

Austin / Travis County Plan for Suicide Prevention:

GUIDELINES FOR SUICIDE PREVENTION IN

AUSTIN / TRAVIS COUNTY, TEXAS

Prepared by the Austin Suicide Prevention Community Coalition and
Submitted to the Austin Mayor's Mental Health Task Force

July 20, 2005

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On average, more than 6 people die from suicide every day in Texas. Countless times that number attempt suicide or are debilitated by suicidal thoughts. The cost to our society is staggering. Yet there has been little comprehensive, coordinated local effort in Austin/Travis County directed to this enormous problem. This plan was developed by the Austin Suicide Prevention Coalition in order to bring focused attention to suicide as a preventable, public health and mental health problem. As a coalition, we challenge the Austin's Mayor's Mental Health Task Force and other key stakeholders in our community and state to collaborate with us to save lives. Since suicide is a multi-factorial problem, it will take all of us working together to make a difference.

From 2000-2004, Austin/Travis County had the highest overall suicide rate of major Texas metropolitan areas. More than 460 lives were lost to suicide in our area in the past five years. ⁽¹⁾

The local plan, based on the Texas State Plan for Suicide Prevention, ⁽²⁾ addresses suicide prevention with 11 goals and 39 objectives. Local goals follow the same outline as set forth by the U.S. Surgeon General in the "National Strategy for Suicide Prevention: Goals and Objectives for Action," published by the U.S. Department of Health and Human Services in May of 2001. ⁽³⁾ The goals are grouped into three component areas: Awareness, Intervention & Methodology.

A description of these components is included in the White Paper on Suicide Prevention for the Texas State Plan and also applies to the Austin/Travis County local plan:

"Awareness

This component involves raising public and professional awareness and support to understand suicide as a preventable public health problem. This includes education about protective and risk factors, dispelling myths surrounding suicide, and developing broad based support for collaborative prevention efforts. Additionally, efforts to reduce the stigma revolving around suicide and the associated mental health and substance abuse issues must be implemented.

"Intervention

Evidence based services and best practice programs for suicide prevention should be implemented at all levels and the necessary training and education for community-based implementation of these services should be provided. The barriers to receiving these and mental health and substance abuse services need to be addressed and eliminated.

"Methodology

There is a large void of information regarding the incidence and circumstances of suicidal behavior. While there are reasonable estimates of the number of suicide deaths, there is a dearth of information about the circumstances surrounding the suicide death or about suicide attempts and ideation. This is the information vital for prevention efforts. Mechanisms for systematic, statewide (and local) data collection need to be developed and implemented." ⁽⁴⁾

We encourage Austin and Travis County to follow the example of the National Strategy for Suicide Prevention published in May 2001, and the Texas State Plan for Suicide Prevention developed in 2002 with a local public/private effort. The importance of a comprehensive, community focus on suicide

prevention is referenced in the 2001-2002, 77th Texas Legislative House Interim Study on suicide prevention.⁽⁵⁾

The local plan requires a coordinated, community-wide response across disciplines and levels involving diverse groups of all age levels in both the public and private sectors of Austin and Travis County. Mental health and substance abuse issues must be interwoven with efforts in education, health care, social service, criminal justice, and faith-based professions among others. A comprehensive and coordinated response to this issue can save lives and reduce the tragedy of suicide for many.

Summary of Next Steps & Action Needed

This plan was presented to the Austin Mayor's Mental Health Task Force at a news conference on July 20, 2005, with a specific request that the Task Force take immediate action in three areas: 1- to work with the Austin Suicide Prevention Coalition and other key local and state stakeholders to establish an expert panel to study why Austin has had the highest rate of suicide of major Texas metropolitan areas for the past 4 years; 2- to work with our coalition to develop strategies and implement the local plan for suicide prevention and 3-to begin immediate work with key stakeholders to establish a timely surveillance and a best practice community response system for suicide attempts and completions

References:

(1) *Texas Mortality Statistics for Suicide (Self Inflicted Injuries by ICD-10 Codes)* are available on the World Wide Web at: <http://soupfin.tdh.state.tx.us/deathdoc.htm>

(2) *The Texas State Plan for Suicide Prevention* is available in the Appendix in "Coming Together to Care: A Suicide Prevention Toolkit for Texas Community Leaders," on the World Wide Web at: <http://www.mhatexas.org>

