Preventing Suicide: Kentucky’s Plan

Prepared by the Kentucky Division of Mental Health and Substance Abuse in collaboration with the Kentucky Suicide Prevention Group (KSPG), a work group of the Kentucky Commission on Services and Support for Individuals with Mental Illness, Alcohol & Other Drug Abuse Disorders, and Dual Diagnosis (HB 843 Commission).
Citizens of the Commonwealth:

Dear Members and Citizens of the Commonwealth:

With Kentucky's suicide rate exceeding the national suicide rate and the need for a state plan to address this issue, we present you with "Preventing Suicide: Kentucky's Plan" as prepared by the Kentucky Suicide Prevention Group (KSPG), a workgroup of the Commission.

This plan highlights the activities of the KSPG since its inception in March 2002. In particular, the plan illustrates the commitment to the collaborative nature of its work and continued efforts to raise awareness about suicide and its prevention so that fewer Kentuckians experience the pain and grief resulting from the suicide death of a loved one.

We would like to take this opportunity to thank the many volunteers who have shared in the efforts of the KSPG ranging from those who have lost loved ones to suicide, community action groups, government employees, educators, mental health advocacy and support groups, and staff of the regional mental health centers.

Additionally, we are appreciative of the support provided by the administration, the Commission, and the General Assembly in addressing the issue of suicide. On behalf of the KY Suicide Prevention Group, the citizens of the Commonwealth, and especially those affected by the death of a loved one by suicide, we ask for your continued support of this important work.

For additional information about the KSPG or any activities described within this plan, please do not hesitate to contact us or the lead staff at DMHMRS for this initiative.

Sincerely,

Connie Milligan
Steering Committee Chair

Denis Walsh
Steering Committee Vice-Chair
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Introduction

“even one death by suicide is one death too many”

Former HHS Secretary, Tommy G. Thompson
Department of Health & Human Services

Suicide is permanent.

However, potential suicide victims usually exhibit warning signs before attempting to end their lives. Therefore, suicide, like other forms of violence, is preventable. It is a preventable public health problem.

With growing concern for the problem of suicide in Kentucky and the knowledge that such devastating acts of violence are preventable, in 2002 the Kentucky Department for Mental Health and Mental Retardation Services invited various community leaders to establish the Kentucky Suicide Prevention Group. In October 2004, a staff person was hired to focus upon suicide prevention efforts in the Commonwealth.

The group’s collaborative work continues to provide the framework for Kentucky’s response to the problem of suicide. This report provides an overview of the activities over the past fiscal year and incorporates the state suicide prevention plan for the future. The June 2004 Progress Report, which covers the history of the group’s efforts from its inception, is also available on-line at the following web-page:

http://mhmr.ky.gov/mhsas/suicidepreventiongroup.asp

An average of 502 Kentucky citizens die by suicide each year.

Kentucky loses twice as many citizens to suicide as to homicide.

Kentucky’s suicide death rate is the 19th highest in the nation.

Suicide is the 2nd leading cause of death for Kentuckians 15 to 34 years old.

Suicide is the 4th leading cause of death for 35 to 54 year olds.

73 percent of suicide deaths in Kentucky were caused by firearms.


1 Self-inflicted injuries from the ICD-9 coding range of 9--- to 9--- are included here. This is the code range identifying suicide attempts.
The Impact of Suicide

Below are quotes from those who have been impacted by the suicide death of a loved one. The efforts of the Kentucky Suicide Prevention Group are dedicated to reducing the rate at which others experience their pain.

“I am so tired of secrets. Being depressed is not something to be ashamed of. It’s about brain chemistry, not some personal weakness. If I had known more about the risk factors, maybe there’s something we could have done to help. I knew my son was sad but what I didn’t know was that you can die from being too sad.”

“My son was a basketball player who died by suicide. After an injury basically sidelined him, we all missed the signs of depression that followed. As his mother, I am convinced that if the coaching staff, his team members, his girlfriend, his family or even he had been able to recognize the symptoms of depression, and sought treatment, he would be alive today. That’s why the work of the Kentucky Suicide Prevention Group is so important to me - to prevent other families from experiencing the grief and pain that we live with every day.”
The Vision, Mission & History

Vision
The vision of the Kentucky Suicide Prevention Group is to lead the Commonwealth in providing and promoting opportunities for all Kentuckians to become active in the reduction of suicide deaths and attempts.

