

Working Together to Save Lives

SEPTEMBER 1, 2007

Suicide Prevention Coalitions

Of Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties
 Contact: Sandra Harstine, Regional Coordinator — 740.454.8557

National Suicide Prevention Week

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National Suicide Prevention Week, sponsored by the American Association of Suicidology, will be observed September 9-15, 2007. This year's theme is **"40 Years of Suicide Prevention: Moving Forward with Education and Training."**

The goal of Suicide Prevention Week is to promote awareness and advocacy about suicide prevention. This year's theme acknowledges that efforts are underway and focuses attention on the critical issue of better preparing all those who are in a position to respond to those at risk for suicide. Over 1 million people die by suicide worldwide each year and many more make suicide attempts. Countless family members and friends are also affected each year. The cost of suicide and suicide-related behavior is staggering, both emotionally and financially. Effective suicide prevention demands that those on the "front lines" are equipped with the tools necessary to make the referrals and interventions that can help save lives.

Some Facts About Suicide

In the US in 2004 (latest year of data collection):

- More than 31,000 people died by suicide.
- Suicide is the 11th leading cause of death, with a rate of 11.1 per 100,000.
- Males complete suicide at a rate four times that of females; however, females attempt suicide three times more often than males.
- Mental health diagnoses are generally associated with a higher rate of suicide. The risk for suicide is increased in depressed and alcoholic individuals.
- Feelings of hopelessness are found to be more predictive of suicide risk than depression per se.
- The vast majority of individuals who are suicidal often display clues and warning signs.

Warning Signs

Mnemonic for IS PATH WARM?

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

Survivors of Suicide Are Extended An Understanding Hand

By: Greg Parks, Managing Editor, *The Daily Jeffersonian*

Survivors of suicide — those who are family members or friends of a person who died by suicide — were extended the warm hand of friendship and understanding at the third annual Suicide Awareness Banquet that was held May 3, 2007.

The event, which included suicide survivors, professionals in the field and friends, attracted an estimated 200 individuals to the Pleasant Grove United Methodist Church in Zanesville.

The evening was hosted by Suicide

Prevention Coalitions of Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties.

The keynote speaker was Dr. Phil Wilson, survivor spokesperson for the Ohio Suicide Prevention Foundation.

Survivor support group representatives Nancy Laird (Guernsey County), Susie Bunner (Muskingum County), and Shelly McCarty (Coshocton County) stressed the importance of shared feelings. One of the points made by these women and Dr. Wilson was that the

saying, “Time heals all wounds” is not necessarily true for survivors of suicide. Time is necessary for healing, but time is not enough. Shared feelings enrich and lead to growth and healing.

Emcee for the event was Dean Turner of the Muskingum County Suicide Prevention Coalition.

*“Shared joy is a double joy;
Shared sorrow is half a sorrow.”*

—Swedish Proverb

Guernsey County Coalition Butterfly Release

A Symbol of Hope...

A butterfly lights beside us like a sunbeam

And for a brief moment its glory

And beauty belong to our world

But then it flies again

And though we wish it could have stayed....

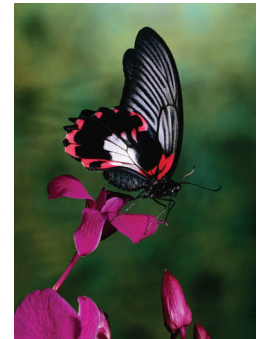
We feel lucky to have seen it.

—Unknown

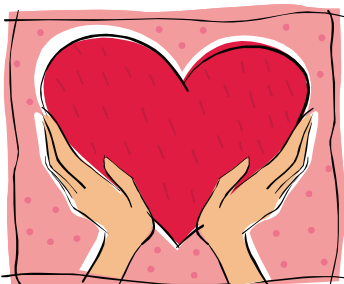
On July 1, 2007, nearly two dozen persons participated in a release of butterflies at the Cambridge City Park duck pond. This event—hosted by the Guernsey County Suicide Prevention Coalition—was held to celebrate and remember loved ones who lost their lives to suicide.

For more information about the Guernsey County Suicide Prevention Coalition or the Guernsey County Survivors of Suicide Support Group, contact Nancy Laird at 740.432.7963

or Terri Wootton at 740.432.7440.



Morgan County Coalition Fund-Raiser & Awareness Event



Over the Memorial Day weekend, members of the Morgan County Suicide Prevention Coalition held its annual bake sale in McConnelsville. The sale netted around \$600!

