EXECUTIVE SUMMARY

Gillespie County Health Assessment

A Review of Suicide in Gillespie County

Data for Planning and Policy Making

Report 2 of 3

Gillespie County Translational Advisory Board (TAB)
Gillespie County Health Board
UT School of Public Health—Community Outreach Resource Center

INSTITUTE FOR INTEGRATION OF MEDICINE & SCIENCE
UT HEALTH SCIENCE CENTER®
COMMUNITY ENGAGEMENT

INTRODUCTION

During the course of 2009, a community-academic partnership developed between the Gillespie County Translational Advisory Board (TAB) and the IIMS Community Outreach Resource Center (CORC) at the University of Texas School of Public Health (UTSPH). The CORC had been working with members of the Gillespie TAB for several months in the development and planning of an assessment. Via consensus, the TAB members decided that the assessment would be multi-focused. One focus of the assessment was on the issue of suicide within the County. The CORC oversaw a group of master's and doctoral level graduate students from the UTSPH who worked in collaboration with the TAB and its partner the Gillespie County Health Board to implement the assessment. The assessment will be used as a foundation for future suicide prevention activities led by the TAB and Health Board.

RESEARCH QUESTIONS

It was mutually agreed upon by the TAB and the Health Board that the following research questions needed to be addressed as part of the assessment:

1. Is suicide incidence a growing trend/issue?
2. What population groups are most affected?
3. What is the mental health intervention capacity of Gillespie County?

METHODS

Currently, limited morbidity and mortality suicide data are available from the Texas Department of State Health Services (TDSHS) through 2007. However, due to the limited amount of extant data and to determine local policies and procedures related to suicide, the assessment team utilized key informant interviews with local knowledgeable community members. Key informant interviews were completed with representatives from the Sheriff's Department, the Fredericksburg Mental Health Center and Emergency Medical Services. Additional interviews were conducted with 1) a retired Emergency Room clinician 2) a group of mental health professionals including a well-respected independent licensed social worker and 3) a retired psychiatric social worker.

Because most of the information yielded from these interviews was attitudinal and opinion-based in nature, several of the key informants were asked to provide quantitative data that that their respective organizations collect. For example, the Sheriff's Department provided the number of suicide-related calls that the Law Enforcement dispatch has responded to; representatives from the Justice of the Peace Precincts 1 and 2 provided the number of deaths that were ultimately listed as suicide on death certificates in the County; and Hill Country Memorial Hospital provided the number of suicide-related hospital admissions for 2009.

Instrument Development

The assessment team created an interview script to be used during the key informant interviews. The script was shared with the TAB and the Health Board for their review and approval. The following basic questions were included in the script:

1. Share with us any knowledge you may have about local suicide occurrence
2. How does suicide affect the community?
3. How is suicide different in Gillespie County?
4. What are the contributing factors of suicide in Gillespie County?
5. What role does your organization have in responding to suicide-related deaths or intervening to prevent suicide attempts?
6. Please explain how your organization works with other agencies to respond to suicide calls.
7. How well prepared do you think Gillespie County is to address suicidal symptoms and/or incidence?
8. What can your organization do to improve its ability to address suicide risks and incidence?
9. How can other community organizations work together to help address suicide risks and incidence in Gillespie County?

RESULTS

Suicide was listed among several health-related areas as possible health concerns on the 2009 CHS. However, it did not rank as one of the greatest community concerns. Other mental health-related concerns such as substance abuse, mental health services, physical violence/abuse, and support for families in crisis did rank highly as community health concerns. .

Key Informant Interviews with seven community leaders lead to the identification of four main themes:

1. The number of suicides is perceived to be high.
2. There is a lack of preventative community mental health services in Gillespie County.
3. After a suicide is attempted, the county is very capable to respond quickly and competently to crisis care. However, long term support and follow up is not available or under resourced.
4. Suicide is very costly to the community, both in the burden placed on local law enforcement and social service agencies, and on the community members who deeply feel the impact of each suicide.

All key informants independently noted that suicide seemed to be high in the area. Several key informants noted that a permissive attitude toward alcohol seemed to contribute or exacerbate the risk of suicide for individuals facing stress or mental health issues.

