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### December 2017 Newsletter

#### FLORIDA SUICIDE PREVENTION COALITION

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

#### FSPC MINI-CONFERENCE – PLAN TO ATTEND

##### **FSPC is finalizing Preparations for the 2018 Mini-Conference**

The *FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference* is a two-half day conference in Tallahassee, February 19 (afternoon) & February 20 (morning). The online 2018 FSPC Conference Registration link is:

<http://floridasuicideprevention.org/wp-content/uploads/2017/11/2018-mini-conf-Registration.pdf>

This valuable educational opportunity is being held just prior to Florida's *Annual Suicide Prevention Day at the Capitol* advocacy event (2/21), *Suicide Prevention Coordinating Council Meeting* (2/20), and *Lighting the Darkness – Evening of Remembrance* (2/20) by Big Bend Hospice. Please contact Stephen Roggenbaum at [roggenba@usf.edu](mailto:roggenba@usf.edu) or 813-974-6149 if any questions.

FSPC has reserved a limited block of rooms at *Candlewood Suites Tallahassee* (2815 Lakeshore Dr., Tallahassee, FL 32312) for about \$106-\$114 per night just a few miles from DFC, mini-conference location. Call soon to reserve a room at the special rate: 850-597-7000 (*use group name – Florida Suicide Prevention*).

#### **BECOME A FSPC MEMBER TODAY!**

Join FSPC, an important 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 or free or reduced registration at FSPC events such as *the FSPC Mini-Conference mentioned above*). Membership

information: <http://floridasuicideprevention.org/membership/>

## 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](mailto:roggenba@usf.edu)

## NEWSWORTHY

### Coffee For A Cause: New Logan Square Shop To Benefit Suicide Prevention.

By Mina Bloom @mina\_bloom October 19, 2017 from *DNA Info*

LOGAN SQUARE — Since founding the nonprofit Hope for the Day about six years ago, Jonny Boucher hasn't stopped thinking about creative ways to raise money for suicide prevention. The 31-year-old former concert promoter has approached just about everyone in his circle about collaborations, from local musicians to the brewers at Three Floyds and Pipeworks. "I've told my friends that if I could put Hope for the Day on toilet paper [and raise money that way], I would," he said.

For Boucher's latest — and "craziest" — project, he's teaming up with his friends at Dark Matter Coffee to start a charity-driven coffee shop in the former Dill Pickle Co-Op storefront at 3039 W. Fullerton Ave., with the goal of opening in 2018.

"You always hear about breweries and cafes donating 10 percent to charity, or this is the focus for this month, which is great," Boucher said. "But this is the first one where we get to say, 'Listen, not only is this a Dark Matter coffee shop, but it's also a beacon of hope in the middle of a neighborhood that needs to be reminded about [suicide prevention]. If you live in Chicago, or anywhere, you need to be reminded.'"

Dark Matter will supply the coffee (and eventually some small food items), but the local roaster won't see any profit. The shop's only goal is to raise money for Hope for the Day. No less than 100 percent of the proceeds will go toward the nonprofit, which will then use the money to fund suicide prevention and mental health education programming.

"Dark Matter is supporting this because they know, at the end of the day, they have staff and customers that struggle [with mental health issues]. They also know their coffee is so good, it can help save a life," Boucher said.



Kyle Hodges, who does communications for Dark Matter, called Boucher and his organization "family." "[Hope for the Day] has been our largest continuous charitable partner for the last four years," Hodges said. "Unfortunately, people here at Dark Matter have been affected by suicide. When we met Jonny several years ago, he told us what he was doing, and it just struck a chord. We immediately jumped in and asked how we could help." Selling coffee is merely a "vehicle" to spread awareness, Hodges said.

"We wanted to take another step in helping them continue to not only spread the word, but also make more of an impact," he said. The shop will be named after Sip of Hope, a special coffee blend Dark Matter previously helped produce for the nonprofit. It'll have a sidewalk cafe and a "resource wall" with educational materials on suicide prevention and mental health. The baristas will be required to go through mental health training. "Bartenders, baristas and barbers should all be equipped to talk about mental health because they see people everyday," Boucher said.

