

GHS Stakeholder Survey 2023-24

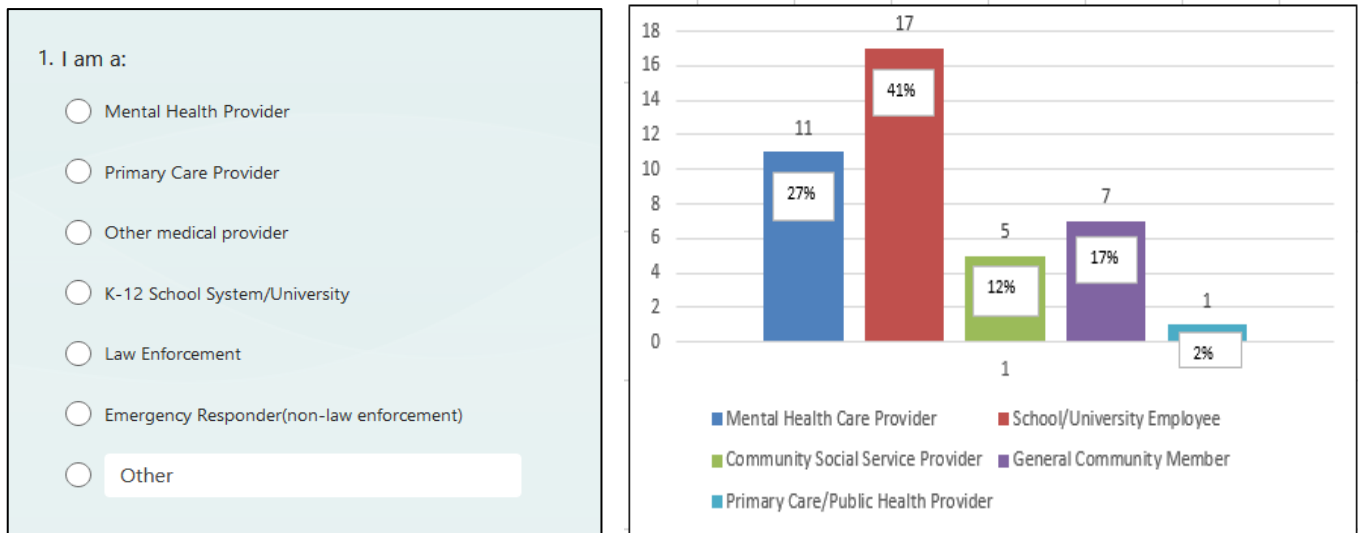
The GHS Stakeholder survey was posted from 12/18/23 – 2/26/24 and involved public and private providers, school systems, and other key community partners and stakeholders within Genesee County. The survey was posted on the GHS website and on social media. Additionally, GHS staff that serve on community committees sent out the information via email to their committee membership. Respondents were also given the option to respond by US mail, fax, or verbally through our Customer Services Department.

This survey gleaned 41 responses and took respondents an average of 7 minutes and 12 seconds to complete.

Respondents were asked to answer the following questions:

- **What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?**
- **From the perspective of a GHS Stakeholder, what trends have you identified that GHS should be aware of.**
- **Based on what you have shared, please identify the top three concerns/priorities.**

GHS attempted to create categories of respondents to better address any identified concerns (*left*). Of these, the respondents represented the following areas (*right*):



In this document, responses are listed in three ways. First, they are listed with the question that prompted the comment (see sections 2-4). Second, they are categorized and presented together by topic/concern (see section 5); in this section, if a comment was listed by more than one respondent, the number of comments for that concern is listed in parentheses. Third, comments are grouped by respondent type.

A. COMMENTS BY QUESTION

Q1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?

This question had 41 responses, a majority of which are from the school/university employee group.

