

## Webinar 2 Transcript

Hello, everyone, I'm Leslie Boggs, National PTA's President. Thank you so much for joining us here tonight to dive into tangible actions your PTA can take to improve the mental health of your school communities.

I am so happy to be here with you today, as we take this important step in supporting our children's well-being by strengthening mental health supports.

I hope many of you were able to join us for our webinar with the National Association of School Psychologists, where we explored how mental health system serving children and youth should work, and what approaches to mental health are most effective for your school community. We learned how important it is to be proactive and intentional with mental health efforts, and the unique role that PTA's can play in doing that.

As you all know, National PTA has a long history of taking a stand for all children, working to live out our mission and ensure every child's potential becomes a reality. Addressing mental health head on is in direct alignment with PTA holistic approach to children's well-being. So remember, always our mission to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

So our approach is, if you attended last week's webinar, you already know that National PTA believes it is very important to take a proactive approach and support all children's mental health before issues arise. Mental health must be viewed as an everyday priority, and one that cannot be overlooked. To have a long-term positive impact on mental health, National PTA takes a Whole Child approach, which aligns the mental health, physical health, and safety of every child and youth, while also encouraging family engagement and community involvement. It really allows us to normalize mental health conversations and create opportunities for families to access mental health, just as they do physical health. We encourage you as PTA leaders to approach mental health similarly. Mental health efforts also must be viewed through the lens of diversity, equity, and inclusion, or DEI. For instance, we know that systemic racism directly impacts the mental health of our children in our community. And we know the LGBTQ community has also experience disproportionate mental health struggles, and we are thankful our experts can speak in more detail about the LGBTQ community here today. As your PTA discusses what actions can be taken to improve mental health supports, I encourage you to keep diversity, equity, and inclusion top of mind.

Before I hand it over to our speakers for today, I want to thank our sponsor, GoGuardian, who is helping National PTA be able to drive this important mental health work forward. GoGuardian's commitment to children's mental health and to PTAs makes trainings like this one possible and we are very appreciative.

Tonight, we are grateful to be joined by Sam Brinton who is the Vice President of Advocacy and Government Affairs and Keygan Miller, an advocacy associate with the Trevor Project. We have already been learning so much from these folks through our partnership with The Trevor Project, and I am so excited for you to get to learn from them here today. We're going to really dive into what we can be doing as PTA leaders to improve our school communities' mental health. So now I'd like to hand it off to Sam and Keygan. Thank you.

Thank you so much, Leslie. That was such a kind introduction. And truly, I can say, with all of my heart, Keegan and I adore the relationship we're building with the National PTA, and cannot wait to see all of the great, great actions that are taken by both of our organizations to save lives

and support mental health of the youth we all love and cherish. So, as I said, my name is Sam Brinton. I use they/them as my pronouns and as Leslie mentioned, am the Vice President of Advocacy and Government Affairs for the Trevor Project. I'm going to turn it over really quickly to my colleague Keygan, just to give a short introduction. My name is Keygan Miller. I also use they/them pronouns, and I'm an Advocacy Associate here at The Trevor Project.

Thanks so much, Keygan. Perfect. So, you may be wondering a little bit about who The Trevor Project is. That's a good question to ask. Let's have an answer, shall we? So The Trevor Project is the world's largest suicide prevention and crisis intervention program, specifically for young LGBTQ people. And we were founded more than 20 years ago with the express mission to make sure to end LGBTQ youth suicide. But we do a lot more than just a suicide prevention lifeline, many of which interact with ETA and are concerned about mental health. So Keygan can we go to the next slide.

