



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)

September 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/>

FSPC ANNOUNCEMENT !!!!

Updated FSPC Website is Live

Visit and explore the newly updated & re-organized FSPC Website at <http://floridasuicideprevention.org/> Jeffrey Bousquet of Eugene, Oregon worked diligently over numerous months to ensure a wonderful outcome. Visitors may continue to see additional tweaks and updates as we work to make the site even more user-friendly and include current, accurate information available. Special thanks to the FSPC Information Technology Committee members: Betsey Westuba, Judy Broward, Pam Mezzina, Alexandra Martinez, and Stephen Roggenbaum. FSPC offers special recognition to Terry Smith who created and maintained our original website for the past 15 years and served as IT special consultant during the transition to the new website!

FSPC MINI-CONFERENCE – APPLY to PRESENT

FSPC is Soliciting Presentations for the 2018 Mini-Conference

Consider presenting at the *FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference*, a two-half day mini-conference in Tallahassee, February 19 (afternoon) or February 20 (morning) in Tallahassee. The link to the online 2018 FSPC Conference Proposal Submission is: https://usf.az1.qualtrics.com/jfe/form/SV_86xdbzFTq7Kazyt Most presentations are 25 minutes in length including questions & answers, however there are a limited number of 50-minute time slots. Interested individuals can submit ideas or full proposals until November 17th and presenters will be notified in January. Presenters are expected to register for the mini-conference although we hope to have a reduced presenter fee. Please contact Stephen Roggenbaum at roggenba@usf.edu (or 813-974-6149) if you have any questions.

NEWSWORTHY

World Suicide Prevention Day 2017

September 10, 2017 is World Suicide Prevention Day and FSPC is asking everyone to *Take 5 to Save Lives!* Take 5 to Save Lives is a public awareness campaign started by the National Council for Suicide Prevention in support of World Suicide Prevention Day. The campaign provides prevention-focused tools to help keep yourself and others safe from suicide. What does it mean to *Take 5 to Save Lives*? Head to <http://www.take5tosavelives.org> to learn 5 steps you can take in just 5 minutes. The steps include:

1. **LEARN THE SIGNS.** An expert-consensus list of warning signs was created to help people identify someone who may be in suicidal crisis or experiencing suicidal thoughts. Take a couple minutes to learn and memorize the warning signs of suicide. Suicide prevention preparedness will help save more lives.
2. **DO YOUR PART.** Teachers, parents, students, caregivers, and countless other stakeholders all play a vital role in preventing the tragedy of suicide. Preventing suicide is a collective responsibility. Learn how you can do more to raise awareness and prevent suicide.
3. **PRACTICE SELF-CARE.** Research tells us that our mental fitness or wellness is crucial to our overall long-term health, and can even protect us from disease. Learn some tips for keeping mentally fit. Make self-care a priority in your life.
4. **REACH OUT.** There are many resources for those experiencing suicidal thoughts or a suicidal crisis. Know where to turn to if you or someone you know needs help.
5. **SPREAD THE WORD.** One great way to end stigma is to talk about suicide prevention and share real life stories of living with depression or other mental illnesses. Pledge to tell at least 5 other people about Take 5 and World Suicide Prevention Day.

The *Take 5 to Save Lives* movement is a fun and easy way to get involved this World Suicide Prevention Day. Visit the Promote Take 5 page on the website for more information on how you can support and share the Take 5 campaign. Are you part of a business or organization? Become a Take 5 Partner!

* If your or someone you know is experiencing a suicidal crisis, call the National Suicide Prevention Lifeline at 1-800-273-8255.

ALSO NEWSWORTHY

This New Mental Health App Connects Veterans to Other Veterans in Times of Crisis

By Katie Dupere, Mashable (7/29/17).

Article Link: <http://mashable.com/2017/07/28/objective-zero-veteran-suicide-app/#v2OfHARbMuqB>

Three years ago, Justin Miller had a six-hour phone call he says saved his life.

Miller is a medically retired military veteran, previously serving two deployments in Iraq. The trauma of combat led him to develop severe post-traumatic stress disorder and a traumatic brain injury.

The nightmares didn't let him sleep, and he was scared things would never get better.

"I called the VA after having a particularly bad nightmare and told them I needed to see someone now," Miller says. "They scheduled me an appointment for two days later. Here I am, on the verge of killing myself, and I need to wait two days to see someone."

Miller had planned to end his own life.

