

Working Together to Save Lives

JANUARY 1, 2007

Suicide Prevention Coalitions

of Coshocton, Guernsey, Morgan, Muskingum, Noble & Perry Counties

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Survivors of Suicide Heal Through Sharing

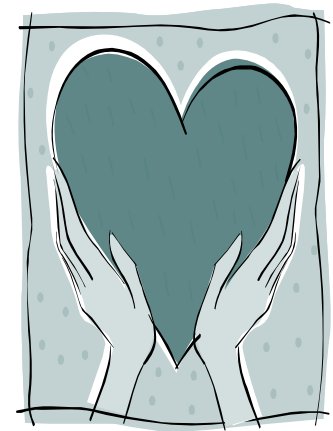
It's said that time heals all wounds, but that isn't necessarily true for survivors of suicide. For those who have lost loved ones to suicide, time certainly is necessary for healing, but often sharing feelings with others also is needed. As the saying goes, joy shared is joy doubled, and pain shared is pain halved.

Suicide changes families forever. I know, because my father took his own life. We never understood the danger of depression combined with his deep sadness over the loss of his wife, my mom, a few years earlier. Maybe we were in denial. We had no idea just how dark my dad's dark times were.

It is a relief to find people who are willing to talk about the confusion suicide leaves behind. The person who commits suicide dies once, but those left behind die a thousand times.

By listening and sharing, survivors of suicide come to know resiliency and courage. By sharing, survivors give each other the strength to make it another hour, another day, another week, another month....

—Greg Parks, Managing Editor
of *The Daily Jeffersonian*
Newspaper, Cambridge, Ohio



Local Survivors of Suicide (SOS) Groups

Survivors of suicide face a daily battle. But the key is that they *do* survive. For some, the ability to sit down and talk with and hear from other survivors is an enormous help in strengthening their capacity to deal with their own personal loss from suicide.

► Muskingum County SOS:

Meets on the first Tuesday of each month at Genesis Hospice, Morrison House, 713 Forest Avenue in 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.

► Guernsey County SOS:

Meets on the third Thursday of every month at 6:30 pm at the Hospice of Guernsey County office, 9711 East Pike, Cambridge. For more information, call Nancy Laird at 740.432.7963.

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Coshocton County Suicide Prevention Coalition

The Coshocton SPC had a booth at the Coshocton County Fair, playing the slide show *"Faces of Suicide"* to capture the attention of fairgoers. Members enhanced the presentation by adding a short suicide fact on every fifth slide. Members also distributed business cards, highlighting national and local hotline numbers.

This fall, the Coalition also hosted its annual candle lighting ceremony on the Courthouse Square.



Future plans include: continuing to provide a

special curriculum in local schools and sponsoring a community training in the Spring of 2007—targeting the elderly, veterans and the clergy.

In the coming year, members hope to reach faith-based youth of the community. This initiative will provide youth with awareness and education information, and will also increase the awareness of youth leaders, Sunday School teachers and youth workers.

At the Coalition's last meeting, members affirmed the positive things that have occurred in the county:

- The formation of a thoughtful and committed team of individuals who wish to make a difference.
- The increased awareness that the Coalition has brought to the community.
- The SuicideTALK presentations for various community gatekeepers.
- The Signs of Suicide program offered in local schools.

Muskingum County Suicide Prevention Coalition

Under the leadership of Susie Bunner, the Muskingum County Suicide Prevention Coalition has put together packets of information for survivors of suicide. The materials include a brochure entitled, "After Suicide" and a booklet, "Surviving Suicide Loss—A Resource and Healing Guide."

The brochure lists where to get help and includes specific information

about the local Survivors of Suicide Group.

These materials will be distributed to fire departments, EMT's, law enforcement departments and funeral homes.

In November, Sandra Harstine, Bonnie Taylor and Susie Bunner presented a segment on Suicide Awareness and Prevention for NAMI

Six County's Crisis Intervention Team (CIT) Academy for local law enforcement officers.



Perry County Suicide Prevention Coalition



At their October meeting, Perry County Suicide Prevention Coalition members heard a presentation by two family member survivors of suicide—Nancy Laird (a member of the Guernsey County Coalition) and Susie Bunner (a member of the Muskingum County Coalition).

Nancy and Susie provided a wide variety of information and recommended preparing survivor packets for local funeral homes. They also recommended providing education for first responders about ways to more compassionately respond to calls where there has been a death by suicide.

In the coming year, Perry Coalition

members plan to enhance education and support services for survivors of suicide.

