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January 2018 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). Early Registration, for reduced conference rate, is due by January 19, 2018. 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 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

NEWSWORTHY

Every Healthcare Provider in Washington Will Soon Be Trained in Suicide Prevention

By Andy Hurst (KUOW.org) November 27, 2017

Article Link: <http://kuow.org/post/every-healthcare-provider-wa-will-soon-be-trained-suicide-prevention>

Every healthcare worker in Washington will soon be required to undergo suicide prevention training. That includes nurses, dentists and even chiropractors. In order to help medical workforce prepare, University of Washington (UW) researchers have developed an interactive, online training program called *All Patients Safe*.

The program teaches medical providers to recognize possible warning signs of suicide in their patients. It also trains them how to educate patients about keeping their homes safe. An example; how to safely store guns or prescription drugs.



Jennifer Stuber is the faculty director with Forefront Suicide Prevention at the UW. She says healthcare providers are on the front lines of prevention. "We know that a lot of people who die by suicide, they don't ever get to see a mental health provider. But they do go see their doctor - their primary care doctor," Stuber says. "We know roughly half of people who died by suicide saw their doctor in the month leading up to their death. And that makes sense, because primary care is where we're treating the bulk of depression care in our country."

In 2016, 1,123 people in Washington died by suicide. It's second leading cause of death among people aged 10 to 24 in the state. Washington is first in the country to require suicide prevention training for all healthcare providers. The law takes effect on July 1. The online training will be free to all medical providers affiliated with the University of Washington.

The national suicide prevention lifeline is 1-800-273-TALK.

ALSO NEWSWORTHY

FSU Researcher Finds Link Between Excessive Screen Time and Suicide Risk

From: Florida State University News: The Official News Source of Florida state University

By: Dave Heller | Published: November 30, 2017

Article Link: <http://news.fsu.edu/news/2017/11/30/fsu-researcher-finds-link-excessive-screen-time-suicide-risk/>



Leading suicide researcher Thomas Joiner, FSU's Robert O. Lawton Distinguished Professor of Psychology is pictured at left.

New research presents compelling evidence that the more time teenagers spend on smartphones and other electronic screens, the more likely they are to feel depressed and think about, or attempt, suicide.

Florida State University Robert O. Lawton Distinguished Professor Thomas Joiner, who co-authored a study published in the journal *Clinical Psychological Science*, said screen time should be considered a modern-day risk factor for depression and suicide.

“There is a concerning relationship between excessive screen time and risk for death by suicide, depression, suicidal ideation and suicidal attempts,” said Joiner, who conducted the research with psychology Professor Jean Twenge of San Diego State University. “All of those mental health issues are very serious. I think it’s something parents should ponder.”



Joiner encouraged parents to track their children’s screen time because teenagers are spending more time on screens, and that activity is linked to depression and suicide-related behaviors. Depression and suicide rates for teens between the ages of 13 and 18 increased dramatically since 2010, especially among girls, according to the U.S. Centers for Disease Control and Prevention. The study identifies excessive use

of electronic devices as a likely culprit.

CDC statistics show the suicide rate increased 31 percent among teenagers from 2010 to 2015, while a national survey shows that the number of adolescents reporting symptoms of severe depression rose 33 percent.

Those increases were largely driven by teenage girls. Their suicide rate soared 65 percent and those suffering severe depression increased 58 percent. The rate of suicide-related behaviors — feeling hopeless, thinking about suicide or attempting it — increased 14 percent.

The study found the rise in mental health problems among teens since 2010 coincides with an increase in ownership of cell phones. In 2012, about half of Americans owned smartphones. By 2015, 92 percent of teens and young adults had one, and their screen time also rose.

Researchers discovered 48 percent of teenagers who spent five or more hours per day on electronic devices reported a suicide-related behavior. That compared to 28 percent of adolescents who spent less than an hour using electronic devices.

Twenge said the results clearly showed that teens who spent more time on the devices were more likely to be unhappy. Those who focused more on nonscreen activities like sports and exercise, talking to friends face to face, doing homework and going to church were more likely to be happy.

