



the mental health

advocate

Summer 2004

Conference Addresses Efforts to Divert Adults with Mental Illnesses Away from the Criminal Justice System

The inability to access appropriate community mental health treatment and other public services increases the likelihood of people with mental illness--and often co-occurring substance use disorders--to frequently end up in the criminal justice system.

During the 78th legislative session, Texas legislators acknowledged the problem of criminalizing this population. This resulted in the passage of legislation calling local mental health authorities to incorporate jail diversion strategies in the authority's disease management practices with a goal of reducing the involvement of people with mental illness and co-occurring disorders with the criminal justice system by providing linkages to community-based treatment and support services.

In alignment with this legislative action, the Mental Health Association in Texas in conjunction with the Texas Department of Mental Health and Mental Retardation assembled more than 230 individuals from across the state representing mental health and criminal justice for a two-day conference, "**Jail Diversion: Bridging the Gaps in Mental Health.**"

National, state and local leaders shared information on existing jail diversion programs and related issues, and the current efforts to divert adults with mental illness away from the criminal justice system and into community-based services. *more on page 5*



Mental Health Association in Texas Relocates to Downtown Austin

The Mental Health Association in Texas is moving.
Effective October, 2004, the new address will be:

Mental Health Association in Texas
1210 San Antonio Street, Suite 200
Austin, Texas 78701

For more information on the Mental Health Association in Texas visit us online at www.mhatexas.org

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Legislative Policy Platform Adopted by the Mental Health Association in Texas

1. Reinstatement of priority population

During the 78th session, the Texas Legislature redefined the "priority population," or treatment priorities, for the Texas Department of State Health Services (formerly Texas Department of Mental Health and Mental Retardation). In the past, the system's limited resources were targeted to individuals with mental disorders who demonstrated the greatest level of impairment, regardless of the individual's specific diagnosis. Under HB 2292, only adults with three diagnoses -- schizophrenia, clinically severe depression, or bipolar disorder -- are eligible for "Disease Management" services in the public mental health system, despite the fact that other psychiatric disorders can be just as severe-- (children's eligibility was not changed.) Obsessive-compulsive disorder, for example, is on the World Health Organization's list of leading causes of "years lived in disability" worldwide, ranking as #10 -- just after schizophrenia. (<http://www.who.int/msa/mnh/ems/dalys/intro.htm>.)

Adults with other mental illnesses, however, no matter how severe, are no longer a priority for services. People who have a diagnosis other than one of the three designated diagnoses are only eligible for crisis services unless their local mental health center overrides them into treatment. Research has long demonstrated that treating people only when they are in crisis is the least cost-effective treatment approach.

Prohibiting individuals with serious mental illness other than the three targeted diagnoses to access mental health services is discriminatory and will end up costing tax payers more in the long run when these unserved individuals turn to emergency rooms and county jails for lack of services, or become unemployed and/or homeless.

Position:

The Mental Health Association in Texas recommends reinstating the definition of the "priority population" for adults served by the Department of State Health Services to one based on severity of disability and assessment of need, regardless of diagnostic label.

2. Access to Children's Mental Health Services

Over the course of the last fifteen years, Texas has taken steps to create a coordinated response across state agencies to address the needs of children with serious emotional disturbances through Community Resource Coordination Groups (CRCG) and, more recently, the Texas Integrated Funding Initiative (TIFI). While these programs have had some success, the time has come for the state to take advantage of the most recent research and modify these programs to create a unified program which best meets the needs of this special population of children.

One factor inhibiting appropriate access to adequate mental health care is the discriminatory nature of health insurance coverage for treatments of mental health disorders. When health insurers provide coverage at all for mental health treatments they are often covered at a fraction of the benefit available for treatments of physical disorders. Legislation should mandate that health insurers provide equal coverage for certain mental health disorders for children under the age of eighteen. Access to care by children and youth at the early manifestations of a mental health problem is important to ameliorate deterioration of emotional disorders into clinical mental illnesses. It is important that those families with health insurance coverage for their children be able to access appropriate and adequate mental health care in a timely fashion without fear that their health insurer will refuse to cover the service. If proper treatment solutions are available to families, children who experience severe emotional, behavioral and mental disturbances have an excellent chance to recover.

