

Texas State Plan for Suicide Prevention:
GUIDELINES FOR SUICIDE PREVENTION IN TEXAS
Amended and Adopted by the Texas Suicide Prevention Council Executive Committee
September 29, 2011

AWARENESS GOALS, OBJECTIVES AND STRATEGIES

Goal 1. Promote Awareness that Suicide is a Public Health Problem that is Preventable

Objective 1.1. Increase cooperation and collaboration between and among both public and private local and state institutions that have made a commitment to public awareness of suicide and suicide prevention.

Strategies

- 1.1.1. Establish a network of public and private local and state institutions who communicate regularly via internet and regular state meetings.
- 1.1.2. Provide culturally and linguistically appropriate material that promotes awareness of suicide as a preventable public health concern that can be distributed within communities by the network of public and private local and state institutions.

Objective 1.2. Establish regular state symposiums on suicide prevention designed to foster collaboration with stakeholders on prevention strategies across disciplines and with the public.

Strategies

- 1.2.1. Adopt a statewide legislative resolution to designate a Suicide Prevention Day within the National Suicide Prevention Week each September.
- 1.2.2. Coordinate an annual symposium to support awareness and/or prevention.

Objective 1.3. Increase the number of counties in which public information campaigns are designed to increase public knowledge of suicide prevention.

Strategies

- 1.3.1. Develop culturally and linguistically appropriate public service announcements and distribute to local communities through available media such as television, radio, billboards, and the web. Where possible, include local resource contact information.

Objective 1.4. Increase the number of both public and private local and state institutions active in suicide prevention that are involved in collaborative, complementary dissemination of information on the world wide web as well as by other means.

Strategies

- 1.4.1. Develop a web site to disseminate suicide prevention activities and efforts which will include bilingual resources.

Goal 2. Develop Broad-Based Support for Suicide Prevention

Objective 2.1. Identify and support a management/leadership structure for oversight of the Texas Suicide Prevention Plan.

Strategies.

2.1.1. Establish within the Texas Department of State Health Services positions of Director of Suicide Prevention, Program Specialist, Health Educator and Administrative or Public Health Technologist.

Objective 2.2. Sustain the Texas Suicide Prevention Council, a public/private partnership, with the purpose of advancing and coordinating the implementation of the Texas Suicide Prevention Plan.

Strategies

2.2.1. Blend resources of stakeholders to increase broad based support for suicide prevention.

2.2.2. Utilize broad based support to seek additional funding.

Objective 2.3. Increase the number of local, state, professional, voluntary and faith-based groups that integrate suicide prevention activities into their programs.

Strategies

2.3.1. Develop a plan to educate local, state, professional, voluntary and faith-based organizations about the importance of integrating suicide prevention activities into their programs.

2.3.2. Distribute specific suggestions and examples of integration.

Goal 3. Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse and Suicide Prevention Services.

Objective 3.1. Increase the proportion of Texans who view mental and physical health as equal and inseparable components of overall health.

Strategies

3.1.1. Increase the statewide availability of culturally and linguistically appropriate information (brochures, public service announcements, conferences, presentations) that includes and/or supports the message that mental health is fundamental to overall health and well being.

3.1.2. Target at-risk populations in all socio-economic groups for mental health public education and information campaigns.

Objective 3.2. Increase the proportion of Texans who view mental health issues as illnesses that respond to specific treatments.

Strategies

- 3.2.1. Use opinion editorials, public service announcements, and spokespersons to articulate the message that mental illnesses respond to effective treatment.
- 3.2.2. Educate health care professionals, particularly in primary care, to increase their ability to appropriately identify mental illness in their patients.
- 3.2.3. Encourage mental health professionals to promote strategies to impact citizen perception that mental health issues are illnesses that respond to specific treatments.

Goal 4. Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media.

Objective 4.1. Promote the accurate and responsible representation of suicidal behaviors, mental illness and related issues in the media.

