



TEXAS  
Health and Human  
Services

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# Connection to Hope: A Suicide Prevention Newsletter

OMHC - Office of Mental Health Coordination



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## Important Announcements from the State Suicide Prevention Team

### **Texas State Plan for Suicide Prevention Has Been Released**

The Texas State Plan for Suicide Prevention, developed and published by the Texas Suicide Prevention Council, is now available. This is the first complete update of the plan since 2014. The update includes six key performance areas: capacity-building, workforce, communications and outreach, research, data, and postvention strategies. The plan also includes strategies and action steps to address challenges in each of the key performance areas. Visit the [Texas Suicide Prevention Collaborative Website](#) to find out what steps your organization can take to support the Texas State Plan for Suicide Prevention.

### **The Suicide Care in Texas Toolkit is Available**

In 2016, the Texas Health and Human Services Commission (HHSC) together with the Texas Institute for Excellence in Mental Health created the Zero Suicide in Texas (ZEST) toolkit. This toolkit was designed to help the local mental health and behavioral health authorities implement Zero Suicide. HHSC has now updated the toolkit to offer increased guidance on best practices, practical guidance on how to implement the elements of Zero Suicide, and real examples from organizations currently working to implement the framework. To view the toolkit visit <https://mentalhealthtx.org/common-conditions/suicide/>. Email questions to [suicide.prevention@hhs.texas.gov](mailto:suicide.prevention@hhs.texas.gov).

## Zero Suicide Effective Implementation

### **Zero Suicide Practices: Research Reveals the Two Most Effective Practices at Reducing Suicide in Organizations**

Zero Suicide is an evidence-based, best-practice framework designed to improve an organization's approach to suicide care. In 2021, Layman and colleagues performed a cross-sectional study of 110 mental health clinics and found that those with higher fidelity to the Zero Suicide framework had a reduction in suicide incidents. The study found that as fidelity to the framework went up, suicide incidents went down. The study also isolated two Zero Suicide best practices with the largest effect sizes: suicide-specific quality improvement and means safety. If your organization is looking to begin implementation of the Zero Suicide framework, consider starting with the practices that research has shown to produce the most statistically significant changes in suicide incidents.

The article refers to suicide-specific quality improvement as an organizational commitment to suicide care and quality improvement of that care. This includes suicide care being embedded in the medical record, written clinical workflows for suicide care, and data collection and review by a clinical team. For more information on suicide-specific quality improvement, look in the Lead and Improve sections of the Zero Suicide toolkit.



Organizations showed high fidelity in means safety by documenting means safety discussions in safety plans as standard practice, having policies addressing training for means safety, including family or supports in means safety plans, and confirming that the plans were completed. For more information on means safety, look in the Engage section of the Zero Suicide toolkit.

The Zero Suicide toolkit can be located at: [Homepage | Zero Suicide \(edc.org\)](https://www.edc.org/zero-suicide).

You can read the study in its entirety at: [The Relationship Between Suicidal Behaviors and Zero Suicide Organizational Best Practices in Outpatient Mental Health Clinics | Psychiatric Services \(psychiatryonline.org\)](https://www.psychiatryonline.org/doi/full/10.1176/appi.ps.202100000).

## The Voices of Lived Experience

In September 2022, the state suicide prevention team hosted a webinar featuring a panel of individuals with lived experience with suicide loss and suicide attempts. The stories shared were of hope, resilience, and recovery. Two of the panelists have agreed to share a small part of their respective journeys in our newsletter.

## Voice of Lived Experience: Survivor of Suicide Attempt

Lesley is a peer navigator and a suicide attempt survivor. After her attempt, Lesley says she was helped most by her support system, although her support system changed. She had some friends before her attempt who were no longer good for her to be around. There were other people with whom her relationship was strengthened by her experience and these people are still her closest friends. She found comfort from people who were caring and patient. Her friends would be willing to talk about her attempt, but on her terms. She appreciated when her friends would give her space to heal, but not leave her alone.

When Lesley was asked what advice she would give to a person wanting to help a survivor of a suicide attempt, she said patience is key. It is important to guide the person through processing their suicide attempt, however, doing so at their pace is important. When talking to people after a suicide attempt, look for future oriented thinking, patterns of resilience in their speech, and healing language. It is helpful to share these things back to people healing from an attempt, as they don't always hear it within themselves.