In addition, early intervention is proven effective and should be a priority across all systems purchasing mental health services for children. All public systems purchasing mental health services should ensure that public funds are going toward services that have been shown through research to be developmentally appropriate best practices. Purchasing of "evidence-based" mental health care should be phased in across all state public health and human service systems (e.g. 25% in the first biennium, 50% in the following biennium, etc.), with a defined time-period by which 100% of mental health care purchased by public systems will be limited to those treatments and services that research has shown to be effective.

Community-based care should be the preferred model of care for children. However, there are times when the most seriously ill children can no longer safely remain in their preferred living setting. At those times, every opportunity should be made to provide appropriate care in a community-based and family-like setting.

Current research shows that Treatment Foster Care is a best practice in children's mental health care. This model of care provides training to the foster family to help them manage the emotional needs of the youth placed in their care. The foster family "partners" with the child's family so that the child's parents are included in the therapeutic process. This intervention would replace the traditional out-of-home placement (i.e. residential treatment centers) that are often apart from the child's family and community, rarely fully integrate the family into the treatment planning and implementation process, and have poor long-term successes.

Position:

The Mental Health Association in Texas will support legislation to improve children's mental health services through implementation of a "systems of care" mandate to all child and family-serving agencies that receive state funding, and to continue expansion of the Texas Integrated Funding Initiative. Additionally, legislation should be passed that mandates a timeline by which all state funded mental health services must be proven effective through scientific research.

The Mental Health Association in Texas will support legislation to ensure comprehensive parity in mental health services and treatment to children under the age of 18 in health insurance plans and policies.

Finally, Treatment Foster Care should be recognized as a treatment model preferable to residential treatment. This model should be funded in order to build capacity for serving children who cannot remain safely in their preferred living situation as an alternative to out-of-home residential treatment. Statewide capacity might be preceded by demonstration projects to prove the effectiveness of this service model both fiscally and on clinical outcomes.

3. Revision of Insanity Defense

The current Texas "insanity defense" statute is inadequate to meet the needs of individuals who, because of their mental illness, are unable to fully understand the nature of their actions or to conform their conduct to the law.

The current definition of "insanity" is too narrow to allow a jury to consider the true effect of mental illness on an individual who suffers from psychosis, delusions or irrational beliefs who may engage in unlawful behavior, but who may be unable to appreciate the moral wrongness of their action or conform their behavior to the law. The law only allows the jury to consider whether the defendant knew that his or her actions were legally wrong at the time of the offense. The insanity defense does not allow consideration of whether the defendant appreciated the moral

aspect of the behavior, or whether the defendant was able to conform his or her behavior to the requirements of the law.

Knowledge only about what is or is not legal may have little to do with an individual's ability to combat delusions or irrational impulses, or to appreciate the moral implications of their behavior.

In addition, Texas law also prohibits the court and attorneys for the defense and prosecution from informing any juror or prospective juror of the consequences to the defendant if a verdict of "Not Guilty by Reason of Insanity" is returned. This barrier to full information perpetuates the myth that a person who is found not guilty by reason of insanity is released into the community without any confinement, supervision, or treatment. Current law allows the court to retain jurisdiction over the individual acquitted under "Not Guilty by Reason of Insanity" and commit the individual to a secure facility or supervised release for the same length of time the person would have served under a criminal conviction and sentence.

Efforts to eliminate the "Not Guilty by Reason of Insanity" defense and replace it with "Guilty But Insane/Mentally Ill" or "Guilty except for Mental Illness" are inappropriate because these defenses may not allow the jury to adequately consider the defendant's lack of criminal responsibility or intent. They also may allow a criminal court to sentence an individual to prison instead of, or following, commitment to a psychiatric facility. The prison system is not an appropriate placement for a person with mental illness. The current Not Guilty by Reason of Insanity verdict provides enough options for a court to ensure the safety of the community while at the same time mandating treatment for the individual.

