

Suicide Prevention: It's Everybody's Business

February 2008, Issue 7

A Newsletter from the Kentucky Suicide Prevention Group

Special Advocacy Edition of the KSPG Newsletter!!!

On Tuesday, February 5th, members of KSPG will once again head to the Capitol to speak up and out for the needs of suicide prevention efforts. We're encouraging all of you to contact your representatives and educate them about the importance of suicide prevention. If you're not sure who your representative is, go to www.votesmart.org or www.kentuckysuicideprevention.com to find out.

This newsletter is designed with advocacy in mind. Print this out and take this with you to your representatives.

According to recently released state mental health rankings by Mental Health America, **Kentucky's depression** status ranked the **3rd worst** in the U.S. Recently released rankings from the American Association of Suicidology show **Kentucky** as having the **17th highest suicide rate** in 2005.

Suicide is the **second leading cause of death** for **15 to 34 year olds** in the state of **Kentucky**, according to 2005 data from the Centers for Disease Control and Prevention (CDC).

Research indicates that **every year** in the U.S. **1 in 5 adolescents contemplate suicide**, 5-8% attempt suicide, and approximately **1,600 to 2,000 adolescents** (ages 15-19) **die** by suicide.

*Sufficient funding for human services in the short-term will save all Kentuckians money in the long-term.

A Life is Too Much to Lose

Kentucky's Crisis and Information Center: A Vital Lifeline

Based upon 30+ years experience and standards set by the American Association of Suicidology (the national accrediting body for crisis centers), trained crisis counselors use active listening and problem solving models for crisis intervention and utilize standard suicide assessment and intervention techniques for suicidal callers.

The CIC attempts to connect all high-risk suicidal or homicidal callers with a face-to-face intervention. CIC counselors follow up with all suicidal or homicidal callers for whom they have a telephone number, in order to reassess the situation and provide appropriate interventions.

Increased Demand for Service

In 2006-7, the Crisis and Information Center managed 99,463 calls. Of the 88,554 incoming calls:

- 43,979 (49.7%) were considered information and referral calls
- 44,575 (50.3%) were crisis calls, including 1,777 pertaining to suicide with active intervention.
- 61% of the calls concerned Jefferson County residents and 4.3% regarded citizens in the six rural counties in the Seven Counties service area. The remainder concerned citizens from other counties throughout Kentucky and Southern Indiana.
- 55% of callers were female; 28% of callers were male; 17% unknown
- 69% of calls concerned adults age 18-54, 7% age 55 and over, 9% youth; 15% unknown.

**From 2006 to 2007 there
was an increase of over
19,000 calls handled**

The CIC participated in three national research projects assessing the effectiveness of crisis centers. The results of the first two studies were published in Suicide and Life-Threatening Behavior in June, 2007.

Included in some of the findings related to these studies were: 1) seriously suicidal people do utilize crisis lines; and 2) significant decreases in suicidality were found during the course of the telephone session, with continuing decreases in hopelessness and psychological pain in the following weeks. These results highlight (the) how important (of) a lifeline the CIC is for people in suicidal crisis. They are a service suicidal people use and they are an effective intervention and support resource for people in suicidal crisis.

The CIC is the only nationally accredited crisis hotline in Kentucky. As an accredited crisis hotline service, they are the focal point for National Suicide Prevention Hotline (LIFELINE) 1-273-TALK calls originating in Kentucky. So literally, the CIC is Kentucky's LIFELINE.

As suicide awareness grows in Kentucky, this will naturally and inevitably increase the demand on the CIC. It is absolutely imperative for increased success of prevention and intervention efforts that the CIC be able to meet ever growing demands—demands in terms of financial resources and staffing for expanded operation.

