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# Kansas Suicide Prevention Resource Center

— Monica Kurz, Director —

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# Headquarters, Inc



- National Suicide Prevention Lifeline Crisis Center
- Open since 1969
- Student Clinic providing therapy sessions
- Online chat service at [www.headquarterscounselingcenter.org](http://www.headquarterscounselingcenter.org)

# Kansas Suicide Prevention RESOURCE CENTER

- Providing suicide prevention training and technical assistance to communities across the state
- Online resources at [www.kansassuicideprevention.org](http://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.

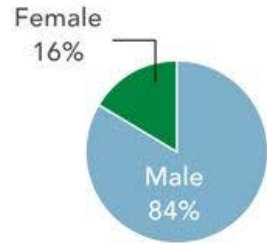
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## Differences exist among those with and without mental health conditions.

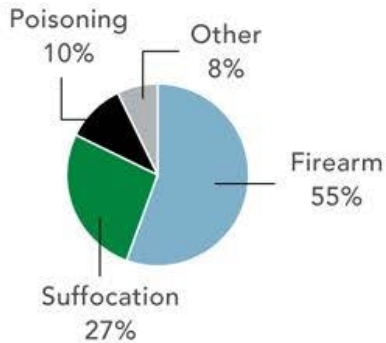
People without known mental health conditions were more likely to be male and to die by firearm.

### *No known mental health conditions*

Sex

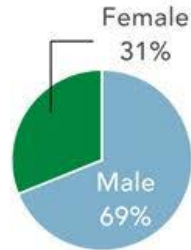


Method

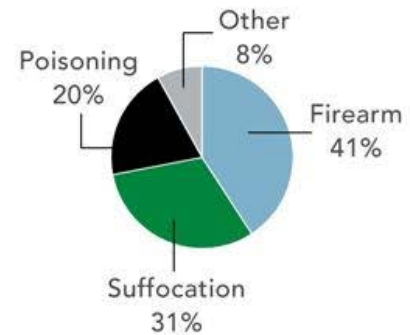


### *Known mental health conditions*

Sex



Method



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.

