



SAVING LIVES

A Suicide Prevention Toolkit

for Friends
and
Families

Brought to you by:

- Mental Health and Recovery Board of Ashland County
- Akron Children's Hospital

 Times-Gazette

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About this section

Nearly 45,000 Americans died by suicide in 2016, according to the Centers for Disease Control and Prevention. Since 1999, Ohio’s suicide rate has increased by 36 percent. And while the rate of increase might not be as high, Ashland County is not immune.

Suicide knows no age, gender, racial, geographic or socio-economic boundaries. Its impact extends far beyond victims, leaving behind grieving family members and friends who struggle to understand the reasons for their loss, often in a vacuum of shame and stigma that many often attach to suicide.

September is National Suicide Prevention Awareness Month. The Times-Gazette thought it was an appropriate time to address the issue with a special section.

“Saving Lives — A Suicide Prevention Toolkit for Friends and Families” is the result. It is packed full of useful information about unique local projects and resources available for those having suicidal thoughts and affected friends and families.

Since suicide is a complex topic — one where the language matters — we decided to turn to the experts and asked them to provide the content. The professionals of the Mental Health and Recovery Board of Ashland County along with their counterparts, the Mental Health and Recovery Board of Wayne and Holmes Counties and several of its affiliated agencies, have been great partners, producing the content for this section under tight deadlines.

And last, but not least, this section would not have been possible without the financial support of our sponsors — again the Mental Health and Recovery Board of Ashland County and Akron Children’s Hospital.

Thank you to our partners.

As the title indicates, this section is about saving lives. If just one life is saved as a result of something someone saw or read in this section, this effort will be a success.

— Ted Daniels, Editor

Table of Contents

ACEs: Changing the Landscape in Ashland County03

24/7 Crisis Services04

Suicide Prevention & Awareness Walk.....04

Suicide Hotline Numbers04

School-Community Liaison Program05

Suicide Risk Factors & Warning Signs06

Crisis Text Line07

Suicide Prevention Coalitions07

QPR: Question. Persuade. Refer.08

QPR In Colleges.....10

QPR In Schools10

Tearful Thoughts.....10

My Child Is Talking About Suicide11

Parents’ Guide13

Postvention14

Recovery15

Start With Hello.....Back Page

Surviving A Suicide LossBack Page

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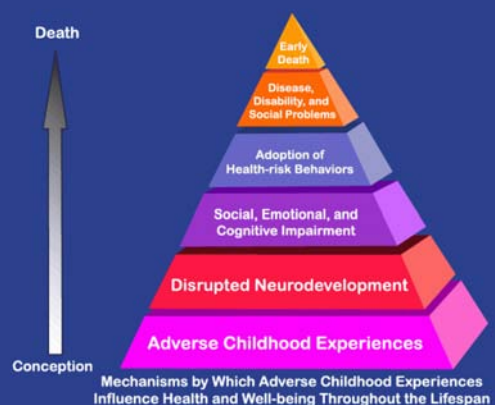


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And its affiliated agencies

ACEs Is Changing the Landscape in Ashland County



Source: Centers for Disease Control and Prevention

“ACE is changing the landscape -- not only because of what we learned about the pervasiveness of ACEs but also because of the huge number of expensive public health problems they generate. Not just increasing rates of cancer, chronic heart and lung disease but also things like depression, substance abuse and suicide.”
-- Frank Putnam, M.D

The Adverse Childhood Experiences (ACE) study is a landmark public health study which shows the connection between adverse experiences in childhood and mental health, physical and social problems later in life. Conducted by the Centers for Disease Control and Prevention in collaboration with Kaiser Permanente and published in 1997, it is sometimes referred to as “the most important study you never heard of.” But not in Ashland County.

In 2013, one of the principle researchers who conducted the study, Dr. Vincent Felitti, presented information about the study to 350 professionals and community leaders from Ashland and the surrounding area at a conference held at Ashland University. The conference was a result of a partnership between the Mental Health and Recovery Board, Peg’s Foundation, University Hospitals Samaritan Medical Center, other area organizations and the Academy on Violence and Abuse (AVA), a global healthcare organization promoting advocacy, education and training around issues related to violence and health. In addition to presenters from the AVA, local community leaders discussed how the information gained by the ACE study is changing the way healthcare and social problems are being understood and the way that the information impacts practice and policy.

Since that time, awareness of the study has

grown significantly in our community and several efforts have been initiated to mitigate the impact of adverse childhood experience and to prevent their occurrence in the first place. Some



ABOVE: Dr. Vincent Felitti presented at the conference for professionals and community leaders at Ashland University.

examples of these initiatives are described in this article and in other articles in this special insert.

In February 2018, it was reported that the Ashland City School Board is reaching out to students who have experienced trauma because of what they have learned from the Adverse Childhood Experiences Study. High school principal Mike Riley informed

the board that the district has been “working to build resilience and lower the effects of childhood trauma by training staff in trauma studies and its correlation to academics.” High school staff have been reaching out to at risk students in the form of mentoring and to provide support from a trusted adult to students who may be struggling.

Another initiative is getting up to speed in the Loudonville community through a partnership between the Loudonville Rotary Club, Loudonville-Perrysville Schools, Appleseed Community Mental Health Center and others. Two Rotarians, John Stoops and Larry Henley, were exploring ways to provide support to at risk youth in Loud-

onville and attended a community forum hosted by Ashland University’s Center for Civic Life in February of this year as part of their exploration. After many meetings with School Superintendent Catherine Puster and others with similar interests, Redbird Resiliency has been created. A community kick-off for the initiative is being planned this fall. The group is looking to organize a series of information forums where community members can come together to learn about the ACE study, supports and resources and to explore other ways to assist at risk youth, families and strengthen the community.

