

Protecting Children and Families in Texas from Suicide

Input to the Texas House Public Health Committee on Interim Charge 3

In 2019, the 86th Texas Legislature recognized the need to address the rising rates of suicide in Texas when it enacted HB 3980 by Rep. Todd Hunter. The bill directed the Health and Human Services Commission (HHSC) and the Statewide Behavioral Health Coordinating Council (SBHCC) to develop reports compiling information on what is known about suicide in Texas, including steps taken by the state to address suicide in the past 20 years, and identifying opportunities for the state government to reduce suicides across the state while focusing on groups and areas within the state at the highest risk. The COVID-19 pandemic has brought additional challenges that threaten to increase suicide risks even more – *if proactive steps are not taken to buffer people from the risks*. State actions are needed now more than ever to expand the use of comprehensive and research-based approaches to suicide prevention that reach those who are vulnerable across the state.

I am honored to have served on the stakeholder workgroup that assisted the SBHCC in developing its forthcoming HB 3980 legislative report that will include information on key opportunities for state government to assist in reducing suicide in the state. The report is due December 1, 2020. I encourage the members of the House Public Health Committee and other legislators to review and consider the information within the report once it is released, along with HHSC's summary [Report on Suicide and Suicide Prevention in Texas](#) released in May 2020,¹ to help inform the Legislature's efforts to prevent children and their loved ones from dying by suicide.

I appreciate the opportunity to now provide the following information and recommendations on behalf of Texans Care for Children regarding the House Public Health Committee's Interim Charge 3 related to suicide prevention.

In Texas, a person dies by suicide approximately every two hours.²

This is but one of many sobering data points that is included within HHSC's summary report on suicide in Texas. The report also notes:

- Suicide rates have increased **among all ages and in every region** of Texas since 2000, with a 36 percent increase in the overall suicide death rate.
- Texas has 15,000 hospitalizations for attempted suicide each year – and this rate has been steadily rising.
- For each death by suicide, there are approximately 18 "loss survivors" – people who are directly affected by the death of someone they are close to. Survivors of a loved one's suicide may experience ongoing pain and

¹ Texas Health and Human Services Commission. (May 2020) [Report on Suicide and Suicide Prevention in Texas](#).

² Ibid.

suffering including complicated grief, stigma, depression, anxiety, posttraumatic stress disorder, and increased risk of suicidal ideation and suicide.

- In 2017, 1 in 8 high school students in Texas reported at least one suicide attempt in the past year.
- Thankfully, suicide is rare among young children. However, they too are at risk of death by suicide. In raw numbers, 53 children aged 5-14 died by suicide in Texas in 2017. Although rates of suspected suicide attempts reported to Poison Control were very low among the youngest age group (6-12 years), there was a 227 percent increase since 2004.

Suicides will increase in the wake of COVID-19 – if efforts aren't made to prevent them.

Many challenges families in Texas are facing during the pandemic – economic hardships, feelings of helplessness and despair, anxiety, depression, trauma and grief, and substance use as a coping mechanism – are known risk factors for suicide. COVID-19 has exacerbated pre-existing risks among families who had already been struggling and has led to other families becoming vulnerable to suicide after having little or no risk prior to pandemic.

- From April through June of 2020, an average of 37 percent of adults surveyed in Texas reported symptoms of anxiety or depressive disorder.³ This is significantly higher than the 11 percent of adults in the U.S. who reported symptoms of anxiety or depressive disorder from April through June in 2019.⁴

While Texas has taken significant steps to expand access to social and mental health services in response to COVID-19, the need is overwhelming and it is not expected to abate anytime soon. The after effects of the pandemic are anticipated to continue long after the virus itself has been contained.

- The Meadows Mental Health Policy Institute projects that absent public health actions to address increases in mental and behavioral health concerns, more Texans will die by suicide.⁵

Protecting children and youth from suicide must include efforts to prevent suicide among children's families and other loved ones. Losing a parent to suicide increases children's risk of developing a range of major mental disorders – and makes children more likely to die by suicide themselves.

- Children who are under 18 when their parents die by suicide are three times as likely as children with living parents to later die by suicide themselves.⁶
- Children who lost parents to suicide are nearly twice as likely to be hospitalized for depression as those with living parents.⁷

³ CDC, National Center for Health Statistics. (2020) *Indicators of anxiety or depression based on reported frequency of symptoms during the last 7 days. Household Pulse Survey.*

⁴ National Center for Health Statistics. (May 2020). *Early Release of Selected Mental Health Estimates Based on Data from the January-June 2019 National Health Interview Survey*

⁵ Meadows Mental Health Policy Institute. (April 2020). *Effects of COVID Recession*

⁶ Holly C. Wilcox, et.al. (2010). "Psychiatric Morbidity, Violent Crime, and Suicide Among Children and Adolescents Exposed to Parental Death." *Journal of the American Academy of Child & Adolescent Psychiatry,*

⁷ Ibid.

The good news is, suicide is preventable.

The vast majority of individuals who are depressed, attempt suicide, or have other risk factors, do not die by suicide. There is no single determining cause of suicide. Instead, suicide occurs in response to multiple influences that interact with one another overtime. Just as suicide is not caused by a single factor, reducing suicide requires multiple strategies and approaches that address various risk and protective factors that are present at the individual, relationship, family, community, and societal-levels and across the public and private sectors.

Key Suicide Prevention Strategies Identified by the Centers for Disease Control and Prevention ⁸			
Strengthen economic supports	Promote connectedness	Identify and support people at risk	Lessen harms
Teach coping and problem-solving skills	Create protective environments	Strengthen access and delivery of suicide care	Prevent future risk

State government cannot pursue all of these recommended strategies on its own, but the Texas Legislature and state agencies are well positioned to bring leadership and resources to coordinated and collaborative efforts among public and private stakeholders that can collectively advance the comprehensive suicide prevention strategies that are needed in Texas.

