



TEXAS Health and Human Services

Connection to Hope: A Suicide Prevention Newsletter

OMHC - Office of Mental Health Coordination



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State Suicide Prevention Team Update

Suicide Prevention Quarterly Newsletter

The State Suicide Prevention Team in the Office of Mental Health Coordination is excited to release the first edition of this quarterly newsletter. The state team will use this platform to provide updates on suicide prevention initiatives happening at the Texas Health and Human Services Commission (HHSC) and around the state. If you have a suicide prevention program, success story, or event you would like to share with others, please email suicide.prevention@hhs.texas.gov.

State Suicide Prevention Team Members

The current members of the State Suicide Prevention Team include:

- **Tammy Weppelman** – State Suicide Prevention Coordinator
- **Jennifer Cruetsinger** – Youth Suicide Grant Project Director – Resilient Youth Safer Environments Grant
- **Jennifer Haussler Garing** – Suicide Prevention Policy and Outcomes Coordinator
- **Laura Hernandez Gold** – Suicide Prevention and Project AWARE Co-Coordinator
- **Samantha Zachary** – Suicide Care Coordinator – Suicide Care Initiative
- **Tara Reyna** – Veterans Suicide Prevention Coordinator

The State Suicide Prevention Team is available to provide training and technical assistance to any person or group on suicide prevention, intervention, or postvention. Please contact us at the email address above.

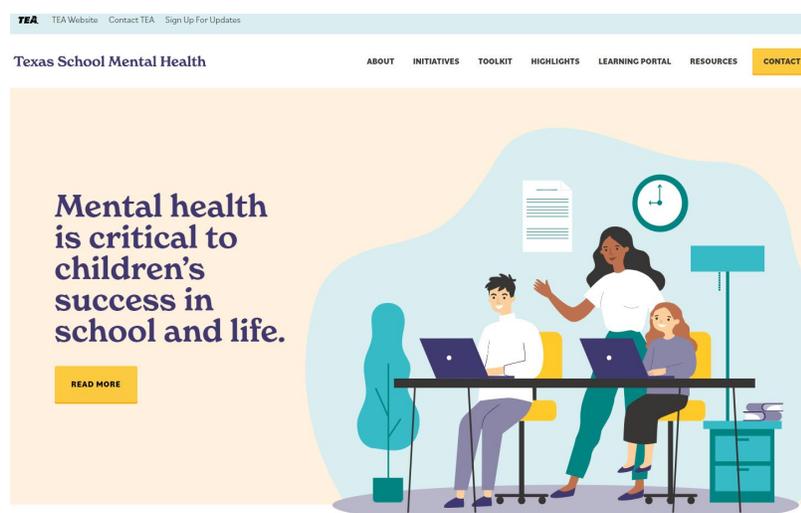
State Program Updates

Project Advancing Wellness and Resiliency in Education

Project Advancing Wellness and Resiliency in Education (AWARE) is a five-year grant-funded initiative designed to strengthen community and school-based supports for the mental health and resiliency of students. The Texas Education Agency (TEA) was awarded the grant in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), and partnered with HHSC and the Texas Institute for Excellence in Mental Health at the University of Texas (UT-TIEMH) to design and implement the program.

Project AWARE deploys evidence-based mental health services and resources in 15 schools along the Texas Gulf Coast that were selected based on the devastating effects from Hurricane Harvey. TEA was recently awarded a second AWARE grant in 2021 to expand the successes achieved from the first grant to support three additional school districts in Central Texas.

One of the major accomplishments of Project AWARE was the development of the Texas School Mental Health website (<https://schoolmentalhealthtx.org>) that



launched late last year in 2021. The website is a collaborative effort among TEA, HHSC, and UT-TIEMH, and contains TEA's School Mental Health Toolkit and a learning portal soon to contain TEA's Safe and Supportive School Program modules, as well as the latest initiatives and resources for educators, counselors, families,

students, and the community.

Additional resources include:

- Texas School Mental Health Framework, which provides the essential components of a comprehensive school mental health system;
- Texas School Mental Health Practice Guide and Toolkit, which provides information, practice considerations, resources, and tools for schools;
- TEA's first-ever State School Mental Health Plan, which establishes a mission and goals for school mental health;
- Key legislation impacting school mental health; and

- Reports, infographics, and resources on student mental health for educators, parents, caregivers, and students.