There are many other examples of how the ACE study is changing the Ashland landscape. Among those, it is notable that Ashland County Sheriff Lt. Scott Smart is certified by the Ohio Peace Officers Training Academy as a trainer in Trauma-Informed Policing. This approach to law enforcement incorporates what we have learned from the ACE Study and applies it to law enforcement. It is well established that trauma-informed policing keeps first responders and everyone else safer. On the business front, there is an effort underway at the Ashland Chamber of Commerce and the Leadership Ashland program to raise awareness of how the ACE study can inform business and improve the bottom line by helping employers to better understand their employees.

Each month, professionals, advocates and others meet to discuss ways we can increase awareness of the ACE study in our community. The Ashland Trauma-Resilience Collaborative (ATRC) is attempting to connect the many diverse efforts underway in our community to raise awareness of the ACE study. The purpose of the Collaborative is to provide networking, outreach, training and education in the area of adverse childhood experiences, interpersonal violence and trauma across the lifespan and across all community settings including healthcare, education, social services, child and adult protective services, business, criminal justice, and the community at large. Anyone who is interested in these issues is invited to attend the meetings which are held on the second Friday of each month at 11 a.m. at the Mental Health and Recovery Board, 1605 County Road 1095.

For more information, please call the MHRB at 419-281-3130 or visit www.AshlandMHRB.org.

This story was provided by the Mental Health and Recovery Board of Ashland County



Understanding Where to Turn In a Crisis and What to Expect

Crisis Services in Ashland County are available 24/7 and just a phone call away. Call the Crisis Line at (419) 289-6111 and speak with a trained mental health specialist who will listen and provide helpful information for you or a loved one.

It's important to remember that understanding all the facts when someone is in crisis is vital to a positive outcome. If the Crisis Line worker recommends you or your loved one follow up at the local emergency department – such as University Hospitals Samaritan Medical Center – please follow their recommendation.

Shortly after arriving at the emergency room you or your loved one will be assessed and every effort will be made to understand how you're feeling and the best way to alleviate any suffering while at the same time keeping everyone safe.

People assessed in Ashland's ER will most often experience one of two outcomes. The person will be discharged back home with a plan to keep themselves/others safe until a follow-up appointment within 72 hours. The second option involves hospitalization at a private/state psychiatric hospital. The average length of stay for someone admitted to a private/state psychiatric hospital has averaged 10 days for the last several years. Hospital admission can be a critical part of a person re-establishing their emotional equilibrium and putting together a plan that keeps them well for years to come. Hospitalization though is not needed in every situation and points to why the assessment you or your loved one receives is so important. Every effort will be made to provide alternatives to hospitalization.

This information was provided by the Mental Health and Recovery Board of Ashland County



Suicide Prevention & Awareness Walk

WHY WALK? Every year suicide claims more lives than war, murder, and natural disasters combined. In Ohio, suicide is the second leading cause of death for ages 15-34. On average, one person dies by suicide every five hours in the state. Ashland County is not immune as we lost six persons to suicide in 2017. It's up to all of us to put a stop to this tragic loss of life. Walk to join over

a hundred Ashland County citizens who are concerned about this issue, many of whom personally impacted. Walk with us to start an important conversation that suicide is preventable, that help is available and hope possible.

WHEN? This year's walk will be 2 to 4 p.m. Sunday, Sept. 30.

WHERE? We will be starting and ending the walk at the Professional Building, located at 34 West Second St., Ashland, Ohio 44805.

WHAT? Information about suicide prevention, grief and loss, and resources to help those impacted by suicide will be available. Please note that walking is optional. If you'd like to come and learn more about suicide and the resources available, honor someone you've lost to suicide or support the effort, please register.

HOW? Register at www.ashlandmhrb.org/walkwithus or by calling us at 419-281-3139

This year's Awareness Walk is made possible by dedicated members of the Ashland County Suicide Prevention Coalition and the many volunteers who've given of their time for this important cause. Special acknowledgements to the Ashland County-West Holmes Career Center's Interact Club, Deb Gilson (School-Community Liaison) and Kailee Bradley with Hospice of North Central Ohio, Inc.

When It Hurts to Live...Hold On. We're Here for You. submitted by the Mental Health and Recovery Board of Ashland County

Call **911** for emergencies

24-hour Crisis Response Line
provided by Appleseed Community Mental Health Center
419-289-6111

National Suicide Prevention Lifeline
800-273-TALK (8255)

Crisis Text Line (ages 13-25)

Text 4hope to 741-741

Veterans Crisis Line

800-273-8255 Press 1 or text 838255



How can we positively impact youth, families, schools and communities around mental health prevention and education? That was the question and since 1997 the Mental Health & Recovery Board of Ashland County has answered it by funding the 'School-Community Liaison Program'.

The program, operated by Appleseed Community Mental Health Center, is almost entirely levy funded and present in each of the county's school districts. More than 20 percent of youth in county schools interact with the program at least once in the school year. Because the program is levy funded, maximum flexibility is given to the liaisons as they engage in their work with youth, their families, teachers, school administrators and community. Liaisons are embedded within the schools themselves and work directly with school staff in assisting youth/families with a myriad of needs which include, but are not limited to, behavioral health needs.

One reason the program works so well is administrative (enrollment/documentation) demands are kept to a minimum while still maintaining appropriate levels of oversight and accountability. Liaisons have the freedom to establish meaningful relationships with all parties. The outcomes speak for themselves: In the last 20 years, 81 percent of youth involved with the program realize improved grades and homework completion, 85 percent have improved attendance and 86 percent see reduced behavioral disruptions at school. In 2017 alone, 2,023 students were served and 2,394 referrals were made to students and their families with an incredible 93 percent follow-through rate on those referrals.