(3) *The National Strategy for Suicide Prevention: Goals and Objectives for Action* is available on the World Wide Web at: <http://www.mentalhealth.org/suicideprevention/strategy.asp>

(4) *The Texas White Paper on Suicide Prevention* is available in the Appendix in "Coming Together to Care: A Suicide Prevention Toolkit for Texas Community Leaders," on the World Wide Web at: <http://www.mhatexas.org>

(5) *The 2001-2002, 77th Texas Legislative House Human Services Interim Study on Suicide Prevention* is available on the World Wide Web at: <http://www.house.state.tx.us/committees/reports/77interim/welcome.htm>

Suicide Prevention Key National Resources:

American Foundation for Suicide Prevention
www.afsp.org

American Association of Suicidology
www.suicidology.org

Suicide Prevention Resource Center
www.sprc.org

Suicide Prevention Action Network
www.SPANUSA.org

In A Crisis:

* Austin Travis County Suicide Prevention Hotline to Help **(512) 472-HELP**
* **1-800-SUICIDE** * **1-800-273-TALK** or * **TTY 1-800-799-4TTY**

GUIDELINES FOR SUICIDE PREVENTION IN

AUSTIN / TRAVIS COUNTY, TEXAS

AWARENESS GOALS, OBJECTIVES

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 institutions that have made a commitment to public awareness

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

Objective 1.3. Increase the number of both public and private local 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.

Goal 2. Develop Broad-Based Support for Suicide Prevention

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

Objective 2.2. Encourage local, professional, voluntary and faith-based groups to integrate suicide prevention activities into their programs.

Goal 3. Collaborate with ATCMHMR and other local groups to 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 Austin, Travis County citizens who view mental and physical health as equal and inseparable components of overall health.

Objective 3.2. Increase the proportion of Austin, Travis County citizens who view mental health issues as 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.

Objective 4.2. Increase the proportion of news reports on suicides in Austin, Travis County

that observe consensus reporting recommendations.

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

INTERVENTION GOALS AND OBJECTIVES

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

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

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

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

Objective 5.4. Maintain the proportion of correctional institutions, jails and detention centers housing either adult or juvenile offenders with best practice based suicide prevention programs.

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

Objective 5.6. Increase the proportion of family, youth and community service providers and organizations with best practice based suicide prevention programs.

Objective 5.7. Promote training and technical assistance for suicide prevention programs utilizing best-practice guidelines.

Objective 5.8. Encourage an evaluation component to be included in all suicide prevention programs.

Objective 5.9. Improve and enhance best practices for suicide prevention programs that are community-based, linguistically appropriate, and culturally specific.

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

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

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.

Objective 6.3. Develop guidelines and provide training for health care professionals for safer dispensing of medications for individuals at heightened risk of suicide.

Goal 7. Promote Awareness of Suicide At-Risk Behavior and Availability of Treatment Guidelines.

Objective 7.1. Encourage awareness of existing best practices and guidelines for 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.

Objective 7.2. Increase the number programs that train support personnel which include how to identify suicide risk factors, ideation, behaviors and appropriate referral strategies. These positions 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.

Objective 7.3. Develop suicide prevention awareness material and conduct training for community self-help groups.

Goal 8. Develop and Promote Effective Clinical and Professional Practices

Objective 8.1. Encourage an appropriate Mental Health Follow-Up Plan with the proportion of patients who are treated for self-destructive behavior in hospital emergency departments.

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

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

Objective 9.2. Facilitate the inclusion of mental health, substance abuse, and suicide prevention services in Austin, Travis County, Texas health and/or social services outreach programs for at-risk populations.

Objective 9.3. Promote community linkages and guidelines for substance abuse treatment services, mental health screening and referral of students in public and private schools and colleges.

Objective 9.4. Promote the incorporation of suicide prevention, mental health and substance abuse assessment and management strategies in school-based clinics.

Objective 9.5. Promote the establishment of guidelines for mental health assessment and treatment of suicidal adults and juveniles who are incarcerated.

Objective 9.6. Promote guidelines for effective comprehensive support programs for suicide survivors.

Objective 9.7. Promote the establishment and continuity of quality care/utilization management guidelines for effective response to suicidal risk or behavior.

