

“Responding to Suicidality and Related Issues”

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National Suicide Data for 2019 & 2020

- **Source of Data: 2019 and 2020 death** records received from state and local health departments and processed by the **National Center for Health Statistics** (agency within the CDC) as of May 19, 2021.
 - The provisional number of suicides in 2020 (45,855) was 3% lower than in 2019 (47,511).
 - Females in all race and Hispanic-origin groups experienced **declines** in suicide rates between 2019 and 2020.
 - Suicide Rates **declined** for non-Hispanic white and Asian males. However, non-Hispanic white males were the **leading demographic**, overall, for suicide in both 2019 (29,282 and 28.0 per 100,000) and 2020 (28,212 and 27.1 per 100,000). For Asian males, there were 950 suicides in 2019 (10.1 per 100,000) and 916 suicides in 2020 (9.5 per 100,000).
 - Suicide Rates **increased** for black males and Hispanic males between 2019 and 2020
- (Source: Curtin, Hedegaard, and Ahmad 2021)

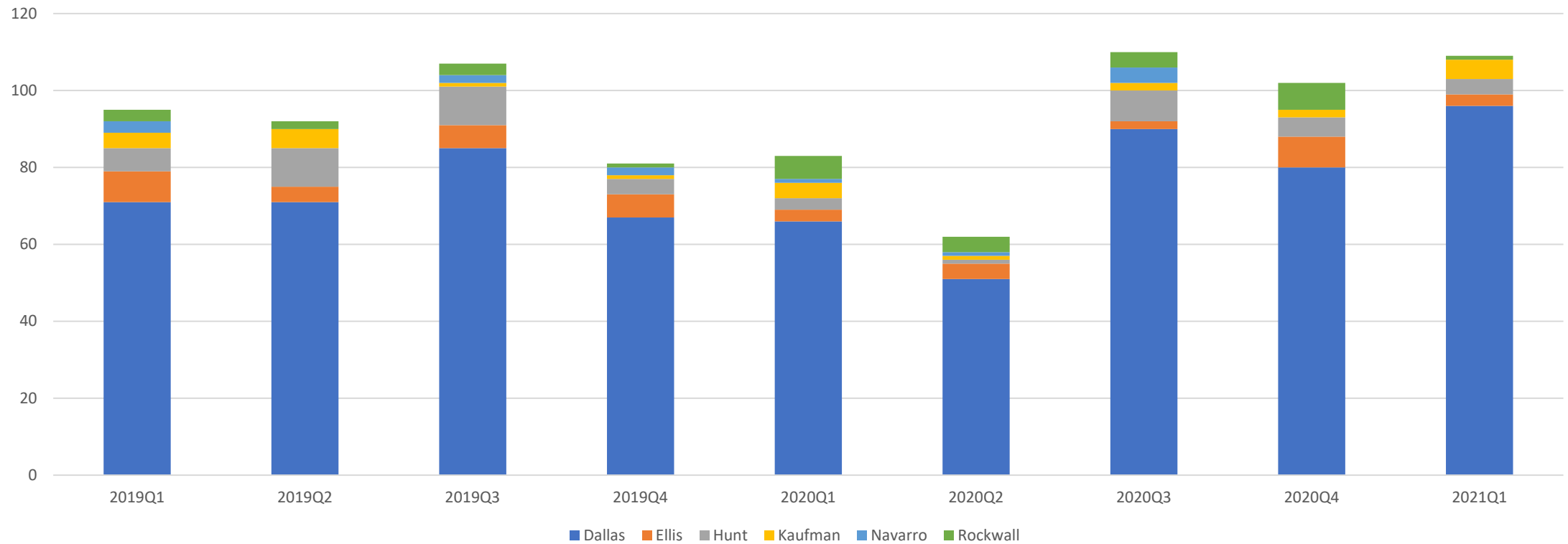
National Suicide Data for 2019 & 2020

- For **black males**, there was a **6% increase** in the **total number** of suicides from **2019 (2,591)** to **2020 (2,645)**. There was a **3% increase** in the **overall rate** of suicides from **2019 (12.5 per 100,000)** to **2020 (12.9 per 100,000)**.
- For **Hispanic males**, there was an **8% increase** in the **total number** of suicides from **2019 (3,445)** to **2020 (3,704)**. There was a **5% increase** in the **overall rate** of suicides from **2019 (11.6 per 100,000)** to **2020 (12.2 per 100,000)**.

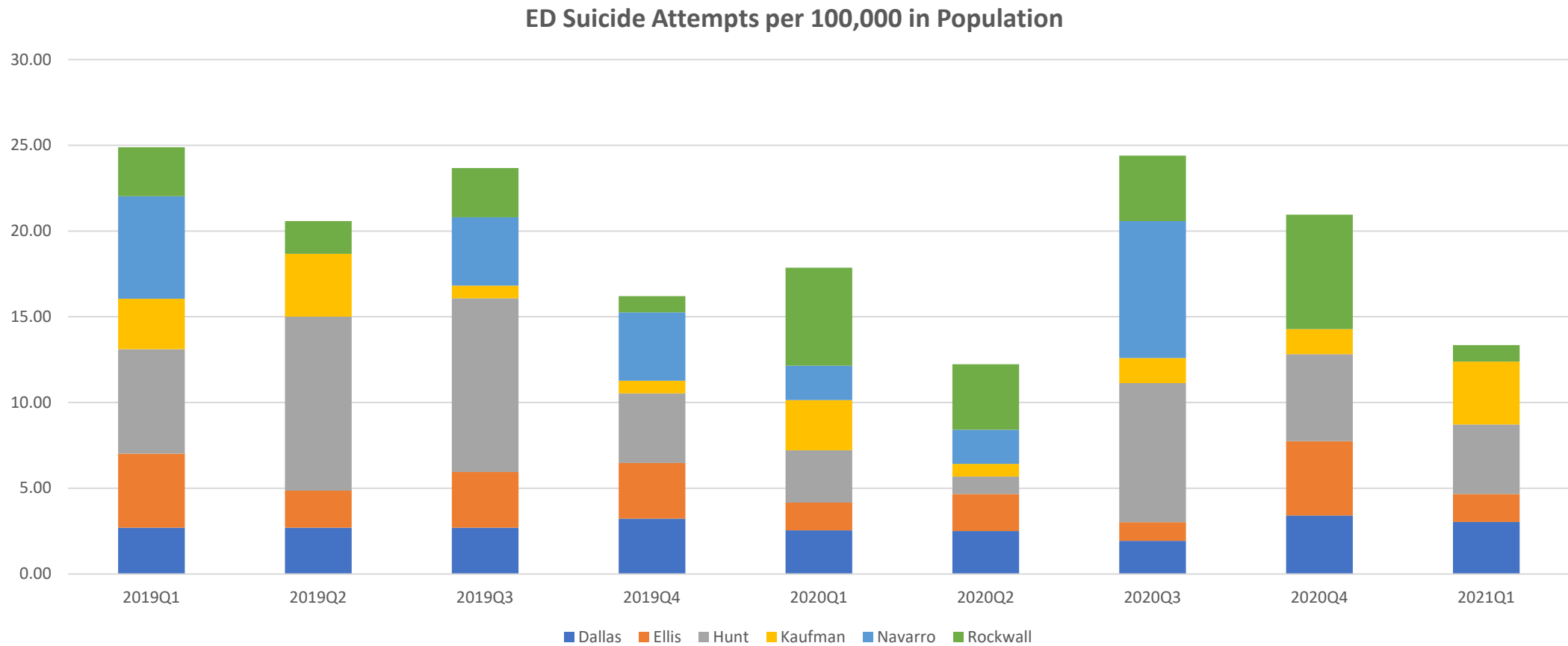
(Source: Curtin, Hedegaard, and Ahmad 2021)