Often times numbers don't tell the whole story. Here are just a few real stories of real success!

This story was provided by the Mental Health and Recovery Board of Ashland County

"One of our seniors who had previous struggles with addiction and whose attendance has been irregular the last couple of months was very close to graduating, but had not attended the last week of school. We had no working contact number, so we tried reaching out in a variety of ways. Both her grandmother and she came in and we were able to help her finish her math project in order to complete her graduation requirements. Her entire family showed up to support her and celebrate her success at graduation!"

"A liaison assisted a high school student with finding housing with a relative due to family members at her home using drugs. The student is now living in a safe environment with her grandmother."

"A middle school student who has a medical disability and has not been able to participate in extra-curricular activities due to safety concerns, was able to join the after-school golf club and he could participate in this year because the liaison was able to transport both he and his mom (who has no car) to golf once a week after school. The student was only able to go if mom went along in case he would need to be treated medically while at golf."

Suicide Risk Factors & Warning Signs

It isn't always obvious when people are experiencing pain or distress. Knowing the signs can save a life.

Warning signs: These are more significant if they occur together, or after a painful loss, change, or event. Below are two different sets of signs to watch out for in the person you are concerned about.



- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings



Risk Factors: Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of. When seen in combination with the Warning Signs above it may point to a person at particularly high risk of suicide.

- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt(s)
- Family history of suicide

- Job or financial loss
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of healthcare, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)
- Putting affairs in order (rushing to complete or revise a will)
- Giving away possessions (particularly prized or favorite possessions)
- Sudden moods changes (uncharacteristically sad or depressed or are unusually happy or content after a period of significant depression)
- Anxiety or agitation (appear nervous, shaken or worried)
- Withdrawal (person may stop talking to and doing things with others or stop doing activities they once enjoyed. They feel isolated)
- Talking about being a burden to others (Talking about being a burden to others.
- Views that one's existence burdens family, friends and/or society
- Feeling hopeless, desperate, trapped (They don't see their situation or life changing for the better and don't see a way out. They make statements that hint that life seems pointless)
- Changes in sleep (They sleep more or can't sleep and are restless)
- Reckless behavior (They act in ways that could be dangerous or detrimental and they do not seem to care about the consequences)
- Talking about wanting to die or suicide (Their statements might be subtle or vague, they may be direct and literally say they are going to kill themselves, Thoughts may be reflected in something written or drawn)
- Increased alcohol or drug use
- Uncontrolled anger (They express or act in ways that reflect hostility, bitterness, or resentment or rage. They talk about seeking revenge)

If any of these signs are present, immediate intervention is required. Call 911, your local 24/7 Crisis Line or National Suicide Prevention Lifeline (1-800-273-8255).

- Talking about death or suicide
- Seeking methods for self-harm, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Wayne/Holmes Crisis Line: 330.264.9029

Ashland Crisis Line: 419.289.6111

PROTECTIVE FACTORS MATTER!

Protective factors are personal or environmental characteristics that help protect people from suicide.

MAJOR PROTECTIVE FACTORS FOR SUICIDE INCLUDE:

- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
 - Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
 - Effective behavioral health care

Source: Suicide Prevention Resource Center – www.sprc.org

Crisis Text Line
provides free support
at your fingertips, 24/7.



28
MILLION
messages since our
founding in
August 2013

30%
of our messages
are about suicide
and depression

50k
texters
per
month

Brought to you in partnership by the Mental
Health and Recovery Board of Wayne & Holmes
Counties, OhioMHAS & the Ohio Department
of Developmental Disabilities.

CRISIS TEXT LINE |

OHIO
Department of
Developmental
Disabilities

OHIO
Mental Health
& Recovery Board

TEXT 4HOPE TO 741741

CRISIS TEXT LINE |

How Does Crisis Text Line Work?

Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support and information via a medium people already use and trust: text.

Text 4HOPE TO 741741 from anywhere in the United States, anytime, about any type of crisis. A live, trained Crisis Counselor receives the text and responds, all from our secure online platform. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment.

Suicide Prevention Coalitions

Communities show their support and commitment to making a difference through coalitions.

The mission of Suicide Prevention Coalitions is to reduce the number of deaths by suicide in a given city, county or region. Coalitions particularly focus on those persons at high-risk for suicide such as youth, middle-aged men (ages 25-44) and the elderly.

In September of 2003, the Ohio Department of Mental Health, alarmed by the increase of suicides in Ohio, made available to County Mental Health & Recovery Boards, \$10,000 grants to form local suicide prevention coalitions with the primary goals of establishing a county specific suicide prevention plan and an ongoing suicide prevention coalition.

Ashland

In an effort to coordinate local resources, increase awareness of suicide as a public health problem, and educate our community to better recognize when someone they know may be suicidal the Ashland County Suicide Prevention Coalition came together in September of 2003. More than 50 individuals representing all aspects of the community participated and after four planning sessions a plan was created. The plan identified target populations and action steps for each to improve awareness and reduce the rates of suicide in the county.

The Coalition continues to meet 15 years later and is made up of committed volunteers from all walks of life including professionals in the areas of health care, mental health, addictions, social services, clergy,

education, as well as community members, some of whom have survived the loss of a loved one to suicide, who want to help prevent the tragedy of suicide.

Wayne/Holmes

The Wayne-Holmes Suicide Prevention Coalition (SPC) was formed in 2003 and has been active since that time. The coalition is made up of persons from the mental health field, health departments, hospital and other social service organizations. This group is concerned about reducing the number of suicide deaths and attempts in both Wayne and Holmes Counties.

