FSPC Officers

Chair Jane Bennett
Vice-Chairs Stephen Roggenbaum
Matthew Michaels
Treasurer René Favreau
Secretary Vacant

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 Tom Walsh
(Citrus, Hernando, Lake, Marion, Sumter)

R14 Betsey Westuba
(Hardee, Highlands, Polk)

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

August 2019 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

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

JOIN OR RENEW FSPC MEMBERSHIP!

JOIN OR RENEW TODAY

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. Not sure when your renewal is due, please contact Rene Favreau, FSPC Treasurer (rene.favreau@gmail.com) to find out when. Membership info: http://floridasuicideprevention.org/membership/

SUPPORT FSPC WHEN YOU SHOP

amazonsmile
You shop. Amazon gives.

Amazon donates to FSPC, when you make an online Amazon purchase. Support FSPC by going to smile.amazon.com (you must start here and begin shopping from here to have your selected charity receive an Amazon donation) and register the *Florida Suicide Prevention Coalition* (FSPC) as your chosen charity. Then start shopping on Amazon (smile.amazon.com) & support suicide prevention.

NEWSWORTHY

A FRIENDS-AND-FAMILY INTERVENTION FOR PREVENTING TEEN SUICIDE

Jill U. Adams, UnDark: 6/10/19
https://undark.org/article/preventing-teen-suicide/?

fbclid=IwAR2An5uK4WBemaEVYkFF_g6sdU0AIME6p3b0X6UzdO9KGXcaQt8QYOO8bQQ

Read the following Excerpts from the article link above: "We know that transition out of inpatient care is a particularly high-risk time period for suicide and subsequent suicide attempts," said Michele Berk, a clinical researcher at Stanford University.

All of this suggests that where hospitalization provides effective crisis management in such situations, keeping young people safe back at home is a challenge that modern medicine has so far failed to solve. But a group of researchers at the University of Michigan has been working with a simple yet powerful tool that just might help: recruiting three or four familiar adults — not just the young person's parents — who pledge ongoing support through recovery. The Michigan program trains both family and friends to become dedicated helpers and empathetic listeners — and to encourage their struggling charges to stick to the treatment plan.

The program is unique in both its approach and its results. The intervention is entirely focused on the adult volunteers, not on the child. (The teen's only role is naming trusted adults.) And in a recent paper reporting a decade-long follow up of teens in the program, those who received the attention of trained adults in their lives were nearly seven times less likely to die than teens who received only standard care. The study was one of the largest suicide intervention studies ever done, and it is the first clinical trial for suicide prevention in high-risk teens that found a change in death rates.

Of course, King's results would need to be repeated in future studies to be fully corroborated, and there's no call to adopt this type of intervention more widely — even by King and her colleagues. (The new paper is a secondary analysis of results measured 10 years after the study. That's one reason King is cautious about her results.) But given the early signs and taken alongside other social-centric therapeutic approaches being used by researchers at Stanford University and elsewhere, some experts say a potent tool in combating teen suicide might have been hiding in plain sight.

HISTORICALLY, IT HAS been extremely difficult to show a change in suicide rates with enough statistical clarity to conclude a true change over chance or coincidence. That's because actual rates of suicide are low — even in high-risk groups, such as teens with a history of self-harm and hospitalization. This means that researchers need huge sample sizes to detect a true change.

Adults learn what to do in case of emergency, and how to be a nonjudgmental shoulder for the teen to lean on.

Psychologist Cheryl King and her University of Michigan team enrolled 448 people. About half — 223 — were prescribed coordinated support from friends and family on top of standard care, while 225 received only standard care. (Standard care consisted of psychotherapy and medication.) The combined cohort was large enough to detect a difference in overall death rates, though still insufficient to find a statistically significant difference in deaths attributable specifically to suicide: There was one known suicide among the intervention group, versus three in the control group.

But when King analyzed not just confirmed suicide deaths, but also drug overdose deaths that were not labeled "accidental," a pattern emerged. There was just one of these in the intervention group, versus eight in the control group — a statistically significant difference. All deaths occurred in adulthood, when subjects were at least 18.

