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# Kentucky Suicide Prevention Group

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Progress Report,  
October 2007-  
December 2008

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Michael McFarland, LMFT

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# Progress Report: October 2007-December 2008

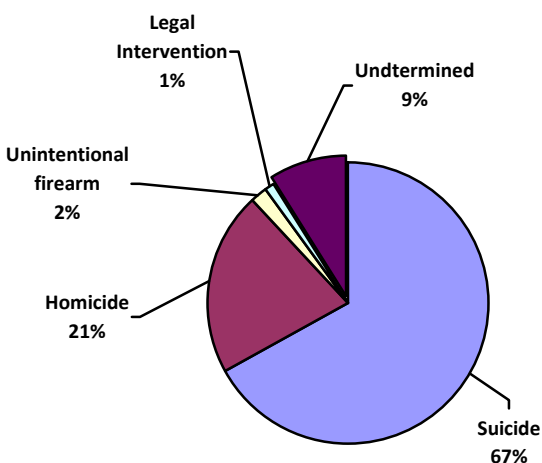
## CONTEXT AND CAUSE FOR CONCERN

As of 2005, based on the most recent official data released from the Centers for Disease Control (CDC), Kentucky has the 17<sup>th</sup> highest rate of death by suicide among its general population. In 2002, its ranking was 19<sup>th</sup> highest in the nation. The most recent data from the Kentucky Violent Death Reporting System reveals a large single year increase in the number of suicide deaths, from 557 in 2005 to 605 for 2006 (table 1). With suicide deaths representing the largest portion of violent deaths—67% (figure 1), a disturbing trend continues for the state with suicide being the second leading cause of death for those 15 to 34 years of age. There are three suicides for every homicide.

**Table 1**

Manner of Death	2005 Count (%)	2006 Count (%)
Suicide	557 (69%)	605 (67%)
Homicide	191 (24%)	190 (21%)
Legal Intervention	9 (1%)	5 (1%)
Unintentional Firearm	14 (2%)	21 (2%)
Undetermined	38 (5%)	86 (9%)
Total	809	907

**Figure 1**



**Data from chart 1 and table 1 provided by KVDRS, Kentucky Violent Death Reporting System, 2008**

As noted in figure2, the deaths by suicide show a consistent upward trend. The sharp slop from 2005 to 2006 represents a significant one year increase.

## YOUTH SUICIDE MORTALITY AND MORBIDITY

At the time of the initial SAMHSA grant application, Kentucky had a reported youth suicide rate of 8.38 per 100,000 and a reported intentional self-inflicted injury rate of 78.83 per 100,000. The youth suicide death rate in Kentucky is higher than the national average of 6.96 per 100,000.

Additionally, nine of 14 Community Mental Health Center (CMHC) regions within Kentucky also exceed the state suicide death rates.

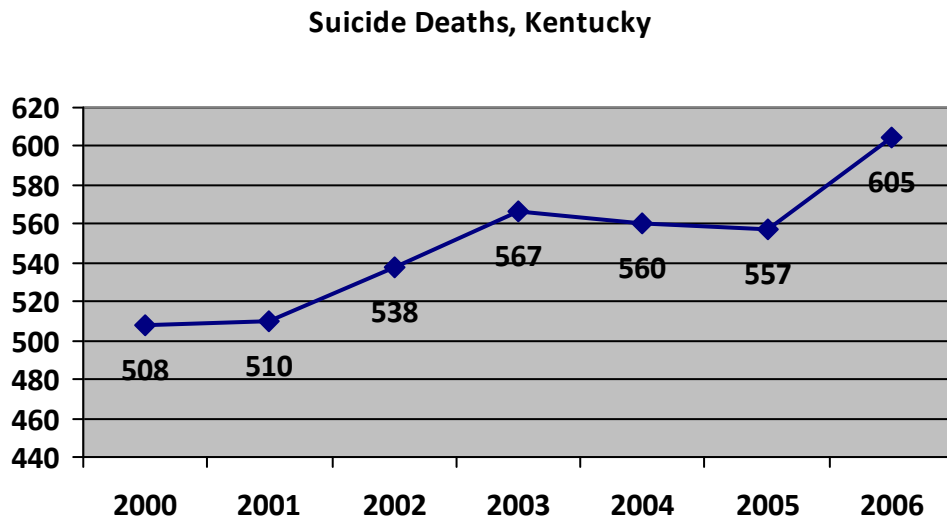


Figure 2

Data from WISQARS, 2008 and KVDRS

Based on recent data from KVDRS, 2006 Suicide Prevention Group Draft Report: KVDRS Youth Suicide Data Summary Prepared by Sabrina Walsh, Dr. PH (Submitted 12-23-08), adolescent deaths (ages 10-24) by suicide have increased from 62 in 2005 to 72 in 2006. All but nine of these are males. This is a rate of 8.5 with the national average being 6.96 per 100,000. Overall violent death cases in 2006 separated by manner of death are shown in Table 2. Suicide was the leading cause of death in youth aged 10 to 24 (50%). Circumstantial information was available in 49 (74%) of the 66 cases of suicide.