- I think the need for mental health days from work counseling for families and personal one on one counseling is not being offered or utilized properly.
- Detox for children and hospitalization for suicidal youth
- The affects the pandemic has had on our children
- When the activity centers shut down that left a lot of consumers without a place to go. They cannot all be community based. They need to be able to go somewhere we're they can socialize and do activities. Also better pay for the care givers.
- For those who qualify, there are not enough services available.
- GHS is doing a great job in addressing in our community.
- Lack of funding, no support for the direct support professionals financially or education
- Housing, shelters are always full.
- There are not enough providers to serve the community needs. Not enough docs, NP's , PA's, Nurses, case managers, therapists or support staff. Everyone who is working is overwhelmed, overworked and burned out.
- Crisis Services
- I work in Mental Health but am not a medical provider.... I think things are being addressed appropriate in our community the best that they agencies can address for such a large community.
- Access to therapy in a timely manner.
- Transportation to and from non-medical appointments and housing being limited.
- Demand is unable to be filled. We need help recruiting staff from GHS. The platform is there, many who are looking for mental health service or looking to get into the industry would look to GHS long before they would find IHCM.
- Access to services and/or treatment housing facilities
- Transportation
- Children with mental health issues
- Level of care needs for more intense case management services with a lower caseload for providers
- Children's mental health. Children who experience trauma need services and the services need to be easily accessible without a million steps to access them. Parents may give up on getting the services if it feels like they have to jump through all these hoops. CPS needs to mandate mental health services for children. They say the child will get services, but they do not seem to make it mandatory or do any follow up.
- Mental health of parents of young children, mental health of young men in the community, mental health of LGBTQ
- Diversity of services. True care for those that are at risk.

- The mental health of young people
- Mental health for frontline workers engaging with pre-hospital providers for substance abuse treatment
- Virtual services for children
- COVID and its aftermath and children.
- I would like to see youth programming around vaping that schools could use in replacement of suspension for vaping. I would also like to see more school programming around anxiety and stress.
- The long wait for therapy, psychological treatment
- Depression Disengagement Anxiety
- Anxiety/depression in children
- Mental health access for children that is easy and quick to obtain. Wraparound services for families.
- Depression, anxiety, and drug abuse.
- Grief and loss for our children
- Concerns with the Covid illness, more drug use by families, lack of parents making sending their children to school a priority.
- Identification of youth at risk and access to care for them, including those who are insured but still find cost to be a barrier.
- Post school programs for severely cognitively impaired individuals.
- Therapists in the school system
- Youth Mental Health Needs
- Students are missing out on who they can connect with for help. They are not sure how or when to handle their feelings. They are not feeling safe.
- Students knowing their parents are not parenting them and they struggle with self-regulation. Body image issues due to social media.
- Transportation to appointments outside of the school. Follow through from parents regarding referrals to services outside the school Communication between service providers outside the school and school social worker for a smoother transition in the building.
- We need more mental health services in the schools.

Q2. From your perspective, what trends have you identified that GHS should be aware of?

This question had 36 responses.

- Within the educational settings teachers as well as students are being overly stressed without proper mental health services. Students are being traumatized by the interactions with their teachers and teachers are burnt out and being asked to do more than what they might be trying to handle.
- Queer youth need mental health services from Queer providers and queer informed providers
- Individual Awareness and help guides for everyday struggles
- That there needs to be more help for the disabled with disabilities. Places for them to go. Need more resources for families. And better pay for your care givers.