If you are in crisis, PLEASE call:

1-800-273-TALK

or

1-800-SUICIDE

Economic Costs of Depression, Substance Misuse and Suicide

Economic cost of Suicide

- In one year, suicide **costs** the U.S. **\$13 billion** in lost earnings.
- **1.3 million** lives are lost to suicide annually. That equals to **\$10,000** per person lost.
- Suicide attempts that require hospitalization **cost** the U.S. **\$3.8 billion** annually.
- For each suicide prevented, the U.S. could **save** an average of **\$3,875** in medical expenses and **\$1,178,684** in lost productivity, totaling **\$1,182,559** (www.spanusa.org).
- Suicide is the 11th leading cause of death in the nation. Homicide is the 15th.
- As of 2005, Kentucky is 17th in the nation for deaths by suicide.
- In 2005, there were an estimated 4.6 million survivors of suicide in the U.S. That's 1 in every 65 people (www.mentalhealthamerica.net).

Economic cost of Depression

- About 19 million people in the U.S. population are dealing with depression at any given time (www.mentalhealthamerica.net)
- About 10% to 15% of children and adolescents are dealing with depression at any given time (<http://mentalhealth.samhsa.gov>)
- Mental illness, depression included, **costs** the U.S. **\$63 billion** annually in lost productivity (www.spanusa.org).

Substance use

- Adults who had experienced a depressive episode in the past year, and who reported an alcohol or illicit drug binge in the past month, were more likely to report suicidal thoughts and attempts than those who had experienced a depressive episode in the last year and no drug or alcohol use.
- In 2004, an estimated 106,079 emergency department visits were the result of drug-related suicide attempts by persons aged 18 or older. A psychiatric condition was diagnosed in 41% (43,176) of the drug-related suicide attempts treated in the emergency departments. The most frequent psychiatric diagnosis was depression (www.drugabusestatistics.samhsa.gov).

Why did we include costs of depression and interactions with substances? They are two of the leading risk factors of suicide. A third leading risk factor is the barrier to treatment for mental health and/or substance use problems. Additionally, job loss, sometimes due to an economic recession, is another risk factor of suicide.

Some major protective factors against the risk of suicide is access to effective clinical care to mental, physical and substance use disorders; easy access to a variety of clinical interventions and support for help seeking; support through ongoing medical and mental health care relationships; and skills in problem solving, conflict resolution and nonviolent handling of disputes (www.sprc.org).

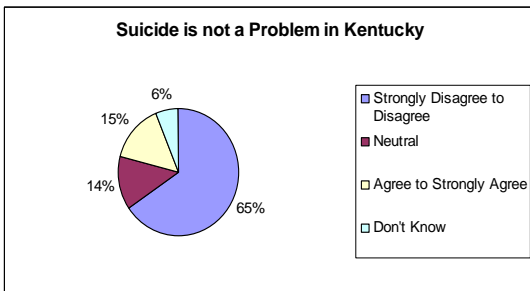
SPAN USA also reported research findings that showed the benefit of survivors of suicide groups for teenagers who had lost someone to suicide. With attendance and participation in a support group, subsequent suicides decreased by 40%. (A new SOS group for this population is starting in Louisville, see page 8 for details).

Additionally, there is a lot of research that shows that proper care for people diagnosed with depression and other mental illnesses saves money. According to a report published by the National Institute of Mental Health (Insurance Parity for Mental Health: Cost, Access, and Quality, www.nimh.nih.gov), people diagnosed with depression have nearly twice the annual health care costs of those without depression. However, a study outlined in the report showed that while people who received depression treatment in the mental health sector have higher treatment costs, they have significantly lower lost earnings than those treated by primary care physicians. Another finding in that same report showed that employees diagnosed with depression and did not receive treatment, cost their employer anywhere from \$182 to \$395 in lost productivity in a 30 day period. This again shows the cost effectiveness of employers providing adequate mental health treatment. A separate researcher found that mental health treatment for those with depression costs around \$10 to \$35 a day (Philip S. Wang, M.D., Dr. PH, Can Enhanced Depression Care Save Money? www.nimh.nih.gov).

Kentucky Awareness of Suicide Survey (KASS)- Reported by Julie Cerel, Ph.D.

