



Good News for Ohio!

The Ohio Suicide Prevention Foundation (OSPF) received notification on July 27, 2011 that it is being awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Garrett Lee Smith Youth Suicide Prevention Grant. The application titled, ***Ohio's Campaign for Hope – Youth Suicide Prevention*** is for \$1,440,000 over 3 years, and will expand suicide prevention services for at-risk youth, military families, LGBT youth, youth in foster care and youth in the justice systems. The project objectives are as follows:

- Targets and provides funding for suicide prevention activities for 25 at-risk counties that have higher than national and state youth suicide
- Mobilize 78 suicide prevention coalitions to help promote and implement Kognito's "At-Risk" online Gate Keeper training by training 20,000 high school staff, military families and professionals working with youth in foster care, LGBT youth and youth involved with the justice system.
- Provide Assessing & Managing Suicide risk training to over 400 professionals
- Implement TeenScreen & Signs of Suicide in at-risk counties--- screen 8,000 at-risk youth
- Engage local MH service providers as mentor programs for the 25 at-risk Counties to help establish suicide prevention programming for at-risk youth which is expected to result in 700 youth referred for continuing MH treatment
- Actively promote the National Suicide Prevention Lifeline Program through websites, literature promotion and webinars

For more information regarding ***Ohio's Campaign for Hope*** please see the logic model at www.ohiospf.org.



Attorney General to Offer Free Training on Sexting

The Ohio Attorney General's office will be hosting free sexting education programs which are meant to inform and guide mental health professionals, law enforcement, victim advocates, educators, and other professionals about the issues, policies and procedures to be aware of when faced with sexting incidents of youth under the age of 18. These regional trainings will take place in August and September. To learn more, click [here](#).

Protecting African American Adolescents from Suicidal Behavior

A team of researchers from Yale and George Washington universities investigated the role of social support in preventing suicidal behavior among African American adolescents, a group which has not been the subject of as much research as their white counterparts. Their work confirms the value of strengthening social supports as a way to reduce suicide risk among African American youth. [Read more](#)

This research summary is based on information in:

Matin, S, Molock, S, & Tebes, J. (2011). Suicidality and depression among African American adolescents: The role of family and peer support and community connectedness. *American Journal of Orthopsychiatry*, 81(1), 108-117.

Coming Together to Fight for a Troubled Veteran

A new veteran's court program encourages judges, lawyers, and advocates to work together to help veterans address the emotional problems contributing to conflicts with the law. This article chronicles the story of Brad Eifert, a veteran who is involved with the veteran's court program. After Eifert returned from Iraq in 2006, his reintegration into civilian life was hampered by traumatic memories, nightmares, depression, anger, and panic attacks. He eventually made two suicide attempts. In 2010 he was arrested following a faceoff with Michigan police during which he fired a gun. At this point, a judge who had started a veteran's court in East Lansing read about Eifert's case in the newspaper and reached out to him. Eifert's discharge under other than honorable conditions has now been reversed so that he is eligible for services through the Department of Veterans Affairs. With the help of a court-assigned mentor, who is also a veteran, Eifert is now working to adhere to a strict treatment regimen set by the VA hospital in Battle Creek in the hopes of having his charge dismissed or reduced to a misdemeanor.

New SAMSHA Publication

Shaping the Future: Challenges and Opportunities frames behavioral health as a public health issue and challenges of integrating health care. The report discusses resources and strategies for change, and the potential for people to recover from substance abuse and mental illness.



Debt Crisis Sinks Greeks Into Gloom, Suicide On The Rise

A recent increase in the suicide rate in Greece is causing officials to consider whether the country's economic difficulties is having an effect on mental health. According to Christos Hombas, the head of a Greek social support hotline, Greek men find it particularly difficult to reach out for help when faced with loss of economic and social status. At the same time, said Hombas, traditional mental health safeguards such as closely knit family structures are eroding as Greek society becomes more westernized.

