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## December 2018 Newsletter

### FLORIDA SUICIDE PREVENTION COALITION

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

#### ARE YOU A FSPC MEMBER?

Join FSPC, a 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 free or reduced registration at FSPC events. Membership info:  
<http://floridasuicideprevention.org/membership/>



#### FSPC NEWSLETTER SUBMISSIONS

Budding author or information sleuth? Submit news, events, poems, reviews, & writings for FSPC Newsletter inclusion consideration. Be sure to follow safe messaging guidelines. Email Steve Roggenbaum, Vice Chair, at [roggenba@usf.edu](mailto:roggenba@usf.edu)

#### FSPC RECEIVES RECORD CONFERENCE SUBMISSIONS

FSPC's annual *Florida Taking Action for Suicide Prevention Conference* is being hosted at the Florida Sheriffs Association Training Center, 2617 Mahan Drive Tallahassee, Florida on two-half days, March 19 - 20, 2019. Registration is open and available online or by mail:  
<http://floridasuicideprevention.org/fspcevents/>

The FSPC received more proposed submissions this year than any of the previous three years. We will run concurrent sessions (two sessions at the same time) for a portion of the conference on both days. This enables us to accept more speakers, host an additional number of valuable presentations, and provide choices for conference participants. Some of the submitted proposals under consideration include:

- How do you assess accurately for suicide?
- Veterans and Families who lost a Veteran to Suicide
- Emotional CPR for Suicide Prevention
- Helping Survivors of Suicide Loss

- Establishing a Youth Mental Health Task Force in Your Community
- Working with Suicidal Youth: A Guide to Systemic and Collaborative Care
- Florida Department of Health Suicide Prevention Update
- Mental Illness Stigma and Suicidality Among Young Adults
- Hurricane Irma's Impact on Mental Health and Suicide in the Florida Keys
- Law Enforcement Suicides: Protect Ourselves, Protect Each Other

And two invited Keynote Presentations

- (TUES) Survivors of Suicide Attempt Support Group: Fighting Stigma, Promoting Connectedness, Saving Lives, and
- (WED) Zero Suicide Prevention

FSPC has reserved a limited block of rooms at *Candlewood Suites Tallahassee* (2815 Lakeshore Dr., Tallahassee, FL 32312) for \$99-\$109 (single/double) per night just a few miles from the conference location. Call if you need to reserve a room at the special rate: 850-597-7000 (use group name "Florida Suicide Prevention").

### SUPPORT FSPC WHEN YOU SHOP

Amazon donates to FSPC, when you make an online (at Amazon) purchase. Support FSPC by going to [smile.amazon.com](https://smile.amazon.com) and register the *Florida Suicide Prevention Coalition* (FSPC) as your chosen charity. So start holiday shopping & support suicide prevention.



### NEWSWORTHY

#### As Suicide Rates Rise, Colorado is Fighting to Turn the Tide

By Edward Siddons

Link: [https://apolitical.co/solution\\_article/as-suicide-rates-rise-colorado-is-fighting-to-turn-the-tide/?utm](https://apolitical.co/solution_article/as-suicide-rates-rise-colorado-is-fighting-to-turn-the-tide/?utm)

When the US unveiled the National Strategy for Suicide Prevention in 2012 it was fighting a rising tide. By 2015, suicide rates would rise by 28% compared to 2000, with rural areas most affected.

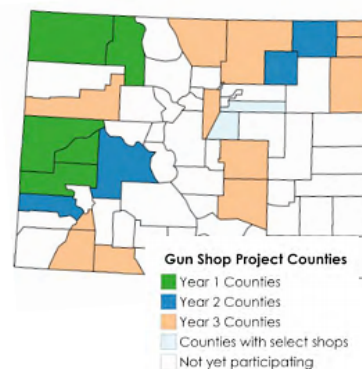
The National Strategy aimed to cut the suicide rate by one fifth by 2025, and recommended that states introduce action plans to curb the spread. Federal grants were announced, and every state appointed a suicide prevention coordinator.

But according to Jerry Reed, co-author of the National Strategy, progress has been sluggish: "At this point in time, there is no state in the US that has successfully implemented a comprehensive and integrated suicide prevention program." If current trends continue, the US won't simply fail to significantly reduce suicide, its suicide rate will be significantly higher than in 2012.