Mission
The mission of the Kentucky Suicide Prevention Group is to decrease suicide deaths and attempts in the Commonwealth through advocacy, education, training, and evaluation.

History
As the basis for a collaborative development of a state suicide prevention plan, Kentucky’s Division of Mental Health recruited stakeholders from a number of interest areas and from all over the state. At the first meeting in March 2002, approximately 25 people were in attendance who subsequently formed the Kentucky Suicide Prevention Planning Group.

In July 2002, eight of the group members attended the national conference of Suicide Prevention and Advocacy Network (SPAN-USA)\(^2\) in Washington, D.C. There they were given information and tools to assist them in writing a suicide prevention plan. Upon their return, they immediately began working intensively to prioritize goals and action steps. With leadership from this core group, the Kentucky Suicide Prevention Planning Group recommended that the outline proposed by Surgeon General Satcher (US Public Health Service, 1999) and the National Strategy for Suicide Prevention (US Department for Health & Human Services, 2001) be followed in Kentucky. This model recognizes suicide as a preventable public health problem.

In December 2003, several members, including state legislators Senator Tom Buford and Representative Mary Lou Marzian, attended a conference on suicide prevention planning sponsored by the national Suicide Prevention Resource Center (SPRC). At this time further development of efforts in Kentucky occurred through structured facilitation provided by SPRC staff.

In June 2004, a progress report of the efforts of this group and its initial goals was published and presented to the Kentucky Commission on Services and Support for Individuals with Mental Illness, Alcohol & Other Drug Abuse Disorders, and Dual Diagnosis (HB 843 Commission). Some additional highlights of progress from March 2002 through June 2004 included training over 35 trainers of QPR as well as teaching over 500 individuals the basic QPR gatekeeper skills, distributing over 2000 information packets at conferences and events, and utilizing the expertise of several experienced professionals in the field of suicidology and prevention planning.

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\(^2\) SPAN-USA is now the acronym for the Suicide Prevention Action Network.
In October 2004, a suicide prevention coordinator was hired to address the issue of suicide via collaborative funding from the Department for Public Health and the Department for Mental Health & Mental Retardation Services. In December 2004, the KY Suicide Prevention Planning Group held a strategic planning retreat. It was determined that the group had moved past the planning stage, thus that word – planning – was removed from its name. Thus the group has since been known as the KY Suicide Prevention Group (KSPG). The strategic planning process was continued in February 2005. As a result of these sessions, a state suicide prevention plan emerged. Additionally, the three main work groups of the planning period which focused upon Awareness, Education, and Evaluation/Research were closed and new task specific groups became the focal point of the efforts of the KSPG.

The group expresses three primary messages:

- **A Life is Too Much to Lose**

- **Suicide is a Preventable Public Health Problem**

- **Suicide Prevention: It’s Everybody’s Business**
Support and Collaboration

Since that first meeting in 2002 when a group of devoted and concerned people formed the Kentucky Suicide Prevention Group, over 150 individuals have joined the effort. These people represent much of the Commonwealth’s diversity in many areas such as age, geographic location, professions, personal experience and agency affiliation. Some of the involved entities include:

- Survivor Support Groups
- Local School Boards
- Private Psychiatric Hospitals
- Community Mental Health Centers
- Law Enforcement
- Private Businesses
- Citizen Advocacy Groups
- KY School Boards Association
- Local Public Health
- Louisville Youth Group
- Mental Health Association of KY
- Suicide Prevention Training Programs for KY
- Stop Youth Suicide Campaign
- Morehead State University
- State Interagency Council
- Protection and Advocacy
- Kentucky Center for School Safety
- Western Kentucky University
- Hospice of the Bluegrass
- University of Kentucky
- Mental Health Association of Northern KY
- National Alliance of the Mentally Ill - Kentucky

The Division of Mental Health and Substance Abuse sponsors the Kentucky Suicide Prevention Group, in partnership with the Department for Public Health. Each Department has several staff involved in these efforts which are coordinated by the state suicide prevention coordinator.
The invested and active stakeholders propose a strategy to reduce the rate of suicide within the Commonwealth. The strategy is based upon the eleven goals and corresponding objectives from the National Strategy for Suicide Prevention (NSSP), published by the U.S. Department of Health and Human Services in May of 2001, with leadership from the Surgeon General.