One goal of the group is to promote and provide education to the public in order to minimize the risk and incidence of suicide in Wayne and Holmes Counties with some focus on those at highest risk: middle aged men, youth, the elderly, and LGBTQ persons. Another goal of SPC is to provide postvention through supportive services and resources to survivors of suicide, who are at risk of developing signs of suicide themselves.

The Suicide Prevention Coalition operates through NAMI Wayne and Holmes Counties and is supported by the Mental Health and Recovery Board. Meetings are the third Tuesday of each month. If you are interested in becoming involved in any way, please call 330-264-1590 for more information.




Ask a Question, Save a Life!

You can become a QPR Gatekeeper.

QPR=

1 Question 2 Persuade 3 Refer

3 simple steps that anyone can learn to help save a life from suicide!



The three simple steps anyone can learn to help save a life from suicide.



Ask a question, save a life.

What does QPR mean?

QPR stands for Question, Persuade, and Refer — the three simple steps anyone can learn to help save a life from suicide.

Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying “Yes” to saving the life of a friend, colleague, sibling or neighbor. QPR can be learned in a Gatekeeper course in as little as one hour.



History of QPR in Ashland, Wayne and Holmes Counties

In 2012, both the Mental Health Boards of Ashland and Wayne/Holmes Counties felt QPR would be a good fit for their communities in raising awareness of suicide and providing an evidence-based approach to reducing deaths due to suicide.

Working together a joint funding proposal was submitted and approved by the Margaret Clark Morgan Foundation (now Pegs Foundation). The grant called for medical professionals and

other key community members to be trained as QPR Suicide Gatekeepers and another portion to be trained as trainers in the approach so it could be sustained throughout the years. Due to the success of the program, both Boards have continued the program in their communities since award of the grant.. Six years on, thousands of people in both counties have been trained as Gatekeepers. Numerous stories have emerged by persons trained in QPR where they had occasion to utilize the approach and lives were saved.

What is a Gatekeeper?

According to the Surgeon General’s National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide.

Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, case-workers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

As a QPR-trained Gatekeeper you will learn to:

- Recognize the warning signs of suicide
- Know how to offer hope
- Know how to get help and save a life



How is QPR like CPR?

Much of the world is familiar with CPR — short for cardiopulmonary resuscitation — an emergency medical intervention created in 1957 by Peter Safar. The process is designed to stabilize people who aren't breathing or breathing intermittently and who may be in cardiac arrest until the person can reach a hospital or other care.

Similarly, QPR is an emergency mental health intervention for suicidal persons created in 1995 by Paul Quinnett. An abbreviation for Question, Persuade and Refer, the intent is also to identify and interrupt the crisis and direct that person to the proper care.

With QPR, the following elements must be in place:

- **Early Recognition of suicide** | The sooner warning signs are detected and help sought, the better the outcome of a suicidal crisis will be.
- **Early QPR** | Asking someone about the presence of suicidal thoughts and feelings opens up a conversation that may lead to a referral for help.
- **Early intervention and referral** | Referral to local resources or calling 1-800-Suicide for evaluation and possible referral is critical.

Early Recognition

Early recognition of suicide warning signs cannot be overemphasized.

A well-executed, strong and positive response to the early warning signs of a pending suicide event may interrupt the process leading to suicidal actions. Most people thinking about suicide are suffering in some way. They may be extremely distressed and/or struggling with addictions which complicate their ability to consider and choose healthy options.

The prompt recognition of the scream of a smoke detector can eliminate the need to suppress a raging fire. In just that way, by recognizing early the warning signs of suicide, opening a supporting dialogue with a suicidal person and securing consultation from a professional may prevent the need for an emergency room visit or psychiatric hospitalization.

Often times, the simple offering of hope and social and spiritual support can avert a suicide attempt entirely. In QPR, the general public is educated about the known warning signs of a suicide crisis: expressions of hopelessness, depression, giving away prized possessions, talking of suicide, securing lethal means, and then taught how to respond.

Who needs training?

Like CPR, everyone is encouraged to learn QPR! The more citizens trained the more lives will be saved. In short, the more people trained in QPR, the more lives saved. Both Ashland and the Wayne/Holmes Boards offer QPR training at

no cost to any group interested in the county. Don't wait, call today and schedule a QPR for your organization!

**Ashland County:
419-281-3139**

**Wayne/Holmes
Counties:
330-264-2527**

**Remember, Suicide
is EVERYONE'S
BUSINESSS!**

This information was provided by Mental Health and Recovery Boards of Ashland & Wayne/Holmes Counties

(QPR)

Other Applications

QPR Training in Colleges

College can be an exciting time, but also stressful to many students who are balancing work, family and college.

Wayne/Holmes Mental Health and Recovery Board made application and received a grant through the North East College of Medicine, (NEOMED) to provide suicide awareness and prevention training to college campuses in Wayne County. They trained college staff at both Wayne College and The College of Wooster to provide QPR, Question, Persuade, Refer. This suicide prevention training is provided to incoming students as part of their orientation, and in other classes during the year. This has been in place for 3 years, and along with helping students identify signs of suicide in their peers, it also helps to acquaint students to services on campus and in the community.

The Mental Health & Recovery Board also participates in the health fair at The Ohio State University, ATI. Screening is available to assess possible problems with anxiety, depression, and substance abuse. A counselor is able to meet and talk to students with more personal questions or requests, and provide information about community resources.

QPR Suicide Prevention in School Settings

During the spring of 2018, at the request of numerous Wayne County school districts The Mental Health and Recovery Board of Wayne and Holmes Counties provided Question Persuade, Refer (QPR) Suicide Prevention training.

In just two months, more than 700 school personnel received the one-hour Certified QPR Gatekeeper Training. Those certified included administrators, teachers, counselors, and front-line support staff such as cafeteria personnel, bus drivers and administrative assistants.