But, at the foot of the Rocky Mountains, the tide could be about to turn. Colorado is set to launch a groundbreaking suicide prevention plan in the first six months of 2019. With high-profile national backing and a raft of financial support, the state's plan could set the benchmark for the country to take to scale.

#### Data, design, demographics

Using data from hospitals, police records and mortality databases, Colorado took a granular view of its suicide problem. Data revealed exactly where suicides were most common, in which demographics and in which professions. And it made that data public with an interactive suicide data dashboard. "Everything we do is data-driven," said Jarrod Hindman, Deputy Chief of Violence



and Injury Prevention at the State of Colorado who has directed the state's suicide prevention efforts for over a decade.

"In Colorado, the vast majority of suicide prevention dollars were dedicated to youth suicide prevention, but working-age males carry the heaviest suicide burden," Hindman said. To meet the 20% reduction target, the state used its data to design different programs to target young people, adults, and older adults.

For young people, the state is focusing on schools. "We know that feeling more connected to school, positive peer support and having positive caring adults are protective factors not just for suicide, but other types of problem behavior from bullying to teen dating violence," said Hindman.

In 2019, the state intends to implement the Sources of Strength program statewide, a peer leadership project which fosters trusting relationships between students and adults to ensure suicidal youth can access support when they need it.

For adults, "it gets really tricky", Hindman said, "because there are so few evidence-based programs." One promising approach focuses on the means by which some 51% of Americans take their lives: firearms. "In the state of Colorado, the message cannot be that we want to remove guns from people's homes permanently," Hindman said.

Instead, the state is rolling out the Gun Shop Project, a partnership with firearms retailers to distribute leaflets on the importance of preventing suicidal friends or relatives from accessing firearms. Extensive research suggests that the likelihood of death by suicide is dependent not only on intent but the methods used.



But an alternative approach focuses more squarely on prevention. In 2016, Colorado unveiled ManTherapy.org, a mental health awareness & support website specifically designed to appeal to men.

"We know that traditional messages of help-seeking and taking care of yourself and suicide prevention don't resonate with masculine men, so we're trying to reach men where they're at."

For older people, the approach is different again. One arm of the strategy focuses on boosting suicide awareness in primary care.

"A high percentage of older people who die by suicide have accessed or seen their primary care physician in the weeks and months prior to death," Hindman said, but many aren't screening for suicide risk.

The other arm instead embeds suicide awareness in-home care workers, helping them to refer at-risk old people to appropriate services and offering support where required. The strategy of

taking services to users will be vital in the state, where half the population remains in rural areas, often with fewer hospitals and mental health care professionals.

Those demographic-specific interventions are supplemented with population-level programs. Healthcare facilities are set to implement Zero Suicide, a seven-point strategy that aims to reduce suicide risk for people in the medical system by embedding suicide prevention strategies across multiple sectors and departments.

Taken as a whole, the set of programs are robust. But suicide is a notoriously complex phenomenon and there is no guarantee that the state's aims will be met. "The fundamental challenge we face in suicide prevention is we are dealing with very few evidence-based programs that actually can show they can reduce the suicide rate. We are implementing a lot of best bets," Hindman said.

### *Repeatable results*

Hindman credits the work in Colorado to a degree of both financial and technical support that is not yet available to all other states.

It has also received more funding than many other states could muster. Yet despite a five-fold increase in funding in just two years, not every program has the money to roll out statewide. “We don’t yet have the amount of funding we need to implement on the scale that we think will be meaningful,” said Hindman, though he was optimistic that more money will be found when implementation begins.

And the state also has an infrastructure for suicide prevention that others do not. While all states now have a suicide prevention coordinator, many still do not have a dedicated staff and funding pool for prevention efforts. Some rely solely on grants and federal dollars, a less consistent funding stream than Colorado, where state dollars are ring-fenced for suicide prevention.

“The most recent data showed that 49 of 50 states saw an increase in their suicide rate,” said Hindman. “If that report doesn’t create a swell of support and funding for suicide prevention then something is going seriously wrong. It should be unacceptable for this country to have so many people dying by suicide.”

