

Jason Flatt Act Youth Suicide Awareness & Prevention Training

USD 368 Counselors and Social Workers

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Template for Training

Topic	Time	Content Detail
Introduce Jason Flatt Act (KSA 72-8260)	10 minutes	Overview and brief information about the legislation and the required components
Kansas Suicide Data	10 minutes	Current data about youth suicide in Kansas
Warning Signs	10 minutes	Description of the various warning signs of suicide risk
Indicators	10 minutes	Factors that could lead up to suicide risk. Can be personalized to your school's mental health or social-emotional needs
School Specific Protocols	10 minutes	Steps your school takes to move from concern to mental health evaluation
Questions	10 minutes	

Presentation Outline

The Jason Flatt Act - Requirements, History,
Importance

National & State Suicide Data

Risk & Protection, Warning Signs, Indicators

Ways to Help

Resources

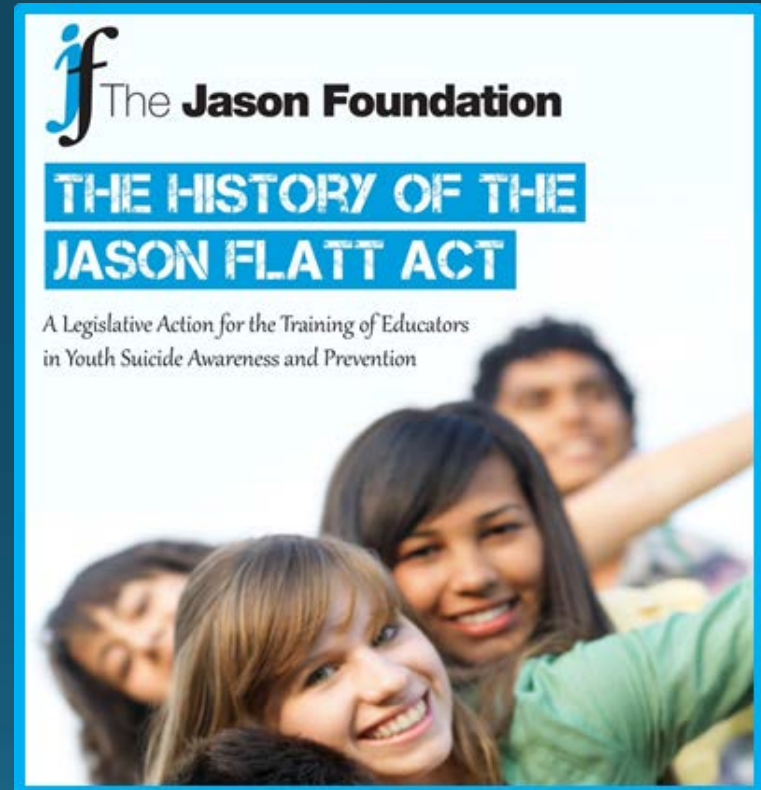
Key Terminology

- Suicidal Ideator – person who thinks about suicide as a way to eliminate pain, still has hope that things will get better, talks about fear of dying, usually seeks counseling
- Suicide Attempt – the activity of a completer that is interrupted
- Hopeless – fatalistic despair, the problem can not be solved
- Helpless – self-defeating or self-hate, I cannot solve the problem
- Self-Mutilation/Self-harm – non-suicidal self-injurious behaviors such as cutting, scaring, burning & hair pulling

The Jason Flatt Act

(KSA 72-8260)

