

**Part 1: What You Need to Know
About Suicide Deaths in Texas**

Chapter 1

An Overview of Suicide in Texas

“In order to effectively address a threat to the health and well-being of a community, there must first be an in-depth understanding of that threat. Self-harm injuries and suicide deaths are the multi-faceted results of a series of events. Each person who hurts herself, each person who kills himself is a product of human biology and the physical and cultural environments in which that individual lives. Collection of detailed local data over time can provide the epidemiologist with a clearer picture of what types of prevention and intervention efforts will be successful in reducing the suicide rates for that community.”

*Sharon M. Derrick, PhD
Medical Anthropologist/Epidemiologist, Houston*

Suicide as a Preventable Public Health Problem

*“Suicide is a national problem... Suicide prevention is a national priority.”
Senate Resolution #84 and House Resolution #212,
unanimously passed during the 105th Congress*

In 1999, *The Surgeon General’s Call To Action To Prevent Suicide* identified suicide as a serious public health problem in the United States. In that year in Texas, suicide claimed the lives of 2,002 people. In 2003, the most recent year for which statistics are available, 2,355 Texans died as a result of suicide—more than a 15 percent increase over the number reported just five years earlier. 2,355 deaths by suicide: That’s more than the 1,519 homicides that occurred in Texas in 2003 and significantly more than the 1,007 Texans who died from HIV that year. Suicide in Texas is a serious public health concern—and one that might be addressed successfully through a coordinated and comprehensive approach aimed at prevention.

Suicide is a leading cause of death that carries a huge social cost, yet because of complex issues such as the stigma associated with mental illness and the lack of adequate research and surveillance dedicated to suicide, it is seldom recognized as a significant public health problem. But consider the toll it is taking on our state:

- Suicide is the 10th leading cause of death for Texans and the third leading cause of death among youth ages fifteen to twenty-four.
- In 2003, on average, slightly more than six Texans died from suicide each day.
- Regardless of age, males were more likely to die because of suicide than females. In fact, in 2003, 1,851 males and 504 females died of suicide in Texas.
- Suicide rates are highest among Texans seventy years and older. The highest reported suicide rate was among the seventy-five plus age cohort, which reported a rate of 17.4 per 100,000 in 2003.

- Among women, the highest suicide rate occurred among those in the age group of 45-54. The suicide rate for this group was 9.2 per 100,000 women.
- Adolescents are a particularly vulnerable group. In 2003, 348 adolescents ages fifteen to twenty-four died as a result of suicide. Of these, 276 were boys and seventy-two were girls.

Hope for Prevention

We find among adolescents both a very high risk for suicide and a source of hope for preventing suicide. The Centers for Disease Control (CDC) recently reported a twenty-five percent drop in the suicide rate among American children and teens between 1992 and 2001. While the CDC did not report a reason for these changes, it may be instructive to note that the drop reflected a dramatic decrease in the rate of gun suicides, perhaps indicating that education about the need to restrict children's access to firearms might be helping to prevent some suicides in this group. And while the overall suicide rate dropped among children and teens, it must also be pointed out the number of suicides by hanging or other forms of suffocation actually rose among young people in that decade. So while the report indicates that suicide is preventable, it also points to the complexity of the problem.

There is much to be learned about suicide prevention. Suicide has many different causes that involve biological, psychological, social, and environmental factors. Because suicide is complex, there is a need to address it utilizing a multidisciplinary approach that draws on expertise in not only public health, but also mental health, substance abuse, aging, and many other areas.

The Public Health Model for Suicide Prevention

Public health refers to society's organized and coordinated efforts to prevent health problems. According to the Suicide Prevention Resource Center, a public health approach to prevention involves five steps:

1. Define the problem.
2. Identify the causes.
3. Determine methods of intervention.
4. Implement the methods.
5. Evaluate the effectiveness of the approach.

This type of well-coordinated, comprehensive response to suicide has been absent in Texas. Legislation regarding suicide prevention has traditionally targeted a narrow population, schoolchildren, and from a limited perspective. While this is necessary and laudable, an effective statewide plan requires greater scope. The Texas State Plan for Suicide Prevention endeavors to bring this larger perspective to the issue, as described in the following material.

A more detailed discussion of the need for a public health approach to suicide prevention can be found in the white paper on suicide prevention that is included in Appendix A of this toolkit.

The Texas State Plan for Suicide Prevention

In 2001, a multidisciplinary coalition developed a statewide suicide prevention plan for Texas based on the national strategy for suicide prevention that was initiated by the US Surgeon General in 1999. The Texas Suicide Prevention Plan focuses on three primary areas identified by the Surgeon General's Call To Action:

- Awareness - broadening the public's awareness of suicide and its risk factors;
- Intervention – enhancing services and programs; and
- Methodology – advancing the science of suicide prevention.

The specific goals of the plan are to:

1. Promote awareness that suicide is a public health problem and that it is preventable.
2. Develop broad-based support for suicide prevention
3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.
4. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.
5. Develop and implement community-based suicide prevention programs.
6. Promote efforts to enhance safety measures for those at risk of suicide.
7. Implement training for recognition of at-risk behavior and delivery of effective treatment.
8. Develop and promote effective clinical and professional practices.
9. Increase access to and community linkages with mental health and substance abuse services.
10. Promote and support research on suicide and suicide prevention.
11. Improve and expand surveillance systems.

A complete copy of the plan can be found in the Appendices section of this toolkit and at <http://health.groups.yahoo.com/group/TxSuicidePreventiongroup/files/>.

Sources:

“Public Health Approach to Suicide Prevention,” Suicide Prevention Resource Center. <http://www.sprc.org>

The Surgeon General's Call To Action To Prevent Suicide, 1999.
<http://www.surgeongeneral.gov/library/calltoaction/default.htm>

The Texas Department of Health, Bureau of Vital Statistics, 2002. *Death Tables* [Data file].
<http://www.tdh.state.tx.us/chs/vstat/latest/t18.htm>

Texas Youth Risk Behavior Surveillance System (YRBSS), 2005.

US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS, 2001. <http://www.cdc.gov/ncipc/wisqars>

A Brief History of Suicide Prevention Efforts in Texas

2001–2003: Toward a State Plan for Suicide Prevention

In 2001, in response to *The Surgeon General's Call To Action To Prevent Suicide* and the *National Strategy for Suicide Prevention*, the Texas Department of Health and the Governor's Emergency and Trauma Council organized an open Texas Suicide Prevention Forum. More than 100 people participated in this grassroots effort. Their suggestions led to the formation of a steering committee of twenty-five volunteers representing both the public and private sectors in Texas. The committee's mission was to draft a proposal for reducing the risk for suicide in Texas and increasing protective factors across the lifespan. After dividing into working sub-committees to develop strategies for Texas in the areas of suicide awareness, intervention, and methodology, and soliciting community input from throughout the state, the group released a proposal addressing suicide from a public health perspective. Closely following the US Surgeon General's *National Strategy for Suicide Prevention*, the *Texas State Plan for Suicide Prevention* was completed in the summer of 2003. A complete copy of the plan can be found in the Appendices section of this toolkit and is posted at MHA Texas.org and will be posted in 2007 under the Texas Suicide Prevention.org website.

Meanwhile, the Texas House Human Services Interim Committee was charged in 2001 by the Speaker of the House to study the issue of suicide prevention in Texas. The committee spent the summer and fall creating a report for the upcoming legislative session recommending the establishment of a Suicide Prevention Council. A bill was drafted, and although it did not reach the floor for a vote during the 2003 session, it served to raise awareness among the members of the state legislature of the need for suicide prevention.

2003: The Texas Suicide Prevention Community Network of Locally Based Suicide Prevention Coalitions

In August, 2003, the steering committee that published the Texas State Plan for Suicide Prevention met to dissolve itself, having accomplished the work with which it was charged. In the fall of 2003, after a series of community listening sessions, ten Texas communities organized to the Texas Suicide Prevention Community Network. The initial goals of the network were to prevent needless suicides by accomplishing the following tasks:

- Create, support, and empower suicide prevention coalitions in communities, counties, and regions throughout Texas.
- Advance educational efforts in suicide prevention through local and statewide change.
- Implement community-based priorities based on the Texas Suicide Prevention Plan.
- Enlist the support of local groups, associations, and businesses in suicide prevention.
- Support state agency and legislative action for suicide prevention.