Fredericksburg lacks a full-time psychiatrist. Key informants reported wait times of over a month to see a mental health professional. Key informants reported that local family practice doctors were reluctant to prescribe medications for mental health issues due to both discomfort with the variety of medications and the dosages required. After a suicide is attempted, there is not a local psychiatrist or psychologist to provide long term follow up care. At-risk individuals are referred to Kerrville or to San Antonio for treatment.

Key informants also shared that Fredericksburg and Gillespie County are close-knit communities. A death due to suicide is felt throughout the community and causes feelings of shame and embarrassment.

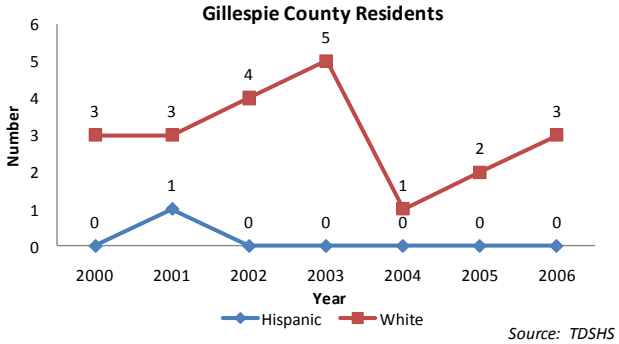
Several findings were discovered from the quantitative data provided by the key informants.

Figure 3a provides the number of reported suicides by the sex of the victim. According to the information in the graph, from 2000 through 2006, males were most likely to commit suicide.

Figure 3a: Reported Suicides by Sex in Gillespie County

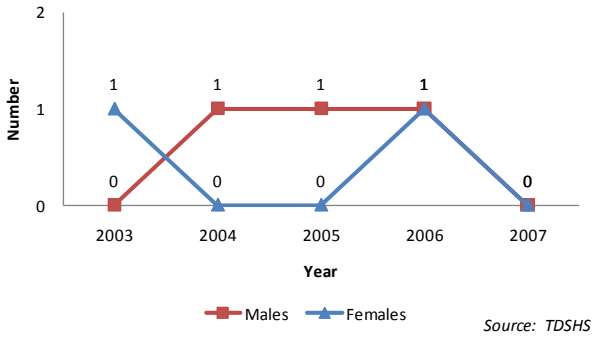
Figure 3b provides the race/ethnicity of Gillespie County suicide victims for the years 2000-06 per TDSHS. According to the information in the graph, all but one victim was non-Hispanic white.

Figure 3b: Reported Suicides by Race/Ethnicity of Gillespie County Residents



TDSHS also provides some data for the number of self-inflicted injuries caused by suicide for the years 2003-07. **Figure 3c** summarizes these data by sex. According to the table in the graph, three of the attempts were among females, versus two among males.

Figure 3c: Self-Induced Injuries by Sex in Gillespie County



The sources of payment for attempted suicide Emergency Room (ER) patients as reported by the Hill Country Memorial Hospital during 2009 are included in **Figure 3a**. Self pay patients accounted for half of all attempted suicide admissions. The average length of stay was one day for patients ranging in age from 11 to 74 years. The maximum hospital stay for a suicide-related patient was 7 days.

Figure 3a: Source of Payment for Hill Country Memorial Hospital Attempted-Suicide Emergency Room Patients 2009

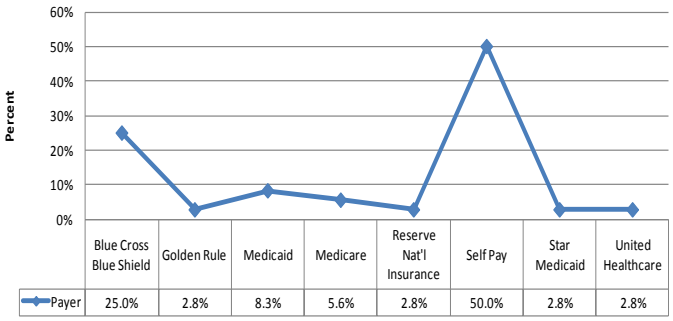
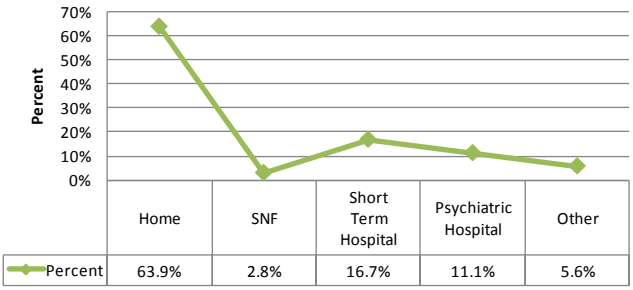


Figure 3b shows the discharge disposition of Hill Country Memorial Hospital attempted suicide Emergency Room patients during 2009. Over 60 % of those patients were discharged to a home address. Approximately 30% of those ER patients were discharged to a hospital setting for either acute medical or psychiatric inpatient care and observation.