Strategies

- 4.1.1 The Texas Suicide Prevention Council will acknowledge accurate and responsible representation of suicidal behaviors, mental illness and related issues in the media.

Objective 4.2. Increase the proportion of news reports on suicides in Texas that observe consensus reporting recommendations.

Strategies

- 4.2.1. Establish a process for the collection and analysis of news reports on suicide in Texas.
- 4.2.2. Encourage Texas journalism schools and media associations to adopt the recommendations for reporting suicide posted on the Suicide Prevention Resource Center web site, from the American Association of Suicidology and the American Foundation for Suicide Prevention, and develop a strategy for dissemination of the recommendations to key media.

Objective 4.3. Increase the number of journalism schools in Texas that include in their curricula guidance on the portrayal and reporting of mental illness, suicide and suicidal behaviors.

Strategies.

- 4.3.1. Convene meetings with Texas journalism schools and media associations to discuss reporting recommendations regarding suicide, as posted on the Suicide Prevention Resource Center web site, from the American Association of Suicidology and the American Foundation for Suicide Prevention, and develop a strategy for dissemination of the recommendations and their presentation in curricula.

INTERVENTION GOALS AND OBJECTIVES AND STRATEGIES

Goal 5. Develop and Implement Community-Based Suicide Prevention Programs.

Objective 5.1. Increase the proportion of public school districts and private school associations with promising or best practice based programs designed to address mental illness and prevent suicide.

Strategies

- 5.1.1. Survey districts for existing programs including: a) school policy or operating procedures, b) promising or best practice based training for counselors, social workers, psychologists, nurses and general staff and c) provision for post-suicide completion crisis counseling and procedures.
- 5.1.2. Revise and update guidelines for school suicide prevention and postvention programs and make them available to all Texas school districts, Regional Service Centers, and private school associations.
- 5.1.3. Include suicide prevention and postvention protocols in legal school policies disseminated by the Texas Association of School Boards, the Texas Education Agency, or other appropriate entities.
- 5.1.4. Promote early prevention programs within student support services including: a) mentoring, b) peer mediation and conflict resolution, c) anger management, d) bullying, e) life skills and character education, f) substance abuse, and g) parent involvement.
- 5.1.5. Promote the education of all campus personnel on identification, intervention and referral of early symptoms of mental distress in students and staff.
- 5.1.6. Support the inclusion of suicide prevention through the local school health curriculum.
- 5.1.7. Encourage school districts to request guidance for their suicide prevention programs from their local school health advisory committees.

Objective 5.2. Increase the proportion of colleges and universities with promising or best practice based programs designed to address mental illness and prevent suicide.

Strategies

- 5.2.1. Survey Texas colleges and universities for existing programs including: a) policy or operating procedures, b) promising or best practice based training for physicians, psychiatrists, psychologists, counselors, social workers, nurses, campus police and general staff and c) provision for suicide prevention and postvention counseling and procedures.
- 5.2.2. Promote promising or best practice based guidelines for suicide prevention, intervention and postvention programs and make them available to all college and university counseling/student health departments, chaplains, etc.
- 5.2.3. Include suicide prevention and postvention protocols in legal school policies and in faculty handbooks.

- 5.2.4. Promote early prevention programs including provision of extensive student support services and comprehensive mental and physical health student and faculty-centered health promotion education strategies.
- 5.2.5. Promote the education of all campus personnel on identification, intervention and referral of early symptoms of mental distress in students and staff.
- 5.2.6. Test and promote programs to train faculty and resident staff to train students to identify and refer students at risk for suicide.

Objective 5.3. Increase the proportion of employers that ensure the availability of promising or best practice based prevention strategies for suicide.

Strategies

- 5.3.1. Promote promising or best practice based training through the appropriate professional organizations such as the Texas Workforce Commission, Employee Assistance Programs, Society for Human Resources, and the Chambers of Commerce.
- 5.3.2. Encourage development of prevention and postvention policies in the workplace.

