

The background features a network of blue lines, including solid and dotted curves and straight lines. A prominent icon is a white cross with rounded ends, centered within a white circle, which is itself inside a larger blue circle. An arrow points upwards from the bottom of this circle. The overall aesthetic is clean and professional, using a light blue color palette.

# A HOSPITAL RESPONSE TO A COMMUNITY SUICIDE CRISIS



## The Situation

- From July to November 2007 Austin had more youths die by suicide in a 6 month period than teens of the same age died by suicide in all of 2005.
- At least 3 of these youths all attended the same High School and also had some other common connections.
- In addition to the completed suicides, there were several other documented serious attempts -- some of these were at the same High School.
- After November 2007, there was at least one more documented death by suicide and several attempts among the same age group.

## The Challenge

- To communicate with the identified stakeholders the seriousness of the situation without causing more contagion among teens or panic among parents.
- To keep the situation out of the media attention.
- To work collaboratively with a large group of community stakeholders.
- To provide some immediate solutions/resources to the community collaboration group and the community at large.
- To create a long term plan for participation in existing and future suicide prevention efforts.

## The Hospital's Role

- Seton Shoal Creek Hospital (SSC) is the only private psychiatric hospital in the area treating both child/adolescent patients and adult patients.
- As a psychiatric facility, SSC treats suicidal patients on a regular basis, **BUT...**
- As a community partner, SSC had not previously taken a proactive role in any suicide prevention efforts.

## The Solution

- Development and distribution of three Email Alerts on a real time basis.
- Participation in Community-wide Postvention Effort.
- Evaluation of current hospital policies
- Evaluation and revision of current hospital web and print materials.

# AUSTIN AREA YOUTH SUICIDE PREVENTION

To Primary Care Practitioners & Mental Health Clinicians

# ALERT

Austin has had more youth (age 15-19) die by suicide in a 6 month period than teens of this same age died by suicide in all of 2005.\* According to definitions from the Centers for Disease Control, this would qualify as a youth suicide cluster.

In order to contain this cluster and help prevent a contagion effect, the Austin Suicide Prevention Coalition, Seton Shoal Creek Hospital and The Seton Family of Hospitals, ATCMHMR, and the Austin Council of PTAs is asking all primary care practitioners and mental health clinicians in our area to do four things:

- **Be ALERT** to possible warning signs youth may give about their emotional state and know the risk factors and warning signs for suicide
- **Increase your staff's AWARENESS** that Austin youth of middle school and high school age may be of increased risk of death by suicide because of the current cluster and possible contagion effect
- **Increase ACCESS to care** by giving priority access in your medical and mental health practice to middle and high school youth and their parents who may have had contact with the youth who died or who have been distraught by accounts of their deaths
- **Always ASK** about any thoughts of suicide youth may have so that immediate and appropriate referrals may be made

Research indicates that a majority of adults who die by suicide have recently seen their primary care physician. Although we cannot confirm this for youth, we suspect that the same finding may hold true. With this in mind, primary care physicians and their staff have a unique opportunity to intervene with youth.

**Please note that the majority of recent youth deaths by suicide have been in the Central and West Austin areas where families tend to see private physicians.**

Ninety percent of those who die by suicide have an underlying mental health condition or substance abuse condition (although that condition may not be diagnosed or adequately treated). Mental health clinicians in our area are advised to make sure that **ALL of the youth they treat** have safety plans that include how to access help in an emergency from their treatment team and available and concerned adults in their life.

We also urge you to have all youth in your practice and their parents to: "Save A Number To Save A Life" by **programming their cell phones** with the **National Suicide Prevention Lifeline 1-800-273-TALK (8255)** which provides 24 hour suicide prevention services. Two other important resources available here in the Austin area for teens in crisis are **ATCHMHMR Psychiatric Emergency Services and Mobile Crisis Outreach Team 512.454.3521** as well as **Seton Shoal Creek Hospital 512.324.2029**.

For more information on youth suicide prevention & post-vention, (what you do **AFTER** a suicide to help prevent more suicide deaths), please go to the following web sites:

- [www.seton.net/setonshoalcreek](http://www.seton.net/setonshoalcreek) and [www.http://Texassuicideprevention.org](http://www.http://Texassuicideprevention.org)

\*= anecdotal information only since official death data for 2007-2008 has not been released or confirmed and 2005 is the last year for which we have official death information.

## The Gap

# A Lack of Teen to Teen Online Resources

- What we heard:
  - Teens were communicating with other teens online and through texting about their suicidal intentions.
  - Teens who received these messages were ill equipped to respond.
  - Reviews of online material after the completed suicides showed that grieving and confused teens were showing some alarming suicidal signs.

# Looking Forward

- **Ongoing Participation Postvention Collaborative**
  - Postvention Protocols for Hospital Emergency and ICU Staff.
  - Better tracking and communication efforts across agencies.
- **Continued Upgrades to Hospital Website**
  - Links to already established resources.
  - Prevention Materials and Education.
- **Development of a Teen to Teen Online Tool**
  - First efforts were not successful.
  - We learned some lessons, went back to the drawing board and are in Round Two which looks more hopeful.