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May 2018 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

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

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. 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

SUPPORT FSPC WHEN YOU SHOP



Do you ever shop for yourself or others online, maybe you didn't get everything you wanted for your birthday? Support FSPC by going to smile.amazon.com and register the *Florida Suicide Prevention Coalition* (FSPC) as your chosen charity. Amazon donates to FSPC, when you make an online (at Amazon) purchase – something you might do anyway. So start shopping and support suicide prevention. *Please remember to shop responsibly.*

NEWSWORTHY

SAMHSA Launches an Evidence-Based Practices Resource Center To Equip Clinicians and Strengthen Communities

Link: <https://www.samhsa.gov/ebp-resource-center>



SAMHSA announces the launch of the Evidence-Based Practices Resource Center, which aims to provide communities, clinicians, policymakers, and others in the field with the information and tools they

need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of science-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, and clinical practice guidelines. Recognizing the enormity of the opioid epidemic, the Resource Center includes an opioid-specific resources section.

The Resource Center is part of SAMHSA's new comprehensive approach to identifying and disseminating clinically sound and scientifically based policies, practices, and programs. The Resource Center website was designed with an easy-to-use, point-and-click system to enable users to quickly identify the most relevant resources for their needs. Users can search by topic area, resource type, target population, and target audience.

ALSO NEWSWORTHY

Bulls Spread the Word about Mental Health at Annual Conference Event

By TOM ZEBOLD, USF Senior Writer

Link: <http://gousfbulls.com/news/2018/4/16/general-bulls-spread-the-word-about-mental-health-at-annual-conference-event.aspx>

TAMPA, APRIL 17, 2018 – The American Athletic Conference has a goal of creating the best student-athlete experience possible and USF Athletics provided plenty of valuable input to members of the league earlier this month.

Dr. Lee Dorpfeld, the Bulls' Behavioral Health Coordinator, and four USF student-athletes all continued to bring the conference's mental health awareness initiative to the forefront during the American Athletic Conference Academic Consortium on April 7 in Orlando.

Dorpfeld was joined at the two-day event on the UCF campus by USF Student-Athlete Advisory Committee co-presidents Ashley Wilson (track and field) and Cameron Ruff (football), along with Madeleine Barrow (women's golf) and Gabriel Menescal (men's soccer).



"We had four student-athletes go speak to other student-athletes, administrators and faculty athletic representatives from our member schools on how we work to destigmatize mental health," Dorpfeld said.

- Wilson detailed everything USF Athletics did to raise awareness for The American's mental health initiative in October, from handing out #Pow6rfulMinds wristbands on

campus, to student-athletes producing a mental health awareness video that aired on videoboards during Bulls' athletic competition throughout the month.

- Barrow, a native of England, spoke from the international student-athlete perspective of mental health and how USF Athletics has important resources international talent might not get back home.
- Menescal talked about the male student-athlete perspective of mental health and why it's important to seek help.
- Ruff drove home the point of there being a real need for mental health support throughout college athletics.

"They spoke beautifully and engaged the audience for 1 hour, 15 minutes," Dorpfeld said. "There was interaction between our student-athletes and student-athletes from other schools. I invited them to speak and they came up with their own topics on things that were important to them."

On top of those Bulls speaking, former USF track and field standout Giscard Petion spoke highly of USF Athletics regarding its mental health support system, which was the first full-time program established in the conference more than three years ago. Petion is now a master's student in UCF's mental health counseling program.

"Initially, USF Athletics was the first program in the conference offering in-house mental health support," Dorpfeld said. "Temple became the second to jump onboard with the mental health initiative full-time in December and the Owls are currently building out their program."

Mental health was one of the many important areas covered during The American's Academic Consortium, which has a core focus of establishing research and formulation of programming relative to student well-being with the particular emphasis on issues surrounding college athletics. Other topics covered this year included mental and physical impacts research, concussion and injuries research, wellness and community research and academic support.

Student-athlete panel discussions covered overall well-being, body image issues and numerous other topics pertinent to athletics.

