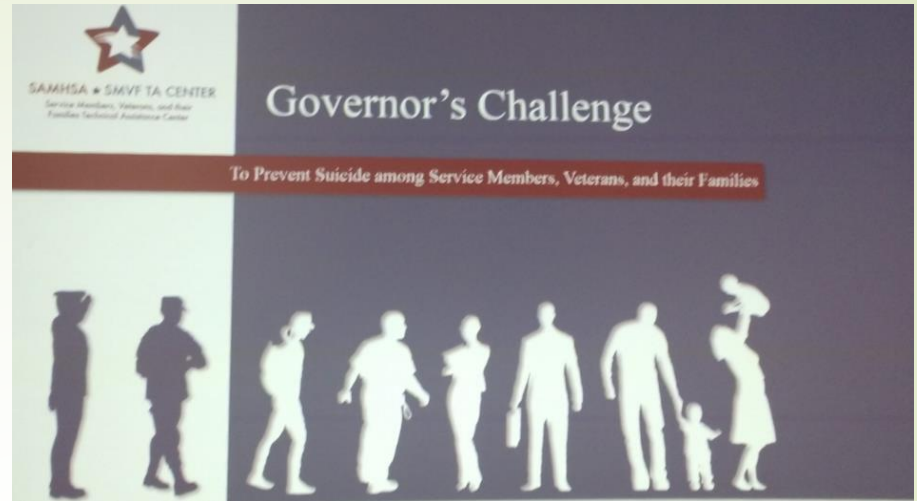




KANSAS STATE UNIVERSITY
**MILITARY
AFFAIRS**



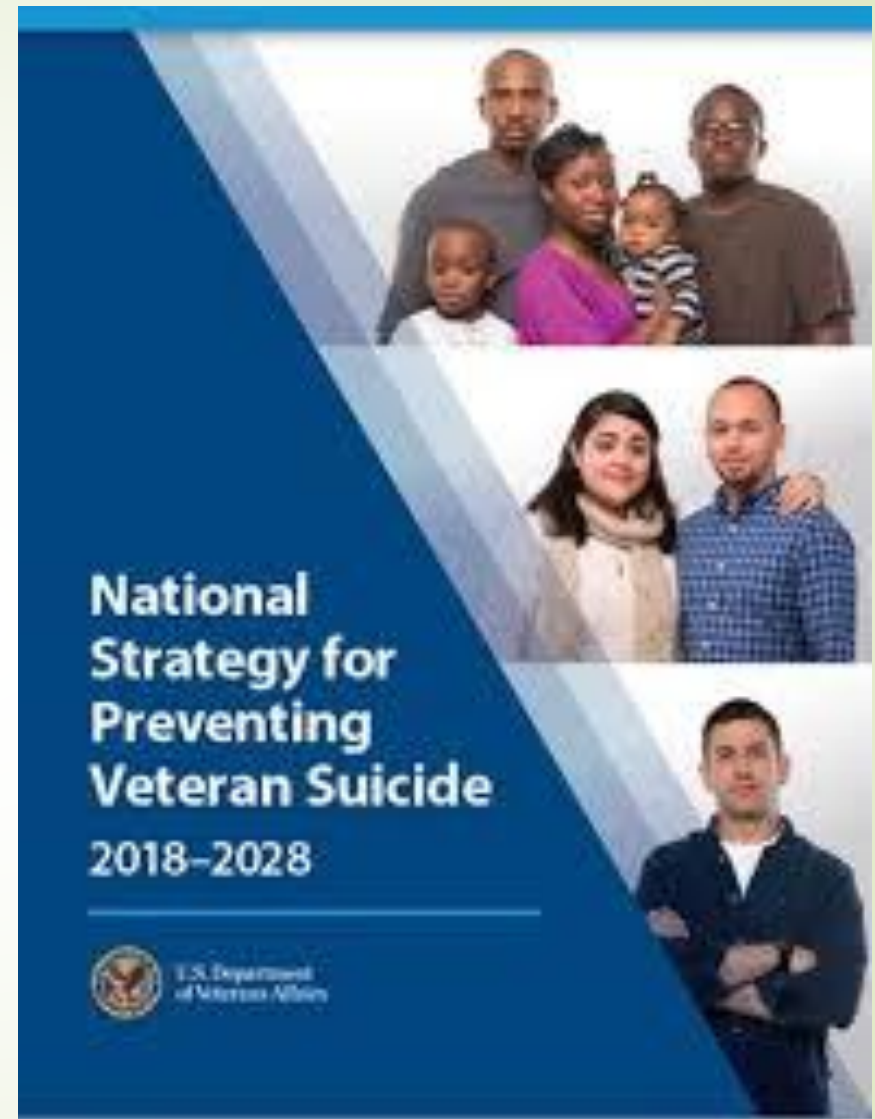
Kansas Governor's Challenge

For the Prevention of Veteran Suicide

Dr. Art DeGroat, Ed.D., Lieutenant Colonel (Retired), U.S. Army

New Features

- De-Stigmatizing – Eliminating Existing Cultural Biases
- Multiple Access Points for Care
- Acknowledging the Essential Role of Peers
 - (Military) Cultural Appropriateness of Care
- Collective Ownership of the Challenge and is Solutions
 - Determine Best Treatment Method –in Collaboration with the Patient





What is it..?

- ❑ Program offered to expedite implementation of new VA National Strategy
- ❑ Provides funding and technical assistance in development of Statewide Action and implementation plans (SAMHSA*SMVA TA Center)
- ❑ Kansas –One of first, seven states –expanding success of Topeka Mayor's Challenge
- ❑ Under leadership of Kansas Department of Aging and Disability Services (KDADS)
