



Reaching those in times of need

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

### 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](http://smile.amazon.com) and register



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

### NEWSWORTHY

#### Release of “13 Reasons Why” Associated with Increase in Youth Suicide Rates

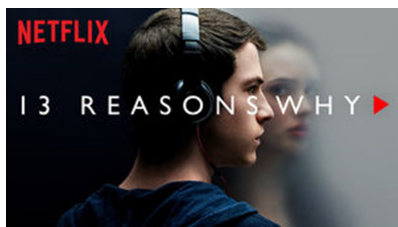
National Institutes of Mental Health’s press release **April 29, 2019**  
*NIH-supported study highlights the importance of responsible portrayal of suicide by the media*

Link: <https://www.nimh.nih.gov/news/science-news/2019/release-of-13-reasons-why-associated-with-increase-in-youth-suicide-rates.shtml>

The Netflix show “13 Reasons Why” was associated with a 28.9% increase in suicide rates among U.S. youth ages 10-17 in the month (April 2017) following the show's release, after accounting for ongoing trends in suicide rates, according to a study published in *Journal of the American Academy of Child and Adolescent Psychiatry*. The findings highlight the necessity of using best practices when portraying suicide in popular entertainment and in the media. The study was conducted by researchers at several universities, hospitals, and the National Institute of Mental Health (NIMH), part of the National Institutes of Health. NIMH also funded the study.

The number of deaths by suicide recorded in April 2017 was greater than the number seen in any single month during the five-year period examined by the researchers. When researchers analyzed the data by sex, they found the increase in the suicide rate was primarily driven by significant increases in suicide in young males. While suicide rates for females increased after the show's release, the increase was not statistically significant.

“The results of this study should raise awareness that young people are particularly vulnerable to the media,” said study author Lisa Horowitz, Ph.D., M.P.H., a clinical scientist in the NIMH Intramural Research Program. “All disciplines, including the media, need to take good care to be constructive and thoughtful about topics that intersect with public health crises.”



“13 Reasons Why” is a web-based series that tells the story of a young girl who kills herself and leaves behind a series of 13 tapes detailing the reasons why she chose to end her life. Although this show has received critical acclaim, it has also generated questions regarding how the show's portrayal of suicide affects young people who watch it. The series premiered on Netflix on March 31, 2017.

To better understand the impact of “13 Reasons Why” on suicide rates, researchers analyzed annual and monthly data on deaths due to suicide sourced from the Centers for Disease Control and Prevention's [web-based Wide-ranging Online Data for Epidemiologic Research](#). These data included information about the deaths of individuals between the ages of 10 and 64 that occurred between Jan. 1, 2013, and Dec. 31, 2017, a timespan that encompassed the period before and after the release of the series.

The researchers examined whether the rates of suicide for the period after the release of “13 Reasons Why” were greater than would be expected based on suicide counts and trends observed in previous years. The researchers found that the rates of suicide for 10- to 17- year-olds was significantly higher in the months of April, June, and December 2017 than were expected based on past data. This increase translated into an additional estimated 195 suicide deaths between April 1, 2017, and Dec. 31, 2017. The observed suicide rate for March 2017 — the month prior to the release of “13 Reasons Why” — was also higher than forecast. The researchers note that the show was highly promoted during the month of March, exposing audiences to the show's premise and content through trailers. The researchers did not find any significant trends in suicide rates in people 18- to 64 years of age.

As a comparison, the researchers also analyzed deaths due to homicide during the same period, to assess whether other worldly social or environmental events after the release of the show might have influenced suicide rates. Homicide rates can be influenced by some of the same social and environmental factors as suicide rates. The researchers did not find any significant changes in homicide rates following the release of the show. The lack of change in homicide rates during the period of interest lends some strength to the idea that changes in suicide rates were influenced by the show and not some other environmental or social factor that occurred during this period.

The findings of this study add to a growing body of information suggesting that youth may be particularly sensitive to the way suicide is portrayed in popular entertainment and in the media. This increasing recognition of entertainment and media influence has led a variety of groups, such as [National Action Alliance for Suicide Prevention](#), the [World Health Organization](#), and [reporting on suicide.org](#), to create best practices for talking about and portraying suicide on screen. These guidelines recommend, for example, that the entertainment media should avoid depicting the suicide method used. The entertainment media are also urged to convey the message that help is available and to include accurate information about how people can seek help.