- There are not enough sessions per year available for outpatient therapy. There should not be a limit, just as there is no limit to how often a person can see their PCP. Unsure of the reasons that private therapy does not have a limit but the county level does?
- It is my believe that GHS has more than ever providing services and at this time I am not aware of any need that GHS has not cover!
- Funding the direct support profession with a living wage
- Many consumers have transportation barrier. There are services to help with appointments, but people need to access the community for other things as well. Some people are not able to afford UR ride, bus, or may not be on the bus lines. Many people have little to no routine in their lives due to financial issues, lack of transportation. SSI benefit can keep them from working which could add a huge meaning to their lives.
- People are waiting 9mos to a year to get services
- Doing Great.
- Covid has caused so much change for the community there has been a trend across the board for so many medical providers in many fields with no-shows to appointments and when this happens it means the conditions aren't getting treated like they should. I think one way to assist agencies alike would be to lift requirements for timeframes to get consumers in by. Maybe not the Hospital discharge time frames but the standard appointments. I think if that was lifted the agencies could better manage how they start certain services and when.
- Not enough case managers
- Stable housing and reliable transportation
- Need for service continues to rise as the availability of qualified staff continues to decline.
- Desensitization of community members which leads to lack of caring and helping
- More children with Autism, Asperger's, depression, etc.
- the suicidal mental state of our young people
- Stressors in families due to constraints brought on by remnants of the pandemic - child/parent relationships are strained. Worsening substance abuse issues.
- Virtual mental health
- Pot use is up.
- Vaping in middle school students High social anxiety/school avoidance after COVID Family support of school avoidance Social media trends Students being able to show reliance/stick-with-it-ness Self harm/SI
- Increase in suicidal comments and threats
- Attendance due to anxiety Disengagement of families due to inconsistent schedules
- increase in depression/anxiety in children
- There is an increase in young children with severe mental health issues. There also a bigger need for trauma-informed care for families. Last, families need support with life essentials (food, clothing, and housing).
- Teenage students are experiencing high levels of anxiety, depression, and drug abuse post-pandemic.
- Depression and self-harm (cutting) among our youth
- Parents keeping children home and not sending them to school because of Covid fears or lack of concern about their children's education.

- Poor social skills, poor behavior, attendance, performance at skill since return after pandemic
- Reduction of post-school programs for severely cognitively impaired students (post 26 years old).
- increase in CPS reports
- Mental health issues starting earlier and earlier in young people.
- Everyone seems angry.
- Disrespect for all those that work in community services. Parents not holding their children accountable. Not allowing for natural consequence to occur. Parents are either absent or they are helicoptering.
- Vaping, sharing vapes, passing vapes amongst students Not new, but continues to be an issue. Posting videos on social media of others in the building, fighting, or some other activity.
- Increase in anxiety, depression, and inability to cope. Lack of social skills, lack of opportunity to socialize appropriately

Q3. Based on what you have shared, please identify the top 3 concerns/priorities.

This question had 34 responses.

- I feel it would be important that we can have therapy or personal counseling sessions offered in a more clear way to all residents of Genesee County regardless of their financial status or their abilities to pay. I think it is essential for mental health organizations to offer education and wellness support to the school districts. I think it would be essential to have a list of providers, therapists and locations for specific types of therapy available in all educational institutions elementary through secondary education.
- Children and school, Individual Help and community concerns
- Help for the disabled, mental health, and better treatment of your employees. Also more resources for families.
- Again none at this time congratulations for GHS Standing out in our community. And provide a wonderful help to our love ones.
- Financial, education, and support
- Housing Transportation Financial-SSI benefit does not allow people to save money, or even work. This keeps people struggling with no meaning in their lives.
- More staff Better pay to keep staff
- During a Crisis is a Group Home setting, years ago there was a Crisis Phone number that could be called. That was working great, but now we calls the police which takes the consumer to the hospital, and there mental needs are not being met. The hospital only address the Consumer if it's a medical need.
- I think an area of concern I see would be adequate services for OPT on-site in the actual school system especially for teens. If I can think back to when I was a teen and all I have seen since something is missing for these young people. someone they can feel comfortable going to in the moment for help or to talk to I mean my strength was great but not so user friendly for teens and the setup was boring if I looked at it from a teens perspective and only accessible to the public if referred with the access code so it wouldn't help the schools that way unless each school was provided an access code. I just think that teens are subject to suicidal ideations,

anxiety, panic attacks, depression just from dating alone not to mention other things Covid certainly hasn't helped these teens. teens need some from of ready when I am help - I don't know if an online OPT that is ready when they are will help or not but a lot of teens are seeking help from not so friendly on-line communities. I have teens boys and this is what they say that they are more likely to talk to someone online then they are in person and they don't want to leave the house to do it and they don't want their parent there they just want to talk to someone they choose when they want and that its private. If the insurance companies can see past parents being present for appts for 12 and up would be good for teens who need help but want privacy. I think parents also need to give that room in order for the teen to get the help they need.