Today, Lesley takes her own self-care seriously. She does a variety of things to make sure she stays healthy. She does stand-up comedy, plays with her dog, goes camping, goes to the beach, and listens to music to name a few. She stays connected to her mental health providers and her faith community. She ends with "I do what I ask others to do; I take care of my needs so I can be there for others."

Wise words.

## Voice of Lived Experience: Survivor of Suicide Loss

Julie lost her son to suicide in 2010. After her son died by suicide, Julie says what helped her the most was being in the presence of people who loved her. She didn't need advice or questions, just being with people who were supportive and loving. She found hope and healing through being around other survivors of suicide loss. At first, this was through individual connections and support groups. Later, this grew into coordinating the area's Healing After Suicide program and joining the LOSS team of Tarrant County. Julie remarked, "Finding a way to help others has been super healing."

When asked what advice she would give someone who wants to help a survivor of suicide loss she mentioned concrete help is best especially soon after the loss. Examples she gave included texting the survivor you are thinking about them, saying you are headed to the store and asking what you can bring back for them

(rather than saying, “I am here if you need anything.”), sending books about suicide grief or loss in the mail, and telling your favorite positive memory of their loved one. Additionally, Julie encourages everyone to remember that suicide grief is unique. Remembering people who are grieving on anniversary dates (one month, six months, one year, birthdays, etc.) and listening to them tell their story are important ways to support them. Storytelling is healing.

Julie advocates for self-care as well. She exercises regularly and chooses to spend time with people with whom she can laugh. She also spends time helping others find their way through the difficult waters she navigated when her son died by



suicide. She ends with these words, “I can’t take responsibility for anyone else’s mental health, but I am a beacon of hope. A light that shows that it is possible to be happy again. To not just survive, but to thrive.”

Despite being touched by suicide in different ways, the stories told by Lesley and Julie share important themes. First, a patient, supportive and loving support system can

be one of the most important things on a person’s healing journey. Second, laughter can be a wonderful self-care tool. Lastly, finding a way to give back, help others, provide support, can be healing for those who have been touched by suicide. If you are interested in hearing more from Julie, Lesley, and our other panelists with lived experience, please use the link to view the webinar recording.

<https://attendee.gotowebinar.com/register/5448548931456906764>

## Rural Mental Health

### **News from Rural Mental Health**

Camino Real Community Services (Camino Real), a local mental health authority (LMHA) serving nine counties south and west of San Antonio, opened a drop off program called the Community Restoration and Recovery Center (CRRRC) in 2022 to



allow law enforcement to bring people in crisis to the clinic in lieu of taking them to jail or the emergency department.

The CRRRC program was started because within Camino Real’s service area, there is an unusually high number of people entering local jails that have previously interacted with the public mental health system in Texas. The

CRRC program allows law enforcement to “drop off” a person in crisis instead of placing them in a local emergency room, and spending several hours with them there, or putting them in jail. Both local jails and rural emergency rooms can be quickly overwhelmed when interacting with a person experiencing a behavioral health crisis.

The Texas Health and Human Services Commission (HHSC) provided funding to Camino Real to establish this and other jail diversion initiatives because of the work Camino Real has done with the [All Texas Access Initiative](#). The All Texas Access initiative seeks to enhance access to mental health services for rural Texans, ensuring all Texans can access the right services at the right time.

Since receiving funds to start the program in 2022, Camino Real assisted 131 people, and helped divert 78 people in crisis away from a county jail throughout the remainder of the year. The All Texas Access Initiative at HHSC estimates that in state fiscal year 2021 incarcerating a person with a mental health condition cost a local jail about \$2,670.

Because of the CRRC program, local judiciary members and law enforcement partners are now actively referring calls to the program when people reach out to them with a mental health crisis.

Veronica Sanchez, Camino Real’s Executive Director, shared that when establishing a drop off program it is important to consider “a visible location that is easily accessible by all agencies that will be utilizing it.” She also shared that it is important to “consider having a [Law Enforcement] Liaison stationed at [any] drop off sites to assist the [Mobile Crisis Outreach Team] if any issues arise.” Law Enforcement Liaisons are team members employed by a LMHA who serve as an intermediary between law enforcement professionals and mental health providers, and Mobile Crisis Outreach Teams, often called MCOT, provide face to face help to people who are at risk of harm to themselves or others. MCOT Services are available 24 hours a day, seven days a week.