- What is KASS?
 - The overall goal of the survey was to determine Kentucky residents' intentions and behaviors regarding intervening when someone is suicidal.
 - KASS was a random digit-dial phone survey of adults across Kentucky.
 - Year 1 of KASS was conducted in August 2007 by 307 people (N=91 males, N=216 females, average age=54)

Awareness



- 65% felt that suicide was a problem in Kentucky
- 79% (N=242) believed that preventing suicide is something that everyone should play a role in

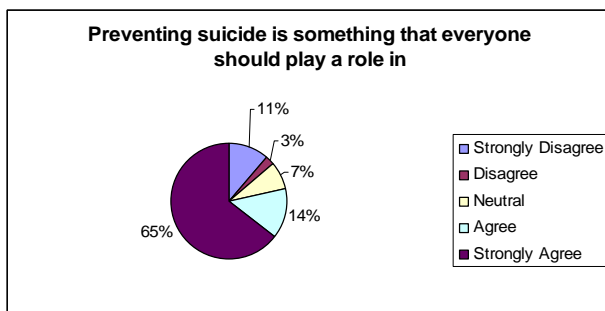
Personal Experiences

- 64% (197) knew at least 1 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."

Ability to prevent suicide

- The majority of participants felt that people who kill themselves usually show some signs or thoughts about suicide (66%)
- Participants indicated they would likely find information to help suicidal individuals from different outlets such as the Internet (N=90, 29%), crisis lines (N=196, 63%), health professionals (N=248, 80%), and from other friends (N=188, 61%).
- Participants felt confident that they would be able to seek help if a family member (N=214, 70%) was feeling suicidal. However, they were less confident about being able to find assistance for a friend that was having thoughts about suicide (N=152, 49%).
- When asked if they knew of a crisis line phone number they would use if a family member was feeling suicidal, only 24% (n=76) stated they knew of a phone number to call.
 - When asked specifically "Have you heard of the National Suicide Prevention Lifelines; 1-800-273-TALK or 1-800-SUICIDE", only 37.1% (n=114) stated they had.

Results & future direction



- The majority of respondents feel that suicide is a problem and something which everyone can play a role in preventing.
- Suicide survivors are more common than previously reported. 64% of people know someone who has attempted suicide and 40% knew someone who had died by suicide.

A Joint Resolution - Kentucky Suicide Prevention Week September 7 – 13, 2008

WHEREAS, In the year 2005, over 566 Kentuckians, or an average of 3 people every 2 days, died by suicide; and

WHEREAS, An estimated 3,000 plus Kentuckians attempt suicide each year; and

WHEREAS, Suicide is the 11th leading cause of death in Kentuckians, exceeding deaths by homicide and HIV/AIDS by 300 percent; and

WHEREAS, Suicide is the second leading cause of death in Kentucky among youth between the ages of 15 and 24 years; and

WHEREAS, The rate of suicide for older adults is also disproportionately high, with Kentuckians age 65 years and older having a rate higher than of younger Kentuckians; and

WHEREAS, As many as one third of the people in the Commonwealth of Kentucky, suffer devastating and long lasting emotional trauma when a family member, friend, co-worker, neighbor or classmate dies as a result of suicide; and

WHEREAS, The causes of suicide are complex and multifaceted, involving psychological, biological, and, sociological factors; and

WHEREAS, Suicide is often the result of untreated mental illness, especially depressive illnesses, and research indicates that many suicides would have been preventable with immediate and appropriate intervention and treatment; and

WHEREAS, Suicide prevention opportunities continue to increase due to advances in clinical research pertaining to the diagnosis and effective treatment of mental illness, along with advances in neuroscience and in the development of community-based suicide prevention initiatives; and

WHEREAS, Additional research is needed to determine effective intervention strategies, especially for different age, gender, ethnic, and cultural groups; and

WHEREAS, Much more can be done to reduce the stigma associated with seeking help for emotional or mental health problems, as well as for seeking help for suicidal thoughts and behavior; and

WHEREAS, Research demonstrates that increased public awareness of warning signs of suicide, and awareness of appropriate and effective intervention strategies, would reduce suicide deaths; and

WHEREAS, Over 200 volunteers across the Commonwealth Of Kentucky are now trained as Suicide Prevention Gatekeeper trainers to teach family, friends, neighbors and all citizens in the commonwealth, how to help save the life of someone in a mental health crisis; and