- Mental health services, easier access to services, more personnel to help streamline services.
- Housing, Transportation, and Engagement.
- Staffing crisis, Case Managers unaware if audit tool training requirements, Need GHS to use platform for recruitment of people interested in the mental health field.
- Resources, trainings and help aid tool kits
- Getting these children and parents help: support groups, counseling, etc
- Prioritize children, Make the process for receiving services easier for the parents/caregivers to navigate, Make services mandatory for those children who have been removed from the care of the parents due to a traumatic situation and have the caregivers receive training about the trauma and what behaviors they may exhibit as well as how to deal with them.
- Teen suicide Youth vaccine School / classroom trouble students
- Increased access for opioid use disorder treatment increased access to care for frontline workers - typically terrible about self-care in the first place. Increased access to psychiatric services for children and adolescents.
- More virtual options for mental health services for children and families
- Socializing young children in the endemic, the increase of pot use, and the education level of children.
- Vaping Self-harm Social anxiety
- Lack of resources for students struggling with mental health, Lack of personnel to support students struggling, Lack of support for families with mental health struggles
- Access to health professionals who specialize in children's mental health/helping parents find resources Recognizing signs of anxiety/depression in children (educating teachers/parapros in what to look for) Programs to intervene at early stages (elementary age)
- Counselors for children/families, wraparound services that schools can refer families to, emergency mental health services.
- Anxiety, depression, and drug/ tobacco abuse.
- Grief and Loss Students wanting support, but parents not following through on obtaining services Self-harm behaviors
- The need to make parents feel more comfortable sending their children to school in regards to Covid related issues. Addressing the fact that their children need to attend school in order to become successful adults.
- Accessibility to care Resources and information for families Identification of students in need
- GHS develop more programs.

- Poverty, Violence, Parenting
- Early Intervention, Peer Mental health supports, Youth mental health interventions
- Anger management/Kindness Counts, Safety, It is ok to not be perfect.
- Understanding appropriate social norms (face to face), Respect for adults and others that may have a different opinion, Self-regulation.
- Mental Health: Depression, Anxiety, and Suicide, Academics: as it relates to the above and issues in the home or community, Access and follow through with resources.
- Lack of professional mental health services in schools, Increase in anxiety of children and their caregivers, Lack of effective mental health services

B. COMMENTS BY THEME

Below are the comments previously listed, arranged by theme/topic and abbreviated. Numbers in parentheses represent the number of times the request was listed.

GHS

- *There is not a need that GHS does not cover!*
- *Congratulations for GHS standing out in our community and providing wonderful help to our loved ones.*
- *Doing great*

Demand Issues

- *Staffing crisis, Not enough Case Managers, more personnel (3)*
- *Need help in recruiting staff FROM GHS*
- *Mental Health care for frontline workers*

Environment

- *Therapy or personal counseling sessions offered to all residents of Genesee County regardless of their financial status or their abilities to pay.*
- *Mental Health days off from work*
- *Better pay and educational opportunities for DCWs (2)*
- *Shelters are always full. Housing issues (2)*
- *Transportation barriers (5)*
- *Need a crisis phone number*

Desired Care

- *Mental health needs of parents, young men, and LGBTQ.*
- *Child detox program*
- *Grief & loss for children*
- *LGBTQ youth should get care from LGBTQ providers*
- *Increasing anxiety, stress, and depression in youth. (5)*
- *Early intervention*
- *Peer MH supports*
- *Poverty*
- *Violence*

- *Anger management for youth, social media posts of fighting (2)*
- *Social media and body image issues*
- *Lack of respect and self-regulation*
- *Online interactive resources and treatment for teens*
- *There should be programming for those with I/DD after age 26*
- *Mandatory services for children removed from their parents due to a traumatic situation & require that the new caregivers receive trauma training*
- *Vaping (2)*

Parental Concerns

- *Poor follow up from parents in getting their child to services. (4)*
- *Support for parents & families (2)*
- *Parenting issues*

School

- *Communication between service providers and school social worker*
- *Education for youth so they know who to contact for help handling feelings or if they are not feeling safe.*
- *Mental health organizations should offer education and wellness support to the school districts & mental health services in the schools. (2)*

C. COMMENTS BY RESPONDENT TYPE

Community Social Service Provider

Q1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?