Along with the bake sale, Coalition members displayed information about suicide awareness and prevention and distributed brochures and fact cards.

Muskingum County Coalition Awareness/Education Campaign

► **Scavenger Hunt:** The members of the Muskingum County Suicide Prevention Coalition are planning a September “scavenger hunt,” using large signs designed by students in the S.A.F.E. Program (Seeking and Finding Everyone). The signs will call attention to various facts about suicide and give information about where to get help for anyone who may be at risk. Local businesses are being asked to sponsor a sign which would then be placed at their location. Natina Howe and Vicki Whitacre, M.D. are coordinating the project.

► **Training Plans:** The Coalition is working with the Ohio Suicide Prevention Foundation (OSPF) to promote a “Means Matters” campaign, an initiative aimed at increasing awareness about the connection between firearms at home and the increased risk of suicide. This topic was a central theme at the American Association of Suicidology Conference recently held in New Orleans.

Coalition members Dr. Karen Slovak and Sandra Harstine are working with OSPF to promote a

statewide training for social service and healthcare professionals on assessing for firearms and routinely counseling clients about firearms safety.

► **Fairs:** For the first time, the Coalition had a booth at the Muskingum County Fair. Also, Dollar General has invited the Coalition to participate in their corporate picnic and health fair on September 8 at Armco Park. Over 1500 people are expected to attend the picnic.

Perry County Coalition Receives \$1,000 Mini-Grant

The United Way of Muskingum, Perry and Morgan Counties recently awarded a \$1,000 mini-grant to the Perry County Suicide Prevention Coalition to support community awareness initiatives.

The Coalition recognizes that in rural areas like Perry County many understand suicide to be a personal/family issue. The Coalition wants to raise awareness about how depression and suicide are health issues that warrant public and community support.

Past Coalition projects have included a booth at the county fair, suicide awareness community trainings, the purchase of “Lights in the Darkness” program materials for the four local high schools and the establishment of a speakers bureau to provide trainings for clergy, teachers, counselors, support staff and law enforcement.

The mini-grant will be used to continue the promotion of public awareness.

▪ **In 2005, Perry County recorded 180 deaths, 8 of which were confirmed as suicides.**

▪ **In 2006, 160 deaths were recorded with 2 confirmed as suicides.**

▪ **These totals do not account for unsuccessful attempts or hospitalizations due to an attempt.**

Coshocton County Coalition Update



In late August, several members of the Coalition attended a training on Depression that was presented by Dr. Ellen Anderson.

In September, the Coalition will

host its fifth annual candle lighting service to be held at the Coshocton County Courthouse.

The Coalition’s County Fair Awareness Campaign will take place in October. The Coalition will host its own display booth, disseminating brochures and Fact Cards. Awareness literature will also be distributed to other fair booths (churches and social

services agencies).

The Coshocton Coalition has determined that suicide awareness will be their main focus in the coming year — with the main target areas being schools, faith based communities, and the elderly and veteran populations.

Stop Senior Suicide Act (S.1854)

Older Americans are disproportionately likely to die by suicide. In fact, of every 100,000 people ages 65 and older, 14.3 died by suicide in 2004. This figure is higher than the national average of 11.1 suicides per 100,000 people in the general population.

One of the leading causes of suicide among the elderly is depression. Research suggests that 75 percent of seniors who die by suicide have seen their primary care physician within the last month of their life.

Stop Senior Suicide Act—

S.1854: On July 23, Senate Majority Leader Harry Reid (D-NV) introduced legislation, the Stop Senior Suicide Act (S.1854), to reduce the incidence of suicide among older Americans. Senators Chris Dodd (D-CT) and John Kerry (D-MA) are original co-sponsors of the bill.

► This legislation would require the formation of a Geriatric Mental Health Planning Council to make recommendations on the integration of mental health, suicide prevention,

health and aging services.

► The bill would also provide grants to public or private organizations for use in planning and implementing elderly suicide early intervention and prevention strategies.

► Finally, the bill would improve Medicare coverage of mental health by adjusting the co-insurance percentage rate for outpatient mental health services, so that it is equal to the rate for other outpatient services.

Suicide Risk Higher for Veterans

(From *Mental Health Advocate*, a publication of Mental Health America of Franklin County)

Veterans returning from Iraq and Afghanistan are at increased risk of suicide because Veterans Administration (VA) health clinics do not have 24-hour mental health care available, an internal review found. The report by the Veterans Affairs Department's inspector general is the first comprehensive look at VA mental health care, particularly in the area of suicide prevention.

