May 2019 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

A statewide, grassroots organization of survivors, crisis centers, & interested citizens

ARE YOU A FSPC MEMBER?

Join FSPC, a statewide, grassroots organization of survivors, crisis centers, & interested individuals. Collaborate to advance suicide prevention efforts in larger numbers: get involved, volunteer with local & state FSPC activities, & obtain reduced registration at FSPC events. Membership info: http://floridasuicideprevention.org/membership/

FSPC NEWSLETTER SUBMISSIONS

Submit news, events, poems, reviews, & writings for FSPC Newsletter inclusion consideration. Be sure to follow safe messaging guidelines. Email Steve Roggenbaum, Chair, at roggenba@usf.edu

NOTABLE

Statewide Parent & Teacher Association (PTA) Requests FSPC Presentation

At the request of the Florida PTA Resolutions Chair, the FSPC presented to the Florida PTA Legislative Conference in Tallahassee on March 25. Pam Mezzina, Capstone Center Director & FSPC Region 2 Director spoke to about 150 attendees providing valuable information and resources. Thanks Pam!

SUPPORT FSPC WHEN YOU SHOP

Amazon donates to FSPC, when you make an online (at Amazon) purchase. Support FSPC by going to smile.amazon.com and register the Florida Suicide Prevention Coalition (FSPC) as your chosen charity. Then start shopping & support suicide prevention.
DeSantis at USF to Kickoff "Forward March" Initiative for Veterans

By Sarah Blazonis  March 29, 2019
Spectrum Bay News 9

TAMPA, Fla. — Gov. Ron DeSantis helped kick off a new statewide initiative Friday aimed at helping local veterans' groups more quickly get help to former service members who might need it.

- "Forward March" connects local groups to statewide partnerships
- Representatives from veterans' groups, state government met to discuss pressing issues

DeSantis and Florida Dept. of Veterans’ Affairs Executive Director Danny Burgess were on hand for the official start of the “Forward March” initiative at the University of South Florida.

The effort is meant to connect local groups that provide services to veterans to state partnerships that can help the agencies grow and get help to former service members in need quickly.

“The good thing about Florida is we have a reservoir of support for our veterans,” DeSantis said. "The public appreciates the veterans. We have all kinds of groups that have formed and have made an impact."

About 200 representatives from groups across Tampa Bay and the state met at USF. They broke into groups to discuss some of the most pressing issues facing veterans, including mental health, housing, and legal services.

“We’ve got multiple entities in here that are all working together, so we don’t duplicate what somebody’s doing. We’re trying to find the best ones in every issue,” said Florida Veterans Foundation Chair Mike Mason, who was one of the participants.

“It’s the start of something big,” said Burgess. “This isn’t just a one-time meeting where we rally around veterans and then go home. This is the start of an initiative that’s going to be months in the making and is going to culminate in a report generated through our office at the FDVA.”

That report is also expected to include findings from meetings like the one at USF that will be held in regions across the state. Burgess said that report could turn into legislation and policy aimed at helping veterans.

Note: FSPC was represented by current Chair, Stephen Roggenbaum. Alfred D. Carter (pictured above/ left), a Florida Suicide Prevention Coordinating Council and Department of Veterans Affairs member was also a participant.
The Importance of Creative Partnerships as a Platform to Talk About Mental Health
By Toki Dela Cruz, The Dr. Brandt Foundation

After almost a year with the Dr. Brandt Foundation, Romeo Aldana (the Business and Outreach Development Manager) and I were looking at a pair of sneakers. Not just any sneaker. It was a Nike Air Force 1 that was designed and handmade by Dominic Ciambrone. This was a project and a story that starts in the Spring of 2018.

When I was brought on to help lead and be part of the Dr. Brandt Foundation, I was committed to making sure that every collaboration, project, and event that we did was going to be unique, creative, and bold. The Foundation was named after Dr. Fredric Brandt, the innovator, physician, and visionary behind the internationally known Dr. Brandt Skincare line. Dr. Brandt loved music. Whether breaking out in Broadway show tunes or dropping one of his impromptu freestyle rap songs, Dr. Brandt was the joy and laughter everyone remembers him by. He was a collector of sneakers, had a sharp sense of fashion, was a serious art collector and was unapologetically himself.

In 2015, we lost Dr. Brandt who died by suicide. While I had only started with the Foundation in 2018, I was determined to make sure that his spirit, his passion and his life would never be forgotten through our work with the Foundation. In Spring 2018, Romeo and I reached out to our friend Dominic to see if he would like to collaborate with us on a sneaker—a sneaker that would represent something bigger than just an accessory. We wanted a sneaker to get people talking.

The Foundation was focused on our #sayiloveyou campaign which encourages those to say “I love you” to yourself and to others as a way to stay connected. We wanted to remind individuals that no matter where they are in their mental health journey, they are not alone. After sharing Dr. Brandt’s story with him, Dominic shared his own story with us. Dominic was diagnosed with a mental illness and also faces depression and anxiety. He battled with drug addictions and attempted to take his life. Now, he said, he was ready to share with the world that he is living with his illness, but is not paralyzed by it. He has found life, happiness, and purpose in his art making and customizing shoes. By prioritizing his mental health, it gave him back his life.

