

Texas Suicide Prevention



Creating a Statewide Comprehensive Suicide Care System

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Texas Suicide Care: prevention, intervention, postvention

National Advisors:

Suicide Prevention Action Alliance members

Clinical Care and Intervention Taskforce, Research Prioritization Taskforce

Zero Suicide Learning Collaborative, SPRC

Substance Abuse Mental Health Services Administration

Texas Projects Primary Partners:

Department of State Health Services

Local Mental Health Authority (LMHAs)

Mental Health America Texas

LivingWorks!

University North Texas Health Science Center



Texas Youth Suicide Prevention Grant - GLS

Public Awareness

- Bilingual brochures
- PSAs
- 2012 Prevention & Postvention toolkits
- Smartphone Apps
- StatewideSymposium

- Regional Summits
- Youth Videos
- Music Video
- Video Discussion Guide
- Host Website
- eNewsletter
- Spanish Webpage



Suicide Prevention Best Practices in Texas

Best Practice Trainings:

- At-Risk Avatar training for College/ High School Middle School personnel
- ASIST Applied Suicide Intervention Skills Training
- ASK Suicide Prevention Gatekeeper Training
 - Smartphone App 1st in the world
 - Over 14,260 people trained
 - Train the trainer model
 - Available online by master trainers



Suicide Prevention Council Public/Private Partnership in Texas

State Suicide Prevention Council

- Infrastructure for statewide suicide prevention
- 29 statewide coalitions supported
- Over 22 statewide agencies
- Updating Texas State Suicide Prevention Plan
- Technical Assistance/ Postvention Support



What about Texas and the Task Forces?

Prioritized according to high-priority goals and objectives of the NSSP, interest, political will, and resource availability.

Infrastructure: Data and Surveillance, NSSP, Research Prioritization.

Intervention: Clinical Care and Intervention, Clinical Workforce Development, Faith Communities, Public Awareness and Education, Workplace, Youth in Contact with the Juvenile Justice System.

State, Tribal, Local, and Territorial

Governments can... TEXAS HAS:

Identified a lead agency to coordinate and convene public and private stakeholders assess needs and resources, and develop and implement a comprehensive strategic suicide prevention plan.

(DSHS, Suicide Prevention Council, Symposium, Regional Summits, Focus groups, Learning Collaborative),

Developing and implementing an effective communications strategy for promoting mental health and emotional well-being that incorporates traditional and new media.

(State Plan, Website, Videos, Apps, Resources)

Disseminated recommendations for reporting on suicide to news organizations. (Widely Disseminated: Coalitions, LMHAs, ISDs, Trainings, Website but you too can help with this!)

The recommendations can be found at http://reportingonsuicide.org.





Texas Suicide Care: prevention, intervention, postvention

Suicide is Preventable:

Our most important message



Where to start to build a statewide strategy?

Although there is no <u>one</u> cause,80-<u>90%</u>
 of those who die by suicide have an underlying mental health or substance abuse condition.

Suicide prevention efforts tend to focus on "at-risk" groups

(rates greater than general population)

White Males 65+ 3-4x





Alaskan Natives/ American Indians (AN/AI)









Lesbian, Gay, Bisexual, Transgender (LGBT) Youth



We should focus intervention on those at highest risk

























2-3x

White Males 65+

The American Association of Suicidology reports the 2006 suicide rate for elderly white males was 31 per 100,000, but 48 per 100,000 for those over 85. http://bit.ly/men-s

Veterans/Military

In 2010, USA Today reported the current U.S. Army suicide rate at 22 per 100,000 (http://usat.ly/army-s), but the Fort Hood rate was 47 per 100,000. http://bit.ly/ft-s

AN/AI

In the Suicide Prevention Resource Center (SPRC) library, Alaskan Native/American Indian males ages 15 to 24 had the highest rate at 28 per 100,000. USA Today reported in 2010 a suicide rate for those AN living in Alaska of 42 per 100,000. http://usat.ly/an-ak

I GBT Youth

The SPRC library says little can be said with certainty about death rates. However, other research suggests two to three times the national rate. http://bit.ly/wik-lgbt

Individuals with SMI

In 2008, a UK study by Osborn et al. found the hazard ratio for individuals with SMI, including schizophrenia, to be nearly 13 times the general population. In Dec. 2010, King's Health Partners found the risk to be 12 times greater during the first year following diagnosis of a serious mental illness. http://bit.ly/SMI-suicide-12x

Note: The suicide rate in the general population was 11.5 per 100,000 in 2007.



What Inspired Zero Suicide?