Objective 9.8. Promote stronger links between crisis centers and mental health and substance abuse services, as well as certification of crisis centers in Austin, Travis County, Texas by the American Association of Suicidology.

METHODOLOGY: GOALS, and OBJECTIVES

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

Objective 10.1. Develop a suicide research agenda to support local community needs and local community researchers.

Goal 11. Improve and Expand Surveillance Systems.

Objective 11.1. Develop standardized protocols to detect and respond to suicide attempts and deaths to support best practice prevention and postvention and implement these protocols in Austin/Travis County.

Objective 11.2. Convene an expert panel to develop and make implementation recommendations for detecting and responding to possible suicide clusters to minimize contagion.

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 including all attempts.

Contact Information and Contributors

For more information on the Austin Suicide Prevention Coalition or the Central Texas Chapter of the American Foundation of Suicide Prevention and a schedule for meetings, please contact **Elizabeth Roebuck**, nroebuck@ix.netcom.com 512-249-2317.

For more information on the Austin Suicide Prevention Plan, the Texas State Suicide Prevention Plan and other suicide prevention coalitions across the state, contact **Merily H. Keller** mhkeller@onr.com 512-327-8689.

*Note: Membership in the coalition or contribution to the plan does not imply that the individual is representing their agency or organization or imply agreement or endorsement of the plan by the respective agencies or organizations. * = individual who is the “survivor” of the loss of a loved one to suicide.*

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The Coalition gratefully acknowledges briefings which helped give needed background for the plan on AISD Crisis Services from Dianna Groves and Charlotte Winkelmann, AISD, and briefings on the Austin Police Department and Travis County Sheriff's Department Mental Health Officer's Procedures from Brent Kelly, APD; Dolores Laparte-Litton, APD Victim Services, and Chris Myer, Travis County Sheriff's Department.

Austin / Travis Plan for Suicide Prevention Statistics from

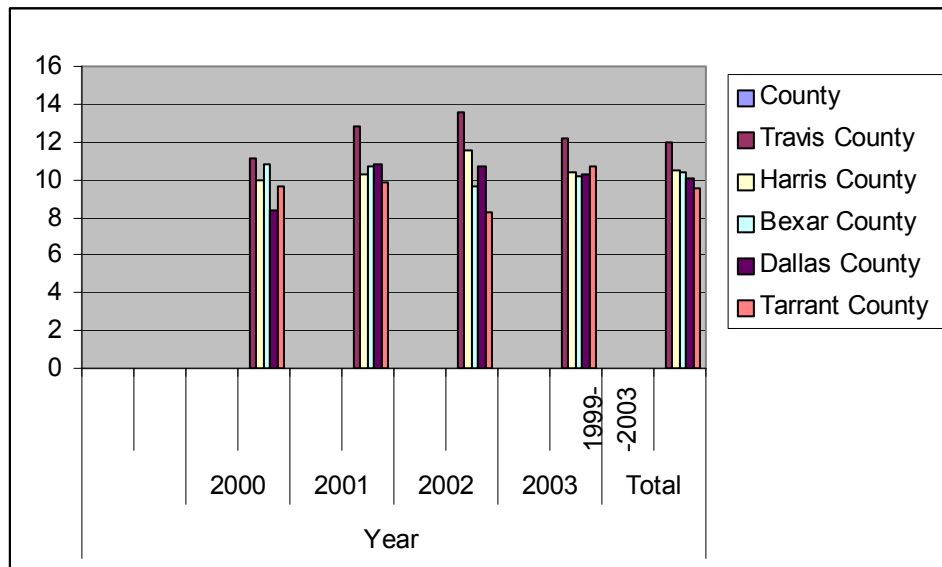
DSHS Texas Health Data Death Tables from <http://soupfin.tdh.state.tx.us/cgi-bin/death10a>

Travis County has had the highest rate of suicide for major Texas metropolitan areas since 2000.