Coming in 2014: Affordable Insurance Exchanges

Starting 2014, new Affordable Insurance Exchanges will allow consumers and small businesses to shop for and buy private health insurance in new competitive health care marketplaces. On July 11, 2011, the U.S. Department of Health & Human Services released part of its roadmap to help states to set up these Exchanges.

[Read the Press Release](#)

Learn more at HealthCare.Gov/exchanges

Policy Shift in Presidential Condolence Letters

Under a decades-old White House policy, families of soldiers who died on the battlefield received condolence letters from the president - except for families whose loved ones died by suicide. This policy has just been changed. Going forward, official presidential condolence letters will be sent to families whose loved ones die in war zones, regardless of how they died.

A War Inside: Saving Veterans from Suicide

According to new research published in the journal BMC Public Health, veterans who have attempted suicide have an elevated risk of suicide compared to both military and civilian peers. The study analyzed data on 10,163 veterans treated for a suicide attempt between 1993 and 1998 and found that suicide was the second-leading cause of death among male veterans and the leading cause of death among female veterans. Compared to the general population, veterans also had three times the mortality risk from all causes. "The "healthy soldier effect" is no reason to think that veterans should be more emotionally and mentally resilient than anyone else," said lead study author Douglas J. Wiebe, assistant professor of epidemiology at the Perelman School of Medicine at the University of Pennsylvania. "The consequences of military service can include both physical and emotional health challenges that veterans continue to face long after 'their war' is no longer on the front page."



SAMSHA Releases Consumer-Operated Services Evidence-Based Practices (EBP) Kit

This kit provides tools for developing mental health services that are owned and operated by people who have personal experience living with a psychiatric disorder, and offers guidance grounded in evidence-based practices. SAMHSA-identified priority topics include treatment of depression in older adults and supported education.

[For more information](#)

IASP Announces Theme for World Suicide Prevention Day

The theme for the September 10, 2011 World Suicide Prevention Day observance, "Preventing Suicide in Multicultural Societies," was selected to raise awareness of the fact that all countries are multicultural. Suicide prevention in multicultural societies requires cultural sensitivity as well as cultural competence. The IASP is providing materials, suggestions for events, and information on activities already planned throughout the world.

[For more information](#)

Recovery From Mental Illness to be Included in SAMSHA-Sponsored Recovery Month Observance

This year's theme, "Join the Voices for Recovery: Recovery Benefits Everyone," reflects SAMHSA's commitment to addressing the treatment needs of those dealing with behavioral health problems, including both mental illnesses and substance abuse. SAMHSA has produced PSAs and other campaign materials to assist communities in planning and hosting Recovery Month events.

[For more information](#)

SOS (Signs of Suicide) Launches Updated DVD, *Friends for Life: Preventing Teen Suicide*

Screening for Mental Health has released a new DVD and discussion guide with three new, compelling real-life stories. These revised materials are a main component of the SOS prevention program and are designed to raise awareness, destigmatize mental illness, and give students the help-seeking tools they need to help themselves or a friend.

[For more information](#)

Monthly Inspiration

" In order to reach your ultimate success, you first must be able to celebrate the success of others."



Connecting For Life

July 30, 2011 www.ohiospf.org

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Corners of Hope

On July 19 the Summit County Suicide Prevention Coalition hosted a presentation by Dr. Ronald Lavant, Professor of Psychology in the Collaborative Program in Counseling Psychology at the University of Akron. He discussed the theories about men and emotions and how it is difficult for men to put their feelings into words.