But before attempting suicide, Miller called his friend Chris Mercado. A fellow veteran, Mercado wasn't a trained counselor or mental health professional. He simply picked up the phone and listened to Miller talk about his pain and hopelessness and fear.

By the end of the phone call, Miller promised Mercado he wasn't going to attempt suicide. And he didn't.

That six-hour phone call was the inspiration behind a new app called Objective Zero, the brainchild of Miller and Mercado. The pair wanted to replicate their life-saving interaction on a bigger scale to reach veterans in need around the U.S.

The nonprofit app, which is currently in development, will instantly and anonymously connect veterans to other veterans who have been trained in suicide prevention and de-escalation. The veterans can then chat via text, phone, or video.



OBJECTIVE ZERO
CONNECTING VETERANS, SAVING LIVES

Objective Zero will also provide a range of suicide prevention resources to those in need, and a chatroom to help veterans connect to a larger community for support.

An additional activities tab has free meditation and mindfulness activities to help veterans cope with anxiety, depression, PTSD, and

other mental health issues. This feature was created in partnership with the popular app Headspace, which normally charges a fee for its service.

The name of the soon-to-be launched app was inspired by a lofty goal: Bring the amount of veteran suicides down to zero.

An average of 20 veterans die by suicide each day, a rate 20 percent higher than the civilian population. While veterans only make up 8.5 percent of the U.S. population, they account for more than 18 percent of all suicide-related deaths in the U.S.

There are more than 40,000 nonprofits dedicated to supporting veterans, but Miller and Mercado realized many veterans who die by suicide aren't connected to any resources, similar to the problem Miller had in his time of crisis.

The duo created Objective Zero with cofounder and app developer Blake Bassett at the helm of design. Cofounders Kayla Bailey, Ryan Pereiram, and Betsey Mercado also helped to create the app's features and marketing.

To make Objective Zero a reality, App Design Company donated more than \$10,000 of free software development to the team — a generous gift that served as the majority of funding for the app.

Along with connecting veterans to veterans, the app will help connect veterans to civilians who want to help, too. Civilians will be able to sign up for a military awareness course, allowing veterans in crisis to have the option of whether they would like to connect with a fellow veteran or a civilian.

"We've found that civilians want to help veterans, but they don't know how or don't know how to ask veterans about their military service," Bassett says. "Our anecdotal evidence seems to suggest some veterans prefer talking about their problems with a civilian, a surprising finding that speaks to the potential for the role civilians can play in helping reintegrate our veterans after war."

Objective Zero is projected to launch in the beginning of September 2017.

If you want to talk to someone or are experiencing suicidal thoughts, text Crisis Text Line at 741-741 or call the National Suicide Prevention Lifeline at 1-800-273-8255. Here is a list of international resources.

YET ANOTHER NEWSWORTHY ITEM

Quick-Thinking Uber Driver Calls 911 and Saves Suicidal Passenger in Florida

By Jason Duaine Hahn • @jasonduaine Posted on August 10, 2017 at 1:07pm EDT

People magazine's Human Interest



Chad Farley, about 2 years ago

An Uber driver is being hailed a hero after he called authorities to come to the aid of a passenger he believed was about to [take his own life by] suicide.

Chad Farley, 41, picked up a 28-year-old male passenger from his home in St. Petersburg, Florida, around 8 p.m. on Aug. 7. As he notes in an account of the night on his Facebook page, Farley soon noticed something was different about this passenger than any other he had picked up in his year as an Uber driver.

As they made small talk, the man told Farley that he had recently been diagnosed with brain cancer, which prompted Farley to open up about his mother's battle with cancer. But Farley then noticed that the destination his passenger requested was one he had never seen before—it was right in the middle of the Skyway Bridge, crossing over Tampa Bay.

Things truly became strange when Farley asked the passenger why he was headed there. The passenger told Farley that he was going to the middle of the bridge to use one of the emergency phones to call an ambulance to take him to his doctor in Tampa. The unbelievable response led Farley to believe that his passenger was planning to jump from the bridge.

As they drew closer to Skyway, Farley asked a toll taker to talk to the passenger about using the phones at the top of the bridge. While they spoke, Farley gave the toll taker “eye signals” to alert them that something was wrong. He pulled over before they reached the middle of the bridge.

“I took him to the Skyway rest area and talked with him and he assured me that he wasn’t going to jump,” Farley said. “I could tell he was lying.”

Farley turned to his faith to convince the man not to jump.