ICD-10 Death Statistics for the State of Texas												
Intentional Self-Harm (Suicide) (X60-X84, Y87.0)												
	Year											
	1999		2000		2001		2002		2003		Total 1999--2003	
County	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Travis County	71	9.8	89	11.1	102	12.8	110	13.6	92	12.2	464	12.0
Harris County	307	10.1	322	10.0	334	10.3	387	11.6	348	10.4	1,698	10.5
Bexar County	139	10.8	146	10.8	147	10.7	137	9.6	146	10.2	715	10.4
Dallas County	205	10.7	178	8.4	224	10.8	230	10.7	217	10.3	1,054	10.1
Tarrant County	118	9.0	135	9.6	143	9.9	121	8.3	166	10.7	683	9.5
Total for Selection	840	10.1	870	9.8	950	10.6	985	10.7	969	10.5	4,614	10.3
Texas	2,002	10.5	2,093	10.4	2,214	10.8	2,304	11.0	2,355	11.0	10,968	10.8
	Rotate						Download					
Footnote	Rates Per 100,000 @@ indicates numerator too small for rate calculation Age Adjustment Uses 2000 Standard Population											

Death Rates by Suicide for Major Metropolitan Areas in Texas

(# of deaths per 100,000 people) Travis County has the highest rate for all 4 years



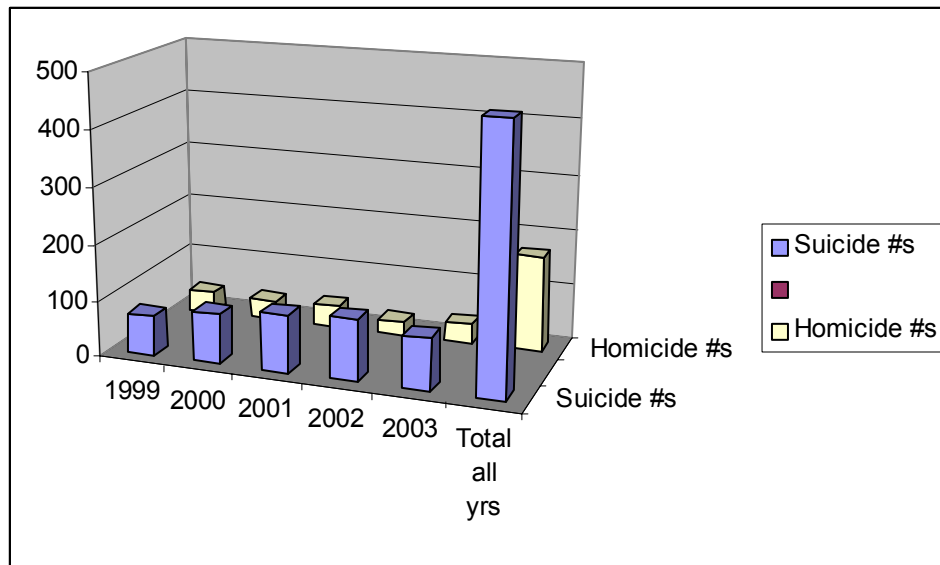
Austin / Travis Plan for Suicide Prevention Statistics from

DSHS Texas Health Data Death Tables from <http://soupon.tdh.state.tx.us/cgi-bin/death10a>

**ICD-10 Death Statistics for Travis County
Comparing Total # And Rates of Suicide
to Total # And Rates of Homicide Over a Five Year Period Indicate
2 to 3 Times As Many Suicides As Homicides**

ICD-10 Death Statistics for Travis County				
Cause of Death				
	<u>Intentional Self-Harm (Suicide) (X60-X84, Y87.0)</u>		<u>Assault (Homicide) (X85-Y09, Y87.1)</u>	
Year	Number	Rate	Number	Rate
1999	71	9.8	38	4.9
2000	89	11.1	36	4.0
2001	102	12.8	39	4.3
2002	110	13.6	24	2.7
2003	92	12.2	34	3.6
1999&2000&2001&2002&2003	464	12.0	171	3.9
Footnote	Rates Per 100,000 @@ indicates numerator too small for rate calculation Age Adjustment Uses 2000 Standard Population			