- ❑ Our leader is Commissioner, Behavioral Health Services - Andy Brown (Army Veteran)

The Problem is Growing..

The current suicide mortality rates for each **Active Component Service** were as follows:

- Air Force: 19.3 suicides per 100,000 population;
- Army: 24.3 suicides per 100,000 population;
- Marine Corps: 23.4 suicides per 100,000 population; and
- Navy: 20.1 suicides per 100,000 population

Overall Active Duty is 21.9 suicides per 100,000 population vs 13.4 non-veterans.

The current suicide rate for the **Reserve Component**, combined across all Military Services and regardless of duty status, was **25.7 suicides per 100,000 population.**

The current suicide rate for the **National Guard Component**, combined across the Air and Army National Guard, and, regardless of duty status, was **29.1 suicides per 100,000 population.**



Kansas Problem Mirrors National





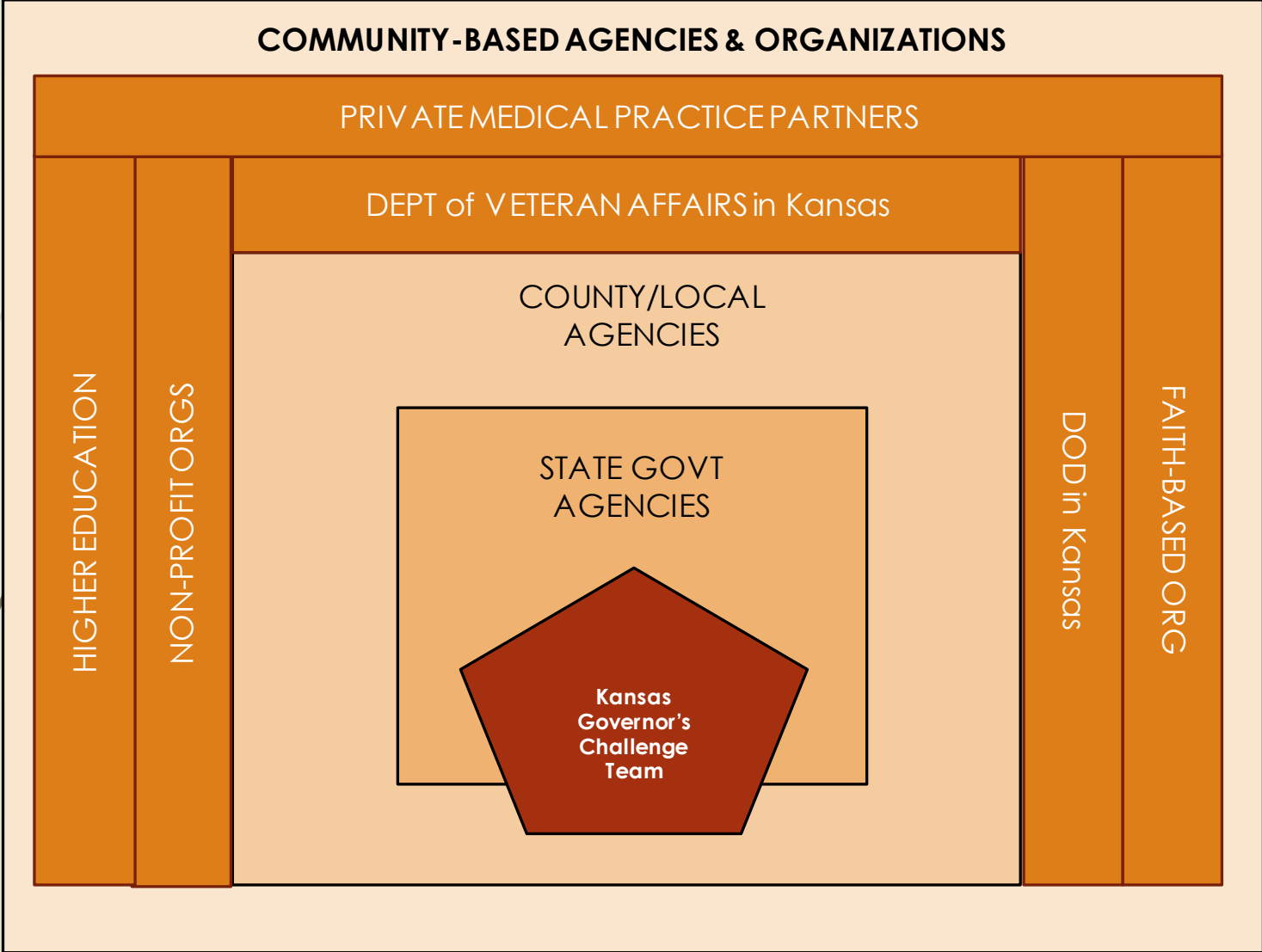
Who is Being Served..