“I told him how much God, the giver of life loves him . . .” Farley wrote. “I grabbed his hand which was shaking so badly and prayed for a few minutes with him and he actually began praying once I was done.”

Before he dropped the man off, Farley took a selfie with him under the guise that he wanted to remember what he looked like. In truth, Farley wanted a photo he could send to police once he called 911. Officers showed up a short time later at 8:30 p.m. after they received Farley’s call and an email with the picture.

“Despite pleas from the troopers to return, the man continued into the water and submerged himself,” reads a statement from the Florida Highway Patrol given to PEOPLE. “Both Corporal Robert Friesen and Trooper Kristen Middleton then entered the water after him in the dark. After several minutes, the troopers located the man, recovered him and brought him to shore at which point they began CPR until relieved by EMS crews. Transported to Bayfront, the man received advanced medical care and is now listed in critical, but stable condition.”

Uber praised Farley’s ability to recognize his passenger was in danger and effectively react to the situation.

“We deeply appreciate Mr. Farley’s quick thinking and compassion for his rider, as well as law enforcement’s fast response,” an Uber spokesperson tells PEOPLE.

And yet, Farley believes there was a greater power at work that night.

“God put that man in my car tonight for a reason,” Farley wrote at the end of his post. “I’m just glad he is still alive.”

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Article Link: <http://people.com/human-interest/quick-thinking-uber-driver-calls-911-and-saves-suicidal-passenger-in-florida/>

AVAILABLE RESOURCE

Issue Brief 55 - Addressing Students' Mental Health Needs

Resource link: http://www.chdi.org/publications/issue-briefs/issue-brief-55-addressing-students-mental-health-needs-stamford/?utm_source=ActiveCampaign&utm_medium=email&utm_content=CMHNetwork+Friday+Update+7-28-17&utm_campaign=CMHNetwork+Friday+Update+7-28-17

Stamford Public Schools' Comprehensive Trauma-Informed System

In 2014, following a series of student suicides and an increase in the number of students experiencing suicidal ideation and hospitalization, Stamford Public Schools recognized an urgent need to better identify students with mental health concerns and connect them to services. School personnel were reporting a higher number of students who had experienced trauma, including among refugee students. Prior to 2014, Stamford developed various strategies and initiatives designed to improve mental health outcomes for students and their families, but found that the need was greater than their resources, and further integration of efforts was required. In 2014, CHDI (The Child Health and Development Institute of Connecticut, Inc.) was contracted to conduct a mental health review of the Stamford Public Schools system and help them develop a comprehensive plan to enhance trauma-informed mental health services across their school district.



Schools are Increasingly Aware of Their Role in Addressing Behavioral Health

While appreciating that the schools' primary role is to educate children, school districts are increasingly aware of their role in addressing students' mental health concerns as an important way of supporting academic

achievement and overall well-being. National data indicate that about 20% of youth have mental health symptoms that would benefit from treatment but only about 20% of those youth receive treatment. Lack of access to treatment can significantly impact students' health and academic development. Schools can play a critical role in a coordinated, fully integrated, community-based mental health system. Research suggests that mental health services are effective and more accessible to youth when delivered in schools, however school personnel often lack the training and supports to fulfill this role.

A Trauma-Informed Model for School Mental Health is Improving Outcomes in Stamford

The 2014 review of Stamford's mental health services and supports for students in Kindergarten through 12th grade involved several focus groups and interviews. The process examined the behavioral health needs of students, as well as the districts' strengths and areas of concern in addressing these needs. It resulted in recommendations for improving Stamford's school-based and school-linked mental health services and supports in four priority areas for initial action:

- Ensuring Sufficient Clinical Staff Capacity
- Providing Professional Development in Mental Health
- Engaging in Mental Health Planning and Oversight
- Promoting Data Collection and Evaluation

CHDI has worked with Stamford Public Schools to implement recommendations in these areas and they have made significant strides. In just two and a half years, Stamford has expanded the number of evidence-based services for students from zero to four, implemented district-wide trauma and behavioral health training and supports for staff, and collaborated to build internal capacity and integrate community and state resources and services for students.