The ten communities that initially organized the network are Austin, Burnet County, Dallas, Fort Worth, Fredericksburg, Houston, Longview, San Antonio, Victoria, and Wichita Falls. Some of these coalitions are being redeveloped and new ones have emerged. .

2004: The Texas Suicide Prevention Partnership of Statewide Groups & Organizations

In 2004, the Texas Suicide Prevention Partnership was established to partner with established groups in Texas that have constituencies who deliver services or who can partner with each other to carry out a suicide prevention program in the state. This organization has become a subgroup of the Mental Health Work Group of the Texas Strategic Health Partnership. An Interim Executive Committee met in 2004 to continue the development of this partnership.

As the partnership described itself, The Texas Suicide Prevention Partnership exists to create and support prevention activities and services in Texas based on the Surgeon General's National Strategy for Suicide Prevention and the Texas Suicide Prevention Plan. It is composed of groups in Texas with statewide constituencies (Partners) who agree to support one or more of the Goals and Strategies of the State Suicide Prevention Plan.

2005-2006: The Texas Suicide Prevention Council Formed As Oversight Group With Members From Network & Partnership

SUICIDE PREVENTION IN TEXAS:

Overview Of The Collaborative Organization To Implement the Texas Suicide Prevention Plan

Guiding Principle: All groups will be responsible to **the Texas Suicide Prevention Plan**, a Plan that was developed for the people of Texas and belongs to the people of Texas.

Suicide Prevention Council

PURPOSE: To administer and exercise executive function for this whole system. It will plan, market and administer an annual Suicide Prevention Conference that will be an awareness and training tool and will be the meeting place for representatives from the Partnership and the Community Network to conduct annual organizational business. A system of resources for Partners and Community Coalitions to create and sustain quality activities related to Suicide Prevention in Texas will be developed.

Texas Suicide Prevention Community Network

PURPOSE: *To support Coalitions, start new ones, advocate for state plan, interface with the media and coordinate activity in communities and interface/communicate local community needs to Partnership including state agency partners.*

Texas Suicide Prevention Partnership

PURPOSE: *To develop suicide prevention programs with constituents of Partners, to interface with and support other Partners and the Community Network.*

Below is the collaborative organizational model for implementing the Texas State Plan for Suicide Prevention. **This model, and steps to formalize it under Texas Suicide Prevention Council, were discussed and voted on by participating organizations in a meeting in Austin on August 19th, 2005.** In addition, a fiscal agent agreement was formalized with an existing

501(c)(3) to provide for a process for sustainability. The Council was selected by the Steward Committees of the Network and Partnership. It was organized with representatives from the Community Network in the majority to keep the focus of suicide prevention on supporting Texas community implementation of the Texas State Plan for Suicide Prevention. As is stated in the introduction to the State Plan,

"The key underlying idea of the Plan is that it is intended to be community-based. Agencies, organizations, businesses, educators, health providers and individuals acting in a coordinated effort are most capable of assessing community needs regarding suicide prevention and implementing the necessary interventions at a local level..."

Texas Suicide Prevention Community Network

Contacts are listed in Toolkit introduction, p.13. Quarterly meetings in person or by conference phone call.

1. Austin/Travis County Suicide Prevention Coalition
2. Highland Lakes (Marble Falls/ Burnet County/Llano) Suicide Prevention Coalition
3. Dallas-Area Suicide Prevention Coalition
4. Houston/Harris County Suicide Prevention Coalition
5. San Antonio/Bexar County Suicide Prevention Coalition
6. Southeast Texas (Beaumont) Suicide Prevention Coalition
7. Tarrant County (Fort Worth) Suicide Prevention Coalition
8. Heart of Texas (Waco/Temple) Suicide Prevention Coalition
9. Hill Country (Fredericksburg/Kerrville) Suicide Prevention Coalition
10. In addition, there are emerging coalitions in other areas of the state which are being supported by representatives of existing coalitions

Texas Suicide Prevention Partnership

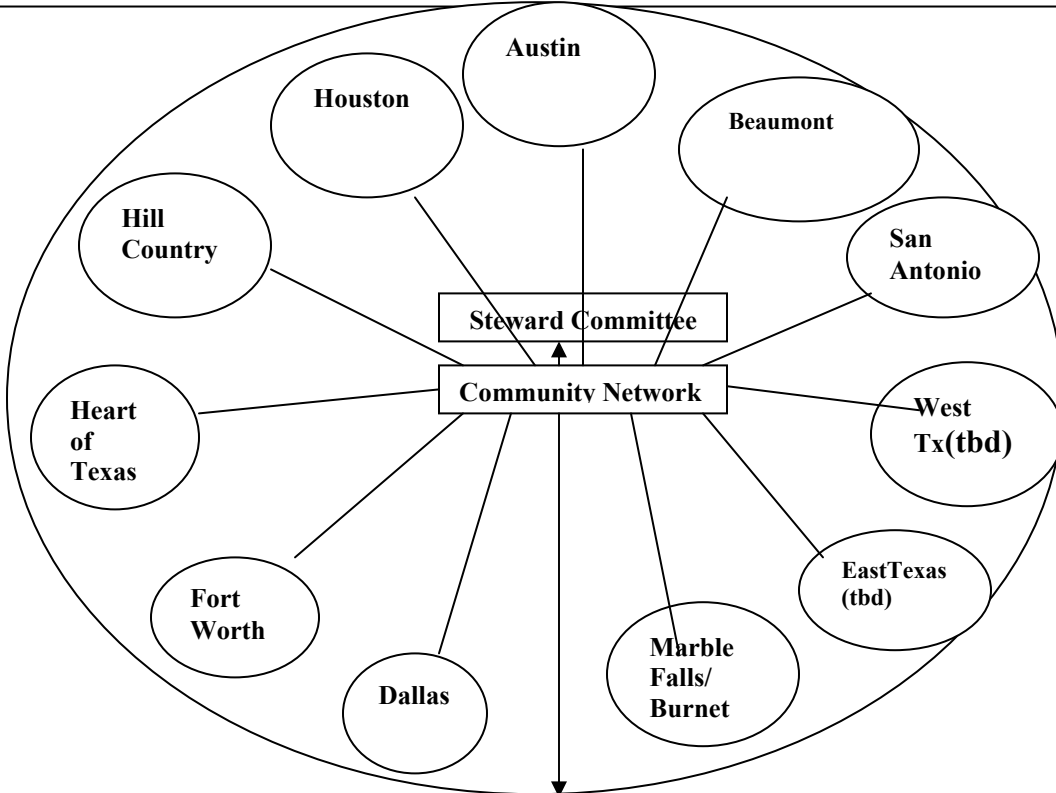
Contacts are listed in Toolkit introduction, p. 11.

Meetings are quarterly in person or by conference phone call.