Perfect. So first off, I'll start with really quickly what we do on a day-to-day basis and how that will relate to some of our work. We have been, for 20 years, operating a Lifeline. So this is a, you know, nice, easy, confidential number that you'll always be able to call. And we hope that, if you have LGBTQ young people in your lives, or even, if you don't know if they are in your life, you'll share the Lifeline as an opportunity for young people to connect with a trained counselor who can provide them crisis intervention and just mental health support. But in the age of COVID, sometimes it's not always easy to have a private conversation. So text and chat can be another service that provides a little bit more confidentiality and an ability for an LGBTQ young person, for example, like myself, who, when we are speaking, and crying, maybe at a moments of crisis, it's not as easy for us to feel comfortable. So text and chat can make that feel a little bit more comforting. But not just crisis services. You need to make sure that, you know, that research and data is important. That advocacy like that, which Keegan and I do, is making sure that LGBTQ youth and all youth are given the best opportunities to have a healthy and productive life. And of course, education, like we're about to do right now, about what we can, as educators, and as parents, and others do to save young lives. Next slide.

Why are we here, though? So we've talked a little bit about who we are. But why are we doing what we're doing? Well, it is pretty clear, and I hope many of you know that suicide is the second leading cause of death among young people. In fact, the CDC found that one in four young people seriously considered suicide in June alone. We have a major challenge that is going to be only exacerbated, by COVID. And for LGBTQ youth, this is not getting any better. It's only worse. In fact, lesbian, gay, bisexual, and transgender youth are four times more likely to attempt suicide than their peers. So, it's a really bad problem, and we've made it even worse for LGBTQ youth and that's why we're doing what we're doing.

But it's also really important for us to remember that even among that community, it can become even more painful. So, for example, trans youth and trans people; 50% of all trans people have made a suicide attempt. And again, many of them before the age of 25. We're not going to jump into a lot of the specifics of the LGBTQ community. But I wanted you to have a reason for the session, a reason why we're having this conversation in front of you, but it's also an actionable space. We are talking about actions today. Well, here's one. Just being supportive, because being supportive can reduce LGBT youth suicide by more than 40%. Just knowing one supportive person can make that big of a reduction, so that's why we're also making sure that we're bringing this information to you. Next slide.

So we've talked a lot about who we are and why we're here. But today's discussion is going to concentrate on a specific issue, serving LGBTQ young people through what we have already said, the crisis services research and education opportunities. So, this is making sure we

understand a little bit about the resources that are out there, specifically for LGBTQ people. But then even more importantly, supporting schools with their comprehensive suicide prevention policies and how those suicide prevention policies relate to mental health and making sure the mental health of each of the students that are going into these schools are taken into account. Next slide.

A little bit of pause moment. Let's make sure we're all using the same language, shall we? So, this is the definition from the World Health Organization. Feel free to edit as you see fit. But, why are we talking about mental health? I know Leslie gave that really great description. We need to be proactive. We need to be thinking about mental health in a holistic manner for all of these young people. Well, mental health, as we are defining it today, is going to be around a state of well-being in which the individual realizes his or her abilities can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community or their community. It's important that we see a few different areas here. It's about abilities, coping with normal stresses (which, let's be clear, nobody is going through a normal stress right now, it's all quite more complex than that), but then productively and fruitfully being able to move beyond it and making a contribution to their community. It's really important that we take this into account when we think about definitions. Next.

Now we should talk about what those mental health spaces look like when they are surrounded by a school situation and obviously with the PTA, the most relevant. So did you know that one in five students in the US currently experienced a mental disorder just any year? That is a major challenge for us. Mental disorders are a lack of mental health that needs support systems, and if those support systems are not present, those mental disorders could obviously be exacerbated. And as we already mentioned, with the second leading cause of death for young people being suicide, those mental disorders, and again, a lack of support systems for mental health, not even relating to mental disorders, but just a lack of support, can lead to depression, rejection, and a lot of challenges that, in the end, may end up in a suicide or suicide attempt. But of course, it's not being – I don't have good news right away at the beginning. But believe me, I promise, we will have good news at the end – but the good news doesn't start right now because it's getting worse with the rate of suicide in all age groups rising. The thing that should be most relevant to the PTA and to what we think about at Trevor is that the rate of suicide among children ages 10 to 14 has doubled in just the last decade. So, we understand mental health. We understand the challenges relative to school aged children and the experiences in school. What are we going to do about it? Next slide.