Core Activities to Address Student Behavioral Health Needs in Stamford:

- Trained school social workers and psychologists to deliver Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and its adaptation for elementary youth, Bounceback using a peer-learning model and leveraged additional State funds to expand the work.
- Offered Dialectical Behavior Therapy (DBT) as a high school health skills class for students with emotional and behavioral concerns that are interfering with learning.
- Created a trauma-informed therapeutic self-contained classroom (Stark Elementary School Classroom) to serve 1st to 3rd graders with Individualized Education Plans due to emotional and behavioral concerns.
- Hired district-level trauma specialists to support clinical and teaching staff in identifying symptoms associated with trauma and supervise clinicians providing services to students with trauma needs.
- Enhanced data collection practices by incorporating new measures into the District's Scientific Research Based Interventions model including mental health symptoms, absences, and behavioral referrals.
- Partnered with the statewide CONNECTing Children and Families to Care initiative to help Stamford integrate their services with a network of care connecting youth, families, schools, state agencies and community service providers.

Results show improved outcomes for students, as well as positive feedback from parents, teachers and other school personnel. For example:

- Data from 76 Stamford students who completed CBITS and Bounceback over the past year showed significant reductions in PTSD symptoms (as measured by the Child PTSD Symptom Scale) and problem severity symptoms (as measured by the Ohio Scales).
- Feedback from parents and teachers indicate a decrease in the severity of behavioral concerns in the classrooms and at home.
- School personnel report important changes in culture and climate that reflect an understanding of trauma, how it impacts students, and how to better address students' needs using supportive and restorative approaches, rather than punitive measures.

Lessons Learned From Stamford Can Help Other Schools Improve Outcomes

Stamford Public School District has made tremendous progress in promoting a stronger district-level understanding of trauma and in developing a system that is more responsive to the needs of their students. Lessons learned in Stamford can help guide other districts seeking to improve their mental health services and supports:

- Ensure commitment from District administrators and school board members.
- Begin with a comprehensive needs assessment that identifies strengths, assets, and needs.
- Examine multiple public and private funding sources at the federal, state and local level.
- Blend and integrate school-based services with community-based services.
- Pilot small projects that include basic outcome measures to inform next steps.
- Create peer groups to support mental health staff and ensure sustainable training.

For more information on improving mental health in schools visit www.chdi.org or contact [Jeff Vanderploeg](mailto:jvanderploeg@uchc.edu) at jvanderploeg@uchc.edu. To learn more from Stamford Public Schools, contact Social Work Department Head Joe O'Callaghan at jocallaghan@ci.stamford.ct.us. Related publications include CHDI's Issue Brief: Cognitive

Behavioral Intervention for Trauma in Schools (CBITS in Schools), the The School-Based Diversion Initiative (SBDI) Toolkit (SBDI Toolkit), and IMPACT: Improving Outcomes for Children in Schools.

WHAT'S HAPPENING



September 10, 2017. World Suicide Prevention Day.

September 10 - 16, 2017. National Suicide Prevention Week.

September 8-11, 2017. Tragedy Assistance Program for Survivors (TAPS) *Tampa Survivor Seminar and Good Grief Camp* at TradeWinds Resort, St. Pete Beach. More information: <https://www.taps.org/seminars/2017/tampa>

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. For disposal locations

<https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3>

AN EXTRA HELPING . . .

Article from *Our Side of Suicide Survivors* website
By Jessica Hutchison, February 9, 2017

Advice from Survivors of a Suicide Loss

Recently, a friend of mine experienced a suicide loss. This was the first time that I had someone close to me lose someone in the same manner that I lost my dad. While I am constantly entrenched in suicide both personally and professionally something made this loss different. It hit close to home. A dear friend of mine called to tell me the news asking, "What can I do?" For the first time, I was at a loss. I thought about it and told her, "Just be there. Listen. Offer your shoulder. Don't try and make it better, because you can't. Most importantly...be there when the rest of the world moves on." I wanted to hear from others, so I asked our online community what they would tell someone who recently lost a loved one to suicide. The answers were amazing. I wanted to share them with you all.

Advice from Survivors to Survivors of a Suicide Loss:

"Do not define their life by how they died, rather by how they lived and loved." -Laura

"Remember to find the love. In anything, anywhere, everyone.... just don't lose hope in love. It's always there; love conquers all." -Olenaggie

"Allow yourself to grieve however you want.. Everyone does it differently. And don't ever feel bad about talking about your loved one, even if it's about the manner they died. Remember, they did not kill themselves., an illness killed them." -Courtney

"Write to them, and say what's on your mind even if it makes zero sense. I keep an ongoing letter to my sister, it's pretty long at this point, some days it's several pages and some days it's just a sentence or two. I think it's helps me to stay connected." -Angela