YET ANOTHER NEWSWORTHY ITEM

Semis Line Up On Interstate In Detroit To Help Save Suicidal Man

By: Calily Bien KXAN

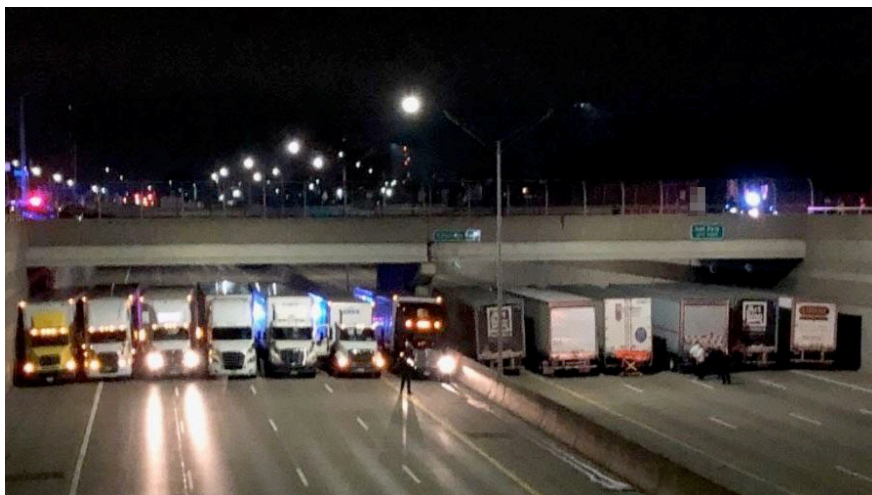
Updated: Apr 24, 2018 01:35 PM CDT

Link: <http://www.kxan.com/news/national-news/semis-line-up-on-interstate-in-detroit-to-help-save-suicidal-man/1137838654>

DETROIT, Mich. (KXAN) - When a man threatened to [take his own life] by jumping off a bridge onto a major interstate in Detroit, Michigan early Tuesday morning, authorities quickly worked to find a way to keep him safe.

The Michigan State Police said its troopers and local officers coordinated with several 18-wheeler drivers to line up under the overpass to prevent the man from injuring himself.

A photograph of the trucks in action shows 13 semis lined up along the westbound and eastbound lanes of Interstate 696. The interstate was closed for several hours as emergency



crews worked to get the man off the overpass.

Eventually, the man was talked off the ledge of the overpass.

In a tweet with the photo, MSP Metro Detroit said "But also in that photo is a man struggling with the decision to take his own life." The tweet included a number to the National Suicide Prevention Lifeline at 1-800-273-8255.

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.

DEATHS FROM SUICIDE among U.S. Veterans & Armed Forces in 16 States A Special Report with Data from the National Violent Death Reporting System, 2010-2014

Each year, thousands of veterans and active duty U.S. military personnel die by suicide. Historically, suicide rates in the U.S. military have been lower than in the U.S. population. However, since 2001, suicide rates have steadily increased for both active duty military personnel and veterans (persons who served in the armed forces but are no longer serving).

- From 2001 – 2011, since the beginning of combat operations in Iraq and Afghanistan, suicide rates among active duty U.S. Army personnel doubled, and in 2008, surpassed the suicide rate for the U.S. population. These higher rates of suicide continue to persist.
- Suicide among veterans has also increased, particularly among younger veterans. In 2014, the U.S. Department of Veterans Affairs estimated an average of 20 veterans died by suicide each day, with veterans accounting for 18% of all suicide deaths.
- Male and female veterans have a higher suicide risk than their U.S. civilian counterparts.

Many of these deaths can be prevented.

The development of effective prevention strategies relies on complete, accurate and timely information about populations at risk and the circumstances and factors that contribute to deaths from violence. The National Violent Death Reporting System (NVDRS) provides this essential information. The NVDRS is the only national state-based surveillance reporting system that compiles data from multiple sources on all deaths from violence, including veteran/military status data from death certificates (see pages 6-7 for more information on the NVDRS).

This report provides a detailed snapshot of veteran and active duty armed forces suicide deaths in 16 states that reported 2010-2014 data to the NVDRS.