That leads me to turn it over to my colleague Keygan who can tell us as a former teacher and a person who deals with this each and every day. Keygan, what are we thinking when we look at school policies that can solve some of these mental health challenges?

Sure, Sam. So, with school policy, we're going to frame this today our conversation around suicide prevention policy because that's what we do at Trevor. However, I want to emphasize that this is about all policy that revolves around mental health across the board. So, whether that's a mental health and wellness policy, whether that's how you get students counseling, whether it's suicide prevention, whatever the case may be. All of these. And, we'll break this down at the end of how to kind of apply this. We're going to frame it out in the school policy of suicide prevention.

So, all states and school districts have different requirements for mental health, but also, specifically for suicide prevention intervention, postvention, teacher training and student curriculum. And, again, this spans in every different state a little different. For example, we have a state like Nevada, which requires all schools to have all staff training. They require mental

health to be part of the health curriculum in their schools. They require that schools have a suicide prevention policy in place, and they have to report that to the state every year.

But then you have other states that have guide guidance documents. And that's it. There's no mandate. There's no requirements. They can do any part of it or no part of it. Their teachers might be trained or not be trained. Their parents might get information on suicide prevention. Maybe not. Who knows? What we found when we're doing this work is that if there's no legislation in place to require suicide prevention in schools, approximately a third of schools don't have any policy whatsoever. So that, you know, again, are those schools doing anything around suicide prevention? Who knows. Policy is not the same as the implementation, and I will probably say that four or five more times this evening, but it definitely doesn't give a good framework for those schools to have any work around suicide prevention and mental health. Next slide, please.

Some when we're looking at school policy, I want to frame this – if you were on the last call in conversation, I'm going to pull out a few things from that previous conversation and in regards to the tiering system. So, the Model School Policy that we're going to talk about tonight is available on our website as well as the American Foundation for Suicide Prevention. Literally, if you type in model school policy, Trevor, it's the first link that pops up. It was a collaboration of these four organizations. They really come together and say, what does a comprehensive look at suicide prevention in schools? And so, it covers four major areas: prevention, which, if you're on last time, Tier one level support. So this is a universal supports across the board; making sure that all students have a general sense of mental health and well-being, making sure that teachers are aware of warning signs, making sure that, you know, students are able to talk to people if they're feeling that, they're having thoughts of suicide, or if their friends are having thoughts of suicide, putting all of those little markers in place. Next part is intervention, which, if you were on last week's webinar, is tier two and tier three level, depending on where the intervention lies. So, with tier two level, that's someone who is just starting to express that they're in some sort of mental health crisis in some capacity. You know, for people that were concerned about having mental health crises, maybe they'd had something happen in their lives that would be a stressor. And when we look at compounding stressors, in particular, if people had someone die in their family or if they, all of a sudden, are struggling with schoolwork or any of those types of things, we're going to look at that tier two. And then we're looking at Tier three. These are people that are a little bit more imminent risk. Maybe they directly expressed that they're thinking about suicide. Maybe it's that English teacher that found the note or the writing assignment that talked about it, whatever the case may be. You're having a space for intervening with that student and getting them the supports they need in that moment.

Then postvention, which is after the fact. This might be, oftentimes, when we talk about postvention, we're talking about there's a death by suicide in the school, and we're trying to mitigate contagion. But, I also view postvention as if there has been a suicide attempt and a student is reentering the school building. What does that look like, and how do we support that student and their peers to make sure that that transition back to school is successful and that they don't reenter a crisis?