Boucher says he has lost a staggering 15 people in his life to suicide, including both his aunt and uncle. It wasn't until 2012, after a particularly tough stretch, that he "closed the book" on his more than decade-long career in the music industry and focused his efforts on suicide prevention fulltime, he said.

"When [my mentor] Mike took his life, my friend Kelly had died from cancer, and I was also going through a breakup ... I really had this, 'What the f--- am I doing with my life?' moment," Boucher said.

To help pay for the coffee shop, Boucher and his board are hosting a fundraiser at WeWork Kinzie, 20 West Kinzie St., Dec. 2. They also launched an online fundraiser with a goal of \$250,000. The money raised will go toward the build-out and paying employees "proper" wages. As of Thursday afternoon, the fundraiser had raised \$75,687.

Boucher said the fundraiser is a way to get the community involved in the project, which depends on neighbors for its success. The coffee shop will open regardless of whether they meet the goal or not.

"I know there's coffee shops [in Logan Square], but there's not one where you can say 100 percent all proceeds go to support this very important mission with every single cup of coffee," Boucher said. "Because of society stigma, a lot of people don't feel like they can open up and say, 'I'm not OK right now.' We, as an organization ... that's what we're here to do."

Article Link: <https://www.dnainfo.com/chicago/20171019/logan-square/sip-of-hope-coffee-bar-dill-pickle-fullerton-hope-for-the-day-dark-matter>

## **ALSO NEWSWORTHY**

### **Life-Saving Post-ER Suicide Prevention Strategies are Cost Effective**

From National Institutes of Health website (9/15/17). Press Release (*partial release printed below*)

Article Link: <https://www.nimh.nih.gov/news/science-news/2017/life-saving-post-er-suicide-prevention-strategies-are-cost-effective.shtml>

### ***Follow-up postcards less expensive, more effective than usual care: NIH study***

Three interventions designed for follow up of patients who are identified with suicide risk in hospital emergency departments save lives and are cost effective relative to usual care. A study led by researchers at the National Institute of Mental Health (NIMH) modelled the use of the approaches in emergency departments and found that all three interventions compare favorably with a standard benchmark of cost-effectiveness used in evaluating healthcare costs.

One intervention, sending caring postcards or letters following an emergency visit, is more effective and less expensive than usual care. The report appears in the September 15 issue of the journal *Psychiatric Services*.

According to the Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States; 44,193 people died by suicide in the United States in 2015 (the most recent year for which statistics are available). One approach to reducing the suicide rate is to direct prevention strategies at high-risk groups or settings. An example is emergency departments, which according to the CDC, treat more than 500,000 people each year for self-harm injuries.

"In the face of a gradually rising suicide rate, the need for effective prevention strategies is urgent," said NIMH Director Joshua Gordon, M.D., Ph.D. "These findings of cost-effectiveness add to the impetus for implementing these life-saving approaches. Importantly, they also make a strong case for expanding screening, which would allow us to reach many more of those at risk with life-saving interventions."



Research has found several emergency department-based interventions to be effective in preventing post-emergency suicide attempts, but none has been widely disseminated or adopted yet. They are:

- Postcards: hospital staff mail follow-up postcards each month for four months to all patients identified as at risk, and then every other month for a total of eight cards.
- Telephone outreach: One to three months after discharge, hospital staff call patients to offer support and encourage engagement in follow-up treatment.
- Cognitive behavioral therapy: Hospital staff connect patients to a suicide-focused cognitive behavioral therapy program.

Each of these interventions has been tested via randomized controlled trials and found to reduce patients' suicide risk on the order of 30 to 50 percent. The current study extends this prior research by estimating the cost-effectiveness of these interventions, relative to usual care. The investigators carried out Monte Carlo simulations, a method of evaluating the possible consequences of an action when many unpredictable factors could affect the outcome. Software designed for this purpose enables investigators to carry out repeated simulations of the chain of events following a choice—in this case, alternative emergency department-based suicide prevention interventions—with different values assigned to factors that can influence the outcome. Thousands of simulations reveal the range of outcomes possible and the probabilities of each.