The report examines circumstances surrounding veteran and armed forces suicide deaths among various demographic groups, and draws comparisons between veteran/armed forces and non-veteran civilian suicide deaths. The NVDRS Restricted Access Database (RAD) was used to conduct analysis for 16 NVDRS states that completed data collection during 2010 through 2014. These states are Alaska, Colorado, Georgia, Kentucky, Maryland, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

Report Link:

http://cymcdn.com/sites/www.safestates.org/resource/resmgr/nvdrs/Suicide_Report_2018/FINAL_REPORT_-_NVDRS_Special.pdf?utm_source=Weekly+Spark+4%2F13%2F18&utm_campaign=Weekly+Spark+April+13%2C+2018&utm_medium=email

AVAILABLE RESOURCE

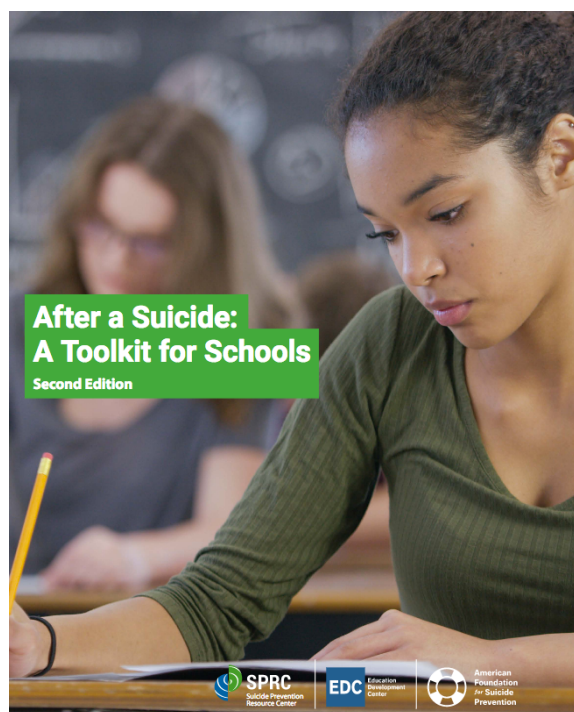
Resource link: http://www.sprc.org/sites/default/files/resource-program/After%20a%20suicide_V10.pdf

The Following Resource has been Updated in 2018.

After a Suicide: A Toolkit for Schools, Second Edition

By the American Foundation for Suicide Prevention and Suicide Prevention Resource Center

Date: 2018



After a Suicide: A Toolkit for Schools assists schools in implementing a coordinated response to the suicide death of a student. Originally developed in 2011, the second edition includes new information and tools that middle and high schools can use to help the school community cope and reduce suicide risk. The toolkit was developed in collaboration with the American Foundation for Suicide Prevention and in consultation with national experts, including school-based administrators and staff, clinicians, researchers, and crisis response professionals. It is designed primarily for administrators and staff but can also be useful for parents and communities.

Highlights of the second edition include:

- Updated information on such topics as memorialization, social media, and contagion
- Updated resource lists
- A new tool to help with decision-making about memorials
- New examples of how different communities have addressed specific issues in responding to a suicide death

ANOTHER AVAILABLE RESOURCE

Resource link: <http://suicideprevention-icrc-s.org/event/suicide-adverse-childhood-experiences-aces-preventing-suicide-through-collaborative-upstream>

Suicide & Adverse Childhood Experiences (ACEs): Preventing Suicide through Collaborative Upstream Interventions

ARCHIVED WEBINAR from Thursday, March 15, 2018 3:00 PM



The Adverse Childhood Experiences (ACEs) study, led by CDC and Kaiser Permanente, was a large-scale, retrospective study of the relationship between childhood trauma and household challenges on lifetime health outcomes, including suicide attempts, adult depression, and substance abuse.

In this webinar, Deb Stone, ScD, MSW, MPH, of the Division of Violence Prevention at the Centers for Disease Control and Prevention described: the importance of comprehensive suicide prevention that includes a focus upstream on preventing suicide risk before it happens; ACEs as an important area of that focus, and examples of collaborative, evidence-based interventions to prevent early adversities.

Ingrid Bou-Saada MA, MPH, Injury Prevention Program Consultant with the Injury & Violence Prevention Branch at the North Carolina Department of Health and Human Services Division of Public Health, and Elizabeth Cuervo Tilson, MD, MPH, State Health Director and Chief Medical Officer for the North Carolina Department of Health and Human Services, presented on the path North Carolina is taking to use a multi-agency collaborative approach that links ACEs to state behavioral health priorities such as suicide prevention and to multi-disciplinary initiatives. The North Carolina Department of Health and Human Services has provided leadership on a multi-agency collaboration connecting ACEs with state priorities in substance abuse prevention and the opioid epidemic and in the prevention of domestic violence, sexual assault, and suicide.

