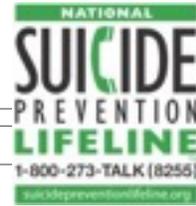




# Headquarters, Inc.

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**Testimony in Opposition of Senate Bill No. 333  
Amending the Jason Flatt act:  
removing requirement of training all school staff for one hour in suicide warning signs**

**Presented to the Senate Committee on Education  
By Monica Kurz, BA  
Headquarters, Inc, Director Kansas Suicide Prevention Resource Center**

**February 8, 2018**

Chairwoman Baumgardner and honorable members of the Committee on Education:

**Thank you for hearing testimony today in opposition of the amendment of the Jason Flatt Act.**

Today you will hear testimony in opposition to the proposed changes including the change to eliminate the training for all school staff to instead training select staff. You will also hear opposition to the deletion of the one hour requirement. All of this is meant to impress upon you the importance of whole school communities being prepared to recognize when youth are at risk of suicide, so that the school can work together to save young lives. It is my hope that after hearing this testimony you will decide to leave the Jason Flatt act in its current form as a strong legislation working to protect Kansas youth.

I am the Director for the Kansas Suicide Prevention Resource Center program at Headquarters, Inc. Headquarters, Inc is the suicide prevention leader in Kansas, providing counseling, education and resources for all to improve public health. At Headquarters, Inc we know suicide is a public health problem which can be addressed through cooperation by people from many sectors including K-12 education. The Kansas Suicide Prevention Resource Center (KSPRC) provides information and training to lay-people, mental health professionals, school personnel, and community leaders across the state to strengthen the safety net for all Kansans. This work is in support of the second goal for the Kansas Suicide Prevention Plan (2014) which reads:

*“Increase the prevention, intervention and management training of personnel in mental health, behavioral health, education, law enforcement and primary care fields.”*

The Jason Flatt act worked to support the Kansas Suicide Prevention Plan by codifying into law that **all** school staff increase their knowledge of how to recognize when a youth may be at risk for suicide. Schools have several **free** resources for how to complete this training including the Jason Foundation and an online module available on the DCCCA website. My work through the KSPRC has put me in contact with schools who have taken a different approach by asking school personnel to develop a training which can be personalized to their district.

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The contact KSPRC has had with school counseling personnel indicate that the training is having the intended effect which is to give teachers, janitors, administrators, food service staff, support personnel and others the tools to make referrals for students when necessary. One school counselor recently reported that the Jason Flatt training has been critical in making her aware of students who are discussing death, experiencing a mental health problem or considering suicide. She related that in a school of over 2,000 students the counseling staff are often only made aware of students who are struggling when they are noticed by teachers or staff. She has received referrals to check-in with students from the building janitor. In another occurrence a teacher happened to see a social media post using the phrase “KLM” or “kill myself.” As a result of recent training this teacher recognized the post as a warning sign and involved counseling staff. The student was identified as having a serious suicide plan and received proper treatment.

The evidence gathered by the professional suicide prevention community supports what school personnel are reporting. Many schools are engaging in “gatekeeper” training. A “gatekeeper” can be defined as “someone who identifies youth at risk for suicide and knows how to connect youth with appropriate professional resources” (Walsh, Hooven, & Kronick, 2013). This is a critical connection point in schools because while the school mental health professionals have the most knowledge about suicide risk and treatment they are the least likely to interact with students who have not already been identified as being at risk or experiencing a mental health problem. Youth who are considering suicide are less likely than their peers to seek help from mental health professionals. Training programs have been shown to increase the knowledge about warning signs and increased confidence in intervening when the signs are noticed (Wyman et al, 2008).

A 1999 study found that only **9%** of a national sample of teachers felt they could recognize a student at risk for suicide (King, Price, Telijohann, and Wahl). This is concerning because we know that students can exhibit verbal, academic, and behavioral signs that they are thinking of ending their lives. Teachers and other school staff are able to observe and interact with students when they are in social situations. Often times, students exhibit different behaviors in this setting than when they are in a mental health professional’s office. *Suicide in Schools*, reports that English teachers are frequent “gatekeeper” referral makers since students often present their suicidal thoughts in creative writing. It is critical that we continue to provide information on warning signs to all staff best positioned to notice them.

Investigation has found that “gatekeeper” knowledge can be conveyed in 1 hour with positive effect on improving knowledge. The hour time component is also endorsed by Kansas school staff who are responsible for training other personnel. In addition, practice has taught that these trainings need to be repeated regularly since the skills decay over time (Cross, et al., 2011). I am not aware of evidence supporting shorter training programs. The one hour mandate continues to be necessary.

My hope is that it is clear to the committee that the Jason Flatt act in its current form gives our education communities and students their best hope for reducing youth suicide deaths. This committee has the opportunity to reject the proposed changes and work to sustain life-saving systems for our youth.