Definitions

- **Suicide**
  Death caused by self-directed injurious behavior with any intent to die as a result of the behavior (cdc.gov).

- **Suicide attempt**
  A non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury (cdc.gov).

- **Self-Injurious Behavior**
  Self-injury, also called self-harm, is the act of deliberately harming your own body, such as cutting or burning yourself. It's typically not meant as a suicide attempt. Rather, self-injury is an unhealthy way to cope with emotional pain, intense anger and frustration (mayo clinic.com).
Definitions

- **Suicidal ideation**
  Thinking about, considering, or planning for suicide (cdc.gov).

- **Passive Thoughts of Death**
  Also known as morbid thoughts. For example, “I wish I was dead” or “It would be easier if I weren’t around”. Although these may be serious, and may develop into suicidal ideations, they are not considered suicidal ideations.
Suicide

Knows no boundaries of race, sex, creed, religion, age, sexual orientation or socio-economic status!

Emily – Age 7
Suicide Statistics: United States and Youth

- Suicide is the third leading cause of death among 15–24-year olds behind accidents and homicides (2010, cdc.gov).
- For every completed suicide by youth (15–24), it is estimated that 100 to 200 attempts are made (2010, cdc.gov).
- The majority of youth who died by suicide used firearms (45%). Suffocation was the second most commonly used method (40%) (2009, cdc.gov).
Suicide Statistics: United States and Youth

- Highest state averages for ages 15–24 are Alaska (46.0 per 100,000), Wyoming (31.9 per 100,000), and South Dakota 26.9 per 100,000) (2010, cdc.gov).


- Of the reported suicides in the 10 to 24 age group, 81% of the deaths were males and 19% were females. Females attempt suicide three times more frequently than males and males complete suicide nearly 4 times that of females (2009, cdc.gov).
<table>
<thead>
<tr>
<th>Ages</th>
<th>Suicides by Firearm</th>
<th>Suicides by Poisoning</th>
<th>Suicides by Suffocation</th>
<th>Suicides by Falling</th>
<th>Suicides by Drowning</th>
<th>Suicides by Cutting/Piercing</th>
<th>All other means</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-14 years</td>
<td>34</td>
<td>0</td>
<td>80</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15-24 years</td>
<td>1,122</td>
<td>139</td>
<td>819</td>
<td>47</td>
<td>11</td>
<td>18</td>
<td>43</td>
</tr>
<tr>
<td>25-34 years</td>
<td>1,252</td>
<td>330</td>
<td>864</td>
<td>48</td>
<td>13</td>
<td>38</td>
<td>49</td>
</tr>
<tr>
<td>35-44 years</td>
<td>1,452</td>
<td>516</td>
<td>770</td>
<td>38</td>
<td>23</td>
<td>48</td>
<td>53</td>
</tr>
<tr>
<td>45-54 years</td>
<td>1,848</td>
<td>641</td>
<td>623</td>
<td>52</td>
<td>21</td>
<td>67</td>
<td>40</td>
</tr>
<tr>
<td>55-64 years</td>
<td>1,399</td>
<td>306</td>
<td>277</td>
<td>22</td>
<td>18</td>
<td>44</td>
<td>24</td>
</tr>
<tr>
<td>65-74 years</td>
<td>833</td>
<td>81</td>
<td>77</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>75+ years</td>
<td>953</td>
<td>48</td>
<td>67</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>All ages</td>
<td>8,893</td>
<td>2,061</td>
<td>3,577</td>
<td>200</td>
<td>86</td>
<td>245</td>
<td>209</td>
</tr>
</tbody>
</table>
Suicide Deaths in Texas
2005-2010 Rates Per 100,000

(Crude Rates per 100,000 – CDC WISQARS)
# Suicide Deaths in Denton County

**Exact Numbers – Texas ICD–10 Data**

<table>
<thead>
<tr>
<th>Year</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010 *</th>
<th>2011 *</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>28</td>
<td>46</td>
<td>42</td>
<td>48</td>
<td>50</td>
<td>53</td>
<td>53</td>
<td>61</td>
<td>69</td>
<td>68</td>
<td>66</td>
</tr>
</tbody>
</table>

