KIP Survey Emphasizes Importance of Suicide Prevention for Teens

New School Year Brings Renewed Sense of Awareness

FRANKFORT, KY. (Aug. 30, 2017) – The first few weeks of a new school year can be overwhelming and sometimes very difficult for many students. With classes now back in session across the Commonwealth, officials want school staff and parents to know about a recent report that indicated an alarming number of Kentucky teenagers have considered or attempted suicide.

The report, from Kentucky Incentives for Prevention (KIP), shows 15 percent of high school sophomores in Kentucky have thought about suicide; 12 percent have made a plan to commit suicide; and slightly over 8 percent of the population studied had attempted suicide. In a high school of 2,000 students, that number represents 164 individuals (more information is available online at this link, https://reacheval.com/wp-content/uploads/2017/07/KIP-State-Regional-Trend-2016-final3July2016.pdf).

All middle and high school students must receive some type of suicide prevention information before Sept. 1 of each school year. Kentucky law also requires two hours of annual suicide prevention training for teachers and school administrators.

KIP report findings are in line with concerns related to an escalated youth suicide rate observed throughout the country. According to the Centers for Disease Control and Prevention, the suicide rate among 10 to 14-year-olds doubled between 2007 and 2014, now surpassing the number of young people killed in car accidents. Kentucky’s numbers for this age group reflect this national trend as well.

“Awareness and knowledge are the most powerful tools we have in curbing suicide rates, especially for teens,” said Patti Clark, who coordinates Kentucky’s suicide prevention program for the Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID). “I want to encourage more Kentuckians to educate themselves about suicide and get involved in prevention efforts. Suicide can be prevented, and with increased education and awareness we can make a significant impact on the trends we are currently seeing.”

Officials with the Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) within the Cabinet for Health and Family Services (CHFS), want all Kentuckians to get involved with suicide prevention.
prevention efforts, emphasizing the importance of talking to someone to see if he or she may be considering suicide and connecting them with competent and effective suicide care.

BHDID also emphasizes the importance of family involvement, such as setting time aside for family dinners and activities as well as practicing gun safety and prescription drug safety in the home. This includes storing guns, separate from ammunition, in locked cases, as well as storing medications in locked cabinets and disposing of expired or unused medicine.

Additionally, data from the KIP report shows a strong increase in suicide among those students who also report substance use, especially alcohol, tobacco, non-medical use of prescription drugs and heroin.

For many teenagers with still-developing brains, impulse control is a significant factor to consider. Clark said research shows some teenagers can make the decision to commit suicide in as little as five minutes before acting.

“For youth, suicide is more of an impulse and removing unrestricted access to firearms and controlled substances can impact their choice to commit suicide,” she explained.

CHFS is administering a federal multi-year youth suicide prevention grant which has been named the Kentucky Initiative for Zero Suicides (KIZS). KIZS efforts focus on the creation of suicide safer individuals, communities and state. The grant award totals $736,000 per year for five years. Currently, BHDID is using funding to sponsor clinical trainings for assessing and managing suicide risk and piloting safer suicide community and safer suicide clinical care (Zero Suicide) efforts across the state, in addition to offering schools and other youth-serving organizations the opportunity to implement universal prevention programming, such as Sources of Strength, a peer-led wellness program that supports the concepts of Hope, Help and Strength for students.

Members of Clark’s team, trained gatekeepers, clinical trainers, and suicide survivors (those who have lost someone to suicide or themselves have survived a suicide attempt) are available to discuss suicide, including suicide prevention training on the impact of suicide on friends and family, and resources to mobilize organizational or community level suicide prevention.

Additional resources:
National Suicide Prevention Lifeline 1-800-273-TALK (8255)
http://www.suicidepreventionlifeline.org/
Zero Suicide in Healthcare and Behavioral Healthcare www.zerosuicide.com
Suicide Prevention Resource Center www.sprc.org
National Action Alliance for Suicide Prevention http://actionallianceforsuicideprevention.org
American Association of Suicidology www.suicidology.org
American Foundation for Suicide Prevention www.afsp.org
National Council for Behavioral Health http://www.thenationalcouncil.org/