



FSPC Officers

Chair	Judy Broward
Vice-Chair	Stephen Roggenbaum
Secretary	Vacant
Treasurer	René Favreau

FSPC REGIONAL DIRECTORS

R1 Rachelle S. Burns
(Escambia, Okaloosa, Santa Rosa, Walton)

R2 Pam Mezzina
(Bay, Calhoun, Franklin, Gadsden, Gulf
Homes, Jackson, Jefferson, Leon, Liberty,
Madison, Taylor, Wakulla, Washington)

R3 Ali Martinez
(Alachua, Bradford, Columbia, Dixie,
Gilchrist, Hamilton, Lafayette, Levy, Putnam,
Suwannee, Union)

R4 Lisa Zeller
(Baker, Clay, Duval, Nassau, St. Johns)

R5 Vacant
(DeSoto, Pinellas, Sarasota)

R6 Betsey Westuba
(Hillsborough, Manatee, Pasco)

R7 Tara Sullivan
(Brevard, Orange, Osceola, Seminole)

R8 Sue Opheim
(Charlotte, Collier, Glades, Hendry, Lee)

R9 Doris Carroll
(Palm Beach)

R10 Rene Barrett
(Broward)

R11 Elizabeth Quizena
(Dade, Monroe)

R12 Kelly Sousa
(Flagler, Volusia)

R13 Judy Broward
(Citrus, Hernando, Lake, Marion, Sumter)

R14 Betsey Westuba
(Hardee, Highlands, Polk)

R15 Doris Carroll
(Indian River, Martin, Okeechobee, St. Lucie)

October 2017 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

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

FSPC NEWSLETTER SIGN-UP

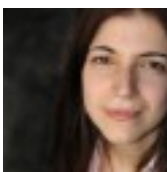
Sign up to receive an email announcement directly to your inbox when each Newsletter is posted on the FSPC website. Email Steve Roggenbaum, Vice Chair, to register at roggenba@usf.edu

NOT A CURRENT FSPC MEMBER? JOIN TODAY!

Join FSPC, an important statewide, grassroots organization of survivors, crisis centers, and interested individuals. Collaborate with others to advance suicide prevention efforts in larger numbers: get involved, volunteer with local and state FSPC activities, and obtain reduced or free registration at FSPC events such as *2018 Florida Taking Action for Suicide Prevention 3rd Annual Mini-Conference*. Membership information at <http://floridasuicideprevention.org/membership/>

NEWSWORTHY

Google Rolls Out Tool To Help Diagnose Depression



by Alice G. Walton, Contributor

Opinions expressed by Forbes Contributors are their own.

Google is getting involved with people's mental health, rolling out a tool to help steer people who may have depression toward treatment. They've partnered up with the National Alliance on Mental Illness (NAMI) to reach out to people who may be depressed, by asking a simple question: Are you depressed? The hope is that getting people to begin to assess their own mental health will act as a catalyst to seeking treatment. This is how it will work: When you type a depression-

related search term into Google, atop the main results, a box will pop up, asking “Are you depressed?” If you click “yes,” you’ll be linked to the PHQ-9, a validated questionnaire that clinicians may use to help diagnose depression. It asks the user to rate whether they have symptoms like: “Trouble concentrating on things, such as reading the newspaper or watching television,” “Feeling bad about yourself — or that you are a failure or have let yourself or your family down?” “Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual.”

The hope is that people will fill out the questionnaire and, depending on the results, have more information to share with their doctors, or perhaps seek treatment where they would have otherwise been too hesitant. According to NAMI, about 50% of people with depression never seek treatment.



Google has reported that about 5% of searches are health-related. It’s not clear what subset of these are mental health-related, but presumably a sizeable number. Given the huge number of people who are depressed but never seek treatment, it may not be a bad idea for the largest search engine in the world to try to help out.

“Statistics show that those who have symptoms of depression experience an average of a 6-8 year delay in getting treatment after the onset of symptoms,” wrote Mary Giliberti, Chief Executive Officer at NAMI, in the Google blog. “We believe that awareness of depression can help empower and educate you, enabling quicker access to treatment. And while this tool can help, it’s important to note that PHQ-9 is not meant to act as a singular tool for diagnosis.”

