Kansas Suicide Prevention Resource Center

Monica Kurz, Director
Headquarters, Inc

- National Suicide Prevention Lifeline Crisis Center
- Open since 1969
- Student Clinic providing therapy sessions
- Online chat service at www.headquarterscounselingcenter.org

- Providing suicide prevention training and technical assistance to communities across the state
- Online resources at www.kansassuicideprevention.org
Suicide is Complex

More investigation will be needed to understand the increasing suicide death rate trend

Suicide prevention has often prioritized identifying suicidal individuals and treatment of mental health conditions. The information from the CDC report shows that more upstream work is needed due to the large percentage of suicide deaths which occurred when no mental health condition was identified.
Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.

No known mental health conditions

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<thead>
<tr>
<th>Sex</th>
<th>Method</th>
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<tbody>
<tr>
<td>Female</td>
<td>Poisoning</td>
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<tr>
<td>16%</td>
<td>10%</td>
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Known mental health conditions

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<td>Female</td>
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<td>31%</td>
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Many factors contribute to suicide among those with and without known mental health conditions.

Relationship problem (42%)

Problematic substance use (28%)

Job/Financial problem (16%)

Loss of housing (4%)

Crisis in the past or upcoming two weeks (29%)

Physical health problem (22%)

Criminal legal problem (9%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

Public Health Approach

Protective Factors
- Availability of physical and mental health care
- Safe and supportive school and community environments
- Sources of continued care after psychiatric hospitalization
- Connectedness to individuals, family, community and social institutions
- Supportive relationships with health care providers
- Coping and Problem Skills
- Reasons for living (e.g., children in the home)
- Moral objection to suicide

Risk Factors
- Availability of lethal means of suicide
- Unsafe media portrayals of suicide
- Few available sources of supportive relationships
- Barriers to health care (e.g., lack of access to providers or medications, prejudice)
- High conflict or violent relationships
- Family history of suicide
- Mental Illness
- Substance Abuse
- Previous suicide attempt
- Impulsivity/aggression

Societal

Community

Relationship

Individual
Calls to the NSPL originating in Kansas

- January: 2015, 2016, 2017, 2018
- February: 2015, 2016, 2017, 2018
- March: 2015, 2016, 2017, 2018
- April: 2015, 2016, 2017, 2018
- May: 2015, 2016, 2017, 2018
- June: 2015, 2016, 2017, 2018
Increased Capacity

Between the two centers approximately 70% of the calls originating in KS are answered by a local center.

Local centers are the preferred resource due to familiarity with local resources.

Current funding is primarily through private donations.
- Higher suicide rates in rural and frontier counties
- Lower call volumes from the Western parts of the state
- KDADS contract for FY 2019 is focused on outreaching rural/frontier counties to learn more about their low utilization
“I just get sad. I don’t know how to pull myself out of it and all I can think is whether it’s always going to be like this. Then I think about suicide. I tried talking to my mom about it, but she just freaked out. My friends are great to talk to, but they just tell me to smile and get over it. When I call Headquarters, they don’t tell me what to do. They listen and understand. It makes me feel validated and really helps. They’ve helped me figure out who and how to talk about my feelings with my friends and family. Without Headquarters, I probably would have killed myself. They totally saved my life.”

-High School Caller to the NSPL, 2018
• Legacy of the Kansas Youth Suicide Prevention project funded by the GLS awarded to KS
• Provides subject matter expertise to the Kansas Prevention Collaborative and Governor’s Behavioral Health Services Planning Council-Prevention Sub-Committee
• Involved in authorship of the State Suicide Prevention Plan
**GBHSPC Prevention Sub-Committee**

- Members represent substance use prevention, data evaluation, prevention coalition, suicide prevention, problem-gambling, and corrections department experts
- Emphasis on integrated behavioral health prevention
- Drafting a State Prevention Plan to be completed this year
- Dedicated effort to understand the work of all GBHSPC subcommittees’ work
KS Suicide Prevention Plan

- Integrate prevention efforts across the lifespan
- Increase prevention, intervention and suicide management training for personnel in mental health, behavioral health, education, law enforcement and primary care
- Increase continuity of care and linkages in healthcare for suicidal individuals
- Use data-driven approaches
- Establish evaluation to determine if initiatives have been effective

Increased Training

Assessment/Intervention

- Columbia Suicide Severity Rating Scale
- Suicide Risk Management in Substance Use Treatment Settings
- C.A.L.M. (Counseling Access to Lethal Means)
Increased Training

Community

● Introduction to Suicide Prevention
● SuicideTalk

Schools

● Suicide in Schools
● Talking Together and Suicide Prevention
● More Than Sad
● Yellow Ribbon
ASIST is a two day workshop which teaches professionals and lay people to complete a suicide intervention with a person at risk.

Focus is on learning to identify suicide risk and then develop a plan which works in the here-and-now for safety.

Includes exploration of attitudes around suicide to reduce stigma.

Community resources are reviewed to work to build a tighter safety-net locally.

- Manhattan
- Haskell Indian Nations University
- Lawrence
- Scott City
- Hutchinson
- Abilene
- Emporia
- Sterling
- Kansas City, KS

More info at [www.livingworks.net](http://www.livingworks.net) or [www.kansassuicideprevention.org](http://www.kansassuicideprevention.org)
KSPRC staff has learned that school mental health professionals value the Jason Flatt training requirement

- Referrals for students from a variety of school personnel
- Continued challenges across the state in getting information about the outcome of mental health referrals
- Questions about how to best support students who return to school after a mental health intervention
- **NO** requirement to talk to students about how to get help for suicide and other crisis
Teen Help Seeking

Teens are more likely to talk to their peers than adults when they have serious concerns like suicide.

Two approaches:

- Programs that are youth peer led which attempt to change this social norm. One example is Sources of Strength.
- Peer resource like the Teen Line in California which trains teens to talk with other teens while providing support to teen listeners to ensure they know what to do and how to get help.
Reference Links

- Images from Vital Signs: https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic3
- Teen Line: https://teenlineonline.org/
- ASIST: www.livingworks.net or www.kansassuicideprevention.org
Recommendations

- Review the KS Suicide Prevention Plan to identify goals which have not been achieved
- The task force should consider reviewing the network of suicide survivor support groups in the state to better understand the availability of postvention services
- Undertake a survey from school mental health professionals to understand how many districts are providing student information
- School-based prevention programming should place emphasis on small groups or classrooms rather than schoolwide assemblies and speakers