## [Veteran’s Suicide Prevention](#)

### **The Deadly Gap: Suicide Risk in the First Year Post Military Services**

According to data released by the Department of Veterans Affairs (VA) in September 2022, the suicide rate for veterans has begun to trend downward. After climbing steadily between 2001 and 2018, age- and sex-adjusted suicide rates for veterans peaked in 2018, but then fell in both 2019 and 2020, falling by 9.7

percent in that two-year time.<sup>1</sup> While this is certainly uplifting news, there is much more work to be done.

The VA acknowledges that one opportunity to prevent veterans suicides is increasing supports during the first year after a service member leaves the military and transitions into civilian life. This first year of transition has been identified as high risk for suicide, with research estimating the suicide rate to be 2.5 times higher for these “new” veterans than for the active-duty population<sup>2</sup> and double the rate compared to the general veteran population.<sup>3</sup> This period has therefore been deemed, “The Deadly Gap.” Given that more than 200,000 service members leave the service each year,<sup>4</sup> this is an exclusive sector of the military community with unique needs.

There are several reasons why this time period can be difficult for a transitioning service member. To start, it’s important to acknowledge the protective factors that the military provides. Beyond a consistent paycheck and reliable healthcare and housing (all imperative to strong mental health), the military provides structure with clear expectations. Service members are provided “built -in” mentors through their chain of command, as well as a sense of community and comradery with fellow service members. When one leaves the service, all of this is essentially gone, and these now-veterans are learning to navigate job-searching, healthcare, and housing in a civilian world that many have not experienced as an adult. In fact, research tells us that there is low usage of VA and other community services during this first year post-service.<sup>5</sup>

In addition to these challenges, it’s likely that veterans are moving away from their last duty station, resulting in a loss of social and community connections, a possible school change for their children, re-integrating back into an extended family situation, and attempting to find a new sense of purpose and fulfillment. Furthermore, the need to “push through” struggles (physical and emotional) is no longer needed. Studies show that a large proportion of military members who

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<sup>1</sup> [2022 National Veteran Suicide Prevention Annual Report, VA Suicide Prevention, Office of Mental Health and Suicide Prevention, September 2022](#)

<sup>2</sup> [Association of Suicide Risk With Transition to Civilian Life Among US Military Service Members - PMC \(nih.gov\)](#)

<sup>3</sup> [The deadly gap: Understanding suicide among veterans transitioning out of the military - ScienceDirect](#)

<sup>4</sup> [Transition Assistance Program | U.S. Department of Labor \(dol.gov\)](#)

<sup>5</sup> [The deadly gap: Understanding suicide among veterans transitioning out of the military - ScienceDirect](#)



experience mental health problems do not seek help - as many as 40-60 percent.<sup>6</sup> Without the stigma, fear of security clearance loss or promotions, veterans may now find themselves recognizing the need to address these issues.

To best serve this unique population of “new” veterans, VA and other organizations have begun to implement specific programs and services. VA has implemented the [Solid Start](#) program, calling every veteran three times during their first year of separation. The [ETS Sponsorship program](#) is a non-profit organization that partners with VA, the Department of Defense, and local communities to support service members through the transition process from military to civilian life. And finally, Military One Source extends their services to veterans during their first year of separation.

It is important to note that while this first year post-military service can be a high-risk period, service members and veterans can experience thoughts of suicide at any time. The Military Crisis Line is a free, confidential resource for all service members, including members of the National Guard and Reserve, veterans, and their families, even if they’re not enrolled in VA benefits or health care. Dial 988, then press 1.