And then, of course, addressing the needs of high-risk youth which, again, at Trevor, we focus on LGBTQ youth, but that's not the only groups that are at high risk. You also want to look at folks with other mental health disorders, folks that have had recent trauma. In different areas, you might have others. I always say, if I'm working in southern California, I'm going to be looking at the Latinx population. If I'm working in North Dakota, I'm going to be thinking about Native population. And by the way, when I say all this, is not to say that Native population, or LGBTQ youth, or any of that, are more likely by nature of their being to have mental health issues or

suicidality. What it is it's the compounding stressors of our current societal situations. Leslie mentioned at the beginning, the structures, the system of racism that we live in can cause mental health issues within certain communities. So, again, we want to look at that as not an innate thing, but as a result of compounding stress. Next slide, please.

So, as I'm going through this, I want you to be thinking about, this is not just about suicide prevention, it's really about mental health and making sure that we have this comprehensive kind of space to support and uplift our students. So, with any policy that we're looking at, we want to make sure that we're looking at guidelines around that policy information. Your basic banks. Who implements this policy. When is it reviewed and updated to meet best practices? How will this information be disseminated to staff? And I say staff across the board here, because it's not just about teachers, it's about all staff in the building. A lot of times, students will gravitate towards other staff members who are your instructional leaders, whether it's the cafeteria worker, the bus driver, a coach, a paraprofessional, whoever it is, we want to make sure that they're all aware of how to best support our students' mental health.

We want to look at directives for professional development for both certificated and non certificated staff. We want directives for student curriculum, integrating mental health into the larger health curriculum is always the best idea. And make sure that we're actually talking about suicide with students. A lot of people think that by talking about suicide, we're going to put that idea in the student's head, and it's going to make the situation worse and that's absolutely not the case. We know that by talking about it, it actually opens up that conversation for students to get the support they need.

And then we want plans for general information about suicide prevention to be disseminated to the larger community. Parents that means you. That means we want to make sure that parents know the warning signs, as well and that other community members, again, those coaches, those people who are out and about working with our students outside of the school, also have that information. Next slide, please.

Then, we get to the intervention part. So, a student is in crisis: What do we do? So, we want to make sure that we can fairly assess that student, make sure that there's an assessment procedure that accurate, and we can get the students the help they need, whether that's for a particular mental health condition or if it's for suicidality. Whatever it might be. And then, getting that student referred. I want to be cognizant of the fact that there are differences in school-based intervention and community-based intervention. And some schools have more resources than others, and we know that. So we want to be very cognizant when we're writing policy, and when we're advocating for this change, that we're aware of what's happening in schools. You know, if your school has a school counselor or school psychologist great. Then how are we utilizing their time and efficiency effectively with our students? If we don't, then what community supports can we bring in? Can we refer students out to particular counselors or therapists in the community? What's our relationship like with other mental health services in the area?

Protocol for in school suicide attempts. Again, if I have a student who is in process of attempting suicide, what do I do? If they're really strongly feeling like suicide, then what do I do with that student, and how do I make sure that they stay safe in that moment? And then get the supports that they need.

And then procedures for parent notification and involvement, which is super important. Of course, specifically the PTA. It's one of the hardest conversations as a teacher to have. I know, I've had that conversation. But to call home and be like, I'm concerned about your student because of this, and here's what we're doing at school, but here's some other supports that they might need and would be helpful for it. One of the biggest things, though, we want to emphasize

in this is making sure that we're mindful of situations that could be detrimental to the students' mental health status. For example, if a student is having a mental health crisis because they're stressed out about, you know, being LGBTQ and their parents don't know, and many of their friends don't know, and they're just now coming out to you, and they're in this crisis mode. Telling their parents that they're in crisis because they're gay is maybe not the best idea. Because if that parent isn't supportive for whatever reason, then that could cause an even greater crisis and also put the student in danger for other things. We know that there's a higher rate of homelessness and LGBTQ youth for coming out. There's some higher rates of abuse that happen for parents that are unsupportive. So, we want to be very careful about those situations. Mental health is one of those spaces where, unfortunately, there is a lot of stigma in society, so we have to kind of navigate that wisely to not exacerbate the situation. Next slide.