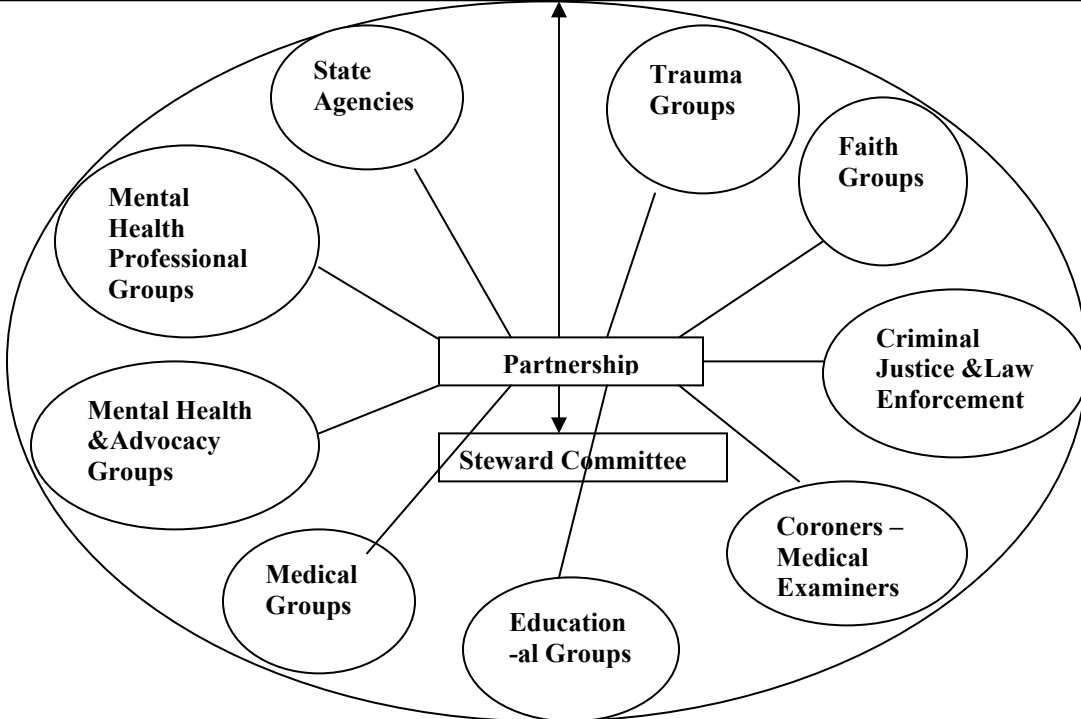
1. Advocacy, Inc.
2. Texas Department of State Health Services
3. Depression Bipolar Support Alliance -Texas
4. Governor's EMS & Trauma Advisory Council
5. Jason Foundation
6. Mental Health Association in Texas
7. National Alliance on Mental Illness -- Texas
8. National Association of Social Workers -Texas
9. Texas Association for Marriage and Family Therapists
10. Texas Council of Community MHMR Centers
11. Texas Department of Family and Protective Services
12. Texas Juvenile Probation Commission
13. Texas Parent Teachers Association
14. Texas Psychological Association

TEXAS SUICIDE PREVENTION PLAN

Texas Suicide Prevention Community Network (of local coalitions-more are being added)



TEXAS SUICIDE PREVENTION COUNCIL – Membership: 2/3 Network; 1/3 Partnership



Texas Suicide Prevention Partnership (of statewide groups)

State Suicide Statistics from the Texas Department of State Health Services & the U.S. Centers for Disease Control and Prevention

The United States loses over 30,000 citizens per year to death by suicide. Suicide has become the third leading cause of all deaths nationally in the 10-24 year old age group. The State of Texas lost 10,968 residents to suicide in the five year period from 1999-2003.

Injury and death caused by intentional self-harm constitute a significant and highly preventable threat to the public health that has not historically received complete and accurate representation in published data sets. Epidemiologists and other professionals who conduct injury research are currently working to improve the quality of suicide and suicide attempt data-gathering methods in order to provide a clearer picture of intentional self-harm and the risk factors associated with it. The less than complete figures available at this time point to suicide as a major health problem in the United States where it is the eleventh leading cause of death, and world-wide where it is the thirteenth leading cause of death.

United States

In order to grasp the sheer size of the suicide problem in the United States, picture a Major League Baseball (MLB) game where the stadium is nearly full. The average attendance for an MLB game in 2004 was 31,112 baseball fans. In 2001, 30,622 people died by suicide in the United States. In 2002, 132,353 people were hospitalized following suicide attempts and 116,639 more were treated in emergency rooms and released. That hospitalization figure is more than eight times the number of people present in the stadium at an average MLB game. Picture at least nine stadiums full of baseball fans for an illustration of the number of people who attempt or die by suicide each year in the United States alone.

Suicide is the eighth leading cause of death for men in the United States and male Americans are four times more likely than female Americans to die by suicide. White males are particularly at risk, with a suicide rate of 19.5 per 100,000 population in the year 2002. However, American women are three times more likely than men to attempt suicide, often resulting in debilitating or disabling injuries. Adolescents, young adults, and the elderly are age groups that appear to be at high risk for suicidal behavior. Suicide is the third leading cause of death nationally for young people from 10 to 24 years of age, and in 2001, 5393 Americans over the age of 65 died by suicide. Discharge of a firearm is the leading cause of death by suicide in these age groups, but among youth 10 to 14 years, suffocation has surpassed gunshot wounds as the most common method.

The American military has recognized that active-duty soldiers and veterans are also categories of U.S. citizens who are at risk for suicide. In fact, suicide is one of the three leading causes of death in the Army with a yearly rate of 10.0-11.0 per 100,000 soldiers. There were 24 certified suicides among active-duty personnel during Operation Iraqi Freedom, bringing the current military suicide rate to 17.3 per 100,000, and data is still being collected for military suicides since then.

Texas

The state of Texas, due to a large resident population, contributes a considerable amount of data to the national figures. In fact, Texas contains a number of counties where the suicide rate is at or above the national 90th percentile rank, and suicide ranks in the top ten causes of injury death for all ages in Texas (Figure 1, Table 1). Suicide by discharge of firearm is the most common cause of injury death for Texans overall, the second most common cause of injury death for Texans 45-74 years of age while the highest rate for this type of death is found among the elderly who are over 74 years of age (Table 3 & Figure 5). Furthermore, suffocation suicides are the most common cause of injury death for preteens and adolescents 10-14 years of age (Table 3, Figure 5 & Figure 6). Overall, the suicide rate in Texas has increased from 10.5 in 1999 to 11.0 in 2003 (Table 1, Figure 2) and there were 10,968 suicide deaths during that five year period (Table 1).

The raw number of suicide deaths in each Texas county during 2003 is presented in Table 5. Due to disparities in population sizes, these numbers must be converted to county-specific rates in order to discern the actual incidence of suicide deaths for these areas. However, there were 969 suicide deaths recorded in the counties containing the largest metropolitan areas (Bexar, Dallas, Harris, Tarrant, and Travis) during 2003. In Harris County, the number of suicide deaths in 2003 was larger than the number of homicide deaths.

Increasing Knowledge

Numbers 18-1 and 18-2 of the 2010 National Health Objectives call for a reduction in the overall suicide rate and in the number of suicide attempts by adolescents. Current data sets support the need for these reductions and provide insight into categories of people who may be at risk for self-harm or death by suicide. More sophisticated data-gathering efforts that include a real estimate of the number of suicide attempts that occur each year and the proximate circumstances surrounding self-harm are necessary to uncover the full picture of suicide in our nation. We do have some data from the Youth Risk Behavioral Surveillance Survey (YRBS) which indicates that Texas youth suicide attempts are increasing. Texas YRBS data for 2005 compared with data from 2001 indicates that in 2005 more Texas youth felt sad and hopeless, more Texas youth actually attempted suicide and more Texas youth surveyed had an attempt that necessitated treatment by a doctor or nurse. This does not follow national trends. In fact, more Texan youth surveyed attempted suicide with a rate of (9.4) compared to the overall U.S. rate of youth attempts of (8.4) in 2005. (Table 4) The following map, charts, and tables illustrate the depth of suicidality in Texas and the patterns that suicide deaths take across demographic categories of people.

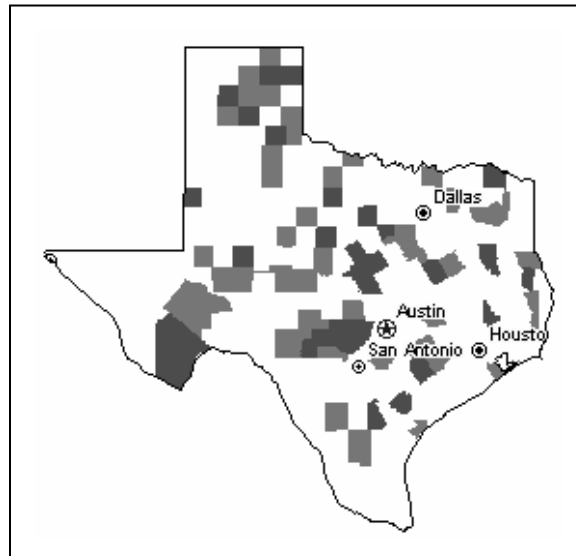
Table 1.

Suicide Deaths in Texas – 1999-2003. ICD10 data provided by the Texas Department of State Health Services
 (Rates are per 100,000 people. All categories are age group specific, except for totals, which are age adjusted.)