WHEREAS, Suicide attempts and completions impose, in addition to personal and economic loss to families and friends, a large unrecognized social and economic loss on the Commonwealth of Kentucky and on local communities, through medical, law enforcement, and emergency personnel costs, as well as through lost economic and social contributions; and

WHEREAS, In the year 2005, in Kentucky, 2,933 suicide attempters were treated in emergency rooms or admitted to hospitals for treatment, and the hospital charges alone for suicide attempters admitted as inpatients exceeded \$24,000,000; and

WHEREAS, Only 41 percent of these suicide attempters admitted to hospitals as inpatients had private insurance, and the remaining costs not covered by insurance were absorbed by government and the hospitals; and

WHEREAS, The United States Surgeon General has issued to the states “The Surgeon General’s Call to Action to Prevent Suicide” (1999) and the National Strategy for Suicide Prevention (2002) to encourage states to develop and implement suicide prevention strategies based on these documents and the public health model; now, therefore, be it

Resolved by the Legislatures of the Commonwealth of Kentucky, that the Members of the Legislature declare all of the following:

(1) Suicide is a major public health problem that can be reduced with effective actions.

(2) Suicide prevention is a state priority, and counties and local communities are encouraged also to declare suicide prevention a priority.

(3) Initiatives dedicated to the prevention of suicide, to the promotion of effective treatment for persons at risk, and to the support of persons who have lost a loved one to suicide, are encouraged.

(4) Development of accessible and affordable mental health treatment to enable persons at risk of suicide to obtain these services, without fear of any stigma, is encouraged.

(5) Citizens are encouraged to join in recognizing “Suicide Prevention Week” and in promoting suicide prevention activities.

(6) State and local public and private organizations are encouraged to work in mutual cooperation with the Kentucky Suicide Prevention Group to continue developing and implementing a Kentucky Strategy for Suicide Prevention using the National Strategy for Suicide Prevention as a guideline.

NOW THEREFORE,

Be it resolved by the General Assembly of the Commonwealth of Kentucky:

Resolved, That the Members will encourage initiatives dedicated to preventing suicide, helping people at risk for suicide and people who have attempted suicide, promoting safe and effective treatment for persons at risk, supporting people who have lost someone to suicide, and be it further

Resolved, That the Members encourage the development, promotion, and accessibility of mental health services to enable all persons at risk for suicide to obtain these services without fear of any stigma and be it further

Resolved, That the Members hereby proclaim September 7 through September 13, 2008, “Suicide Prevention Week”; and be it further

Resolved, That the Secretary transmit copies of this passed resolution to the authors for appropriate distribution.

Suicide Support Groups

Survivor of Suicide (SOS) Support Groups

- Ashland area – Contact: Paula Rymer (606) 836-7966 PaulaKRymer@aol.com
- Bowling Green - Contact: Anita Hudson (270) 202-3204 or anita_hudson1968@yahoo.com
- Campbellsville - Contact: Alice Steele (270) 456-6009
- Fort Thomas/Northern KY - Contact: Ken & Carol Himes (859) 441-1958 or spbears@fuse.net
- Frankfort – Contact: Anna Columbia (502) 330-7542 or acolumbia@kybar.org meets 3rd Thursdays at 6:30p.m. Capital City Christian Church on Versailles Rd.
- Hazard - Contact: Phyllis Day (606) 439-2111
- Lexington - Contact: Joni Johnson (859) 277-2700 or (800) 876-6005
- Louisville - Contact: Glenn Raymond (502) 583-5676 or Gage Donohue (812) 283-1111
- **NEW!** Louisville - For young people 16 to 30 – Contact: Barbara Kaminer (502) 931-3999, Kate Overberg (502) 330-335 or Stephen Ulrich (502) 387-0420
- Owensboro- Contact: Bob Robey (270) 276-5531 or rwrobey@earthlink.net
- Paducah - Contact: Karen Winkel (270) 442-3722
- Somerset – Contact: Beverly Hargis (606) 679-7428 or beverlyhargis@aol.com