Guernsey County Suicide Prevention Coalition

During Suicide Prevention Week, members of the Guernsey Coalition launched an awareness blitz through the *Daily Jeffersonian Newspaper*. Published articles included:

- *Candle Lighting Service Will Help Suicide Survivors Deal with Healing Process* (the candle lighting was held on November 19).
- *Reaching Out Gives Family Member Survivor a Sense of Purpose*
- *Breaking the Silence—Talking*

About Suicide is First Start in Saving Lives

- *Suicide Third Leading Cause of Death Among Young People*
- *Suicide Crosses Ethnic, Economic, Social and Age Boundaries*
- *Senior Citizens Have Highest Rate of Suicide in U.S. Than Any Other Age Group.*

Each article included information about the Coalition and the support

group that is offered at Hospice of Guernsey County.

The Coalition also had a display at the Guernsey County Fair, distributing awareness/prevention materials to hundreds of fairgoers.



Morgan County Suicide Prevention Coalition

In October, five members of the Morgan County Suicide Prevention Coalition made a significant community contact by attending a meeting of the local School Board. Coalition spokesperson Bob Drabik encouraged board members to consider approving a special suicide awareness/prevention curriculum in Morgan County Schools. Board members appeared open to further

discussing special in-school trainings regarding suicide.

Accompanying Bob Drabik to the meeting were Jackie McKinney, Barbara Kirkpatrick, Harriet Huck, and Becky West.

In the coming year, members are planning to offer more education/support services to survivors of suicide.

“Our kids are reaching out for help. Are we going to help them with their problems?”

**—Bob Drabik
Morgan County SPC**

Quilt of Hope



Noble County Suicide Prevention Coordinator Emma Fleischer is working to finish the “Quilt of

Hope” that was an outcome from the 2006 Regional Suicide Prevention Dinner, where attendees wrote/signed messages on hand-shaped fabric pieces. The quilt pieces represented community members working hand-

in-hand to offer suicide awareness and prevention services in the six-county region.

The quilt has already been displayed at a few state and local events. Once it is fully finished, it will be available to all Suicide Prevention Coalitions for use at local health fairs, county fairs, and other community awareness events.



A few of the messages on the hand-shaped fabric pieces include:

- ◆ **“People find hope in many forms....reach out to others.”**
- ◆ **“Looking toward the future through our tears.”**
- ◆ **“You’re never alone.”**

Save the Date!

Annual Regional Coalition Dinner

Thursday, May 3, 2007 — 6:00 to 8:00 pm

Pleasant Grove United Methodist Church

400 Pleasant Grove Rd. — Zanesville



“Joining Hands to Support Survivors”

—With Understanding....New Hope—

(Invitations will be mailed the first part of April.)

SPC Coordinators Honored

At the December meeting of the Mental Health & Recovery Services (MHRS) Board, Executive Director Rod Hollingsworth recognized the six coordinators of the region’s Suicide Prevention Coalitions. He noted that, as the Coalitions were formed, six very talented/giving persons had stepped forward to coordinate the Coalitions’ various awareness, intervention and prevention strategies. The six Coordinators receiving Certificates of Appreciation were:

Coshocton County:	Beth Cormack
Guernsey County:	Vickie Hare <i>(assisted by Cherri Tolliver)</i>
Morgan County:	Michal M. Thompson
Muskingum County:	Bonnie Taylor
Noble County:	Emma Fleischer
Perry County:	Wendy Starlin <i>(assisted by Larry Rentschler)</i>

Special recognition was also given to the MHRS Board’s Managed Care Coordinator, Sandra Harstine, for successfully forming and maintaining the network’s six Suicide Prevention Coalitions.

Local SAFE Students Attend National Conference

The 11th Annual Conference on Advancing School-Based Mental Health held this fall in Baltimore, Maryland, featured youth involvement and leadership. The IDEA Partnerships at the National Association of State Directors of Special Education sponsored a talented group of young people from Muskingum County’s SAFE Program to participate in the youth leadership activities and to present a workshop on suicide prevention. (The students were accompanied by Jim Still-Pepper

and Maggi Ault from Six County, Inc., who serve as coordinators of the Program.)

SAFE is a peer-led suicide prevention program for middle school and high school students. The goals of the program are to:

- Increase youth awareness of the signs of suicide;
- Teach teens what to do if they or a friend are suicidal; and
- Reduce the stigma associated with suicide/mental illness.

Congratulations to the Muskingum County SAFE teens who participated in the national conference, and a big thank-you to Jim Still-Pepper and Maggi Ault, who are very dedicated to helping the local SAFE Program achieve its goals.

Eighty percent of teens will tell their plans for harming themselves to someone; seventy percent of the teens that do tell, share their plans with a peer. The SAFE Program is creating an “army” of peers who are well-equipped to help their at-risk friends.