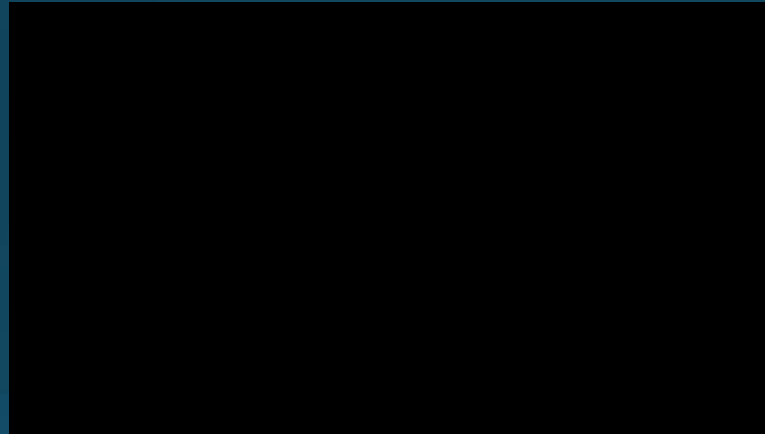
- Passed by the Kansas Legislature and signed by the governor - Spring 2016
- Each school district/school will provide suicide awareness and prevention training for ALL school personnel
- Requires at least 1 hour of suicide awareness and prevention training annually (approved by the State BOE)
- Parents and guardians will be notified and training materials made available for review
- Each building will develop a crisis plan that includes: recognition of suicide ideation; appropriate interventions; and a crisis recovery plan



History & Background

- Jason Flatt, a 16 year old from Tennessee, enjoyed going places and trying new things. He was a good student who loved sports, especially football. He had lots of friends and seemed to be full of life.
- Jason died by suicide on July 16, 1997. His family has been raising awareness of teen suicide ever since.
- In 2001, The Jason Foundation began advocating for legislation to include suicide awareness and prevention training in teacher in-service.
- In 2007, Tennessee was the first state to pass the Jason Flatt Act, the nation's most inclusive and mandatory youth suicide awareness and prevention legislation.
- Kansas was the 19th state to pass the Jason Flatt Act.

Teen Suicide Prevention



Suicide Prevention Who is Responsible?



District Administrators

Building Administrators

School Psychologists

Counselors

Social Workers

Nurses

School Resources Officers

General Education Teachers

Special Education Teachers

Crisis Team Members

Librarians

Coaches

Club/Activity Sponsors

Office Staff

Transportation Staff

Cafeteria Staff

Custodial Staff

Building & Grounds Staff

EVERYONE!

Why is it Important?

- Students spend more than 1,000 hours in school or school activities each year
- You interact daily with your students
- Your ability to recognize suicide risk is vital
- You are critical in providing support and appropriate referrals



What Do We Know About Suicide? National Data

- Suicide was the 10th leading cause of death for all ages in 2013
- There were 41,149 suicides in 2013 in the United States...113 suicides each day...1 suicide every 13 minutes
- Although females are more likely to have thoughts of suicide, males are about 4 times more likely to die by suicide
- Individuals who take their own life often test positive for alcohol and other drugs like anti-depressants, opiates, prescription pain medications or heroin

Youth Suicide Facts & Information

A serious public health problem, that impacts young people

- Suicide is the 2nd leading cause of death for youth between the ages of 10-24
- More young people die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED
- Each day there are an average of 4,800 suicide attempts by young people
- Four out of five teens who attempt suicide have given clear warning signs
- Suicide results in the death of approximately 4,600 young people each year
- Top three methods used in youth suicide include: firearms (45%), suffocation (40%) and poisoning (8%)

Centers for Disease Control and Prevention

cdc.org

(2014 CDC WISQARS)

The Jason Foundation

jasonfoundation.com

What Do We Know About Suicide? Kansas Data

In our state...

- Suicide is the 2nd leading cause of death for young people age 10-24
- Every 5.98 days, a young person is lost to the “Silent Epidemic” of suicide

According to the Kansas Youth Risk Behavior Survey...

- 19% of high school students reported they had considered suicide
- 12.5% of high school students reported having made a plan about how they would attempt suicide
- Nearly 11% of 10th grade students reported having made a suicide attempt

Risk & Protective Factors for Suicide

Risk factors - characteristics that make it **more likely** that an individual may consider, attempt or die by suicide

Protective factors - characteristics that make it **less likely** that an individual may consider, attempt or die by suicide



Risk Factors

Mental Health Conditions

- Depression, Bipolar Disorder, Schizophrenia, Borderline Personality Disorder, Conduct Disorder, Anxiety Disorders
- Substance abuse disorders
- Serious or chronic health condition and/or pain

