

Working Together to Save Lives

MAY 1, 2008

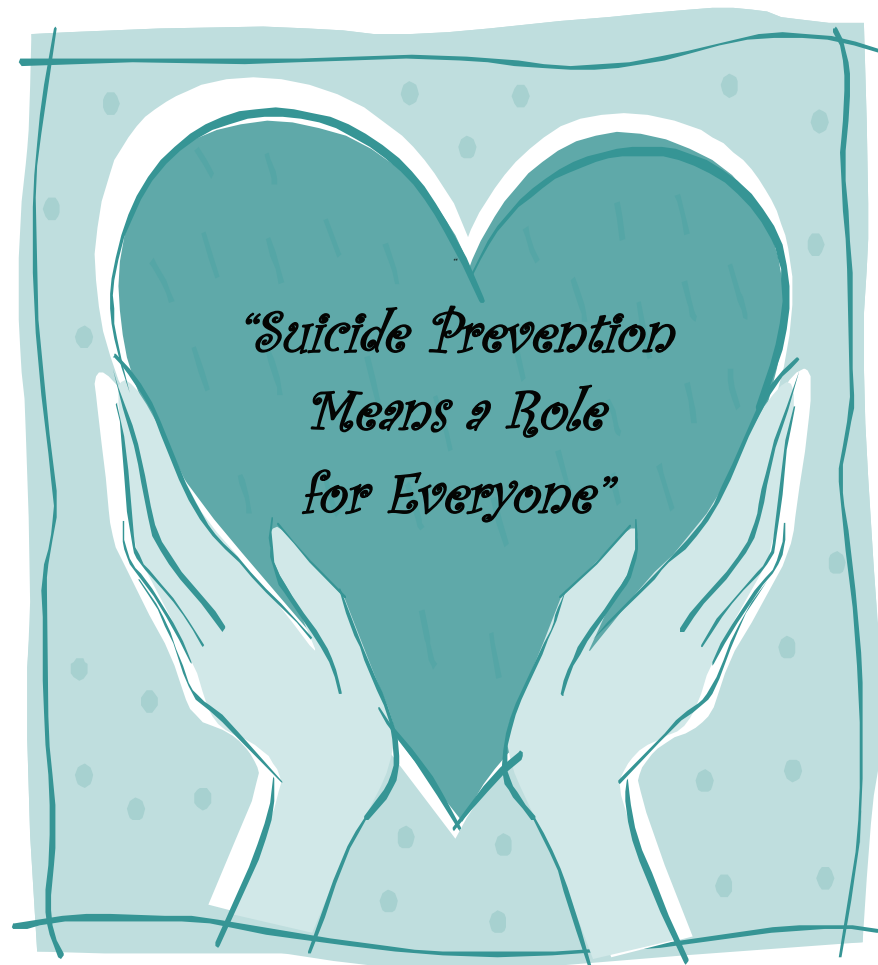
Suicide Prevention Coalitions

Of Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties
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Joining Hands to Create Strong, Hopeful Communities

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Media Blitz is Launched

Thanks to the Ohio Suicide Prevention Foundation's (OSPF) recent approval of a \$1,000 mini-grant proposal, a "media blitz" will be implemented during May (Mental Health Month). The theme of the blitz is **"Suicide Prevention Means a Role for Everyone."** In addition to the OSPF, the partners in this initiative include the Ohio Department of Alcohol & Drug Addiction Services, your local Mental Health & Recovery Services Board, the region's six Suicide Prevention Coalitions, Muskingum Behavioral Health, and WHIZ Media Group (who strengthened the grant by providing an

additional \$1,500 of in-kind media services).

The blitz will include radio interviews, public information spots targeted for specific age groups, and an appearance on "Live at Noon."

The blitz will focus on: 1) the fact that suicide is a public health problem; 2) the connection between substance abuse and increased risk of suicide; and 3) raising public awareness about community resources (like the Suicide Prevention Coalitions and behavioral healthcare service providers in the region).

Joining Together to Create Strong, Hopeful Communities

About five years ago, the Mental Health & Recovery Services (MHRS) Board provided the leadership to form Suicide Prevention Coalitions in its six-county region. These Coalitions have developed strategic suicide awareness/prevention plans based upon local needs and available resources.

The MHRS Board greatly appreciates the high degree of dedication and commitment of the many members of the local Coalitions.

How can local Coalitions help to create strong, hopeful communities? Coalitions serve the purpose of educating, reducing stigma and raising awareness of the general public about suicide. They bring people and resources together from all sectors of the community to pursue a unified goal and to coordinate awareness/prevention strategies.