Additional school districts may schedule the QPR Suicide Prevention Gatekeeper Training by contacting their local Mental Health and Recovery Boards.



TEARFUL Thoughts

The evening after our first QPR (Question, Persuade, Refer) Suicide Prevention Training for about 40 physicians and nursing personnel at The Cleveland Clinic in Wooster, I returned home and began checking my work email and saw a message I could not believe.

I swallowed hard, tears began streaming down my face.

My husband asked "What is it?" "Is it family or work?" I could barely speak, as I read and more tears flowed down my face and onto my suit.

Gradually, I was able to say, "We had our first QPR suicide prevention training today..." and "a doctor who was trained went back to the office, saw a young woman, asked the question and saved a life" I said quietly.

I remembered the past suicide incident reports I had read, knowing I had to find a way to help our community save lives from suicide. This grant and the training it provides does that.

I breathed deeply, sat and read the email again, then responded, in appreciation to the precious nurse who shared my passion for this cause and who I was honored to connect with through this training. So many of us have lost friends or family to this preventable death and now we have tools that help in preventing a death by suicide.

I remember the relief, the gratefulness, and knowing this was the first of many lives that would be saved through our local QPR trainings. Medical professionals learned to "Ask a Question, Save a Life", as QPR teaches us to do.

I believe I needed to treasure this experience, because it would likely never happen like this again. Little did I know that this same nurse sent me an email regarding another doctor who, after learning about QPR, saw a youth and again, asked the question, and saved a life! It takes each and every one of us to prevent suicide.

These are my treasured memories...

*By: Judy Wortham Wood,
Mental Health and Recovery Board of Wayne/Holmes Counties*



My child is talking about suicide.

If I seek help, what will happen?

By Maureen Underwood, LCSW
Consultant, Stark County Mental
Health & Addiction Recovery



PART 1: THE WORRY BEGINS

First, take a deep breath. If you're like most parents, the word "suicide" has probably stopped you in your tracks. You may worry that you are a bad parent because your child is thinking about dying. Yet suicide is a complicated problem and lots of things combine to make someone feel suicidal. If it were simply about parenting, anti-suicide parenting courses would be the quick fix. Where parenting does enter the equation, however, is in your ability as a parent to get help for your child.

The key to responding is to listen. You may have to stifle your natural inclination to dismiss the hard truth of what they are saying by answering with something like "oh, you don't mean that." Instead of replying that way, which makes light of their feelings, use these words: "What's going on in your life right now that makes you feel like you'd rather be dead?" Then really listen to the

answer.

Remember, at a time like this your goal is not to make your child feel better by solving their problem or viewing it through your reality. It's to understand your child's perspective.

So how does asking that question help you? Well, it gives you a much better understanding of what your child means when they say "I want to die." It also shows your child that you're taking them seriously. It can also make your next step easier, which is taking them for a professional assessment of what's going on to determine the best plan of action.

One way to get that assessment is to go to a mental health professional. There are a variety of mental health clinicians in your community who have different degrees and different types

"My Child" continues on Pg. 12

of training. What they have in common is their ability to talk with your child to try to figure out why they are feeling the way they are. If you are worried that your child might be at immediate risk for suicide, you will want to go to your nearest hospital emergency department for a suicide risk assessment.

Whatever type of evaluation setting you choose, the goals of an initial suicide risk assessment are the same:

- To find out what's going on in your child's life that has them feeling like they want to die
- To assess your child's suicide risk
- To determine the least restrictive level of treatment needed to keep your child safe

("Level of treatment" refers to the clinician's judgment about whether your child can remain in an outpatient setting or needs an additional evaluation to determine if they need to be hospitalized.) The next articles in this series will explore both of these options in greater detail.

PART 2: OUTPATIENT TREATMENT

You have taken your child to a mental health provider for a suicide risk assessment and they have determined that your child can remain in outpatient treatment. This provider may be able to offer treatment to your child or they may refer you to another provider or mental health agency.

Wherever you take your child for treatment, remember you are in the role as consumer of mental health services. Just as you would investigate any product or service you wanted to buy, don't be afraid to ask questions to make sure you'll be getting the services your child needs. While it may take some time to interview prospective clinicians, the process is important. You'll want to choose someone who can build a productive and helpful relationship with your child.

Consider asking the following questions:

- What is your experience in treating children who are at risk for suicide?
- What is your treatment approach? Is it based on research?
- How long should we expect treatment to last?
- Do you involve the family in the therapy? How?

• If you felt my child needed medication, on what would you base that observation?

• If my child needs an advocate for school accommodations, will you do that?

• Do you have a way to address privacy issues in your waiting room so my child will not unexpectedly interact with peers?

• Do you use safety planning with your clients? If not, why not?

(The last question about a safety plan refers to a plan of instructions that your child writes to help identify specific strategies for responding to suicidal thoughts or feelings. This is currently one of the most widely used tools for people of all ages who are struggling with suicide and has proven to be an effective component of any therapeutic plan.)

There is one other thing about mental health treatment that is important to understand. It doesn't work overnight. As one parent explained to her suicidal son, "It isn't like a car wash. You don't go in one door and come out another, feeling better immediately. It takes time." Patience may seem impossible when you're concerned for your child's safety and many parents end treatment prematurely because they don't sense any changes. It helps if you stay in communication with your child's clinician to get updates on even small accomplishments. Remember, these problems didn't start overnight and your child needs some time to get their life back in perspective.

PART 3: HOSPITALIZATION

You've taken your child to the hospital for a suicide risk assessment. If your child answers positively to any of the following questions, a decision may be made to hospitalize them.

• Does your child have intrusive thoughts of dying or harming themselves but doesn't intend to do anything?

• Does your child have a plan to harm himself or others?