It found that nearly three years after the VA adopted a comprehensive strategy of mental health care, services were inconsistent throughout its network of 1,400 clinics. Many facilities lacked 24-hour staff, adequate screening for mental health problems, or personnel who were properly trained.

With about one-third of veterans reporting symptoms of Post-Traumatic Stress Disorder, it is "incumbent upon the VA to continue moving forward toward full deployment of suicide prevention strategies for our nation's veterans," the five-page executive summary stated.

The report comes as already-

strained troops and veterans say they are suffering more psychological problems due to repeated and extended deployments to Iraq and Afghanistan. In a study earlier this month, a Pentagon task force issued an urgent warning for improved care, citing a strained health system.

In the VA inspector general's recent report, investigators echoed some of those concerns in citing a need for additional staffing and better training in VA facilities nationwide. It said about 1,000 veterans who receive VA care complete suicide every year, and as many as 5,000 a year among all living veterans.

Among the other findings:

- VA clinics and Pentagon military hospitals must improve their sharing of information, particularly for patients who might return to active-duty status.
- The VA should loosen the criteria for Post-Traumatic Stress Disorder Care. Currently, only veterans with "sustained sobriety" get

treatment.

In a written response, Michael Kussman, the VA's acting undersecretary for health, concurred with many of the recommendations. He noted that the VA has recently installed suicide prevention coordinators in each medical center to better develop prevention strategies.

SAMHSA Launches New Website for Veterans and Their Families

www.samhsa.gov/vets/index.aspx

The website provides critical information on prevention, treatment and recovery support for persons with mental and substance abuse disorders.

Social Workers, Firearms and Client Suicide

At a recent meeting of the Muskingum County Suicide Prevention Coalition, member Karen Slovak, Ph.D., LISW, reported on a study sponsored by the Ohio Department of Mental Health entitled: “Social Workers, Firearms and Client Suicide.” A summary of her presentation follows:

Firearms constitute an environmental risk factor for suicide among all age groups. While other professions have been urged to assess firearm availability and advocate for the removal of firearms of their clients, little is known about the practices and the techniques within the social work profession. This study surveyed a random sample of Ohio licensed social workers on their attitudes, knowledge and behaviors of client firearm assessment and safety counseling. Findings indicated that the majority of social workers in this study did not report assessing for firearms or counseling on firearm safety on a routine basis. Barriers included lack of training on risks, lack of risk awareness, discomfort with topic, not social work responsibility, lack of time, and more important topics to discuss.

Environmental Risk

- Firearms are the most commonly used method of completed suicide for men and women (60% of all suicides and 80% of all firearm suicides are committed by white males).
- Most gun owners reportedly keep a firearm in their home for “protection” or “self-defense” (83% of gun-related deaths in homes are the result of a suicide—often by someone other than the gun owner).

Rationale for Means Restriction

- **Fact:** Suicide rates among children, women and men of all ages are higher in states where more households have guns.
- **False Assumption:** Persons with the

intent to kill would find other means if guns were restricted. *In reality, the strength of intent would not necessarily lead to the use of alternate means. Rather, the presence of the gun in the household is an independent risk factor for suicide.*

- There may be some substitution, but not the same level.
- The highest rates of association are between firearm availability and suicide.
- Suicide acts are often impulsive.
- Crises are often temporary.
- Few survivors of near-lethal suicide attempts go on to complete suicide.

Impetus for Social Work and Firearms Study

- Reducing availability and accessibility of firearms among mental health clients can be a means to reduce suicide by this method. As many as 90% of suicide decedents carry a psychiatric diagnosis at the time of death. Indicates the need for proper assessment and recognition of risk factors by mental health professionals.
- Social workers are considered the front line professionals working with those at increased risk for suicidal behavior. They often lack specialized training on suicide assessment and management techniques.
- The American Association of Pediatrics says you should ask the question, “Do you have a gun?”

Results

- Sample: n=2,456 — Mail survey of random sample of Ohio licensed social workers (LSW/LISW). The response rate was 28% (697) — 320 LSWs and 377 LISWs. Demographics: female (85%), White (88%), Mean Age (47.5), MSW (73%).