WHAT'S HAPPENING



May 2018. Mental Health Awareness Month. *Whole Body Mental Health*.

<http://www.mentalhealthamerica.net/may>

August 15-17, 2018. *Florida Behavioral Health Conference*. Hilton Orlando Bonnet Creek Resort.

September 10, 2018. *World Suicide Prevention Day*. Global activities.

September 10 - 16, 2018. *National Suicide Prevention Week*.

<http://www.suicidology.org/about-aas/national-suicide-prevention-week>

September 2018. *National Suicide Prevention Month*.

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>

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 . . .

Coping with Loss: Bereavement and Grief

From Mental Health America website

Link: <http://www.mentalhealthamerica.net/conditions/coping-loss-bereavement-and-grief>

In our hearts, we all know that death is a part of life. In fact, death gives meaning to our existence because it reminds us how precious life is.

Coping With Loss

The loss of a loved one is life's most stressful event and can cause a major emotional crisis. After the death of someone you love, you experience bereavement, which literally means "to be deprived by death."

Knowing What to Expect

When a death takes place, you may experience a wide range of emotions, even when the death is expected. Many people report feeling an initial stage of numbness after first learning of a

death, but there is no real order to the grieving process. Some emotions you may experience include:

Denial	Yearning
Disbelief	Anger
Confusion	Humiliation
Shock	Despair
Sadness	Guilt

These feelings are normal and common reactions to loss. You may not be prepared for the intensity and duration of your emotions or how swiftly your moods may change. You may even begin to doubt the stability of your mental health. But be assured that these feelings are healthy and appropriate and will help you come to terms with your loss.

Remember: It takes time to fully absorb the impact of a major loss. You never stop missing your loved one, but the pain eases after time and allows you to go on with your life.

Mourning A Loved One

It is not easy to cope after a loved one dies. You will mourn and grieve. Mourning is the natural process you go through to accept a major loss. Mourning may include religious traditions honoring the dead or gathering with friends and family to share your loss. Mourning is personal and may last months or years.

Grieving is the outward expression of your loss. Your grief is likely to be expressed physically, emotionally, and psychologically. For instance, crying is a physical expression, while depression is a psychological expression. It is very important to allow yourself to express these feelings. Often, death is a subject that is avoided, ignored or denied. At first it may seem helpful to separate yourself from the pain, but you cannot avoid grieving forever. Someday those feelings will need to be resolved or they may cause physical or emotional illness.



Many people report physical symptoms that accompany grief. Stomach pain, loss of appetite, intestinal upsets, sleep disturbances and loss of energy are all common symptoms of acute grief. Of all life's stresses, mourning can seriously test your natural defense systems. Existing illnesses may worsen or new conditions may develop.

Profound emotional reactions may occur. These reactions include anxiety attacks, chronic fatigue, depression and thoughts of suicide. An obsession with the deceased is also a common reaction to death.

Dealing with a Major Loss

The death of a loved one is always difficult. Your reactions are influenced by the circumstances of a death, particularly when it is sudden or accidental. Your reactions are also influenced by your relationship with the person who died.

A child's death arouses an overwhelming sense of injustice — for lost potential, unfulfilled dreams and senseless suffering. Parents may feel responsible for the child's death, no matter

how irrational that may seem. Parents may also feel that they have lost a vital part of their own identity.

A spouse's death is very traumatic. In addition to the severe emotional shock, the death may cause a potential financial crisis if the spouse was the family's main income source. The death may necessitate major social adjustments requiring the surviving spouse to parent alone, adjust to single life and maybe even return to work.

Elderly people may be especially vulnerable when they lose a spouse because it means losing a lifetime of shared experiences. At this time, feelings of loneliness may be compounded by the death of close friends.

A loss due to suicide can be among the most difficult losses to bear. They may leave the survivors with a tremendous burden of guilt, anger and shame. Survivors may even feel responsible for the death. Seeking counseling during the first weeks after the suicide is particularly beneficial and advisable.

Living with Grief

Coping with death is vital to your mental health. It is only natural to experience grief when a loved one dies. The best thing you can do is allow yourself to grieve. There are many ways to cope effectively with your pain.