Many people may be unaware of their depression, unfamiliar with it as a clinical diagnosis, or reluctant to seek treatment for any number of reasons.

“Clinical depression is a very common condition—in fact, approximately one in five Americans experience an episode in their lifetime,” Giliberti wrote. “However, despite its prevalence, only about 50 percent of people who suffer from depression actually receive treatment. To help raise awareness of this condition, we’ve teamed up with Google to help provide more direct access to tools and information to people who may be suffering.”

It’s unclear what effect the resource will have, or if it will be any better than what a user would discover through a regular search. Mental health professionals see an uptick in people seeking treatment from a Google-generated depression questionnaire. But time will tell what, if any, benefit the tool will have on our collective mental health.

Article Link: <https://www.forbes.com/sites/alicegwalton/2017/08/24/google-rolls-out-tool-to-help-diagnose-depression/#7f4af51540ce>

ALSO NEWSWORTHY

UWF Active Minds Partners With Local Jewelry Company To Bring Awareness To Suicide

By Rachel Witbracht, Staff writer, The Voyager: The Voice of UWF Students since 1968 (9/5/17).

Article Link: <http://uwfvoyager.com/2017/09/uwf-active-minds-partners-with-local-jewelry-company-to-bring-awareness-to-suicide/>

The Active Minds group at the University of West Florida hopes to bring attention to suicide and other mental health concerns.

Suicide is the second leading cause of death in college students, according to the Suicide Prevention Resource Center. Active Minds, a national nonprofit organization with more than 400 chapters nationwide, aims to break the stigma against mental illness and to prevent suicide, which happens often on university campuses.

Active Minds partnered with Love Me Knot, a local jewelry company, for a Sept. 2 event at Goat Lips Chew and Brewhouse. Love Me Knot is owned by mother and daughter duo Mary and Elli Gentile, who said they believe that everyone should embrace their gifts and love themselves.

Love Me Knot shares 10 percent of its profits with the UWF Active Minds chapter as they share the same goals in bringing awareness to mental health. The company's mission is summarized in its original poem, which headlines its website: "A single star in the universe is what you are, so shine before the others, celebrate your oneness, be your own best friend, and knot it with love."

Sydney Walker, a freshman psychology major, is the president of Active Minds at UWF and has aimed to bring more attention to mental health during the month of September, which is Suicide Awareness Month.



Active Minds is a student organization with more than 400 chapters nationwide, including one at UWF. (Photo courtesy of Active Minds at UWF)

Active Minds has more than 10 active members and holds social functions at least once a semester where many campus allies show up to support the cause. The group often holds tabling events in search of donations for suicide prevention and to bring attention to fellow students — showing them that they are not alone.

Active Minds Vice President Michelle Maloney said that her goal for the group is to bring calm to the new school year and to let fellow students know that although they may be stressed, there is a place that they belong.

Suicide accounted for 15.5 percent of deaths in the United States in 2015 for ages 20 to 34, according to the American Foundation for Suicide Prevention. Annually in Florida, more than twice as many people take their own lives than die by homicide.

Active Minds is in their fourth year of organizing on campus and they encourage anyone with self-doubt to join the organization so they may have the opportunity to prove that even on a campus as big as UWF, there is someone willing to help.

For more information, or to seek help, contact the Suicide Prevention Hotline at 1-800-273-8255.

IN FOCUS

Get to know a Regional Director or Officer a little better in each newsletter.

Guest Spotlight: **Three Sisters, One Quilt** by Barbara Jean Springthorpe, Big Bend Hospice Suicide Loss Support Group, Tallahassee



This is my story about how quilting has been an important part of my journey in grief, mental health, and suicide loss awareness.

I am a member of the Quilters Unlimited, Inc., guild in Tallahassee, Florida. When the guild announced in the springtime that the theme of the 2017 Challenge Quilt would be “Sentimental Journey,” I knew immediately I would enter the contest for the first time and what I could include in my quilt. My two late sisters were quilters, and both left many unfinished quilting projects at the times of their deaths. Sadly, both deaths were suicides; Joan in 2003 and Claire in 2013. I decided to combine some of my late sisters’ works into one quilt for my Sentimental Journey. I carefully considered which pieces to include in my quilt, and took a lot of time on the design and layout, as well as the background fabric and type of quilting, while working within the size limitations (maximum of 160 inches square). I titled my project *Three Sisters, One Quilt* for the 2017 Challenge Quilt.