Objective 5.4. Increase the proportion of adult correctional and/or juvenile justice agencies and institutions that have promising or best practice based suicide prevention and postvention programs.

Strategies

- 5.4.1. Identify promising or best practice suicide prevention and postvention programs specific to the needs of adult correction and juvenile justice systems.
- 5.4.2. Promote the implementation of promising or best practice suicide prevention and postvention programs throughout the adult correctional and juvenile justice systems.
- 5.4.3. Provide support and technical assistance to adult correctional and juvenile justice systems.
- 5.4.4. Encourage continued partnerships between adult correction and juvenile justice systems and mental health providers.

Objective 5.5. Increase the proportion of aging networks that have promising or best practice based prevention programs designed to identify and refer for treatment of elderly people at risk for suicidal behavior.

Strategies

- 5.5.1. Promote the implementation of promising or best practice prevention programs throughout aging networks.
- 5.5.2. Provide support and technical assistance to the aging networks.
- 5.5.3. Increase outreach to older adults and encourage screenings for depression, substance abuse and suicide risk
- 5.5.4. Encourage continued partnerships between aging networks and mental

health providers.

Objective 5.6 Promote promising or best practice training and technical assistance for suicide prevention and postvention programs through the Suicide Prevention Council utilizing promising or best practice guidelines.

Strategies

- 5.6.1. Promote promising or best practices education programs that can be implemented by community workers. Incorporate information specific to high-risk populations.
- 5.6.2. Promote promising or best practice based training for community providers in implementation of the educational programs.

Objective 5.7 Increase the proportion of family, youth and community service providers and organizations with promising or best practice based suicide prevention programs.

Strategies

- 5.7.1. Establish linkages among schools, local health departments, organizations, and providers who are trained and interested in assisting with the implementation of suicide prevention and postvention programs.

Objective 5.8. Ensure that an evaluation component is included in all suicide prevention programs.

Goal 6. Promote Efforts to Enhance Safety Measures for Those at Risk of Suicide.

Objective 6.1. Increase the proportion of health care providers, organizations, and health and safety officials who routinely assess safety practices and educate about actions to reduce associated danger for those at risk for suicide.

Strategies

- 6.1.1. Encourage Texas Medical Association, Texas Society of Psychiatric Physicians, Texas Department of Insurance and Mental Health/Mental Retardation Agencies as well as other medical societies to review the quality and increase the availability of mental health continuing medical education.
- 6.1.2. Survey current practices used by primary care physicians, health care providers, health and safety officials to assess the presence of lethal means in the home.
- 6.1.3. Promote safety assessment and education models that can be easily and quickly implemented. Disseminate the use of these models through conferences and publications.

Objective 6.2. Increase the proportion of households exposed to public information campaigns designed to enhance safety skills in the home where a resident is at risk for suicide.

- 6.2.1. Develop and distribute information on safety skills to individuals and families at risk of suicide, following attempts, or upon discharge.

Objective 6.3. Develop promising or best practice based guidelines and training for health care professionals for safer dispensing of medications in households with individuals at heightened risk of suicide.

Strategies

6.3.1. Support continuing medical education which assists physicians and other health care professionals in making appropriate clinical judgments when prescribing potentially lethal medications to patients at risk for suicide.

Goal 7. Implement Promising or Best Practice Based Training for Recognition of At-Risk Behavior and Delivery of Effective Treatment.

Objective 7.1. Define recommended course objectives in identification and management of those at risk for suicide and promotion of protective factors in each of the following professions: medicine, nursing, dentistry, social work, physical, speech and occupational therapy, psychology, law enforcement, EMS, law, pastoral care, education, first response, and other fields as appropriate in both civilian and military communities.

Strategies

7.1.1. Review research and curricula materials available from the field of suicidology to establish a recommended standard for promising or best practice based training in suicidology relevant to the professional focus of existing programs.