“Teens who spend more time on screens are more likely to be depressed, and those who spend more time on nonscreen activities are less likely to be depressed,” Twenge wrote in her book, “iGen: Why Today’s Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy — and Completely Unprepared for Adulthood.”

Previous research has examined whether increased homework loads, academic pressure or families’ financial problems raised teens’ risk of developing mental health problems, but this study did not find such links.

Joiner and Twenge emphasized their research does not prove that screen time causes depressive symptoms or suicide-related behaviors, but the findings do show a link. They also said parents shouldn’t think they need to take away their children’s smartphones and other electronic devices. But limiting screen time to an hour or two a day would put a child into a statistically safe zone.

“It’s totally unrealistic and probably not even good to think kids will stop using screens,” Joiner said. “It comes down to moderation. Parents should try to make nonscreen activities as attractive as possible because a lot of them are attractive. It is fun to hang out with your friends or play basketball. Just remind kids those things are available, and they’re just as fun as trading texts. That’s the bottom line.”

YET ANOTHER NEWSWORTHY ITEM

Montana School Crisis Action Toolkit- Suicide CAST-S

By Scott Poland December 3, 2017



Dr. Scott Poland, the Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University, and Dr. Donna Poland, a former school principal, have written the suicide prevention, intervention and postvention toolkit for the Montana schools. The CAST-S toolkit is designed to assist all school districts in Montana to implement the 2017 Montana House Bill 381 that requires suicide prevention in schools. CAST-S is a collaborative venture between NAMI Montana and Big Sky Psychiatry and

provides step-by-step practical guidelines for schools and many documentation forms. The authors are indebted to the Montana Office of Public Instruction, the Montana Department of Public Health and Human Services Suicide Prevention Office, the School Administrators of Montana Association and to numerous school and community professionals that provided valuable input on the toolkit. The toolkit is available at the following links:

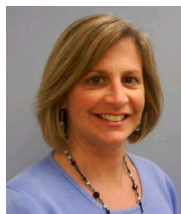
<http://www.namimt.org/>

<http://www.bigskyaacap.org/cast-s.html>

IN FOCUS

Brevard County is First to Bring Sources of Strength (SOS) to Florida

By Lori Duester, MEd, Children’s Center Manager, Parrish Healthcare



In early 2015, our community experienced a tragedy when a middle school student died by suicide, which opened our eyes to the current rates of teen suicide, attempted suicide and self-harm in North Brevard. Our community mobilized together and Hannah’s Heroes was established, by Hannah’s mom and

a good friend who wanted to help bring awareness and advocacy to this huge problem. Additionally, Parrish Medical Center, United Way, Brevard Public Schools and many other local organizations came together to work toward solutions to the problem.

In working in the world of early intervention for over 30 years, I could only think that we needed to look for a program of prevention. Our group researched many best practice suicide prevention programs and chose Sources of Strength, not only because it is listed by Substance Abuse, Mental Health, Services Administration (SAMHSA) as the most heavily researched and evidence-based teen suicide prevention programs in the United States, but also because the focus is on health and wellness, and building trusting relationships and resiliency in our children, teens and young adults.



The program is designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, self-harm and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get tough they have strengths to rely on.

Thanks to financial support from the Jess Parrish Medical Foundation, we are in our third year of bringing Sources of Strength to the five middle and high schools in north Brevard. The Children's Center is managing the three-year grant and we are now in the process of developing our sustainability plan with Brevard Public Schools. The School District has committed to prioritize social/emotional learning in our schools and the community has established a Youth Mental Health Task Force to continue the work on bringing awareness and messaging on seeking help for mental health issues while building a resilient community.

Key points . . .