- I think the need for mental health days from work counseling for families and personal one on one counseling is not being offered or utilized properly.
- Detox for children and hospitalization for suicidal youth
- Access to therapy in a timely manner.
- Mental health of parents of young children, mental health of young men in the community, mental health of LGBTQ
- COVID and its aftermath and children.

Q2. From your perspective, what trends have you identified that GHS should be aware of?

- Within the educational settings teachers as well as students are being overly stressed without proper mental health services. Students are being traumatized by the interactions with their teachers and teachers are burnt out and being asked to do more than what they might be trying to handle.
- Queer youth need mental health services from Queer providers and queer informed providers
- Not enough case managers
- Pot use is up.

Q3. Based on what you have shared, please identify the top three concerns/priorities.

- I feel it would be important that we can have therapy or personal counseling sessions offered in a more clear way to all residents of Genesee County regardless of their financial status or their abilities to pay. I think it is essential for mental health organizations to offer education and wellness support to the school districts. I think it would be essential to have a list of providers therapists and locations for specific types of therapy available in all educational institutions elementary through secondary education.
- Mental health services, easier access to services, more personnel to help streamline services.
- Socializing young children in the endemic, the increase of pot use, and the education level of children.

General Community Member**Q1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?**

- The affects the pandemic has had on our children
- When the activity centers shut down that left a lot of consumers without a place to go. They cannot all be community based. They need to be able to go somewhere we're they can socialize and do activities. Also better pay for the care giver's.
- I think things are being addressed appropriate in our community the best that they agencies can address for such a large community. however I do think that education to consumers at time of initial appointments and annually thereafter should receive education regarding expectations of prescribed mental health medications... the providers will make the best uniformed decisions for their treatment which may include discontinuation or reduction in certain medications and their dosages and this in not intended to be dis-respectful or make the person served feel as though they are being talked down to but rather it is being done as the best course of treatment and they should expect medication changes to occur that they may not agree with at times when it is decided as appropriate by the medical provider. I think it's important to educate on this so when changes happen it is expected and that we remind the persons served about this annually. I think these reminders will help the person served by being more prepared that it can happen.
- Access to services and/or treatment housing facilities
- Children with mental health issues
- Diversity of services. True care for those that are at risk.
- Virtual services for children

Q2. From your perspective, what trends have you identified that GHS should be aware of?

- Individual Awareness and help guides for everyday struggles
- That there needs to be more help for the disabled with disabilities. Places for them to go. Need more resources for families. And better pay for your care givers.
- Covid has caused so much change for the community there has been a trend across the board for so many medical providers in many fields with no-shows to appointments and when this happens it means the conditions aren't getting treated like they should. I think one way to assist

agencies alike would be to lift requirements for timeframes to get consumers in by. Maybe not the Hospital discharge time frames but the standard appointments. I think if that was lifted the agencies could better manage how they start certain services and when.

- Desensitization of community members which leads to lack of caring and helping
- More children with Autism, Asperger's, depression, etc.
- Virtual mental health

Q3. Based on what you have shared, please identify the top three concerns/priorities.

- Children and school, Individual Help and community concerns
- Help for the disabled, mental health, and better treatment of your employees. Also more resources for families.
- I think an area of concern I see would be adequate services for OPT on-site in the actual school system especially for teens. If I can think back to when I was a teen and all I have seen since something is missing for these young people. someone they can feel comfortable going to in the moment for help or to talk to I mean my strength was great but not so user friendly for teens and the setup was boring if I looked at it from a teens perspective and only accessible to the public if referred with the access code so it wouldn't help the schools that way unless each school was provided an access code. I just think that teens are subject to suicidal ideations, anxiety, panic attacks, and depression just from dating alone not to mention other things Covid certainly hasn't helped these teens. teens need some form of ready when I am help - I don't know if an online OPT that is ready when they are will help or not but a lot of teens are seeking help from not so friendly on-line communities. I have teens boys and this is what they say that they are more likely to talk to someone online then they are in person and they don't want to leave the house to do it and they don't want their parent there they just want to talk to someone they choose when they want and that its private. If the insurance companies can see past parents being present for appts for 12 and up would be good for teens who need help but want privacy. I think parents also need to give that room in order for the teen to get the help they need.
- Resources, trainings and help aid tool kits
- Getting these children and parents help: support groups, counseling, etc.
- More virtual options for mental health services for children and families

Primary Care or Public Health Provider

Q1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?