Historical Factors

- Previous suicide attempts
- Family history of suicide

Environmental Factors

- Stressful life events - death, divorce, or job loss
- Prolonged stress factors - harassment, bullying, relationship problems, unemployment
- Access to lethal means - firearms and drugs
- Exposure to another person's suicide or sensationalized accounts of suicide

Protective Factors

- Effective and accessible care for mental, physical, and substance abuse disorders
- Family and community support (connectedness)
- School engagement
- Ability to make friends and positive peer support
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious systems that discourage suicide



Suicide Warning Signs

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Worrisome behavioral cues or noticeable changes in behavior.
Including significant:

Withdrawal from or changing social connections/situations
Changes in sleep (increased or decreased)
Anger or hostility that is out of character or out of context
Recent increased agitation or irritability

Indicators Related to Suicide

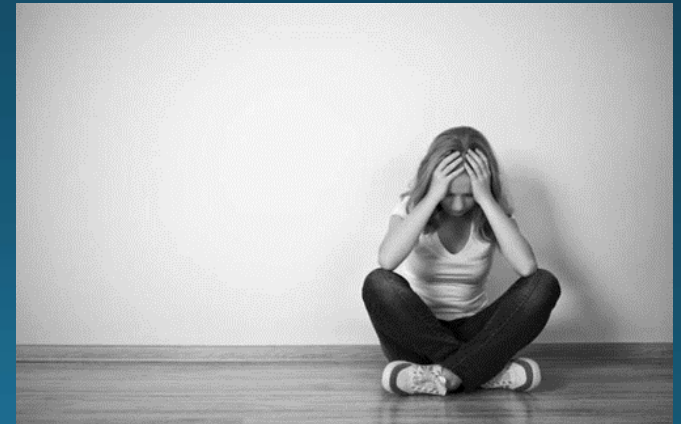
Indicators may be observed in an individual who is suicidal or experiencing suicidal ideation. Verbal or behavioral clues can be good predictors. However, approximately 5% of individuals who complete an act of suicide never exhibit any symptoms or indicators.

- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Increased interest in death and dying
- Unexplained anger, aggression, irritability or mood change
- Direct expressions of suicidal ideation or intent such as "I wish I were dead." or "I'm going to kill myself."



More Indicators Related to Suicide

- Indirect expressions of suicidal ideation or intent such as “I wish I could go to sleep and never wake up.” or “Everyone would be better off without me.”
- Stockpiling of pills or weapons
- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Increased apathy
- Feelings of hopelessness, that things will not get better
- Feeling you are a burden to loved ones



You Can Help!

Responses if you notice WARNING SIGNS...

Ask if they are ok or if they are having thoughts of suicide

Express concern about what you are observing in their behavior

Listen attentively and non-judgmentally

Reflect what they share and let them know they have been heard

Tell them they are not alone

Let them know there are treatments available that can help

Guide them to additional professional help



Some Things to Say...

Starting a Conversation

I have been feeling concerned about you lately.

I have noticed some differences in you recently and wondered how you are doing?

I wanted to check in with you because you haven't seemed yourself lately.

Questions to Ask

When did you begin feeling like this?

Did something happen that made you start feeling this way?

How can I best support you right now?

Have you thought about getting help?

Helpful Things to Say

You are not alone in this. I'm here for you..

You may not believe it now, but the way you're feeling will change.

I may not be able to understand exactly how you are feeling, but I care about you and want to help.

When you want to give up, tell yourself that you can hold off for just one more day, hour, minute - whatever you can manage.

Ask Directly!

Are you thinking about killing yourself?

Have you had thoughts of suicide?

It's Important to ASK...

Asking about suicide does not put the thought of killing oneself in someone's head. It gives them a sense of relief that someone is finally hearing them and will

LISTEN



Practice

It may feel uncomfortable and awkward, but practice is important. Practice will make it easier to ask someone if they are considering suicide.



Choose a partner and spend a few minutes practicing. Ask these important questions in a sensitive, non-judgmental, direct way.

Are you thinking about killing yourself?

Have you had thoughts of suicide?

Follow up Questions

- How are you coping with what's been happening in your life?
- Do you ever feel like just giving up?
- Are you thinking about hurting yourself?
- Have you thought about suicide or tried to harm yourself before?
- Have you thought about how or when you'd do it?
- Do you have access to weapons or things that can be used as weapons to harm yourself?