Age	Year											
	1999		2000		2001		2002		2003		1999-2003	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
5 to 14	23	0.7	33	1	28	0.8	24	0.7	23	0.7	131	0.8
15 to 24	287	9.2	346	10.9	321	9.8	322	9.6	348	10.2	1,624	10
25 to 34	363	12.4	371	11.7	380	11.8	401	12.2	370	11.1	1,885	11.8
35 to 44	457	14.4	456	13.7	483	14.4	530	15.7	504	15	2,430	14.7
45 to 54	349	14.4	397	15.2	428	15.6	435	15.4	526	18.1	2,135	15.8
55 to 64	179	11.8	188	11.8	225	13.6	242	13.7	253	13.5	1,087	12.9
65 to 74	171	15.7	135	11.8	157	13.6	164	14	158	13.3	785	13.7
75 and over	173	18.9	167	18	191	20.1	183	18.9	172	17.4	886	18.6
All Ages	2,002	10.5	2,093	10.4	2,214	10.8	2,304	11	2,355	11	10,968	10.8

Figure 1.

Map Data is from 1989-1998, Centers for Disease Control and Prevention Injury Mapping Web Page



Legend

- Rate is at or above the national 90th percentile per 100,00 people
- Rate is at or above the national 75th percentile per 100,000 people but less than the 90th
- Rate is less than the national 75th percentile per 100,000 people

Figure 2.
Suicide Death Rates in the State of Texas – 1999-2003
 Data from Texas Department of State Health Services.

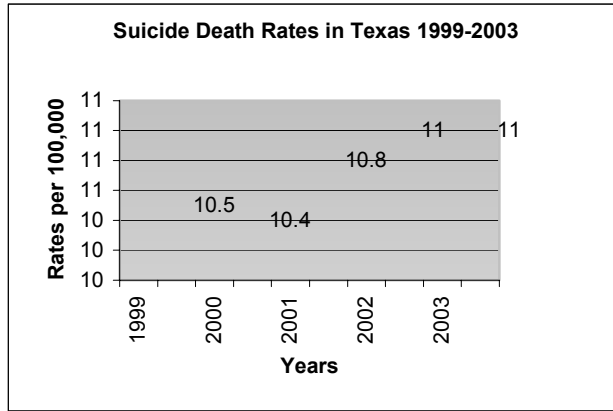


Figure 3.
 Suicide Death Rates in the State of Texas – 1999-2003
 By Age Category (ICD10 data provided by the Texas Department of State Health Services)

Note: Data indicates peaks in rates at certain age categories (teen years, middle age, and the elderly with the highest rates).

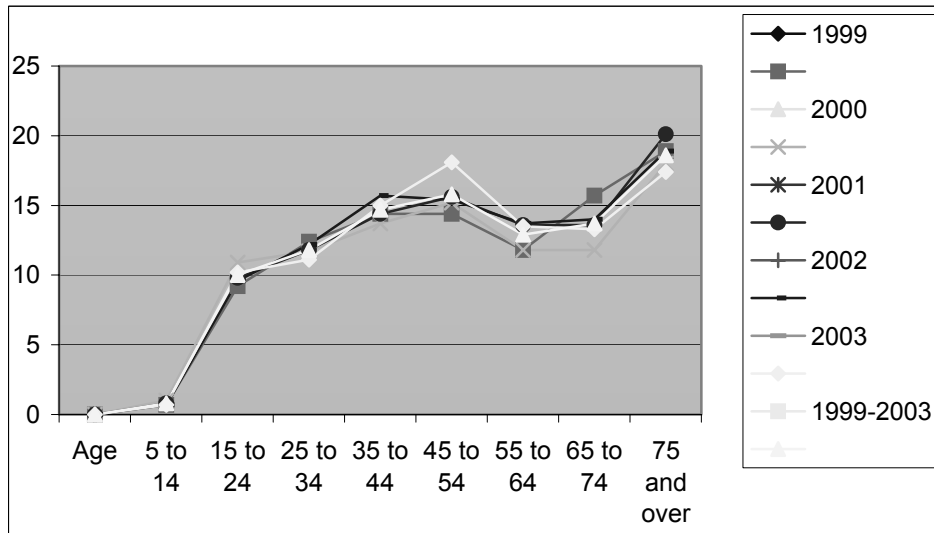


Table 2.

10 Leading Causes of Death by Age Group in Texas for 2003 All Races, Both Sexes

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Produced By: WISQARS Program, Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 567	Unintentional Injury 192	Unintentional Injury 120	Unintentional Injury 139	Unintentional Injury 611	Unintentional Injury 773	Unintentional Injury 1,106	Unintentional Injury 1,392	Malignant Neoplasms 3,425	Malignant Neoplasms 6,235	Heart Disease 32,865	Heart Disease 41,779
2	Short Gestation 396	Congenital Anomalies 54	Malignant Neoplasms 46	Malignant Neoplasms 49	Suicide 161	Homicide 263	Suicide 374	Malignant Neoplasms 1,090	Heart Disease 2,773	Heart Disease 4,651	Malignant Neoplasms 22,524	Malignant Neoplasms 33,867
3	SIDS 205	Homicide 48	Homicide 18	Suicide 24	Homicide 143	Suicide 187	Homicide 369	Heart Disease 1,050	Unintentional Injury 1,212	Diabetes Mellitus 950	Cerebro-vascular 8,735	Cerebro-vascular 10,303
4	Maternal Pregnancy Comp. 138	Malignant Neoplasms 43	Congenital Anomalies 17	Homicide 22	Malignant Neoplasms 69	Malignant Neoplasms 80	Malignant Neoplasms 302	Suicide 506	Liver Disease 659	Chronic Low. Respiratory Disease 783	Chronic Low. Respiratory Disease 6,441	Unintentional Injury 8,425
5	Placenta Cord Membranes 106	Heart Disease 19	Influenza & Pneumonia 10	Chronic Low. Respiratory Disease 13	Heart Disease 40	Heart Disease 59	Heart Disease 277	HIV 430	Suicide 528	Cerebro-vascular 769	Diabetes Mellitus 3,993	Chronic Low. Respiratory Disease 7,567
6	Respiratory Distress 78	Influenza & Pneumonia 15	Heart Disease 8	Congenital Anomalies 12	Congenital Anomalies 21	Congenital Anomalies 17	HIV 149	Homicide 281	Cerebro-vascular 484	Unintentional Injury 707	Alzheimer's Disease 3,973	Diabetes Mellitus 5,668
7	Unintentional Injury 66	Benign Neoplasms 8	Septicemia 8	Heart Disease 12	Influenza & Pneumonia 8	HIV 17	Cerebro-vascular 62	Liver Disease 262	Diabetes Mellitus 480	Liver Disease 506	Influenza & Pneumonia 3,061	Alzheimer's Disease 4,015
8	Atelectasis 60	Chronic Low. Respiratory Disease 7	Cerebro-vascular 3	Influenza & Pneumonia 9	Cerebro-vascular 7	Influenza & Pneumonia 17	Diabetes Mellitus 59	Cerebro-vascular 212	HIV 287	Nephritis 285	Nephritis 2,103	Influenza & Pneumonia 3,613
9	Bacterial Sepsis 60	Perinatal Period 7	Chronic Low. Respiratory Disease 3	Cerebro-vascular 6	Septicemia 7	Cerebro-vascular 13	Influenza & Pneumonia 36	Diabetes Mellitus 173	Chronic Low. Respiratory Disease 231	Septicemia 261	Unintentional Injury 2,088	Nephritis 2,678
10	Neonatal Hemorrhage 55	Septicemia 6	Two Tied 2	Benign Neoplasms 4	Three Tied 4	Complicated Pregnancy 12	Liver Disease 32	Viral Hepatitis 91	Viral Hepatitis 192	Suicide 252	Septicemia 1,682	Suicide 2,363

Figure 4.

Suicide Death Rates by Gender in Texas – 1999-2003

ICD10 data provided by the Texas Department of State Health Services

Note: In Texas and nationally, Males die by suicide 4 times as often as females (see rates of 17.8 vs. 4.4 for five year period.) Females attempt suicide more often than males.