## Many factors contribute to suicide among those with and without known mental health conditions.

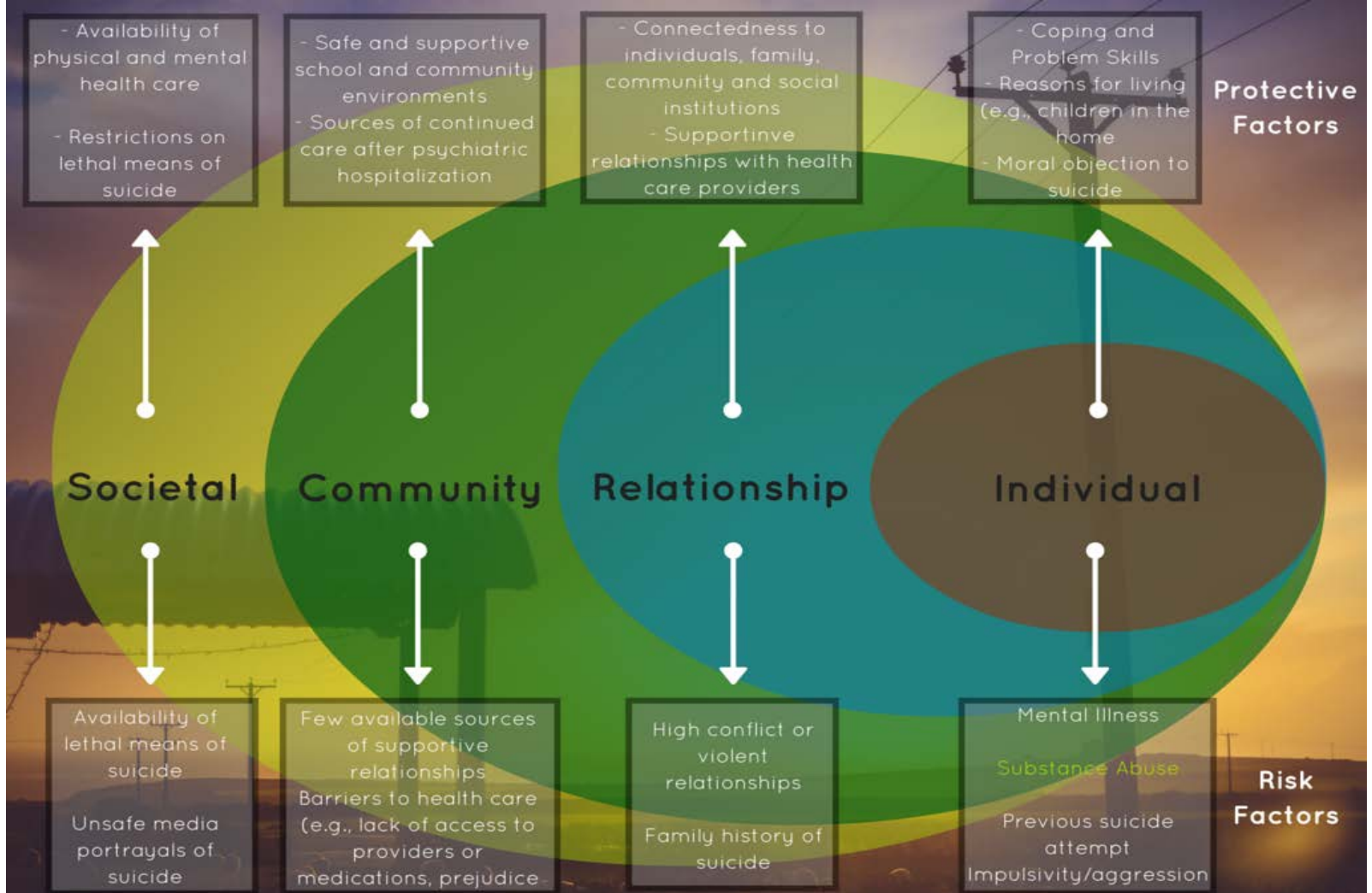


Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known,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

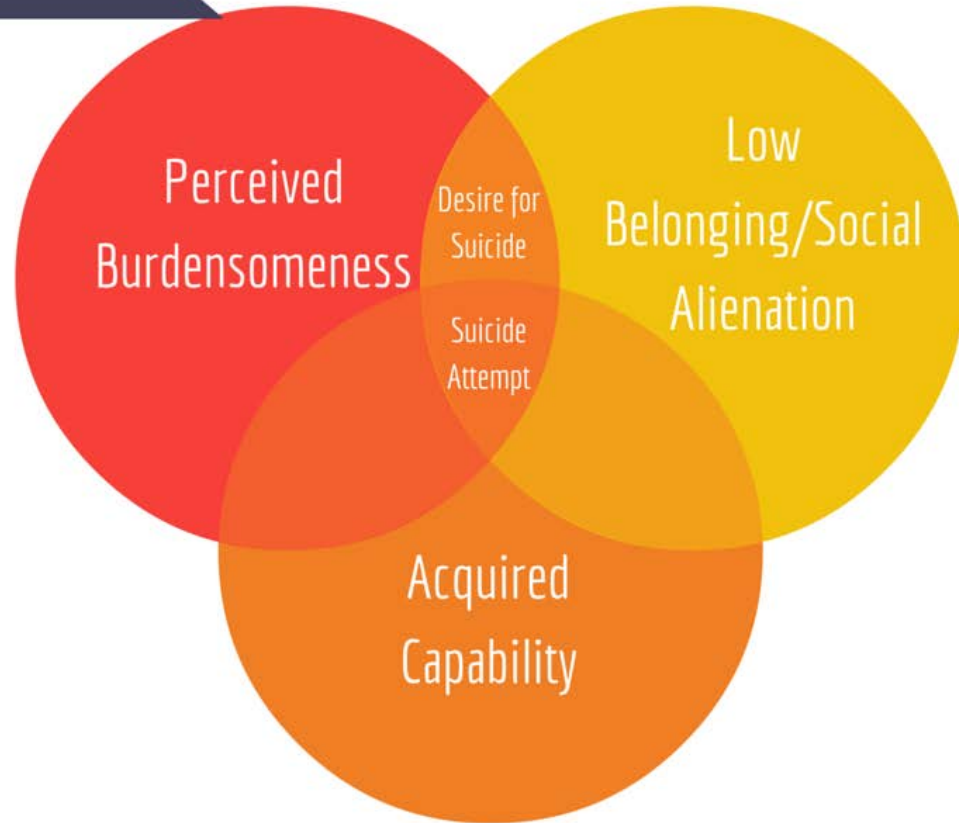
SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