Ohio Snapshot: Suicide affects everyone, but some groups are at higher risk than others. It is the second leading cause of death for young people aged 15-24; the fourth leading cause of death among adults 18-65, and elderly white males are at the highest risk with a rate of approximately 31 suicides per 100,000 each year. Men are four times more likely to attempt suicide. Currently, firearm death remains the most common method of suicide, accounting for 52 percent. In Ohio, suicides outnumber homicides 2 to 1.

What Can the General Community Do?

Suicide can be prevented through early recognition and treatment of depression and other psychiatric illnesses. The signs and symptoms of depression may include but are not limited to the following:

▶ Sudden radical changes in mood, particularly depression.

- ▶ Increasingly self-deprecating remarks.
- ▶ Feelings of helplessness and hopelessness.
- ▶ Increased use of alcohol or other drugs.
- ▶ Giving away cherished items.
- ▶ Making goodbyes.
- ▶ Serious withdrawal from activities and significant persons.
- ▶ Persistent discussions of death.
- ▶ Self-destructive or high-risk behavior.
- ▶ Previous attempts of suicide.
- ▶ Identification with someone who has died by suicide.
- ▶ Statements of a desire to die by suicide.

Responses:

- ▶ Take it seriously.
- ▶ Be willing to listen.
- ▶ Seek professional help.
- ▶ In an acute crisis, do not leave person alone. Take him/her to an emergency room. Remove dangerous items from area (firearms, drugs or sharp objects).
- ▶ If the above options are not feasible, call Six County, Inc.'s Crisis Hotline or the National Suicide Prevention Lifeline.
- ▶ Follow up on treatment; take an active role.

Six County, Inc. Crisis Hotline:

**Muskingum County
453-5818**

**All Other Counties
1-800-344-5818**

National Suicide Prevention Lifeline:

1-800-273-TALK

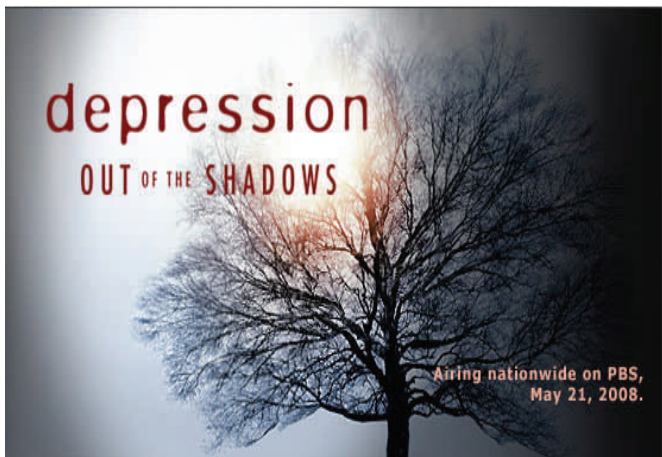
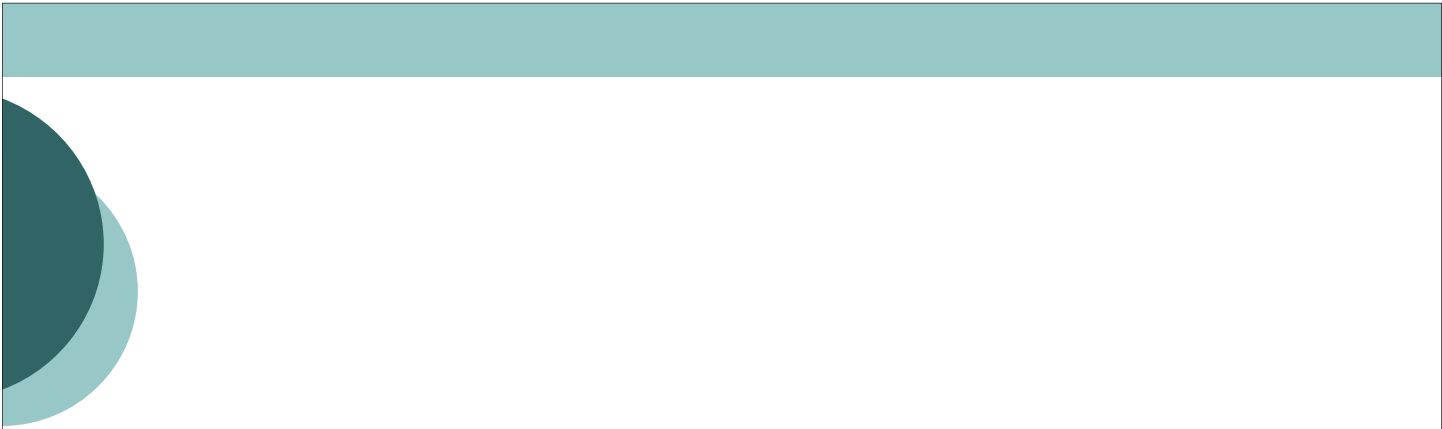
Addictive Disorders—The Second Highest Risk Factor for Suicide