Objective 7.2. Increase the number of re-certification or licensing programs in relevant professions which provide promising or best practice based training in suicide assessment, management and prevention, consistent with promising or best practices.

Strategies

- 7.2.1. Identify suicide prevention curricula mandated by licensing and certification boards in the above professions.
- 7.2.2. Form a small group of professionals from each of the relevant groups to advise, collect data for current suicide prevention curricula in current licensing criteria, and review and recommend needed updates.

Objective 7.3 Increase the number of colleges and universities that include the promising or best practice based suicide prevention and postvention course objectives. Encourage direct clinical experience in the application of suicide prevention and postvention strategies in pre-professional education or at the graduate and postgraduate or employee level.

Strategies

7.3.1. Survey all schools and colleges in the state to identify curricular threads teaching suicide prevention.

7.3.2. Review curricula materials available from the field of suicidology to establish a baseline standard for promising or best practice based training in suicidology relevant to the professional focus of existing programs.

7.3.3. Develop or promote existing promising or best practice based programs in a sample curriculum for suicide prevention education in undergraduate and graduate programs, with particular emphasis for returning veterans and their families.

Distribute to all relevant schools and colleges for both mental health and non-mental health faculty,

7.3.4. Promote implementation of a plan for increasing the proportion of health professionals trained in suicide risk management.

7.3.5. Survey all schools two years after the distribution of the curriculum to see if any modifications are needed in providing appropriate suicide prevention education.

Objective 7.4 Increase the number of promising or best practice based programs that train support personnel in civilian and military communities, including how to identify suicide risk factors, ideation, behaviors and appropriate referral strategies. These personnel include but are not limited to paraprofessionals and other health care support personnel such as: nurse's aides, food service workers, maintenance, teacher aides, dental technicians, paralegals, correction officers, social worker aides, funeral directors, "gatekeepers" such as hairdressers and bartenders, and workers from other agencies.

Strategies

7.4.1. Identify minimum course objectives in orientation and promising or best practice based training programs for support personnel and volunteers in the relevant specialties.

7.4.2. Develop recommended promising or best practice based guidelines for the minimum course objectives needed for each group.

7.4.3. Survey the certification and promising or best practice based training programs of paraprofessionals in their fields, including knowledge of identification and referral of suicidal clients.

7.4.4. Collaborate with the various boards that certify these workers to include objectives in suicide identification and referral in mandatory promising or best practice based training programs and continuing education.

7.4.5. Promote brief sample curricula to be used as an example for each group of caregivers and support personnel.

7.4.6. Recommend annual staff development on awareness of suicide warning signs, agency policy and operational procedures, and general principles of suicide prevention for other institutions that work closely with at risk persons.

7.4.7. Survey these promising or best practice based training programs in three years to assess the increase in the number of programs that are teaching these principles.

Objective 7.5 Increase the number of military installations that include promising or best practice based suicide prevention and postvention course objectives for key personnel.

Strategies

7.5.1. Survey military bases in the state to identify curricular threads teaching suicide

prevention.

7.5.2. Review curricula materials available from the field of military suicidology to establish a baseline standard for promising or best practice based training in suicidology relevant to the professional focus of existing programs.

7.5.3. Develop or promote existing promising or best practice based programs for suicide prevention education in a sample curriculum and distribute to all Texas military installations.

Goal 8. Develop and Promote Effective Clinical and Professional Practices

Objective 8.1. Promote the use of promising or best practice based suicide prevention programs and mental health follow up for patients who present self-destructive behavior to hospital emergency departments

Strategies

8.1.1. Promote research studies comparing standard practices versus enhanced follow-up.

8.1.2. Promote promising or best practice based guidelines for follow-up plans.

8.1.3. Promote community based programs for mental health follow-up with emergency room patients.

8.1.4 Promote patient and family education which would include but not be limited to identification of warning signs, safety plan, appropriate crisis numbers, limiting access to lethal means and support resources.