Table 2. Manner of Death by Age Group

Manner of Death	Age Group				Total (N=141)
	<1 (N=5)	1-3 (N=3)	4-9 (N=2)	10-24 (N=131)	
Suicide	0	0	0	66 (50.4%)	66
Homicide	4 (80%)	3 (100%)	1 (50%)	57 (43.5%)	65
Accident	0	0	1 (50%)	3 (2.3%)	4
Undetermined	1 (20%)	0	0	5 (3.8%)	6

In 2006, there were 13 KVDRS suicide cases (10-17 age group) and precipitating circumstances known in 12 (92%) of those cases. Table 3 is a list of precipitating suicide circumstances and the frequency distribution by sex.

Table 3. Top Ten Suicide Circumstances (10-17 years old)

	All (N=13)	Male (N=10)	Female (N=3)
Crisis in the past two weeks	4 (31%)	4 (40%)	0
Ever treated for mental illness	3 (23%)	2 (20%)	1 (33%)
Current mental health problem	4 (31%)	3 (30%)	1 (33%)
Current treatment for mental health problem	3 (23%)	2 (20%)	1 (33%)
Current depressed mood	2 (15%)	1 (10%)	1 (33%)
Substance abuse problem	2 (15%)	0	2 (67%)
Intimate partner problem	4 (31%)	4 (40%)	0
Other relationship problem	3 (23%)	2 (20%)	1 (33%)
School problem	2 (15%)	2 (20%)	0
Suicide of family or friend in past 5 years	1 (8%)	0	1 (33%)
History of suicide attempts	1 (8%)	0	1 (33%)
Disclosed intent to commit suicide	5 (38%)	4 (40%)	1 (33%)
Left suicide note	3 (23%)	1 (10%)	2 (67%)

\*More than one circumstance can apply

The most common reasons for a male youth (10-17 year old age group) to die by suicide in 2006 were problems with a girlfriend, current mental health problems and a recent crisis, where in girls the most common reason was a substance abuse problem. Boys were more apt to disclose their intent to commit suicide while girls were more apt to leave a note and have a history of previous suicide attempts.

In youth who died by suicide in 2006, all were white and the most commonly used mechanism was hanging. Surprisingly, females more often used a firearm where males more often died from strangulation/suffocation (Table 4).

Table 4. Mechanism of Suicide Death (10-17 years old)

	All (N=13)	Male (N=10)		Female (N=3)	
		White	Black	White	Black
Hanging	7 (54%)	6	0	1	0
Firearm	5 (38%)	3	0	2	0
Other	1 (8%)*	1	0	0	0

\* Intentional Fire Death

In the young adult age group (18-24) 52 people died by suicide and circumstantial information was available in 38 (73%) cases. Table 5 is a list of precipitating suicide circumstances and the frequency distribution by sex.

Table 5. Top Ten Suicide Circumstances (18-24 years old)

	All (N=38)	Male (N=29)	Female (N=9)
Current depressed mood	23 (61%)	17 (59%)	6 (67%)
Current mental health problem	22 (58%)	15 (52%)	7 (78%)
Current treatment for mental health problem	22 (58%)	15 (52%)	7 (78%)
Ever treated for mental illness	21 (55%)	14 (48%)	7 (78%)
Crisis in the past two weeks	10 (26%)	9 (31%)	1 (11%)
Intimate partner problem	10 (26%)	8 (28%)	2 (22%)
Substance abuse problem	8 (21%)	6 (21%)	2 (22%)
Alcohol problem	7 (18%)	5 (17%)	2 (22%)
Recent criminal legal problem	5 (13%)	5 (17%)	0
Job problem	4 (11%)	4 (14%)	0
History of suicide attempts	8 (21%)	4 (14%)	4 (44%)
Disclosed intent to commit suicide	11 (29%)	9 (31%)	2 (22%)
Left suicide note	8 (21%)	5 (17%)	3 (33%)

