The background features a dark blue gradient with intricate white and light blue circular patterns. These include concentric circles, dashed lines, and radial tick marks, some of which are labeled with numbers such as 140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, and 260. The overall aesthetic is technical and modern.

KANSAS YOUTH SUICIDE PREVENTION TASK FORCE RECOMMENDATIONS

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SCOPE OF THE PROBLEM

In 2016:

- **45K** Nearly 45,000 lives lost to death by suicide in 2016
- **30%** Death by suicide rates went up more than 30% in half of the states since 1999
- **45%** Kansas' death by suicide rate rose 45% from 1999-2016

SCOPE OF THE PROBLEM

- For every death by suicide, 100-200 make an attempt
- In 2015, over 182,000 youth ages 10-24 were hospitalized for self-inflicted injuries

Marshall, D. & Stone, C. (2017). 13 Reasons Why: Implications for School Counselors.

NATIONAL RISK BEHAVIOR SURVEY

- **31.5%** of youth reported experiencing persistent feelings of sadness or hopelessness in the past year
- **17.2%** reported seriously considering attempting suicide in the previous year
- **7.4%** of youth who completed the Youth Risk Behavior Survey in 2017 reported attempting suicide one or more times in the last year

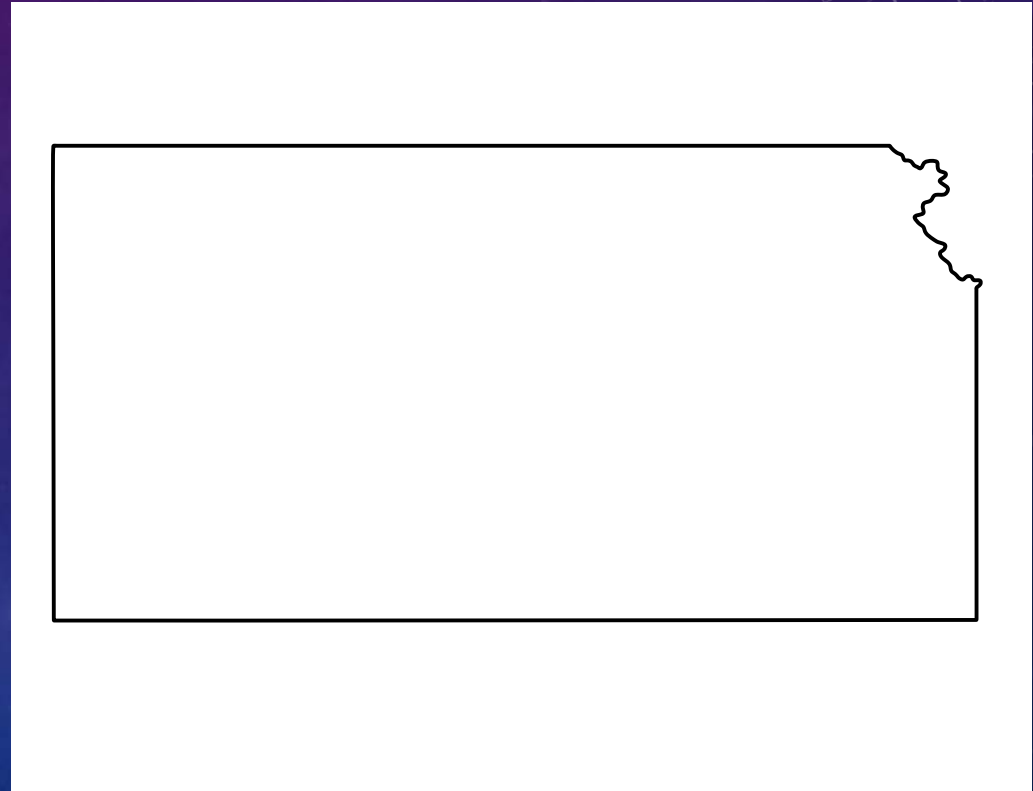
Youth Risk Behavior Survey, 2018



LOCAL EXPERIENCES

Suicide and suicidal ideations do NOT discriminate.

- In spring 2018, EVERY school counseling intern had a student with suicidal ideations, some experiencing multiple students and/or repeated ideations
- Elementary, Middle School and High School
- 1A to 6A schools, across the entire state



SUICIDAL IDEATION AND RISK FACTORS

- SUICIDAL IDEATION **IS** LIFE THREATENING AND MUST BE TAKEN SERIOUSLY EACH TIME.



COMMON MENTAL HEALTH CONDITIONS

Suicide risk in teens is most clearly linked to 7 mental conditions, which can co-occur together, increasing further risk:

- Major Depressive Disorder
- Conduct Disorder
- Bipolar Disorder
- Eating Disorders
- Generalized Anxiety Disorder
- Schizophrenia
- Substance Abuse Disorders



MENTAL HEALTH TREATMENT

- 2 out of 3 teens with depression don't receive treatment
- School counselors can help identify students at risk for mental health concerns, including suicidal ideation
- Putting strategies and comprehensive school counseling programs into place to best support students
- Creating safe and supportive school and community environments

PURPOSE OF OUR ORGANIZATIONS: KSCA AND KACES

- School counselors design and deliver comprehensive school counseling programs, P-12, that promote student achievement
- Programs are comprehensive in scope, preventive in design, and developmental in nature
- Comprehensive school counseling programs, driven by data and based on standards for social/emotional, academic and career development promote and enhance the learning process for all students



EFFECTIVE EFFORTS TO COMBAT YOUTH SUICIDE

- Implementation of a school counseling core curriculum that proactively enhances awareness of mental health; promotes health behaviors; and seeks to remove the stigma associated with mental health issues
- Providing responsive services including internal and external referral procedures, short-term counseling or crisis intervention focused on mental health of situational concerns

EFFECTIVE EFFORTS TO COMBAT YOUTH SUICIDE

Recognizing warning signs within students:

- changes in school performance
- mood changes
- somatic symptoms
- increased disciplinary issues
- familial issues
- communication with teacher and
- pre-existing mental health concerns

- Provide school based universal prevention and interventions and targeted interventions for student mental health and behavioral needs
- Develop individual plans of study to include career, academic, and social-emotional supports
- Advocate, collaborate, coordinate with school and community stakeholders for successful mental health services
- Address barriers to access of mental health services

EFFECTIVE EFFORTS TO COMBAT YOUTH SUICIDE

- Adhere to ethical guidelines, including confidentiality with regard to clear distinction between public and private knowledge
- Refer students and families to community resources for additional mental health support
- Consult with counselor educators and appropriate community stakeholders

CURRENT HURDLES

- Lack of residential care settings and hospital beds
- Access to appropriately educated professional staff in hospitals, residential settings, and counseling centers
- Lack of communication between community service providers and school counselors in transitioning a student from treatment back to school

JOINT RECOMMENDATIONS FOR THE TASK FORCE

- Mandate and provide licensed school counselors P-12
- Abide by a ratio no greater than 1 licensed school counselor to 250 students as recommended by KSCA, and ASCA
- Allow and expect licensed school counselors to spend 80% of time in direct and indirect services with students

JOINT RECOMMENDATIONS FOR THE TASK FORCE

- Implement comprehensive school counseling programs P-12
- Incentivize “Grow your Own” opportunities for areas of licensed school counselor shortage
- Offer loan repayment programs
- Align pay scale for counselors with other mental health professionals in the school setting

OPPORTUNITY FOR QUESTIONS AND CONTACT INFORMATION

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