*Read the full Press Release at the NIMH website link above.*

## **YET ANOTHER NEWSWORTHY ITEM**

### **Psychiatrist Offers Reasons for Hope Despite Rise in Youth Suicide**

By Kevin Patrick Allen -- Missouri News Service (KMAland.com) Oct 22, 2017

Article Link: [http://www.kmaland.com/news/psychiatrist-offers-reasons-for-hope-despite-rise-in-youth-suicide/article\\_a023984c-b4c3-11e7-a57a-dbf51a0eb97e.html](http://www.kmaland.com/news/psychiatrist-offers-reasons-for-hope-despite-rise-in-youth-suicide/article_a023984c-b4c3-11e7-a57a-dbf51a0eb97e.html)

(Kansas City, MO) -- There is hope beyond the headlines, according to a child and adolescent psychiatrist at Children's Mercy Hospital and Clinics, even as research shows children and teens are taking their lives by suicide in greater numbers.

Dr. Shayla Sullivant said stigma and easy access to guns are problems that can be remedied in individual homes. She pointed to famous figures who experienced depression and suicidal ideology, ranging from Abraham Lincoln to actress Halle Berry and author J.K. Rowling.

"Think of all these people and the contributions they have made to our society," she said. "There is reason for us to hope and there is reason for us to also think about how not having access to a firearm when these people were in the depths of despair is partly why they contributed what they did."

Sullivant said she often counsels parents of her clients to either remove guns from their homes or keep them locked in a safe. She said it's a misconception that youths always plan suicide well in advance of taking their lives. Often, she noted, teens who attempted suicide tell her they made their decision just 10 minutes prior to the act. If children don't have a highly lethal means to take their lives during this impulsive period, Sullivant said, their lives often can be saved.

Ninety percent of individuals who survive a suicide attempt do not go on to die by suicide at a later date, according to Dr. Shayla Sullivant.

It's simply not true, Sullivant said, that victims of suicide will always find a way to complete the act if the most lethal option isn't available. She pointed to the nation of Sri Lanka, which had the highest rate of suicide in the world when deadly pesticides were readily available. Once restrictions were put on the most lethal pesticides and safe storage was prioritized, the suicide rate plummeted. She also recalled that in the United States in the 1970s, many people didn't wear seat belts "and how no one wanted to do it - and how now we don't even blink, we just get in the car and do it."

Automobile fatalities were skyrocketing in the '70s, but the number of deaths per capita in auto crashes has dropped by more than 35 percent since that time. Sullivant said suicide rates among youths also can be dramatically curtailed by reducing stigma, keeping firearms stored or by family members making the decision to remove guns from the homes of struggling youths.

## IN FOCUS

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



The Florida Suicide Prevention Coalition has been busy around the state. Rene Barrett, Regional 10 Director, and Jackie Rosen, Florida Initiative for Suicide Prevention, each spoke on November 13 at ArtServe in Fort Lauderdale during the Suicide Prevention CommUNITY Summit sponsored by Magellan Healthcare. Jackie (left) and Rene (right) are pictured to the left. Pam Mezzina, Regional 2 Director & Capstone Center, LLC Director, also spoke at the northern Suicide Prevention CommUNITY Summit in Tallahassee. Other

FSPC members attended and participated in the three regional Suicide Prevention CommUNITY Summits sponsored by Magellan Healthcare including Stephen Roggenbaum, Vice Chair, who attended in Tampa. FSPC would like to offer a special thanks to Magellan for organizing the hosting these important community events.



## AVAILABLE RESOURCE

Resource link: [https://www.suicideinfo.ca/wp-content/uploads/2017/06/Help-seeking-among-Men-Implications-for-Suicide-Prevention\\_oa.pdf](https://www.suicideinfo.ca/wp-content/uploads/2017/06/Help-seeking-among-Men-Implications-for-Suicide-Prevention_oa.pdf)

### Help-seeking among Men: Implications for Suicide Prevention

Written by Alan L. Berman, Ph.D., American Association of Suicidology, &  
Kirsten McNelis, M.A., American University

This 38-page white paper covers recent literature regarding male help-seeking behavior including a section on factors promoting help-seeking among men. Abstract: With but one exception world-wide, males complete suicide at rates exceeding those of females. The male to female suicide ratio in the United States is greater than 4:1. Explanatory hypotheses for these findings focus on gender role behaviors, specifically the greater involvement of men in high-risk health behaviors and the greater propensity of women to seek and use supports for help when in need. This paper explores what is known about gender differences in help-seeking behavior to determine factors that may promote increased help-seeking among men. On the basis of this research, we propose public health intervention approaches that have potential to motivate men at-risk for suicide to seek and receive help.