## **ALSO NEWSWORTHY**

### **Safety Planning Intervention versus Usual Care**

SPRC Research Summary 11/2/18

Link: <http://www.sprc.org/news/safety-planning-intervention-versus-usual-care?>

Emergency department patients with suicide-related concerns who received a brief intervention with telephone follow-up were less likely to engage in suicidal behavior and more likely to engage in mental health treatment than those who received usual care.

Nearly 1,200 patients seen in Veterans Health Administration emergency departments for suicide-related concerns received the Safety Planning Intervention-Plus. This brief, structured intervention included six steps delivered by a trained mental health professional:

1. Identify warning signs of an imminent suicidal crisis.
2. Determine existing coping strategies that can help distract from suicide-related thoughts.
3. Identify family and friends who can help distract from suicidal thoughts and social places that provide opportunities for interaction.
4. Identify individuals who can help provide support during a suicidal crisis.
5. Identify mental health professionals and other resources to contact during a suicidal crisis.
6. Identify ways to make the patient’s environment safer through lethal means counseling.

The intervention also required that a patient receive telephone contact within 72 hours of discharge from an emergency department, with additional telephone follow-up for those without an outpatient behavioral health appointment.

Compared to patients who received treatment as usual, those in the intervention group were half as likely to engage in suicidal behavior and twice as likely to attend mental health appointments in the six months after their emergency department visit. This study demonstrates that a brief, structured intervention with telephone follow-up can help protect patients at risk for suicide, particularly during the high-risk period following emergency department discharge.

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., . . . Green, K. L. (2018). Comparison of the Safety Planning Intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry*, 75(9), 894–900.

## YET ANOTHER NEWSWORTHY ITEM

### Surveillance Success Stories: Centerstone of Tennessee

*Florida's Taking Action for Suicide Prevention conference in March is hosting a Keynote address from Centerstones' Becky Stoll. Centerstone just happens to be highlighted in a success story from SPRC.*

The Suicide Prevention Resource Center (SPRC)

Link: [https://www.sprc.org/sites/default/files/resource-program/Centerstone\\_Final.pdf](https://www.sprc.org/sites/default/files/resource-program/Centerstone_Final.pdf)

In 2012, Centerstone TN started a Zero Suicide initiative aimed at preventing suicide deaths by ensuring that all clients at risk for suicide are appropriately identified, treated and monitored. Staff knew that to be successful, they needed to collect more robust data on suicide deaths among clients. This information would be critical to setting objectives, taking action and tracking progress.

Moreover, providing clinicians with this information would help increase buy-in for the initiative, allow Centerstone departments and providers to see up close how they were helping to save lives, and help promote the expansion of the initiative in the other states served by Centerstone.

Read the Suicide Prevention Resource Center's summary of Centerstone's success at using data and surveillance to reduce suicides at [https://www.sprc.org/sites/default/files/resource-program/Centerstone\\_Final.pdf](https://www.sprc.org/sites/default/files/resource-program/Centerstone_Final.pdf)

## 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.*

### Addressing Suicide among Black Americans

By Sean Joe, PhD, MSW. In SPRC's Weekly SPARK, Oct 5, 2018

<http://www.sprc.org/news/addressing-suicide-among-black-americans?utm>

Our national conversation about suicide prevention has included a recent focus on the increased risk of suicide among Black children under the age of 12 and the possible factors linked to it.<sup>1-3</sup> A similar uptick in scientific and public attention occurred about 20 years ago, when studies highlighted a marked increase in suicide rates among Black males ages 15 to 19 that put them on par with White youth of similar ages.<sup>4</sup> Research has confirmed that, with passing generations, the risk for suicide among Black Americans has extended into younger age groups.<sup>5</sup> These trends are particularly challenging to address due to a serious lack of research on the population, which is necessary to inform clinical treatment and suicide prevention strategies. However, the existing literature provides us with some unequivocal clues about what we can do to address suicide among Black Americans.



*Prevention efforts should address increased suicide risk among Black males.* While increased suicide risk among Black females also warrants action, rates have typically been higher among males. Depending on the age group, the male-to-female suicide rate ratio has ranged from four-to-one to as high as eight-to-one.<sup>5</sup> Young Black males are most at risk, although there has been a recent rise in suicide rates among Black children of both sexes under age 13.