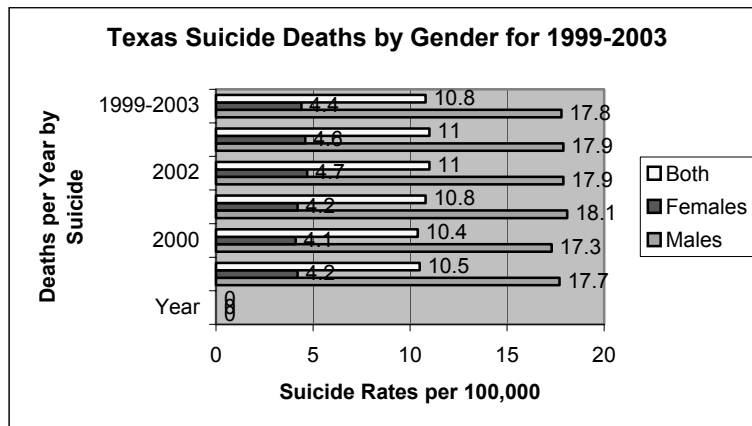


Figure 5.

**Cause of Suicide Deaths by Self-Inflicted Means Categories
For Texans in 2003 (All Ages, Both Sexes)**

DATA SOURCE for Figure 4 & 5: National Center for Health Statistics National Vital Statistics System using WISQARS.
WISQARS is produced by the Office of Statistics and Programming, NCIPC, CDC.

Means of Suicide Death for All Ages in 2003

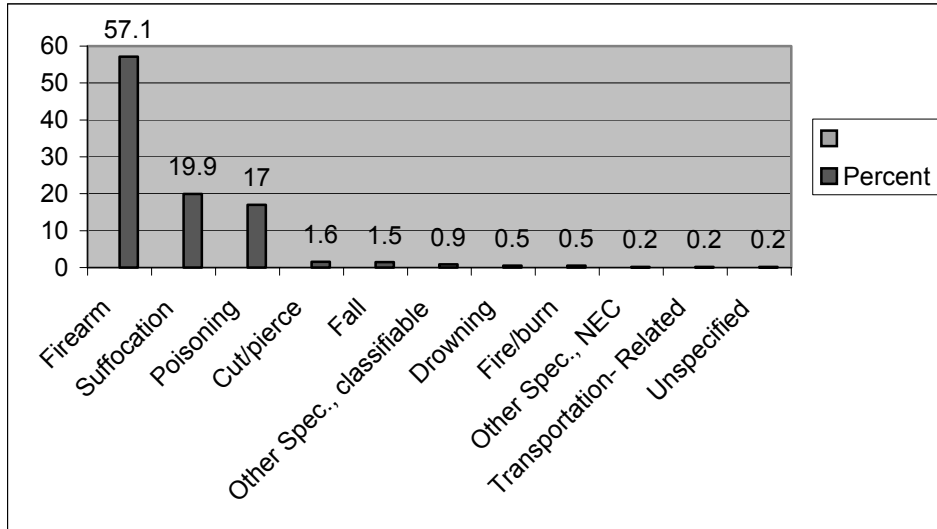
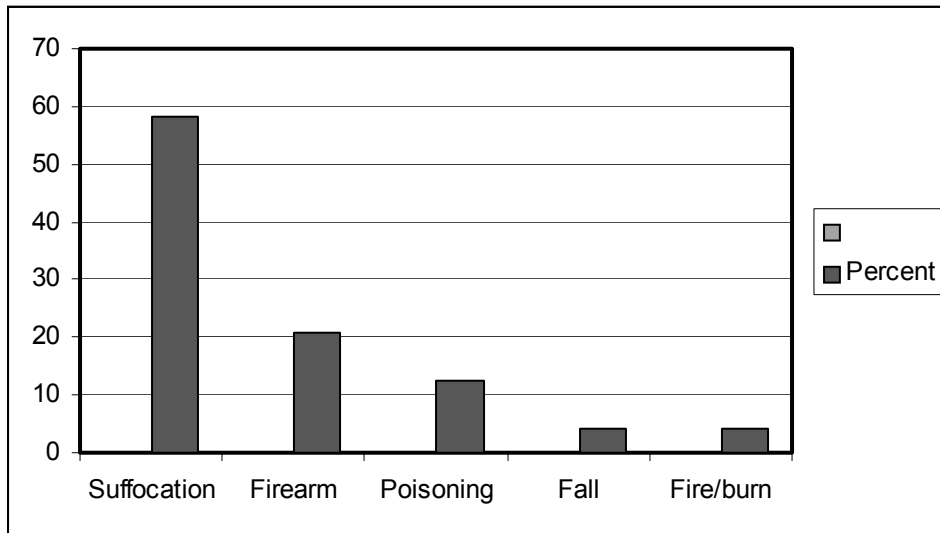


Figure 6.

**Texas Deaths by Suicide by Means of Self-Inflicted Injury
for Ages 10 –14 in 2003 (Both Sexes)**



Note: Data indicates that young teens in Texas chose suffocation over firearms as the preferred means of self-inflicted death.

Table 3.

**Suicide Deaths by Age Category and Discharge of Firearms
in the State of Texas – 1999-2003**

ICD10 data provided by the Texas Department of State Health Services

	1999		2000		2001		2002		2003	
Age	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate
5-14	14	0.4	13	0.4	9	0.3	9	0.3	*5	*0.15
15-24	183	5.9	217	6.8	194	6.0	156	4.7	173	5.15
25-34	184	6.3	196	6.2	211	6.5	194	5.9	196	5.97
35-44	239	7.6	232	7.0	252	7.5	261	7.7	249	7.5
45-54	202	8.3	240	9.2	263	9.6	248	8.8	291	10.0
55-64	126	8.3	135	8.4	158	9.6	159	9.0	170	9.15
65-74	137	12.5	108	9.5	121	10.5	126	10.8	120	10.17
74+	136	14.9	136	14.6	164	17.3	157	16.2	157	14.3
Total	1221	6.5	1277	6.5	1372	6.8	1310	6.4	1350	6.10

Rates per 100,000. All categories age group specific except for totals, which are age adjusted.

Table 4.

**Youth Suicide Attempts in Texas Compared to the U.S.
As Reported by Youth Behavioral Risk Surveillance Survey for 2005**

TEXAS vs. UNITED STATES ALL YEARS PERCENTAGE OF STUDENTS WHO ACTUALLY ATTEMPTED SUICIDE ONE OR MORE TIMES DURING THE PAST 12 MONTHS					
YOUTH RISK BEHAVIOR SURVEY					
		Sex	T	F	M
Year	Site				
2005	TX		9.4 (±1.1)	12.5 (±1.9)	6.1 (±1.5)
2003			—	—	—
2001			9.0 (±1.1)	12.7 (±1.7)	5.3 (±1.0)
1999			—	—	—
			—	—	—
2005	US		8.4 (±0.9)	10.8 (±1.1)	6.0 (±1.2)
2003			8.5 (±1.1)	11.5 (±1.4)	5.4 (±1.0)
2001			8.8 (±0.8)	11.2 (±1.0)	6.2 (±1.1)
1999			8.3 (±1.0)	10.9 (±1.8)	5.7 (±1.2)
1991			7.3 (±0.9)	10.7 (±1.3)	3.9 (±0.9)

Legend: '—'=No data available
TX=Texas
US=United States
Sex T=Total **F**=Female **M**=Male

Table 5. Suicide Deaths and Rates by Texas Counties 1999 – 2003, ICD10 data provided by TDSHS.

(Note: The Counties for Texas' Major Metro Areas are listed in Larger Type.) Due to disparities in population sizes, these numbers must be converted to county-specific rates in order to discern the actual incidence of suicide deaths for these areas. Overall, you can see that Travis County has higher rates than the other major Texas metropolitan areas. Rates for the smaller counties with populations, < 100,000 are listed as @.@.)