(Excerpted from Materials Prepared by the Ohio Department of Alcohol & Drug Addiction Services)

Alcohol & Other Drugs and Suicide

- Substance abuse is frequently seen as a defense mechanism to combat depression or as a means of self-medication.
- Substance abuse can cause social isolation, low self-esteem, loss of work or school, estrangement from family and friends — all events that can build a core of stresses that may lead to suicidal tendencies.
- Substance abuse also can increase impulsiveness and decrease inhibitions, making one more likely to act on suicidal tendencies.
- 65% of actual suicide attempts are related to alcohol (*Department of Health 1993*)
- 15-25% of actual suicides are associated with alcoholism (*Gunnell and Frankell 1994*).
- It is estimated that about 1 out of 6 of all substance abusers will die by suicide.
- About 20% of all adolescents who attempt suicide come from homes where one or both parents have drinking problems (*Youth Suicide-Depression and Loneliness — Hafen/Fransen*).
- Between 20-35% of suicide victims had a history of alcohol abuse or were drinking shortly before their suicides (*Seventh Special Report to the U.S. Congress on Alcohol and Health, January 1990*).
- Suicide victims who had been drinking, but not necessarily intoxicated, were 4.9 times more likely to have used firearms than those who had not been drinking (*"Firearms, Alcohol and Suicide: A Deadly Connection," Impact! May 2001*).
- In one study of youthful suicide, drug/alcohol abuse was the most common characteristic of those who attempted suicide; fully 70% of these young people frequently used alcohol and/or other drugs (*U.S. Department of Education, "Youth and Alcohol: Selected Reports to the Surgeon General," 1993*).
- Drinking, use of drugs, or both may reduce inhibitions and impair the judgment of someone contemplating suicide, making the act more likely. And the use of alcohol and/or other drugs also may aggravate other risk factors for suicide such as depression or other mental illness (*National Committee for Injury Prevention and Control, "Injury Prevention: Meeting the Challenge," 1993*).
- "They (researchers) cite a wide range of potential suicide triggers, from loss of employment or loved ones, to aging and physical impairment. But, in almost all cases, they agree there is an underlying psychiatric illness— primarily depression, followed by alcoholism and substance abuse." (*"The Mystery of Suicide," Newsweek, April 8, 1994*)
- Among adults aged 18 or older who experienced a past year major depressive episode (MDE), 56.3% thought (during their worst or most recent episode) that it would be better if they were dead, 40.3% thought about dying by suicide, 14.5% made a suicide plan, and 10.4% made a suicide attempt (*the OAS Report — "Suicidal Thoughts, Suicide Attempts, Major Depressive Episode, and Substance Abuse Among Adults," Issue 34, 2006*).

- **If substance use causes suicidal behavior, then policies designed to reduce the consumption of alcohol and illegal drugs may succeed in reducing suicidal behaviors.**
- **Prevention works, and preventing alcohol, tobacco and other drug problems also can help prevent suicide.**



A lot of Americans are keeping an important, possibly deadly secret. The National Institute of Mental Health reports that approximately 18.8 million American adults have a depressive disorder. The disease does not discriminate; it seeps into all age, race, gender, and socioeconomic groups. Depression stalls careers, strains relationships, and sometimes ends lives.

So if this many people are living with the disease, why the silence? **DEPRESSION: Out of the Shadows** is a PBS project that explores the disease's complex terrain, offering a comprehensive and timely examination of this devastating disorder.

The first component of the project is a 90-minute

documentary, premiering May 21, 2008, at 9:00 pm (check local listings). By weaving together the science and treatment of depression with intimate portrayals of families and individuals living with its effects, the film raises awareness and eliminates the stigma surrounding this prevalent disease, underscoring the fact that whether we are battling it in our families, our workplaces, or in our own minds, depression touches *everyone*. Many of the personal stories in the documentary will include:

- √ A Minneapolis mother who experienced postpartum depression after the birth of her first child.
- √ A successful African-American public relations executive who made the difficult choice to go public with her depression, challenging stigma and reaching out to young people at risk.
- √ An elderly woman who receives electroshock therapy for her depression. Her story illuminates the challenge faced by diagnosticians when trying to differentiate between dementia and the sometimes confusing, disorienting symptoms of depression.
- √ Teenagers living with depression and their families, who must learn to recognize the signs of the disease and find support, including a program focused on reducing the suicide rate among college students.

Following the documentary, broadcast journalist Jane Pauley will host a 30-minute roundtable discussion in which nationally-acclaimed experts will offer advice on recognizing and treating depression.