NTBHA Suicide Data for 2019Q1 – 2021Q1

ED Encounters with a 'Suicide Attempt' Diagnosis

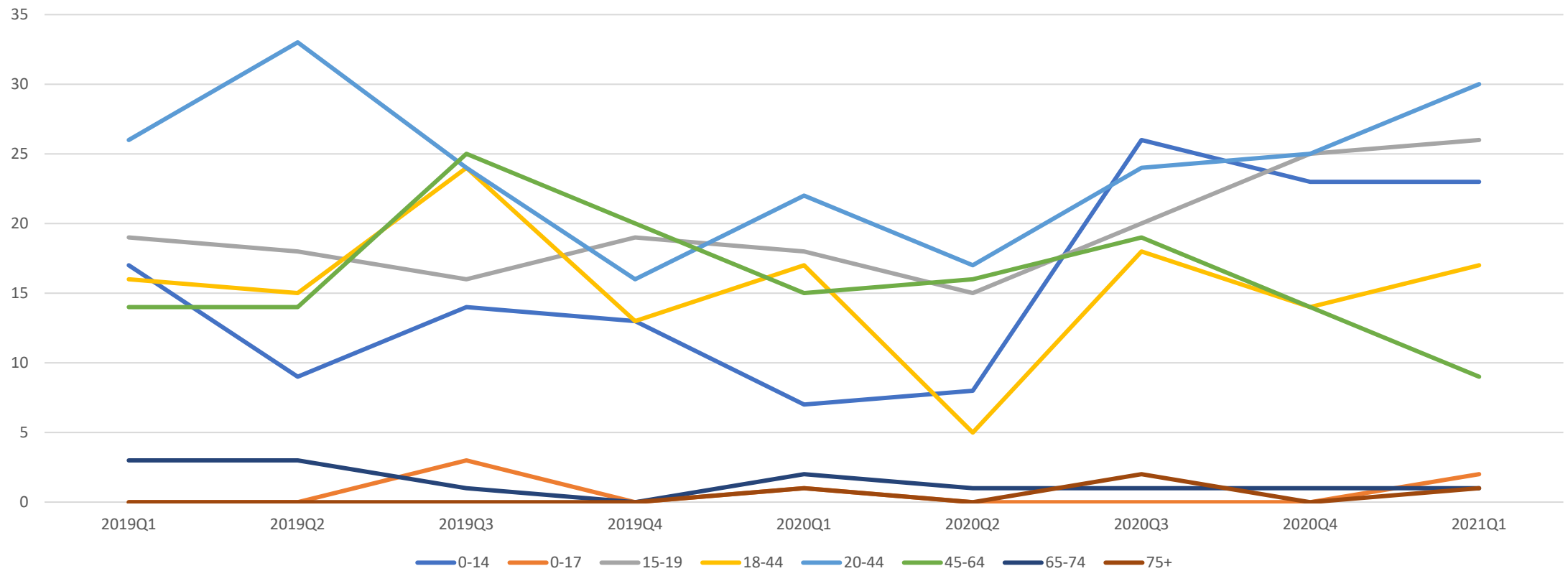


NTBHA Suicide Data for 2019Q1 – 2021Q1



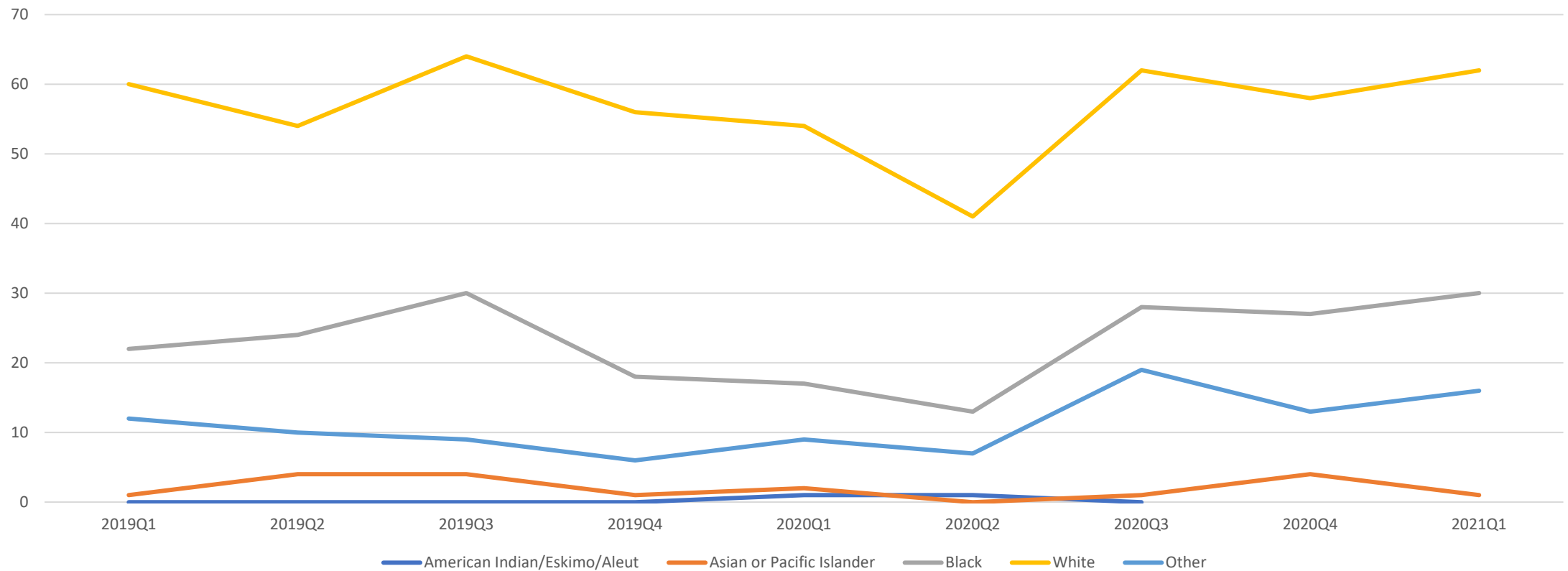
NTBHA Suicide Data for 2019Q1 – 2021Q1

Attempts by Age, Showing Trends for Each Group