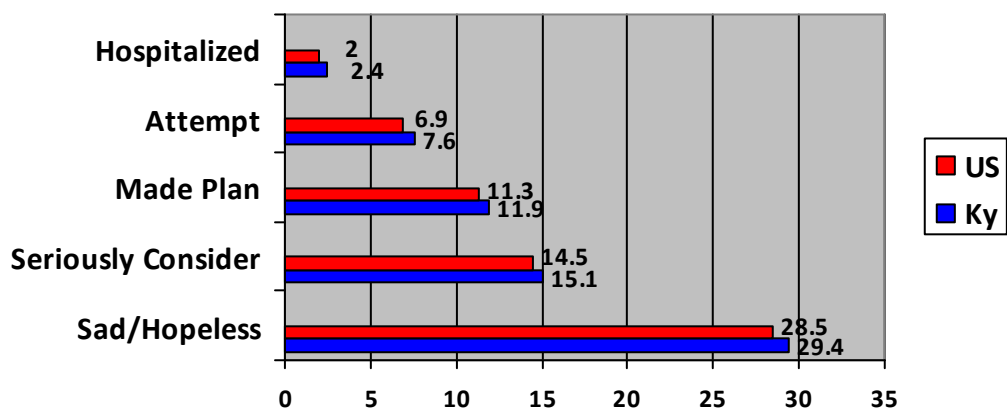
Information regarding mechanism of suicide death in young adults was available for 51 of the 52 cases (98%). Of all young adults who died by suicide in 2006, and the mechanism of death was known, 45% were white males and the most commonly used mechanism was a firearm (Table 5).

Data being provided by the KVDRS is proving to be invaluable for better decisions about target areas, planning for future interventions and seeing patterns develop across the state. The KVDRS is also proving to be an important resource partner as we attempt to develop a more collaborative association with the coroners in Kentucky that will lead to a quicker response to community suicide deaths.

The nature of the mental health status for Kentucky youth is further reflected by the 2007, Youth Risk Behavior Surveillance Survey (YRBSS). This is a survey conducted every 2 years by the CDC and explores various high risk factors associated with youth in grades 9-12 for the previous 12 months. Figure 3 shows 29% of Kentucky youth grades 9-12 indicated feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months; 15% having seriously considered suicide; 11% had made a plan within the previous 12 months; and 7% having made an attempt.

Figure 3

### Youth Risk Behavior Survey, 2007



Data from: Youth Risk Behavior Surveillance Survey, Online, 2008

Behind all these statistics is an often hidden tragedy that broadens the impact of suicidality even further across the state—survivors of suicide. A survivor is anyone who has lost a relative, friend, coworker, etc. to suicide. It is estimated that for every death by suicide at least 6 other people are impacted. For 2006 that would mean an estimated 3,600 Kentuckians became survivors of suicide in that one year alone. Over the course of the past two decades, over 60,000 citizens of the Commonwealth have been forced to embark on this painful journey of being a survivor of suicide. As part of the grant effort, the Kentucky Awareness of Suicide (KASS) Phone survey was conducted in August, 2007. A significant revelation from this survey was the extent to which fellow Kentuckians had been touched by suicide.

- 64% (197) knew at least one person who had attempted or died by suicide (average number = 5).
- 40% knew at least 1 person who had died by suicide
- 33.8% (n=104) considered themselves to be a “suicide survivor.”

### *CHANGES AND ADJUSTMENTS*

Since the last progress report in June of 2006 and prior to October 1, 2007 there have been several changes and adjustments for both KSPG (Kentucky Suicide Prevention Group) and the Department for Mental Health.

- In 2006 the Department for Mental Health, Developmental Disabilities and Addiction Services was awarded a three year SAMHSHA grant for adolescent suicide prevention and intervention.
- The State Suicide Prevention Coordinator position experienced multiple changes in personnel, with the resignation of Jason Padgett in order to pursue a national level position with SPAN (Suicide Prevention Action Network). It was not until October 1, 2007 that the present coordinator was hired.
- The hire of Technical Marketing Specialist, Jan Ulrich, as a grant dedicated position whose responsibilities greatly exceed beyond marketing and help to address school-based prevention and postvention concerns. This position will terminate with the end of the grant in September, 2009.

### *SAMHSA GRANT SYNOPSIS--SUICIDE PREVENTION IN YOUTH: A COLLABORATIVE EFFORT (SPYCE)*

The purpose of the KY Suicide Prevention in Youth - a Collaborative Effort (SPYCE) project is to raise awareness, enhance quality interventions, and utilize effective research and data collection methodologies to ultimately reduce the number of suicides completed by the youth in Kentucky. The grant was awarded September, 2006; we are now entering the third and final year.

SPYCE uses a public health model of prevention with universal, selective and indicated approaches to address the following goals:

1. Increase knowledge of suicide warning signs, risk factors, and protective factors;
2. Enhance suicide crisis intervention availability, quality and public awareness of service;
3. Increase local community collaboration in suicide prevention;
4. Establish and increase support for suicide survivors through postvention and prevention;
5. Increase resiliency among youth at risk;
6. Enhance existing emergency department services for youth and their families to increase culturally and linguistically-sensitive training regarding ways to reduce future self-injurious behavior through reduction of lethal means and by reducing stigma to seek treatment; and
7. Provide additional training in clinical suicide risk management to medical/mental health professionals and paraprofessionals across the state.

## ACCOMPLISHMENT HIGHLIGHTS

Despite the adjustment challenges and personal changes, the partnership of KSPG and the Department for Mental Health through the support of the Department of Public Health, the Federal Block grant and the Federal SAMHA grant, has been able to move forward to affect numerous accomplishments in the area of suicide prevention across the State of Kentucky.