*Mental health matters.* Having a mental illness significantly increases suicide risk among Black teens and adults.<sup>6,7</sup> Although depression must be addressed, the strongest mental health predictor of attempted suicide in this population is anxiety. Prevention efforts should help enhance the existing psychological resources that help to buffer Black people against suicide risk, and also help protect them from sources of vulnerability. For example, Blacks who are socially connected through

organized religious affiliation have a lower suicide risk.<sup>8</sup> And we are learning that social stressors, such as perceived racism, exacerbate suicide risk among Blacks.

*We should focus on reducing access to guns among Black people at risk of suicide.* Firearms are the primary method of suicide among Black populations.<sup>9</sup> Black males are more likely to attempt suicide using a gun, and females are more likely to use a means of suffocation. These factors should inform prevention efforts tailored to each of the sexes. We must also consider the role of firearms and other means when focusing on children under 13 years of age, given the increased risk in that age group.

*Understanding the role of ethnicity is critical.* Too often, we do not attend to the fact that there are multiple ethnic groups among Black Americans. Ethnicity confers differences in attitudes toward suicide, mental health services, and how stigma impacts the use of traditional social network support. In the U.S., the two largest ethnic groups among Black Americans are African American and Caribbean Blacks. Why is this important? Studies indicate that Caribbean Black males have the highest rates of attempted suicide among Black Americans, so we should be targeting this population with our prevention efforts.

It is critical to expand our research on suicide among Black populations so that we can develop more effective prevention strategies. Reducing suicide rates among Black Americans requires our attention to more precise population-level considerations of their cultural values, behaviors, patterns of risk, and sex or gender identity. At the same time, there are important steps we can take right now to prevent suicide in this population, such as targeting those at highest risk, improving access to mental health services, and reducing access to lethal means among those in suicidal crisis.

*Sean Joe* serves on the SPRC Steering Committee, and is Benjamin E. Youngdahl professor of social development and director of the Race and Opportunity Lab at Washington University in Saint Louis, George Warren Brown School of Social Work.

## References

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3. Moyer, J. W. (2018, March 8). Researchers unclear why suicide is increasing among Black children. *The Washington Post*. Retrieved from <http://www.chicagotribune.com/lifestyles/health/ct-Black-childrens-suicide-20180308-story.html>
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5. Joe, S. (2006). Explaining changes in the patterns of Black Suicide in the United States from 1981 to 2002: An age, cohort, and period analysis. *Journal of Black Psychology*, 32(3), 262–284.
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9. Joe, S., & Kaplan, M. S. (2001). Suicide among African American men. *Suicide and Life-Threatening Behavior*, 31(1), 106–121.

## AVAILABLE RESOURCE

### The State of Mental Health in America

By Mental Health America

Link: <http://www.mentalhealthamerica.net/issues/state-mental-health-america>

#### Mental Health Facts, Stats, and Data

Mental Health America is committed to promoting mental health as a critical part of overall wellness. We advocate for prevention services for all, early identification and intervention for those at risk, integrated services, care and treatment for those who need it, and recovery as the goal.

We believe that gathering and providing up-to-date data and information about disparities faced by individuals with mental health problems is a tool for change.

#### Key Findings

- Over 44 million American adults have a mental health condition. Since the release of the first State of Mental Health in America report (2015), there has only been a slight decrease in the number of adults who have a mental health condition (from 18.19% to 18.07%)
- Rate of youth experiencing a mental health condition continues to rise. The rate of youth with Major Depressive Episode (MDE) increased from 11.93% to 12.63%. There was only a 1.5% decrease in the rate of youth with MDE who did receive treatment. Data showed that 62% of youth with MDE received no treatment.
- More Americans are insured and accessing care. We can continue to see the effects of healthcare reform on the rate of Adults who are uninsured. This year there was a 2.5% reduction in the number of Adults with a mental health condition who were uninsured.
- ... But many Americans experiencing a mental health condition still report having an unmet need. 1 in 5, or 9 million adults reported having an unmet need.
- Mental health workforce shortage remains. Many states saw some improvement in their individual to mental health provider ratio. But in states with the lowest workforce there was almost 4 times the number individuals to only 1 mental health provider.