Position:

The Mental Health Association in Texas believes that Texas' insanity defense should be revised to more accurately reflect the impact and effect of serious mental illnesses, and that any attempt to replace the current defense with a "Guilty but Mentally Ill" or "Guilty except for Mental Illness" defense be rejected. Further, Texas should eliminate the provision in state law that prohibits juries from being informed of the consequences to the defendant if a verdict of "Not Guilty by Reason of Insanity" is returned.

4. Jail Diversion

People with mental illness are falling through the cracks of our state's mental health system and are landing in the criminal justice system. While approximately 5 percent of the U.S. population has a serious mental illness, about 16 percent of the population in prison or jail has a serious mental illness. In Texas, approximately 150,000 adults and adolescents who were former patients in Texas' public mental health system are now in prison, jail or on probation or parole. In many cases, people with mental illness end up in the criminal justice system for minor crimes simply because there is no other available resource for mental health care.

The prison and jail environment exacerbates the symptoms of mental illness, increasing the risk that inmates with mental illness will harm themselves or others.

The current situation not only exacts a significant toll on the lives of people with mental illness, their families, and the community in general, it also threatens to overwhelm the criminal justice system. Up to 20 percent of all police calls involve someone with a mental illness.

Position:

The Mental Health Association in Texas supports creating diversion options that would keep people with mental illness who commit minor crimes from being charged with a crime and entering the criminal justice system.

Strategies to create effective diversion programs that address the civil side (i.e. before a person is charged with a crime) include the use of mental health deputies; intensive community supports such

as assertive community treatment and 24 hour mental health crisis availability; mental health services; substance abuse services; and housing assistance. The TDSHS legislative appropriations request for adult community mental health services should be funded for this purpose.

5. Access to Medically Necessary Medications

In an attempt to control pharmaceutical spending, in 2004 Texas began implementing a "Preferred Drug List" (PDL) for Medicaid recipients. The Texas PDL includes psychotherapeutic medications for people with mental illnesses.

With some exceptions, individuals can only be prescribed medications that are on the PDL, regardless of which medication the individual's physician or psychiatrist judges to be best for the individual. Medications other than those on the list can be prescribed in certain circumstances including if the person is currently on a medication that is working successfully, if the person has been on the preferred drug previously and it was unsuccessful, and if there are medical contraindications. If none of the circumstances apply, the rules require the doctor to obtain "prior authorization" before using a drug not on the list, delaying the doctor from immediately dispensing medications he or she believes appropriate. Proposed prior authorization rules would additionally require an individual to remain on preferred medications, even if ineffective, before trying a non-preferred drug.

For mental health consumers, timely access to the correct medication is often the difference between an individual's ability to function in the community and the need for intensive services like inpatient hospital care. Unlike other types of medications, psychotropic medications are highly specific, working in different areas of the brain and treating specific symptoms of a disorder. A medication that works extremely well for one person may not work at all for another person, even if his or her diagnosis is the same. The right medication depends on a patient's symptoms, sensitivity to side effects, overall health, and stage of illness.

Timely access to medications is a crucial component of an effective treatment plan. Scientific research in conjunction with physician judgment and patient involvement should be what determines the preferred medication treatment for a person. Delaying or limiting access to psychotropic medications can have devastating consequences for an individual, including hospitalization, incarceration, and even death. Medicaid enrollees who need, but cannot access, medically necessary medications are likely to require more expensive interventions, such as hospitalizations, when their condition worsens. Ultimately, failure to provide timely access to medications causes the state and local governments to pay more because people are treated later in their illness.

Position:

The Mental Health Association in Texas supports full access to mental health medications. The highly individualized nature of mental health medications requires that such access be available.

To achieve this, medication policies should:

- ♦ define mental health medications broadly,
- ♦ prohibit restrictions on access to medically-necessary medications, including prohibiting the use of prior authorization or fail first policies, and
- ♦ permit limitations on mental health medications only to prevent fraud, abuse, waste and inappropriate utilization, or to promote disease management programs.

The Mental Health Association in Texas supports measures that would encourage the use of generics over brand name medications when clinically appropriate, and when clinical overrides of the policy are available.