- the suicidal mental state of our young people

Q2. From your perspective, what trends have you identified that GHS should be aware of?

- Teen suicide, Youth vaccine, School / classroom trouble students

Q3. Based on what you have shared, please identify the top three concerns/priorities.

- Teen suicide/ Youth MH

Provider of Mental Health Care

Q1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?

- For those who qualify, there are not enough services available.
- None at this time. GHS is doing a great job in addressing in our community.
- Lack of funding, no support for the direct support professionals financially or education
- Housing, shelters are always full.
- There are not enough providers to serve the community needs. Not enough docs, NPs , PAs, Nurses, case managers, therapists or support staff. Everyone who is working is overwhelmed, overworked and burned out.
- Crisis Service
- Transportation to and from non-medical appointments and housing being limited.
- Demand is unable to be filled. We need help recruiting staff from GHS. The platform is there, many who are looking for mental health service or looking to get into the industry would look to GHS long before they would find IHCM.
- Transportation
- Level of care needs for more intense case management services with a lower caseload for providers
- Post school programs for severely cognitively impaired individuals.

Q2. From your perspective, what trends have you identified that GHS should be aware of?

- There are not enough sessions per year available for outpatient therapy. There should not be a limit, just as there is no limit to how often a person can see their PCP. Unsure of the reasons that private therapy does not have a limit but the county level does??
- It is my believe that GHS has more than ever providing services and at this time I have no aware of any need that GHS has not cover!
- Funding the direct support profession with a living wage
- Many consumers have transportation barrier. There are services to help with appointments, but people need to access the community for other things as well. Some people are not able to afford UR ride, bus, or may not be on the bus lines. Many people have little to no routine in their lives due to financial issues, lack of transportation. SSI benefit can keep them from working which could add a huge meaning to their lives.
- People are waiting 9mos to a year to get services
- Doing Great
- Stable housing and reliable transportation
- Need for service continues to rise as the availability of qualified staff continues to decline.
- Reduction of post-school programs for severely cognitively impaired students (post 26 years old).

Q3. Based on what you have shared, please identify the top three concerns/priorities.

- Again none at this time congratulations for GHS Standing out in our community. And provide a wonderful help to our love ones.
- Financial, education, and support
- Housing, Transportation, Financial-SSI benefit does not allow people to save money, or even work. This keeps people struggling with no meaning in their lives. "
- More staff, Better pay to keep staff
- During a Crisis is a Group Home setting, years ago there was a Crisis Phone number that could be called. That was working great, but now we calls the police which takes the consumer to the hospital, and there mental needs are not being met. The hospital only address the Consumer if it's a medical need.
- Housing, Transportation, and Engagement.
- Staffing crisis, Case Managers unaware of audit tool training requirements, Need GHS to use platform for recruitment of people interested in the mental health field.
- GHS develop more programs

School/University Employee

Q1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?

- Children's mental health. Children who experience trauma need services and the services need to be easily accessible without a million steps to access them. Parents may give up on getting the services if it feels like they have to jump through all these hoops. CPS needs to mandate mental health services for children. They say the child will get services, but they do not seem to make it mandatory or do any follow up.
- mental health for frontline worker, engaging with pre-hospital providers for substance abuse treatment
- I would like to see youth programming around vaping that schools could use in replacement of suspension for vaping. I would also like to see more school programming around anxiety and stress.
- The long wait for therapy, psychological treatment
- Depression, Disengagement, Anxiety
- anxiety/depression in children
- Mental health access for children that is easy and quick to obtain. Wraparound services for families.
- Depression, anxiety, and drug abuse.
- Grief and loss for our children
- Concerns with the Covid illness, more drug use by families, lack of parents making sending their children to school a priority.
- Identification of youth at risk and access to care for them, including those who are insured but still find cost to be a barrier.
- therapists in the school system

