



FSPC Officers

Chair	Stephen Roggenbaum
Vice-Chairs	Jane Bennett
Treasurer	René Favreau
Secretary	Dawn Adamek
Asst. Secretary	Jamie Thurman

FSPC REGIONAL DIRECTORS

R1 Rachelle S. Burns
(Escambia, Okaloosa, Santa Rosa, Walton)

R2 Pam Mezzina
(Bay, Calhoun, Franklin, Gadsden, Gulf Homes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington)

R3 Ali Martinez
(Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union)

R4 Lisa Zeller
(Baker, Clay, Duval, Nassau, St. Johns)

R5 Myrtice Landers
(DeSoto, Pinellas, Sarasota)

R6 Betsey Westuba
(Hillsborough, Manatee, Pasco)

R7 Tara Sullivan
(Brevard, Orange, Osceola, Seminole)

R8 Sue Opheim
(Charlotte, Collier, Glades, Hendry, Lee)

R9 Doris Carroll
(Palm Beach)

R10 Charlene Grecsek
(Broward)

R11 Elizabeth Quizena
(Dade, Monroe)

R12 Kelly Sousa
(Flagler, Volusia)

R13 Vacant
(Citrus, Hernando, Lake, Marion, Sumter)

R14 Betsey Westuba
(Hardee, Highlands, Polk)

R15 Lindsay Slattery-Cerny
(Indian River, Martin, Okeechobee, St. Lucie)

April 2019 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 reduced registration at FSPC events. Membership info: <http://floridasuicideprevention.org/membership/>



FSPC NEWSLETTER SUBMISSIONS

Submit news, events, poems, reviews, & writings for FSPC Newsletter inclusion consideration. Be sure to follow safe messaging guidelines. Email Steve Roggenbaum, Chair, at roggenba@usf.edu

FSPC CONFERENCE: A BIG SUCCESS!

FSPC's 4th annual *Florida Taking Action for Suicide Prevention Conference* was hosted at the Florida Sheriffs Association Training Center in Tallahassee on March 19 - 20, 2019.

Don't take my word for its success, let's hear from the presenters and



attendees when asked what they liked about the conference . . .

- I appreciated hearing from a variety of different perspectives: people with lived experience, practitioners, and researchers sessions for selection

- Various presentations on the subject of suicide prevention

- Attendees and presenters were all pleasant and easy to talk to
- I was impressed by the conference on a number of levels
- Presentations and opportunity to collaborate with others
- Diversity of topics
- Multiple types of presentations
- The presenters were excellent and I enjoyed



every session that I went to.
I learned a lot!

- Variety of topics were interesting and beneficial
- Tons of great presenters with great information to share regarding Suicidology with their respective populations.
- Great information within a short time period

One of the most notable survey comments (to me) was: *“I have paid hundreds more for other conferences I have attended and got a lot more out of this one.”*

Ninety-two percent (92%) of conference survey respondents rated the conference either Excellent or Very Good. A meeting to review this great information sharing opportunity is being scheduled and will also include beginning plans for next year’s 5th annual conference! Make tentative plans to present and/or attend in spring 2020.

Pictured above: upper right, page 1 - Stephen Roggenbaum, Chair; lower left, page 1 - Myrtice Landers, Region 5 Director; upper right, page 2 - participants, Florida Sheriff’s Association Training Center; lower left, page 2 - Ellsworth “Tony” Williams, Veterans Counseling Veterans.

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 and register the *Florida Suicide Prevention Coalition* (FSPC) as your chosen charity. Then start shopping & support suicide prevention.



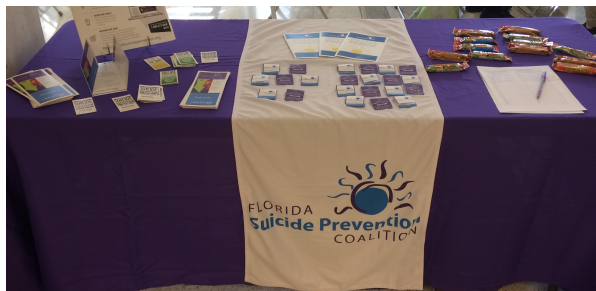
FLORIDA SUICIDE PREVENTION DAY AT THE CAPITOL (DAC)

Following the 2019 FSPC conference, some conference attendees joined the American Foundation for Suicide Prevention (AFSP) members to visit legislators in Florida’s State Capitol to advocate on behalf of suicide prevention and two specific piece of legislation. This year the AFSP took the lead in organizing the Florida advocacy event. AFSP’s Tara Sullivan Larsen, Sarah Clark, and Tom Robinson led the way, helping to facilitate the day’s events in a very supportive, informative, and organized manner.