## WHAT'S HAPPENING



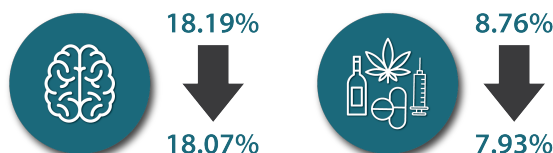
December 1 & 2, 2018 (9am-5pm). *Applied Suicide Intervention Skills Training (ASIST) Workshop*. \$150 Learn more & register at [211bigbend.org/assist](http://211bigbend.org/assist) or contact Carrie Tyree at [hotlinedir@211bigbend.org](mailto:hotlinedir@211bigbend.org)

December 8, 2018 (11:00am to 12:30pm). *The 2018 FSPC Board & Membership Meeting* at 3108 Banyon Circle USF, MHC2301, Tampa, Florida, 33612 (north east main USF Campus).

Since the release of MHA's first State of Mental Health in America report four years ago, we have seen:

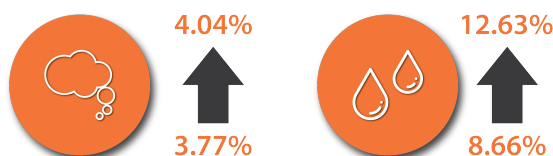
#### ENCOURAGING DECREASES

in the amount of American adults who have mental health and substance use problems.



#### ALARMING INCREASES

in adult suicidal ideation and major depressive episodes in youth.



Since the release of last year's State of Mental Health in America report:

The difference between youth experiencing a major depressive episode is



becoming more pronounced between the highest and lowest ranked states.

January 31, 2019 (6:30pm – 8:00pm, Doors Open at 5:30pm). *Learn about Suicide Prevention with the Jason Foundation*. Florida A&M University Grand Ballroom, 1925 S Martin Luther King Jr. Blvd., Tallahassee, FL 32307. Please RSVP to 850-325-3627.

February 9, 2019 (*new date*) (7:00 am Breakfast; 8:00 am - 3:30 pm Conference). Miami-Dade Community College's 4<sup>th</sup> Annual Suicide Prevention Conference. Nicklaus Children's Hospital - Main Auditorium, 3100 SW 62<sup>nd</sup> Avenue, Miami. <http://www.nicklauschildrens.org/cme>

March 19 & 20, 2019. FSPC's Fourth Annual Florida Taking Action for Suicide Prevention Conference is a two-half day event in Tallahassee. <http://floridasuicideprevention.org/fspcevents/>

March 20, 2019 (1:30 pm). Florida's Suicide Prevention Coordinating Council meeting in Tallahassee is open to interested observers. <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/meetings>

## 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>

*Coping After Suicide Loss: Tips for Grieving Adults, Children, and Schools*. The American Psychological Association tip sheet. <http://www.apa.org/helpcenter/suicide-coping-tips.pdf>

*The Steve Fund*. Dedicated to the mental health and emotional well-being of students of color. <https://www.stevelfund.org/>

Anara Guard, previous Senior Advisor, California Statewide Suicide Prevention Campaign, shared the following Spanish-targeted resources on the AAS ListServ:

Five Signs of Emotional Suffering available in Spanish: <http://www.changedirection.org>

AFSP's loss survivor film, Family Journeys in Spanish (*For subtitles, click the CC button in the right-hand corner of the "Play" bar and choose Spanish in the dropdown*). Stream film at <http://www.survivorday.org/survivor-day-documentaries/>

Guide through grief: Mourning the loss of a loved one in Spanish and English

[https://healthonline.washington.edu/document/health\\_online/pdf/Guide-Through-Grief-SP.pdf](https://healthonline.washington.edu/document/health_online/pdf/Guide-Through-Grief-SP.pdf)

Brochures, video and audio on these topics: anxiety, bipolar disorder, mental health, obsessive compulsive disorder, panic disorder, autism, postpartum depression, schizophrenia and suicide: <http://healthyroadsmedia.org/Listing.htm>

This radio spot is aimed at Latino parents, and encourages listeners to learn the signs and actions to take when a teenager is considering suicide. Developed for a California suicide prevention and mental health stigma reduction projects: <https://emmresourcecenter.org/resources/spanish-radio-que-harias-si-supieras-what-would-you-do-if-you-knew>

30-second TV spot aimed at Latino parents: <https://emmresourcecenter.org/resources/spanish-tv>

Brochure provides information about warning signs, how to find the words to offer support to someone and a link to the campaign website for resources.