For updates on budget appropriation and on legislation, please join our listserv by sending an email to MHATPolicyAlert-subscribe@yahoogroups.com.

FOX 7 and the Mental Health Association Salutes Mental Health Advocates at Ring of Honor Night of Comedy



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STAFF:

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Traci Patterson
Daisy Wei
Elizabeth Whitlow

“Laugh Out Loud!” with the Mental Health Association in Texas and FOX 7 at the 2004 Ring of Honor Night of Comedy on Thursday, October 21st, from 6:00 pm - 9:00 pm at 1210 San Antonio Street (4th Floor Event Center) in Austin, Texas.

This year’s event includes a comedy show featuring comedian John O’Connell, a silent auction with items from a host of area businesses, live music by the Sam Lipman Trio, a sampling of great Tex-Mex cuisine and the company of great supporters like you.

During this time we also recognize organizations and individuals from the community who have had a significant impact on the field of mental health in the city and/or state. This year’s Ring of Honor celebration recognizes the work of mental health advocates Anne Dunkelberg and the Center for Public Policy Priorities (CPPP).

Mental Illness Is Not A Laughing Matter

- * Half of all Americans will experience a mental disorder at some point in their lives.
- * 4.3 million Texans (3.1 million adults and 1.2 million children) have some form of diagnosable mental health disorder.
- * 1.5 million Texans live with serious mental illness, which impairs their ability to function at work, school, and in the community.

You Should Participate

Those affected by mental disorders could be your friends, family members, neighbors, colleagues--or even you.

The Ring of Honor is one of two community honoring and fundraising events for the Mental Health Association in Texas. Your sponsorships and contributions to the Ring of Honor are vital to helping the Association promote mental health, prevent mental disorders, and improve the care and treatment of people with mental illnesses through research, legislative campaigns and public awareness initiatives.

Community Support

We sincerely hope you will join us as a sponsor and help us honor Anne Dunkelberg and the Center for Public Policy Priorities the at the 2004 Ring of Honor.

*As with all of our giving opportunities, we welcome donations made in honor of or in memory of an individual, family or friend.

For more information on the Ring of Honor, to purchase a ticket or sponsorship, or to donate an auction item, visit the Mental Health Association in Texas online at www.mhatexas.org or contact Elizabeth Whitlow, Traci Patterson, or Daisy Wei at 512-454-3706.

**I WILL NOT ATTEND THE
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would like to donate to the Mental Health Association in Texas with my tax-deductible gift in the amount of \$_____.

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Dr. Patricia Griffin, keynote speaker and senior consultant with the GAINS Center, provided an overview of jail diversion programs around the country, while Dr. David Wanser, Deputy Commissioner of Behavioral and Community Services in the Texas Department of State Health Services, gave attendees an understanding of mental health involvement in the Texas criminal justice system.

Representatives from the jail diversion programs in Bexar, Tom Green, and Harris Counties presented on the effectiveness of their programs. Another highlight of the conference includes the testimonials of several individuals who have mental health issues and direct involvement in the criminal justice system.

At the end of the conference, participants had the opportunity to share their perspective on the essential components of jail diversion for Texas. Individuals formed regional breakout groups and discussed jail diversion efforts specific to their geographic areas and strategized on ways to make community-based improvements to impact current situations.



DR. PATRICIA GRIFFIN GIVES AN OVERVIEW OF JAIL DIVERSION PROGRAMS FROM AROUND THE COUNTRY.



DR. DAVID WANSEER EXPLAINS MENTAL HEALTH INVOLVEMENT IN THE TEXAS CRIMINAL JUSTICE SYSTEM.

On the second day of the conference, a panel of 30 mental health, criminal justice, and community advocates convened to develop consensus around key jail diversion issues.

Dr. Susan Stone led the discussion which enabled panelists to begin structuring and developing positions on the statewide implementation of jail diversion.

The information gathered at the conference will be used in the future development of jail diversion programs for the public mental health system in Texas.

A summary report of the session is available on the Mental Health Association in Texas website www.mhatexas.org.

Beginning September 1, 2004, all local mental health authorities in Texas will be required to include jail diversion strategies in their programming.