Objective 8.2. Promote the development of promising or best practice based guidelines for assessment and management of suicidal risk among persons receiving care in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers.

Strategies

8.2.1. Promote the implementation of promising or best practice based guidelines for the assessment and management of suicide risk.

Objective 8.3. Increase the proportion of specialty mental health and substance abuse treatment centers that have policies, procedures, and evaluation programs designed to assess suicide risk and intervene to reduce suicidal behavior among their patients, consistent with promising or best practices.

Strategies

8.3.1. Collaborate with the appropriate licensing agencies to incorporate suicide management practices in facility assessments and report the results.

Objective 8.4. Promote and encourage suicide prevention promising or best practice based guidelines for aftercare treatment programs for individuals exhibiting suicidal behavior (including those discharged from inpatient facilities.)

Strategies

8.4.1. Collaborate with the Joint Accreditation Commission for Hospital Organizations and the Texas Department of State Health Services on incorporating suicide management practices in facility assessments and reporting the results.

8.4.2. Promote aftercare service to individuals who are at risk for suicide or who maintain a significant level of suicidal ideation.

8.4.3. Promote aftercare procedures in promising or best practice based guidelines for licensed social service agencies serving individuals who are at risk for suicide.

Objective 8.5 Increase the number of implemented promising or best practice based training programs which will include appropriate screening, assessment and management of suicidal behaviors for professional staff/clinicians who serve at risk populations. These professionals include but are not limited to psychiatrists, psychologists, social workers, substance abuse counselors, etc.

Strategies

8.5.1. Identify promising or best practice minimum course objectives for orientation training for the relevant specialties and provider settings (outpatient/community, inpatient).

8.5.2 Identify promising or best practice minimum course objectives for annual training for the relevant specialties and provider settings (outpatient/community, inpatient).

8.5.3 Develop recommended promising or best practice guidelines for the minimum course objectives for each group.

8.5.4 Survey the certification and promising or best practice based training programs of professionals in their fields that include appropriate screening, assessment and management of suicidal clients.

8.5.5 Collaborate with the various boards that certify these workers to include objectives in screening, assessing and managing suicidal behaviors in mandatory promising or best practice based training programs and continuing education.

8.5.6 Promote brief sample curricula to be used as an example for each group of professionals.

8.5.7 Recommend annual training which will provide a review and update on evidence based assessment and management practices and agency policy and operational procedures.

8.5.8 Collaborate with professional associations to encourage the implementation of promising or best practice based training for all professionals/clinician providers who treat at risk populations.

8.5.9 Survey these promising or best practice based training programs in three years to assess the increase in the number of implemented programs containing recommended elements.

Objective 8.6. Increase the proportion of those who provide key services to suicide survivors (e.g. emergency medical technicians, firefighters, law enforcement officers, funeral directors, clergy, mental health professionals, health care professionals) who have received promising or best practice based training that addresses community postvention and the service provider's exposure to

suicide and the unique needs of suicide survivors.

Strategies

8.5.1. Encourage the use of promising or best practice based materials and programs for service provided to survivors of suicide.

8.5.2. Develop a liaison between the Texas Critical Incident Stress Management Network and the Suicide Prevention Council to assure that the first responders are being debriefed and supported as survivors as well.

8.5.3. Work with the state professional organizations of clergy, funeral directors and health care providers to raise awareness of the danger of exposure to suicide.

8.4.4. Promote the use of best practice based community postvention protocols.

8.5.5. Develop and share a model curriculum for continuing education courses within each of the professional organizations.

Objective 8.6. Increase the proportion of patients with psychiatric mood disorders who complete a course of treatment or continue maintenance treatment as recommended.

Strategies

8.6.1. Promote continuing medical education which emphasizes the importance of treatment continuance and maintenance, as appropriate, to prevent mental illness relapse.