In King's approach, teens nominate trusted adults — for example, parents, grandparents, aunts, uncles, family friends, teachers, and clergy — to serve as a support team. (Parents have veto power.) The adults then get an hour-long training session and weekly phone calls from King's intervention specialists to talk about how things are going. They are cautioned to not feel responsible for the teen's behavior — "We're not asking them to be mental health professionals," King said — but they agree to check-in with their teens once a week by phone, a face-to-face meeting, or an outing.

In the training session, which King calls psychoeducation, the adults learn about their teen's situation — the specific diagnosis, the treatment plan, and the rationale behind them. They learn what to do in case of emergency, and how to be a nonjudgmental shoulder for the teen to lean on. Training sessions are variable and flexible, to satisfy the needs of the people in the room. "It's kind of an open discussion," King says.

"A lot of it is answering their questions," she added.

The education and phone support arm the adults to act as informal caregivers, to stand up and support a child they know and who is at risk. Would this happen without training? It might, King and other experts suggest, but it's easy to see why it might not. Suicide is scary and upsetting and adolescents can be difficult to talk to. It's daunting to take responsibility for something like that. The goal of King's program, she said, is to make taking on that role less daunting.

"We were just trying to get an incremental benefit from a small add-on intervention."

All the participants in the King study received standard psychotherapy and medications, and these mainstays likely contributed to improvements observed in both the intervention and the control groups. "It is difficult to change youths' trajectories," she said.

"We were just trying to get an incremental benefit from a small add-on intervention," she added.

King says her intervention team had long felt like they were having meaningful impacts on families' lives, but they didn't observe measurable changes in any potential predictors of suicidal behavior, such as ideation. So how to explain the big effect on death rates? "You know, small effects can have ripple effects," King said, Perhaps the supporting adults facilitated teens sticking to treatment plans, she suggested, or maybe they helped teens make one or two better behavioral choices.

Past research has shown that people with more connections, stronger social networks, and more social support will be better off in terms of mental health. And yet, it's one thing to say people who have more social connections are less likely to die by suicide — it's quite another to create and foster those social connections. On that front, Webber noted that the teens in King's program were able to choose who they wanted supporting them. "We know from relationships that where people are foisted upon them — and this often happens in professional relationships — it kind of nullifies that as a source of support," he said.

If you or someone you know are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or contact the Crisis Text Line by texting TALK to 741741.

Jill U. Adams is a science journalist who reports on health, psychology, teens, and education. She lives in upstate New York and tweets as @juadams.

ALSO NEWSWORTHY

IS GOD THE ANSWER TO THE SUICIDE EPIDEMIC?

Someone Who Attends Religious Services Is Significantly Less Likely To Kill Himself.

By Ericka Andersen, July 11, 2019 Wall Street Journal - Opinion

Link:https://www.wsj.com/articles/is-god-the-answer-to-the-suicide-epidemic-11562885290?emailToken=8514fafafcf79207ce776478a383aea7WeWjKqsjmqDDTry9EVKPIGcR0w1tpJ/riH/PPliktpi5K2OD3PryfxMuXunbldk8p1mBgT6ndgSyBHkMCUE/qeU7cF5ez6tkJe27p/N0A4Y%3D&reflink=article_email_share

The rate at which Americans take their own lives has been climbing for 20 years, prompting policy makers and medical experts to search for novel suicide-prevention practices. But one approach is as old as civilization itself: religious faith. Encouraging the most vulnerable Americans to attend religious services could reduce the suicide rate, and a new type of church growing in the U.S. shows particular promise.

A 2016 study published in JAMA Psychiatry found that American women who attended a religious service at least once a week were five times less likely to commit suicide. The findings—based on data

from 90,000 women from 1996 to 2010—are consistent with 2019 Pew Research findings that regular participation in religious community is clearly linked to higher levels of happiness. It's true that correlation doesn't prove causation, but there's strong evidence that people who attend church or synagogue regularly are less inclined to take their own lives.

Church attendance rates have fallen considerably in recent decades. That's partly the fault of the faithful. Religious leaders have sometimes alienated those who might be receptive to their message, barking from the pulpit without humility, grace or love. For some prospective parishioners, church elicits thoughts of judgment and doom.

"Startup churches," also known as "church plants," are turning this narrative on its head. Such bodies are usually made up of only a few dozen attendees. They meet in rubbery middle-school gyms or local businesses after hours. They're planted strategically by committed faith leaders in vulnerable geographic and demographic populations. Think of places where suicide rates may be higher than average—rural, poverty-stricken and isolated communities.