Many factors contribute to suicide among those with and without mental health conditions

# Public Health Approach



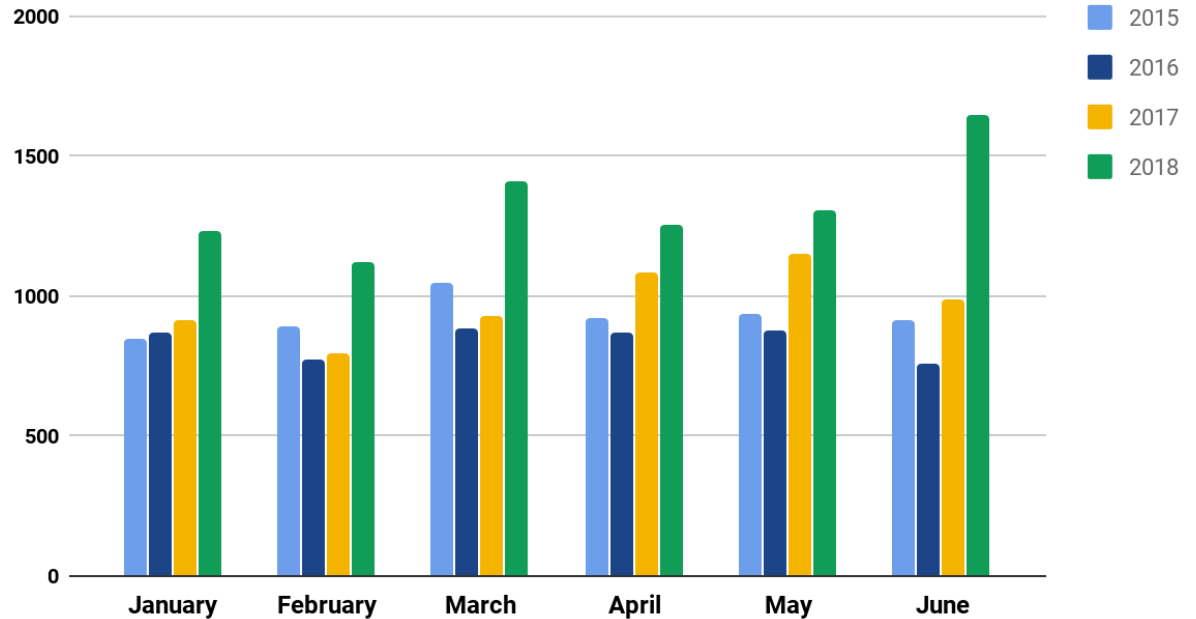
Joiner's Interpersonal -  
Psychological Theory of Suicidal  
Behavior (2005)