The Mental Health Association in Texas and the Texas Department of Mental Health and Mental Retardation sponsored the 2004 Jail Diversion Conference in an effort to gather information about existing jail diversion programs and to assist stakeholders in promoting jail diversion in their communities.



JAIL DIVERSION CONFERENCE MATERIALS ARE AVAILABLE ON THE MENTAL HEALTH ASSOCIATION IN TEXAS WEBSITE www.mhatexas.org.

Are the Kids Alright? Documentary Explores Issues in Children's Mental Health in Texas

Are the Kids Alright? is a documentary that portrays the struggles facing Texas families who have a child with mental illnesses in getting the help they need.

Broadcast on Texas public television stations across the state on June 24, 2004, the documentary was produced by award-winning documentarians Karen Bernstein and Ellen Spiro of Austin, the hour-long film provides an arresting glimpse into children's mental health services in Texas.

It is estimated that 420,000 Texas youths under the age of 18 suffer from a severe emotional disturbance that impairs their ability to function, but only a fraction of these children are appropriately diagnosed or treated each year.

The documentary not only portrays the steep obstacles and painful choices confronting families who have a loved one suffering from mental illness, but the daily struggles of mental health advocates, service providers, and policymakers in trying to help these youths get appropriate treatment. "In the course of making this documentary, we found that



***It is estimated that
420,000 Texas youths
under the age of 18 live with
a severe emotional disturbance.***

children with severe emotional disorders are a hidden segment of the population in Texas," said Bernstein. "Although we connected with families from different backgrounds and regions in the state, their stories were surprisingly similar. All of them faced frustrations, misunderstandings, and a lack of resources in trying to get help for their children."

"Equally compelling are the stories told by the judges, clinicians, counselors, advocates, and policymakers who are doing their best in the face of a lack of public awareness and support for these fragile children and their families," Bernstein said.

Melanie Gantt, Public Policy Director for the Mental Health Association in Texas and children's mental health advocate is featured in a segment of the documentary at the state Capitol.

To order a free video copy (VHS) of the Are the Kids Alright? documentary, send an e-mail message to the Hogg Foundation for Mental Health at comm@hogg.utexas.edu. Be sure to include "Are the Kids Alright? video" as the subject line, your name, mailing address, and a contact phone number. (Please allow 2-4 weeks for delivery.)

Treatment Foster Care Conference Explores Options to Relinquishment of Custody

The Mental Health Association in Texas in partnership with the Texas Department of Mental Health and Mental Retardation (TDMHMR) unveils an alternative approach that could be effective in preventing parental relinquishment of custody of a child to the state in order to get them mental health care.

On April 30th, a group of more than 200 children's mental health advocates, families, MHMR centers, family intervention teams, social workers, foster parents, legislative officials and other professionals convened in Austin for the Treatment Foster Care Conference.

Reports by the Department of Family and Protective Services, formerly the Texas Department of Protective and Regulatory Services, indicate that 82% of the children in custody at that agency under parental relinquishment criteria are there because parents had no other way to access mental health services. Tragically, some families who have given up custody of their children have private insurance, but the insurance does not pay for mental health care.

At this time, a mental-health based Treatment Foster Care model is being developed in Texas as part of a larger initiative called Resiliency and Disease Management (RDM). RDM is the approach that the Texas Department of Mental Health and Mental Retardation uses to deliver mental health services using a disease management model and evidence-based practices.

Treatment Foster Care is a community-based, intensive out-of-home treatment placement for youth who are very disruptive or aggressive or who are at risk of being placed in psychiatric residential treatment

or a juvenile justice placement. It is also designed for youth that are at high risk of parental relinquishment of legal custody for the purpose of accessing intensive mental health services. In Treatment Foster Care, the child's parents receive and help plan for the treatment services provided.

"The Mental Health Association in Texas applauds the initiative of TDMHMR in Treatment Foster Care. This new service option will help address the critical needs of the 250 families a year that currently give up custody of their children in order to access services in Texas," said Lynn Lasky, president and CEO of the Mental Health Association in Texas.