Some 42% or more of church-plant attendees have not been to church in many years, or ever before, according to a 2015 study by Lifeway Research. It's not that startup churches are necessarily more effective at helping attendees than established mainline Protestant or Catholic congregations. Rather, these new churches are more effective at simply getting more vulnerable people through the door.

Traditional congregations are closing at historically high rates in vulnerable places, while older churches become little more than museums in America's biggest cities. Policy makers should recognize that the decline of church in the U.S. affects far more than Christians. It affects the social and even physical health of entire communities.

Certainly millions of Americans are indifferent to the decline of organized religion, or even welcome it. When I have spoken about church plants and their ability to help fight suicide, naysayers quickly surface. Many point to the community aspect of church—rather than faith—as the reason for its effectiveness. It's true that a community center or library may provide a vulnerable soul with the human connection he craves. But that's not a reason to exclude churches from the solution to suicide. Forty-five thousand Americans take their own lives each year and 25 times as many attempt to. A crisis of this magnitude requires every possible effort.

Some nonreligious folks also see the church solution as nothing but an excuse for the faithful to proselytize. But religious animosity can't be allowed to obscure the powerful connection between church attendance and suicide prevention. It's a deadly prejudice that's unfair to those who might be saved. An atheist should appreciate the positive value church attendance can bring, even if it's for something they don't believe in.

The Bible says that "the dwelling place of God is with man." Put another way, churches are nothing but people meeting together for spiritual communion. The setup might look simple, but a house of worship is a transcendental doctor's office offering preventive care, support group therapy and a healing hope.

Every year, institutions and organizations devoted to reducing the toll of suicide in America's communities publish resources devoted to prevention. Some of the most prominent ones come from Suicide Prevention Lifeline and the American Foundation for Suicide Prevention. Yet attending religious services isn't included on these lists of resources. It's time for these and other groups to consider faith as an legitimate prevention method.

People living in our increasingly secular culture are hungry for spiritual wisdom and transcendent purpose. For the already vulnerable, this drought of meaning and connection can have deadly consequences. For thousands of years, practicing a shared faith was a principal way to meet these spiritual needs. It can be again.

YET ANOTHER NEWSWORTHY ITEM

THIRD ANNUAL NATIONAL WEEKEND OF PRAYER

September 6-8, 2019

Link: https://theactionalliance.org/faith-hope-life/national-weekend-of-prayer

The Action Alliance announced the 3rd annual National Weekend of Prayer for Faith, Hope, & Life, which will take place on September 6-8, 2019. The National Weekend of Prayer, a component of the Action Alliance's *Faith.Hope.Life.* campaign, is an annual event during which faith communities all around the country pledge to join in prayer for those who have been touched by suicide, those who are dealing with mental health concerns and feelings of hopelessness, and for the people who love and care for them.

There are a number of ways to join the movement to empower faith communities nationwide to support those who are struggling with suicidal behavior and to promote hope, resiliency, and recovery. Organizations and individuals can:

- Pledge to participate, and encourage other to pledge too.
- Plan how they will incorporate the National Weekend of Preyer into their faith communities.
- Spread the word widely, inviting all types of faith communities and organizations to pledge to join the movement.
- Post their prayers for *Faith, Hope & Life* to social media using the hashtag #PrayFHL

To learn more, visit www.PrayFaithHopeLife.org

FOR THE REST OF US

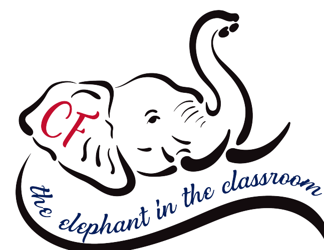
NEW FSPC OFFICERS ELECTED FOR 2019/2020.