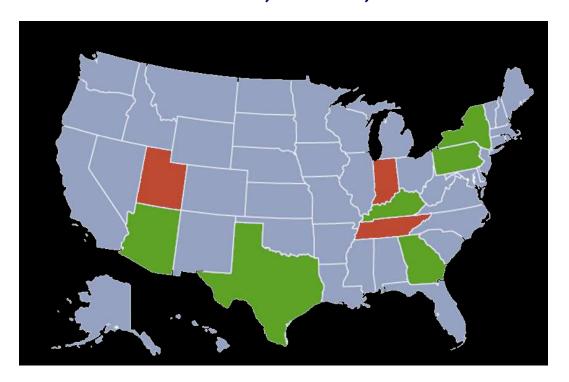


What is the right goal to set?
What number should it be,
if not Zero?

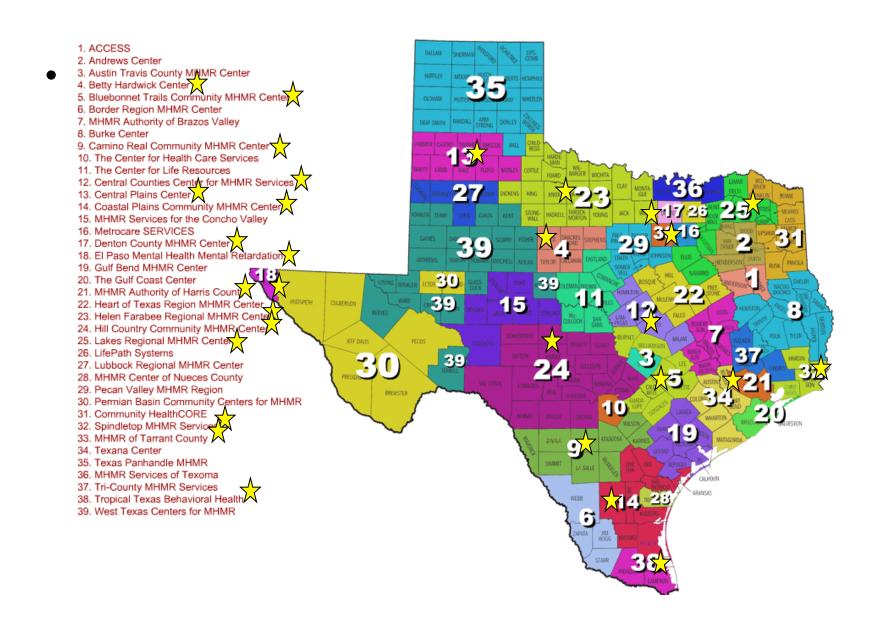


National Innovative Partners: Learning Collaborative

 Arizona, New York, Texas, Kentucky, Tennessee Indiana, Utah, Wisconsin



Texas Innovative Partners: 15 LMHAs





Texas State Suicide Prevention Plan

 2011 Zero Suicide Goal embraced by the Texas Suicide Prevention Council as part of State Plan



- www.TexasSuicidePrevention.org
- Updating state plan 2013-2014



Eliminate Suicide in BH Settings?

- Zero Suicides in your system of care
- i.e.)skilled and trained workforce
- Treating the suicidality
- Screening & risk assessments (NSPL standards)
- Evidence Based Clinical Care practices
- (CBT, DBT, best practice registry programs SPRC)
- Collaboratively designed safety plan prior to release
- Polices and procedures (Suicide Safe Care Center)
- Enhanced Follow up care (text, postcard, letter, call)



The Public-Private Partnership Advancing the National Strategy for Suicide Prevention

ABOUT US

ACCOMPLISHMENTS

MEDIA

NGGP

RESOURCES

LEADERSHIP

TASK FORCES



Meet Our Champions





What is Zero Suicide in Health and Behavioral Health Care?

Over the decades, there have been many instances where individual mental health clinicians have made heroic efforts to save lives, but systems of care have done very little. Two exceptions are Henry Ford Health System and Magellan Health Services of Arizona. The 2011 report Suicide Care in Systems Framework describes the Henry Ford and Magellan successes and asserts that suicide intervention and care must be defined as a core business competency and expectation for community behavioral health.

Suicide Care in Systems Framework was developed by the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention. Task Force co-chairs David Covington, vice president for Youth & Adult Services at Magellan of Arizona, and Mike Hogan, then commissioner of mental health for the state of New York, strongly believe that organizations and systems must work to make suicide a "never event" in programs and systems of care.

Read how David Covington and Mike Hogan describe the culture change that must be achieved.





http://www.zerosuicide.com



Contact Info



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www.dshs.state.tx.us/mhsa/suicide/Suicide-Prevention.aspX