8.6.2. Advocate health plans to pay for continuous and maintenance treatments for mental health disorders as supported by the standards for promising or best practice.

8.6.3. Promote adherence to promising or best practice based standards for treatment of patients with mood disorders.

8.6.4. Promote patient and family education which emphasizes the importance of treatment continuance and maintenance, as appropriate, to prevent mental illness relapse.

Objective 8.7. Increase the proportion of hospital emergency departments that routinely provide post-trauma psychological support, risk assessment when appropriate, and mental health education for all at risk of PTSD including sexual assault and/or physical abuse, military veterans and active military.

Strategies

8.7.1. Promote funding for a conference on promising or best practices and disseminate findings.

Objective 8.8. Increase the number of implemented promising or best practice based guidelines for providing suicide prevention education to family members and significant others of persons receiving care for the treatment of mental health, substance abuse and victims of assault and trauma within critical settings such as but not limited to general hospitals, mental health hospitals, mental health clinics and substance abuse treatment centers.

Strategies

- 8.8.1 Identify essential core elements based on promising/best practices or research for inclusion in suicide prevention education guidelines for family members and significant others.
- 8.8.2 Collaborate with providers to promote implementation of suicide prevention education for family members or significant others based on the guidelines
- 8.8.3 Survey stakeholders annually for implementation status and evaluation purposes

Objective 8.9. Promote annual screening for depression, substance abuse and suicide risk in primary care settings, hospice, and nursing facilities for all health care programs.

Goal 9. Increase Access to and Community Linkages with Mental Health and Substance Abuse Services

Objective 9.1. Require health insurance plans to cover mental health and substance abuse services on par with coverage for physical health.

Objective 9.2. Increase the proportion of rural and urban counties (or appropriate jurisdictions) with health and/or social services outreach programs for at-risk populations that incorporate mental health services and suicide prevention.

Objective 9.3. Promote and encourage promising or best practice based guidelines for mental health screening and referral of students in schools and colleges. Implement those guidelines in a proportion of public and private schools and colleges.

Strategies

- 9.3.1. Promote and encourage promising or best practice based inservice training of all faculty and staff on how to recognize the signs of a student in suicidal crisis and how to refer that student to the proper available facilities for intervention.
- 9.3.2 Promote and encourage promising or best practice based training of all college faculty and staff, especially those working in residential life, that includes how to recognize the signs of a student in suicidal crisis and develop a standard procedure on intervention, follow-up and reintegration into campus life.
- 9.3.3. Promote and encourage the use of a postvention promising or best practice based protocols for schools and colleges that illustrate how to work with students in crisis and students who have been affected by suicide.

Objective 9.4. Promote and encourage promising or best practice based guidelines for schools on appropriate and timely linkages with mental health and substance abuse treatment services and implement those guidelines in a proportion of schools.

Strategies

- 9.4.1. Refer all students who are assessed as high risk for attempting suicide or those who have made a suicide attempt to a health care professional for further evaluation and treatment.
- 9.4.2. Provide annual inservice promising or best practice based training on community referral resources for school and university staff, administrators, and other personnel such as school counselors, campus police, teachers and other mental health care-givers.
- 9.4.3. Foster a linkage between the schools and community resources.

Objective 9.5. Encourage school-based clinics to incorporate mental health, suicide, and substance abuse assessment and management into their scope of activities.

Strategies

- 9.5.1 Work through appropriate state agencies and organizations to encourage schools to provide mental health, substance abuse and physical health services through school based clinics in conjunction with local resources.

Objective 9.6. Promote promising or best practice based guidelines for adult and juvenile incarcerated populations for mental health screening, assessment and treatment of suicidal individuals.

Strategies

- 9.6.1. Encourage annual promising or best practice based training for all law enforcement personnel, to address intake screening, suicide assessment, and emergency procedures.
- 9.6.2. Promote policies which establish consistent suicide watch levels, supervision, intervention, and postvention.

