand what to expect. Second, when school staff have to break confidentiality, youth feel better about the experience when staff collaborate with youth in the process of sharing information with their parents or guardians. For example, staff can give youth options about how to structure the conversation their families (e.g., the staff member can do the talking with the student present or the student can do the talking with the staff member present). This strategy can transform a stressful situation into a positive opportunity for school staff to facilitate conversations between students and their families. This collaborative approach can also strengthen trust between all parties – students, families, and school staff. Therefore, it's important for school staff to navigate these situations thoughtfully and carefully, keeping the goal of building trust between all parties in mind.

Finally, an important takeaway from our interviews with youth is that youth *want* adults' help. They do not simply see school staff as authority figures, but rather as fellow members of the school community. In short, they want to trust adults. Thus, listening to youth is important as it (1) empowers youth; (2) provides opportunities to build trust and community with youth; (3) encourages effective help-seeking; and (4) builds partnerships that strengthen the mental health safety system.

2. Enabling Staff's Suicide Prevention Work

It is clear from our data that suicide prevention is very much on the minds of school staff. Over 90 percent of WSPSD school staff and families reported in our surveys that schools should play a role in supporting the mental health of their students. While this work is not always easy, schools are broadly considered one of the most important places for suicide prevention. By preparing and supporting staff as they do suicide prevention work, both school safety and youth's feelings of connectedness can improve. Through our research, we identified five factors that can better enable staff to support struggling students in schools.

(1) *School leaders should make it clear that suicide prevention is part of every staff member's job.* We found that school counselors and most administrators recognized suicide prevention as their job, but embracing this role was not always easy. For school counselors, they often struggled to balance their work to prevent suicide and support students' mental health needs with their other obligations (such as academic scheduling, testing, etc). School administrators also struggled, but generally because they felt less prepared to implement suicide prevention than the mental health team in their buildings. Teachers were the least likely to acknowledge suicide prevention as part of their job, though the majority did still report that knowing things like the warning signs for suicide are a part of their job. Making sure that all school staff understand that supporting student mental health and helping with suicide prevention, our research shows, will encourage staff to contribute to this important work. As the district and school leadership works to offer this clarity, being specific about expectations would be helpful. For example, teachers need not be therapists, but they should be able to identify

students who are struggling, have basic compassionate and supportive conversations with the student, and ensure they get connected with a mental health staff member for additional support.

(2) *Schools should make high-quality suicide prevention training mandatory for all staff.* We found that only 23 percent of staff had participated in high-quality suicide prevention training, and many staff members told us in interviews that they desired more training in suicide prevention. Having this training will better prepare staff to identify, process, and triage distressed students. Furthermore, high-quality suicide prevention training will increase staffs' confidence and comfort in supporting student's mental health and talking about stigmatized topics (like suicide and mental health) in a safe, helpful, and compassionate manner.

(3) *Schools should also provide staff with training in understanding trauma and social emotional development.* Teachers who felt confident that they understood trauma and that they knew how to support youth struggling with trauma, on average, engaged more in suicide prevention work than their peers who had less knowledge about trauma-informed practices. Overall, empowering school staff, but especially teachers, with knowledge about identifying students exhibiting signs of trauma and with pedagogical practices designed to support students with post-traumatic stress disorder will improve staff comfort in working with all students in their classrooms and likely improve students' experiences and ability to learn in classrooms.

(4) *School leaders should address the barriers that stop school staff from doing suicide prevention work.* Fortunately, most staff reported that nothing would stop them from asking an extremely distressed student if they were thinking about suicide. However, some staff reported that fears of legal liability, knowledge gaps, time scarcity, and low emotional bandwidth prevented them from asking a distressed student if they were thinking about suicide. Reducing these barriers will improve the number of staff willing and able to promote mental health and reduce youth suicide. Fears about legal liability as a barrier can be reduced by ensuring that all protocols conform to best practices and – in turn – by educating school staff in that protocols conform to best practices and that that helps protect the school against litigation. Knowledge gaps can be addressed through evidence-based training. Time scarcity can be addressed by setting aside time during the school day for work associated with mental health (rather than requiring staff do this labor after hours) and by carefully assigning work loads to not overburden any particular staff category to the extent possible. It can be challenging to address staff's sometimes low emotional bandwidth. Principals may need to check in with their staff to understand how to best address this pervasive challenge in education for the people in their building.