## Data Corner

### **Texas Poison Control Network**

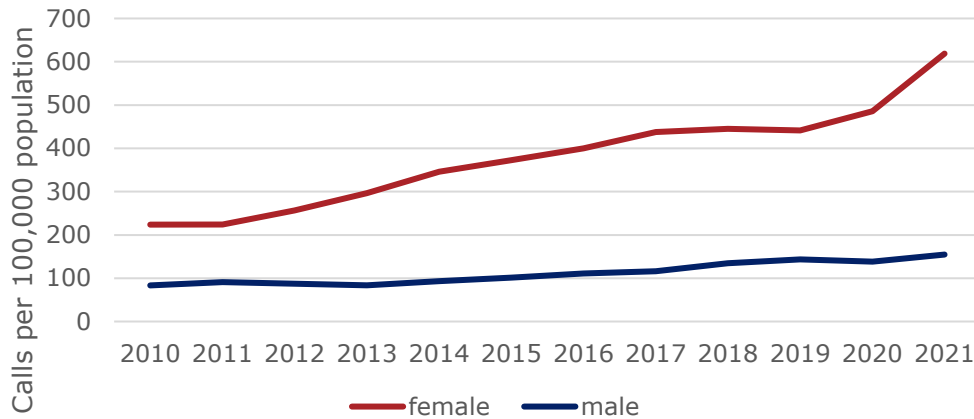
Texas Poison Control Centers (TPCC) make up the Texas Poison Control Network. They receive calls from hospitals, emergency responders, health care professionals, and the public, providing them with 24-hour access to medical advice concerning potentially dangerous substances in 150 languages. TPCC collect demographic information on the subject of the call such as age and sex as well as the reason for exposure. About 15 percent of the calls received by TPCC are intentional exposures classified as “suspected suicide,” but this varies by age group.

Calls concerning suspected suicide in teenaged girls have been increasing over the past ten years and rates increased sharply during the pandemic. The proportion of phone calls classified as suspected suicide rose from 45 percent in 2019 to 52 percent in 2020. The rate of calls concerning suspected suicide in 13 to 19-year-olds females increased by almost 150 percent from 2011 to 2021, with a 40 percent increase since just 2019. The rate of calls concerning teenaged males was lower but also increased over 80 percent in the past 10 years. The higher rate among females is expected due to gender difference in means selection for attempting suicide.

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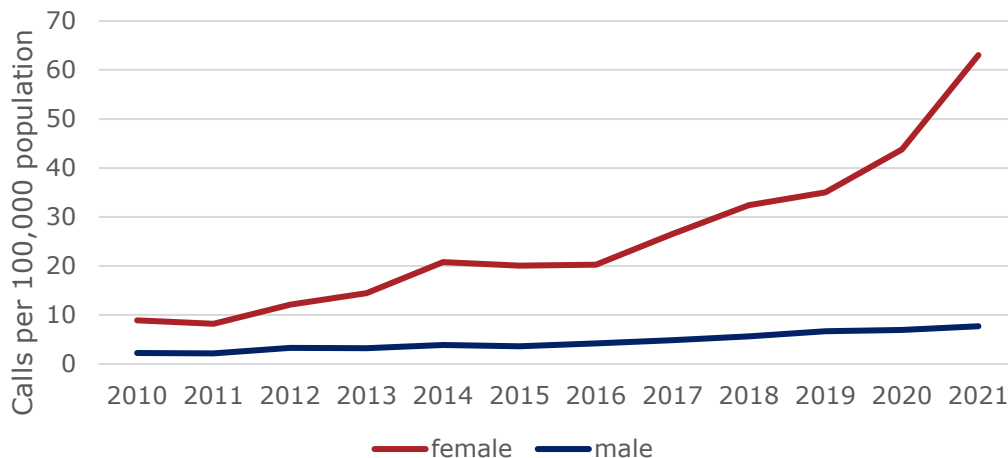
<sup>6</sup> [Stigma as a Barrier to Seeking Health Care Among Military Personnel With Mental Health Problems | Epidemiologic Reviews | Oxford Academic \(oup.com\)](#)

### Suspected Suicide Calls to Texas Poison Control Network Concerning 13 to 19-year-olds, 2010-2021\*



While the volume of calls concerning younger girls, aged six to 12, was significantly lower, those rates increased six-fold in the past 10 years. The proportion of calls concerning suspected suicide rose from 45 percent in 2019 to 54 percent in 2020. Call volume concerning suspected suicides in this group nearly doubled between 2019 and 2021. The rate of calls concerning boys was much lower but still nearly doubled in the past 10 years.