NSSP is the result of advocates, clinicians, and researchers and survivors working together to respond to the Surgeon General’s challenge. It lays out a framework for action to prevent suicide. It is designed as a catalyst for social change using the public health approach with focus upon the areas of awareness, intervention, and methodology.

Based upon the needs in Kentucky, the goals created were focused on the areas of advocacy, education, marketing/public relations, community mobilization, and securing funding which can be tied directly to the national goals of awareness, intervention, and methodology.

The Commonwealth of Kentucky’s Suicide Prevention Plan focuses upon the importance of a plan which has a life-span approach. This is important because data shows that persons of all ages are affected by self-inflicted injuries and suicide deaths.
Goals & Objectives

**Advocate:** To advocate for suicide prevention efforts.

Objectives:

- Promote awareness that suicide is a public health problem that is preventable.
- Develop broad-based support for suicide prevention.
- Identify the need for increased access to and community linkages with mental health and substance abuse services.
- Pursue affiliation with the Suicide Prevention Action Network – USA.
- Prepare an informational packet for various audiences to distribute as needed.
- Make formal recommendations to the HB 843 Commission and the Commissioners of the Department for Mental Health & Mental Retardation Services and the Department for Public Health regarding suicide prevention efforts.
- Utilize survivors to tell their story to legislators, administrators, community leaders, and citizens of the Commonwealth.

**Educate:** To develop and implement educational strategies.

Objectives:

- Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.
- Identify and maximize existing anti-stigma events (walks, conference, etc.).
- Promote efforts to reduce access to lethal means and methods of self-harm.
- Implement training for recognition of at-risk behavior and delivery of effective treatment.
- Identify and promote effective clinical and professional practices.
- Promote and support research on suicide and suicide prevention.
- Develop, improve, and expand surveillance systems.
- Communicate the availability of gatekeeper training and screening tools.
- Educate public and medical practitioners about appropriate treatment options.
Marketing and Public Relations: To develop and implement marketing and public relations strategies.

Objectives:

- Market suicide prevention as a means to lower costs of mental and physical health care costs.
- Develop a public awareness media campaign.
- Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.
- Enlist the support of media partners.

Mobilize Communities: To develop and expand community suicide prevention.

Objectives:

- Research, identify, and encourage implementation of community-based suicide prevention programs.
- Identify the need for increased access to and community linkages with mental health and substance abuse services.
- Mobilize geographic as well as organizational communities to expand suicide prevention efforts.
- Develop and train communities in the usage of a community suicide prevention toolkit.

Secure Funding: To secure funding for suicide prevention efforts.

Objectives:

- Identify grant funding options and grant preparation resources.
- Identify foundations and organizations to support the efforts of the KY Suicide Prevention Group (KSPG).
- Utilize public-private partnerships to secure funding and maintain leadership of the KSPG.
Task Groups are led by a volunteer from KSPG. Each task group may request technical assistance from the Steering Committee and the suicide prevention coordinator.

The Steering Committee consists of five individuals representing the full KSPG. They serve as the leadership component for the group and are responsible to report annually to the HB 843 Commission.

To accomplish the strategy set forth, there is a steering committee of five individuals which directs the efforts of the KY Suicide Prevention Group. Working task groups are formed to focus upon specific task areas as they arise. These are supported and coordinated through the suicide prevention coordinator.

Each fiscal year a 2-page document will be published to report updates and achievements.
Acknowledgements

Many thanks are due to the more than 150 Kentuckians who have joined the suicide prevention effort. Without each and every one of them, the group’s work would not have progressed as it has.

The most heartfelt thanks go to the survivors of suicide. They are the essence of this movement. Without the spirit and dedication of those dramatically impacted by the suicide death of their loved ones, the reason for the efforts of this might would be lost. Thanks to their ability to communicate and advocate, we focus on practical and effective ways to prevent others from experiencing the grief they endure daily.

Special thanks are also given to the following individuals for their consistent support and encouragement, listed in alphabetical order.