### GOAL 1, *INCREASE KNOWLEDGE OF SUICIDE WARNING SIGNS, RISK FACTORS, AND PROTECTIVE FACTORS.*

- Social Marketing Campaign
  - The goal in each year of the grant has been to raise overall public awareness through the use of multiple marketing outlets and the development of sustainable marketing products for use in suicide prevention.
  - In year 1, 2007 the focus was on the use radio, press releases, and the network of the Kentucky Suicide Prevention Group, and QPR gatekeeper trainers to raise awareness of the issue of suicide in Kentucky, promote the National Suicide Prevention Lifeline, and increase the demand for gatekeeper training in the state.
    - The Technical Assistance Marketing Coordinator worked with New West Public Relations, an approved media/public relations vendor for Kentucky state government, to develop a 60-second radio spot that aired September 3<sup>rd</sup> to 15<sup>th</sup>, 2007.
    - The radio spot aired in the following markets: Louisville, Lexington, Bowling Green, Owensboro, Ashland, Paducah on a total of 32 Kentucky radio stations, airing a minimum of 3,018 times.
    - Audio News Releases (ANR): Some Northern Kentucky media markets are not covered by Kentucky media. In order to reach those markets, New West Public Relations suggested doing an Audio News Release (a purchased “news” story that would air during radio news segments).
      - The ANR aired on 85 Kentucky News Network (KNN) affiliates.
      - WHAS radio in Louisville, Kentucky’s largest media market aired the ANR within its news stories throughout the day on September 10<sup>th</sup>.
  - In year 2, 2008, the Kentucky Suicide Prevention Group in collaboration with MHDDAS launched the “Let’s Talk “campaign. As part of this campaign a Kickoff event was hosted at the Capital Plaza Hotel Ballroom, in Frankfort, KY for the premier showing of the Kentucky made DVD: “Kentuckians Affected by Suicide End the Silence”. The event was emceed by WHAS’ Francene Cucinello with presentations by Eric Friedlander, Health Policy Advisor to Cabinet Secretary Janie Miller, Senator Julie Denton and Representative Mary Lou Marzian. During the Kickoff event, Community Tool Kits where distributed in an effort to stimulate grassroots prevention efforts.
    - Enclosed is a sample of some of the marketing products: Newsletter, logo sticker, DVD, Brochure.

- Prior to Suicide Prevention Week, KSPG mobilized over 60 volunteers to man the first time ever suicide prevention/awareness booth at the Kentucky State Fair.
- For Suicide Prevention Week, Sept. 7-13<sup>th</sup> there was an intensive effort to distribute suicide prevention literature. A total of **45,398** pieces of literature were disseminated throughout the State as a result of requests made to the Department, consisting of “Let’s Talk” T-shirts, brochures and newsletters, depression and suicide prevention pamphlets, suicide symptom and warning cards, and Lifeline 1-800-273-TALK magnets.
  - A major sustainable marketing and support product has been a new Kentucky Suicide Prevention Group website [www.kentuckysuicideprevention.org](http://www.kentuckysuicideprevention.org) which continues the “Let’s Talk” theme to raise awareness in the general public, provide community calendar and training opportunities, provides clips of the “Let’s Talk” video, and provides additional resources for KSPG members and QPR instructors.
- QPR (Question, Persuade and Refer) is a popular community gatekeeper 90 minute training program designed to create increased awareness about the signs and symptoms of a suicidal crisis and provide a network of informed gatekeepers which allows for early detection, intervention and referral in order to avoid advanced crisis.
  - Since May of 2004, almost 10,000 citizens have been trained in QPR.
  - Grant specific Training results:

	Year 1	Year 2	Grand Total
Total people trained	2080	3620	5868
Total evaluations returned	1882	2712	4657
Total number of sessions	140	225	385
Number of counties QPR training conducted (KY has 120 counties)	21 (18% of counties)	26 (22% of counties)	37 (31% of counties)

	Pre-Grant	Year 1	Year 2	Year 3	Grand Total
Number QPR Trainers	79	154	206*	265	228
Expired certifications w/o renewal			37(20%)		
Number of trainers conducting trainings		52 (43%)	47 (23%)		

\*37 trainers were removed from the roles in year 2 due to a lack of response regarding the need for recertification.