• Has your child begun to put that plan into action or rehearsed the plan?

• Has your child made an attempt or is behaving impulsively so that acting on that plan is likely?

If the decision is made to hospitalize your child, what do you do? First, take a deep breath and remember that this is not about your par-

enting. If you feel overwhelmed, excuse yourself and go to the restroom. Take a few minutes to calm down and come back prepared to listen.

Write down all pertinent information, including the names of all the doctors and hospital staff with whom you interact. Ask as many questions as you need. There are no stupid questions at a time like this. Some of the answers, however, may not be available until your child has been in the hospital for a few days.

Be prepared to wait if the hospital doesn't have a bed available for your child immediately. If you have to wait with your child, recognize they are probably as upset as you are. If you're up to it, remind your child that it has taken courage to make this decision, and that it is the first step to getting their life back on track.

The hospitalization itself may actually be one of the easiest parts of this process. You know your child is safe while a more thorough assessment of suicide risk and treatment needs is completed. Their discharge from the hospital may be harder, especially for you. Once your child is discharged, the responsibility is again yours.

So, again, the place to start is with yourself. You've got to take care of yourself before you can take care of your child. Your worries and anxieties are natural. How will you manage them? This is definitely a stressful time so use coping techniques like exercise, prayer, or talking with a friend. You may even want to see a mental health clinician yourself. If you have people in your life who can't understand what you and your family are going through, take a vacation from them.

You don't need "negative nellys" whispering un-supportive things in your ear.

Following the discharge recommendations will also help, even if you don't completely understand what they mean at first. You may hear words like PHP or IOP. These stand for Partial Hospital Program or Intensive Outpatient Program. These are places your child will go for a big part of the day for a variety of therapeutic activities.

Knowing this information may make seeking help for your child just a little bit easier.

Maureen Underwood, LCSW, is a nationally recognized consultant who has been working with Stark County Mental Health & Addiction Recovery. This article is reprinted here with their permission.



What to Do if You're Worried About Suicide:

A Parent's Guide to Helping a Child in Distress

What do you do when you're worried that a child might be feeling suicidal? First and foremost, it's important that you talk to him about your concerns in a calm, non-accusatory manner. Sometimes when parents are very worried, they end up saying, "Don't think this way," or "You shouldn't feel that way," and they come across not as loving and caring, as intended, but as critical. Children respond negatively to that. So you really need to be as calm and non-accusatory as you can when talking to them.

Show the love It may seem obvious to you that you love your children, and that they know you love them. But when they're having a hard time, kids need to hear over and over again from you how much you love them, and how much you care about them. It's not good enough to just say, "You know I love you." You need to convey that in small and big ways. Let them know how important they are to you.

Express empathy It's also important to validate a child's feelings. You want to make statements that express empathy for her distress: "It sounds like that was really difficult." "I know how painful that can be." "I know what that's like. I've felt that way." Telling them not to feel that way, to "pull it together," isn't as helpful as saying, "What is it that you're concerned about, and how can I help you?" If you're really concerned about your child it's important that you encourage him to get professional help, and that you convey that getting help isn't weak, but something you would respect him for doing, and that you would work together to accomplish.

Prioritize the positive Another important way to prevent suicidal behavior is to prioritize interacting with your child in positive ways. Sometimes we get into a sort of vicious cycle with a child. The child does something concerning; the parent gets critical; the kid does something more concerning; the parents get more upset. All interactions turn contentious. Interacting in positive ways means doing fun things together, hanging out and chatting about things that aren't controversial, that aren't difficult.

Minimize conflict So choose your battles wisely with your kid. It's part of normal development for adolescents to rebel, and you need to pick what you're going to set limits about, and the rest of the time you want to focus on the positive connections. It also helps to try to increase your child's involvement in positive experiences. Your goal as a parent is to reassure struggling kids that they won't feel like this forever, and you can help do this by promoting positive experiences. When kids feel suicidal it's often because they feel hopeless and can't imagine things being better.

Stay in touch It's also really important to monitor your child's whereabouts when they aren't with you, whether online or out of the house. You can't stop your kids from texting or using social media. That's normal social interaction at this point. So you need to get on Facebook yourself, learn how to tweet, learn how to text. And use those channels to stay on top of what your kids are doing.

Know your child's friends In the "real" world, it's also critical to know your child's friends—to have a good sense of who they are and to have a connection with them. You should know the parents of their friends and be in touch with them, too. And you want to communicate regularly with your child's school to ensure her safety and care in the school setting.

Talk openly But again, the crucial first step: If you think your child might be suicidal, talk with him about it, ask him about suicidal thoughts. Sometimes people are afraid that if they talk about it it will make suicidal thoughts more real, and suicide more likely to happen. But the truth is that if a child feels that he has someone safe in the family that he can talk to, he feels better. He feels more understood.

Find a clinician who's a good match To get a referral to a mental health professional, you can consult your child's doctor or a psychologist at his school. I recommend that you look for a mental health professional who has experience with suicidal teenagers. Not everybody is comfortable with, or has experience with kids who are suicidal. And when you're interviewing people, it's important to pick somebody you—and your child—feel comfortable with.

Participate in therapy And once you've found a clinician, participate actively in therapy with your child. You need to be a partner in your child's therapy. The more the child feels like you really care, the better. And that's not just one parent. When somebody in the family is feeling suicidal it's a family affair, and everybody needs to help out and be engaged.

If Needed - Take emergency measures Of course, if you're worried that if you don't do something right now your child will attempt suicide, you need to call 911, or the emergency numbers in your county (Wayne/Holmes: 330.264.9029 Ashland:419.289.6111), or take your child to the hospital. Suicidal thoughts or behaviors are an emergency, and must be considered as such.