<https://emmresourcecenter.org/resources/suicide-prevention-brochure-spanish>

## AN EXTRA HELPING . . .

### **A New Prescription for Depression: Join a Team and Get Sweaty**

By Sasa Woodruff, freelance radio reporter & producer based in Los Angeles. 10/22/18 NPR MORNING EDITION

Link: <https://www.npr.org/sections/health-shots/2018/10/22/656594050/a-new-prescription-for-depression-join-a-team-and-get-sweaty?>

Ryan "China" McCarney has played sports his entire life, but sometimes he has to force himself to show up on the field to play pick-up soccer with his friends. "I'm dreading and I'm anticipating the worst. But I do it anyway. And then, it's a euphoric sensation when you're done with it because you end up having a great time," says McCarney.

McCarney was just 22 when he had his first panic attack. As a college and professional baseball player, he says getting help was stigmatized. It took him six years to get professional support. He still struggles with depression and social anxiety, but says exercising helps him — especially when it's with his teammates.

Research shows exercise can ease things like panic attacks or mood and sleep disorders, and a recent study in the journal *Lancet Psychiatry* found that popular team sports may have a slight edge over the other forms of physical activity.

The researchers analyzed Centers for Disease Control and Prevention survey data from 1.2 million adults and found — across age, gender, education status and income — people who exercised reported fewer days of bad mental health than those who didn't. And those who played team sports reported the fewest.

One of the study's authors, Adam Chekroud, an assistant adjunct professor at Yale's School of Medicine, thinks team activity could add another layer of relief for sufferers of mental illness. He says there are biological, cognitive and social aspects to mental illness.

"Some sports might just be hitting on more of those elements than other sports," he says. "If you just run on a treadmill for example, it's clear that you're getting that biological stimulation. But perhaps there are other elements of depression that you're not going to be tapping into."

Now, this study only shows an association between group exercise and improved mental health, and can't prove that the one causes the other. But, given what is known about depression in particular, it adds up, says Jack Raglin, a professor in the department of kinesiology in the School of Public Health at Indiana University, Bloomington.



People who are depressed often isolate themselves, he says, so exercising in a group setting, "can help alleviate symptoms and deal with this very pernicious symptom of depression." Group exercise or team sports might also have an edge over other forms of exercise because they add an element of accountability, says Raglin. He did a study finding that couples who started an exercise program together had a lower dropout rate than those who started one on their own. The study showed that "very simple forms of social support can be beneficial," he says.

Scientists don't know the exact mechanism that makes exercise elevate mood and decrease anxiety, but there is a body of research to show that it does work on the short and long term. "If you conceptualize exercise as a pill it means, well it's a rather small pill and easy to take and easy to tolerate," says Raglin.

One limitation of the Lancet Psychiatry study is the data are based on patients self-reporting their symptoms. Dr. Antonia Baum, a psychiatrist and the past president of the International Society for Sports Psychiatry says patients don't always give an accurate picture of their mental health. She says the study is an important step in this research field, but the conclusions shouldn't be taken as scientific gospel.

"We are animals. We are meant to move and if we don't, a lot of systems slow down, including our mood and cognition," says Baum. "So it makes intuitive sense that exercise is beneficial, but it's nice to try to start to wrap our arms around being able to quantify and qualify that in some ways."

Baum says she works with each of her patients to incorporate exercise into their lives. And she says this study will be a good jumping off point for more research on team sports and mental illness. But, Baum and other researchers say getting someone who is depressed to start exercising is easier said than done.

"It's all well and good to conclude that exercise whether it's done as a solo or a group pursuit is beneficial, but to get patients to do it is another matter and when you have a depressed patient motivation is often lacking," she says.

Chekroud says getting patients in general to stick to any kind of therapy is challenging. "It's not just exercises that people stop doing, they also stop taking medications. They stopped showing up for therapy," he says. "Adherence is a big problem in health care right now,"

He says the study's findings could lead to more tools to help people reduce the overall burden of mental illness, now the leading contributor to the global burden of disability. "The field is really crying out for things that we can do to help people with mental health issues," says Chekroud.