Year	1999	2000	2001	2002	2003	1999-2003	1999-2003
County :	No.	No.	No.	No.	No.	No.	Rate
Anderson County	10	11	9	12	9	51	17.7
Andrews County	0	1	1	1	2	5	@.@
Angelina County	9	10	11	10	11	51	12.9
Aransas County	7	5	8	5	0	25	21.5
Archer County	0	1	0	0	0	1	@.@
Armstrong County	1	0	0	0	0	1	@.@
Atascosa County	7	10	4	5	5	31	16.9
Austin County	3	4	2	3	5	17	@.@
Bailey County	0	1	0	1	1	3	@.@
Bandera County	1	5	2	4	10	22	24.2
Bastrop County	11	4	10	13	12	50	16.5
Baylor County	2	1	0	0	0	3	@.@
Bee County	4	4	5	4	6	23	14.5
Bell County	24	33	24	25	27	133	12.1
Bexar County	139	146	147	137	146	715	10.4
Blanco County	1	2	0	3	1	7	@.@
Borden County	0	0	0	0	0	0	@.@
Bosque County	1	1	3	2	6	13	@.@
Bowie County	7	11	12	9	16	55	12.4
Brazoria County	24	34	38	29	32	157	13.4
Brazos County	8	7	10	10	8	43	7.6
Brewster County	2	2	3	2	0	9	@.@
Briscoe County	0	1	0	0	0	1	@.@
Brooks County	1	1	0	3	3	8	@.@
Brown County	2	5	4	5	1	17	@.@
Burleson County	1	5	2	0	3	11	@.@
Burnet County	4	5	3	6	7	25	13.5
Caldwell County	5	4	6	3	5	23	14
Calhoun County	3	4	0	2	3	12	@.@
Callahan County	0	3	0	1	1	5	@.@
Cameron County	11	22	20	25	17	95	6.3
Camp County	0	1	3	1	3	8	@.@
Carson County	0	1	1	2	1	5	@.@
Cass County	5	6	1	6	3	21	13.6
Castro County	1	0	0	2	0	3	@.@
Chambers County	2	4	2	1	4	13	@.@
Cherokee County	5	9	8	9	12	43	18.8
Childress County	2	2	1	2	1	8	@.@
Clay County	2	0	2	0	0	4	@.@
Cochran County	1	2	1	0	0	4	@.@
Coke County	0	0	1	0	0	1	@.@
Coleman County	1	2	1	0	0	4	@.@
Collin County	46	41	37	42	41	207	8.4
Collingsworth County	0	0	3	2	0	5	@.@
Colorado County	2	1	2	3	2	10	@.@

Comal County	8	5	7	10	9	39	9.4
Comanche County	3	1	1	0	2	7	@.@
Concho County	0	0	0	0	0	0	@.@
Cooke County	9	2	1	3	6	21	11.3
Coryell County	6	10	6	12	6	40	11
Cottle County	0	0	0	0	0	0	@.@
Crane County	0	0	1	1	0	2	@.@
Crockett County	1	0	0	1	2	4	@.@
Crosby County	1	3	0	0	0	4	@.@
Culberson County	0	0	0	1	0	1	@.@
Dallam County	1	0	0	1	0	2	@.@
Dallas County	205	178	224	230	217	1,054	10.1
Dawson County	0	1	0	3	1	5	@.@
Deaf Smith County	3	3	3	1	1	11	@.@
Delta County	0	1	0	0	0	1	@.@
Denton County	37	32	28	46	42	185	8.9
DeWitt County	3	3	2	3	3	14	@.@
Dickens County	0	2	1	0	0	3	@.@
Dimmit County	0	2	0	0	1	3	@.@
Donley County	1	2	0	1	0	4	@.@
Duval County	0	1	0	0	2	3	@.@
Eastland County	2	1	2	2	4	11	@.@
Ector County	17	12	13	17	10	69	11.5
Edwards County	1	0	1	0	0	2	@.@
Ellis County	8	11	15	16	11	61	10.5
El Paso County	33	57	41	53	46	230	7.3
Erath County	3	1	7	2	4	17	@.@
Falls County	5	2	3	0	3	13	@.@
Fannin County	6	2	9	3	5	25	15.1
Fayette County	3	3	2	1	3	12	@.@
Fisher County	0	1	1	0	1	3	@.@
Floyd County	1	3	0	0	0	4	@.@
Foard County	0	0	0	0	0	0	@.@
Fort Bend County	22	21	35	35	37	150	8.6
Franklin County	2	0	2	0	0	4	@.@
Freestone County	7	6	3	7	1	24	23.7
Frio County	0	1	0	0	1	2	@.@
Gaines County	0	1	1	2	1	5	@.@
Galveston County	22	37	41	41	28	169	13.4
Garza County	1	1	2	0	1	5	@.@
Gillespie County	1	3	4	4	5	17	@.@
Glasscock County	1	0	0	0	0	1	@.@
Goliad County	0	0	0	2	1	3	@.@
Gonzales County	1	5	2	2	0	10	@.@
Gray County	0	5	7	4	3	19	@.@
Grayson County	19	17	26	8	13	83	14.8
Gregg County	17	12	21	20	21	91	16.4
Grimes County	1	6	5	3	7	22	18.4
Guadalupe County	7	9	11	10	9	46	10.5
Hale County	0	2	3	1	1	7	@.@
Hall County	0	0	0	1	1	2	@.@
Hamilton County	2	1	1	2	2	8	@.@
Hansford County	0	1	0	0	1	2	@.@
Hardeman County	0	1	0	0	2	3	@.@
Hardin County	5	11	6	7	4	33	13.6
Harris County	307	322	334	387	348	1,698	10.5
Harrison County	7	5	10	8	7	37	11.6
Hartley County	1	0	0	2	0	3	@.@

Haskell County	0	2	2	0	2	6	@.@
Hays County	1	10	15	10	11	47	10.4
Hemphill County	0	1	0	1	0	2	@.@
Henderson County	7	15	13	12	17	64	17.5
Hidalgo County	18	24	22	25	34	123	4.8
Hill County	6	3	3	7	8	27	17.9
Hockley County	6	1	1	0	2	10	@.@
Hood County	5	7	3	8	7	30	14.7
Hopkins County	5	5	1	5	5	21	13.1
Houston County	3	5	3	5	4	20	17.3
Howard County	7	5	6	5	6	29	16.8
Hudspeth County	0	0	0	1	0	1	@.@
Hunt County	14	10	14	11	10	59	15.5
Hutchinson County	3	3	3	1	4	14	@.@
Irion County	0	0	0	0	0	0	@.@
Jack County	1	0	2	0	0	3	@.@
Jackson County	1	1	1	2	1	6	@.@
Jasper County	4	4	7	6	5	26	14.9
Jeff Davis County	1	0	0	0	1	2	@.@
Jefferson County	29	30	31	17	32	139	11.1
Jim Hogg County	1	0	1	0	0	2	@.@
Jim Wells County	1	3	4	1	3	12	@.@
Johnson County	14	11	16	16	16	73	11.5
Jones County	5	3	3	4	5	20	18.8
Karnes County	3	2	3	0	2	10	@.@
Kaufman County	7	9	12	16	15	59	16.4
Kendall County	6	1	4	6	3	20	16.2
Kenedy County	0	0	0	0	0	0	@.@
Kent County	0	0	1	0	0	1	@.@
Kerr County	6	7	10	7	6	36	13.1
Kimble County	2	1	0	1	1	5	@.@
King County	0	0	0	0	0	0	@.@
Kinney County	0	0	0	0	0	0	@.@
Kleberg County	3	1	2	2	4	12	@.@
Knox County	1	0	0	0	0	1	@.@
Lamar County	7	12	3	9	13	44	19.1
Lamb County	1	1	0	2	3	7	@.@
Lampasas County	2	1	7	3	0	13	@.@
La Salle County	1	1	0	0	0	2	@.@
Lavaca County	1	3	4	1	1	10	@.@
Lee County	1	0	0	2	4	7	@.@
Leon County	5	5	5	4	1	20	27.9
Liberty County	18	5	10	8	15	56	15.9
Limestone County	1	3	2	3	1	10	@.@
Lipscomb County	0	0	0	0	1	1	@.@
Live Oak County	2	0	0	2	0	4	@.@
Llano County	2	2	4	7	0	15	@.@
Loving County	0	0	0	0	0	0	@.@
Lubbock County	21	29	36	30	27	143	11.9
Lynn County	1	1	0	2	1	5	@.@
McCulloch County	1	1	1	2	1	6	@.@
McLennan County	26	14	22	20	18	100	9.7
McMullen County	0	0	0	0	0	0	@.@
Madison County	1	0	2	4	1	8	@.@
Marion County	1	1	2	0	4	8	@.@
Martin County	0	0	1	0	0	1	@.@
Mason County	2	0	1	0	0	3	@.@
Matagorda County	4	4	5	5	6	24	13.2