(5) *Lastly, schools should implement strategies and supports that reduce the amount of secondary trauma that staff may experience from engaging in suicide prevention work.* Among teachers, we found that, on average, teachers who do more work to prevent suicide and support student mental health report higher levels of secondary trauma. However, by addressing teachers' concerns about legal liability, having strong evidence-informed policies for suicide prevention, ensuring teachers have enough time to meet all of their professional responsibilities, equipping staff with the knowledge needed to support students facing difficult life events, encouraging teachers to support each other, and to turn to each other for information can all facilitate staff well-being.

3. Integrating the Whole Child in all Core Aims of Education

WSPSD has taken significant strides to prioritize a whole child educational philosophy, both inside and outside the classroom, which positively contributes to the school culture and likely also to student learning. A whole child educational philosophy recognizes that educating students requires considering not just students' academic learning needs, but also their psychosocial developmental needs, physical needs, and their mental health. Our conversations with staff and families and our observations in schools revealed that the whole child educational philosophy positively builds connectivity and a sense of belonging for youth. We encourage continuing this approach and expanding it into all aspects of school life to the extent possible. Listening more to youth voices and addressing the factors that would better enable staff to do suicide prevention work are two examples of how to integrate the whole child approach further. We believe that being deliberate and creative about expanding the culture of belonging and including mental health in the district's Multi-Tiered System of Supports (MTSS) are two additional steps that school and district leaders can take in prioritizing a whole child philosophy.

4. Expanding the Culture of Belonging

Feeling like you belong is one of the most powerful protections against suicidal thoughts and attempts. Additionally, a culture of belonging cultivates trust between students, staff, and families, which can encourage youth to disclose their mental health struggles with adults. In turn, this allows schools to identify and provide better support for youth and their families.

To cultivate a culture of belonging, school should encourage teachers to make meaningful relationships with their students and have appropriate and effective communication and policies that make youth feel valued – such as anti-bullying policies. During our fieldwork, we saw school leaders at every level prioritizing connectivity and belonging as central goals of their school. Further, we witnessed active efforts among leaders to also get teachers to buy-in to cultivate a culture of belonging.

Despite these efforts, our research also identified three areas where the culture of belonging could be improved. First, belonging is most effective when *all* students feel like they belong; this means that all students should feel they matter and are safe, regardless of their social identities, personal challenges, skills, talents, or sociodemographic backgrounds. While this can be challenging to accomplish, it is imperative to keep in mind that students that do not fit the academic or athletic mold are at risk of feeling like they do not belong which can have serious mental health consequences (Mueller and Abrutyn 2016). Identifying these students and making sure they have trusted adults, mentors, and opportunities for inclusion is essential.

Second, many youth, school staff, and families shared stories about bullying and harassment of gender and sexual minority youth by both peers and school staff members. This was understandably painful for Lesbian, Gay, Bisexual, Transgender, and Queer + (LGBTQ+) youth and made them feel excluded from efforts at increasing cultures of belonging.

Third, schools are places where racial and ethnic minorities often face discrimination or racism—factors that also increase youth's vulnerability to suicidality. While many Latino/Hispanic students we heard from conveyed positive experiences, English Language Learner students or students whose families spoke Spanish had especially challenging experiences, sometimes being made fun of for speaking Spanish. Staff also acknowledged that incidents of racism (like racist name-calling) happened targeting Hispanic, Black, and Asian

students and that they were not corrected consistently. Working to reduce these incidents and to find ways to make all kinds of youth feel safe and welcome at school is imperative for promoting youth well-being and building a strong culture of belonging.

5. Including Mental Health in Multi-Tiered Systems of Support

Our research shows that schools can better prevent suicide and promote student well-being effectively through the highly structured Multi-Tiered System of Supports (MTSS). All WSPSD schools have some form of MTSS. MTSS is generally designed to catch kids struggling academically or behaviorally, however, they can be repurposed to also support students struggling with mental health challenges and by providing interventions to support students' mental health. These interventions and supports are also likely to improve students' abilities to learn, as happy healthy kids are kids who can learn. In doing so, suicide prevention becomes explicitly embedded within the support systems that already exist in most schools and that are already designed to identify, process, and connect youth to needed supports. Drawing on our fieldwork, interviews with staff, and interviews with youth and families, we identified seven challenges schools face to varying degrees in maximizing their current MTSS's efficacy.