In December, during Art Basel in Miami, not only did Dominic share with the world his story, he became part of the Foundation’s history. In our mission to use art as a platform to address mental health issues and to connect with the community, was it really possible we created a sneaker to start this conversation? Could honest storytelling, art, collaboration, and the creation of a sneaker really make a difference to start talking about self-care, mental health wellness, depression, mental illness, suicide prevention and most importantly use it to represent hope?

We wanted a sneaker that people would talk about and here were Romeo and I finally looking at a sneaker that left us speechless.

To view the video of Dom’s story and the creation of the sneaker, it can be found at: https://youtu.be/1Avybu-4g3s
Drbrandtfoundation.org
@drbrandtfoundation

FOR THE REST OF US
Florida Adolescent Suicide Attempt Information
By Stephen Roggenbaum, FSPC Chair

FSPC May 2019 Newsletter http://floridasuicideprevention.org/newsletter/
Over the past few years, a number of folks have reached out to me to obtain various types of information regarding suicide. My recent response to an inquiry from a Florida Congressman’s office is provided below to help share some general information on finding adolescent suicide attempt data.

Adolescent suicide attempt data (actually suicide attempt data for any age) is extremely difficult to obtain. However, there are two options that seem to offer the best information. The Florida Department of Health reports **Non-Fatal Injury Emergency Department Visits** by mechanism and by age group which can help provide estimates of figures including serious suicide attempts that received medical intervention during an emergency room visit. One source would be a proxy variable from the Florida Department of Health (data is available statewide and by county): [http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.NonFatalEDVisitsProfileDASHBOARD](http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.NonFatalEDVisitsProfileDASHBOARD) (Non-Fatal Injury Emergency Department Visits).

The information in the tables is a Proxy Variable for difficult to obtain information or information that cannot otherwise be obtained/measured (i.e., suicide attempts). Although a proxy variable is not a direct measure of the information or data of interest, an effective proxy variable is strongly related to the unobserved variable of interest. There are a number of caveats or limitations to utilizing this data as a proxy variable for suicide attempt data.

It should be important to note that these data do not include any suicide attempts if an emergency department visit did not occur (e.g., an adolescent takes a handful of pills to end his/her life but wakes up and does not make a trip to the ER). These data also include individuals who had a non-fatal, self-inflicted injury that was NOT a suicide attempt (e.g., an ER visit from seriously cutting one’s own hand during food preparation). Additionally, these data may contain multiple hospitalizations or visits for the same person/injury event due to hospital transfers, readmissions, and follow-up visits. Therefore, the data reflects the number of hospitalizations and emergency department visits and not the number of people injured.


YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

The sampling frame for the national YRBS consisted of all regular public and private schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia. A three-stage cluster sample design produced a nationally representative sample of students in grades 9–12 who attend public and private schools.

There are five suicide-related items from the YRBBS. The percent of respondents is presented first, followed by the confidence interval in parentheses, and the number of responses underneath on the second line. Two of these items from the Youth Risk Behavior Surveillance System (YRBSS) relate directly to self-reported suicide attempts (overall and with medical intervention). The CDC conducts the YRBSS every other year. The survey utilizes a weighted sample that representative state-level results and national results for high school student. It is also possible to compare state-level data, state to national data, and year to year results.

*The most recent data available for each of these sources is 2017.*
AVAILABLE RESOURCE

Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis


Research indicates people who are struggling with thoughts of suicide are increasingly turning to faith leaders for help and support, even before they will seek care from mental health professionals. Faith leaders play a key role in suicide prevention and postvention care. To better equip leaders of all faiths with life-saving skills to prevent suicide, the National Action Alliance for Suicide Prevention (Action Alliance) and its Faith Communities Task Force released Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis.

The new resource aims to provide faith leaders with feasible, practical, research-based actions they can adopt immediately to help save lives and restore hope in faith communities nationwide. The competencies, informed by leaders from diverse faith communities and experts in the suicide prevention field, help to integrate and coordinate suicide prevention across sectors and settings, like faith-based organizations and places of worship, a goal of the Action Alliance’s National Strategy for Suicide Prevention.

ANOTHER AVAILABLE RESOURCE

SPRC’s Prevention in Practice: Care Transitions at New Hampshire Hospital

Link: https://www.sprc.org/sites/default/files/resource-program/SPRC-Prevention_in_Practice-NH_Care_Transitions.pdf

The Suicide Prevention Resource Center (SPRC) is pleased to announce the release of Prevention in Practice: Care Transitions at New Hampshire Hospital. This success story details how the National Alliance on Mental Illness New Hampshire (NAMI NH) and New Hampshire Hospital established a program to help youth inpatients safely transition between the hospital, other health care settings, and their community. Read how they got the program off the ground, sustained it long-term, and leveraged key partnerships for success.