- Helps teens identify the strengths in their lives and how they can use those in times of need
- Curriculum is rooted in eight "strengths" factors that research has shown are protective against suicide risk
- All messaging is about spreading HOPE, HELP & STRENGTH
- Uses adult advisers (teachers, parents, community volunteers and administrators) as resources for the peer-leaders
- Empowers teens through building trust and leadership
- Uses peer leaders to break down codes of silence and increase seeking adult support
- Peer leaders represent ALL social groups so it's a very diverse representation
- Teens have ownership over action steps created during each meeting
- Fosters hope for the future while allowing teens to feel valued and understood



- There is a process in place for those most in need (suicidal)
- Over time, there is a complete change in culture of the school and community



For more information about this program, please call 321-264-0855 or email lori.duester@parrishmed.com

Contact www.sourcesofstrength.org to see how you can bring this program to your community.

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.

Peer Grief Support for Suicide as Postvention for Loss Survivors

Cook and colleagues reviewed research on peer group support services for the suicide bereaved. Peer Grief Support for Suicide (PGSS) refers to specialized, organized, and targeted support of the suicide bereaved by others who have experienced suicide bereavement, but are further along in their grieving process. PGSS is seen in many forms (e.g., online, in person, via phone, written communication) and can differ in reach, helping large groups of people, one specific bereaved family, or an individual with their unique aspects of suicide loss and grief.

Various forms of PGSS are presented and described by the authors. Local Outreach to Suicide Survivors (LOSS) teams often provide near-immediate support to family simultaneously responding with police and emergency medical personnel. Survivor Outreach Programs, through the American Foundation for Suicide Prevention (AFSP), enlists pairs of peer helpers who visit and support to families of loss weeks or a few months following a death by suicide. Support groups specific to suicide loss and bereavement are numerous and nearly $\frac{3}{4}$ are led or co-facilitated by survivors of suicide loss. The Alliance of Hope for Suicide Loss Survivors is an online community sharing personal experiences with loss and grief in order to help others.

The Tragedy Assistance Program for Survivors (TAPS) offers a PGSS program that can be used to exemplify what a systematic PGSS program should resemble. TAPS provides comprehensive, specialized peer-to-peer services to a specific population of people bereaved by suicide and can deliver support to nearly 7,000 people. Several examples of TAP's services include 24/7 helpline, mentoring, grief support groups, healing seminars, and peer helpers.

The nation currently lacks a central network supporting the practice of PGSS that offers technical assistance for such groups. However, Cook and colleagues identified basic principles for implementing PGSS services including: provided within equal and collaborative relationships, guided by the helpee, welcomes individuality, strengthens the individual, and accepts many routes to recovery. (Summary by Yaritza Carmona & Stephen Roggenbaum)

Cook, F.J., Langford, L., & Ruocco, K. (2017). Evidence- and practice-informed approach to implementing peer grief support after suicide systematically in the USA. *Death Studies*, 41(10). 648-658. doi:10.1080/07481187.2017.1335552

WHAT'S HAPPENING



January 25, 2018 (6-8pm), *Suicide Prevention through Education & Awareness*. Florida A&M Grand Ballroom. Clark Flatt, President, Jason Foundation. Please RSVP to 850-325-3627

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.

February 20, 2018 (1-3pm), *Florida Suicide Prevention Coordinating Council* meeting at DCF.

February 20, 2018 (7:00 pm), *Lighting the Darkness – Evening of Remembrance* by Big Bend Hopsice. GFWC Woman's Club of Tallahassee 1513 Cristobal Dr., Tallahassee

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

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.projectchilsafe.org/safety/safety-kit/Florida>

AN EXTRA HELPING . . .

Thoughts on Grief by An Old Therapist

By John B. Mayo, M.A., L.M.H.C.

Co-Founder and Deputy Executive Director

Success 4 Kids & Families



Volumes have been written about the stages, processes, and therapeutic interventions regarding the effects and resolution of grief. However, grief in my experience has been complex, dynamic, and very personal for each of us. This has been true regardless of whether it's a professional or personal relationship or a situation I'm experiencing myself.

Even the most blessed of us experience grief through the loss of loved ones through old age, sickness, or accidents. For others, our experience of grief means we have dealt with the more complex and traumatic aspects of suicide, mental health issues, and addictions.