—Jim Still-Pepper

“I AM A SENIOR MEMBER OF THE SAFE PROGRAM. SAFE STANDS FOR ‘SEEKING AND FINDING EVERYONE.’ WE ARE A SUICIDE AWARENESS AND PREVENTION PROGRAM THAT MOSTLY SPEAKS IN LOCAL SCHOOLS. THE SAFE PRESENTATION AT THE NATIONAL CONFERENCE WAS GREAT. I HAD A BLAST WITH THE AUDIENCE. EVERYONE RESPONDED IN A POSITIVE WAY AND WE EVEN GOT INVITED TO GO SOMEWHERE ELSE IN OHIO TO GIVE A SAFE PRESENTATION.”

**—EMILY BLAKE
SAFE TEAM MEMBER**

Fatal Connection—*The Link Between Guns and Suicide*

Where there are more guns, there are more suicides, the National Research Council (NRC) concluded in a report on firearm policy released in the winter of 2005. In 2002, 31,655 Americans took their lives, 17,108 of them with firearms.

Gun ownership and suicide are both high in rural areas. Is it “ruralness”—not guns—that accounts for the high suicide rates? Perhaps people are more depressed in rural areas and more likely to attempt suicide or to die from their actions. Drs. Matthew Miller, Deb Azrael, and David Hemenway of the Harvard School of Public Health explored these hypotheses and found no evidence for either one. However, it was found that people in rural areas were more likely to attempt with a firearm. Firearm attempts almost always end in death, and firearm attempts are more likely in gun-dense areas.

If you really want to die, a rope or an overdose will do the job. But here’s the key question: Do all suicide victims really want to die? Do all have a long-term, sustained desire that, if thwarted today, will persist until they find the weapon that works tomorrow?

We can’t ask suicide victims. But we can ask victims who nearly died from their attempts. The Centers for

Disease Control and Prevention conducted a study among just such people, ages 15-34, and asked how much time elapsed between the time they decided to commit suicide and the time they took action. For nearly a quarter, the answer was less than five minutes. Other studies have followed victims of nearly lethal attempts and found that 10-20 years later, 90 percent or more had not gone on to commit suicide.

This, then, is one of the most important lessons in the newly burgeoning field of suicide prevention. Not all suicide victims have a sustained desire to die. For some, their impulse is short-lived, and what weapon they reach for during that impulse determines whether they live or die. If the weapon is immediately lethal and irreversible, the result will be death.

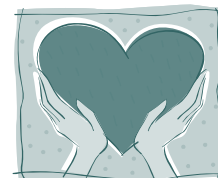
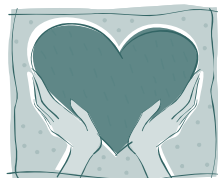
Imagine a 16-year-old boy who storms out of the living room after a furious argument with his mother over the failing report card he brought home that day. If he reaches into the hall closet, takes out a loaded rifle, and pulls the trigger, a young life is tragically lost. But if there is no gun, in the ten minutes it takes him to find a rope and rig up a noose, his rage may have passed. Or in the 15 minutes it takes him to burst enough pills from the blister packs and start feeling their

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effect, he might change his mind. Or in the 20 minutes it takes for the garage to fill with car exhaust, a family member might find him and call 911.

If guns disappeared from the nation’s homes or were always locked up and inaccessible to more vulnerable household members, would our suicide problem disappear? No. But research suggests that the numbers would go down and many of the lives saved would be those whose impulses were most fleeting. For some, the best form of suicide prevention can be as simple as putting time or distance between the impulse to die and the weapon at hand.

—Catherine W. Barber, MPA
Harvard Injury Control Research Center



Local Coalition Members Participate in Ohio Prevention and Education Conference

Six regional Suicide Prevention Coalition members traveled to Columbus, Ohio, on December 6th to provide a special presentation about the formation of Suicide Prevention Coalitions in our rural six-county region of the state. Their presentation was given at the Ohio Prevention and Education Conference.

Panel members were Sandra Harstine (*Regional SPC Coordinator*), Larry Branham (*Muskingum Coalition*), Dean Turner (*Muskingum Coalition*), Emma Fleischer (*Noble Coalition*), Vicki Whitacre, M.D. (*Muskingum Coalition*),

and Natina Howe (*Muskingum Coalition*).

Panel members described the various ways the Coalitions were formed and showcased many of the groups' awareness and prevention initiatives. The panel displayed our region's "Quilt of Hope," containing the hand-to-hand themed messages that were written by attendees at the 2006 Regional Coalition dinner.