*Per Medical Examiner’s Report
January – June 2012 – 29 deaths
Record High in April 2012 – 9 deaths
## DCMHMR
### Emergency Screening Statistics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,221</td>
<td>1,715</td>
<td>2,025</td>
<td>1,906</td>
<td>1,891</td>
</tr>
</tbody>
</table>
## Child and Adolescent Crisis Services (SP0) Totals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
<td>107</td>
<td>138</td>
<td>146</td>
<td>128</td>
</tr>
</tbody>
</table>
# Child and Adolescent Crisis Services (SP0) From December 1, 2011–November 30, 2012

<table>
<thead>
<tr>
<th></th>
<th>Age 3–5</th>
<th>Age 6–10</th>
<th>Age 11–14</th>
<th>Age 15–18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number</strong></td>
<td>1</td>
<td>11</td>
<td>42</td>
<td>74</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>1</td>
<td>8</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>0</td>
<td>3</td>
<td>27</td>
<td>41</td>
</tr>
<tr>
<td><strong>North Denton County</strong></td>
<td>0</td>
<td>6</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td><strong>South Denton County</strong></td>
<td>1</td>
<td>5</td>
<td>30</td>
<td>39</td>
</tr>
<tr>
<td><strong>Overt Act</strong></td>
<td>0</td>
<td>4/36%</td>
<td>14/33%</td>
<td>31/41%</td>
</tr>
</tbody>
</table>
# Child and Adolescent Crisis Services (SP0) From December 1, 2011 – November 30, 2012

<table>
<thead>
<tr>
<th></th>
<th>Age 3–5</th>
<th>Age 6–10</th>
<th>Age 11–14</th>
<th>Age 15–18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideations</td>
<td>0</td>
<td>4</td>
<td>21</td>
<td>53</td>
</tr>
<tr>
<td>Homicidal Ideations</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Both SI &amp; HI</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Passive Thoughts of Death</td>
<td>1</td>
<td>8</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Outpatient</td>
<td>0</td>
<td>9</td>
<td>28</td>
<td>41</td>
</tr>
<tr>
<td>Inpatient</td>
<td>1</td>
<td>2</td>
<td>14</td>
<td>33</td>
</tr>
</tbody>
</table>
### Child and Adolescent Crisis Services (SP0)
**From December 1, 2011–November 30, 2012**

**128 Total**

<table>
<thead>
<tr>
<th>Race</th>
<th>3–5</th>
<th>6–10</th>
<th>11–14</th>
<th>15–18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caucasian</strong></td>
<td>1 (male)</td>
<td>7 (3 female/4 male)</td>
<td>23 (14 female/9 male)</td>
<td>48 (26 female/22 male)</td>
</tr>
<tr>
<td><strong>African American</strong></td>
<td>0</td>
<td>3 (male)</td>
<td>7 (5 female/2 male)</td>
<td>10 (6 female/4 male)</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>0</td>
<td>1 (male)</td>
<td>8 (6 female/2 male)</td>
<td>13 (9 female/4 male)</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>0</td>
<td>0</td>
<td>1 (Female)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Bi Racial</strong></td>
<td>0</td>
<td>0</td>
<td>2 (1 female/1 male)</td>
<td>1 (Male)</td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
<td>0</td>
<td>0</td>
<td>1 (male)</td>
<td>2 (male)</td>
</tr>
</tbody>
</table>
Early Warning Signs

- Withdrawal from family and friends
- Preoccupation with death
- Personality change and serious mood change
- Difficulty concentrating
- Difficulties in school (decline in quality of work)
- Change in eating and sleeping habits
- Loss of interest in pleasurable activities & things one cares about
- Frequent complaints about physical symptoms, often related to emotions such as stomach aches, headaches, fatigue, etc.