Adapted from an article by Dr. Nadine Kaslow, PhD, Child Mind Institute



POSTVENTION:

What it is and What Services are Provided

Zero is the goal, but according to the American Foundation for Suicide Prevention (AFSP); more than 44 thousand Americans die by suicide each year. While there is no single cause, AFSP states suicide “most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition”. It is an unrelenting psychological heartache, a complex condition which surviving loved ones wish they could have better identified and successfully relieved. Ask any one of them and they will tell you that they certainly would have changed its course -- if it were possible.

While there is no complete autopsy for the psychological aspect to suicide, we do know that individuals who end their own lives are often plagued by chronic symptoms such as sadness, anxiety, irritability, fatigue, loneliness, hopelessness and a despair so profound it then leads to a distorted sense of isolation, even in a crowd. Further, suicide prevention models tell us that most people who die by suicide tell someone either directly or indirectly in the weeks or days before the act; however “Many people never let on what they are feeling or planning. The paradox is that the people who are most intent on [completing] suicide know that they have to keep their plans to themselves if they are to carry out the act,” said Dr. Michael Miller (Harvard Medical School). This critical information may come as a surprise to those left behind with undeserving survivors’ guilt.

The term Suicide Survivors are those persons who have had a loved one complete a suicide and are

vulnerable due to their emotional response, including unhealthy coping strategies or attempting suicide themselves. “Postvention is the prevention for the next generations,” said Helen Walkerly, Executive Director for NAMI Wayne and Holmes Counties. “We know that when there is a loss to suicide, family members and loved ones are traumatized and in shock. When someone who has survived the same loss can be present in a supportive way, it can provide hope and lead to healthier coping. NAMI is committed to providing free support to local survivors of suicide.”

A suicide grief support group is a safe place where members come together to discuss this most complicated type of grief. Members are fully tuned in and present to offer support and encouragement, to ask questions, tell their story or simply listen. In group they find a unique understanding they don’t often get from even the best intentioned. As they sit in the circle, some vent, some cry, some hug but overall there is the sense that someone finally gets it. There is a deep respect and serious sacredness for life. There is a freedom to sort through the whirlwind of unanswered questions and to remember the loved one and say their names aloud. It is an honor to sit among the group, but as one member said, “the dues are far too high-the loss of a loved one”.

This information was provided by the Mental Health and Recovery Board of Ashland County and NAMI Wayne and Holmes Counties

Suicide Grievors' Group (Ashland County)

The second Wednesday of each month from 6:15 to 8 p.m. at Hospice House, 1050 Dauch Drive, Ashland. Refreshments are served and you are free to come late, leave early and pass, if you are not ready to talk. For more information contact Pam Lemaster 419-281-3716 or Kailey Bradley at 419-281-7107.

LOSS (Local Outreach to Suicide Survivors) Team (Wayne and Holmes Counties)

This team of trained volunteers provide contact to suicide survivors within the first 24 hours, including home visits and ongoing follow up. Through this program, the survivors receive emotional support, an informational packet, and connection to services that can help them further in the grief. Knowing that others have survived this tragic loss provides hope to families that they too, can survive.

People Affected by a Loved One's Suicide (PALS) Grief Support Group (Wayne and Holmes Counties)

Meets the fourth Tuesday of each month from 5:30 to 7 p.m. at the NAMI office, 2525 Back Orrville Rd, Wooster. If you have been affected by the suicide of a friend or family member, please contact NAMI at 330-264-1590. We want to support you through this challenging time of loss.



RECOVERY:

Mental Health Recovery Centers Provide Structured Support

Research shows that peer support is one of the most important ingredients in one's recovery from a mental illness (SAMHSA). Programming in peer recovery centers is planned and provided by peers with the support of staff members. Peer Recovery Centers provide structured, respectful, accepting and safe environments that is paramount in building inner strength and coping skills to manage stress and crisis. This socialization and connectedness to peers and community goes a long way in preventing suicide ideation and in the recovery from an attempt.

MOCA House -- Wayne and Holmes Counties

The MOCA House Recovery Program is provided under the umbrella of NAMI Wayne and Holmes Counties. The program is funded through the Mental Health and Recovery Board, the Orrville Area United Way, fundraising efforts, and grants from private foundations. MOCA House serves adults 18 and older in both counties. Through peer support and education, the program is dedicated to reducing the influence of mental health symptoms in participants. MOCA stands for Motivating, Optimistic, Caring and Accepting. Through peer support, educational services, social and recreational activities, advocacy and community involvement, people are encouraged and challenged, and develop hope for recovery. Participants with a variety of mental health conditions will find within the MOCA House the right fit of activities to support them in their recovery efforts. There is no cost for the program and transportation is provided if needed.

Examples of groups offered at MOCA House:

- Wellness Recovery Action Plan
- Peer-to-Peer Education
- Depression Bipolar Support Groups
- Schizo-affective Support Group
- Skill Development Groups

- NAMI Connections Support Group
- Water Color and Acrylic Painting classes
- Sewing/Crafts instruction
- Exercise and Nutrition classes
- Writing for Wellness evening program
- Lunch on Fridays
- Free transportation to the program and back home

Contact Us At:

330-264-1590 or visit www.namiwayneholmes.org to stay updated on our calendar of events.

Location:

NAMI Wayne-Holmes Counties Building
2525 Back Orrville Road
Wooster, Ohio 44691

Hours of Operation:

Monday through Friday
11a.m. - 4 p.m.

Recipe for Healthy Recovery

Recipe for engaging and remaining in mental health recovery, thereby moderating risk of suicide, MOCA House contains just the right mix of ingredients:

- 2 cups of socialization and friendship
- 2 cups of support groups and peer support
- 1 cup of exercise and nutrition
- ¼ cup of life skills, games, and activities
- ¾ cup of art
- 1 TBSP of music
- 1 tsp of spirituality

Combine those ingredients and pour them into a pie shell surrounded by daily mental health education and support groups. Voila... MOCA House!