Claire was a traditional quilter, loved appliqué, and designing her own art quilts. She often incorporated photographs into her art quilts that are significant to our family, such as the “Honora’s Trees” piece, a photograph of the land on which our great-great grandmother’s cabin once stood in County Leitrim, Ireland. Three of her appliqué projects with similar, bright colors are also included in *Three Sisters, One Quilt*.

Joan learned Hawaiian quilting while she lived there during the 1980-90s, and she generously shared her quilts with friends and family. She left at least 5 similar projects, relatively small quilt tops that were suitable for pillows. I chose the pink one for *Three Sisters, One Quilt*.

It is impossible to know what my sisters had envisioned as the end results while working on these individual pieces. That is not for me to know. What is left to me, however, is to remove these works from storage, bring them out in the light, and show other people my sisters’ creative works, and to combine them into one beautiful Sentimental Journey.

Since Claire’s death in 2013, I have attended a suicide loss support group at Big Bend Hospice in Tallahassee. The group is facilitated by a



professional grief counselor and provides a safe place for people to discuss the impact of their loved ones' suicides. I showed *Three Sisters, One Quilt* at the group's last meeting in July, 2017 and was grateful for their support.

After Claire's death in 2013, I had no interest in sewing, music, or anything creative for a long time. It was enough to make it through my workday, go home, feed my cats, and drop into bed. Many months later, I slowly took up quilting again and it became an accurate gauge of the painful but necessary adjustment to grief and sadness. It occurred to me that one of the first projects I worked on could be called "Signs of Life" since I actually had enough energy to work on it and the desire to do so. It was a small project that involved sewing pieces of scraps together that ultimately made its way into a quilt top I finished called "Controlled Chaos." That quilt top is actually still a work in progress. Hopefully it will soon be assembled, quilted and binded some time soon.

Quilting is many things to many people. For me, it has provided solace in the face of unimaginable grief, and now, given me a chance to honor the memories of both of my sisters.

CENTRAL FLORIDA COLLEGE

R U OK? *CF receives a grant to help increase the knowledge of suicide prevention on campus*



By Delaney VanNest / Reprinted with permission from *Patriot Press* (pre-publication).

Over the past decade, suicide has become a more pressing issue on college campuses. One in ten college students have made plans for suicide, and over 1,000 suicides take place on college campuses every year.

Last October, CF received the Garrett Lee Smith Suicide Prevention grant from the Substance Abuse and Mental Health Services Administration. CF is utilizing the grant to run the *R U OK? campaign*, which aims to raise awareness about suicide and assist faculty and students in learning how they can help prevent it.

Tom Walsh MA, the head of the suicide prevention project on campus, has created multiple plans for the campaign for this coming year. "The big focus of the campaign is to make sure that everyone is aware of the resources we have on campus and how students and staff can utilize them," Walsh said. Flyers, which display the number for the Suicide Prevention Lifeline, have been placed across campus as an easily accessible resource for those who need it. Students are encouraged to utilize the free counseling services available on campus as well.

"I think it's important because a lot of students become overwhelmed," said Danielle Bryan, a student at CF. "We as fellow students need to be aware of the signs and symptoms of depression and the key words that can hint that a student may be contemplating suicide." Starting this semester, CF will be offering QPR training to both staff and students in efforts to increase awareness of the warning signs that someone may be considering suicide. QPR stands for "Question, Persuade, and Refer," which are the three steps that the training focuses on when reaching out to someone who may be suicidal.

"The first step is to question, to simply ask them if they are okay," Walsh said. "Instead of just sitting around worrying if they're okay, you have to ask. People usually want help, but are too afraid to ask, sometimes just simply asking is enough to start helping." A new webpage containing information on suicide prevention efforts has also been put up. Anyone can access

www.cf.edu/RUOK to find information on suicide warning signs as well as information about the counseling services offered on campus.

Students have already begun showing their gratitude towards the program. When asked, many students expressed that this program and this widespread awareness is very much needed on campus. “As someone who has been diagnosed with clinical depression after dealing with it for about four years, I know the struggle,” said Joseph Coombs, a student at CF. “You feel weak, you feel like you can’t talk to anyone; it’s hard. I think suicide prevention programs are all very important because they can be that extra push it takes for someone to seek help.”