- Suicide Prevention efforts are actively being coordinated on major Kentucky college and university campuses: University of Kentucky, University of Louisville, Bellarmine, Moorhead State, Western Kentucky University, and Lindsey Wilson College.
  - Through the SPYCE grant approximately 50 QPR Trainers have been added to Kentucky University Campus'
  - At the University of Kentucky new QPR trainers were added to an existing group.
  - New QPR Trainers were established at the following campus' which did not have an existing QPR program: Western University, Bellarmine and the University of Louisville.
  - Clinical trainings have taken place among staff and students for Lindsey Wilson College and consultation has been provided for the Marriage and Family Therapy Program and counseling center at the Presbyterian Seminary, Louisville.
- Signs of Suicide (SOS) and preparatory QPR Implementation for school faculty
  - SOS is a peer based prevention program designed to provide students with basic knowledge about distress warning signs and encourage a positive adult help seeking environment. This program actively offers a referral option to participants via a response card that every participant must turn end at the end of the first session.
  - Warren County Public Schools have implemented the SOS program in 3 high schools, 1 middle school and 1 day treatment facility to date to a total of 880 students. 73 students requested follow up, and 32 referrals were made immediately following SOS implementation and follow up.
  - Additional implementation is planned for Spring 2009 at 4 high schools and 1 middle school. QPR training has been delivered at 9 schools throughout 2008, custodians and family/youth resource coordinators throughout district. QPR training is planned for one additional school in March 2009.
  - Owensboro Public Schools are currently implementing (December 2008) SOS at 1 school and will complete that implementation in January 2009 (total number of students participating estimated at 51). Implementation at 1 additional middle school and 1 additional high school is planned for January/February 2009 for a total of 861 students. Approximately 660 staff members have already been trained in QPR. QPR update will be delivered prior to implementation of SOS for each school.
  - Daviess County Public Schools implemented the SOS program in 1 high school to date, to a total of 150 students. Five students request follow up and referrals were made for each of the five. An additional implementation is planned for another Daviess County high school in Spring 2009. QPR training is ongoing.
  - SOS program information has been distributed to approximately 115 school-associated personnel representing at least 100 Kentucky schools, representing 57 Kentucky counties at their request.

**GOAL, 2 *ENHANCE SUICIDE CRISIS INTERVENTION AVAILABILITY, QUALITY AND PUBLIC AWARENESS OF SERVICE***

- This goal has presented unanticipated challenges.

- Each of the 14 mental health districts in Kentucky have 24-hour crisis lines, with at least two having Lifeline accreditation.
- However, the Crisis and Information Service in Louisville is Kentucky's only accredited Lifeline which has staffing and equipment dedicated to actively receiving Lifeline calls.
- In year 2 and year 3 of the grant, supportive grant funds have been allocated to enhance the sustainability of this critical service.
- The ability to enhance other CMHC crisis lines toward accreditation and participation in the Lifeline system is finding difficulty in the wake of Statewide budgetary concerns.
- Despite this unanticipated barrier toward additional Lifelines, progress has been made in dissemination of information about the National Lifeline number during the Kentucky State Fair Booth and the Suicide Prevention week; a large number of the total 45,000 plus pieces distributed included both Lifeline magnets and symptom cards which contain the Lifeline number.

*GOAL 3, INCREASE LOCAL COMMUNITY COLLABORATION IN SUICIDE PREVENTION.*

- Kentucky currently has 10 local suicide prevention coalitions. In each of these both KSPG and MHDDAS has played a significant support role: Ashland, Bowling Green, Bullitt County, Lexington, London, Louisville, Nelson County, Northern Kentucky, Owensboro, and Somerset.
- In at least two recent developments, Bullitt Count and Nelson County have grown out of response to local contagion issues.
- Immediate future plans include a Kentucky Suicide Prevention Coalition Summit in April or May of 2009; development of a coalition tool kit and grassroots development guide in cooperation with the SPRC's "Suicide Prevention: Community Core Competencies Course".

*GOAL 4, ESTABLISH AND INCREASE SUPPORT FOR SUICIDE SURVIVORS THROUGH POSTVENTION AND PREVENTION.*

- Three local Survivors of Suicide Day Conferences were hosted on November 22: Louisville, Lexington, and Paducah.
- QPR training/survivor resources among funeral directors
  - One trainer recently trained is a funeral director who has taken the initiative to obtain continuing education credit for funeral directors in Kentucky for QPR training,
  - During these trainings funeral directors will also be exposed to postvention resources for survivor families impacted by suicide
  - Because many funeral directors also serve as coroners in Kentucky communities, during QPR trainings coroners will be encouraged to participate in the online death

reporting system being launched by the KVDRS (Kentucky Violent Death Reporting System)