Grief is deep, gut wrenching, and very personal. Some of us get stuck and remain in grief. We erect fences around us for protection, defense, and denial. Descending into depression and despair can be a consequence. We may stay in this imposed "state" for an indeterminate amount of time, some of us for the rest of our lives. Contemplation of suicide is a risk and sometimes a reality. Most of us, though, manage and recover.

My sister passed away two years ago from a long-term illness well before her time, in my opinion. She was the last of my siblings to pass and the one I was closest to. I was able to make final preparations, talk and support friends and other family members. I wrote her eulogy and worked with the priests on her service. We had decided that it was to be a celebration of her life of service to others since she was a former nun and nurse. The only thing I couldn't do was talk to my grandson about her death. To this day, I haven't said a word to him. Luckily, my wife took over that job.

After two years, the pain of my sister's loss has dulled but I'm not at peace with it. I can reminisce with family and friends but not with my grandson. I have a close relationship with him and we talk about some pretty deep topics . . . with the exception of my sister.

I don't understand why he's the only one I haven't been able to discuss my sister's death with. The therapist in me knows that it has to do with my personal and unique journey through the stages of grief. Probably something about feeling a similar kind of love for both of them and a fear of losing more of my family as the years pass by.

I give this example because it defies my sense of logic and it's a good example of why all responses to grief need to be respected. That's not easy for those in the helping professions; especially those of us dedicated to fostering positive change and recovery in the people we serve. It's never in our power. It's always in theirs.

Therefore, I've found that the individual thoughts and feelings of grief can't be dealt with as a concept without the concepts of resilience, acceptance, support and most importantly HOPE.

AN EXTRA, EXTRA HELPING . . .

Suicide Prevention For the Suicide Bereaved

By Grace Terry, MSW, Mind/Body/Spirit Pain Management Coach



Research has repeatedly documented that those who have had a loved one die by suicide are statistically at higher risk for suicidal ideation/behaviors/completions. It follows then that those dedicated to suicide prevention (whether professionals or concerned lay advocates) can proactively provide informed care to the suicide bereaved and thereby successfully reduce suicide attempts/completions within this high-risk group.

To provide meaningful care to the suicide bereaved, the provider needs sensitivity to the unique challenges of this population. For example, in a study of parents whose offspring died of suicide, researchers found these parents whose offspring died of suicide experienced more: 1) grief problems, 2) complicated grief, 3) posttraumatic stress, 4) depression, and 5) psychological problems when compared with parents of children who died from natural causes or accidental fatalities (Feigelman, Jordan, McIntosh, & Feigelman, 2012). These and other nuances of the suicide bereaved require notice.

Effective care for the suicide bereaved can include psycho-education, pharmacotherapy, and emotional and spiritual support with a focus on depression, guilt, and trauma. The psycho-educational component of care can include clarification for commonly held misconceptions about grief that are rampant in a culture that represses and denies all grief to a great extent.

Those who mourn ANY significant loss need to know there is a calm, reliable, caring presence available for companionship through the labyrinth of grief. They need to know they are not alone.

To provide effective support for the bereaved, caregivers must be mindful about attending to their own grief work. Otherwise, the care provider can become flooded and distracted with personal pain while attempting to console another. Another negative scenario is that the caregiver can become unduly controlling – subtly or blatantly messaging that the mourner should just get on with his/her life (because your active mourning reminds me that I am in pain and, consistent with cultural conditioning, I would rather avoid it than feel it).

Grief work is open-ended and intermittent and can be re-activated by various triggers, even among professionals. The effective bereavement caregiver needs the maturity and self-awareness to manage his/her own grief in order to be fully present to the pain of another. On-going personal grief support is highly recommended for those who covenant to serve as grief companions, especially for those among high-risk special populations.

Grace Terry, MSW, is a Mind/Body/Spirit Pain Management Coach specializing in the safe, effective management of recurring pain, whether physical, emotional, or spiritual. She is a survivor of multiple traumatic losses, life-threatening illness, and clinical depression with suicidal ideation.

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

<http://floridasuicideprevention.org/membership>