Objective 9.7. Promote promising or best practice based guidelines for effective comprehensive support programs for suicide survivors.

Strategies

- 9.7.1. Promote promising or best practice based suicide survivor facilitator training.
- 9.7.2. Encourage annual reviews of survivor suicide groups by mental health professionals.
- 9.7.3. Support policies that require survivors providing peer to peer support be recommended by physician or mental health professional and be two years past the suicide death.

Objective 9.8. Promote quality care/utilization management promising or best practice based guidelines for effective response to suicidal risk or behavior and continuity of care guidelines.

Objective 9.9. Promote certification of crisis centers in Texas by the American Association of Suicidology.

Objective 9.10. Promote seamless linkage between crisis centers and public and private mental health and substance abuse services.

Strategies

- 9.10.1. Strengthen linkage through sharing information regarding services.
- 9.10.2. Encourage service provider coalitions and provider groups to enter into mutual understandings with community mental health and substance abuse services.
- 9.10.3. Encourage collaboration for provision of services to ensure comprehensive coverage.
- 9.10.4. Encourage the development of resource and referral guides for distribution, and promote the linkage and referral services.
- 9.10.5. Encourage annual promising or best practice based training of staff and volunteers of crisis centers on information regarding referral agencies and how to access them.

METHODOLOGY: GOALS, OBJECTIVES AND STRATEGIES

Goal 10. Promote and Support Research on Suicide and Suicide Prevention.

Objective 10.1. Develop evidenced-based suicide research

Strategies

- 10.1.1. Conduct detailed epidemiologic studies of suicide and suicide attempts.
- 10.1.2. Review scientific evaluation studies of new or existing suicide prevention, intervention and postvention efforts.
- 10.1.3. Encourage researchers to obtain input from survivors, practitioners, researchers, advocates and others in the community for research initiatives.
- 10.1.4. Collect, analyze and report annually on population-based information.

Goal 11. Improve and Expand Surveillance Systems.

Objective 11.1. Develop standardized protocols for death scene investigations and implement these protocols in all Texas counties.

Strategies

- 11.1.1. Assess and inventory current practices.
- 11.1.2. Develop a protocol model that is appropriate for persons of all age, gender, racial/ethnic groups.
- 11.1.3. Disseminate the protocol (which would include the identification of data to be collected) and arrange for promising or best practice based training.

Objective 11.2. Develop timely reporting systems to identify suicide behaviors connected by person, place or time in order to identify trends and prevent contagion.

Strategies

- 11.2.1. Assess the type and timeliness of data currently collected.
- 11.2.2. Determine data variables that need to be collected.
- 11.2.3. Conduct appropriate analyses and disseminate results.

Objective 11.3. Increase the proportion of hospitals (including emergency departments), EMS, medical examiners, and law enforcement departments that collect uniform and reliable data on suicidal behavior.

Strategies

- 11.3.1. Assess the type of information currently collected.
- 11.3.2. Determine the appropriate data variables to be collected.
- 11.3.3. Emphasize consistent coding of injury by utilizing the categories included in the International Classification of Diseases.
- 11.3.4. Provide rationale and incentives for utilizing specific methodologies for collecting uniform data.

Objective 11.4. Produce a biannual report on suicide and suicide attempts.

Strategies

- 11.4.1 Identify available and appropriate data sources.
- 11.4.2. Synthesize data from multiple data management systems including but not limited to law enforcement, emergency medical, public health departments, and hospitals.
- 11.4.3 Produce and disseminate a report to legislators, state agencies and public and private organizations.

AMENDMENT to Texas State Plan for Suicide Prevention

The Executive Committee of the Texas Suicide Prevention Council voted to support and endorse the recommendations below from Charting the Future and to add these recommendations to the Texas State Plan for Suicide Prevention, September 29, 2011

Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead

Prepared by the Suicide Prevention Resource Center (SPRC) and Suicide Prevention Action Network USA (SPAN USA), a division of American Foundation for Suicide Prevention, 8/ 2010.