Seek out caring people. Find relatives and friends who can understand your feelings of loss. Join support groups with others who are experiencing similar losses.



Express your feelings. Tell others how you are feeling; it will help you to work through the grieving process.

Take care of your health. Maintain regular contact with your family physician and be sure to eat well and get plenty of rest. Be aware of the danger of developing a dependence on medication or alcohol to deal with your grief.

Accept that life is for the living. It takes effort to

begin to live again in the present and not dwell on the past.

Postpone major life changes. Try to hold off on making any major changes, such as moving, remarrying, changing jobs or having another child. You should give yourself time to adjust to your loss.

Be patient. It can take months or even years to absorb a major loss and accept your changed life.

Seek outside help when necessary. If your grief seems like it is too much to bear, seek professional assistance to help work through your grief. It's a sign of strength, not weakness, to seek help.

Helping Others Grieve

If someone you care about has lost a loved one, you can help them through the grieving process.

Share the sorrow. Allow them — even encourage them — to talk about their feelings of loss and share memories of the deceased.

Don't offer false comfort. It doesn't help the grieving person when you say "it was for the best" or "you'll get over it in time." Instead, offer a simple expression of sorrow and take time to listen.

Offer practical help. Baby-sitting, cooking and running errands are all ways to help someone who is in the midst of grieving.

Be patient. Remember that it can take a long time to recover from a major loss. Make yourself available to talk.

Encourage professional help when necessary. Don't hesitate to recommend professional help when you feel someone is experiencing too much pain to cope alone.

Helping Children Grieve

Children who experience a major loss may grieve differently than adults. A parent's death can be particularly difficult for small children, affecting their sense of security or survival. Often, they are confused about the changes they see taking place around them, particularly if well-meaning adults try to protect them from the truth or from their surviving parent's display of grief.

Limited understanding and an inability to express feelings puts very young children at a special disadvantage. Young children may revert to earlier behaviors (such as bed-wetting), ask questions about the deceased that seem insensitive, invent games about dying or pretend that the death never happened.

Coping with a child's grief puts added strain on a bereaved parent. However, angry outbursts or criticism only deepen a child's anxiety and delays recovery. Instead, talk honestly with children, in terms they can understand. Take extra time to talk with them about death and the person who has died. Help them work through their feelings and remember that they are looking to adults for suitable behavior.

Looking to the Future

Remember, with support, patience and effort, you will survive grief. Some day the pain will lessen, leaving you with cherished memories of your loved one.

AN EXTRA, EXTRA HELPING . . .



Clinician Self-Care

By Tajhah Kittling, Kiara Santiago, and John Mayo
Success for Kids & Families (S4KF)
Special Submission to FSPC Newsletter, April 24, 2108

It can be easy to ignore or even forget our individual needs when working in a helping profession. That is why self-care is very important to those of us in the mental health and healthcare industry in general. This is critical to ensuring quality work, maintaining appropriate boundaries, and balancing work and personal life. In our field, vicarious trauma can take a toll on the most seasoned of us; compromising both our physical and emotional wellbeing. Self-care needs to take place at home and ideally in the workplace as well. For example, a 5-minute meditation prior to checking e-mail or light stretching after completing exhausting paperwork can improve mood and productivity. One of our teams meets twice a month outside the office to provide a time and space where each member can feel supported.

This not only deepens the bond among coworkers, it creates a more efficient, emotionally grounded, and well-adjusted team.

Outside of work, it is equally important that we have time away from our duties to take care of ourselves at home. It's important to give ourselves permission to turn off the phone and computer when you are finished with the responsibilities of work making sure we put ourselves first for that time. This provides time we need to utilize important coping skills. It can be challenging to prioritize your own mental and emotional health with so many other responsibilities, but we also have a duty to care for ourselves. Another way we can take care of ourselves is by setting aside some 'alone time.' By doing so you begin to like yourself more, you begin to see your self-worth. Going to the movies by yourself and laughing like no one was watching.

One social service supervisor shared that taking good care of himself had never been a regular part of his routine, but he has learned the value of self-care over his long career. Examples of healthy coping and care include taking daily walks with your partner, spending time with pets, calls to loved ones when travelling, and enjoying the outdoors.

We often teach these coping skills to the clients we serve. The need is for us to practice what we preach!

FSPC MEMBERSHIP

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