Late Warning Signs for Suicide

- Actually talking about suicide or a plan
- Exhibiting impulsivity such as violent actions, rebellious behavior or running away
- Refusing help, feeling “beyond help”
- Complaining of being a bad person or feeling “rotten inside”
- Making statements about hopelessness, helplessness, or worthlessness
- Giving verbal hints such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” and “I won’t see you again”

Late Warning Signs for Suicide

- Becoming suddenly cheerful after a period of depression—this may mean that the student has already made the decision to escape all problems by ending his/her life.
- Giving away favorite possessions
- Making a last will and testament
- Saying other things like: “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born.”
- Using social media (Facebook, Twitter) to convey these messages

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218-3a, 4, 6c)
**Acute Risk Factors**

I = Ideations of Suicide either threatened or communicated
S = Substance use increased or excessive

P = Purposeless – Reports no reason to live
A = Anxiety/Insomnia/Agitation
T = Trapped – Sees no way out, no coping skills
H = Hopeless

W = Withdrawn
A = Angry/Revenge Seeking, uncontrollable rage
R = Reckless – Risky behavior or impulsiveness
M = Mood Swings
Chronic Risk Factors

- History of past suicide attempts– the more attempts and the higher the lethality the higher the risk.
- History of previous psychiatric hospitalizations– indicates higher significance of mental disorders.
- Current mental disorder– 90% of those who die by suicide have a diagnosable mental illness.
- Social isolation– being chronically isolated from loved ones or society
- Family history of suicidal behavior– due to genetic or biochemical vulnerability, or environmental (growing up without a parent that died by suicide).
- Family history of violent behavior and/or substance abuse– genetic or environmental
Chronic Risk Factors – Cont.

- Early history of abuse physical or sexual, and or history of being bullied
- Low self esteem, feeling worthless, self-hate
- Significant medical illness—attempting to gain control of situation. especially seen in illnesses which may lead to dependency, chronic pain, inability to function or premature death.
- History of poor control, impulsivity—signals poor problem-solving/coping
- A high degree of stress or conflict at baseline.
Protective Factors

- Family connectedness and school connectedness
- Reduced access to firearms
- Safe schools
- Academic achievement
- Self-esteem

(American Association of Suicidology – www.suicidology.org)
Protective Factors

- Positive relationships with other school youth
- Lack of access to means
- Help-seeking behavior
- Impulse control
- Problem solving/conflict resolution abilities
- Stable environment

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication ( #218-3a,4, 6c)
Protective Factors

- Access to care for mental/physical and Substance Use Disorders
- Responsibilities for others/pets
- Spiritual connectedness/Religion

Remember that anything a youth indicates as a reason for living can be a protective factor!

Doan, J., Roggenbaum, S., & Lazear, K. (2003). Youth Suicide prevention school based guide – Issue Brief 3a: Risk Factors: Risk and Protective Factors, and Warning Signs. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218-3a,4, 6c)
Considerations when Assessing C&A for Suicide

Providers:
- Take ALL talk of suicide seriously.
- Ask directly about suicide and be concrete in what you ask.

MHA considerations:
- If at all possible, the parents should be present for the assessment.
- CPS must be contacted for unaccompanied minors and/or if abuse/neglect/exploitation is suspected.
- The Mental Health Authority is obligated to recommend what is least restrictive.
Access to Crisis

If there is a child or adolescent that has been identified as high risk, do the following:

1. **DO NOT LEAVE THEM ALONE.**
2. Follow Your Own Crisis Plan/Policies
3. Police must secure the scene.
4. Call the Crisis Line at 1–800–762–0157 who will in turn contact the Denton County Mobile Crisis Outreach Team. Please give the hotline the callback number of the individual most familiar with the situation.
5. The Denton County Mobile Crisis Outreach Team will determine the individual’s least restrictive options.
Resources

- American Association of Suicideology – www.suicideology.org
- American Foundation for Suicide Prevention – www.afsp.org
- Centers for Disease Control – www.cdc.gov
- Grant Halliburton Foundation – www.granthalliburton.org
- Mental Health America of Texas – www.mhatexas.org
- Substance Abuse and Mental Health Services Administration – www.samhsa.gov
- Suicide Prevention Resource Center – www.sprc.org
- Texas Department of State Health Services – www.dshs.state.tx.us
- The Trevor Project – www.thetrevorproject.org
- The Jed Foundation – www.jedfoundation.org
Phyllis Finley, B.A., QMHP, QMRP
MCOT Community Liaison
(940) 565–5295
phyllis@dentonmhmr.org

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dentonmhmr.org

Our Mission:
To enhance the quality of life for the persons we serve and their families