Our Constituents are...SMVF

Service Members SM	Veterans V	Family Members F
Active Duty	All Veterans in Communities	Spouses of Service Members & Veterans
National Guard	Veteran Service Organization (VSO)-Connected Veterans	Military-Connected Children
Reserves	VA-Connected Veterans	Parents of Service Members & Veterans
ROTC Cadets	Student Veterans	Partners & Friends of Service Members & Veterans in Need



Our Prevention Team..



Our Kansas Team



To Develop an Action & Implementation Plans for the Prevention of SMVF Suicide for Kansas.. Through -



Increase Use Of Scholarly, Practical & Evidence-Based Research



Build a Statewide Network of Players In This Field



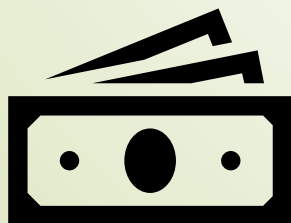
Increase the Practices of Prevention Through Relevant & Consistent Training



Enhance Targeting of At-Risk SMVF's through the use of Proven Screening Protocols



Advance & Sustain Effort Through An Enterprise Strategic Communication Platform



Advocate for better use of existing and future funding for this enterprise



Key Features of Our Plan

BUILD SHARED & COLLECTIVE OWNERSHIP FOR STATEWIDE EFFORT TO PREVENT SUICIDE AMONG SERVICE MEMBERS, VETERANS & THEIR FAMILY MEMBERS

PROVIDE RELEVANT &

CONSISTENT TRAINING TO ALL

IMPROVE ACCESS TO PRE-, CRISIS & POSTVENTION CARE

PREVENT SUICIDE

PROVIDE CONSISTENT MESSAGING AND INFORMATION



**Veterans
Crisis Line**



**Military
Crisis Line**

1-800-273-8255 **PRESS 1**

The Way Ahead

KDADS
As Driver

Sub-
Committee
Work

Advocacy &
Policy
Development



KANSAS

SunCatheStudio.com

PROGRESS...





sunstudio.com

Advocacy & Collective Ownership

STATE OF KANSAS



PROCLAMATION BY THE GOVERNOR

TO THE PEOPLE OF KANSAS, GREETINGS:

WHEREAS, Suicide Prevention Is Everyone's Business; and

WHEREAS, September 10 is World Suicide Prevention Day and September 8-14 is National Suicide Prevention Week; and

WHEREAS, suicide is the 2nd leading cause of death among Kansans ages 10-34 years and is the 8th leading cause of death among all Kansans (10th leading cause of death for people of all ages in the United States); and

WHEREAS, Kansas ranks 15th amongst states in highest rate of suicide and 5th among states for increased rates of suicide over the last 15 years; and

