

**Before the Senate Education Committee  
February 8, 2018**

Opposing Testimony  
On Senate Bill 333

Submitted by Sandy Reams, Facilitator  
Healing After Loss to Suicide (HEALS) Support Group

Chair Baumgardner, Vice Chair Doll, Ranking Minority Member Hensley, and members of the committee, thank you for the opportunity to provide testimony to your committee today on behalf of the Healing After Loss to Suicide (HeALS) support group of Topeka, Kansas.

My husband and I lost our youngest son to suicide in January 2012, and now facilitate HeALS, a non-profit support group for anyone that has lost someone to suicide. I am here to represent the families of HeALS and the 40 plus loved ones lost to suicide. The members of HeALS understand what it means to lose a loved one to suicide and the impact to a family, but also to friends, co-workers, and often, the community. HeALS, therefore, supports the suicide prevention and awareness training required for all school staff members by the Jason Flatt Act.

The Jason Flatt Act, signed into law in 2016, helps address the suicide epidemic our nation, including the State of Kansas, is facing. The Jason Flatt Act was passed in 2016, a year in which seven Kansas children between the ages of 5 and 14 and 71 children between the ages of 15 and 24 completed suicide.<sup>1</sup> In 2017, eight Johnson County, Kansas teenagers under the age of 19 completed suicide.<sup>2</sup> Tim DeWeese, director of the Johnson County Mental Health Center, stated, “It just seems like it’s almost every week you’re hearing of something like this.”<sup>3</sup> Kansas continues to lose children to suicide almost every week, as evidenced by recent suicides in several Kansas school districts.

The trend of an increasing number of youth suicides is witnessed at HeALS meetings. Of the 40 plus family members lost to suicide over the past four years, 32 percent were children. The suicide demographics have also changed - in 2014, the majority of families attending HeALS had lost children between the ages of 18 and 30 to suicide; however, in 2017, the majority had lost children between the ages of 11 and 17.

The grieving process associated with suicide is complicated and amplified by the stigma associated with suicide. Questions asked by society are often the same as those asked by the family – how did I miss the signs, why didn’t I know, and why would someone so young want to die, among many others. Let me be clear – those that complete suicide want to end their pain;

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<sup>1</sup> *Teen suicides are reaching record highs, forcing schools to ‘break the silence,’* The Kansas City Star, Dec. 10, 2017 (<http://www.kansascity.com/news/local/article188868759.html>), last viewed Feb. 4, 2018.

<sup>2</sup> *Let’s talk: KC teens affected by suicide have honest conversation about fears and needs,* Feb. 1, 2018 (<http://fox4kc.com/2018/02/01/lets-talk-kc-teens-affected-by-suicide-have-honest-conversation-about-fears-and-needs/>), last viewed Feb. 4, 2018.

<sup>3</sup> *Shawnee Mission district trying to continue the conversation on mental health after two student suicides,* Jan. 25, 2018, (<http://fox4kc.com/2018/01/25/shawnee-mission-district-trying-to-continue-the-conversation-on-mental-health-after-two-student-suicides/>), last viewed Feb. 5, 2018.

not their life. They are successful at hiding their pain and thoughts from those closest to them, especially their families. To a parent, sibling, or other family member, it is unfathomable to imagine, let alone face, our loved one is in so much pain that suicide is an option.

SB 333 would require each school district's Board to develop a written plan for suicide awareness and prevention programming and place that plan on the school district's website. This addition to the Jason Flatt Act will ensure that each school district has a written plan to be followed; however, a written plan on a school website does not ensure that all school staff will receive suicide prevention and awareness training each year.

The Jason Flatt Act has been in effect for less than two years during which the student population, school staff members, and even school board members may have changed. This means that the Jason Flatt Act is a first-line of defense to combating suicide among our children since it requires all school staff members to receive at least one hour of training each calendar year. SB 333 does not increase the amount of training required, expand the training required, or even identify which school staff members would be required to receive the training; instead, it eliminates the one hour of training for all school staff members. Those requirements are essential to ensuring the greatest number of school staff members know the signs of suicidal behaviors. Requiring a minimum period of one hour of training that can be met through a variety of means, such as on-line training, over the course of a year ensures staff is trained without placing undue burdens on resources.

SB 333 also proposes to authorize each school district's Board to select which staff members are required to complete the training based on the staff member's interaction with students. This language does not ensure that all staff members will be trained and is overly-broad and open to interpretation. For example, the bill does not define what is meant by "the extent . . . of interaction with students." One person may interpret this to mean any staff member that spends at least a certain amount of time with a student is required to complete the training while another person may interpret this to mean only staff members with a specific type of interaction with a student is required to complete the training. We all know a teacher or coach spends more time interacting with a student than someone working in the lunch room or a janitor does, however, we do not know which staff member may be the one to recognize suicidal signs.

For these reasons, HeALS requests that SB 333 not be passed out of this committee.