- Mark Birdwhistell, Undersecretary for Health, Cabinet for Health & Family Services
- Tom Buford, Senator, Kentucky General Assembly
- Steve Davis, MD, Deputy Commissioner, Department for Public Health
- Sue Eastgard, Director, Youth Suicide Prevention Program - Washington State
- Sarah Gilbert, EKU Facilitation Center, Training Assistant
- William Hacker, MD, Commissioner, Department for Public Health
- Linda Harney, Deputy Commissioner, Dept. for Mental Health and Mental Retardation Services
- James Holsinger, MD, Secretary, Cabinet for Health & Family Services & Co-Chair, HB 843 Commission
- Rice Leach, Former Commissioner, Department for Public Health
- David Litts, OD, Suicide Prevention Resource Center, Air Force Suicide Prevention Plan
- Mary Lou Marzian, Representative, Kentucky General Assembly & Co-Chair, HB 843 Commission
- Margaret Pennington, Former Commissioner, Dept. for Mental Health and Mental Retardation Services
- Lloyd Potter, Director, Suicide Prevention Resource Center
- Paul Quinnett, PhD, President and CEO, QPR Institute
- Bob Robey, Suicide Prevention Training Programs for KY
- Karen Russell, EKU Facilitation Center, Facilitation Services Specialist
- Bruce W. Scott, Former Director, Division of Mental Health
- Steve Shannon, Director, Division of Mental Health and Substance Abuse
- Pat Wear, II, Commissioner, Department for Mental Health and Mental Retardation Services
- Sarah Wilding, Chief Nurse, Department for Public Health
- Linda Whittle, Ohio Coalition for Suicide Prevention
Reference Web Sites

**National Resources**

American Association of Suicidology
American Foundation for Suicide Prevention
Jason Foundation
Jed Foundation
Kristin Brooks Hope Center / National Hopeline Network
National Center for Suicide Prevention Training
National Strategy for Suicide Prevention
National Suicide Prevention Lifeline
National Youth Violence Prevention Resource Center
NMHA sponsored Depression Screening
Organization for Attempters & Survivors of Suicide in Interfaith Services
QPR Institute - Gatekeeper Prevention Training
Samaritans Suicide Prevention
Stop a Suicide, Today!
Suicide Awareness/Voices of Education
Suicide Prevention Action Network (SPAN USA)
Suicide Prevention Resource Center
Suicide Reference Library: Suicide Awareness, Support & Education
Surgeon General's 1999 Call to Action
Web-based Injury Statistics Query and Reporting System
Yellow Ribbon Suicide Prevention Program

http://www.suicidology.org/
http://www.afsp.org/
http://www.jasonfoundation.com/
http://www.jedfoundation.org/
http://www.hopeline.com/
http://www.ncspt.org/courses/orientation/
http://www.mentalhealth.org/suicidepreventionstrategy.asp
http://www.suicidepreventionlifeline.org
http://www.depression-screening.org/
http://www.oassis.org/
http://www.qprinstitute.com/
http://www.samaritansnyc.org/
http://www.stopasuicide.com/
http://www.save.org/
http://www.spanusa.org/
http://www.sprc.org/
http://www.suicidereferencelibrary.com/
http://www.surgeongeneral.gov/library/calltoaction/default.htm
http://www.cdc.gov/ncipc/wisqars/default.htm
http://www.yellowribbon.org/

**State and Local Resources**

Hospice of the Bluegrass
KY Department for Mental Health & Mental Retardation Services
– Suicide Prevention Pages
KY Department for Public Health – Data Resources
Mental Health Association of Northern Kentucky
SPAN Kentucky
Stop Youth Suicide Campaign
Suicide Prevention Programs for Kentucky (QPR)

http://www.hospicebg.com/
http://mhmr.ky.gov/KDMHMRS/
http://mhmr.ky.gov/mhsas/suicidepreventiongroup.asp
http://chfs.ky.gov/dph/surv.htm
http://www.mhank.y.org/index.htm
http://www.span-ky.com/
http://www.stopyouthsuicide.com/
http://www.kysuicideprevention.com/index.html
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Mary Bolin- Reece, Member
Linda Lancaster, Member
Jan Ulrich, Member

Hatim Omar, Former Chair
Richard Greer, Former Member
Bruce Hey, Former Member

If you are in crisis
Call
1-800-273-TALK
(1-800-273-8255)
TTY: 1-800-799-4TTY (4889)