Maverick County	4	4	0	1	3	12	@.@
Medina County	4	3	6	1	4	18	@.@
Menard County	1	0	0	0	0	1	@.@
Midland County	20	14	14	10	19	77	13.5
Milam County	2	2	1	5	5	15	@.@
Mills County	1	0	1	1	1	4	@.@
Mitchell County	0	2	0	3	3	8	@.@
Montague County	4	2	3	5	7	21	19.4
Montgomery County	34	41	41	50	59	225	15
Moore County	5	1	2	0	0	8	@.@
Morris County	1	2	6	3	2	14	@.@
Motley County	1	0	0	0	0	1	@.@
Nacogdoches County	8	7	3	1	7	26	9.9
Navarro County	6	5	6	11	6	34	15.2
Newton County	2	2	1	1	2	8	@.@
Nolan County	3	0	1	0	1	5	@.@
Nueces County	30	34	28	41	29	162	10.6
Ochiltree County	0	2	3	2	1	8	@.@
Oldham County	1	0	0	0	2	3	@.@
Orange County	15	9	5	12	15	56	13.3
Palo Pinto County	5	4	10	4	2	25	17.8
Panola County	3	1	4	0	3	11	@.@
Parker County	17	9	10	11	14	61	13.5
Parmer County	1	2	1	0	2	6	@.@
Pecos County	4	1	0	1	1	7	@.@
Polk County	8	11	7	10	4	40	18.3
Potter County	14	11	19	27	17	88	16.5
Presidio County	1	1	0	0	1	3	@.@
Rains County	0	1	3	2	3	9	@.@
Randall County	15	11	19	13	18	76	14.4
Reagan County	1	1	0	0	2	4	@.@
Real County	1	1	0	0	0	2	@.@
Red River County	2	5	2	3	1	13	@.@
Reeves County	2	1	1	1	1	6	@.@
Refugio County	1	0	1	1	0	3	@.@
Roberts County	0	0	0	1	1	2	@.@
Robertson County	0	3	3	3	1	10	@.@
Rockwall County	7	9	6	2	8	32	14
Runnels County	2	2	0	0	2	6	@.@
Rusk County	6	8	4	7	7	32	13.1
Sabine County	2	2	0	1	3	8	@.@
San Augustine County	1	1	0	3	2	7	@.@
San Jacinto County	1	8	1	7	4	21	19.3
San Patricio County	7	6	3	11	5	32	10
San Saba County	0	0	0	0	0	0	@.@
Schleicher County	1	1	0	1	1	4	@.@
Scurry County	3	1	3	1	1	9	@.@
Shackelford County	0	0	2	0	0	2	@.@
Shelby County	2	1	1	0	7	11	@.@
Sherman County	0	1	0	2	0	3	@.@
Smith County	21	10	22	21	40	114	13.1
Somervell County	1	1	1	1	3	7	@.@
Starr County	2	4	3	3	3	15	@.@
Stephens County	1	1	1	1	3	7	@.@
Sterling County	1	0	0	0	0	1	@.@
Stonewall County	0	0	0	0	0	0	@.@

Sutton County	1	1	1	1	2	6	@.@
Swisher County	1	0	2	2	2	7	@.@
Tarrant County	118	135	143	121	166	683	9.5
Taylor County	13	17	11	11	15	67	11.2
Terrell County	0	0	0	1	0	1	@.@
Terry County	1	0	0	2	1	4	@.@
Throckmorton County	0	0	1	0	1	2	@.@
Titus County	4	3	2	4	7	20	15.2
Tom Green County	9	16	14	16	19	74	14.4
Travis County	71	89	102	110	92	464	12
Trinity County	6	2	3	2	2	15	@.@
Tyler County	2	1	3	4	5	15	@.@
Upsur County	4	6	6	6	5	27	15.4
Upton County	0	0	0	0	0	0	@.@
Uvalde County	1	3	1	3	2	10	@.@
Val Verde County	1	4	6	2	5	18	@.@
Van Zandt County	7	9	10	13	8	47	20.5
Victoria County	7	7	12	11	9	46	11.2
Walker County	3	5	11	12	9	40	13.8
Waller County	3	3	3	8	2	19	@.@
Ward County	2	2	1	0	0	5	@.@
Washington County	2	2	3	1	2	10	@.@
Webb County	8	8	12	5	20	53	5.5
Wharton County	3	5	3	3	7	21	10.2
Wheeler County	2	0	2	1	1	6	@.@
Wichita County	19	13	14	20	16	82	12.8
Wilbarger County	0	1	0	4	2	7	@.@
Willacy County	0	1	0	1	0	2	@.@
Williamson County	21	24	20	23	23	111	8.5
Wilson County	3	4	2	3	3	15	@.@
Winkler County	1	1	5	1	2	10	@.@
Wise County	9	7	8	7	3	34	13.7
Wood County	6	3	7	4	11	31	15
Yoakum County	1	0	0	1	2	4	@.@
Young County	2	7	1	0	3	13	@.@
Zapata County	1	0	0	0	1	2	@.@
Zavala County	2	0	0	0	3	5	@.@
Total for Selection	2,002	2,093	2,214	2,304	2,355	10,968	10.8
Texas	2,002	2,093	2,214	2,304	2,355	10,968	10.8

Chapter 2

Understanding Suicide: The Basics

Myths and Facts about Suicide

Suicide is a subject surrounded by myths and misunderstanding. Perhaps because suicide is rarely talked about freely and openly, there are a lot of misconceptions about issues such as who is at risk, why, under what circumstances, and about how to get help. But knowing the facts is critical to taking action—and essential to saving lives. The following information describes the myths about suicide and the facts behind them, both as they pertain to adults and as they relate to young people.

Suicide Myths for Adults

MYTH	FACT
Suicide usually happens with no warning.	Eight out of ten people who kill themselves give some sort of a warning or clue to others, even if it something subtle.
There's always a note left behind when someone commits suicide.	Actually, in most cases, there is no suicide note.
Someone who talks a lot about suicide is just trying to get attention.	It's just the opposite. More than seventy percent of people who kill themselves have previously threatened to do so or actually attempted to do so. When someone says they feel this way, take it seriously.
People who are suicidal are intent on dying and feel there is no turning back.	Most people who are suicidal are actually of two minds about it. Part of them wants to die, but part of them doesn't. The main thing they want is to stop their pain.
People who attempt suicide once are unlikely to try it again.	Eighty percent of people who die from suicide have made at least one other attempt already.
Someone who survives a suicide attempt is obviously not serious about it.	Any suicide attempt should be treated as though the person intended to die, and not simply dismissed as an attention-getting device.
If you mention suicide to someone who seems depressed, you're just planting the idea in his or her mind.	Discussing it openly can actually help, not hurt.

Suicide Myths for Youth

MYTH	FACT
Young people who talk about suicide never attempt or complete suicide.	Many young people who attempt suicide talk about it first. It's an important warning sign.
If you know a young person who is talking about suicidal thoughts or feelings, just say to cheer up—that will help.	Telling someone to cheer up can make it seem like you don't understand. It's better to listen and don't discount their feelings.
It's better not to talk about suicide with someone who's feeling down or hopeless. It might make things worse.	The first step in encouraging a suicidal person to live comes from talking about feelings. Fears that are shared are more likely to diminish.
If someone tells you about suicidal feelings and asks you to keep it a secret, you should respect their wishes.	That could literally be a deadly secret to keep. It's more important to get help, even if that means revealing a secret.
When someone is really suicidal, there's nothing you can do to help.	You can help by offering your support and the hope that they can find a way to end the pain without attempting suicide.
Only depressed people attempt suicide.	You can have suicidal feelings or even attempt suicide whether you're clinically depressed or not.
If you can get someone to promise to get help, you've done your part.	It's important to follow through and be sure the person stays safe until you can put him or her in contact with a responsible adult.

Source:

CrisisLink. http://www.crisislink.org/about_us/contact.html

Mental Health Library, Royal Park Hospital, Parkville, Victoria, Canada

Risk Factors and Protective Factors for Suicide

(From the *National Strategy for Suicide Prevention: Goals and Objectives for Action*, 2001, US Department of Health and Human Services)

Risk factors may be thought of as leading to or being associated with suicide; that is, people "possessing" the risk factor are at greater potential for suicidal behavior. Protective factors, on the other hand, reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors. Risk and protective factors may be biopsychosocial, environmental, or sociocultural in nature. Although this division is somewhat arbitrary, it provides the opportunity to consider these factors from different perspectives.