- Survivor Guides
  - Bob Robey, a member of the Owensboro suicide prevention coalition has developed a survivor guide, a resource designed to be given to new survivors by first responders and funeral directors
  - This survivor guide provides contact information for a newly forming survivor network with whom survivors can interact either face to face, by phone and through listserv.
  - The guide also provides normalizing and support information
  - Evaluation efforts will monitor the number and location of distribution of the guides; efforts will be devised for obtaining survivor feedback regarding the helpfulness of the guide
  - It is anticipated this effort will help pave the way for more comprehensive efforts in the form of LOSS teams.
- Year 1 of KASS, Kentucky Awareness of Suicide Survey, was conducted in August 2007.
  - Recent Analyses have focused on using KASS data to determine definitional issues around who is a survivor
    - Personal Experience with Suicide
      - 64% (197) knew at least one person who had attempted or died by suicide; average number = 5
      - 40% (123) knew at least 1 person who had died by suicide; average age of person who died=35.3
      - Asked question: “Do you consider yourself to be a survivor of suicide. That is, someone whose life has been personally affected by a suicide?”; 33.8% (n=104) responded affirmatively
    - Relationships to person who died: 9 Most common relationship categories:  
Category % (n)
      - Friend 36.3 (45)
      - Cousin 8.1 (10)
      - Extended Family 5.6 (7)
      - Friend’s Family 5.6 (7)
      - Uncle 5.6 (7)
      - Co-Worker 4.0 (5)
      - Acquaintance 4.0 (5)
      - Brother-in-law 3.2 (4)
      - Neighbor 3.2 (4)

- Relationship Compared to Survivor Status

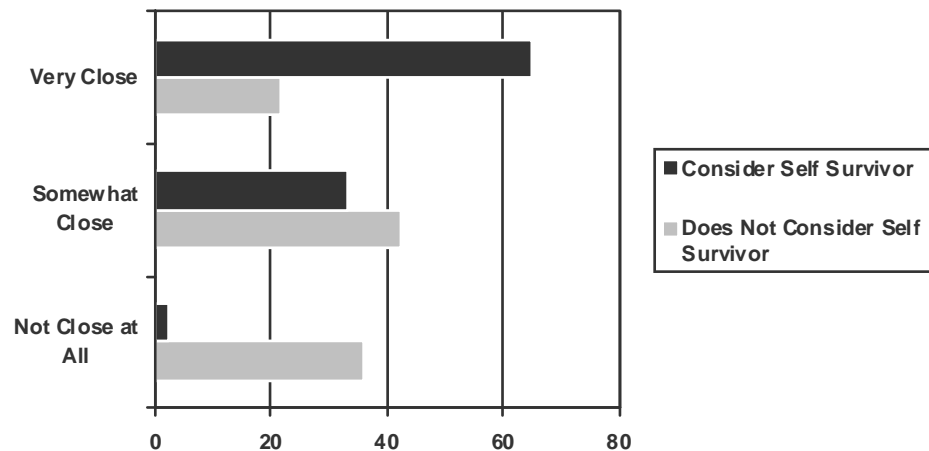
Relationship	Percent who experienced death in category who consider self survivor (n=62, 66%)
Friend	51.2
Cousin	66.7
Extended Family	57.1
Friend's Family	28.6
Uncle	28.6
Co-Worker	40.0
Acquaintance	0.0
Brother-in-law	75.0
Neighbor	25.0

- Relationship to decedent does not appear to predict survivor status
- Relationship of survivor status to demographics

- Survivor status related to:

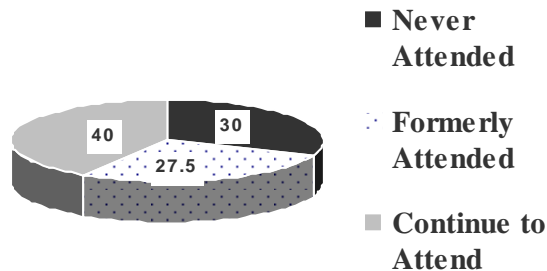
- Age of decedent: Survivor  $x=36.05 \pm 15.5$  vs. Non  $x=37.4 \pm 19.5$ , Not Significant (NS)
- Age of respondent: Survivor  $x=50.8 \pm 16.5$  vs. Non  $x=54.8 \pm 14.2$ , NS
- Sex of respondent: NS
- Race of respondent: NS
- Educational Level of respondent: NS
- Demographics do not seem to predict survivor status