Community mental health centers offering Treatment Foster Care services will receive special, on-going training from TDMHMR to coordinate the special needs of these families.

For more information on Treatment Foster Care services in your area, contact Robin Peyson at 512-206-4831 or by email at robin.peyson@mhmr.state.tx.us.

CONFERENCE CO-SPONSORS

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CONFERENCE PLANNERS INCLUDE

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Texas Department of Family and Protective Services
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Mental Health Association in Texas Launches Community-Based Suicide Prevention Campaign

Governor Rick Perry proclaimed September 5-11, 2004, Suicide Prevention Week in the Lone Star State, as the Mental Health Association in Texas and other advocacy organizations unveiled "Coming Together to Care: A Suicide Prevention Toolkit For Texas Communities" at a statewide conference. The conference, held in Austin at the Texas Medical Association is designed to train community teams in addressing suicide across Texas.

According to Lynn Lasky, LMSW, president and CEO of the Mental Health Association in Texas, "Many people are shocked to learn just how prevalent suicide is. In 1999, the year that The Surgeon General's Call to Action to Prevent Suicide identified suicide as a serious public health problem in the United States, suicide claimed the lives of 2,002 people. In 2002, the most recent year for which statistics are available, 2,304 Texans died as a result of suicide-more than a ten percent increase over just three years. 2,304 deaths by suicide: That's more than the 1,412 homicides that occurred in Texas in 2002 and significantly more than the 1,071 Texans who died from HIV that year. Suicide in Texas is a serious public health concern-and one that may be addressed successfully through a coordinated and comprehensive approach aimed at prevention."

Merily Keller, Mental Health Association in Texas board member and co-chair of the Texas Suicide Prevention Community Network (TSPCN), challenged the 120 plus community leaders from across Texas to take the Governor's proclamation back to their local community and work to get a local proclamation and local programs to address suicide prevention. According to Keller, who lost her own son to suicide 3-1/2 years ago when he was a high school senior, "Suicide is a serious public health challenge that is preventable if communities band together to strengthen local resources and make it easier for people in need to reach out for help." "Most people are unaware of the risk factors for suicide and are unaware of the importance of taking immediate action to refer someone to help," said Keller. She added that most young people, including her own son, tell someone that they are considering suicide but that individual often does not know how to recognize the risk or what to do about it.

Charles Vorkoper, a Dallas counselor and co-chair of the TSPCN, noted that groups in Houston, Fort Worth, San Antonio, Dallas, Austin, Victoria, Burnet County, Fredericksburg and other areas have started to address suicide as a community mental health problem. "We hope that Governor Perry's proclamation will encourage other communities to come together to care about suicide prevention."

The Mental Health Association in Texas will initially distribute Coming Together to Care: A Suicide Prevention Toolkit for Texas Communities kits through local governments, mental health agencies, providers and affiliated organizations, and other State agencies and their affiliates across the State. The Coming Together to Care: A Suicide Prevention Toolkit For Texas Communities can also be found on the Mental Health Association in Texas website at www.mhatexas.org.

Warning Signs and What to Do About Them

People who attempt suicide may 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 Potential 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 one 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?

Call for help and stay with the person if possible until they have been successfully referred to a mental health provider. If someone is in immediate danger, go to your nearest hospital emergency room or call 911. Get in touch with your local crisis line for other ways to help or call 1-800-SUICIDE.



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Mental Health Association in Texas
2004 Ring of Honor Award



The Mental Health Association in Texas
and FOX 7 honors
community mental health advocates
Anne Dunkelberg and the
Center for Public Policy Priorities

New Development Director Joins the Mental Health Association in Texas

Elizabeth Whitlow joins the Mental Health Association in Texas staff as Development Director. She comes to the Association, from the Heritage Society in Houston where she served as the Director of Education responsible for developing and implementing Texas and regional history programs for children and adults.

Whitlow has experience in non-profit program development and administration and has a Masters of Social Work in community organization. She also has twelve years experience as a development officer. Six of those years at The University of Texas Medical Branch where her focus was on foundation funding, as well as individuals, corporation, and community organizations.

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