Our region is considered to be very unique—in that the local Mental Health & Recovery Services (MHRS) Board met the challenge of forming

six local Coalitions, whereas the majority of other MHRS Boards in the state (that serve one to three counties) only had to form one Coalition.

Conference attendees were so impressed by the group's presentation, that state officials are now considering booking the panel for a national presentation! Great job!



Third Annual State Suicide Prevention Conference

On November 30, ten representatives from the region's six Suicide Prevention Coalitions attended the state's Third Annual Suicide Prevention Conference in Columbus. They were: Larry Branham (*Muskingum*), Becky West (*Morgan*), Vickie Hare (*Guernsey*), Linda Whikehart (*Muskingum*), Beth Cormack (*Coshocton*), Tyra Ross (*Coshocton*), Crystal Kiser (*Coshocton*), Herb Tidrick (*Coshocton*), Emma Fleischer (*Noble*), and Sandra Harstine (*Regional SPC Coordinator*).

In a presentation entitled, "Lessons Learned by Successful Coalitions," the following tips were offered:

- ◆ Make the public aware of survivors' groups in your communities.

- ◆ Be sure to have survivors, clergy and youth represented on your coalitions.
- ◆ Ask your coroner for a list of persons who died by suicide and their next of kin. Then send the family members information about the Coalition, along with a cover letter from a family member survivor.
- ◆ Advocate for a suicide prevention protocol in the schools.
- ◆ Host an "Out of the Darkness" walk.
- ◆ Celebrate successes of the Coalitions.

The panel also recommended the book, "*Why Do People Die By Suicide?*"—written by Thomas Joiner.

The Center for Disease Control is predicting that—by the year 2020—suicide will be the nation's leading cause of death.



A Cry for Help

From 1952-1995,
the rate of suicides for
Americans ages 15 to 24 tripled.

Every 17 Minutes

Someone dies by suicide in
the United States.

1.8 Million

Youths nationwide thought about
killing themselves during their
worst or most recent bout of
depression.

900,000

Of those youths made plans
to commit suicide.

712,000

Of those youths attempted to
kill themselves.

Suicides are the

2nd

leading cause of death among
college students nationwide.

*Source: Substance Abuse and Mental Health
Services Administration*

Clinical Depression is a Common, Real and Treatable Illness

Basic Facts About Clinical Depression

- Clinical depression is one of the most common mental illnesses, affecting more than 19 million Americans each year. This includes major depressive disorder, manic depression and dysthymia, a milder, longer-lasting form of depression.
- Depression causes people to lose pleasure from daily life, can complicate other medical conditions and can even be serious enough to lead to suicide.
- Depression can occur to anyone, at any age, and to people of any race or ethnic group.
- Depression is never a “normal” part of life, no matter what your age, gender or health situation.
- Unfortunately, though treatment for depression is almost always successful, fewer than half of those suffering from this illness seek treatment. Too many people resist treatment because they believe depression isn’t serious, that they can treat it themselves or that it is a personal weakness rather than a serious medical illness.

Symptoms of Clinical Depression

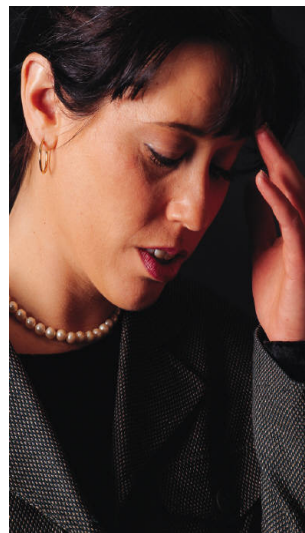
- Persistent sad, anxious or “empty” mood.
- Sleeping too much or too little, middle of the night or early morning waking.
- Reduced appetite and weight loss, or increased appetite and weight gain.
- Loss of pleasure and interest in activities once enjoyed.
- Restlessness, irritability.
- Persistent physical symptoms that do not respond to treatment.
- Difficulty concentrating, remembering or making decisions.
- Fatigue or loss of energy.
- Feeling guilty, hopeless or worthless.
- Thoughts of suicide or death.

Treatments for Clinical Depression

Clinical depression is very treatable, with more than 80 percent of those who seek treatment showing improvement. The most commonly used treatments are antidepressant medication, psychotherapy or a combination of the two. The choice of treatment depends on the pattern, severity, persistence of depressive symptoms and the history of the illness. As with many illnesses, early treatment is more effective and helps prevent the likelihood of serious recurrences.



**Every 17
Minutes
Someone
In the U.S.
Dies by
Suicide.**



**Every 18
Minutes
Someone
Is Left to
Make Sense
Of It.**