First, while some schools embraced the potential power of MTSS, all schools struggled with lingering negative attitudes toward the utility of MTSS. In some cases, resistance was broad and rooted in past iterations of MTSS, while in most cases, resistance was sprinkled throughout the staff. Addressing beliefs that MTSS are impossible or useless is a major step toward harnessing MTSS effectively for mental health (and academics).

Second, the best MTSS frameworks are those that make all members of the building feel supported. This includes teachers who rely on MTSS for helping a struggling student; students and families who feel supported by interventions; and counselors who feel some of the burden of promoting mental health and preventing suicide lifted when MTSS makes it everyone's job.

Third, clear referral protocols are essential to an effective MTSS. Standardizing the referral process and making the diverse criteria for referral widely known are key.

Fourth, pursuing root causes transforms MTSS from dealing with surface-level problems like attendance or poor grades to dealing with potential causes of those observable problems, like trauma or food insecurity.

Fifth, a strong MTSS will contribute to the school's goal of preventing information loss. Preventing information loss is critical to both suicide prevention and violence prevention (Goodrum et al. 2022). Often we only receive "weak" signs that a student may be feeling suicidal or that they may be on the verge of engaging in violence (Goodrum et al. 2022). A weak signal for suicide may be that we see a student looking sad in a hallway. While we may not make much out of a single sad student, if we also knew that student had written a concerning English essay about death and that their family had recently been bereaved, connecting those dots may help us better understand the seriousness of what that student is going through. We rarely get a strong sign that student is suicidal (a strong sign would be like a Safe2Tell tip saying a student is suicidal) so we have to act on these weaker signals to be effective. Gathering as much information about student's well-being from as many different sources and collating that information in one place can really help. The MTSS team is a team that is already well positioned to do just that. As part of gathering information teams should document root causes of student's academic, behavioral, or mental health problems, making sure requested

information is collected, and synthesizing the information in a single place or team. Importantly, that information has to be shared (while also respecting student privacy with regard to specific details) so that people in the school building know to help take care of a particular struggling student.

Sixth, and related, choosing and sticking with a durable district-wide computer/software system would improve the referral and information loss processes.

Seventh, leadership buy-in is important to ensure resources are devoted to MTSS communication flows from MTSS to all staff, and to symbolically signal that MTSS is valued in the school.

As schools move towards building these stronger systems, our previous research suggests that the best MTSS programs have several aspects in common: (1) strong support from school leaders, (2) an experienced school counselor as the dedicated leader, (3) multiple Tier 2 teams that meet weekly and divide up the student body, and (4) are composed of representatives from school leadership, school counselors, school mental health professionals (when available), and teachers (Mueller et al. 2021).

6. Overcoming Communication Barriers

Since 3.4 percent of students in the district are English Language Learners, promoting mental health and preventing suicide includes providing effective supports for Spanish-speaking students and their families. Based on our observations, interviews, and surveys, we identify communication barriers with students and families. We found that many staff felt schools did not have enough resources for Spanish-speaking youth. While almost every building has bilingual staff, language barriers can affect school staff's abilities to communicate directly with students about their lives and with families about their children, particularly in a timely manner. While the district has a translation service office, we heard from many families that using this service was not always easy and often ended in frustration. In most cases, the delay in communication was annoying, but if there was a crisis at home or in school, the delay could be critical to getting the youth the support they need. Thinking through strategies to ensure that families are always able to provide or receive information about their children in a timely way is warranted.

7. Improving Trauma Responsiveness

The final way schools can engage in suicide prevention work is by recognizing and being sensitive to the traumatic experiences that many students in the district have had. Youth in the U.S. suffer from a diverse array of adverse or traumatizing experiences, including homelessness, food insecurity, or home trauma associated with poverty, abuse, neglect, alcohol/drug misuse, parental incarceration, and so forth. WSPSD school staff have demonstrated a strong desire to effectively support students who have experienced trauma, which aligns with the district and schools' commitment to the whole child and to promoting mental health and suicide prevention. Responsiveness to trauma remains an area of potential growth. Nearly every school we observed prioritized improving trauma responsiveness through trainings and professional development opportunities, which includes equipping staff with strategies to use in classrooms with students who display signs of trauma or behavioral challenges, so that they do not contribute to students' dysregulation. Building out more opportunities for training and resources can further assist staff when it comes to issues related to student trauma.