Travis County Total # of Suicides Compared to Total # of Homicides



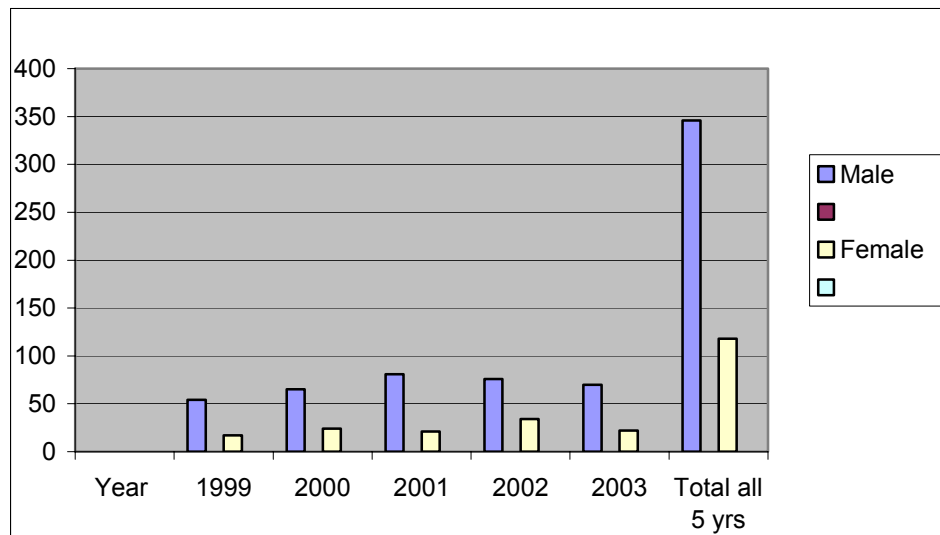
Austin / Travis Plan for Suicide Prevention Statistics from

DSHS Texas Health Data Death Tables from <http://soupon.tdh.state.tx.us/cgi-bin/death10a>

ICD-10 Death Statistics for Travis County Confirm the National Trend That Indicate Males Die by Suicide 3 Times More Often Than Females

ICD-10 Death Statistics for Travis County						
Intentional Self-Harm (Suicide) (X60-X84, Y87.0)						
Sex						
	Male		Female		Both Sexes	
Year	#	Rate	#	Rate	Number	Rate
1999	54	15.2	17	@.@	71	9.8
2000	65	15.9	24	6.3	89	11.1
2001	81	20.8	21	5.3	102	12.8
2002	76	19.0	34	8.4	110	13.6
2003	70	18.5	22	6.0	92	12.2
Total all 5 yrs	346	18.0	118	6.2	464	12.0
Download						
Footnote	Rates Per 100,000 @.@ indicates numerator too small for rate calculation Age Adjustment Uses 2000 Standard Population					

Travis County Suicides By Gender for 1999-2003



Austin / Travis Plan for Suicide Prevention Statistics from

DSHS Texas Health Data Death Tables from <http://soupfin.tdh.state.tx.us/cgi-bin/death10a>

ICD-10 Death Statistics for Travis County by Age Range												
<u>Intentional Self-Harm (Suicide) (X60-X84, Y87.0)</u>												
Year												
	1999		2000		2001		2002		2003		1999&2000&2001&2002&2003	
Age	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	Total #	Rate
Under 1	0	@.@	0	@.@	0	@.@	0	@.@	0	@.@	0	@.@
1 to 4	0	@.@	0	@.@	0	@.@	0	@.@	0	@.@	0	@.@
5 to 14	1	@.@	1	@.@	1	@.@	0	@.@	1	@.@	4	@.@
15 to 24	14	10.9	16	10.7	18	12.0	13	8.8	12	8.3	73	10.1
25 to 34	14	10.6	25	15.5	16	9.6	26	15.4	14	8.0	95	11.8
35 to 44	20	17.6	14	10.3	28	20.3	23	16.7	14	10.0	99	14.9
45 to 54	16	18.8	17	17.0	23	21.8	23	21.4	23	20.6	102	20.0
55 to 64	2	@.@	6	12.4	3	@.@	14	25.7	10	16.6	35	13.5
65 to 74	2	@.@	5	16.7	7	23.0	8	26.2	11	35.4	33	21.7
75 and over	2	@.@	5	20.0	6	23.5	3	@.@	7	27.0	23	18.4
All Ages	71	9.8	89	11.1	102	12.8	110	13.6	92	12.2	464	12.0
Rotate						Download						
Footnote	Rates Per 100,000 Rates for "All Ages" are Age Adjusted. Others are age group specific @.@ indicates numerator too small for rate calculation Age Adjustment Uses 2000 Standard Population											