Speakers at the DAC press conference, on the steps of the original Capitol steps, included: AFSP Central & Southern Florida Area Director and FSPC Region 8 Director Tara Sullivan Larsen, Representative Michael Greico, Statewide Office of Suicide Prevention Director Sofia Castro, DCF Assistant Secretary for Substance Abuse and

Mental Health John Bryant, and AFSP National Public Policy Council member Tom Robinson (pictured at right).



Display tables were set up in the Capitol Rotunda to share information on suicide prevention and help raise awareness. Advocates invested time throughout the day meeting with lawmakers and/or their

legislative aids to urge them to prioritize suicide prevention and mental health initiatives for all Florida residents, including SB 360/HB 307 for mental health parity in insurance coverage and SB 84/HB 109 to prohibit the practice of conversion therapy with minors.

NEWSWORTHY

Florida Joins the National Violent Death Reporting System (NVDRS)

Link: <https://www.cdc.gov/violenceprevention/pdf/NVDRS-factsheet508.pdf>

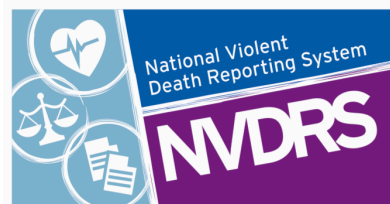
During the 2019 FSPC conference, Alan Mai (Florida Department of Health) reported that Florida will be participating in the Center for Disease Control and Prevention's (CDC) National Violent Death Reporting System (NVDRS) beginning with pilot counties and, over time, expanding to cover all of Florida. Florida recently joined 9 other states to complete the inclusion of all 50 states in the NVDRS.

Violence is a Major Public Health Problem

The economic costs of violence are staggering—with suicide costing the U.S. economy \$57 billion and homicide \$30 billion, and this is just the costs for medical care and lost work. Other costs, including the emotional toll on victims' families and the costs to the criminal justice system for arrest and incarceration of offenders are substantial and not included in this estimate. Also, many Americans survive violent experiences and are left struggling with long-term physical, psychological, and emotional consequences.

A Comprehensive Look at Violent Deaths

NVDRS covers all types of violent deaths—including homicides and suicides—in all settings and for all age groups. NVDRS includes over 600 unique data elements that provide valuable context about violent deaths such as relationship problems; mental health problems and treatment; toxicology results; and life stressors, including recent problems with a job, finances, or physical health problems. Extensive information about the incidents, such as weapons used, characteristics of suspects, and locations where they occurred are included. Such data are far more comprehensive than what is available elsewhere.



Linking Data to Get the Whole Story

To help find answers to prevent violent deaths, we need to know the facts. CDC's NVDRS links information about the "who, when, where, and how" from data on violent deaths and provides insights about "why" they occurred. Frontline investigators including law enforcement, coroners, and medical examiners collect valuable information about violent deaths. However, these data are seldom combined in a systematic manner to provide a complete picture. NVDRS provides a clearer understanding of violent deaths. NVDRS is the only state-based surveillance (reporting) system that pools data on violent deaths

and their circumstances from multiple sources into one anonymous database. No personally identifiable information is collected.

Success Stories

States around the country are using NVDRS to help inform their violence prevention efforts:

- *Oklahoma:* Oklahoma used NVDRS data on intimate partner violence homicides to evaluate the effectiveness of a pilot lethality assessment program. Police responding to domestic violence incidents connected victims at high risk for homicide with a local domestic violence service provider. Compared to the control group, women in the program reported experiencing significantly less violence, were more likely to apply for an order of protection, and were more likely to receive domestic violence services. The lethality assessment program is now being implemented statewide.
- *Colorado:* The Colorado Department of Health used NVDRS data on suicide among middle-aged men to develop a web-based suicide prevention initiative to engage and help connect men with appropriate resources. Initial web analytics show 83% of survey respondents reporting that they would recommend the site to a friend in need.
- *Rhode Island:* NVDRS data showed the adult working age population as being at increased risk for suicide and suicide attempts. A symposium was conducted with the two largest employers in the state to increase awareness of depression and suicide among working age adults and provide strategies for integrating suicide prevention into worksites.