For McCarney, team sports have helped him get a handle on his symptoms, he says. Before social gatherings, he often feels claustrophobic and panicked, but when he works through the anxiety and gets onto the field, he says it's always worth it.

"It just gets you around people which I think is another huge thing when you're trying to maybe break out of a depressive cycle," he says.

### *How to get started*

For some people, the idea of joining a team or any kind of group fitness activity is terrifying. Here are a few tips for getting started.

*Find a sports ambassador.* Raglin recommends finding a "sports ambassador," a friend who can connect you with a group sport or activity. The friend can get you up to speed on the sport and what's expected of you. Team sports may feel like a leap of faith, says Baum. But, she says the rewards are worth it. "It's like playing in an orchestra — the sum being greater than the parts — truly thrilling when it all comes together," she says.

*Match your skill level.* It's not hard to find amateur sports teams to join, on sites like Meetup.com. A lot of workplaces also have team sport activities, but Raglin says you make sure the skill level is right for you. You're more likely to have a good experience and want to go back. "There is nothing worse than being on a team where the skill or intensity of the players is way above or below your own level or the level of competition you were looking for," Raglin says.

*Join a run or bike club.* If you're not into team games, go to your local run shop or bike shop to find run communities, bike clubs or community rides to join. Raglin recommends the November Project, which is a free fitness program with chapters in major cities around the world that hosts workouts.

*Put money on the line.* If you really aren't into team activities, Baum says getting a personal trainer or signing up for a gym can "help add a social element, and that all important accountability."



*Try the obvious thing first.* Baum says to look at the activities you've done throughout your life and think about which ones worked best for you. She says she sometimes takes her patients running or walking with her for a therapy session to start modeling the types of exercises that could work for them.

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

### **Develop a Culture of Mental Resiliency to Improve Employee Health**

By Sally Spencer-Thomas | Thursday, October 18, 2018

Link: <https://www.constructionexec.com/article/develop-a-culture-of-mental-resiliency-to-improve-employee-health?>

Mental resiliency is like a mental muscle that helps people bounce back from life stressors. Similar to other muscles, it needs to be kept fit and healthy. Muscles function at their peak when they have been trained to have strength, endurance and flexibility. Mental muscle needs the same.

- Strength is equal to courage;
- Endurance is equal to persistence; and
- Flexibility is equal to the ability to adapt.

People need all three of these attributes. Companies that model resiliency in their leadership are more likely to cultivate a resilient workforce.

People who are mentally resilient can see past adversity and maintain high levels of functioning despite chaos and disruption. In contrast, less hardy individuals often succumb to feelings of victimization and resort to maladaptive coping. When faced with overwhelming life situations, many non-resilient individuals engage in behaviors that help boost feelings of well-being or escape in the short run but cause bigger problems in the long run. These behaviors include self-medicating through alcohol, drugs, mindless video game playing or television watching, unhealthy sexual activity or pornography, out-of-control spending and over-eating, to name a few.

Being resilient doesn't mean stoically powering through impossible expectations or suppressing feelings of anger or sadness. It means having the ability to acknowledge and adapt to stress and ultimately to grow from it.

### *Building Resilience is a Health and Safety Priority*

When executives and their employees have not built their mental muscles of resilience, they can find themselves overwhelmed. When they experience intense life crises such as divorce, challenges in caregiving or parenting, or acute illness or injury—or when they experience emotional stressors like failure, embarrassment or rejection—recovery time may be prolonged when resilience isn't present. Problem-solving and decisiveness are often compromised when people are highly distressed and feel as though they are walking up on a high wire without a safety net.

When it comes to mental health conditions such as post-traumatic stress, depression, addiction and the response to difficult life transitions, people are buffered by the strength of their resilience. When the tools of resilience are not in place, these mental health conditions and other significant stressors can result in distraction, impaired perception and judgment, and fatigue that can cause safety risks for employers.

Building resilience is a very proactive way to prevent suicide. These mental and social reservoirs get built up over time, in the same way daily workouts in the gym build up cardiovascular fortitude.

### *Mental Muscle Workouts*

Similar to using fitness trainers to improve physical health, there are workouts to improve mental health.