# The Right Resource

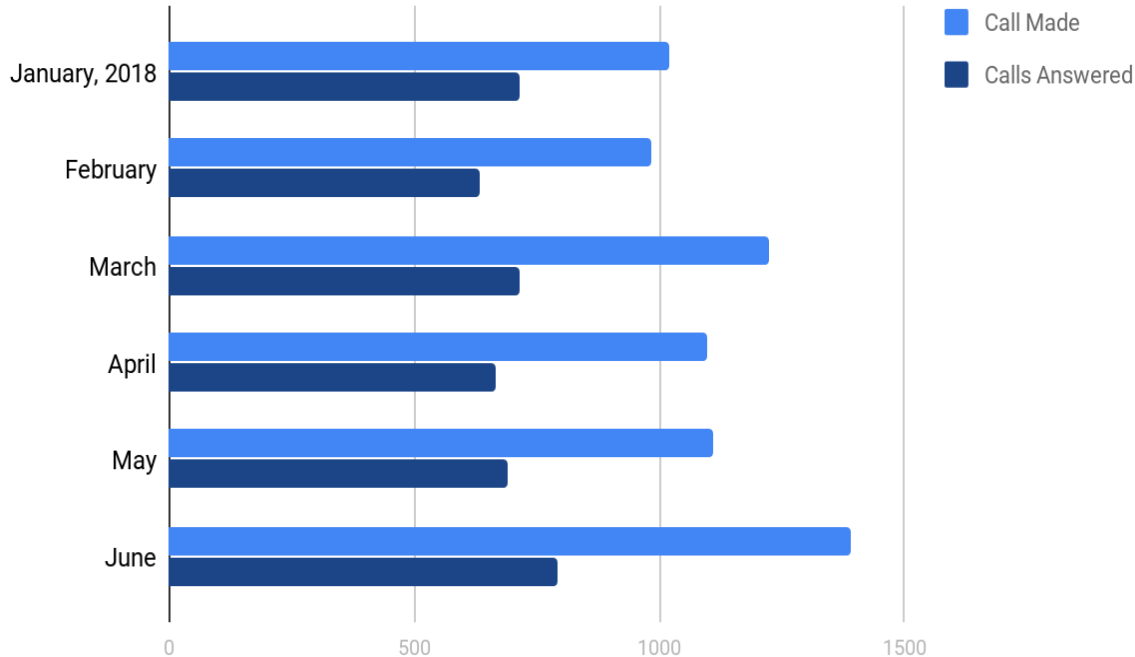


Calls to the NSPL originating in Kansas





## NSPL Calls To HQ 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.

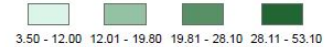
Current funding is primarily through private donations

# Headquarters Counseling Center

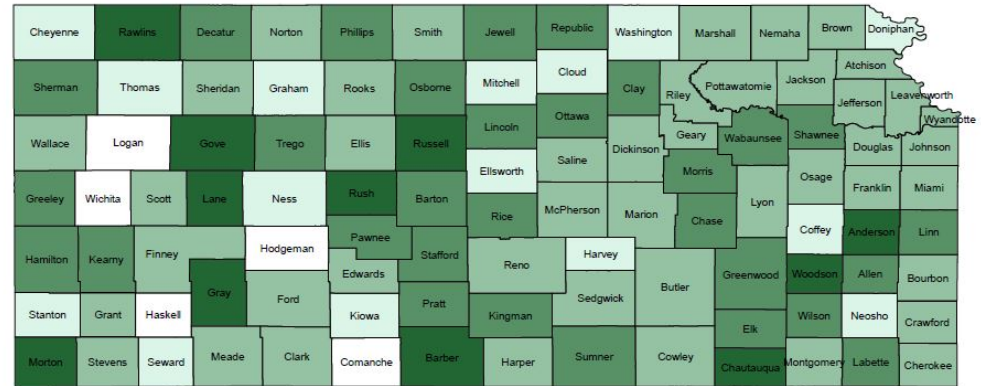
Suicide Rate  
Kansas Information for Communities Death Statistics, 2012-2016

□ Data Not Available at County Level

Age-adjusted rate per 100,000 population whose underlying primary cause of death is listed on their death certificates as suicide.