Research has shown that a patient’s suicide risk increases immediately after discharge from an inpatient hospitalization—providing follow-up support to the patient at this time can help reduce risk. Learn how supporting safe care transitions is a key part of a comprehensive approach to suicide prevention.

RESOURCE SPECIFICALLY FOR CLINICAL STAFF

Rocky Mountain Short Takes on Suicide Prevention: Postvention Podcast 3: Experiencing a Suicide Loss: Professional Caregivers with Drs. Nina Gutin and Vanessa McGann

Link: https://www.mirecc.va.gov/visn19/education/media/podcasts/4_15_2019.asp

Postvention is for providers too; Professional caregivers, such as mental health providers, medical providers, social workers, trainees, case managers, psychiatrists or supervisors are likely to be exposed to a suicide loss at some point in their career. Join Dr. Nazem as she and the co-chairs of the American Association of Suicidology Clinician Survivor Taskforce, Drs. Nina Gutin and Vanessa McGann, discuss why suicide postvention is beneficial and necessary for providers, the components of a postvention plan, and recommendations for how to develop and implement postvention in professional caregiving workplaces.

WHAT’S HAPPENING


http://floridasuicideprevention.org/newsletter/
RESOURCES

If you or someone you know is in crisis, please call 1-800-273-8255 (National Suicide Prevention Lifeline).

Crisis Text Line – text “start” to 741-741

Veteran’s Crisis Line 1-800-273-8255, press 1 & https://www.veteranscrisisline.net/

Resources for Survivors of Suicide Loss. SAVE. Suicide Awareness Voices for Education maintains a resource list at: http://suicidegrief.save.org/ResourceLibrary

Suicide Loss Survivors. The American Association of Suicidology (AAS) hosts a webpage with listed resources for survivors of suicide loss at http://www.suicidology.org/suicide-survivors/suicide-loss-survivors

Suicide Grief Resources. Helpful information, tools, and links for people bereaved by suicide at http://suicidegriefresources.org/


National Action Alliance for Suicide Prevention: The Public-Private Partnership Advancing the National Strategy for Suicide Prevention: http://actionallianceforsuicideprevention.org/resources


AN EXTRA HELPING . . .

SUICIDE: HOW YOU CAN MAKE A DIFFERENCE


NIMH Science Update March 26, 2019

The recent deaths of school shooting survivors have brought the topic of suicide into everyday conversations. It’s important to know some facts and to know what to do if you think someone might be at risk for self-harm. A crisis can pass with time and the most important thing is to stay safe through the crisis and get help.

5 Action Steps for Helping Someone in Emotional Pain

• Ask: “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

• Keep them safe: Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the person has a plan and removing or disabling the lethal means can make a difference.
• **Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

• **Help them connect:** Save the National Suicide Prevention Lifeline’s number in your phone so it’s there if you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

• **Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

**The Facts**

CDC reported that more than 47,000 people died by suicide in 2017; it is the second leading cause of death among those age 10-34, and the 10th leading cause of death overall. The suicide death rate has increased in the US since 1999, however it is still a relatively rare event resulting in approximately 14 deaths for every 100,000 people.

**Suicide is Complicated**

There is no single cause of suicide, it is linked to mental health conditions and stressful life experiences. It’s important to reach out and talk honestly with anyone going through a difficult time.

Many stressful situations contribute to suicide among those with and without known mental health conditions. Some of the most significant contributing factors include:

- A traumatic event
- Relationship problems
- A crisis that occurred in the past two weeks or that is expected in the next two weeks
- Substance use problems
- Physical health problems
- Job or financial problems
- Criminal or legal problems
- Loss of housing

**The Warning Signs**

These are the most common signs that someone is in emotional distress. If you are concerned, take the 5 Action Steps listed above.

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means (e.g., a firearm or pills)
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die

**A Community Effort**

Suicide is a growing public health problem and the solution will take a community effort. This CDC factsheet highlights how everyone—from states, employers, and schools to the news media and friends—can have an impact on suicide prevention.

Action Steps for News Media
Research shows that the media can influence suicide rates by the way they report on suicide. Evidence suggests that when the media tells stories of people positively coping in suicidal moments, more suicides can be prevented.

For best practices for safely and accurately reporting on suicide, please see Recommendations for Reporting on Suicide.

More Information
- NIMH suicide prevention webpage
- NIMH suicide statistics page
- The Columbia Center for Complicated Grief
- CDC downloadable flyer with facts, action steps, and ways to help

If you or someone you know need immediate help, call the National Suicide Prevention Lifeline (NSPL) at 1-800-273-TALK (8255). The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889.

The free service is available 24 hours a day, 7 days a week. All calls are confidential. Contact social media outlets directly if you are concerned about a friend’s social media updates or dial 911 in an emergency.

FSPC MEMBERSHIP
New FSPC Membership or Renewal information available online at: http://floridasuicideprevention.org/membership