Pathways Peer Support - Ashland County

Pathways Peer Support is open to individuals 18 and older who benefit from additional social support.

Examples of groups offered at Pathways:

- Boundaries
- Self-Esteem
- Crafting
- Cooking
- Budgeting/Banking
- Social Skills
- Expressive Writing
- Movement
- Good Health
- Positive Relationships
- Resume & Job Application Assistance
- Mock Interviews

Programming is designed and provided by the participants of Pathways with assistance from community agencies. A calendar of events and newsletter are distributed monthly. Once a month, participants prepare and share a meal together and celebrate holidays.

Interested in participating in Pathways Peer Support?

Contact Us:

419-496-0140 Ext. 25

Location:


Ashland Professional Building
34 West Second Street, Suite 20
Ashland, Ohio 44805

Hours of Operation:

Monday, Tuesday, & Thursday
10 a.m. - 3 p.m.



MOCA
HOUSE



CATHOLIC
CHARITIES
Diocese of Cleveland

Pathways is staffed and operated by Catholic Charities through a contract with the Mental Health & Recovery Board of Ashland County.

This information was provided by the Mental Health and Recovery Board of Ashland County and NAMI Wayne and Holmes Counties



Start With HELLO

The Mental Health & Recovery Board in collaboration with Appleseed Community Mental Health Center, the School-Community Liaison Program and local schools have started to participate in **National START WITH HELLO Week**.

Social isolation is the overwhelming feeling of being left out, lonely or treated like you are invisible. It is a growing epidemic in the United States and within our schools. Excessive feelings of isolation can be associated with violent and suicidal behavior. In fact, one study reports that chronic loneliness increases our risk of an early death by 14 percent. Furthermore, young people who are isolated can become victims of bullying, violence and/or depression. As a result, many further pull away from society, struggle with learning and social development and/or choose to hurt themselves or others.

START WITH HELLO teaches students, grades 2-12, the skills they need to reach out to and include those who may be dealing with chronic social isolation and create a culture of inclusion and connectedness within their school or youth organization. In addition to young people, START WITH HELLO will benefit educators, admin-

istrators, community-based organization leaders and parents. By building a culture of inclusion and connectedness, schools and communities can better support their young people and reduce their risk of bullying, violence and depression.

START WITH HELLO Week raises awareness and educates students and the community through **START WITH HELLO** trainings, advertising, activities, public proclamations, media events, contests and awards. Participation in START WITH HELLO Week is completely free and easy to implement!

National START WITH HELLO Week is organized by Sandy Hook Promise, a non-profit organization led by several family members who lost loved ones at the Sandy Hook Elementary School shooting on December 14, 2012, in Newtown, Connecticut. The training can be accomplished in 50 minutes or less, and activities can be spread throughout the designated week.

Talk to your child's teacher, school liaison or administrator about their participation in **START WITH HELLO Week** this year!

This story was provided by the Mental Health and Recovery Board of Ashland County

Surviving a Suicide Loss

Survivors often experience a wide range of grief reactions including some of the following:

- Shock is a common immediate reaction. You may feel numb or disoriented, and may have trouble concentrating.
- Symptoms of depression, including disturbed sleep, loss of appetite, intense sadness and lack of energy.
- Anger towards the deceased, another family member, a therapist or yourself.
- Relief, particularly if the suicide followed a long and difficult mental illness
- Guilt, including thinking, "If only I had ..."

Coping with a Suicide Loss

- Some survivors struggle with what to tell other people. Although people should make whatever decision feels right to them, most suicide survivors have found it best to simply acknowledge that their loved one died by suicide.
- Families may find it helps to reach out to family and friends. Because some people may not know what to do or say, a survivor might need to take the initiative to talk about the suicide, share feelings and ask for help.
- Even though it may seem difficult, maintaining contact with other people is especially important during the stress-filled months after a loved-one's suicide.
- Keep in mind that each person grieves in his or her own way. Some people visit the cemetery weekly and some find it too painful to go there.
- Each person also grieves at his or her own pace; there is no set rhythm or timeline for healing.
- Anniversaries, birthdays, and holidays may seem especially difficult, so person might want to think about whether to continue old traditions or create



some new ones. Survivors may also experience unexpected waves of sadness; these are a normal part of the grieving process.

- Children experience many of the same feelings of adult grief and are particularly vulnerable to feeling abandoned and guilty. Reassure them that the death is not their fault. Listen to their questions and try to offer honest, straightforward, age-appropriate answers.
- Some survivors find comfort in community, religious or spiritual activities, including talking to a trusted member of the clergy.
- Be kind to yourself. When you feel ready, begin to go on with your life. Eventually starting to enjoy life again is not a betrayal of your loved one but rather a sign that you have begun to heal.

Many survivors struggle to understand the reasons for the suicide, asking themselves over and over again "Why?" Many replay their loved ones' last days, searching for clues, particularly if they didn't see any signs that suicide was imminent.

Because suicide is often poorly understood, some survivors are victimized by Stigma. They may feel the suicide is somehow shameful, or that they or their family are somehow to blame for this tragedy.

What people need to know is that just as people die of heart disease or cancer, people can die as a consequence of untreated mental illness. Try to bear in mind that is almost always complicated, resulting from a combination of painful suffering, desperate hopelessness and underlying psychiatric illness.

There are suicide survivors' grief support groups in Wooster. These can be very helpful to survivors in the healing process.

This information was provided by NAMI Wayne and Holmes Counties and was adapted from the American Foundation of Suicide Prevention.