Firearms

- **Firearm Safety Training:** 76% never received training in firearms safety.
- **Firearm Assessment and Safety Counseling:** — 34% agreed or strongly agreed with the statement: “I routinely assess if my clients own and have access to guns.” — 15% agreed or strongly agreed with the statement, “I routinely counsel my clients about firearm safety.”

Observations

- Majority of social workers are not assessing for firearms or counseling on firearms safety on a routine basis. The possibility of crisis remains significant with clients; therefore, firearm assessment and counseling is proactive. The U.S. Department of Health and Human Services (2001) states that gaps still exist in specialized assessment techniques and risk factor recognition.

Implications

- Implement clinician firearm training and education — graduate, undergraduate, continuing education.
- Address barriers — personal, agency, professional.
- Utilize media to increase awareness — PSAs, targeted campaigns, Internet, newsletters, organizations.
- Address cultural competency — tailor to community type.

“To be honest, this topic has never been raised to my attention before. I have had suicidal clients and have always explored whether there was access to guns in this regard, but never have thought of counseling on this issue proactively.”

— Survey Respondent

When You Fear Someone May Take Their Life (American Foundation for Suicide Prevention)

Most persons thinking about suicide give some warning of their intentions. The most effective way to prevent a friend or loved one from taking their life is to recognize when someone is at risk, take the warning signs seriously, and know how to respond.

The depression and emotional crises that so often precede suicides are — in most cases — both recognizable and treatable.

Know the Risk Factors

► Previous Suicide Attempts:

Between 20 and 50 percent of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at much higher risk for actually taking their lives.

► Talking About Death or Suicide:

Suicidal individuals often talk about suicide directly or indirectly using statements like, “My family would be better off without me.” Sometimes they talk as if they are saying good-bye or going away.

► **Planning for Suicide:** People contemplating suicide often arrange to put their affairs in order. They may give away articles they value, pay off debts or change their will.

► **Depression:** Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is expressed instead as a loss of pleasure or withdrawal from activities that had once been enjoyable.

Recognizing Depression

If your friend or loved one has a depressed mood or has lost interest or pleasure in usual activities and has at least five of the following symptoms for at least two weeks, they are depressed:

- Change in sleeping patterns
- Change in appetite or weight
- Speaking or moving with unusual

speed or slowness

- Decrease in sexual drive
- Fatigue or loss of energy
- Feelings of worthlessness, self-reproach or guilt
- Diminished ability to concentrate, slowed thinking or indecisiveness
- Diminished ability to function
- Feelings of being out of control
- Speaking of death or suicide

Friends and loved ones are at heightened risk of suicide when their depression is accompanied by:

- Feelings of hopelessness and desperation
- Extreme anxiety, agitation or enraged behavior
- Severe insomnia
- Increased alcohol and/or drug use

Take It Seriously

► Seventy-five percent of all suicides give some warning of their intentions to a friend or family member.

► All suicidal threats and attempts must be taken seriously.

Be Willing to Listen

► Take the initiative to ask what is troubling them and persist to overcome any reluctance to talk about it.

► If professional help is indicated, the person you care about is more apt to follow such a recommendation if you have listened to him or her.

► If your friend or loved one is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind.

► Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he or she is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved.

Seek Professional Help

► Be actively involved in encouraging the person to see a physician or mental health professional immediately. Individuals contemplating suicide often don't believe they can be helped, so you may have to do more. For example, a suicidal college student resisted seeing a psychiatrist until his roommate offered to accompany him on the visit. A 17-year-old accompanied her younger sister to a psychiatrist because her parents refused to become involved.

► You can make a difference by helping the person in need of help to find a knowledgeable mental health professional or reputable treatment facility.

In An Acute Crisis....

► Take your friend or loved one to an emergency room or walk-in clinic at a psychiatric hospital. Do not leave them alone until help is available.

► Remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt.

► Hospitalization may be indicated and may be necessary at least until the crisis abates.

► If a psychiatric facility is unavailable, go to your nearest hospital or clinic.

► If the above options are unavailable, call your local emergency number.

Follow Up on Treatment

► Suicidal patients are often hesitant to seek help and may run away or avoid it after an initial contact, unless there is support for their continuing.

► If medication is prescribed, take an active role to make sure they are taking the medication and be sure to notify the physician about any unexpected side effects. Often, alternative medications can be prescribed.