Key Challenges to State Efforts in Protecting Children and Youth from Suicide

- **Texas agencies serving children and youth have a patchwork of policies and approaches when it comes to addressing suicide.** Several notable projects and programs have been undertaken over the past 20 years to address suicide within state government, however the state’s approach to addressing suicide resembles a disconnected patchwork of policies and programs across state agencies that are limited in scope and duration. Juvenile and adult justice systems have the most robust administrative rules related to suicide, while surprisingly the foster care system has very few. State agencies serving children and youth must examine how well their policies and procedures reflect what research indicates protects students from suicide risks to help state agencies close any gaps they may exist.
- **There is an over-reliance on discretionary federal funds to support suicide prevention in Texas.** There is neither a state nor federal funding stream that is designated to implementing comprehensive suicide prevention in Texas. Relying on federal discretionary grants that are often limited in scope, reach, and duration to fund suicide prevention efforts does not address the most at-risk populations and regions in Texas. Nearly all projects or programs identified in HHSC’s summary report on suicide prevention were supported by federal grants. Many of the grant-funded programs were narrow in scope, and the

⁸ National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2017) . *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*.

sustainability and expansion of the efforts/activities that were undertaken are not clear. The over-reliance on discretionary federal funds to support state suicide prevention efforts makes it difficult to sustain projects and practices and to impact suicide rates statewide.

- **Most deaths by suicide occur outside of public service systems.** Many of the state’s efforts to reduce suicide take place within the public mental health system. However, most individuals who are at risk for suicide do not receive mental health services. Strengthening efforts to address suicide within Local Mental Health Authorities and state hospitals is critical, but it is just as necessary to simultaneously implement suicide prevention strategies in settings where people who are at risk are more likely to be exposed to them. This requires coordination and collaborations between public and private entities, such as state and local governments, community services providers, schools, faith communities, community and civic groups, military organizations, and private businesses in order to reach people where they are.

Recommendations

The Texas Legislature must bring leadership and resources to both statewide and community-based suicide prevention efforts. Below are steps state policymakers can take to protect children, youth, and their families from being affected by suicide.

1. **Ensure state agencies serving at-risk youth have best policies and practices in place for suicide prevention, including supporting youth following a suicide attempt or death.**
 - a. Ensure robust implementation of school mental health legislation passed in 86th Legislative Session (HB 18, HB 19, HB 906, and SB 11).
 - i. Provide districts with funding and access to training and technical assistance to develop and implement comprehensive school mental health plans using multi-tiered systems of support to support the social, emotional, and mental wellness of all students and to help students with more individual support services when they are experiencing or recovering from a crisis.
 - ii. Add training on suicide prevention, intervention, and postvention to the duties assigned to LMHA’s non-physician mental health resource professionals working within regional education service centers (ESCs).
 - b. Expand the use of interventions and practices that accessible to and address the unique needs of children/youth at risk for suicide, including LGBTQ youth who are particularly high-risk, while ensuring that services provided to all children/youth are culturally and linguistically appropriate and non-discriminatory.
 - c. Require the Texas Education Agency, the Department of Family and Protective Services, the Department of State Health Services, the HHSC, and the Texas Juvenile Justice Department to have policies and procedures that are informed by best practice technical guidance on suicide and that addresses the following:
 - i. Minimum training requirements among staff who work directly with children/youth; mental health professionals who provide services to children/youth; and administrators responsible

for organizational practices which can increase or protect against suicide risk among children/youth.

- ii. Establishing clear pathways to care when a child/youth is in need of treatment/services and providing support to a child/youth who has attempted or been exposed to suicide.
- iii. Consistent use of safe messaging guidelines when communicating about suicide.
- iv. Providing services that are equitable, culturally and linguistically appropriate, and non-discriminatory.

2. Support community-based suicide prevention efforts that reach children and families outside of state service delivery systems.

- a. Direct the Statewide Behavioral Health Coordinating Council and the Health and Human Services Commission to support the implementation and goals of a statewide suicide prevention plan that leverages both public and private groups to advance a coordinated strategies that are grounded in the National Suicide Prevention Strategy.
- b. Support existing suicide prevention coalitions and the development of new ones in areas of the state with high rates of suicide that are underserved by providing communities with training and technical assistance on best practices in comprehensive suicide prevention.

3. Dedicate sustainable funding to support comprehensive suicide prevention that reaches all Texans.

- a. Maximize federal funding opportunities to strengthen and expand the reach of comprehensive suicide prevention efforts to better reach children and families who are at risk of suicide, focusing on underserved areas of the state and reaching at-risk populations who are not receiving public mental health services. Potential funding sources include: the Mental Health Block Grant, the Child and Maternal Health Block Grants, and COVID-19 relief funds, including funds that may become available in the future.
- b. Pool funding from multiple state agencies that serve populations at heightened risk for suicide, including many that serve on the Statewide Behavioral Health Coordinating Council. Pooling or “braiding” of funds from multiple agencies can help to support local/regional suicide prevention coalitions and other community-based efforts that support the efforts of state agencies in promoting the health and safety of the children and families they serve while they are in their communities.

4. Increase and support the availability of programs and services that prevent or mitigate risk factors that contribute to suicide. The Texas Legislature can reduce suicide risk among children and families by strengthening and expanding programs and services that serve as important protective factors against suicide risks. This includes Texas Temporary Assistance for Needy Families (TANF); access to health coverage for children and families; school-based youth substance use prevention programs administered through HHSC; prevention and intervention programs administered by the Department of Family and Protective Services; and the family violence programs administered by the Health and Human Services Commission.