Report Recommendations - Summary List

Recommendation 1: Develop and implement plans to increase the proportion of public

awareness and education campaigns that reflect both the fundamental principles of health communication and the safe messaging recommendations specific to suicide.

Recommendation 2: Promote the importance of using public awareness and education campaigns as an adjunct to other interventions rather than as stand-alone initiatives. Whenever possible, health communications campaigns should have much more specific goals than simply “raising awareness.”

Recommendation 3: Promote the development of public awareness and information campaigns that are tailored for and targeted toward specific audiences and that describe the actions those audiences can and should take to prevent suicidal behaviors.

Recommendation 4: Implement suicide related GPRA performance measures in government grant programs serving populations at increased risk for suicide, such as aging services; mental health, substance abuse, and healthcare; labor; education; and Tribal programs.

Recommendation 5: Promote more active and systematic state support of suicide prevention planning, implementation, and evaluation at the community level; systematically share successes across States.

Recommendation 6: Expand efforts to provide effective follow up care after emergency department discharge of suicidal persons.

Recommendation 7: Expand efforts to provide effective follow up care after inpatient discharge of suicidal persons.

Recommendation 8: Promote evidence-based and evidence-informed practices for reducing suicide risk among primary care patients.

Recommendation 9: Evaluate and assess practices being implemented in the VA for dissemination to the broader healthcare delivery system.

Recommendation 10: Evaluate and assess practices being implemented in the Department of Defense for potential dissemination for community-based suicide prevention efforts.

Recommendation 11: Promote collaboration between public and private partners to engage military families and veterans’ families in suicide prevention efforts.

Recommendation 12: Increase efforts to integrate suicide prevention practices into substance abuse prevention and treatment services.

Recommendation 13: Evaluate the capacity of continuing education clinician training programs to produce behavioral outcomes that improve clinical practice and outcomes. On the basis of evaluation, make curriculum improvements if needed; promote mass dissemination of continuing education to practicing behavioral health providers.

Recommendation 14: Continue to evaluate and refine gatekeeper training in various contexts; modify curricula in a continuous quality improvement mode. Implement gatekeeper training in the context of comprehensive suicide prevention programs.

Recommendation 15: Develop and widely disseminate training on core public-health competencies, including strategic planning, to coalition members via the World Wide Web.

Recommendation 16: Convene organizations that establish standards of accreditation for professional and clinical training programs to develop and implement plans to ensure all training programs within specific professions include curricula on recognizing, assessing, and managing suicide risk and certification exams include questions on this content.

Recommendation 17: Incorporate extant curricula, or newly develop curricula content, to teach state of the art, evidence-based practices in professional training programs and continuing education offerings.

Recommendation 18: Evaluate the cost and effectiveness of statewide teacher training initiatives; use evaluation results to inform policy in States and Territories.

Recommendation 19: Conduct research to better determine the effects of suicide on the bereaved and to identify effective approaches to mitigate those effects.

Recommendation 20: Develop methodologies that are capable of providing preliminary estimates of suicide rates and rapidly detecting meaningful changes in rates for specific demographic groups at the national level.

Recommendation 21: Develop a system to collect reliable data on suicide deaths that occur in healthcare settings.

Recommendation 22: Support the development of a robust suicide research infrastructure that is commensurate with the magnitude of the public health burden.

Recommendation 23: Fast-track research to develop and evaluate effective therapies, as well as non-clinical suicide risk management techniques that take into account the widespread non-acceptance of mental health treatment modalities.

Recommendation 24: Convene a task force to address suicide among adults in mid-life.

Recommendation 25: Take steps to ensure evidence-based therapies discussed in the Intervention section of this report are available to more suicide attempt survivors.

Recommendation 26: Develop, evaluate, and disseminate other evidence-based clinical and non-clinical interventions for survivors of suicide attempts.