Referral Protocol

- Teacher
 - Coach
 - Nurse
 - Club/ Activity Sponsor
 - Office Staff
 - Cafeteria Staff
 - Custodial Staff
-
- Counselor
 - Social Worker
 - School Psychologist
-
- Administrator
 - District Administration
-
- Mental Health
 - Evaluation

Local Resources

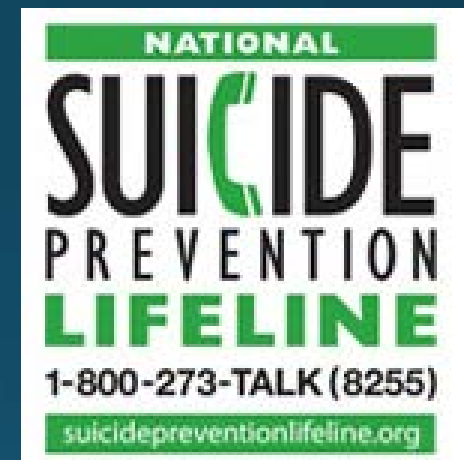
Imminent threat...

Call 911 or visit the closest Emergency Room

Elizabeth Layton Center www.laytoncenter.org	1-913-557-9096	
	1-800-241-1266 (crisis line)	
National Suicide Prevention Lifeline suicidepreventionlifeline.org	1-800-273-8255	
Johnson County Mental Health Center jocogov.org/mentalhealth	913-826-4200 or	913-268-0156 (crisis line)
KVC Behavioral Health	913-621-5753	kvc.org
Marillac	913-951-4300	marillac.org
New Directions Behavioral Health	1-800-528-5763	ndbh.com
Kansas Suicide Prevention Resource Center kansassuicideprevention.org		

Resources

Jason Flatt Foundation	jasonfoundation.com
National Suicide Prevention Life Line	suicidepreventionlifeline.org
SAMHSA Suicide Prevention Page prevention	samhsa.gov/suicide-
Suicide Prevention Resource Center	sprc.org
American Foundation for Suicide Prevention	afsp.org
Center for Disease Control (Suicide) cdc.gov/violenceprevention/suicide	
Yellow Ribbon Suicide Prevention	yellowribbon.org
American Association of Suicidology	suicidology.org
Society for the Prevention of Teen Suicide	sptsusa.org
The Trevor Project (for LGBTQ students)	thetrevorproject.org



Johnson County Suicide Prevention Coalition

The Johnson County Suicide Prevention Coalition helps individuals and families in Johnson County who are affected by suicide by providing preventative resources, education, and community partnerships. In November 2012, Johnson County Mental Health Center (JCMHC) hosted a gathering of more than 150 community partners to discuss the alarmingly increasing rates of suicide in our community. Representatives from healthcare, education, law enforcement, local government, and other sectors shared concerns and brainstormed next steps for local prevention strategies. Coalition goals and initiatives are based on local data and identified need, as well as priorities in the National Strategy for Suicide Prevention.



Suicide Prevention & Mental Health Trainings

Program	Contact	Style	Fee
Applied Suicide Intervention Skills Training (ASIST)	Johnson County Mental Health jocogov.org/mentalhealth	Face to Face	Yes
Mental Health First Aid	Johnson County Mental Health jocogov.org/mentalhealth	Face to Face	Yes
The Jason Foundation Staff Development Modules	The Jason Foundation jasonfoundation.com	Online	No
More than Sad & other options	American Foundation for Suicide Prevention afsp.org	Face to Face Videos	Yes
ACT on Facts	Society for the Prevention of Teen Suicide sptsusa.org	Online	No
Question, Persuade, Respond Gatekeeper Training (QPR)	QPR Institute qprinstitute.com	Face to Face Online	Yes

Questions & Discussion

Information for this presentation has been gathered and prepared by Johnson County Mental Health Center – Prevention Services. Materials may have been supplemented by local school districts or individual schools.

If you have questions or need additional information please contact your local presenter or Johnson County Mental Health Center – Prevention Services.

913-715-7880

jocogov.org/mentalhealth