"Breathe, scream, cry, breathe, breathe, then repeat....it takes everything you have to breathe and to even fathom the depth of your inability to understand what has happened....my mind wants to know what was going through his mind, how could he do it, was he scared, he was alone, resigned, a burden....it just goes on and on...just keep trying to get through every minute of every hour of day....just breathe and remember your deep love for them." -Sandy



"Take care of you. Grief after suicide is deeply emotional and physical. Your body goes into 'fight or flight' mode your digestive system slows and you have no desire to eat. You need to eat 'take care of you' try to eat small amounts regularly, eat food that is easy to digest like soup or protein shakes. When the waves of grief are at their heaviest, tears, anxiety, guilt and fear try to concentrate on your breathing, breath in through your nose and exhale out of your mouth, count to three breathing in an count to four breathing out, making your exhalation longer. Breathing exercise does really help. Emotionally, suicide tears you apart, remember it was not your choice or your fault it was their own choice, their free will. Seek counselors you will need

professional help to move forward. Don't give up on counselors try different ones until you find the one that suits you. Take care of you." -Jeanette

"It's not your fault. It is never about you. It is always about the hatred they feel against themselves. It's NOT your fault. You'll never see the signs until it's over, because our brains will need to find the signs. It's not your fault." -Unknown

"It's ok to not be ok, it's ok to not understand what emotions come up." -Jennifer

"Breathe. Don't ever blame yourself. Sadly, you are not alone. Most of all, they never truly leave your side." -Amy

"Don't let anyone make you feel bad for grieving. Sometimes you can't even go day by day, you have to go minute by minute. You will feel better one day, you really will." -Ketty

"You find little bits of Joy that are still left in this world. Continue to love them but make sure you love yourself. There will be days you hate but make sure you love other days." -Liz

"You will grieve forever. That sounds awful but grief changes. At first, you'll be mad and confused. Then you might blame yourself or someone else. Eventually, you will find comfort in the good memories you do have. You will still miss them, but the good days will eventually be more frequent than the hard ones." -Samantha

"It's okay to not be okay. Speak their name – how they died does not define who they are. Don't be afraid to say the word; suicide is not a bad word and death by suicide does not make them a bad person. Lean on others who can relate, others who have experienced the same type of loss. Don't let anyone make you feel like you should be "over it."" -Lisa

"Talk about them, talk to them, talk to someone qualified to help you, reach out to social media groups, don't hide, give yourself time, allow yourself to grieve how you need to regardless of what anyone says, and most importantly know you are not alone!!! This grief is tough, it's raw and devastating like no other, it's ok to cry and be mad and any other emotion out there especially allowing yourself to be happy, being a survivor of suicide loss is messy and it's ok to be a wreck!" -Ashley

"Breathe. Surround yourself with loving people. Sleep, cry, scream. It actually helps. Don't try to understand- what your loved one did was to end their pain, not to hurt you. Do not blame yourself (that is really hard as we always want to blame). WHEN you are ready, seek out support groups specific to suicide survivors. Get counseling as soon as you can." – Deborah

"It's ok to be mad. Mad at them or just mad in general. Just because they're gone doesn't mean, it takes away your right to be mad at the actions they took." -Jamie

"Let people help you. Say your loved ones name. Speak of them. Share stories. Reach out to a suicide support group in your town. Don't feel afraid or guilty to laugh. Do at least one thing a day for YOU.....eat, nap, shower, color or whatever fills your cup." -Robin

"You did not cause this. This is not a reflection of how they felt about you. They did care about you. However you feel is normal, as long as you are taking care of yourself you are doing your best. Drink water. Eating and sleeping may take a while but you need fluids. Stay connected with people you trust, and let them help. Even if at first it's just with cleaning dishes and bringing cups of tea! Find other suicide loss survivors when you're ready. We can provide lots of help, practical and emotional. Stay away from people who belittle your grief, or place guilt and shame on your loved one. Seek out people who actively listen and meet you with

respect instead. Your loved one's death does not define who they are. It was one moment in a lifetime worth of moments, so take time to remember and talk about the other moments too. Even if it may help to care for others, make sure to save some energy for yourself as well. You can survive this." -Kat

"Take a deep breath. Take in what you can for the moment, then remember to breathe again. Deeply. Don't make any serious or rash decisions about anything right now. Take the day one minute, one hour at a time. Allow yourself to feel. Be patient, kind, and good to yourself. Talk to others who've been where you are now. Don't try to figure things out right now, they'll be plenty of time for all that later. Reassure yourself that you will be o.k. & that it's o.k. to hurt. Don't forget to breathe." -Kenneth