While compelling, this research had several limitations. For example, the study used a quasi-experimental design, meaning that the researchers cannot make a causal link between the release of “13 Reasons Why” and the observed changes in suicide rates. The researchers cannot, therefore, rule out the possibility that unmeasured events or factors influenced suicide rates during this period.

The second season of “13 Reasons Why” was released in May 2018, and a third season is currently in production and is expected to be released sometime this year. The findings from this study should serve as a reminder to be mindful of the possible unintended impacts of the portrayal of suicide, and as a call to the entertainment industry and the media to use best practices when engaging with this topic.

## ALSO NEWSWORTHY

### SAFETY PLANNING



By Dr. Matt Michaels, Quality Improvement Coordinator, Citrus Health Network (and FSPC member)

Imagine you’re in a crowded movie theater, at work, or at the grocery store—and the fire alarm goes off. We all know to proceed to one of the nearest exits in an orderly fashion, conveniently lighted by emergency Exit Signs. We know how to act in an emergency because each of us has participated in fire drills since our early school years. How to act in a suicidal crisis is far less intuitive.

Safety planning is the perfect tool for what to do in a suicidal crisis. However, a suicidal state is an incredibly bad time to figure out how to stay safe, which is why safety planning is best used as a pre-emptive tool at the first sign of trouble. The suicidal mind is often restless, agitated, or experiencing “tunnel vision”. Suicidal individuals often experience what Edwin Shneidman referred to as ‘psychache’, in other words, psychological pain. It is no wonder that decades later, advanced research has shown social distress triggers the same pain pathways in the brain as physical pain (Iannetti et al., 2013). It has been theorized that acute suicidal states are due to the confluence of three factors: thwarted belongingness, perceived burdensomeness, and acquired capability for suicide (Van Orden et al., 2010; Joiner, 2005). Although impulsive people are at higher risk for suicide, the act itself is rarely impulsive (Anestis et al., 2014). This means that there are many unique opportunities for early interventions after the onset of suicidal ideation.

After an individual is determined to be at risk for suicide, safety planning should be conducted as a next step. A safety plan itself is a very basic tool and there are templates like the Stanley Brown a simple Google search away. The idea is to have a card or sheet of paper that goes in a purse or wallet and is taken out in an emergency. It is customized to each individual and includes warning signs, coping strategies, people who can help, professionals or agencies (including 1-800-273-TALK), and making the environment safe (means restriction).

Dr. Dave Jobes, the founder of the Collaborative Assessment and Management of Suicidality approach to treatment, has described how he will sit next to his patient, side-by-side while conducting safety planning — sending the message that, “hey, we’re in this together.” This side-by-side approach is a powerful way for a clinician to help reduce the power differential and really build a collaboration with their patients, but also is a metaphor for how we all should approach a suicidal individual. Not rejecting or stigmatizing

further, but actually trying to understand the person. I once had a patient struggling to describe why he was suicidal, becoming more desperate as he talked. I paraphrased, “you just want to end the pain.” Tears started pouring down the young man’s tattooed face. When he finally caught his breath, he calmly stated, “Nobody ever understood before.” Isn’t that what we all want? Just somebody to understand us.

Editor’s Note: Following are some associated resources for safety planning: Brown G., Stanley B., Western Interstate Commission for Higher Education (WICHE) and the Suicide Prevention Resource Center (SPRC) and publisher, Education Development Center, Inc. (EDC), have produced the *Safety Planning Guide: A Quick Guide for Clinicians* with can be found at the SPRC website (<http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf>).

This quick guide for clinicians may be used to develop a safety plan - a prioritized written list of coping strategies and sources of support to be used by patients who have been assessed to be at high risk for suicide.

The authors strongly recommend that the guide be used after reviewing the *Safety plan treatment manual to reduce suicide risk* ([http://www.sprc.org/sites/default/files/resource-program/va\\_safety\\_planning\\_manual.pdf](http://www.sprc.org/sites/default/files/resource-program/va_safety_planning_manual.pdf)). You can learn more about safety planning through Dr. Stanley and Dr. Greg Brown’s *Safety Planning website* ([http://suicidesafetyplan.com/Home\\_Page.html](http://suicidesafetyplan.com/Home_Page.html)).