- Youth Mental Health Needs
- Students are missing out on who they can connect with for help. They are not sure how or when to handle their feelings. They are not feeling safe.
- Students knowing their parents are not parenting them and they struggle with self-regulation. Body image issues due to social media.
- Transportation to appointments outside of the school
- Follow through from parents regarding referrals to services outside the school
- Communication between service providers outside the school and school social worker for a smoother transition in the building."
- We need more mental health services in the schools

Q2. From your perspective, what trends have you identified that GHS should be aware of?

- Stressors in families due to constraints brought on by remnants of the pandemic - child/parent relationships are strained. Worsening substance abuse issues.
- Vaping in middle school students
- High social anxiety/school avoidance after COVID
- Family support of school avoidance
- Social media trends
- Students being able to show reliance/stick-with-it-ness
- Self-harm/SI
- Increase in suicidal comments and threats
- Attendance due to anxiety
- Disengagement of families due to inconsistent schedules
- increase in depression/anxiety in children
- There is an increase in young children with severe mental health issues. There also a bigger need for trauma-informed care for families. Last, families need support with life essentials (food, clothing, housing).
- Teenage students are experiencing high levels of anxiety, depression, and drug abuse post-pandemic.
- Depression and self-harm (cutting) among our youth
- Parents keeping children home and not sending them to school because of Covid fears or lack of concern about their children's education.
- Poor social skills, poor behavior, attendance, performance at skill since return after pandemic
- increase in CPS reports
- Mental health issues starting earlier and earlier in young people.
- Everyone seems angry.
- Disrespect for all those that work in community services. Parents not holding their children accountable. Not allowing for natural consequence to occur. Parents are either absent or they are helicoptering.
- Vaping, sharing vapes, passing vapes amongst students
- Not new, but continues to be an issue. Posting videos on social media of others in the building, fighting, or some other activity.
- Increase in anxiety, depression, and inability to cope. Lack of social skills, lack of opportunity to socialize appropriately

Q3. Based on what you have shared, please identify the top three concerns/priorities.

- 1. Prioritize children. 2. Make the process for receiving services easier for the parents/caregivers to navigate. 3. Make services mandatory for those children who have been removed from the care of the parents due to a traumatic situation and have the caregivers receive training about the trauma and what behaviors they may exhibit as well as how to deal with them.
- Increased access for opioid use disorder treatment, increased access to care for frontline workers - typically terrible about self-care in the first place, increased access to psychiatric services for children and adolescents.
- Vaping, Self-harm, Social anxiety
- Lack of resources for students struggling with mental health, Lack of personnel to support students struggling, Lack of support for families with mental health struggles
- Access to health professionals who specialize in children's mental health/helping parents find resources, Recognizing signs of anxiety/depression in children (educating teachers/parapros in what to look for), Programs to intervene at early stages (elementary age)"
- Counselors for children/families, wraparound services that schools can refer families to, emergency mental health services.
- Anxiety, depression, and drug/ tobacco abuse.
- Grief and Loss, Students wanting support, but parents not following through on obtaining services, Self-harm behaviors
- The need to make parents feel more comfortable sending their children to school in regards to Covid related issues, Addressing the fact that their children need to attend school in order to become successful adults
- Accessibility to care, Resources and information for families, Identification of students in need
- 1) poverty, 2) violence, 3) parenting
- Early Intervention, Peer Mental health supports, Youth mental health interventions
- Anger management/Kindness Counts, Safety, It is ok to not be perfect.
- 1. Understanding appropriate social norms (face to face), 2. Respect for adults and others that may have a different opinion, 3. Self-regulation.
- Mental Health: Depression, Anxiety, Suicide, Academics: As it relates to the above and issues in the home or community, Access and follow through with resources.
- 1. Lack of professional mental health services in schools, 2. Increase in anxiety of children and their caregivers, 3. Lack of effective mental health services.