"Time does not heal the pain but it does, eventually, ease the pain. Let the waves of grief move through you- don't try to avoid the feelings. Get help when you need it." -Sheri

"Seek counseling, whether you think you need it or not, you will have a lot to work through over a long period of time. The grief will be like a storm, the waves will hit hard, but you will have a break between waves and eventually the waves will be further apart, you just need to ride each wave as they hit, one day at a time." -Anne

"The way they died does not define them as it was a moment in time. Honor their life and the love you shared. Feel everything and never apologize. You will lose friends and family members and gain new friends in the most unexpected places. I turned to my spirituality to help navigate the grief. They remain with us and trust in the signs and synchronicities. Don't say died by suicide, say died by depression. It's okay to be mad and angry but this was never your fault. You will gain a compassion for others you never thought possible. Use that compassion to reach out to someone who may be struggling. Even if they ignore you, they will remember who tried." - Annemarie

A huge thank you to those who took the time to respond. Your words are inspirational, and offer hope to many.

Article link: <http://www.oursideofsuicide.com/2017/02/09/advice-survivors-suicide-loss/>

AN EXTRA, EXTRA HELPING . . .

Blog from *Child Trends* website, https://www.childtrends.org/prevent-youth-suicide-must-address-bullying/?utm_source=Youth+Suicide&utm_campaign=e-news+8%2F8%2F17&utm_medium=email

By Debra Temkin, August 7, 2017

To Prevent Youth Suicide, We Must Address More Than Bullying

Last week, another story of a young person who died by suicide made headlines. As with the majority of articles covering youth suicides over the last decade, the story heavily focused on the role bullying may have played in precipitating the young girl's death. While bullying could certainly have been a factor in this case (as an outside observer lacking all the facts, I can't comment on this specific case), the same cannot be said about many incidents of youth suicide. Schools' bullying prevention efforts are critically important. However, the continued narrative that youth suicide is caused by bullying may divert schools' focus from solutions that would target more prevalent risk factors for suicide.

From 2007 to 2014, rates of deaths due to suicide among children ages 10 to 14 more than

doubled, according to data from the Centers for Disease Control and Prevention. This is consistent with a more recent study of children's hospital admissions of children ages 5 to 17 from 2008 to 2015, which found a similar increase. However, over the same time period, rates of bullying for youth ages 12 to 18 significantly declined, from 32 percent in 2007 reporting having been bullied, to 21 percent in 2015. While comparing these two data trends cannot negate a connection between bullying and suicide-and indeed recent data show that youth who have been bullied report higher rates of suicidal ideation-it does suggest that many cases of youth suicide are not a result of bullying.

An analysis of data for youth ages 11 to 15 from the National Violent Death Reporting System, which collects information from 18 states about all reported suicides including precipitating circumstances, found that in 2003 through 2014, only around 9 percent of cases specifically indicated that bullying was a factor leading to the suicide. The same number of cases reported school disciplinary problems (e.g., being suspended from school). However, over half the cases (56 percent) listed relationship issues, primarily with family or intimate dating partners, as a precipitating factor, and a similar percentage (52 percent) of youth were reported to have had mental health problems. The majority of youth suicides (60 percent) involved multiple precipitating factors.

We cannot prevent all incidents of youth suicide by only focusing on bullying. Instead, we must target the many potential risk factors involved. For many schools, this might seem like a daunting task considering the variety of potential issues involved- from bullying to school discipline, to mental and physical health supports, to family engagement. These issues, however, are interconnected.

By approaching suicide prevention holistically – the whole child-instead of focusing solely on a single risk factor such as bullying, we may be better able to stem the tide of youth suicide. Schools can help promote positive relationships between and among students and teachers. They can recognize the contribution of physical wellness to mental wellness. And, they can actively engage families with the school community. In doing so, schools will target many suicide risk factors at once and, by extension, create healthy, safe, nurturing environments where youth suicides may be less likely.

This blog was developed with support from The Robert Wood Johnson Foundation (grant 74616). The views reflected in this blog are those of the author and do not necessarily reflect the views of the Robert Wood Johnson Foundation.

If you or someone you know is thinking of suicide, please contact the National Suicide Prevention Lifeline Site at 1-800-273-TALK (8255).

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

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