## FOR THE REST OF US

### Largest Suicide Prevention Membership Organization Calls for Dedicated National Suicide Prevention 3-Digit Hotline Number

May 30, 2019

Colleen Creighton, Executive Director American Association of Suicide Prevention

Link: <https://www.einpresswire.com/article/486523442/largest-suicide-prevention-membership-organization-calls-for-dedicated-national-3-digit-hotline-number>

Washington, D.C. (May 30, 2019) – The American Association of Suicidology (AAS) is grateful that the field of suicidology, legislators, and advocates are currently working to develop a designated telephone resource for people in mental health crisis. We are currently experiencing a suicide crisis in this country with historical increases in suicides over the last 10 years. The suicide rate is up in almost every demographic at a national level, it is the 10th leading cause of death overall, and the 2nd leading cause of death for youth under 25. We need to take action now to change this course. A major step in this effort must include using a dedicated telephonic system across the United States to improve access to life saving services.

As the FCC is reviewing this matter, AAS believes it is important to make a statement about the options being discussed and to add our voice to this discussion. AAS strongly believes suicide prevention deserves its own unique 3-digit telephone code. To date, suicide prevention has been relegated to the already overburdened 911 system. Changes to this inadequate and inefficient system should not be addressed by simply adding onto an existing 3-digit code, such as 211, who most often are not prepared to handle these calls. This is not only important in terms of global suicide prevention and public health messaging, but in prioritizing the needed simplicity of telephonic access during these crises. Individuals experiencing a mental health crisis and their families should not be confused about who or where they are calling for help.



“We have known for a long time that the 911 system in the United States is not the ideal location to handle calls for mental health emergencies and request for assistance,” said Becky Stoll, LCSW, AAS Crisis Center Division Chair, and Vice President, Crisis & Disaster Management at Centerstone. “AAS is in full support of individuals in crisis and their families/friends to have a suicide prevention number exclusive to this purpose. We are aware that 211 centers have been put forth as an option to serve in this capacity and AAS has crisis center partners in the 211 network who do important work. Our endorsement

of a unique 3-digit code should not be seen as any attempt to invalidate their work, however, suicide prevention deserves its own 3-digit telephone code.”

We know crisis centers across the country are currently underfunded, understaffed, and overworked. A unique 3-digit code for mental health crisis and suicide prevention will increase volume and demand for these centers. For this reason, AAS strongly encourages lawmakers to include provisions for appropriate financial resources to fund this suicide prevention-specific service at scale.

The FCC recently called for public comments with a deadline for public comments of **June 7, 2019**.

You may file your comments on this report via the fcc.gov site at <https://www.fcc.gov/ecfs/filings> Enter proceeding number “18-336.”

## AVAILABLE RESOURCE

### **Psych Hub’s Online Platform Provides Free, Engaging Videos About Mental Health, Substance Use, and Suicide Prevention**

Link: <https://psychhub.com/individuals/suicidality>

Psych Hub is an online platform providing free, engaging videos about mental health, substance use, and suicide prevention. Psych Hub aims to be the trusted resource for consumers, family members, healthcare professionals and anyone else seeking best in class content on evidence-based behavioral health and substance use disorders. Founded by Patrick J. Kennedy and Marjorie Morrison in 2018, both co-founders have dedicated their careers to being passionate advocates for mental health and substance use.

We are reimagining behavioral health and substance use education through intentional and thoughtful design. Our video offering is unlike other educational content you will see in behavioral health. By combining clinical research and the art of storytelling, our videos provide engaging and credible mental health, substance use, and suicide prevention information that is accessible to everyone.

Our content is meant to help individuals better understand their health care journey, from identifying symptoms to setting expectations for their provider during treatment. The stories we tell are brought to life through animated videos to effectively demonstrate the many faces of mental health and substance use disorders.

Mental health disorders can impact anyone. Through meaningful and innovative education, we can provide understanding and help each other lead healthier lives.