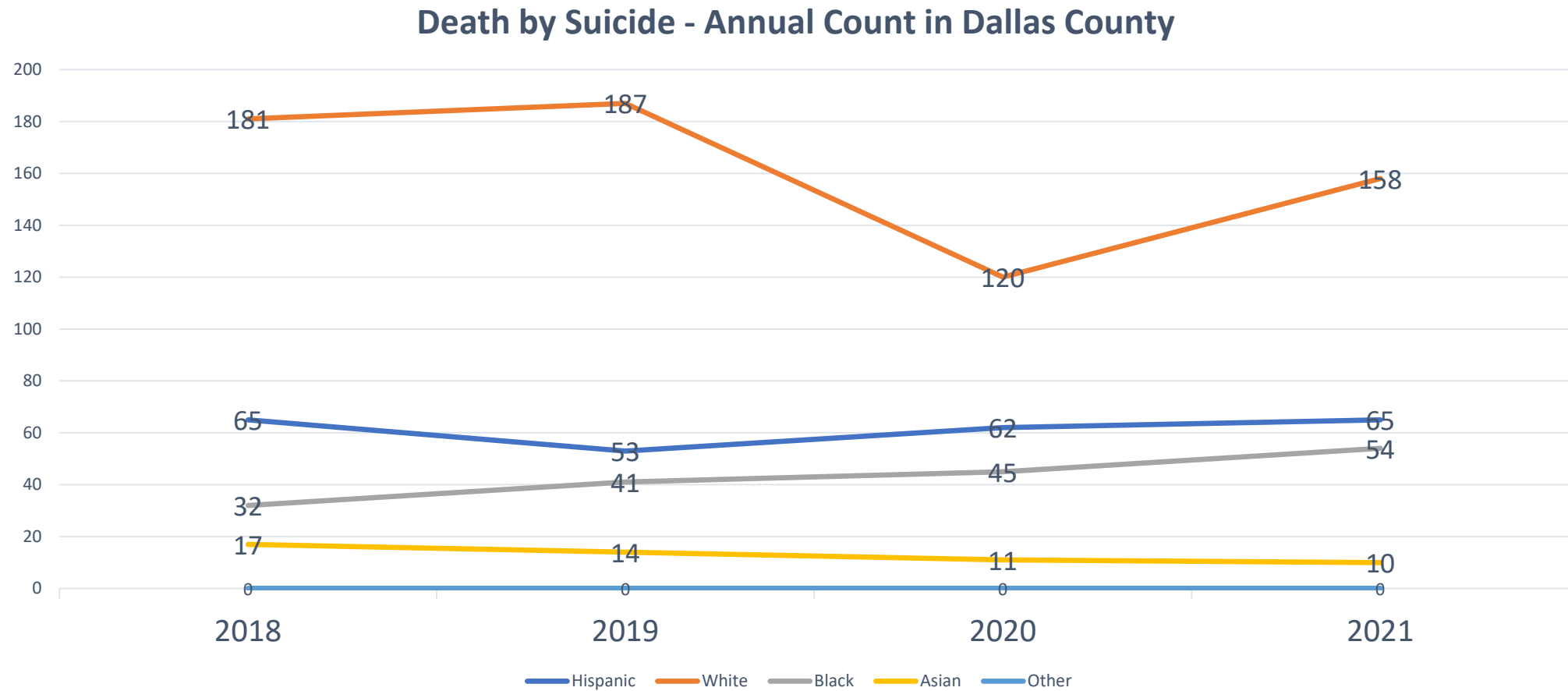


NTBHA Suicide Data for 2019Q1 – 2021Q1

ED Attempts, Showing Trends by Race

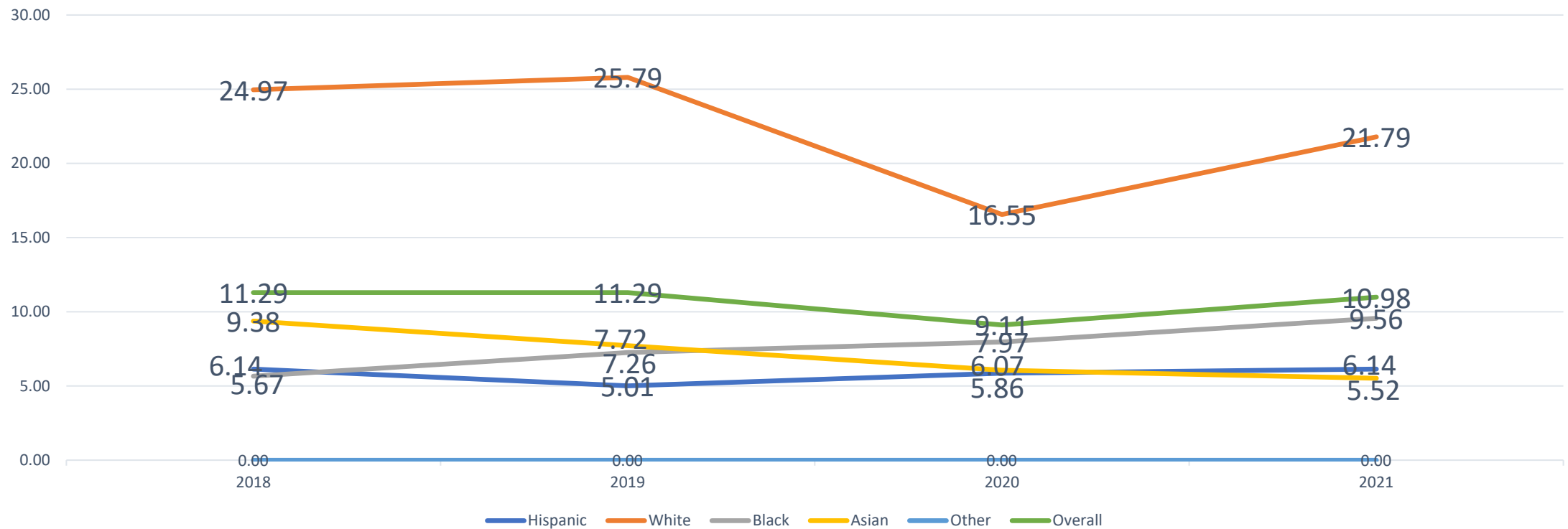


Dallas County Suicide Data for 2018 - 2021



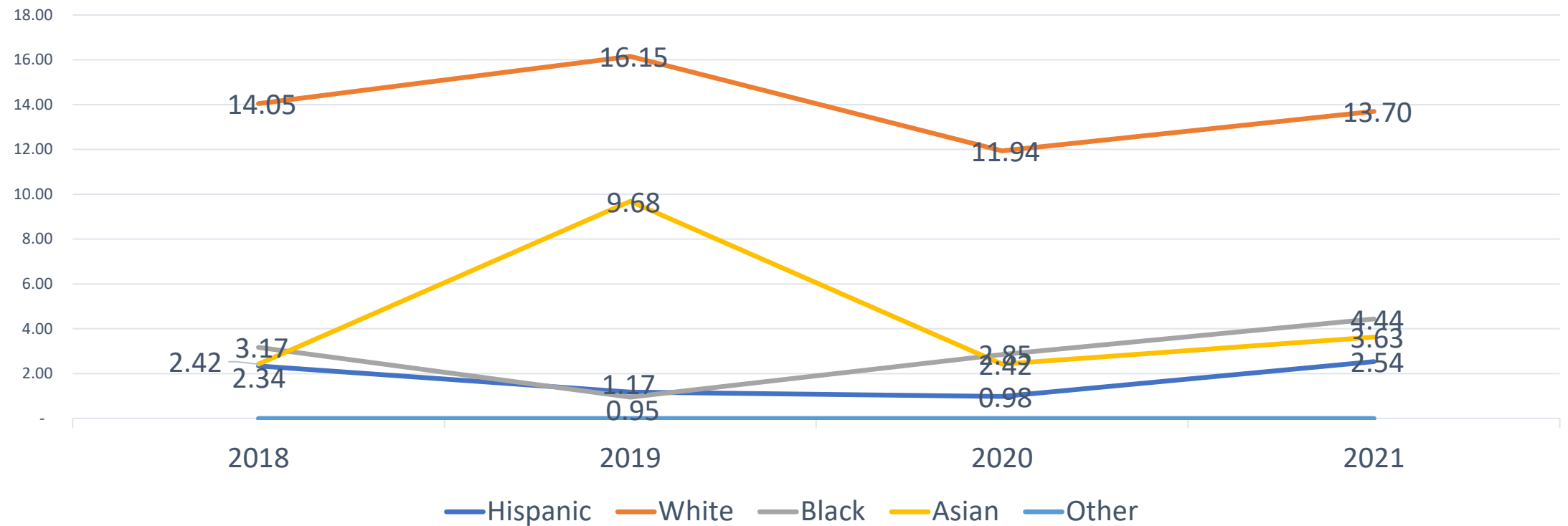
Dallas County Suicide Data for 2018 - 2021