ALSO NEWSWORTHY

US Drug Enforcement Administration's National Prescription Drug Take-Back Day

Link: <https://www.getsmartaboutdrugs.gov/content/national-take-back-day>

Means reduction and/or restriction is an effective suicide prevention strategy. Reducing or eliminating extra and available medication is something we all can implement.



National Prescription Drug Take-Back Day will be Saturday, April 27, 2019 from 10:00 a.m. - 2:00 p.m. National Take-Back Day is a safe, convenient, and responsible way to dispose of unused or expired prescription drugs.

The last Take-Back Day brought in more than 900,000 pounds of unused or expired prescription medication. This brings the total amount of prescription drugs collected by DEA since the fall of 2010 to 10,878,950 pounds.

Check DEA's official Take Back Day website (<https://takebackday.dea.gov>) for more information and to find year-round collection sites near you.

NOTABLE

Statewide Parent & Teacher Association (PTA) Requests FSPC Presentation

At the request of the Florida PTA Resolutions Chair, the FSPC presented to the Florida PTA Legislative Conference in Tallahassee on March 25. Pam Mezzina, Capstone Center Director & FSPC Region 2 Director spoke to about 150 attendees providing valuable information and resources. Thanks Pam!

FOR THE REST OF US

Florida Suicide Prevention Coalition Polo Shirts Available

The Florida Suicide Prevention Coalitions polo-style shirts were unveiled at this year's annual conference. Kerrie Meyers, Centerstone, lead the effort of securing polo-style shirts and took orders during the conference. Kerrie, her husband, and Steve Roggenbaum, FSPC Chair, modeled the polos



during the conference. Both of the keynote speakers received a FSPC Polo as a thank you for their participation and presentations during the conference.

Now, you can proudly wear gray Polos with the FSPC logo in support of suicide prevention. Shirts are Sport-Tek, 100% polyester, cold wash, non-chlorine bleach, dry low heat. To order, please mail \$27.00 (price includes shipping to your address), your mailing address, desired size, men's or women's, along with your contact information to:

Kerrie Meyers at 999 April Lane North Fort Meyers Florida 33903

A minimum number is required so orders will be collected until the number is met, then ordered and shipped to you.

AVAILABLE RESOURCE

GRIEF AFTER SUICIDE

by Victoria Hospice, Bereavement Services

Link: <https://www.victoriahospice.org/sites/default/files/imce/VicHospSuicide.pdf>

From the first page of the resource (available as a free PDF download):

We have chosen the image of the labyrinth as a metaphor for the journey through grief. A labyrinth is not a maze as there are no dead ends and no wrong turnings. There is only one way – forward. So it is with grief. The only way through is forward, with many turns and going back and forth over what seems like the same territory. We journey to the centre of our grief, to the centre of ourselves, and then slowly return to re-enter the world.



Each person's experience on the journey of grief will be different. This is a reflection of our personal style, our relationship with the person who died, our internal and social resources, and our past history of coping. As you journey through your own grief process, there will likely be unexpected turns and insights.

WHAT'S HAPPENING



April 7, 2019. *National Crime Victims' Week*. 1:30 p.m. Walk for Justice at Cascades Park, Tallahassee. The Walk is sponsored by the Peyton Tuthill Foundation and the Big Bend Victim Assistance Coalition. Family event with games, food, etc.

May 6, 2019. SAMHSA's *National Children's Mental Health Awareness Day: Suicide Prevention: Strategies that Work*. Live Webcast of National Event. More information: <https://www.samhsa.gov/childrens-awareness-day>

May 18, 2019. 9:00 am - 1:00 pm. *Faith-based Organizations, Mental Health, & Veterans and Families: Suicide Prevention/Postvention Forum*. St Pete College Epicenter, 13805 58th Street North, Clearwater, 33760. Sponsored by Veterans Counseling Veterans, Inc. RSVP to info@vetscounselingvets.org as seating is limited.

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://suidegriefresources.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/>

AN EXTRA HELPING . . . BEREAVEMENT

Psychology Today: <https://www.psychologytoday.com/us/conditions/bereavement>

Bereavement

Bereavement is the state of loss when someone close to an individual has died. The death of a loved one is one of the greatest sorrows that can occur in one's life. People's responses to grief will vary depending upon the circumstances of the death, but grief is a normal, healthy response to loss. Feelings of bereavement can also accompany other losses, such as the decline of one's health or the health of a close other, or the end of an important relationship.