- 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



Classification Method: Jenks Natural Breaks

*“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

# Kansas Suicide Prevention RESOURCE CENTER

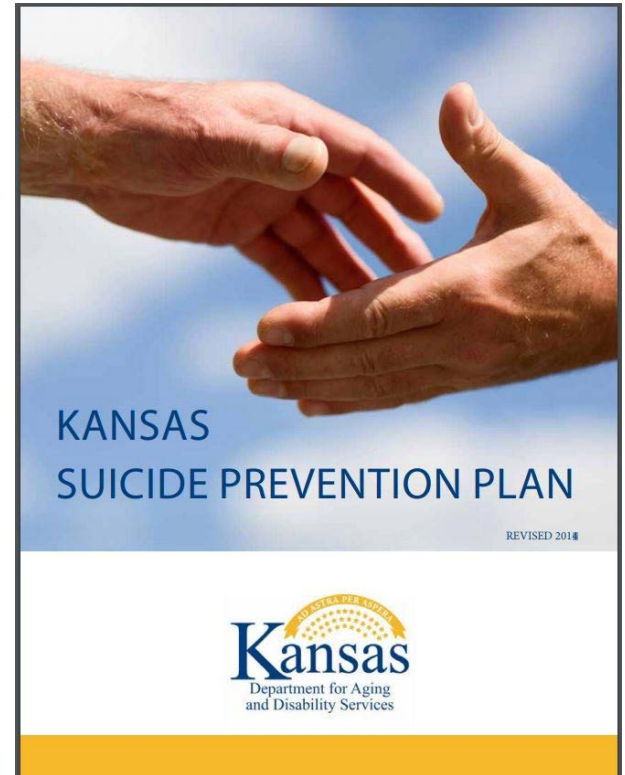
- Legacy of the Kansas Youth Suicide Prevention project funded by the GLS awarded to KS
  - Provides subject matter expertise to the Kansas Prevention Collaborative and Governor's Behavioral Health Services Planning Council-Prevention Sub-Committee
  - Involved in authorship of the State Suicide Prevention Plan
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# GBHSPG 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

# KSuicide 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)
- A.S.I.S.T. (Applied Suicide Intervention Skills Training)

# Increased Training

## Community

- Introduction to Suicide Prevention
- SuicideTalk

## Schools

- Suicide in Schools
- Talking Together and Suicide Prevention
- More Than Sad
- Yellow Ribbon





# ASIST

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)

# Jason Flatt

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

- Stone DM, Simon TR, Fowler KA, et al. Vital Signs: Trends in State Suicide Rates—United States, 1999–2016 and Circumstances Contributing to Suicide—27 States, 2015. MMWR Morb Mortal Wkly Rep 2018;67:617–624. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a1>
- Images from Vital Signs: <https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic3>
- Supplementary Table. Trends in Suicide Rates among Persons  $\geq 10$  Years of Age, by State and Sex, National Vital Statistics System, 1999 – 2016. <https://stacks.cdc.gov/view/cdc/53785>
- 2018 KCTC County Participation Map retrieved: <http://kctcdata.org/Documents/2019/2018%20Participation%20Flyer.pdf>
- Annual Summary of Vital Statistics, 2016. Kansas Department of Health and Environment. Retrieved from: [http://www.kdheks.gov/phi/as/2016/Annual\\_Summary\\_2016.pdf](http://www.kdheks.gov/phi/as/2016/Annual_Summary_2016.pdf)
- Annual Summary of Vital Statistics, 2015. Kansas Department of Health and Environment. Retrieved from: [http://www.kdheks.gov/phi/as/2015/2015\\_Annual\\_Summary.pdf](http://www.kdheks.gov/phi/as/2015/2015_Annual_Summary.pdf)
- KS State Suicide Prevention Plan: <https://www.sprc.org/sites/default/files/KS%20Suicide%20Prevention%20Plan- Revised%202014.pdf>
- Teen Line: <https://teenlineonline.org/>
- ASIST: [www.livingworks.net](http://www.livingworks.net) or [www.kansassuicideprevention.org](http://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