Suicide Rate per 100,000 by Race
In Dallas County

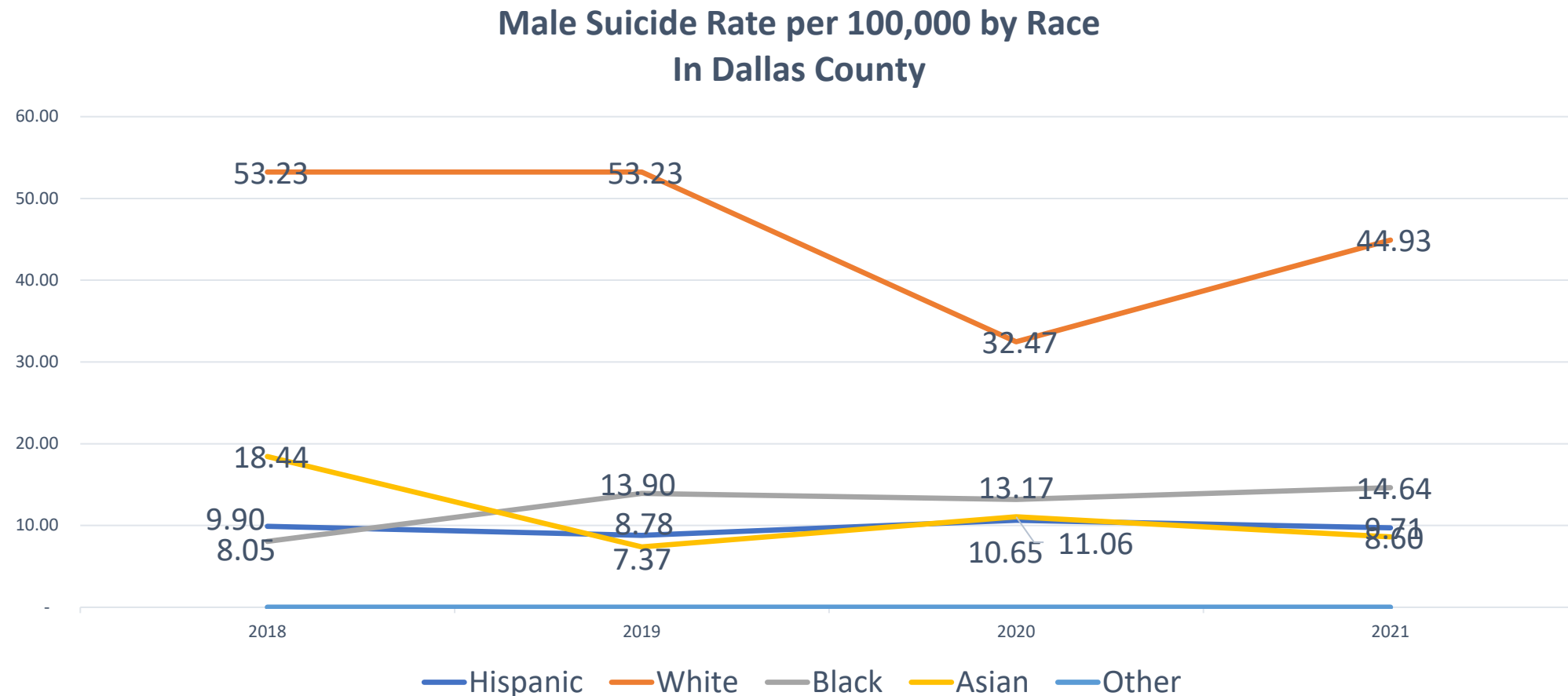


Dallas County Suicide Data for 2018 - 2021

Female Suicide Rate per 100,000 by Race
In Dallas County

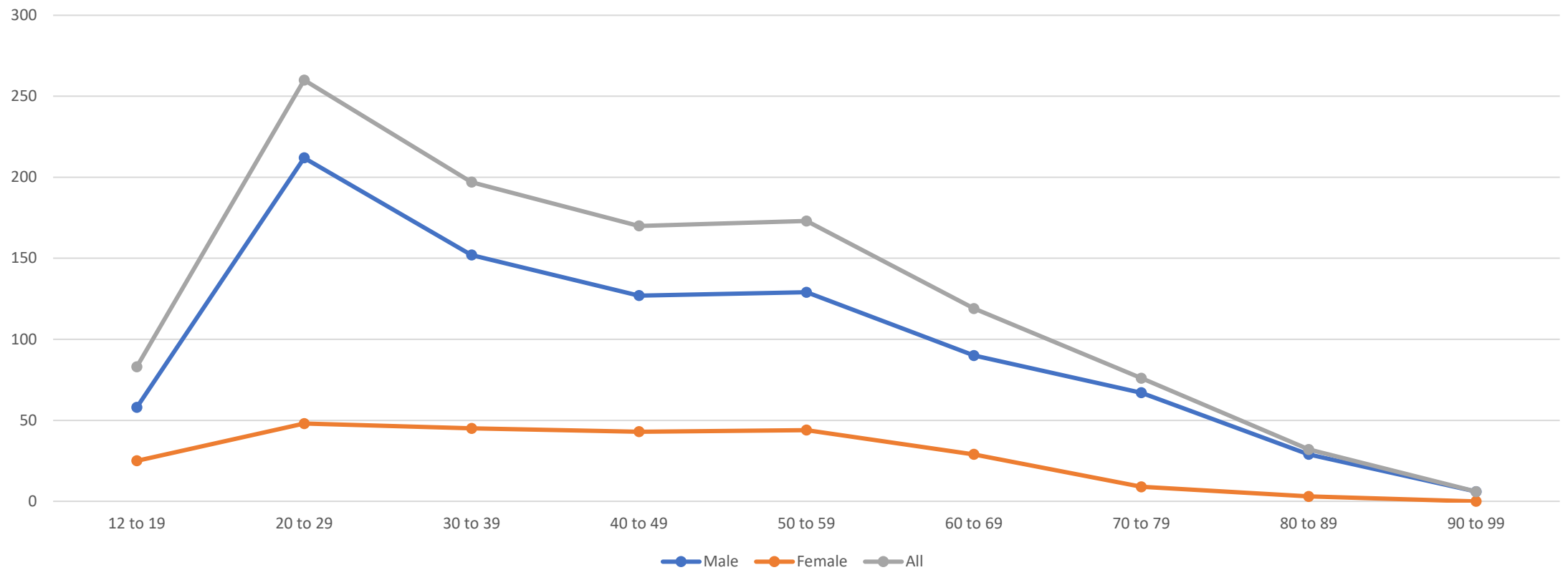


Dallas County Suicide Data for 2018 - 2021

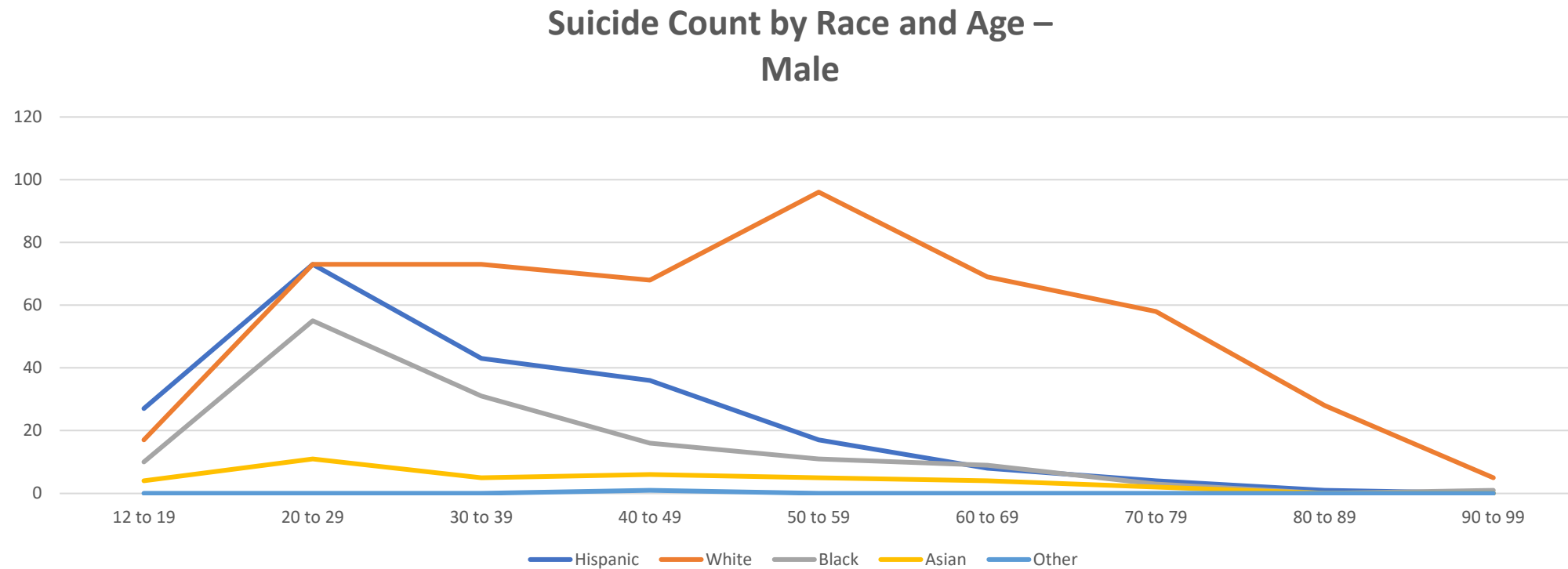


Dallas County Suicide Data for 2018 - 2021

Suicide Count by Age Range & Sex 2018-2021 Combined

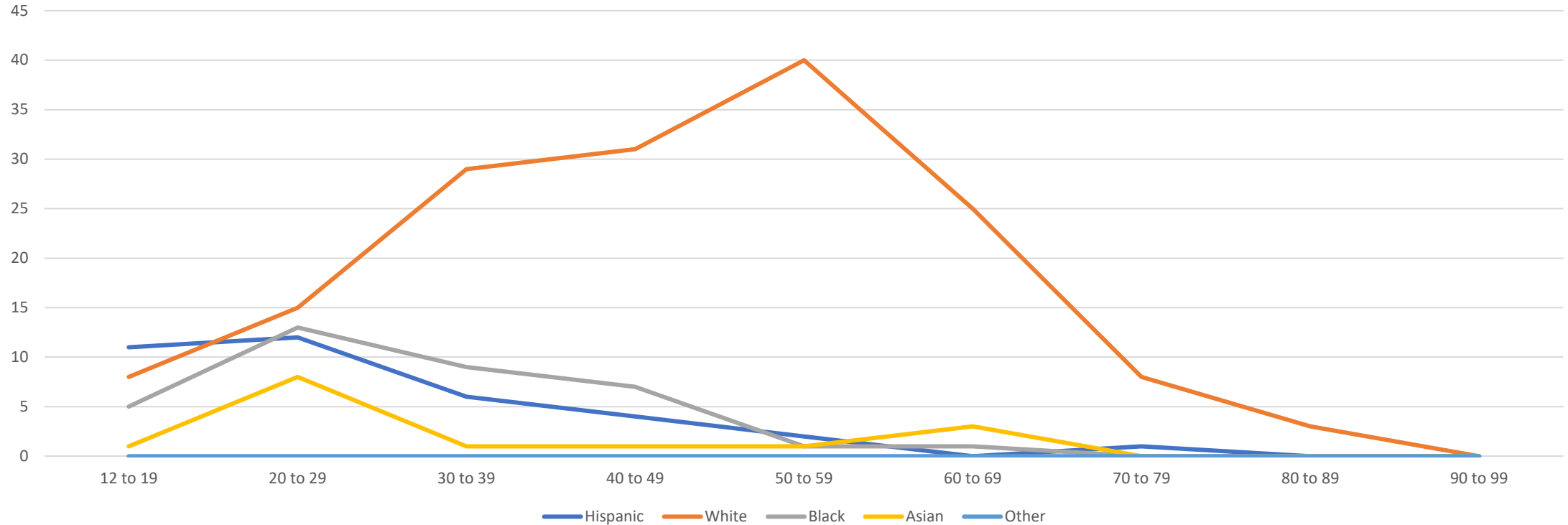


Dallas County Suicide Data for 2018 - 2021

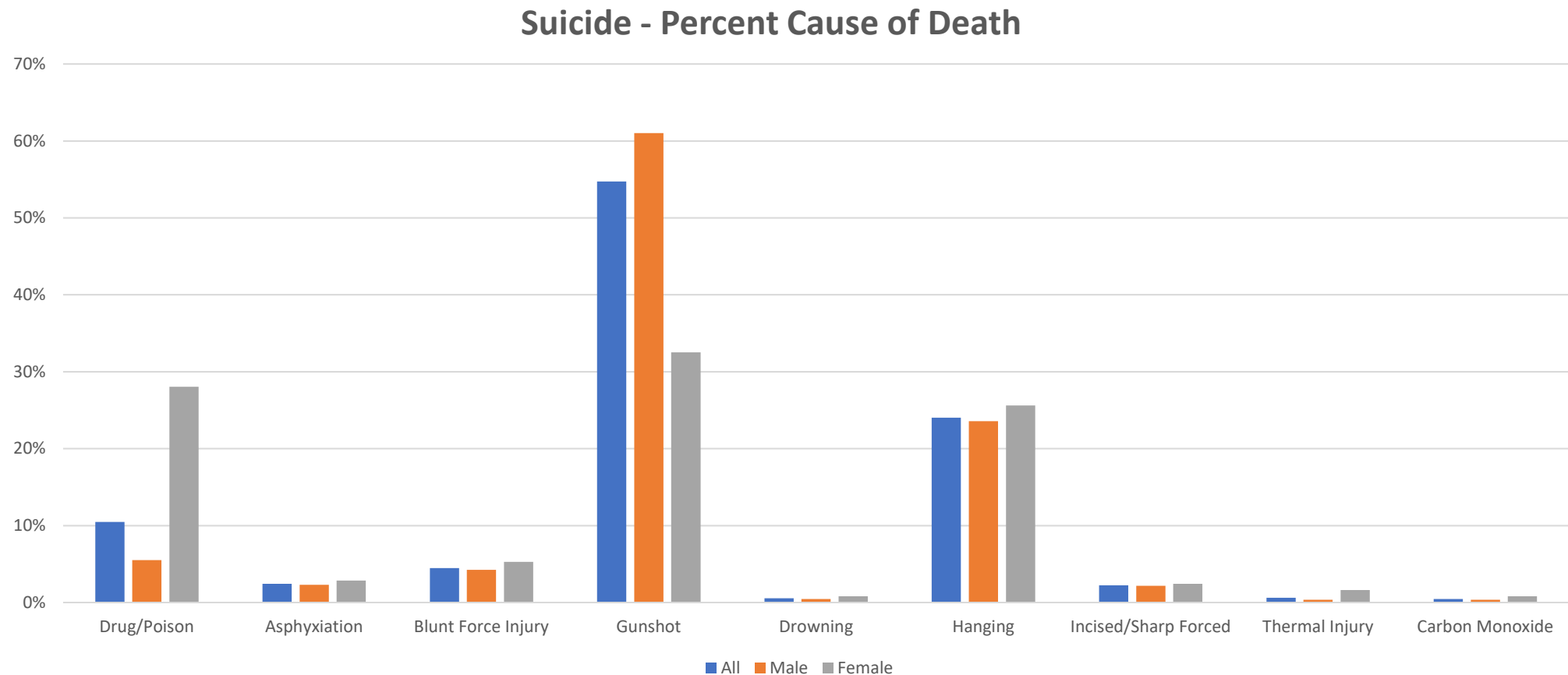


Dallas County Suicide Data for 2018 - 2021

Suicide Count by Race and Age -
Female



Dallas County Suicide Data for 2018 - 2021



NTBHA Suicide Prevention Actions

- **ASIST Training – Applied Suicide Intervention Skill Training.** ASIST is a 2-day training program that teaches participants how to assist those at risk for suicidal thinking, behavior, attempts, and attempts.
- **Mental Health First Aid Training** - Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

NTBHA Suicide Prevention Actions

- **CALM – Counseling on Access to Lethal Means** - Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. This free online course focuses on how to reduce access to the methods people use to kill themselves. It covers how to: (1) identify people who could benefit from lethal means counseling, (2) ask about their access to lethal methods, and (3) work with them—and their families—to reduce access. While this course is primarily designed for mental health professionals, others who work with people at risk for suicide, like social service professionals and health care providers, may also benefit from taking it.