If you or someone you know is struggling with thoughts of suicide, you can call the Suicide Prevention Lifeline at 1-800-237-8255 or visit the Counseling Center on the Ocala Campus in upstairs Building 5.

AVAILABLE RESOURCE

Resource link: http://www.sprc.org/sites/default/files/resource-program/SPRC_MiMYReportFinal_0.pdf

Preventing Suicide among Men in the Middle Years: Recommendations for Suicide Prevention Programs

Developed by the Suicide Prevention Resource Center (SPRC)
at Education Development Center, Inc. (EDC)

Although men in the middle years (MIMY)—that is, men 35–64 years of age—represent 19 percent of the population of the United States, they account for 40 percent of the suicides in this country. The number of men in this age group and their relative representation in the U.S. population are both increasing. If the suicide rate among men ages 35–64 is not reduced, both the number of men in the middle years who die by suicide and their contribution to the overall suicide rate in the United States will continue to increase.

Preventing Suicide among Men in the Middle Years: Recommendations for Suicide Prevention Programs is the final report of a project that explored the causes of suicide among men ages 35–64 in the United States as well as what can be done to alleviate the toll that suicide takes on these men and their families, friends, and communities. The creation of this publication was informed by the following:

- A review of the research on suicide among men 35–64 years of age, focusing on research conducted in the United States and other Western developed countries. It was often necessary to use data or research that defined “middle years” somewhat differently than our target group of 35–64 years.
- Extensive discussions by an advisory group of experts on suicide among men.
- Reviews of drafts by the advisory group, other experts, state suicide prevention coordinators, persons with lived experience, and others.
- Initial queries to participants in the National Action Alliance for Suicide Prevention’s People in the Middle Years short-term assessment “tiger team” and a survey about existing programs and activities sent to state suicide prevention planners, selected tribal program planners, and members of the Methamphetamine and Suicide Prevention Initiative Behavioral Health LISTSERV.

RESEARCH FOR THE REST OF US



Sometimes important research is filled with jargon, is hard to understand, or doesn't seem to make sense. We've tried to summarize research in common English language.

Means safety efforts have the potential to reduce national suicide rates. Means safety involves decreasing access to and or increasing the safety storage of suicide methods. The authors cover potentially effective means safety efforts across commonly used suicide methods. The suicide methods discussed include firearms, hanging/strangulation/suffocation, intentional overdose, gas inhalation, jumping, and alcohol.

Firearms

Suicide by firearm is the most commonly used suicide method in the United States. Men are more likely to complete a suicide using a firearm than are women. Positive outcomes for means safety prevention efforts aimed at reducing suicide by firearm rates include changes in legislation, practicing safe gun storage, and working with gun shop owners.

Hanging/Strangling/Suffocation

Suicide by hanging is the second most common methods of suicide. Hanging-specific means safety efforts can consist of installing breakaway closet bars, lowering the height of anchor points, and increasing suicide awareness.

Intentional Overdose

Intentional overdoses accounts for about 1 in 10 deaths by suicide. Means safety efforts to prevent overdoses consist of limiting the size of the medication packs and changing the packaging of medications from bottles to blister packaging. Beginning in 2003, the FDA issued a black box warning on antidepressants indicating that they are associated with higher risk of suicide.

Gas Inhalation

Suicide from gas inhalation accounted for 2.6% of suicides in the United States. Research suggests that the commonality of this method may vary geographically, with heavier polluted cities seeing more gas inhalation-related suicides. Researchers have found that the decreased rate of fatal and nonfatal motor-related CO Poisonings in the United States between 1985 and 2013 is associated with a reduction in CO emissions from vehicles and the U.S. Clean Air Act of 1990.

Jumping

Researchers have found that the installment of bridge barriers as a means safety effort at suicide hotspots and restricting access to such locations have been associated with lower suicide rates.