Project Resilient Youth Safer Environments

Project Resilient Youth Safer Environments (RYSE) is a five-year suicide prevention grant awarded to HHSC by SAMHSA to support youth 10-24 years old in Galveston County. RYSE works to create comprehensive Suicide Safer Early Intervention and Prevention Systems aimed at supporting youth-serving organizations. Galveston County was selected as a partner for this grant based on county youth suicide rates being higher than the state average in the region, the devastating effects of Hurricane Harvey in 2017, and the trauma from the Santa Fe High School shooting in 2018.

Gulf Coast Center, the local mental health authority (LMHA) serving Galveston County and a RYSE partner, identified the county as not having a suicide prevention coalition and recognized the benefits of having an established coalition, which include networking and relationship building, resource sharing, increased training opportunities, identification of strengths and gaps within the county, and collaborative community mapping.

To start the coalition, Gulf Coast Center reached out to an established community partner and began building a mission and vision unique to Galveston County. The



partners then invited colleagues from local school districts, higher education institutions, faith-based groups, medical professionals, social service agencies, veterans groups, first responders, those with lived experience, and anyone else who was interested in supporting the mission of the coalition.

Since the coalition's first meeting in 2021, the group has continued to meet monthly to learn about local and state resources from various guest speakers, attend and facilitate best practice trainings, and organize and participate in walks to raise awareness about suicide prevention and intervention. The work of the coalition was also highlighted at the 2022 Texas Suicide Prevention Symposium. For more information about joining a local coalition in your area, please visit <https://texassuicideprevention.org/?s=coalitions>.

Suicide Care Initiative

The Suicide Care Initiative (SCI) is a SAMHSA-funded project with two main goals:

1. Establish four Regional Suicide Care Support Centers (RSCSCs) as Zero Suicide training and technical assistance centers in the state.
2. Implement the Zero Suicide framework to fidelity in these RSCSCs within their own organizations.

SCI began as a pilot in 2019. Since its inception, the project has trained hundreds of trainers in best practice suicide prevention gatekeeper trainings, such as Ask About Suicide to Save a Life, Counseling on Access to Lethal Means, and Applied Suicide Intervention Skills Training. Additionally, hundreds of providers have been trained in best practice suicide prevention trainings, such as the Collaborative Assessment and Management of Suicidality, Safety Planning Intervention, and Chronological Assessment of Suicidal Events. In 2021, HHSC partnered with UT-TIEMH to complete site visits for interested LMHAs and local behavioral health authorities (LBHAs). These site visits measure the fidelity to the Zero Suicide model and provide recommendations for next steps in the implementation process. To date, 7 of the 39 LMHAs/LBHAs have participated in the process. To schedule a visit for your LMHA/LBHA, please email suicide.prevention@hhs.texas.gov.

Veterans Suicide Prevention – Moral Injury

Suicide is a major public health issue and among the top 10 causes of death in the United States. Unfortunately, for more than a decade, the suicide rate has been rising in the general United States population and is especially prevalent among military veterans, with an estimated 17 veterans ending their lives each day.

It is common for clinicians and the general public alike to assume that many veterans struggle with post-traumatic stress disorder (PTSD), especially as the topic gained increased attention during and after the wars in Iraq and Afghanistan. In more recent years, the prevalence of traumatic brain injury (TBI) has also been brought into the conversation regarding military suicide, but there is yet another factor that may be playing a significant part: moral injury.

Conceptually defined in 2009 by Litz et al., morally injurious experiences are “events in which [a person] perpetrates, fails to prevent, bears witness to, or learns about acts that transgress deeply held moral beliefs and experiences.” Given this definition, it is easy to see how moral conflict may arise and linger for those who serve in a combat zone. Service members (SMs) are often witness to and perhaps play a role in the physical injury, violence, and death of other human lives. However, it is worth noting SMs may also experience emotional turmoil over secondary events, such as exposure or handling of human remains, or the inability to assist or “save” others, indicating moral injury could affect those who may not even see a war zone but perhaps witness these events in training or training accidents.

Unlike PTSD and TBI, moral injury does not lend itself to quantifiable criteria (headaches, depression, memory loss, substance abuse, etc.). Instead, qualitative, somewhat existential, characteristics come into play (shame, guilt, questioning personal values, changes in faith, etc.), which result in psychological, biological, spiritual, behavioral, and social changes in a person.