From NFL Quarterback to Awareness Advocate

By: Ginny Sparrow, American Association of Suicidology (AAS)

AAS board member Eric Hipple is a survivor who has done what most of us aspire to do — make meaning of loss. While we are taught never to compare losses, no one disagrees that a loss of a child is one of the most difficult to grieve. Hipple lost his 15-year-old son, Jeff, in 2000 and — like most of us — went into a spiral of grief and depression after this tragedy. Being the professional athlete that he is, he summoned his inner strength and realized he was in a position to speak out — and be heard.

Hipple was a featured keynote speaker at the recent “Healing After Suicide” Conference in New Orleans.

Hipple is a well-known celebrity in his (now) home of Michigan. Ten years of playing quarterback for the venerable Detroit Lions will do that to a person. After many accolades with

the Lions, including most valuable player recognitions and career passing yards rankings, he continued his celebrity status with television commentating work and some entertainment television.

Hipple explained that after the death of his son he immediately involved himself with the Yellow Ribbon suicide prevention campaign, but quickly realized it was too soon. Personal grief work had to be addressed before he could help others. People take different paths on their healing journeys. For Hipple, education seemed to help. Karen Marshall, a survivor and AAS Central Office employee, tutored him on suicide prevention and ways he could get involved. She introduced him to Dr. John Greden, the Chair for the Psychiatry Department and head of

the Comprehensive Depression Center at the University of Michigan. Greden, in turn, invited Hipple to a “lunch and learn” that led to Hipple taking an eight-week course called “Mini Medical School” on depression.

“This opened a new world to me,” Hipple said. “I realized I myself had lived with issues that first showed themselves in college, but I didn’t have the words to know what to call it.”

After easing into his new role as mental health advocate, Hipple was asked to be on many boards, including that of AAS. He is currently the Outreach Coordinator at the University of Michigan Depression Center, and last year spoke to nearly 100 schools, businesses and community gatherings about suicide awareness and prevention.

Local Resources

Six County, Inc. Crisis Hotline

- In Muskingum County 453.5818
- All Other Counties 1.800.344.5818

National Suicide Prevention Lifeline

- 1.800.273.TALK (8255)

Regional Coalitions’ Website

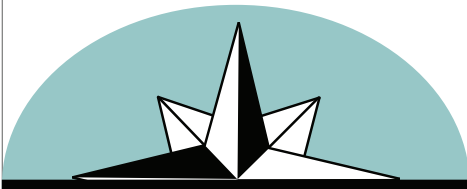
- www.localcommunities.org/lc/maspc

Website—Mental Health & Recovery Services Board

- Archives of back issues of the “Working Together To Save Lives” newsletter can be found at www.muskingumarea.networkofcare.org

Local Survivors of Suicide Support Groups

- **Guernsey County Support Group** meets every third Thursday at 6:30 pm at Hospice of Guernsey, 9711 East Pike Road, Cambridge. For more information, call Nancy Laird at 740.432.7963.
- **Muskingum County Support Group** meets on the first Tuesday of each month at Genesis Hospice Morrison House, 713 Forest Avenue, Zanesville. Meeting time is from 6:30—8:00 pm. For more information, call Rev. Tim Patton at 740.454.5364 or 1.800.953.7673.



National Annual Survivors of Suicide Day

On **Saturday, November 17, 2007**, the American Foundation for Suicide Prevention (AFSP) will sponsor its ninth annual National Survivors of Suicide Day, reaching out to tens of thousands of people who have lost a loved one to suicide. The day of conferences will connect survivors through a satellite and internet broadcast, allowing survivors to share their experiences of loss.

AFSP's 90-minute program will be broadcast on the AFSP website (www.afsp.org) from 1:00—2:30 pm eastern time, with a live online chat immediately following the broadcast. The program will also be archived on the website for a full year afterwards, so survivors can watch it free of charge, any time.

“This national day is both meaningful and helpful to the survivors that participate,” said Joanne Harpel, AFSP Director of Survivor Initiatives. “It is a day of remembrance that provides survivors with a unique avenue to connect with others who have survived this tragedy of suicide loss.”

AFSP's National Survivors of Suicide Day is part of a growing movement toward educating the public about suicide and its aftermath. Through AFSP's sustained efforts and awareness campaigns, Americans are increasingly focused on the crisis of suicide. The hope is that participation in the November 17 conference will further this movement, encouraging survivors throughout the country and the globe to share their experiences and join together in the healing process.

- If a group is interested in organizing a conference site in our region, the email contact is jharpel@afsp.org.
- To watch the November 17 webcast, register at the AFSP website at www.afsp.org.