Local Suicide Prevention Groups

- Ashland area – Contact: Paula Rymer (606) 836-7966 PaulaKRymer@aol.com
- Bowling Green/Barren River area – Contact: Evelyn Libe elibe@lifeskills.com
- (Lexington) SYSC – Hatim Omar Hatim.Omar@uky.edu
- London – Contact: Barbara Cottrell Barbara.A.Cottrell@usps.gov
- Louisville – Contact: Julia Richerson jricherson@FHCLOUISVILLE.ORG
- Northern KY – Denis Walsh DWalsh@northkey.org
- Owensboro – Bob Robey rwrobey@earthlink.net
- Somerset – Beverly Hargis (606) 679-7428 or beverlyhargis@aol.com

Local Suicide Prevention Foundations/Non-Profits

- Lee Eric Drake Foundation – Contacts: Dan Padgett Dan_Padgett@bgmetalforming.com or Kelly Bush Kelly.Bush@leeericdrake.com
- Nathan Alan Eisert Foundation – Contact: Stephen Ulrich Ulrich@bellsouth.net, www.tellthemomma.com
- Yellow Ribbon of Kentucky – Contact: Matthew D. Vanderpool treasurer.yellowribbonky@gmail.com
- Zach's Hope Yellow Ribbon Foundation – Paducah area: Tina McKnight paultina@accessus.net

***If your support group is listed incorrectly, or if your support group is not listed and you would like for it to be, please contact the KY Suicide Prevention Group at KYSuicidePrevention@gmail.com.

KY Suicide Prevention Group Steering Committee

Jenny Jones, Chair, Bluegrass Comm. & Tech. College
Pat Anderson, Vice Chair, Mt. Comp. Care Center
Julie Cerel, University of Kentucky
Todd Cheever, University of Kentucky
Sherri Coles, Kentucky State University
Vicki Greene, Pathways
Jim McFarland, Survivor
Kate Overberg, KY Partnership for Families and Children
Steve Ulrich, NAEF/Ulrich Group, Survivor

jenny.jones@kctcs.edu
panderson@mtcomp.org
julie.cerel@uky.edu
tbchee0@uky.edu
sherri.coles@kysu.edu
vgreene@pathways-ky.org
jam_mcf9@msn.com
kate@kypartnership.net
ulrich@bellsouth.net

If you would like to share or submit information for the newsletter, please contact KY Suicide Prevention Group at KYSuicidePrevention@gmail.com. All information is subject to the approval of KSPG and the steering committee.

National Strategy for Suicide Prevention:

Goal 1: Promote Awareness that Suicide is a Public Health Problem that is Preventable

Goal 2: Develop Broad-based Support for Suicide Prevention

Goal 3: Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services

Goal 4: Develop and Implement Suicide Prevention Programs

Goal 5: Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm

Goal 6: Implement Training For Recognition of At-Risk Behavior and Delivery of Effective Treatment

Goal 7: Develop and Promote Effective Clinical and Professional Practices

Goal 8: Improve Access to and Community Linkages with Mental Health and Substance Abuse Services

Goal 9: Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media

Goal 10: Promote and Support Research on Suicide and Suicide Prevention

Goal 11: Improve and Expand Surveillance Systems

Upcoming Meetings & Events

See the KSPG calendar at <http://mhmr.ky.gov/mhsas/kspg.asp> for more information, updates, cancellations, etc.

2/5 KSPG Day at the Capitol, contact Stephen Ulrich at Ulrich@bellsouth.net to let us know if you will be able to attend

2/15 KSPG meeting, 100 Fair Oaks, 4th Floor, Frankfort, full group will meet 10a.m. to noon, the Steering Committee will meet at 9a.m.

2/22 Staying Alive 2008: Understanding Adolescents Conference, Four Points Sheraton, Lexington, KY

3/21 KSPG meeting, 100 Fair Oaks, 4th Floor, Frankfort, full group will meet 10a.m. to noon, the Steering Committee will meet at 9a.m.

4/18 KSPG meeting, 100 Fair Oaks, 4th Floor, Frankfort, full group will meet 10a.m. to noon, the Steering Committee will meet at 9a.m. All are welcome!

Kentucky Suicide Prevention Group

KY Department for Mental Health & Mental Retardation Services

100 Fair Oaks Lane, 4E-D.

Frankfort, KY 40621

RETURN SERVICE REQUESTED