- Comparison of Survivor Identification & Closeness with Decedent

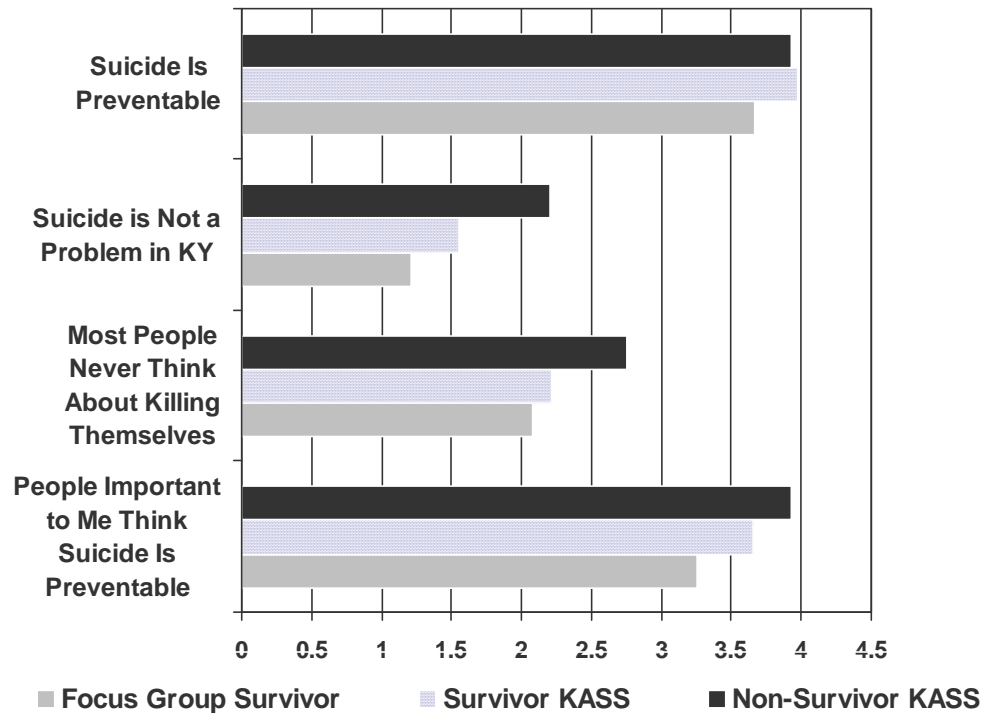


$\chi^2 (2)=50.3, p<.001$

- Essential feature of who is survivor appears to be more related to closeness and not type of relationship
  - How do survivors compare to general public?
    - Age: 50.05 vs. 54.18 ,  $t(298)=2.15$ ,  $p<.05$ : slightly younger
    - Sex: 74% female vs. 68.2% female NS
    - Race: 87.5% white vs. 91.1% white NS
    - Live in rural county: 42.3% vs 45.5% NS
    - Education: 52.9% high school or less vs. 44.4% NS
    - Income: 69.2% under 50,000 vs. 54.0%,  $\chi^2=5.46$ ,  $p<.05$ ; slightly lower income
  - Focus Groups with Survivors and Professionals
    - Purpose is to find out more about survivor's needs in Kentucky
    - Also conducting focus groups of professionals who work with survivors
    - Recruited via word of mouth from survivor support groups across state, annual National Survivors of Suicide Day events, and word of mouth from members of Kentucky Suicide Prevention Group
    - Participants
      - 40 survivor participants total completed questionnaires
      - 18 survivor participants completed focus groups sessions
      - 14 professions completed focus group sessions and questionnaires
      - Average age 52.0 (range 19-86,  $sd=14.5$ )
      - 62.5% female
      - Participants' participation in SOS groups



Attitudes about Suicide Prevention- KASS Survivors, Non-Survivors and Focus Group Participants



- Next Steps for Focus Groups
  - Continuing to conduct focus groups
  - Analyze qualitative data
  - Hope that findings will inform state activities

*GOAL 5, INCREASE RESILIENCY AMONG YOUTH AT RISK.*

- Coping and Support Training (CAST) – training implemented in December 2007 through SPYCE grant
  - Warren County Public Schools has implemented CAST at 2 high schools and is currently implementing at 1 day treatment school, for 22 students in total. In addition to new CAST groups at these 3 schools in 2009, implementation will begin in Spring at 3 additional schools.
  - Owensboro Public Schools has implemented CAST at 2 groups at 1 high school for 12 students in total. Two additional CAST groups are planned to begin in 2009 (beginning January and March) for an estimated total of 16 students.
  - Daviess County Public Schools implemented 4 CAST groups in total at the high school and alternative school for 29 students. Two additional CAST groups are planned to begin in Spring 2009.
- Reconnecting Youth (RY) classes – training implemented in June 2008 through SPYCE grant
  - Warren County Public Schools are currently implementing RY at 3 high schools and 1 day treatment school for 64 students in total. Additional classes are planned upon completion of the current RY classes.

- Owensboro Public Schools are implementing RY classes at an alternative school and a middle school (to be completed in December 2008) for a total of 67 students. Implementation for an additional class is planned for Spring 2009 for an estimated 8 students.
- Daviess County Public Schools - RY data is not available at this time.
- Lion's Quest Skills for Adolescence (an evidence-based life skills program similar Other to RY; on SAMHSA registry) – training implemented in 2008 through Owensboro Public Schools
- Owensboro Middle School found this program to be a better fit for their middle school students and has implemented with 3 targeted groups of 7<sup>th</sup> and 8<sup>th</sup> graders in daily classes during 3 separate six-week sessions.