### Suspected Suicide Calls to Texas Poison Control Network Concerning 6 to 12-year-olds, 2010-2021\*





## Youth Suicide Prevention

### **An Upstream Approach to Youth Suicide Prevention**

According to Mental Health America's "The State of Mental Health in America" 2023 key findings, one in 10 youth in America are experiencing depression that is severely impairing their ability to function at school or work, at home, with family, or in their social life. At times, life stressors, such as schoolwork and tension among



friends can affect mental health. It's important for youth to be aware of the different sources of stress in their lives and learn ways to manage them. One upstream approach to mental health and wellness is Gizmo's Pawesome Guide to Mental Health. This guide is

one way to support youth as they navigate stress. It introduces ways to develop skills to manage mental health. The guide includes the following segments:

- Introduction to mental health and self-care
- Self-identification of warning signs and use of healthy coping strategies
- Identification of and connecting to trusted adults
- Completion of Mental Health Plan
- Use of mindfulness exercises and other optional activities

This guide is an evidenced-based tool originally introduced in Connecticut schools as part of that state's suicide prevention campaign. This upstream approach is geared towards youth ages five to 11 and their trusted adults.

The program was featured at the American Association of Suicidology Conference in 2020. The American Foundation for Suicide Prevention ([www.afsp.org](http://www.afsp.org)) and the Connecticut Suicide Advisory Board ([www.preventsuicidect.org](http://www.preventsuicidect.org)) have partnered to deliver this program across the nation. To learn more about Gizmo's Pawesome Guide to Mental Health and access materials visit the website:

[www.gizmo4mentalhealth.org/allages/](http://www.gizmo4mentalhealth.org/allages/).

### **That's a Wrap: Highlights from the 2022 Advancing Behavioral Health Collaborations (ABC) Summit**

The 6th ABC Summit took place virtually November 29 to December 1, 2022. The theme was *Integrating School Mental Health to Support the Whole Child*. Each day highlighted levels of tiered integrated student supports across universal, targeted, and intensive interventions. The summit showcased best practices, shared insights, and provided resources to advance school mental health. It brought together

individuals from local education agencies, education service centers, community organizations, and state agencies across the state who are committed to supporting the mental health and wellness of students, staff, and families.

In 2016, the first ABC Summit was held to strengthen education and behavioral health collaboration across systems for children. The Summit was organized by the Unified Services for All Children (USAC), a workgroup comprised of members from HHSC and the Texas Education Agency (TEA). It was established to develop a system to assist school-age children achieve mental and behavioral health wellness.

This year's Summit broke all previous attendance records, with over 500 people attending each day for a total of 1,822 attendees. Each day highlighted different school districts implementing evidence-based and evidence-informed behavioral health programs and strategies, along with several resources and toolkits.

The second day featured universal and targeted in-school mental health services and supports that included procedures for identifying and supporting students at risk of suicide. The three school districts for that day were Alice Independent School District (ISD), Mansfield ISD, and Dickinson ISD. Each of these rural school districts built strong partnerships with various community members to provide effective Tier 2 school mental health supports for their students.



Alice ISD received funding under the School Climate Transformation Grant from the U.S. Department of Education in 2019. Their program focuses on utilizing a holistic practice to incorporate mental health services and safety prevention measures to help create a safe and healthier school environment.

Mansfield ISD implemented Hope Squads three years ago in all eight of their middle schools, and now it has grown to include all seven of their high schools. Hope Squad is a peer-to-peer suicide prevention program which aims to a) create a safe school environment; b) promote connectedness; c) support anti-bullying; d)

encourage mental wellness; e) reduce mental health stigma; and f) prevent substance misuse.

Dickinson ISD received support to implement the Texas Advancing Suicide Safer Schools Roadmap by attending a workshop and learning collaborative funded as part of HHSC's Resilient Youth, Safer Environments SAMHSA grant. The Roadmap provides public health information on best practices for suicide prevention,

intervention, and postvention, and is intended to be used as a planning guide by Texas school districts.

Here are a few quotes from attendees at Day Two regarding what they enjoyed most:

- “The information on suicide prevention, the free community resources from Texas Health and Human Services...”
- “Learning about Hope Squad”
- “I enjoyed the panel discussion regarding suicide prevention and collaboration between District Police officers and social workers...”
- “The forms that were made available for [safety] plans and suicide information was helpful...”
- “Learning about resources and strategies to implement”

Session recordings can be viewed, and materials downloaded at this link: [Tier 2 In-School Mental Health Services and Supports](#)

## Community Connections

### **Community Success Stories**

MHMR Tarrant County offers support groups for survivors of suicide attempt and survivors of suicide loss. These groups are led by a peer specialist with lived experience.