Florida Suicide Prevention Coalition elected new officers at the 2019 annual meeting in June:

- **Chairperson:** Jane Bennett
- **Vice Chairperson:** Matthew Michaels
- **Vice Chairperson:** Stephen Roggenbaum
- **Treasurer:** Rene Favreau
- **Secretary:** Vacant

MEET FSPC'S NEWEST REGION DIRECTOR, TOM WALSH

Tom Walsh is our FSPC Region 13 Director for Citrus Hernando, Lake Marion, and Sumter counties. Tom currently serves as the Director of Suicide Prevention Project at the College of Central Florida in Ocala. This project is CF's Garrett Lee Smith grant from SAMHSA to address suicide prevention on college campuses. Tom helped create an-campus initiative to help encourage students to ask other students and their friends about their risk of suicide when concerned about warning signs or risk factors. The initiative is the *Elephant in the Classroom: Ask the Question*. Check out a brief article about CF's suicide prevention program at https://www.cf.edu/go/assistance/special-programs/suicide-prevention/ According to a recent Ocala Star Banner article (https://



www.ocala.com/news/20190225/asking-ruok-cf-confronts-taboo-subject-of-suicide): Since 2017, about 4,000 CF students, staff members and faculty have received "Question Persuade and Refer" training. A 2018 survey found that the number of CF students "reporting to have made a plan to commit suicide during the last 12 months had dropped by 34 percent," according to literature from the suicide-prevention program. Tom has both attended and presented at our *FSPC Florida Taking Action for Suicide Prevention* annual conference.

Tom also teaches classes at CF, enjoys BBQ (probably cooking and eating but you'll need to double check with him), guitar playing, and building. Tom previously lived in Arizona prior to coming to another sun-soaked state. Tom states that he wants to contribute to his region's awareness of suicide and preventative factors. Welcome Tom Walsh.

AVAILABLE RESOURCE

PREVENTION IN PRACTICE: BUILDING LIFE SKILLS, CONNECTEDNESS, AND RESILIENCE IN YOUTH

Link: https://www.sprc.org/news/building-life-skills-connectedness-resilience-youth

The *Suicide Prevention Resource Center* (SPRC) is pleased to announce the release of *Prevention in Practice: Building Life Skills, Connectedness, and Resilience in Youth*. This success story describes how Native Americans for Community Action, Inc. (NACA) partnered with northern Arizona schools to implement Coping and Support Training (CAST) for Native youth. Through NACA's partnership with schools, youth who participate in the program feel a sense of accomplishment, develop valuable skills, and form a network with each other and the facilitator. In sharing common challenges, they discover that they can cope with their problems and they are not alone.

WHAT'S HAPPENING

August 21 - 23, 2019. *Florida Behavioral Health Conference*. Hilton Orlando Bonnet Creek Resort. Register at https://www.bhcon.org/page/Registration

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

September 17, 2019. *National Physician Suicide Awareness Day*. *Shine a Light*. *Speak its Name*. https://www.cordem.org/resources/professional-development/wellness--resilience---resources-page2/NPSA

October 19, 2019 - 9:00 am to 4:00 pm. *1st Annual Boost Your Brain Healthy Event* sponsored by FISP (Florida Initiative for Suicide Prevention). Features Clark Flatt, Jason Foundation Founder. Broward College, Davie Central Campus (Building 10). Register at https://www.eventbrite.com search *Boost Your Brain* or call 954-384-0344 for more information.

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 Fun. Dedicated to the mental health and emotional well-being of students of color. https://www.stevefund.org/

AN EXTRA HELPING . . .

HELP IS AT HAND: A RESOURCE FOR PEOPLE BEREAVED BY SUICIDE AND OTHER SUDDEN, TRAUMATIC DEATH

Link: https://webarchive.nationalarchives.gov.uk/20110908075753/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_092247.pdf

This 45-page guide is aimed at the wide range of people who are affected by suicide or other sudden, traumatic death. It aims firstly to help people who are unexpectedly bereaved in this way. It also provides information for healthcare and other professionals who come into contact with bereaved people, to assist them in providing help and to suggest how they themselves may find support if they need it.*

Bereavement after suicide can be particularly difficult to cope with, and many people who are bereaved in this way find it hard to get the help they need. Thousands of people die by suicide every year in England and Wales. Some self- inflicted deaths receive a coroner's verdict of suicide, but many are given an open verdict or some other cause of death. It has been estimated that at least six people are deeply affected by each death. These include:

- parents;
- partners;
- children;
- siblings;
- friends;
- work colleagues;
- teachers;
- healthcare professionals.

Beliefs and customs concerning death and mourning differ among faith and cultural groups, and this will influence an individual's experience of bereavement. This guide aims to explain some of the common practical and emotional issues that might affect people who are bereaved in this way.

Some parts of the guide will be useful immediately after the death, while others may be of help in the weeks and months that follow.