Then, we have postvention. So, this is as I talked about before, procedure for re-entry after a suicide attempt, protocol for staff, awareness of outside of school attempts, who needs to know and who doesn't, who interacts with the student. If I'm a teacher, I know I want to know if my student is going through anything mental health. That way, I know how to expect the work that they're doing in my classroom and the way that they bring themselves to my classroom. And so, that way, again, I could be as supportive of those students as possible. And a standard procedure for how school manages the aftermath of a death by suicide of a student or a community member. One of the things I want to point out for this is when we have situations of death in the school or the community, specifically by suicide, but any death really, we need to look at not just the people who were in that student's direct or that community member's direct circle. Yeah, we want to focus on them. We also want to look at the most vulnerable people in the community already. Because if you're already at higher risk and this extra thing happens, like the death of someone happens, that elevates that risk to an even greater level. So, I want to look at both of those groups, and not just the people around the person directly.

And then, of course, we want to focus on high risk youth. Again, you all are in your communities, you know these stats better for your own area. We want to make sure that we're addressing youth with mental health concerns, Native Populations, LGBTQ youth, people who have had recent trauma, people who have lower socioeconomic status is another one, folks who can't access care. All of those spaces, we have to put a little extra emphasis on. In rural communities, in particular, I will say, access to care is one of the greatest stressors that we see. Notation of unique risk factors on the local community, and geographic area and cultural norms. Again, we want to make sure that our policies are being mindful of these things. Next slide. So, now I'm going to turn it over to Sam to talk about how we advocate for things like this in our schools.

Thanks so much, Keygan, and you can go onto the next slide. So, first off, let's learn some data of how these can be applied based on those who are attending right now. So I see 82 of you currently attending at least, right? Like, so, what are some of the things that you told us when it comes to mental health services in your own school? So first off, we asked, do you know the types of mental health services provided by your school or partnering organization to students? So, 38 of you said, yes, I know all of these types. And then, a few of you, also, 83 said, sort of, I know there are some of these types. And then, another 22 of you said, I don't know the types of mental health services. So, you can see a lot of strong, strong majority of sort of knowing. And that sort of knowing is really important because by sort of knowing, you know to ask even more questions. This is always what I think I take away from some of these questions is if I sort of know, that's great. I'm willing to ask to learn even more, so that way at some point, I can be a yes, I think I know all the types that are currently available, and I want to make sure that they're always going to be available. Let's go into the next slide.

So the next slide is a little bit less clear. Right, so the next section was does your school have specifics of the three P's – policies, protocols, or procedures – for working with students in mental health crises? Again, 24% saying yes, that is definitely something that we have in our school. 12 percent saying, I don't know. But then again you see the largest percentage at 33% - excuse me, no a 36 – is a no, we do not have specific policies, protocols or procedures for working with students. If you noticed, this is nearly exactly in alignment with the research that Keygan showed earlier of a third not having policies in place. So, don't you dare worry, you are right in alignment with what we were kind of expecting. And that's OK. That's why we attend sessions like this, so that way we can bring the best types of policies, protocols or procedures that support mental health crisis moments forward. Let's go to the next slide.

So you have now seen a little bit about what you and your neighbors will call them, like your digital neighbors here, right are saying when it comes to these questions. But now you may be wondering, OK, I didn't know all the way or I don't have a policy...What are some of the things I'm going to need to know, and how can I ask those questions in ways that are affirmative and supportive to provide those types of services? Well, first off, some of your questions could be, What are those support systems? We asked that of you. If you didn't know, guess what, you can totally ask that. But, it's not just about students. I think this is something that is commonly forgotten about is that, of course, parents need training too, and teachers will need training. But it's not just who's in front of the classroom. It's who is serving the lunch. Who is cleaning the halls? Who is making sure that we provide the best services as soon as possible? Then, if those mental health services would be generally provided by your school counselors, psychologists, you should be checking about who those people are. Mental health can be concentrated in these staff members, but isn't necessarily, and many schools will not have these available readily available. So, making sure that you know who those people are, those point people, can be really valuable. Then, you may be wondering, OK, so we have staff, but what about support groups, specifically for those students? The variety of mental health needs that are going to be coming about means that there's a bunch of different student groups that may be meeting those. Sometimes those are sports teams. Sometimes those are, for example with myself, I used to be part of a group called Active Minds. There are a variety, maybe the local GSA. These are all support groups or specific students who may be struggling and may need that that level.