Alcohol

Although consumption of alcohol is not a direct type of suicide method, research shows a positive relationship between alcohol and suicide. Means safety efforts aimed at restricting access to alcohol can be of importance after considering the influence alcohol may have on suicide attempts. Research shows that limiting the physical accessibility to alcohol decreased suicide rates for males. (Summary by Yaritza Carmona & Stephen Roggenbaum)

Jin, H.M., Khazem, L.R., and Anestis, M.D. (2017). Recent advances in means safety as a suicide prevention strategy. *Current Psychiatry Reports*, 18(96). 1-7. doi:10.1007/s11920-016-0731-0

WHAT'S HAPPENING



November 18, 2017. *International Survivors of Suicide Loss Day* @ various Florida locations sponsored by American Foundation for Suicide Prevention (AFSP)

February 21, 2018 (Wednesday). *Suicide Prevention Day at the Capitol*. This advocacy event is in Tallahassee.

SAVE THE DATE: February 19 & 20, 2018 (Monday & Tuesday). *FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference*. A two-half day mini-conference in Tallahassee.

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/>

STOP Suicide Northeast Indiana. (2016). *Help & Hope: For Survivors of Suicide Loss*. Retrieved from <http://www.stopsuicidenow.org/toolkits-now-available/>

Florida's Statewide Office of Suicide Prevention (DCF): <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

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

Is there a local NAMI Chapter in my area? <http://www.nami.org/Local-NAMI?state=FL>

Controlled Substance Public Disposal Locations. Proper disposal of expired drugs or unused medications can be an effective suicide prevention tool by eliminating access to lethal means. Many community-based drug *take-back* programs offer the best option for disposal. For disposal locations <https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3>

AN EXTRA HELPING . . .

Article from *Survivors of Suicide Loss* website

By Tracy T. Dean, M.S., Program Coordinator at the National Resource Center for Suicide Prevention and Aftercare

Asking the Question Why?

Asking “Why did my loved one do this?” is the question that haunts most survivors of suicide. The outside world demands to know from us, and we don’t know ourselves. For some of us there were definite clues that our loved ones were depressed or that something was wrong. We either knew that they were in pain and did not know the extent of it, or we did know and tried everything we knew to get help for them. For others the suicide was completely out of character. Many people who end their lives are extremely good actors and actresses. They only allow us to see what they want us to see. In either instance, for many, we never thought it could really happen to us, to our loved ones, and to our families. It doesn’t make sense.

So we search, trying to put the pieces of the puzzle together. Hindsight is 20×20, and sometimes we find bits and pieces, clues to what might have happened to allow our loved ones to lose hope and give up on life. We often want a specific reason, a direct cause and effect. If we can understand exactly why our loved ones ended their lives, maybe we can keep it from happening again to someone else we love.

For years I struggled with this question myself, following the suicide of my boyfriend. The best explanation was described to me by Iris Bolton, the Executive Director of The Link Counselor Center in Atlanta, Georgia and a survivor of her son’s suicide. Iris went to Emory University and received a Masters in Suicidology in an attempt to answer this question for herself. She did not find it. Later, Iris found as close to an answer as she will have. It did not come from a Doctor, Professor, or a Therapist. It came from another mother who had lost her son by suicide. This is how it was described to me, and I share it with you.

The Cup Analogy

There is a cup of water sitting on a table. It is so full it is rounded at the top. One or two drops of water are added to the cup and it spills over. What caused the water to spill? We want to blame



the last one or two drops, but in an empty cup it would not spill. It was not the water in the cup prior to the drops being added, because if left alone, it would not have spilled. It was a combination of all the drops of water in the cup that came before and the last one or two drops that caused the water to spill. In a person’s life, the water in the cup is symbolic of all the hurt, pain, shame, humiliation, and loss not dealt with along the way. The last couple of drops symbolize the “trigger events,” “the last straw,” the event or situation that preceded the final act of taking one’s own life. Often we want to blame the trigger event, but this does not make sense to us. Like the water,

these events all by themselves would not cause someone to end their life. It is the combination of everything in that person’s life not dealt with and the last one or two things that caused our loved ones to lose hope.

For us, we must find a way to pour out the water along the way. This may be through talking it out, writing it out, sometimes yelling it out—whatever works for you. We must learn to deal with our pain in a way our loved ones could not. This analogy does not give us the concrete answer many of us are looking for, but I know it made sense for me and has been helpful for many survivors. It allowed me to let go of the search for “why” and to find a different way of dealing with my pain.