## 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.*

### Some Physical Conditions Associated with Higher Suicide Risk

Researchers studied physical health conditions through population-based investigation that previous smaller research studies suggested put individuals at higher risk for suicide. Researchers selected one hundred people enrolled in one of eight health insurance plans across 15 states for each enrolled person who died by suicide (2,674 individuals) during a 14-year period for a total of 267,400 matched control cases.

After reviewing electronic health records and accounting for other mitigating factors (e.g., mental health & substance abuse diagnoses), the researchers found that traumatic brain injury was the most influential risk factor. Additionally, having a sleep disorder, HIV/AIDS, or multiple diagnosed physical health conditions also were associated with a significant risk of suicide. An emphasis was placed on implementing effective suicide prevention strategies to those with a traumatic brain injury because of the strong association found between brain injuries and suicide risk. The results support the need to implement prevention-based strategies across all healthcare settings.

Health systems normally target suicide prevention efforts towards patients who have expressed thoughts about suicide, mental health conditions, and substance use disorders. Limiting prevention strategies to patients in the behavioral health systems runs the risk of failing to recognize individuals at risk for suicide who have not received a mental health diagnosis. The authors concluded that suicide prevention efforts could be more effective if implemented across broader healthcare settings as opposed to restricting endeavors to the behavioral health settings (Summary by Stephen Roggenbaum & Yaritza Carmona).

Ahmedani, B.K., Peterson, E.L., Hu, Y., Rossom, R.C., Lynch, F., Lu, C.Y., . . . Simon, G.E. (2017). Major physical health conditions and risk of suicide. *American Journal of Preventative Medicine*, 53(3). 308-315. doi:10.1016/j.amepre.2017.04.01

## WHAT'S HAPPENING



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://suicidgrief.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://suicidgriefresources.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>

*Project ChildSafe®* is committed to promoting firearms safety among firearms owners through the distribution of safety education messages and free firearm [Safety Kits](#) [cable-style gun-locking device and an informational [brochure](#) (also in [Spanish](#))]. Find Florida Law

Enforcement partners to inquire about a free Safety Kit from Project ChildSafe.  
<http://www.projectchildsafe.org/safety/safety-kit/Florida>

## **AN EXTRA HELPING . . .**

Article from *Legacy* website  
Author Dr. Dan Reidenberg



'Time Doesn't Heal All Wounds': SAVE Discusses How to Grieve a Suicide Loss  
Many times, grieverers are told that "time will heal all wounds." SAVE (Suicide Awareness Voices of Education) wants the world, especially those grieving a suicide loss, to know that that's just not true. We spoke with Dan Reidenberg, Executive Director of SAVE, about what the grief after a suicide loss looks and feels like, as well as how to help a loved one who's grieving the death of a loved one by suicide.

*1. What's the one piece of advice you give the most often?*

That the old saying "time heals all wounds" isn't necessarily true. Instead, I tell people "time passes, it doesn't heal." Healing is hard and must not be ignored or it will come back and hurt.

*2. What are some of the universal experiences you've seen in your work?*

Shock, feeling numb, denial, disbelief, fear, questioning about post-death, deep sadness, healing, laughter, recovery.

*3. What's one thing you'd like to share with a new griever?*

Be patient with yourself. Everyone grieves differently and the way you experience grief is yours. Don't fight it and don't deny it. Experience it.

*4. What are some ways others can help support someone in their grief?*

Spending time with them. Letting them grieve for as long as they need to. Bringing up their loved one for months and years to come.

*5. Are there any aspects of grief others may find surprising?*

I'm not sure about surprising, but grief can include being angry and that sometimes is difficult for people. Another thing that they don't expect is how hard the grief hits them after some time has gone by. They might hear a song, see someone who looks like their loved one, hear a similar voice and that can be 2 years after a death but in a split second brings it all back like it was losing the person all over again. Finally, dreams can be really hard for people, good and bad dreams.