8. The Role of the District

To identify areas of growth at the district level, we review how staff feel about the current state of district policies and procedures. In general, non-mental health staff (like teachers) agree that the district has policies that facilitate their suicide prevention work and protect them from legal liability. School mental health staff (broadly defined to include school counselors, school psychologists, school social workers, and nurses) and school leaders were less confident in district policies.

We identify several ways that the district can improve how they support staff's suicide prevention work. Specifically, the district's forms are not always evidence-based. For example, when we began fieldwork, the district's **safety planning forms** were not consistent with best practices for suicide prevention. Our understanding is that after we brought this to the attention of district personnel, this was remedied, and mental health staff have been trained or will be trained in safety planning. We also strongly recommend that school leaders and school nurses/nurse's aides be trained in safety planning so that there is always someone to help support potentially suicidal children. The Colorado School Safety Resource Center is a great resource for evidence-based forms that can be adapted to local needs with the help of local experts (at the district and school levels).

We also found that the district should make sure to clarify the expectations for different staff positions. Though our survey data reveals that teachers are often clear on their role in suicide prevention – namely they are expected to help identify students who may be at risk and send them to their school counselor (or other school mental health staff, or if they are not available to school leadership) for additional support and assessment – making sure all teachers understand that this is what is expected of them may encourage more teachers to get involved in suicide prevention and feel more comfortable while doing so.

Non-teaching classroom staff or other support staff – like librarians, custodians, paraprofessionals, secretaries, etc. – often play important roles in students' lives and ensuring their school days run smoothly. Their role in suicide prevention is not always as clear to them as it is for teachers, mental health staff, and school leadership. Therefore, the district should make sure that all staff positions understand clearly what role they are expected to play in suicide prevention and how to proceed. Secretaries in particular were the unexpected stars in shaping students' school experiences. They can provide a kind word, support, guidance, and are underappreciated for their role in supporting students' well-being in schools. Given how many students trust them and talk with them (especially in middle schools), it would be ideal to ensure they have suicide prevention gatekeeper training.

Finally, the use of Colorado Crisis Services after a school mental health worker has identified a student as high risk for suicide but before taking the student to a crisis center should be discontinued. While this is not just under the control of the district, the district should advocate with the local crisis center for school mental health staff to be able to directly refer students to the local crisis center. School mental health staff are generally more trained than Colorado Crisis Services staff (who are unlikely to have graduate mental health degrees, which school counselors must have).

School counselors, school psychologists, and school social workers are mental health professionals who have the professional capacity and responsibility to assess students for risk of suicide consistent with their professional standards (including the American School

Counseling Association's professional standards). For more on this, we highly recommend Gallo and Wachter Morris (2022).¹

Supporting Youth Well-Being Beyond the School

While our research emphasizes the role of schools in suicide prevention, schools cannot do this work alone. Suicide prevention is everyone's job and the broader community must also help contribute to positive youth development and provide critical supports when youth inevitably encounter moments of struggle. In the final section of our report, we detail what different organizations and people in the community beyond the school can do to better support youth well-being and support schools in preventing suicide, including the role of the (1) the Community, (2) the Crisis Center, and (3) Faith Communities, and addressing (4) a Suicide Hotspot.

1. The Role of the Community

All communities have resources that can improve the well-being of their members. In our interviews, we asked staff, families, and students what recommendations they might have for reducing suicide. Many parents critiqued the limited number of activities available for youth to do in their free time, as well as the barriers associated with accessing these activities. For instance, interviewees mentioned disappointing opposition to the construction of a community center facility in one part of the community. Those opposed argued that a nearby community already had a facility, so a second facility was not necessary. This argument ignored barriers to accessing the further-away facility due to transportation and membership costs that would preclude lower socioeconomic status community members from being able to access the community facility.

The lack of sufficient activities after school for youth may lead to harmful behaviors that increase risk for suicide, such as drinking and drug use. These same inequities prevent families from taking advantage of the beautiful outdoors surrounding this community. The most serious barrier, however, was the lack of reliable, extensive public transportation. Many youth and their families reported a sense of being trapped, something that can harm well-being. Improving public transportation may not address feelings of entrapment in the community, but it may help life feel richer and increase access for mental health healthcare and to the beautiful natural spaces for youth and families in the Western Slope.