Figure 3b: Discharge Disposition of Hill Country Memorial Hospital Attempted-Suicide Emergency Room Patients 2009



Source: Hill Country Memorial Hospital 11/2009

Table 21: Description of Attempted Suicides in Gillespie County

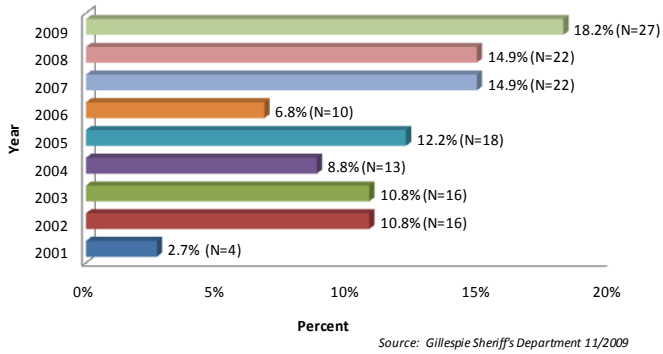
Variable	Number	Percent
Race/Ethnicity	**147***	**100.0%**
Hispanic	12	8.2%
White	135	91.8%
Sex	**147***	**100.0%**
Female	83	56.5%
Male	64	43.5%
Method	**143***	**100.0%**
Alcohol	2	1.4%
Bleach	1	0.7%
Car	2	1.4%
Drugs	7	4.9%
Firearms	17	11.9%
Hanging	11	7.7%
Jumping	1	0.7%
Knives	32	22.4%
Pills	70	49.0%

Source: Gillespie County Sheriff's Department **Total does not include missing data*

Table 21 is a breakdown of suicide attempts by race and ethnicity, sex and method as reported by the Gillespie County Sheriff's Department for the years 2001-2009. Approximately 92% of the suicide attempts were made by Whites. This statistic reflects the majority racial demographic of non-Hispanic whites residing in the County. Approximately 57% of those attempts were made by females and the use of knives and pills represent a combined method of choice at slightly over 70%.

Figure 3c illustrates a progressive and steady increase in the number of attempted or intended suicides in the County from 2001-2009.

Figure 3: Suicide Intents in Gillespie County 2001-09



Source: Gillespie Sheriff's Department 11/2009

Table 22 shows the various transport decisions made by the Gillespie County Sheriff's Department for persons who made a suicide attempt during the period of 2001-2009. The vast majority, over 65%, of those persons were transported to the Hill Country Memorial Hospital ER. Approximately 14% of those persons determined to be suicidal were transported to the Law Enforcement Building for further observation and protective custody.

Table 22: Supervised Transport by Sheriff's Dept. of Individuals Who Attempted Suicide in Gillespie County 2001-09

Site	Number	%
Home	8	5.8%
Jail	1	0.7%
Law Enforcement Bldg.	19	13.8%
Emergency Room	90	65.2%
Austin	8	5.8%
Kerrville	12	8.7%
Total	**138***	**100.0%**

Source: Gillespie County Sheriff's Department

**Total does not include missing data*

The number of law enforcement officers responding to a suicide call ranged from 1 to 13. The higher number of officers present during a suicide attempt was likely associated with the presence of a weapon and/or other severe circumstances where others were endangered. The average number of officers who responded to an attempted suicide is 3.

Table 23 shows the seasonal record of attempted suicides in Gillespie County during years 2005-2009. Although most of the attempts occurred during the first six months of the years, there does not appear to be a distinct pattern for seasonality. This contradicts what some key interviewees expressed in that they felt that there was increase in suicide attempts during the holidays.