*6. Is there anything else you'd like to share that you think can help others?*

We don't deal with death well in our culture and this makes grieving really hard. If we could talk about it more, find ways to accept it as part of life, that would help us in the worst times of our life. I also think people don't know the major impact of early childhood experiences with grief and loss that affect you as adults. If grief and loss were a challenge for your family and for you as a child, it likely will be as an adult. Finally, it's helpful to know that while we can never know all of the answers as to how or why we're having to face grief head on, we can know that everyone has to do this in their lifetime at some point. Rely on others to help you through it, you don't need to create a new path or even have to travel the road alone, but you do need to go through it and that is a painful reality we all have to experience.



*Dr. Dan Reidenberg is the Executive Director of SAVE (Suicide Awareness Voices of Education), a national nonprofit agency working to prevent suicide and help suicide survivors and people suffering from brain illnesses. Dr. Reidenberg serves as Managing Director of the National Council for Suicide Prevention and serves on the Suicide Prevention Resource Center and the National Suicide Prevention Lifeline's Steering Committees. He is also the US Representative to the International Assoc. for Suicide Prevention. Dr. Reidenberg is an appointed member of the National Action Alliance for Suicide Prevention's National Research Priorities Task Force and National Strategy for Suicide Prevention Task Force. SAVE.org*

*He has a degree in psychology from the University of Minnesota (1988) and a Psy.D. from the Minnesota School of Professional Psychology (1994). Dr. Reidenberg speaks nationally on suicide prevention, conducts crisis management training, and is certified as an aviation disaster responder and a critical incident stress debriefer.*

Article link: <http://www.legacy.com/news/advice-and-support/article/time-doesnt-heal-all-wounds-save-suicide-loss>

### **AN EXTRA, EXTRA HELPING . . .**

Article from *Magellan* website

Link: <http://magellanhealthcare.com/media/244851/2015-cope-and-heal-after-suicide.pdf>

### **How to cope and heal after a suicide**

Suicide is emotionally devastating to family and friends who are impacted. Whether it is a co-worker, a family member, a friend, an acquaintance, or even someone you might not know very well, suicide can affect someone's emotional stress and can cause extreme sadness, shock, guilt and anger. It is estimated that out of every suicide that occurs, an average of 6 people are directly impacted from that person's death<sup>1</sup>.

<sup>1</sup>U.S.A Suicide Official Data

#### *Common responses to suicide*

Some common responses to those coping with a loss of a loved one or friend may include:

- Shock – You may feel shocked and surprised about the suicide. It might be something you don't believe is real or could have happened
- Anger – You may feel angry or upset with the person who committed suicide and feel that you have been abandoned. You might also feel angry for not recognizing possible red flags or signs that could have been detected prior to the suicide.
- Guilt – You may feel guilty about the suicide and think about how you should have stopped the person from committing suicide.
- Despair- You might feel completely alone, sad, and helpless. You could become physically and emotionally sick and possibly consider suicide yourself.

#### *Coping with a suicide*

All of the emotions that survivors of suicide experience are completely normal. Healing from suicide takes time. Here are a few things to think about when trying to recover from the loss of a loved one or friend:

- Keep in touch – Be sure to stay in touch with loved ones and friends for comfort, understanding and healing. Surround yourself with people who are willing to listen and talk about what happened.
- Take time to grieve – Take a moment to do what is best for you. You might want more alone

time or you may want to talk to friends and family. Whatever you need to process and cope with the loss is completely normal.

- Recognize triggers – Be prepared for painful reminders such as birthdays, holidays, anniversaries and other special occasions. Be aware that you might have to change traditions in order to heal from the loss
- Recognize that something may cause increased emotion and think about how to react to it in advance.

#### *Resources Are Available*

*Additional information, self-help tools and other resources are available online at [www.MagellanHealth.com/member](http://www.MagellanHealth.com/member). Or call us for more information, help and support. Counselors are available 24 hours a day, seven days a week to provide confidential assistance at no cost to you.*

*This document (information above) is for your information only. It is not meant to give medical advice. It should not be used to replace a visit with a provider. Magellan Health does not endorse other resources that may be mentioned here.*

#### **FSPC MEMBERSHIP**

*Join today and get free early registration at the February 2018 Mini-Conference!*

New FSPC Membership or Renewal information available online at:

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