## ANOTHER AVAILABLE RESOURCE

### **SPRC Launches Updated Data Course**

Link: <HTTPS://TRAINING.SPRC.ORG/ENROL/INDEX.PHP?ID=35&UTM>

The Suicide Prevention Resource Center (SPRC) is pleased to release an updated and redesigned version of SPRC’s popular online course, [Locating and Understanding Data for Suicide Prevention](#). This free, self-paced course offers step-by-step guidance to help you find and interpret suicide-related data in order to target your prevention efforts effectively. The course explores a variety of commonly used data sources for information on suicide deaths and attempts, suicidal ideation, and related factors--as well as new frontiers in suicide surveillance, such as interactive dashboards and real-time data collection. It also explains key concepts that will help you better understand the data you find. This course is highly recommended for anyone involved in national, state, or community suicide prevention

## WHAT’S HAPPENING



June 10 at 9 am. AFSP Virtual Advocacy Forum on FaceBook Live - <https://www.congressweb.com/signup/?id=01332B6E-9F63-9994-C03AE9F845C620AF&utm>

June 11, 2019. 5:30-6:30 pm. Second Annual National Rally to Prevent Suicide at the U.S. Capitol Reflecting Pool in Washington, DC.



September 8 - 14, 2019. *National Suicide Prevention Week* in the United States.

September 6-8, 2019. *2019 National Weekend of Prayer for Faith, Hope, & Life*. <https://theactionalliance.org/faith-hope-life/resources-materials>

## 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) (NEW Website Link):*

<http://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/index.shtml>

*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.stevfund.org/>

## AN EXTRA HELPING . . . COMPASSION BOOKS

Link: <https://www.compassionbooks.com/pages/About-Us.html>

*Compassion Books* offers resources to help people of all ages through Grief and Loss. The FSPC is offering information on this newly discovered resource/website (at least new to us) but is not necessarily endorsing it. Please review and use if it is helpful for you.

### *History*

*Compassion Books* began as a small mail-order catalog and conference book-sale business in 1981. In the early days the findings were sparse. Today *Compassion Books* carries nearly 400 carefully chosen and professionally reviewed titles. *Compassion Books’* founder, Donna O’Toole, a nationally known speaker, counselor, storyteller, and educator, has over 40 years experience working in hospice and educational service. She guided *Compassion Books* with insight and a vast store of experience and expertise.

### *Philosophy*

Grief is an individual process with a communal outcome. As C.S. Lewis once wrote, "We grieve to know we are not alone."

The work at Compassion Books is to validate the communal aspect of grief. *Compassion Books* believe materials that are accurately written and visually well presented can help us grow in benevolent awareness, maturity, understanding and in compassionate action.

And so *Compassion Books* does this work - to remind ourselves and others that growth through grief is possible - that we are not alone.

### ***Mission Statement***

*Compassion Books* offers exceptional materials to people of all ages to help them grow through the losses they experience in life. *Compassion Books* honors people of various beliefs and strive to be sensitive to the differences and similarities in their meaning-making process. Our mail-order collection offers hope but it will never deny that the journey through grief may be painful and hard to bear. *Compassion Books* offer information on the materials to all that ask. As a company and as individuals *Compassion Books* strives to practice kindness, compassion and peaceful action.

### ***Staff***

*Compassion Books* are dedicated people who care about and are pleased with the work they do. The staff are proud to participate in choosing the materials of *Compassion Books*. *Compassion Books* knows our materials and are glad to assist you in making choices that best fit your particular need.

*Compassion Books* pledges to celebrate life as often and as fully as they are able and to cherish the words of Gretel Ehrlich who wrote:

*“Finally the lessons of impermanence taught me this: loss constitutes an odd kind of fullness; despair empties into an unquenchable appetite for life.”*

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

***Editor's Note - this is an important read: Don't contribute to additional suicide-related deaths by disseminating false or misleading information (see below)***

### **Suicide Deaths Are Often 'Contagious.' This May Help Explain Why**

By Jamie Ducharme TIME Magazine April 18, 2019

Link; <http://time.com/5572394/suicide-contagion-study/>

In the wake of any high-profile suicide, public health experts steel themselves for the aftershock. Suicide contagion, the phenomenon by which exposure to one suicide death can trigger suicidal behavior in others, is well-documented but poorly understood.