WHEREAS, each person's death by suicide intimately affects many other people, with more than 200,000 newly bereaved each year and many Kansans struggle with thoughts of suicide; and

WHEREAS, in 2017, 553 Kansans died by suicide and several thousand friends and family members were changed forever by losing those people; and

WHEREAS, many of those people who died never received effective behavioral health services for many reasons, including the difficulty of accessing services by healthcare providers trained in best practices to reduce suicide risk, the stigma of using behavioral health treatment and the stigma associated with losing a loved one to suicide; and

WHEREAS, Service Members, Veterans and their Families (SMVF) have faithfully and honorably served our state and our nation and tragically, 20 veterans die by suicide every day nationwide; and

WHEREAS, the State of Kansas Governor's Challenge to Prevent Suicide team has made it a statewide collaborative effort to recognize collective ownership in reducing and eliminating Kansas SMVF suicide; and

WHEREAS, the Prevention Subcommittee of the Governor's Behavioral Health Services Planning Council, comprised of representatives who are dedicated to reducing the frequency of suicide attempts and deaths and the pain for those affected by suicide deaths through research projects, educational programs and intervention services urges that all Kansans:

NOW, THEREFORE, I, LAURA KELLY, GOVERNOR OF THE STATE OF KANSAS, do hereby proclaim the month of September 2019 as

Suicide Prevention Month

In Kansas and encourage all citizens to participate in the observance.



DONE: At the Capitol in Topeka
under the Great Seal of
the State this 12th day of
September, A.D. 2019

BY THE GOVERNOR:

Laura Kelly

Scott Benson

Secretary of State

Cat Egan

Assistant Secretary of State



Columbia Suicide Severity Rating Scale (CSSRS)

FRONT

#westandasONE

THE COLUMBIA LIGHTHOUSE PROJECT
COOPERATE AND PREVENT SUICIDE

See Reverse for Questions that Can Save a Life

Ask Your Fellow Soldier
Care for Your Fellow Soldier
Escort Your Fellow Soldier

Walk-in services at IACH (4th floor) or the Service Member's Embedded BH clinic are available until 1530 hours M-F, and 24/7 at the IACH Emergency Department.

BACK

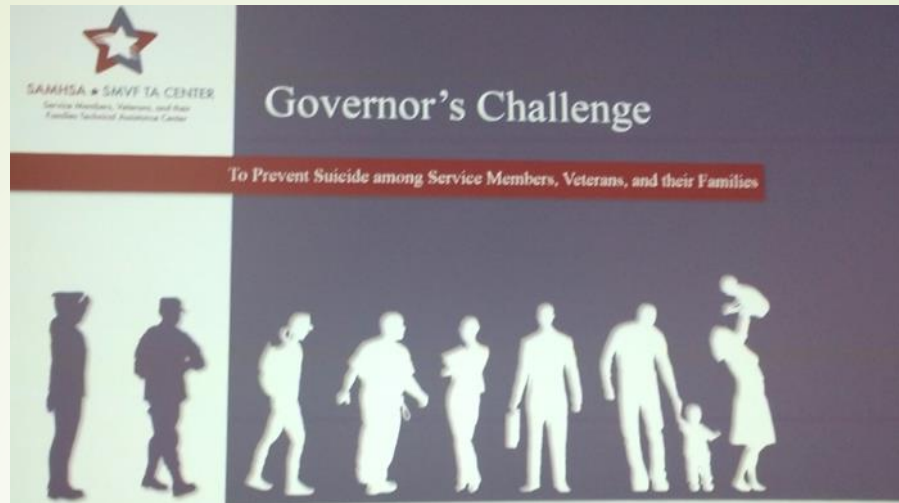
	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		High Risk
Always Ask Question 6		Lifetime Post 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</small>		High Risk
SUICIDE PREVENTION LIFELINE <small>1-800-273-TALK (8255)</small> <small>www.suicidepreventionlifeline.org</small>		Any YES indicates the need for further care. However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to the nearest Chaplain, Mental Health Provider, Unit Leader or Emergency Department.
Military Crisis Line <small>1-800-273-8255 PRESS 6</small>		DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP

Better Treatment Options

Deep Transcranial Magnetic Stimulation



“There is a pressing need for novel, effective treatment of PTSD”
(VA, 2018)



Dr. Art DeGroat, Ed.D., Lieutenant Colonel (Retired), U.S. Army
degroata@ksu.edu
(785) 210-6570