

SUICIDE PREVENTION

Position: Improve Kansas' response to the growing suicide rate by increasing state funding for suicide crisis phone line services and creating a full-time suicide prevention coordinator position.

The Problem: According to the CDC, Kansas has experienced a 45% increase in suicide deaths from 1999 to 2016. Suicide death rate trends show suicide on the rise across demographic groups. In the last three years, the statewide crisis center providing services to all Kansans on the National Suicide Prevention Lifeline (NSPL), has seen a 45% increase in calls. Statewide answer rates for NSPL calls originating in Kansas have fallen from 82% to 66% in the last 24 months.

Why This Matters: The Kansas Health Institute reported in April 2018 that suicide disproportionately affects rural and frontier counties. Kansas' overall suicide rate is 17.8 per 100,000 which is significantly higher than the national rate. That number increases to 22.0-25.9 per 100,000 in rural and frontier counties. Frontier county residents not only have the highest suicide rate and experience real challenges to accessing traditional mental health care, but they also account for the smallest percentage of suicide hotline callers to the NSPL. Nationally, the rate of Native American suicides is rising, but there is no current way to measure Native American suicides reliably in Kansas. Youth suicide is also on the rise. The Kansas Communities That Care Survey shows the number of students who thought about, planned, or attempted suicide has risen over the past three years.

Bottom line: Properly funding suicide hotlines save lives. According to SAMHSA, 80 percent of people who received follow-up calls after an initial conversation with a NSPL-affiliated call center felt that the follow-up call helped keep them alive. With Kansas suicide crisis line calls increasing, more funding is needed for NSPL services. Kansas' suicide hotlines face not just overuse, but also a need to expand accessibility. Further study of the needs of specific populations in Kansas requires a full-time suicide prevention coordinator at the state-level.

Telling more of the story

Headquarters, Inc., Kansas' only statewide suicide prevention center, provides services necessary to compliment other mental health services. According to a 2009 study in *Psychological Medicine*, 43 percent of suicides occur within a month of patients' releases from a psychiatric hospital. These patients need the support of crisis lines to develop plans to keep themselves safe after discharge. Headquarters, Inc., provides free counseling services at a low overhead cost with highly trained volunteer counselors. Although Kansas has experienced a sharp increase in calls, the number of volunteers at Headquarters has remained consistent for the last several years due to flattening financial resources. The number of paid counselors has greatly reduced due expiration of the statewide Garrett Lee Smith grant. In the last 5 years, Kansas has only added one additional call center for the NSPL at Comcare, which serves Wichita residents exclusively.

A 2010 study published in *Suicide & Life-Threatening Behavior* indicates 56.8% of crisis callers who call with a plan of how to kill themselves or have already taken steps to attempt suicide, said they no longer had suicidal ideation after speaking with a counselor. Calls not only save lives but money for Medicaid and private insurers as a 2014 study in *Psychiatric Services* shows.

In summary: We support any effort that increases funding for crisis call centers and hiring a full-time suicide prevention coordinator to help increase accessibility to services.

The risk of not expanding crisis call centers is more deaths. When someone calls the NSPL, the caller is directed to a nationally accredited center serving their state. This allows the caller to speak to a counselor who knows about local resources in the caller's community. If all the call lines are busy, callers are directed to a bordering state. If those call lines are busy the caller is placed on a queue, which means the caller must wait longer to talk to a counselor.

To give every suicidal Kansan the proper care they deserve, we ask for \$500,000 to be spent on our crisis centers. This money would go towards hiring more phone counselors, training more volunteers, and updating call software to provide better analytics of how hotline services are being used across the state. Although phone counseling is a vital piece to preventing suicide, there are other suicide prevention efforts to which Kansas should pay attention. The state hiring a full-time suicide prevention coordinator would ensure Kansas has the personnel resources to track ongoing suicide prevention efforts, to make recommendations for improving prevention efforts for all ages, and to seek additional funding sources for suicide prevention.