While some symptoms and characteristics may cross over into the criteria for PTSD, a 2020 study suggests moral injury likely exists outside of PTSD or TBI. In 2015, another study found moral injury was independently associated with suicide risk in



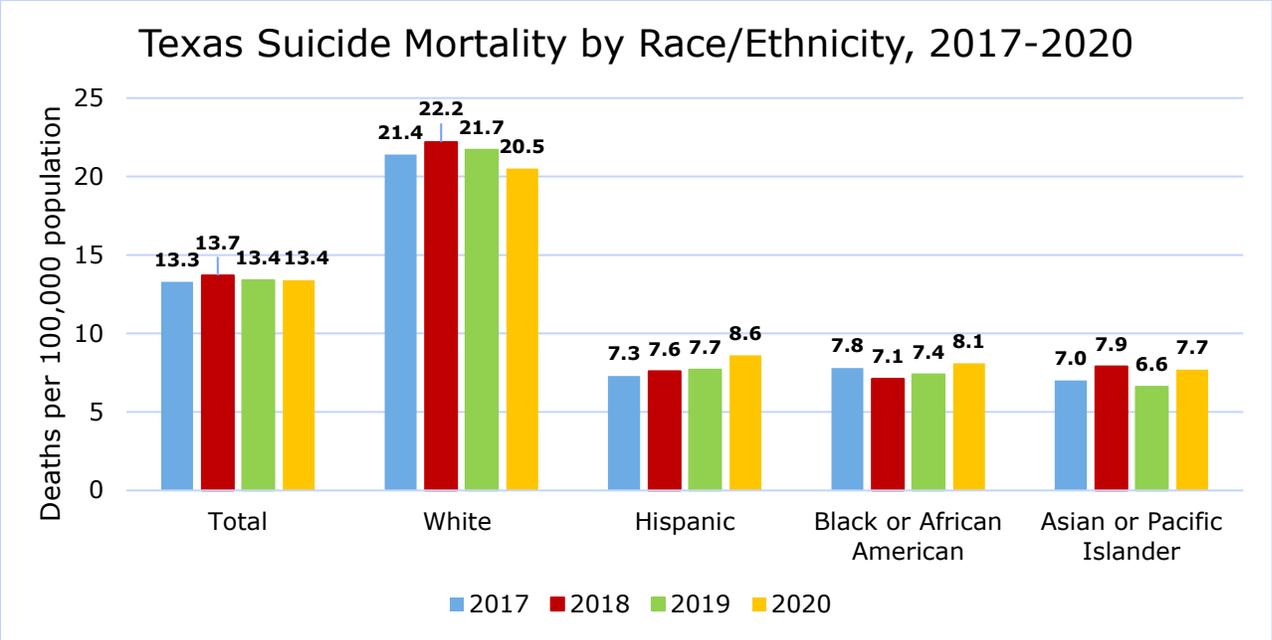
a community sample of 131 Iraq and/or Afghanistan veterans from the Western United States.

In fact, research that examined Vietnam-era veterans who experienced combat-related PTSD suggests the most significant predictor of both suicidal ideation and attempts is combat-related guilt – a key indicator of moral injury – *not* PTSD (Hendin & Haas, 1991; Richardson et al., 2020).

As one may expect from a concept defined only 13 years ago, the research and data surrounding moral injury are not yet robust, resulting in a lack of specific diagnostic criteria and best practice treatments. Despite this, the limited available research is promising in the quest to end veteran suicide. Perhaps the most notable method of treatment is adaptive disclosure, an individualized treatment protocol based on cognitive-behavioral and Gestalt interventions that promotes self-forgiveness and compassion. While current studies support this intervention, it is hopeful that with new data will come more tools to effectively treat this unique experience.

Suicide Prevention Data Corner

Over the past four years, overall suicide mortality rates in Texas have remained relatively stable. When 2020 mortality rates were initially released, Texas suicide rates had remained the same at 13.4 deaths per 100,000 population. However, this masked changes among different groups within Texas.