In one of the recent Survivors of Suicide Attempt groups, members created Hope Boxes. Hope Boxes are a simple but powerful way to help people remember their



reasons for living during moments when they are struggling with thoughts of suicide. Hope Boxes are a collection of reminders and reasons for living that include pictures, cards, and other significant objects kept in a

box as a reminder of what is important to a person. Hope Boxes can also be done virtually through the Virtual Hope Box app.

Tarrant’s Survivors of Suicide Loss group is run by their LOSS team volunteers. In December’s loss group, the survivors brought a picture of their loved one and participated in a candlelight vigil with a moment of silence to remember those they

had lost to suicide. This event was sponsored by a private donor who provided dinner and a donation to the LOSS team.

For more information about the survivors of suicide attempt, or LOSS survivor groups, please reach out to Mike Olson at [Michael.Olson@mhmrtc.org](mailto:Michael.Olson@mhmrtc.org).

## Self-Care

Hannah Giorgis, a writer, summed up the past couple of years — the normalization of constant catastrophe — with this tweet:

"I can't believe we're all just supposed to keep going."

The world has always been chaotic, and human chaos, particularly, is as inevitable as a river carving through rock. What we are experiencing now is not a new chaos, or even a particularly unique chaos. We are experiencing an old chaos, a chaos that we have been conditioned and encouraged to endure.

Some common synonyms of endure are *abide, bear, stand, suffer, and tolerate*. While all these words mean "to put up with something trying or painful," endure implies continuing firm or resolute through trials and difficulties.

Enduring seems to include fighting and willing ourselves to be stronger, braver, and as numb as possible because that is what has been modeled as key to survival. However, being soft can be strong if you allow it to be.

Zeba Blay, a culture writer, and the author of *Carefree Black Girl*, wrote:

Embracing softness helps us to recognize and then honor when we are feeling overwhelmed. Rather than just powering through, pushing down exhaustion with toxic positivity and complacency, softness creates the space we need to process. Softness allows us to cry when we need to cry, rest when we need to rest, break when we need to break. In softness, we can access a different kind of resilience, a true resilience informed by empathy and connection, not isolation and indifference.

When we train ourselves to ignore the times that we feel lost, overwhelmed, angry, sad, or afraid, we train ourselves to ignore other people's pain as well. This results in our gradual acceptance of the unacceptable. We can't "keep going" by ourselves. We have to keep going together.

If you are hurting as you witness these times, whether directly or indirectly affected, know that you are right to hurt. Know that you deserve to give yourself space to process, to rest. Know that you can resist the state of the world by resisting the urge to downplay or dismiss your own chaotic and complex emotions. Know that healing is not linear, and that world-making

takes intention and care. Know that survival requires softness as well as fortitude.

Connection is the antidote. The work of healing is not just for people with severe trauma; it's for all of us. We can all benefit from deepening self-awareness and self-regulation. We can all learn to strengthen our relationships with self, others, and the natural world.

In fact, the quality of our relationships affects not just our sense of meaning, but also our psychological and physiological health. As the well-established field of



Attachment Theory teaches, we need to form safe, caring bonds with other beings to have healthy nervous systems. Secure attachment creates neural pathways that are crucial for the functioning of our brains. In other words, our biology is intertwined with the natural yearnings of our heart. As mammals, we are born with an innate desire to connect. We yearn for experiences of trust and mutual

understanding. Connected relationships are central to our well-being.

Feeling connected brings out our natural empathy, kindness, and compassion. In today's world, we need to work on this more than ever. Modern society suffers from an epidemic of disconnection. We fight with each other and mistreat the planet. We lose ourselves in devices and are not present in the moment. Many people feel isolated and afraid, living with chronic stress. We're spending too much time in survival mode, not experiencing connection, softness, and presence.

For a society living in disconnection, it's difficult to feel our shared humanity and interdependence with nature. On the other hand, when we cultivate our ability to connect, the healing effect ripples outward to everyone in our lives. We treat each other with care when we feel a genuine connection with each other's humanness and vulnerability. We treat the earth with respect when we experience the healing power of connecting with nature.

We are interconnected with all of life. To fully understand that truth, we need to experience the warmth and vitality of the internally felt sense of connection. We need to carry it with us, at the core of our way of being in the world.