

# ZERO SUICIDE IN TEXAS



March 2016



## Joint Commission: Suicide Prevention Alert

On February 24<sup>th</sup> the Joint Commission released a Sentinel Event Alert entitled "Detecting and Treating Suicide Ideation in All Settings."

This groundbreaking alert calls attention to the high rates of suicide that occur within 72 hours of discharge from healthcare facilities. The alert outlines detailed steps providers should follow in order to better assess and treat suicidal ideation.

The report recommends providers review client history for suicide risk factors, use evidence-based screening tools, and use secondary screeners for any positive responses with all patients.

For patients who are identified to be in an acute suicidal crisis, they should be immediately admitted to a safe environment with 1-1 observation. For those with a lower risk, safety-planning,

resources, and restricting access to lethal means should all be implemented.

In addition, behavioral health clinicians should establish a collaborative and ongoing assessment and treatment process with the patient's other providers, friends, and family. This treatment plan should directly target suicidality.

Lastly, to improve care, all staff should be educated on how to assess and respond to individuals with suicidal ideation. Decisions regarding care/referrals should be thoroughly documented.

**This Joint Commission statement can be a powerful tool for building support for your zero suicide efforts within your agency. Share with your implementation teams and leadership!**

To access the full report, [please click here.](#)

## Webinar Resource

Did you know you can access over 25 webinars from the Injury Control Research Center for Suicide Prevention? Topics include suicide prevention and research related to domestic violence, substance use and abuse, and social media, among others.

Please, [click here](#), to access the webinars and learn more.

## Suicide Data



We have learned that suicide surveillance is important to the success of zero suicide efforts. Wondering how to learn more about what data might be available to your organization?

An online course, offered by SPRC, presents a number of readily-accessible sources of data to help you understand the problem in your community. It also introduces some key concepts that can assist you with determining which data are most useful for informing your prevention activities.

In this online course, you will learn to define and describe the strengths and limitations of the data on suicides, suicide attempts, and suicidal ideation; explore eight readily accessible sources of data, and learn how to organize the data in a format that will inform and educate your work.

Check out the two hour course, with continuing education credits offered.

[Locating and Understanding Data Course](#)

## Upcoming Events



### **DSHS Grand Rounds: Not Another Life to Lose** **April 27<sup>th</sup>, 11:00 – 12:30, In person or via webinar**

In 2014, over 3,000 Texans died by suicide. The foundational belief of Zero Suicide is that suicide deaths for individuals within health and behavioral health systems are preventable. How can we all work towards that goal? Please join national and state experts, Mike Hogan, PhD, President, Hogan Health Solutions; Molly Lopez, PhD, Director, Texas Institute for Excellence in Mental Health, University of Texas; and Jenna Heise, MA, BC-DMT, NCC, State Suicide Prevention Coordinator, DSHS, for a discussion of clinical suicide prevention in behavioral health and healthcare systems, transforming depression care, and progress in Texas. For more information, please go [here](#).

### **LOSS Team of Tom Green County Postvention Workshop & Training Conference** **April 11<sup>th</sup>-12<sup>th</sup>, Stephens Library, Sugg Community Room, San Angelo, Texas**

This two-day workshop is available for both mental health professionals as well as survivors and LOSS team volunteers. Additionally, this workshop will feature a keynote address by Dr. Frank R. Campbell, who is the former Executive Director of the Baton Rouge Crisis Intervention Center and Crisis Center Foundation. He currently consults with communities on forensic suicidology cases and on the Active Postvention Model known as LOSS. For more information, please refer [here](#).

### **6<sup>th</sup> Annual National LOSS Team Conference** **September 28<sup>th</sup>-29<sup>th</sup>, 2016, Fort Worth, Texas**

This conference provides best practices and training on suicide postvention. Additionally, panels will be discussing how postvention is accomplished nationally and survivors of suicide will discuss their experiences with a LOSS team. Attendees can be individuals currently or interested in providing the Active Postvention Model known as LOSS team. Juvenile probation officers, mental health professionals, program managers, social workers, counselors, survivors, and educators are also welcome. For more information and registration procedures, please visit <https://www.eventbrite.com/e/6th-annual-national-loss-team-conference-tickets-22465618269?aff=ebrowse>

## What the data tells us



A recently published study followed individuals treated with a psychosocial intervention following a suicide attempt in Denmark. The study is unique in that it followed individuals within a national database for 10 to 20 years and matched individuals who received a psychosocial intervention with those who received treatment as usual. The following key findings were noted:

- Receipt of the psychosocial intervention reduced the risk of subsequent self-harm and mortality;
- A lower risk of dying by suicide for those receiving the psychosocial intervention was found in the long-term, although differences were not statistically significant in the short-term;
- Women, younger individuals, and people with a first episode of self-harm benefitted the most from the intervention

Reference: Erlangsen, A, Lind, D.B., Stuart, E.A., Qin, P., Stenager, E., et al. (2015). Short-term and long-term effects of psychosocial therapy for people after deliberate self-harm: a register-based, nationwide multicenter study using propensity score matching. *Lancet Psychiatry*, 2, 49-58.