The suicide mortality rates decreased for white Texans but at the same time increased for Hispanic, black or African American, and Asian or Pacific Islander Texans. The Hispanic rate increased by 17.8 percent from 7.3 deaths per 100,000 population to 8.6 deaths per 100,000 population. The black or African American rate increased by 3.8 percent from 7.8 deaths per 100,000 population to 8.1 deaths per 100,000 population. The Asian or Pacific Islander rate increased 10 percent from 7.0 deaths per 100,000 population to 7.7 deaths per 100,000 population. For more information about suicide data in Texas, please email Jennifer Haussler Garing at Jennifer.HausslerGaring@hhs.texas.gov.

Self-Care

It is instinctual for caregiving adults to put their personal needs aside to ensure the safety and well-being of the people in their care. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs because not doing so can result in stress and burnout. This is particularly true for crisis situations in which normal support systems and routines are severely disrupted and for which recovery takes a long time.

These days, self-care is in the news a lot. While taking care of ourselves is critical, it should not be a burden or a lengthy plan. Small, bite-sized strategies throughout our days can go a long way toward building resilience against increased stress and feeling overwhelmed.

It takes courage to say yes to rest and play in a culture that promotes working hard. It is important to remember self-care is not a luxury, and it is not only bubble baths and chocolate.

Self-care is a necessary tool that requires consistent emotional and psychological attention. Developing the capacity for mindfulness, stress management, and anxiety reduction is a commitment to personal growth where cultivating resilience is your goal.

One easy technique is grounding. This is something you can do anywhere at any time to bring yourself back to the present moment and regroup. Sit down in a comfortable chair, one where your feet reach the floor. Close your eyes, and focus on your breath. Breathe in slowly for the count of three, then out slowly. Bring your



mind's focus to your body. How does your body feel sitting in the chair? Position your tailbone right into the back of the seat so that the whole length of your back is pressing into the back of the chair. Can you feel the contact between your body and the chair's surface? If the chair has arms, touch them, is the material smooth or textured?

Press your arms down the length of the chair arm, notice how your hands hang off the end. If the chair does not have arms, touch the material on the seat, how does that feel?

Next, push your feet into the ground, imagine the energy draining down from your mind, down through your body, and out through your feet into the ground. As the energy drains from your head, feel how heavy each body part becomes, your torso feels heavy and now your arms as you relax those muscles. Lastly, feel the heaviness go down your legs, through your feet, and down into the ground. End with a deep cleansing breath. Remember to take care of yourself. **Self-care is suicide prevention.**

Updates from the Field

Integral Care Presents at the National Council for Mental Wellbeing Conference



Integral Care had the opportunity to share their experiences with blending their trauma-informed care (TIC) initiative and SCI at April's National Council for Mental Wellbeing Conference in Washington, D.C. It is great seeing our LMHAs share their great work at the national level. Congratulations Integral Care!

Description of the Presentation

Having implemented TIC six years ago and succeeding in shifting the organizational culture to become trauma-informed, Integral Care recognized an opportunity to enhance the Zero Suicide framework by partnering their TIC initiative and SCI. In true collaboration with the leadership and organizational infrastructure of TIC, Integral Care has successfully achieved an organizational commitment to safer suicide care.

Upcoming Events

- **988 launches on July 16, 2022.** In July 2020, the Federal Communications Commission adopted rules designating 988 as the three-digit easy-to-remember number for anyone experiencing a suicide or mental health crisis or emotional distress. The number becomes live nationwide on July 16, 2022.
- **September is Suicide Prevention Awareness Month.** September was first declared National Suicide Prevention Awareness Month in 2008. Since then, September has been a time to acknowledge people affected by suicide, raise awareness, and connect people with thoughts of suicide to treatment. Please send your Suicide Prevention Awareness Month activities to suicide.prevention@hhs.texas.gov to have them announced in the September edition of the newsletter.
- **Dr. Frank Campbell is coming to Texas.** West Texas Counseling and Guidance in San Angelo is hosting a two-day free LOSS Team Training with Dr. Frank Campbell on September 6-7, 2022. In addition, a LOSS Team Training of Trainers will be held on September 8-9, 2022, with a cost of \$3,500. Register for one or both events at <https://www.sanangelocounseling.org/SUICIDE-PREVENTION-TRAINING>.

- **Save the date: ABC Summit.** TEA and its partners are in the process of planning the Sixth ABC Summit. The summit will be held virtually on September 20-22, 2022. Stay tuned for more information.