In addition, the community should work to address mental health stigma as the community's attitudes towards mental health and suicide may reduce effective help-seeking behavior and may make those struggling feel worse and more alone. While we found that families were likely to seek help for their child's mental health, our findings also indicate pervasive mental health stigma hinders help seeking behaviors among youth out of fear of shame from friends or adults. Additionally, these negative attitudes towards mental health may lead communities to unintentionally ignore persistent problems or foreclose on effective solutions. Community members must be able to feel confident that their family will not be mistreated when they seek and receive help for their psycho-social needs.

¹ This article can be freely downloaded at this link:
<https://trace.tennessee.edu/cgi/viewcontent.cgi?article=1246&context=tsc>

2. The Role of the Crisis Center

The mental health stigma we found was further compounded by barriers to accessing mental healthcare within the Western Slope community. Valley Behavioral Health (VBH), a pseudonym, is a prominent mental health care provider and a major player in crisis care in Western Colorado, as it is one of the only mental health crisis centers in the area. While we heard some positive experiences with VBH, most staff, families, and youth shared negative experiences or stories about VBH. Importantly, nearly 89 percent of people who answered our family survey reported they were not resistant to crisis centers; however, when asked about VBH specifically, most expressed a range of hesitations. Many parents complained about the difficulties of gaining timely support as VBH (at the time of our data collection) does not have walk-in services but requires a referral to gain access. Lacking walk-in services is unacceptable and goes against best practices.

Please note that since the completion of our research study, we learned that a psychiatric emergency room with walk in services was opened in the community and that VBH is under new management that is taking steps to address many of the concerns we identified through our research. This is a positive and important change to mental health safety in Western Slope that we applaud.

3. The Role of Faith Communities

Research has shown that belonging to and participating in a faith community can be a powerful protective tool against poor mental health and suicidality, largely because it helps provide a safety net for families and youth. Many of the families and staff we spoke to agree with these sentiments, with several reporting that faith-based counseling had been helpful to them in the past. Despite these important benefits, both past research and our own data indicate that faith communities have the potential to harm youth well-being when the faith community itself is a source of stress or trauma. This was most obvious when the youth's socioemotional needs were at odds with their parents' faith or religion. For students in these circumstances, many struggled to get help that they needed for mental health challenges. They also experienced painful challenges navigating their sense of self in relation to the expectations of their faith community (and parents). School counselors saw this as a major challenge to students' mental health, especially for LGBTQ+ students. These students were very likely to report their faith community did not accept them, and feared their parents' anger or shame if they were to tell them about their gender or sexual identity.

Faith communities play a critical role in mental health promotion and suicide prevention. To that end, ensuring that faith community leaders are trained to identify signs of risk and to talk safely and compassionately about mental health and suicide with families and youth (in non-stigmatizing ways) would wonderfully strengthen suicide prevention in any community, including Western Slope. Faith communities should also work as communities to identify ways to support members who are struggling with their mental health, regardless of reason, so that all may benefit from membership in these meaningful communities.

4. Addressing Suicide Hotspots

A unique feature of Western Slope is its close proximity to a suicide hot spot. A suicide hotspot is defined as a "specific, accessible, and usually public site which is frequently used as a location for suicide and gains a reputation for such" (Cox et al. 2013). Given our focus on how

the broader community can help improve suicide prevention, doing what we can to address this hotspot is an important consideration. Prior research identifies four main ways to prevent suicide hotspots. First, and most recommended, is restrictions like erecting barriers that make it difficult for individuals to die by suicide. However, it is not always feasible depending on the location, available resources, or community interests. Second, encouraging help-seeking by installing telephones near the hotspot that connect people directly to crisis counseling centers and/or having signs with positive statements or contact information can also be effective. Third, training staff to be ready to respond to individuals who are in crisis may also help. Fourth, encouraging responsible media reporting of suicide may help reduce the awareness of the hotspot. Acting as a community, everyone must take care to not reinforce this particular location as a suicide hotspot.

Conclusion

Promoting mental health and preventing suicide is best done through a unified multifaceted effort. By focusing on the tangible changes presented in this report, we believe that schools, families, health professionals, faith leaders, and community members can advocate for more robust mental health safety nets and effective suicide prevention efforts. In doing so, we can actively try to make the worlds that youth inhabit safer, happier places. To that end, we offer a series of policy recommendations in the next section of this report that can help guide and focus conversations as we work together to identify concrete, actionable strategies to translate research into better lives for youth and their families in the Western Slope Community. We can all make a difference in the lives of youth if we adopt the idea that 'suicide is everyone's business.'