Of course, it doesn't always have to be inside the school grounds. Are there community resources? For example, Trevor Project is available all over the country, but there of course are local, maybe like a P flag chapter, or a GLSEN chapter, or people who may be in the community, who say, I think this is a priority, and I want to make sure that mental health resources are available. But then of course, it's really important to not just have these resources available, but as Keygan said implementation, implementation, implementation. How is the school actually measuring the mental health of those students and those outcome goals? We started with some really hard and sobering statistics, well those statistics come from measurements that schools have available to them if they are willing to make the questions available to their students. So make sure those measurements are happening. Let's go onto our next slide.

And it is not also just in your school buildings, right. It's potentially in your whole school district. What is happening across the board, right? These policies are not just about, for example, suicide prevention. They are on a bunch of different mental health issues, each of which we could spend a whole webinar on. But we wanted to cover a few of them here, for you to again, ask the good questions. Those policies aren't, as we've mentioned, just suicide prevention, but they could be on what is student leave. Some states are now providing like a kind of student mental health day, just like a sick day, but for mental health. So, what does that student leave look like and what are ways, especially in the age of COVID, that we're supporting students

getting the help that they need when they need it? That crisis intervention is of course critical. Keygan already mentioned intervention services. But it's really important for us to remember who do I call, who do I talk to, how do I get help in a moment of crisis? That's the intervention spaces. And, of course, in order to know those off the top of your head, you need training, whether that's through teachers or staff, or of course, as we mentioned, who's the first person they're seeing at the desk when they walk into the school? Each of these are valuable, valuable staff that need the support, which PTA, of course, is wanting to make sure is available.

And let's not just put it on the adult, shall we? What is the student learning about their own mental health and about the mental health and warning signs of lack of mental health, maybe, in others? That curriculum is critical. And, of course, we've talked about this before, but let's say you're not necessarily a moment of crisis, but you just need a little extra help. What is that referral process? Where do we go when we are not necessarily in a moment of crisis but we learned someone needs a little extra help? And, as earlier mentioned, in both the intervention and prevention services, how we talk to parents needs to be considered with delicate, delicate nature. It's not always about all the information right away, it's making sure that we have the best information and it is shared in ways that are going to be useful and supportive. Great. Let's go onto our next slide.

That leads me to – you heard a bunch of information from a resource like The Trevor Project available to each and every one of the students to a variety of really important data measures on how mental health is really at a crisis moment, and of course a variety of specific policies in intervention and prevention and postvention that can save lives. But that's a lot, right? I get that, you can't see my face, but I'm basically commiserating, my friends. I understand, this is a bunch to tackle. So, what's one small thing you can do?

First off, this comes from – there's a lot of text here, I know. – but this comes from the model school policy implementation. So, at the end of that model school policy, which we talked about, one specific example of one specific part of mental health. There's a whole list of small, one moment at a time, changes that can really be important. So first off, this is kind of think of like a checklist, right? You can check these off with different questions and different moments, and in the end, you'll be able to say, wow, yeah, I was able to work on the mental health in my school district and school specifically to make sure that everyone was being considered. First off, what's that training? Sometimes, it's an hour every year. Some states have it every two years. Some states have it a full day. It's a bunch of different options. What's yours? What training is required? And what is that looking like? A course, as a person who works with LGBTQ youth each and every day and hears their voices on our lifeline, consideration of high risk populations, like LGBTQ youth, is a course paramount to us. And I hope it will be to you. I hope you'll ask when you're looking at these trainings, what does it say about LGBTQ youth as a high risk population and the power of using a person's pronouns correctly? And, of course, there's the coordinator. Who do we call? Who do we go to? I'm not going to read all of them, and I'll move on to the next slide. But, as I'm doing that, I want you to know that there's a bunch of different options here. We can go into the next slide.