- **AS+K - About Suicide To Save A Life (Basic)** provides participants with an overview of the basic epidemiology of suicide and suicidal behavior, including risk and protective factors. In this one hour e-learning based course, participants are trained to recognize warning signs—behaviors and characteristics that might indicate elevated risk for suicidal behavior—and the initial intervention steps to support a person they think might be at risk for suicide. Please note this course is designed for public health information purposes only and is not designed to assess, screen, diagnose or treat any mental or physical health condition.

NTBHA Suicide Prevention Actions

Trauma Informed Care – NTBHA was selected by the National Council of Mental Well-being as a Trauma-Informed Care Learning Community

NTBHA's Trauma Informed Care Initiative seeks to:

- Increase awareness of the impact of trauma, resilience-building strategies and trauma-informed care.
- Implement trauma-informed, resilience-oriented best practices suited to NTBHA and the provider network.
- Embed understanding of trauma and resilience into intake, screening and assessment processes.
- Develop a trauma-informed and resilient workforce.
- Build resilience in the NTBHA and provider workforce through prevention of and response to secondary traumatic stress and compassion fatigue.
- Increase the resilience, engagement and involvement of the people served by the NTBHA provider network.
- Create safe environments that avoid re-traumatization and promote resilience.
- Organize, collect, analyze and utilize data to sustain quality improvement.

NTBHA Outreach, Education, and Referral Resources

- **SUD Community Health Worker (CHW) Program** - The substance use disorder community health worker programs allow community health workers and promotor(a) to increase linkage and retention in substance use, mental health and medical services for Texas residents living with substance use disorders. These CHW programs provide non-judgmental, non-coercive provision of services and resources to people who use substances and the communities in which they live to assist them in reducing harm. This includes people who are marginalized or stigmatized, experiencing housing instability or homelessness, injecting substances, live with or are at risk of Hepatitis C Virus or Human Immunodeficiency Virus, and are experiencing greater barriers to entering treatment or recovery services
- **Outreach, Screening, Assessment, and Referral (OSAR)** - is a service available to all individuals interested in information about substance use services. OSAR can be the starting point for individuals who want help accessing substance use services but are unsure where to begin.