P.S. 90% of all people who die by suicide have a diagnosable mental illness at the time of their death and 60% of all people who die by suicide suffer from depression, which is the most treatable of mental illnesses (American Association of Suicidology). Mental illness (brain disorder) is like a cancer—if no treatment is received, if the treatment is not effective, the patient may die... by suicide.

Article link: <https://www.soslsd.org/resource/asking-the-question-why/#.WYiuvR2QycY>

AN EXTRA, EXTRA HELPING . . .

Article from *Survivors of Suicide Loss* website

By Rev. Terry Morgan, Chaplain James Cunningham, Dr. Ray Goldstein and Earl Katz

Fathers Grieve Too

Most of the time, fathers are neglected grievers. While we know a lot about grief now, people still aren't sure how to respond to a man's feelings. It's safer to ask how your wife is doing than to ask how you feel. And as a man, you have a lot of thoughts and feelings now. You may feel angry, depressed, lonely, hopeless, disappointed, confused, hurt, sad, afraid, out of control, confused, empty, guilty, helpless, like a failure, frustrated. You may have times of real panic and worry about your family. You may have lost the confidence of being the Daddy who makes things right. And you may spend a lot of time asking yourself “Why?” This can be one of the toughest times in your life, and it's important to take care of yourself and the hurt you're feeling.

Every man is touched by tragedy at some time. You may find you need to be strong and take control. You may feel like you're taking care of everyone else, making all the arrangements and doing all the work. This can be especially true as you make funeral arrangements and greet family and friends. After the funeral, though, people are likely to expect you to act as if nothing happened. One grief counselor said “In our society we're allowed three days of grief...just through the memorial service.”

You never really “get over” your grief as you begin trying to get back to normal. You may find your feelings popping up when you least expect them. Along with some feelings mentioned earlier, you may feel like you're going through the motions of living. You may feel distant from people, and you may find yourself usually angry.

Being Angry

Men and women grieve differently. Women have more permission to cry and talk. Men have more permission to be angry. It's okay to be angry when your child dies. It's unfair, unjust and an angry situation. The biggest problem with anger is where to direct it. A lot of times dads do get angry at their wives and kids just because they are around. When you think you're being angry for a long time or more often than you want, you may want to take a look at how you're directing your anger. Talking to another dad whose child has died, talking with your pastor, nurse, social worker or just a friend who can see things clearly can be helpful.

Talking

One of the things that can help your hurt is talking about your child. You have strong, cherished memories. You have memories of bad and good times and the actual experience of the death. When you don't talk about your child or your experiences and feelings your family may think you're cold and that you don't care. You may seem distant from each other and out of touch. If you have trouble talking, you may want to do just a little each day with your wife or friends or both. Remember: Talking may lighten your pain, clear your anger and affirm your feelings.

Working

This may be a time when you want to be careful about your work. You may find yourself using your job as a way to cover up your feelings. You may work until you become overly tired, hoping it will help you sleep. You may work to try to forget your grief when what you may need is someone to listen to you and show they care. Work can be a distraction and it can be a relief, but it is seldom a total solution to sadness. It can also be very frustrating. You may find yourself staring into space when you should be working, making more mistakes than usual, getting fed up when people ask about your wife—not getting the support and care you need. Some of the support and care can come through your marriage.

Your Marriage

A lot of people think a child's death makes couples closer. Actually, the opposite can be true. You may both be so wiped out with your grief that you can't lean on each other. You may be scared about what's happening to each other and to your relationship. If that happens remember: It's important to keep courting—even now. Talk about how you met. Remember how you fell in love. Share what you like about each other. Go out on a date, even if it's a short walk. Touch and hold each other. Realize you each grieve differently; respect each other's way of grieving. Accept your first sexual sharing after the death as a warm, gentle caring that brings you close, affirms your tears and quiets your sadness.

See if your area has a group of parents who have experienced the death of a child. If so, go to at least one meeting. Just hearing other fathers talk can make a big difference in how you see your grief, your marriage, your work and yourself. If you're a single father, a group may be especially valuable to you.

Article link: <https://www.soslsd.org/resource/fathers-grieve-too/#.WbxD2x1rycY>

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

<http://www.floridasuicideprevention.org/membership.htm>