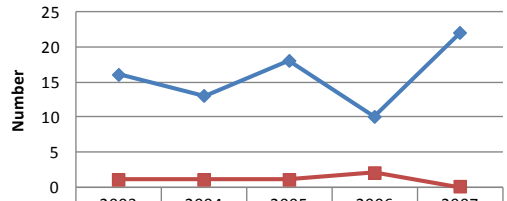
Table 23: Seasonality of Attempted Suicides in Gillespie County 2005-09

Month	2005	2006	2007	2008	2009
Jan	17%	30%	0%	9%	11%
Feb	22%	10%	5%	5%	4%
Mar	0%	20%	9%	0%	19%
Apr	11%	0%	0%	18%	11%
May	17%	0%	5%	9%	26%
Jun	0%	10%	18%	5%	7%
July	6%	10%	9%	9%	4%
Aug	6%	0%	23%	5%	0%
Sept	6%	0%	9%	0%	7%
Oct	0%	0%	14%	9%	7%
Nov	11%	10%	5%	14%	4%
Dec	6%	10%	5%	18%	

Source: Gillespie Sheriff's Department 11/2009

Figure 3d summarizes the number of suicide attempts and related injuries in Gillespie County per the Sheriff's Department and TDSHS for the period 2003-2007. The number of suicide attempts doubled (10 to 22) between 2006 and 2007. It is important to note that not all suicide attempts may necessarily result in an injury.

Figure 3d: Reported Suicide Attempts and Injuries by Agency in Gillespie County 2003-07

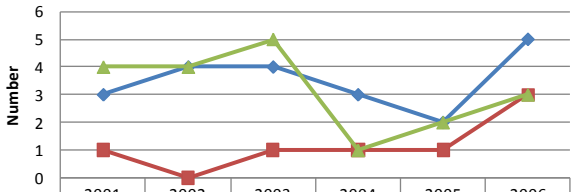


	2003	2004	2005	2006	2007
Sheriff's Dept. - Attempts	16	13	18	10	22
TDSHS - Injuries	1	1	1	2	0

Source: Gillespie Sheriff's Department and TDSHS

The number of deaths caused by suicide per the Sheriff's Department, Justices of Peace Precincts 1 and 2, and TDSHS from 2001-06 are summarized in **Figure 3e**. Although the actual recorded suicide-related deaths remained relatively small during the reporting period, note that there is an inconsistency between the three agencies.

Figure 3e: Reported Suicides by Agency in Gillespie County 2001-06



	2001	2002	2003	2004	2005	2006
Sheriff's Dept.	3	4	4	3	2	5
Justice of Peace	1	0	1	1	1	3
TDSHS	4	4	5	1	2	3

Source: Gillespie Sheriff's Department, Justice of Peace Precincts 1 & 2, TDSHS

RECOMMENDATIONS

1. Local and regional suicide-related agencies who work to prevent or respond to service should work cooperatively to improve the accuracy, consistency and reliability of systems used to track and report suicide attempts and deaths.

2. Improve interagency communication, coordination and collaboration for established procedures for responding to suicide-related crisis calls and the application of appropriate interventions of a suicide episode.

> "The County is ready to respond after the fact. I don't know if they're ready to respond to the symptoms."
>
> *Key Informant Interviewee*

3. To reduce the number of reoccurring suicide attempts, follow-up protocols should be better established between all agencies that respond to suicide.

4. Think about the benefits of recruiting a full- time psychiatrist for those suffering from severe mental illness. Or to meet the needs of people of people with symptoms or less severe forms or mental illness, think of ways to better utilize the talents of current "natural" mental health leaders such as people from the clergy, school districts, youth-service organizations, and existing mental health professionals such as social workers and licensed counselors.

5. The TAB and the Health Board should work in partnership with the Hill Country Community MHMR in order to obtain information about the 1) crisis hotline calls and 2) admissions to the Crisis Stabilization Unit.

6. It is recommended collaborations be built with other partner organizations, who can initiate a health promotion campaign to improve community-wide awareness of the full continuum of care service system for suicide related risk and behaviors.

OWNERSHIP AND DISSEMINATION OF THE DOCUMENT

The assessment team recognizes the importance of confidentiality and anonymity as it pertains to participants who engage in this project. To ensure that their identities and confidences were protected, the team aggregated all primary data from survey responses to de-identify all respondents. All data gathered for this community health assessment project are the property of the Gillespie County TAB and Gillespie County Health Board.

ACKNOWLEDGMENTS

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