A recent study published in the journal *Society and Mental Health* adds to the knowledge about why suicide contagion occurs. And it spotlights a common mistake that people may make when a community experiences suicide: *normalizing these deaths*.

“When there’s an unexpected death, people take notice,” says study co-author Seth Abrutyn, an assistant professor of sociology at the University of British Columbia in Canada. “They try to make sense of what’s happening.” And when they do, Abrutyn says, community members may unwittingly contribute to suicide contagion.

For the study, Abrutyn and his colleague Anna Mueller embedded in “Poplar Grove,” a pseudonym for a wealthy, predominantly white suburb in the U.S. with an unusually high youth suicide rate. At least 16 current or recently graduated high school students there have died by suicide since 2005, the paper says. Three distinct “suicide clusters,” or related strings of suicide deaths, have been identified in Poplar Grove, and each one involved at least one “high status” young woman who was academically, socially and extracurricularly successful.

For more than two years (during which time three new suicides occurred) the researchers conducted dozens of in-depth interviews and focus groups in the community to learn about the roots of suicide contagion. They interviewed 98 Poplar Grove residents who knew someone in the community who had

died by suicide, as well as 20 young people who had lost a loved one to suicide but didn't have a connection to Poplar Grove.

They noticed two distinct patterns. Outside Poplar Grove, most people mentioned mental illness as the primary catalyst of suicide. But within Poplar Grove, *a striking number described a community-wide culture of academic, athletic and social pressure that they believed was responsible.* (Many mentioned mental illness as well.)

“It just kept coming up,” Abrutyn says. “That was the story that everyone was sticking to,” whether they were asked about recent suicides or those that had occurred years ago. Many young interviewees also said they felt this pressure themselves.

There is some value in broadening discussions about suicide beyond mental health issues alone, Abrutyn says. Suicide deaths rarely have one singular cause, and blaming every suicide death on mental health conditions could contribute to stigma around these diagnoses, Abrutyn says. *But Poplar Grove's collective narrative of linking a high-pressure environment to suicide may have inadvertently contributed to suicide clusters,* Abrutyn says.

When young people start to equate suicide with a way to escape a common problem or experience, it can seem like an increasingly viable and understandable option, he says. “It makes suicide applicable to kids who are also experiencing that problem,” he explains — especially when kids who seem to “have it all” die by suicide. “[Other students think,] ‘If their struggles led to this, then perhaps this is a way of expressing the distress that adults aren't seeing or hearing or picking up on.’”

Poplar Grove, a tight-knit, affluent community with an academically rigorous high school, was the perfect breeding ground for this pressure narrative, Abrutyn says. But while other schools or communities might develop slightly different explanations for suicide, he says it's likely that every group has a story of some kind. *No matter the details, the result could be the same: making death by suicide seem like an understandable response to a shared issue.*

“There are more Poplar Groves in the United States,” Abrutyn says. “It's really more chance that there aren't more of these cluster sites than anything. It's really one high-status suicide away from potentially changing the story in that community.”

Abrutyn's study comes just a few weeks after two students in Parkland, Fla. — at least one of whom survived the mass shooting there last year — died by suicide just days apart, in an apparent example of suicide contagion. The successive suicide deaths of famed designer Kate Spade and chef Anthony Bourdain last year also contributed to fears of suicide contagion because they were broadcast and publicized so widely. Researchers estimate that the 2014 suicide death of actor Robin Williams contributed to a 10% increase in suicides over the following four months.

Research has shown that media coverage of high-profile deaths like these can contribute to suicide contagion. But when done properly, and when paired with an appropriate community response, it can also be a way to dispel potentially dangerous thought patterns about suicide, Abrutyn says.

“There is some suggestive evidence that narratives or stories about resilience have potentially positive protective effects,” Abrutyn says. That can mean “telling the story about kids who have actually pulled through these struggles, and [emphasizing that] there are ways to get help,” rather than only memorializing or glamorizing those who have died by suicide. Schools and community figures should also give clear and non-inflammatory information about suicide, the authors write. Finally, it's important to avoid stigmatizing psychological pain, and instead encourage those who are struggling to seek help.

## **FSPC MEMBERSHIP**

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