Understanding the interactive relationship between risk and protective factors in suicidal behavior and how this interaction can be modified are challenges to suicide prevention (Móscicki, 1997). Unfortunately, the scientific studies that demonstrate the suicide prevention effect of altering specific risk or protective factors remain limited in number. However, the impact of some risk factors can clearly be reduced by certain interventions such as providing lithium for manic depressive illness or strengthening social support in a community (Baldessarini, Tando, Hennen, 1999). Risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide during periods of the recurrence of a mental or substance abuse disorder or following a significant stressful life event (Oquendo et al., 1999). Protective factors are quite varied and include an individual's attitudinal and behavioral characteristics, as well as attributes of the environment and culture (Plutchik and Van Praag, 1994). Some of the most important risk and protective factors are outlined below.

Protective Factors for Suicide

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

However, positive resistance to suicide is not permanent, so programs that support and maintain protection against suicide should be ongoing.

Risk Factors for Suicide

Biopsychosocial Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse

- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Sociocultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

Information about risk and protective factors for attempted suicide is more limited than that on suicide. One problem in studying non-lethal suicidal behaviors is a lack of consensus about what actually constitutes suicidal behavior (O’Carroll et al., 1996). Should self-injurious behavior in which there is no intent to die be classified as suicidal behavior? If intent defines suicidal behavior, how is it possible to quantify a person’s intent to die? The lack of agreement on such issues makes valid research difficult to conduct. As a result, it is not yet possible to say with certainty that risk and protective factors for suicide and non-lethal forms of self-injury are the same. Some authors argue that they are, whereas others accentuate differences (Duberstein et al., 2000; Linehan, 1986).

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Source:

National Strategy for Suicide Prevention: Goals and Objectives for Action.
<http://www.mentalhealth.samhsa.gov/suicideprevention/strategy.asp>

Warning Signs and What to Do About Them

People who attempt suicide often send out warning signs before they actually make an attempt. These signs may be loud and clear, or low-key and subtle. Knowing how to recognize these signs is the first step in taking action that could save someone's life.

Ten Warning Signs of Suicide

1. Preoccupation with death and dying
2. Drastic changes in behavior or personality
3. A recent severe loss (such as a relationship) or threat of a loss
4. Unexpected preparations for death such as making out a will
5. Giving away prized possessions
6. A previous suicide attempt
7. Uncharacteristic impulsiveness, recklessness, or risk-taking
8. Loss of interest in personal appearance
9. Increased use of alcohol or drugs
10. Sense of hopelessness about the future

What to Do if You Spot the Signs

Ask directly. Asking someone directly if they ever think of suicide lets them know that you take the situation seriously and want to help. It may be a real relief to someone to know that it's all right to talk about it openly.

Evaluate whether the danger is imminent. If someone admits thinking about suicide, follow through by asking questions that can help you determine how high the risk is that it will happen. Find out if he or she has thought about how and when to do it and if the means are available. If there's a plan for what to do and when and how to do it, the risk of suicide is very high. Consider the San Francisco Suicide Prevention crisis line's "PlaidPals" list of things to watch for:

Plan—Do they have one?

Lethality—Is it lethal? Can they die?

Availability—Do they have the means to carry it out?

Illness—Do they have a mental or physical illness?

Depression—Chronic or specific incident(s)?

Previous attempts—How many? How recent?

Alone—Are they alone? Do they have a support system? Are they alone right now?

Loss—Have they suffered a loss? Death, job, relationship, self-esteem?

Substance abuse (or use)—Drugs, alcohol, medicine? Current? Chronic?

Get an agreement. If it seems likely that the person could act on thoughts of suicide, do not leave the person alone and try to get their verbal agreement to get help from a mental health professional. You can also call 911 for a mental health deputy or officer to transport a person if danger is imminent and/or take the person to the nearest hospital emergency room.

Call for help. Get in touch with your local crisis line for resources and immediate help. Nationally, **Call 1-800-273-TALK (8255)** to be connected to the nearest crisis center or go to the Texas Department of State Health Services Web page at <http://www.dshs.state.tx.us/mhservices/default.shtm> to search by county to find the crisis center in your area or to the Texas Council of Community Mental Health Centers web site at <http://www.txcouncil.com/crisis.html> to find the crisis number for your area.

Source:

San Francisco Suicide Prevention crisis line. <http://www.sfsuicide.org>

“Understanding and Helping the Suicidal Individual,” American Association of Suicidology. <http://www.suicidology.org>

Chapter 3

An Introduction to Taking Action

The Importance of a Community-Based Approach

Part 2 of this toolkit provides practical tools and tips for organizing your community to take action to prevent suicide. A community-based approach is important. Because community-wide efforts bring together diverse groups, such an approach may have the best chance of addressing the multi-factorial nature of the problem of suicide. In addition, because all communities are different, a community approach enables each specific community to assess its own unique assets and challenges to find ways to increase protective factors and decrease risk factors for those at risk. And finally, community-driven efforts provide a visible, organized means by which those who care about preventing suicide can become involved in doing just that.

Working together, community groups can help to ensure that people in communities understand the issues associated with suicide, are able to recognize the warning signs, and know how to respond to those signs responsibly and effectively. By working to organize your community to prevent suicide, you are taking steps that we believe will ultimately save lives. “Gatekeeper” programs such as the QPR Institute’s suicide prevention training program, and the Applied Suicide Intervention Skills Training (ASIST) program that is used in communities around the world, are built on the idea that people in positions of trust in their community—from health professionals, to teachers, to clergy, to community volunteers—can learn to intervene to prevent suicide. You will learn more about programs like these in part 2 of the toolkit.

The Suicide Prevention Resource Center has a number of tools to help develop a community approach to suicide prevention and to build suicide prevention coalitions. In addition, part 2 of this toolkit includes a useful community assessment tool and more information on coalition-building.

Sources:

Suicide Prevention Resource Center, library resources. <http://library.sprc.org/browse.html?path=%2Fpartnerships+and+coalitions>
QPR Institute Inc. <http://www.qprinstitute.com>
Living Works Education, Inc. <http://www.livingworks.net/ASISTAwrnsFcts.htm>

Targeting Populations within the Community

Within the larger community many populations exist that may be at special risk for suicide, such as women in certain age groups, men, the elderly, people from different ethnic groups, gay/bisexual/lesbian/transgendered people, and youth. Understanding their needs and reaching out to them is critical in community efforts to prevent suicide. Targeting at-risk populations with suicide prevention efforts is addressed in Part 2 of this toolkit (to be added in revised edition).

Sources:

Centers for Disease Control press releases, <http://www.cdc.gov/od/oc/media/pressrel/r040610.htm>

Fact sheets on African American suicide, elderly suicide and youth suicide, American Association of Suicidology. <http://www.suicidology.org>

“Older Adults: Depression and Suicide Facts,” National Institute of Mental Health, 2003. <http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>

The Texas Department of Health, Bureau of Vital Statistics, 2002. *Death Tables* [Data file]. <http://www.tdh.state.tx.us/chs/vstat/latest/t18.htm>

The Texas Department of Health, Texas Health Data Death of Texas Residents. <http://soupon.tdh.state.tx.us/death10.htm>

Townsley, Jeramy, “Articles Relating to Suicide by GLB Youth: 5 population-based studies, and 4 studies on uniquely GLB youth samples,” <http://www.jeramyt.org/gay/gaysuic.htm>

Working with the Media in the Community

The media can be of tremendous assistance in community initiatives to prevent suicide. They can help educate people about the preventability of suicide, how to recognize the warning signs, how to get involved in their community’s efforts, and many other aspects of this issue, effectively contributing to decreases in suicide rates in communities with good media coverage of the issue. But media coverage can have a double edge; depending on how stories about suicide are reported, media coverage may play a role in phenomenon such as “suicide contagion” or “copycat” suicide. Part 2 of this toolkit contains information about how to work with the media to avoid such negative effects and to achieve the best possible results from press coverage.

Sources:

Media Guidelines for 2004, American Association of Suicidology. <http://www.suicidology.org>

“Reporting on Suicide: Recommendations for the Media,” The American Foundation for Suicide Prevention. <http://www.afsp.org/education/newrecommendations.htm>