**1. Be Bold.** Fear is essential for survival and evolution. In the days when humans were being chased by saber-tooth tigers, fear was the response that dumped chemicals in the body to prepare for fight or flight.

Today, fear is more likely to be psychological than physical—fears of failure, rejection and humiliation—but our brains don't know the difference. Our brains tell us our boss is like a “saber-tooth tiger” when he tells us we are failing. Even when we anticipate this news, our nervous system kicks into high gear, which results in experiences such as insomnia and panic attacks. Many people feel nauseous thinking about giving a major public speech because they fear humiliation and the judgment of what we perceive of the “saber-tooth tigers” in the audience.

Being bold is the heavy lifting part of the workout strategy for building the mental muscle. Every time humans face this fear, their mental muscle gets stronger. If they are not in actual physical danger, only psychological fear, they can learn to practice being bold by feeling the fear and stepping into it regardless.

**2. Belong.** Social isolation is a public health crisis, according to former Surgeon General Murthy. Lonely people are much more likely to die of heart disease or stroke or experience Alzheimer's disease than people with well-connected friendship networks, even after researchers corrected for age, gender and lifestyle choices such as working out and good nutrition. Isolation may even be as much of a long-term risk factor for mortality as smoking.

Miller McPherson, a professor of sociology at the University of Arizona and research professor of sociology at Duke University, published a very compelling study with his colleagues that gave strong evidence that our true social networks are shrinking. They wanted to know how many confidants people had, defining confidants as people with whom they could share anything. Then



they compared the number confidants from 1985 to 2004. He found that in 1985, the modal respondent had at least three confidants; by 2004, that number had shrunk to only one. When humans only have one person with whom to share the inner most thoughts, they are highly vulnerable if anything happens to that relationship.

To determine who many confidants you have, consider the following questions.

- Who can you count on to listen to you when you really need to talk?
- Who would console you when you are very upset?
- Who can you count on in a crisis even though they would have to go out of their way to help you?

When people don't have at least three (and they should have closer to 10 to have a strong sense of social support), it's time to work on building authentic social connections.

**3. Be Well.** Most people are familiar with the idea of wellness—everyday active practices of self-care that lead to a healthy, fully engaged life. However, most equate this idea of wellness to just one aspect of wellness: physical wellness, focused mainly on fitness and nutrition.

But there are other aspects of wellness we need in our mental fitness regimen.

- Cognitive wellness includes sharpening skills and committing to lifelong learning. We become cognitively stronger when traveling to new places, learning new languages or instruments, or developing new skills.
- Social and emotional wellness includes keeping relationships intact. When this form of wellness is practiced, people improve emotional regulation skills such as anger management and distress tolerance as well as interpersonal skills such as conflict resolution and empathy.
- Spiritual wellness includes committing to something larger than ourselves, including in the faith community, volunteering to serve the common good, standing up for injustice or appreciating nature.

**4. Believe.** Resilient people often get through hard times because they believe that there is something on the other side of their distress. These practices are sometimes connected to their faith or spirituality and sometimes to their ability to make meaning from and even be transformed by their darkest days. Some of these practices include the following.

- *Discernment.* Sitting silently with big questions and listening to the quiet, still voice within. This practice is especially important with questions of right and wrong and truth.
- *Gratitude.* Gratitude is the experience of appreciating a gift that has been received. It can come in many forms and be evoked by different practices. As a “making meaning” practice, gratitude is a feeling of thankfulness that we can bring forward by contemplating what is valuable. Even in the midst of hardship, it's almost always possible to find something to be grateful for that puts pain into perspective or helps learn lessons from the experience.
- *Hope.* Hope is an optimistic expectation for the future. It opens us up to create new possibilities. Hope can be a shield against despair and similar to gratitude, it can be practiced with prudence. Neuroscience shows innate bias toward optimism is good for us. According to cognitive neuroscientist and author of “The Science of Optimism,” by Tali Sharot, 80 percent of people have a bias to overestimate the likelihood that good things will happen to us. This bias leads to success in athletics, business, politics and health.

Each of these components needs care over the long term to sustain high performance and bounce back when life derails us.

## **FSPC MEMBERSHIP**

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<http://floridasuicideprevention.org/membership>