And this is, I think is our last slide. We made it, people. Congratulations! This ends with the last step. So, again, this is all available in your model school policy. But, a few different items that I really want to pull out here. Postvention procedures that, again, follow these toolkits that we've made available to you, are really important as a person who has had multiple suicide attempts. And even some while I was there in high school. My guidance counselor didn't have a postvention plan. And so, I entered a school with a lot of staring eyes. A lot of really awful conversations, and not a lot of support when I needed it the most. So, think about postvention, it's a kinda weird word. We always talk about prevention, but think of that when you're doing

your good old questions to the variety of policies, procedures, and spaces. And, of course, make sure that you know what to do about both in school and out of school attempts. These are different than moments of crisis or intervention. This is the person who has actually attempted suicide and they need extra special care. We need to be sure that we're talking about this, not just as a hypothetical, but as a reality. Many of these policies and procedures, and mental health conversations, don't happen until it is nearly too late. So let's make sure we start the conversations even earlier. Let's go onto our next slide. I think that's everything. Yes it is. I'll turn it over to our lovely colleagues to end our session. Keygan and I are really grateful that we got to have this moment with you. And we appreciate the opportunity to bring mental health in a holistic manner to the conversation, and not just talk about it, but take actionable steps on how we're going to save lives and support mental health. Thanks again for the opportunity.

[LESLIE]

Thank you, Sam and Keygan. Now you know why we asked them to be here. They are such phenomenal, they have so much information. And so I just wanted to go over briefly what I heard here today that really stuck with me. And first of all, they said that one person, one supporter, makes a huge difference. And so if just one of you decide to do something about what was addressed today, you can make a huge difference. And just remember, 1 in 5 children in our nation, in our schools really suffer from some type of mental health disorder. And then again, today, we heard the second leading cause of death in ages 10 to 24 is suicide, and that it's doubled in the last decade. And so, this is a critical need in our schools. And so, we're so appreciative of Sam and Keygan for these incredible insights into how we as PTA leaders can improve mental health supports through our school communities. And I thank them so much again for being here this evening with us. I encourage all of you listening to this webinar this evening to really think through what actions you can take in both the short- and long-term to drive this important information forward. Remember about taking those critical conversations not only with your child, but thinking about the mental health professionals in your community, talking to your principals, talking to your superintendents, talking to your school boards. What are those critical conversations and who do you need to have those with? So next slide.

I encourage you to check out our new website at [PTA.org/MentalHealth](https://PTA.org/MentalHealth) for Mental Health Resources, including a couple from the Trevor Project. The page will also have a recording of this webinar in the next few days. So, be sure to check it out and share with your colleagues. You can also access the recording from that first webinar here. Both recordings will be accompanied by transcripts in English, Spanish, and Mandarin.

So thankful for all of you for joining us tonight as we learned tangible actions we could take as PTA leaders to make our schools and home environments more supportive of children's health. We're so thankful to both Sam and Keygan and The Trevor Project for leading this important work, and sharing their expertise with us. If you have any questions for National PTA or Sam or Keygan and The Trevor Project, please reach out to us using the e-mail on the slide ([rfishman@pta.org](mailto:rfishman@pta.org), [sam.brinton@thetrevorproject.org](mailto:sam.brinton@thetrevorproject.org), [keyganmiller@thetrevorproject.org](mailto:keyganmiller@thetrevorproject.org)).

Thank you so much again for your participation and your commitment to bettering the mental health of our children and families. Y'all have a great evening.