Outreach Efforts this Fiscal Year (Sept. 2021 – Feb. 2022)

1,114 People Trained in Mental
Health First Aid

412 Jail Assessments Conducted
Across the Region

3,500 Crisis Calls Answered by
our AAS Certified Hotline

7,165 Community Health Worker
Contacts in the Community

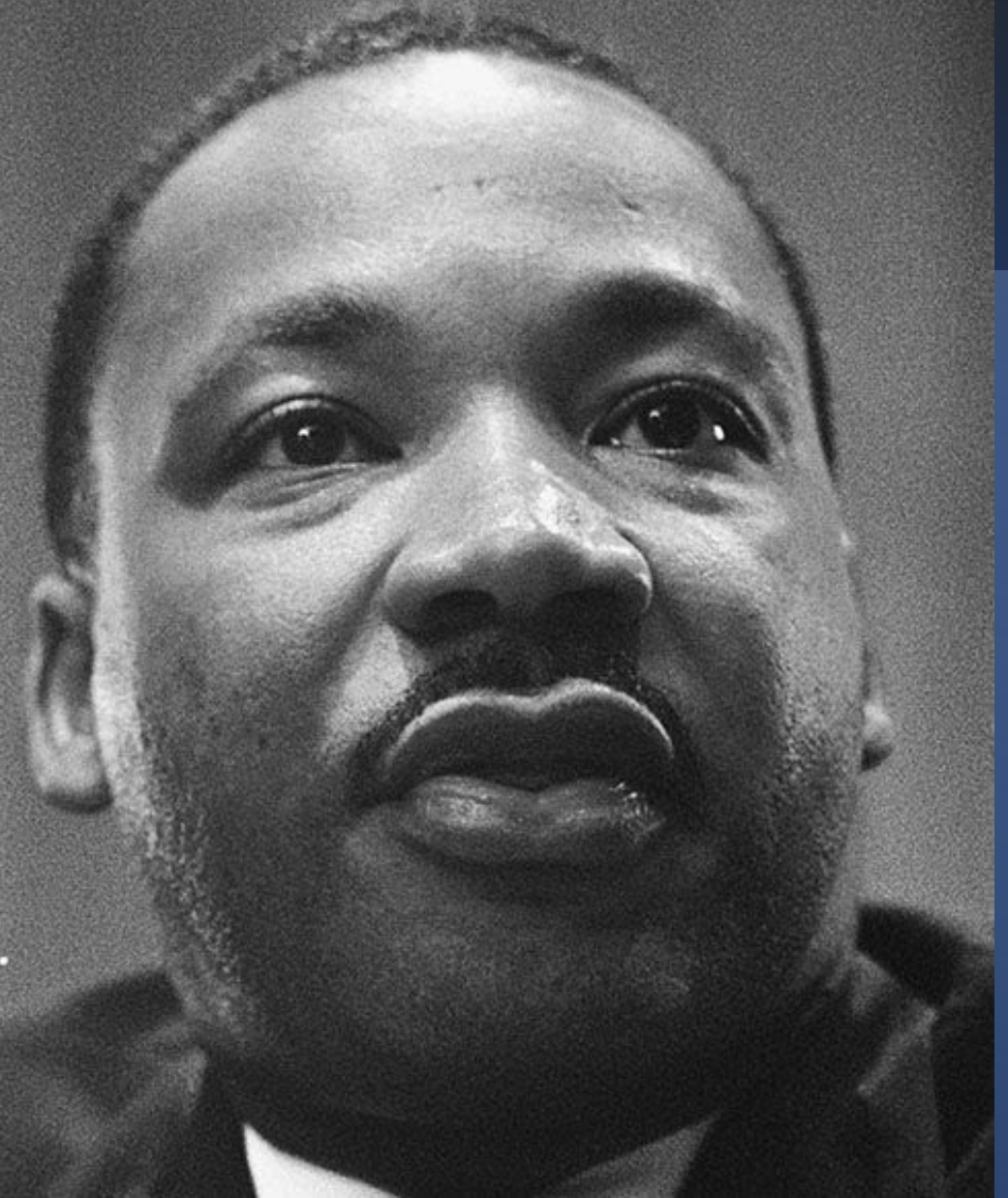
Routine Activities

Each CANS/ANSA assessment includes a section on the risk of suicide.

Each face-to-face or via telehealth visit includes a risk of harm screening.

“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.”

DR. MARTIN LUTHER KING, JR.



Concluding Thoughts

- Suicide is a complex, multifaceted public health issue with societal, environmental, interpersonal, biological and psychological components (Curtin et al 2021; Stone et al 2017)
- The COVID-19 pandemic increased many of the risk factors associated with suicidal behavior (adverse mental health conditions, substance misuse, and job or financial stress) (Curtin et al 2021; Czeisler et al 2020; Pew Research Center 2020)
- Suicide has increased among our black and brown brothers nationally and in Dallas County.
- Suicidality is arguably a “wicked problem” (Rittel and Webber 1973) that requires a whole-of-community effort to address.

Concluding Thoughts

- Possible initiatives to address some of the contributing factors of suicidality:

1. Adopt a *Health-in-All-Policies* approach at the policy-making and community level. Encourage “...leaders and policymakers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of all policies and services.” For, “There is an increasing recognition that the environments in which people live, work, learn, and play have a tremendous impact on our health. Re-shaping people’s economic, physical, social, and service environments can help ensure opportunities for health and support healthy behaviors.” (Rudolph et al 2013)

Concluding Thoughts

2. Strengthen Economic Supports – strengthen household financial security. Develop and implement housing stabilization policies.

3. Strengthen access and delivery of behavioral health care – coverage of mental health and substance use disorder services in health insurance policies. Reduce provider shortages in underserved areas.

4. Create protective environments – reduce access to lethal means among persons at risk of suicide. Organizational policies and culture. Community-based policies to reduce excessive alcohol use.

5. Promote connectedness – peer support programs. Community engagement activities.

(Source: Stone, et al 2017)

Concluding Thoughts

6. Teach coping and problem-solving skills – social-emotional learning programs. Parenting skill and family relationship programs.

7. Identify and support people at risk – Gatekeeper training. Crisis intervention. Treatment for people at risk of suicide and to prevent re-attempts.