*GOAL 6, ENHANCE EXISTING EMERGENCY DEPARTMENT SERVICES FOR YOUTH AND THEIR FAMILIES TO INCREASE CULTURALLY AND LINGUISTICALLY-SENSITIVE TRAINING REGARDING WAYS TO REDUCE FUTURE SELF-INJURIOUS BEHAVIOR THROUGH REDUCTION OF LETHAL MEANS AND BY REDUCING STIGMA TO SEEK TREATMENT.*

- Based on an extensive summary of suicide prevention strategies, Mann, et al. (2005) cited means restriction specifically as one of the strategies which had demonstrated efficacy support in the literature.
- After discussions with the Kentucky Hospital Association, staff members at several area hospitals, current efforts are underway to advance a means restriction strategy.
  - A 90 minute general training has been developed for Healthcare providers and general public around practical steps anyone can take to increase the environmental safety of someone who may be in a vulnerable mental health state.
  - MHDDAS is attempting to develop relationships with local healthcare facilities to disseminate the NAMI brochure series: "After an Attempt". The series contains brochure specific information for: the attempt survivor, family members of the attempt survivor and the healthcare provided.
  - Development of a professionally made brochure which provides practical steps for family members in creating a safer environment during mental health treatment.
  - IRB proposal has been written and pending approval for a study involving Kosair Children's Hospital and Baptist Northeast Hospital Emergency Departments around survey results on staff knowledge and attitudes toward adolescent suicides and the existing means restriction protocols in these locations. Further, focus group discussions will take place with staff to better understand potential training needs and barriers in order to design a training format to better support emergency department staff.

*GOAL 7, PROVIDE ADDITIONAL TRAINING IN CLINICAL SUICIDE RISK MANAGEMENT TO MEDICAL/MENTAL HEALTH PROFESSIONALS AND PARAPROFESSIONALS ACROSS THE STATE.*

- Increased awareness and early intervention creates an anticipated increase demand for services. Multiple research findings, as well as antidotal personal reports, indicate an overall deficiency in training for clinicians around assessing, management and treatment of suicidal clients.
- The average clinician receives very little pre-licensure academic training around suicidality, typically about two hours of didactic training so it is not skilled based. Most training comes in post-licensure continuing education formats.
- One of the main efforts since October 1, 2007, with the new suicide prevention coordinator has been to address this issue through the provision of evidenced based training for clinicians.
- Training results:
  - Clinical training workshops have been conducted by the prevention coordinator for over 700 licensed mental health professionals, school counselors, case workers, etc. in the area of suicide assessment, management, treatment and means restriction.

<b>Title of training</b>	<b>Total Attended</b>
Adolescent Suicide	175
Evidence Based Care for a client at-risk for suicide	160
Identifying Clients at-risk for suicide	25
Safety Talks	230
Working with the Suicidal Client	188
Total Sum of # attended	778

- MHDDAS staff and the grant Technical Marketing Specialist have also made presentations at numerous professional conferences across the state.

## 2009 Goals and Objectives

1. Promote awareness that suicide is a public health problem that is preventable.
  - a. Continue an ongoing public awareness campaign.
  - b. Continue statewide public awareness media events utilizing our partners annually, including suicide prevention week
  - c. Develop and distribute resources on developing and maintaining community coalitions.

- d. Continue to provide QPR training, assist trainers and promote opportunities for QPR training
2. Develop a broad-based support for suicide prevention
  - a. Increase membership base for KSPG; mentor leaders
  - b. Provide welcoming atmosphere, newcomers packet, orientation
  - c. Plan for long-term plan for independent sustainability
3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention suicides
  - a. Increase collaboration with existing events in which suicide prevention can play a role.
  - b. Host statewide events.
  - c. Awareness week event
  - d. State Fair
4. Develop and implement suicide prevention program
  - a. Identify gaps in suicide prevention efforts for targeted population
  - b. Outreach to targeted communities/counties with highest suicide rates and/or communities in crisis
  - c. Identify and examine ways to increase services and outreach for survivors
  - d. Continue exploration of active postvention for KY communities
5. Promote efforts to reduce access to lethal means and methods of self-harm
6. Implement training for recognition of at-risk behavior
  - a. Develop and promote effective clinical and professional practices
  - b. Create web link to SPRC best-practice registry and other national organizations
  - c. Identify and promote training opportunities
7. Increase access to and community linkages with mental health and substance abuse services
  - a. Encourage Community Mental Health Center to participate in local suicide prevention efforts.
  - b. Encourage the establishment of a suicide prevention specialist in each CMHC
  - c. Assist and support established or new non-profit prevention partners
  - d. Identify funding resources for local coalitions
8. Improved reporting and portrayals of suicide behavior, mental illness, and substance abuse in the entertainment and news media
  - a. Continuing to grow marketing efforts
9. Promote and support research on suicide and suicide prevention
  - a. Establish and maintain an evaluation system for all KSPG objectives
  - b. Create and maintain a registry of intervention and postvention activities in the state.
10. Improve and expand surveillance systems
  - a. Collaborate with KVDRS through its developing Web-Based system to identify more quickly areas in need of prevention and postvention supports due to recent suicide deaths.
  - b. Advocate for KVDRS' strategic roll in suicide prevention efforts