Healthcare and other professionals such as coroner's officers, police, funeral directors and bereavement counsellors are encouraged to advise bereaved people how to make use of this guide and where to get a copy. Professionals can help by directing people to key sections in this guide and particularly the organisations, books and other materials listed in the 'Sources of support' section.

The following issues are covered in this guide:

Practical matters - This section describes the different procedures that could take place after a death, such as the police investigation, the coroner's inquest, the funeral, media attention, wills and who to inform about the death. There are practical suggestions for dealing with these.

Experiencing bereavement - This section focuses on the experience of bereavement and describes some of the feelings and emotions that are particularly relevant to being bereaved by suicide. There are also suggestions on how to cope.

*Bereaved people with particular need*s - This section highlights some of the specific issues that arise for particular people such as parents, children, older people and people with a learning disability.

How friends and colleagues can help - This section offers guidance about the best way to help and support bereaved people.

The impact of suicide and bereavement on health and social care staff - The guide also looks at how healthcare and other professionals can help and support bereaved people, how they might be affected and be able to support each other and how others in their care might be affected.

Sources of support - Many people who have been bereaved find it helpful to have support at some time. This section describes what is available and where to find it and lists organisations that can provide help, useful websites, books and other sources of information.

AN EXTRA, EXTRA HELPING . . .
THE MOURNER'S BILL OF RIGHTS

by Alan D. Wolfelt, Ph.D. posted on healgrief.org

Link; https://healgrief.org/the-mourners-bill-of-rights/

Though you should reach out to others as you do the work of mourning, you should not feel obligated to accept the unhelpful responses you may receive from some people. You are the one who is grieving, and as such, you have certain "rights" no one should try to take away from you. The following list is intended both to empower you to heal and to decide how others can and cannot help. This is not to discourage you from reaching out to others for help, but rather to assist you in distinguishing useful responses from hurtful ones.

1. *You have the right to experience your own unique grief*. No one else will grieve in exactly the same way you do. So, when you turn to others for help, don't allow them to tell what you should or should not be feeling.

2. *You have the right to talk about your grief*. Talking about your grief will help you heal. Seek out others who will allow you to talk as much as you want, as often as you want, about your grief. If at times you don't feel like talking, you also have the right to be silent.

3. *You have the right to feel a multitude of emotions*. Confusion, disorientation, fear, guilt and relief are just a few of the emotions you might feel as part of your grief journey. Others may try to tell you that feeling angry, for example, is wrong. Don't take these judgmental responses to heart. Instead, find listeners who will accept your feelings without condition.

4. *You have the right to be tolerant of your physical and emotional limits*. Your feelings of loss and sadness will probably leave you feeling fatigued. Respect what your body and mind are telling you. Get daily rest. Eat balanced meals. And don't allow others to push you into doing things you don't feel ready to do.

5. *You have the right to experience "grief bursts."* Sometimes, out of nowhere, a powerful surge of grief may overcome you. This can be frightening, but is normal and natural. Find someone who understands and will let you talk it out.

6. *You have the right to make use of ritual*. The funeral ritual does more than acknowledge the death of someone loved. It helps provide you with the support of caring people. More importantly, the funeral is a way for you to mourn. If others tell you the funeral or other healing rituals such as these are silly or unnecessary, don't listen.

7. *You have the right to embrace your spirituality*. If faith is a part of your life, express it in ways that seem appropriate to you. Allow yourself to be around people who understand and support your religious beliefs. If you feel angry at God, find someone to talk with who won't be critical of your feelings of hurt and abandonment.

8. *You have the right to search for meaning*. You may find yourself asking "Why did he or she die? Why this way? Why now?" Some of your questions may have answers, but some may not. And watch out for the clichéd responses some people may give you. Comments like "It was God's will" or "Think of what you have to be thankful for" are not helpful and you do not have to accept them.

9. *You have the right to treasure your memories*. Memories are one of the best legacies that exist after the death of someone loved. You will always remember. Instead of ignoring your memories, find others with whom you can share them.

10. *You have the right to move toward your grief and heal*. Reconciling your grief will not happen quickly. Remember, grief is a process, not an event. Be patient and tolerant with yourself and avoid people who are impatient and intolerant with you. Neither you nor those around you must forget that the death of someone loved changes your life forever.

FSPC NEWSLETTER SUBMISSIONS

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

FSPC MEMBERSHIP

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