Symptoms

A wide and confusing range of emotions may be experienced after a loss.

The bereaved may experience crying spells, trouble sleeping, changes in appetite, or lack of productivity at work. At first, one may find it hard to accept that the loss has actually occurred. Feelings of anger may also arise. The anger may be directed toward doctors and nurses, God, other loved ones, oneself, or even the person who has died. The grieving person may experience feelings of guilt, with sentiments such as "I should have...", "I could have...", or "I wish I had..." Emotions may be very intense, and the bereaved person may have mood swings. These are all normal reactions to loss.



According to the National Cancer Institute, recovery does not happen in a set period of time. In normal grief, symptoms will occur less often and will feel less severe as time passes. For most bereaved people having normal grief, symptoms lessen between six months and two years after the loss.

Causes

The reaction to loss will, in part, be influenced by the circumstances surrounding it and one's relationship to the deceased.

Losing a Family Member - The loss of a long-term romantic partner or spouse can be especially challenging. The surviving partner may have to deal with a multitude of decisions regarding funeral arrangements, finances, and more, at what feels like the worst possible time to have to deal with such matters. The bereaved partner may also have to explain the death to children and help them through their grief.

The death of one's child, regardless of the cause of death or the age of the child, is an emotionally devastating event that can overwhelm a parent. As Mental Health America explains, "A child's death arouses an overwhelming sense of injustice—for lost potential, unfulfilled dreams, and senseless suffering. Parents may even feel responsible for the child's death. They may also feel that they have lost a vital part of their own identity."

The death of a mother or father can have a deep impact no matter what age a person is when it occurs. It is only natural to feel consumed by a combination of pain, fear, and deep sadness at such a significant loss. The specifics of how one grieves will depend on a number of personal factors, including one's relationship with the parent, religious beliefs, previous experience with death, and whether or not one believes it was "time" for the parent to die. The loss of a parent may also mean the loss of a lifelong friend, counselor, and adviser. Therefore, the bereaved person may suddenly feel very much alone, even with the support of other family and friends.

A Loss Due to Suicide - A suicide can produce intense grief in parents, partners, children, siblings, relatives, friends, and others. Coping with bereavement after a suicide can be more difficult than dealing with other losses because of the feelings of shame, guilt, and rejection that are often experienced. The stigma that still attaches to deaths by suicide in many cultures can increase the bereaved person's sense of isolation and vulnerability.

A Pet's Death - Animals provide companionship, acceptance, and emotional support. So when a beloved pet dies, it's not unusual to feel overwhelmed by the intensity of the sorrow. Other people may find it hard to understand such a reaction to what they may see as the loss of "just" a pet, and they may, therefore, be less understanding of this grief. However, the loss is significant and one should give oneself permission to mourn.

Anticipatory Grief - When someone's death is expected, those close to that person may experience anticipatory grief. "Like grief that occurs after the death of a loved one," the National Cancer Institute explains, "anticipatory grief involves mental, emotional, cultural, and social responses." It can involve symptoms of depression, increased concern for the dying person, and emotional preparation for the death.

Treatment

Grief is painful and exhausting. Therefore, it sometimes seems easier to avoid confronting these feelings. But working through sorrow and allowing themselves to express such feelings can help a bereaved person recover.



If you or someone you know is having difficulty coping with a loss, it's important to seek professional help. While a family physician can often help, grief counseling or therapy may be appropriate. Counseling, which may occur in one-on-one settings with a professional or in a group context, can help someone experiencing normal grief work through the process by, for example, identifying the emotions connected to the loss, helping the bereaved become able to live independently, and illuminating the bereaved person's ways of coping with the loss.

If the symptoms of grief last for much longer than is typical—or, conversely, if one has few or no such symptoms—the bereaved individual may be experiencing what has been called "complicated grief." Psychotherapy may be beneficial in such cases. According to the National Cancer Institute, there is evidence that Cognitive Behavioral Therapy (CBT) and Complicated Grief Treatment (CGT) can be helpful for those experiencing complicated grief. CBT, which focuses on changing clients' thought patterns in order to change their responses to difficult situations, is applied to a wide range of mental health issues. CGT involves setting recovery goals, discussing the death, and making plans for the future.

The American Psychological Association identifies a number of actions that bereaved people can take, on their own or with loved ones, that may help them cope. These include talking about the death with others; accepting the normal feelings that come with loss; minding one's own health and eating well; and celebrating the life of the deceased person.

FSPC MEMBERSHIP

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