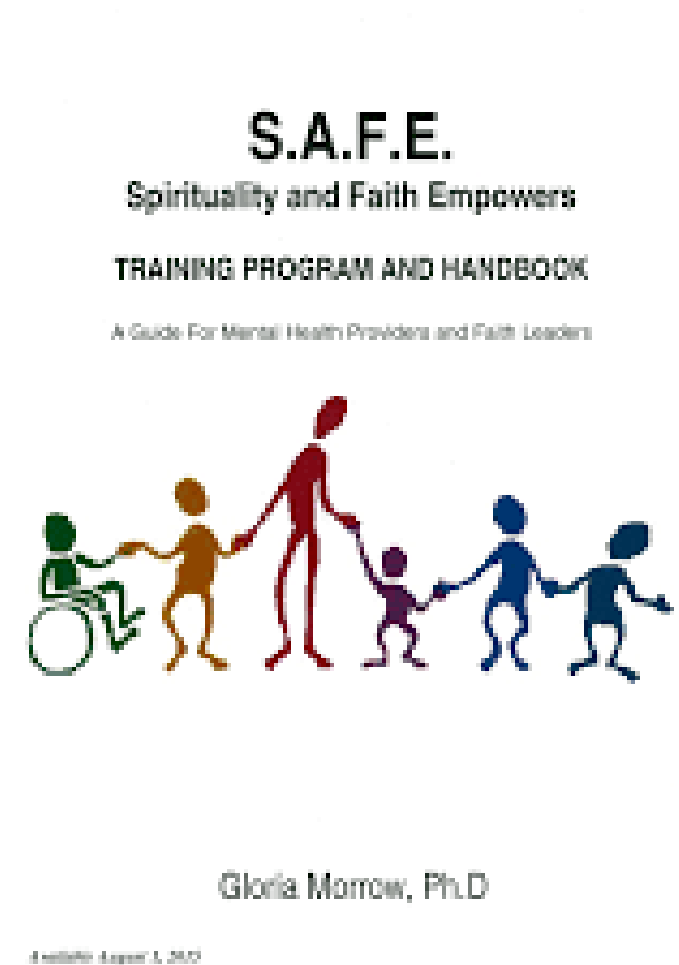
8. Lesson harms and prevent future risk – Postvention. Safe reporting and messaging about suicide.

9. Partner with the faith-based communities for the purpose of education, equipping, and empowerment.

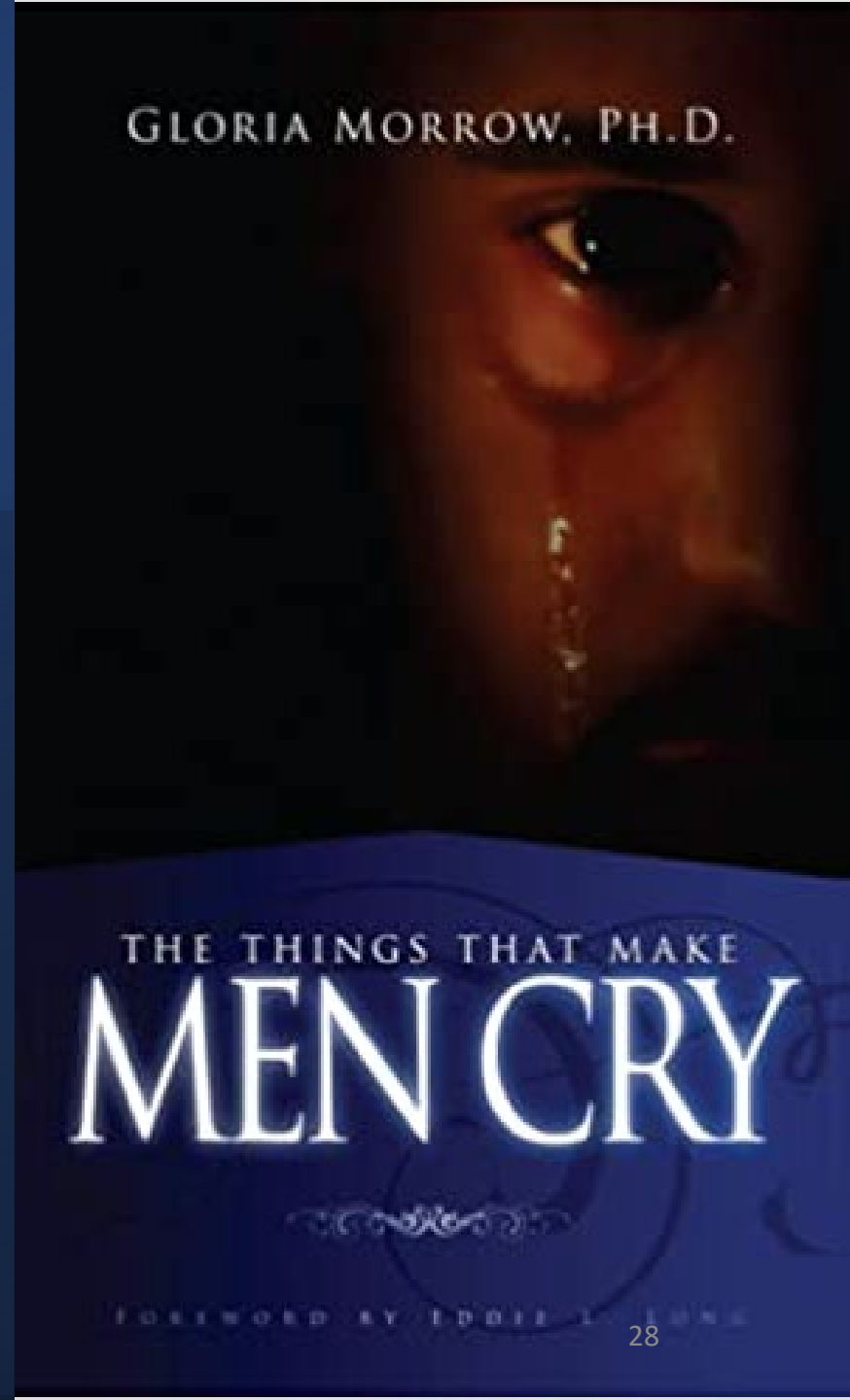
10. Remember, its okay, to not be okay, and to get the help and support that we all need.

(Source: Stone, et al 2017)

S.A.F.E. Training March 31 and April 1, 2022



“The Things that Make
Men Cry”
April 2, 2022



Other Resources

- 24/7 NTBHA Crisis Line 1-866-260-8000 and www.ntbha.org
- COVID-19 Mental Health Crisis Line 1-866-251-7544
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
- Film: “I’m Good Bro: Unmasking Black Male Depression”
https://www.youtube.com/watch?v=w_iCaM84HUg

References

- Curtin, S.C., Hedegaard, & Ahmad, F. B. 2021. Provisional numbers and rates of suicide by month and demographic characteristics: United States 2020. *National Vital Statistics Rapid Release*. Report No. 16. November 2021. National Center for Health Statistics, Centers for Disease Control and Prevention.
- Czeisler, M.E., Lane, R.I., Petrosky, E., Wiley, J.F., Christensen, A., Njai, R. et al. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24-30, 2020. *Morbidity and Mortality Weekly Report* 69 (32): 1049 -57. 2020.
- Pew Research Center, April 2020, “About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19”
- Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. 2013. *Health in all policies: a guide for state and local governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
- Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. 2017. Preventing suicide: a technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.