For a number of years middle-aged males have had the highest rate of suicide completions both nationally as well as in Ohio. The information that Dr. Lavant shared will continue to help Ohio understand the many variables that act as precipitants for why a higher percentage of males particularly those in the "middle-aged" category have a high suicide completion rate. Dr. Levant graciously shared his PowerPoint, You will find it under the Resource section of the OSPF website, www.ohiospf.org

QUESTIONS? Contact OSPF at (614) 429-1528 or email at carolyngivens@ohiospf.org or cholton@ohiospf.org

See Attached For Feature Guest Article by Effie Malley, Director, AAS
National Center for the Prevention of Youth Suicide

Cliff-Edge and Upstream – Both Approaches Needed in Suicide Prevention

By Effie Malley

Director

AAS National Center for the Prevention of Youth Suicide



There's a parable about a village set on the edge of a waterfall. The villagers were constantly rushing to the waterfall edge to keep children from going over the edge and drowning. Life was always on high alert and the villagers simply didn't have the resources to save every child. One villager insisted that some villagers go upstream and see where all these children were coming from. The exploring villagers discovered the cause, addressed it, and reduced the need for rescues. It isn't much of a stretch to see this parable played out in suicide prevention.

Recently, experts and experienced practitioners had a rare opportunity to reflect and talk across specialties at a meeting hosted by SAMHSA about youth at risk for suicide. Many attendees expressed dissatisfaction with the field's current emphasis on identification and referral of and response to suicidal individuals. Some participants indicated that our current concentration on gate-keeper training, crisis lines, and emergency services feels like life in that village: we are addressing youth at risk with "cliff-edge" suicide prevention.

There was no hint that we no longer invest in these vital services. Indeed, the term "cliff-edge" embodies its importance: rescuing people from the cliff edge is no Holden Caulfield fantasy; rather the work saves lives. However, it is time for a broad discussion about rebalancing the work we do so that suicide prevention includes more upstream work.

I won't single-handedly develop a definition for upstream suicide prevention here, but I hope to offer some ideas to spark discussion. Upstream interventions are designed to reduce initiation or escalation of a risk behavior and are tuned to the developmental stage of the targeted population. The key is to try to alter the trajectory of a youth's life course (Caulkins et al., 2008) and, if successful, divert it from ever reaching that cliff edge. The nature of this upstream work is, of course, different from our prevention work with people in suicidal crisis. Upstream interventions often take weeks and months, and a longitudinal evaluation may take place over years. Although many upstream prevention programs are fashioned for universal audiences, they may be aimed at selective or indicated target groups. Many interventions address multiple risk or protective factors associated with the behavior rather than the behavior itself. For example, programs to reduce obesity may reduce the buying opportunities for junk food at school and offer stress management and exercise programs, without ever tracking the percentage of obese students.

Many fields outside of suicide prevention use upstream programs and practices to prevent risk behavior. Programs to ward off or diminish ills as diverse as cancer, terrorism, our ailing health care system, obesity, drug abuse, and domestic violence all harness the concept of upstream intervention. For example, a recent study found that youth from low-income neighborhoods who attended preschool were less likely to abuse substances years later (Reynolds, 2011). A number of programs in National Registry for Evidence-Based Programs and Practices teach socio-emotional and communication skills – some for young children – and are thought to be effective in reducing violent and aggressive behavior.

Aside from the definition for upstream prevention, we will need to review the evidence base. The Sources of Strength program is an upstream program that enhanced protective factors associated with reducing suicide, specifically, changing school norms about how helpful adults can be and how acceptable it is to engage adults for help (Wyman et al., 2010). Other upstream programs measure suicidal behavior directly. For example, the Reconnecting Youth program (see <http://nrepp.samhsa.gov>) targeted a selective and indicated group of potential high school dropouts and tracked outcomes related to suicidal behavior. The good behavior game – a universal classroom intervention for first and second grades that promotes social, integrated, and supportive groups – found that the intervention may delay or prevent suicide ideation and attempts in young adults (Wilcox et al., 2008).

Unfortunately, our work in upstream prevention is still limited. Because of the expense and difficulty of both longitudinal and suicide research, many upstream intervention studies measure only short-term changes in risk and protective factors rather than suicidal behavior itself. But clearly many of us see the need for more work in this vital area. Over the coming months, one focus of the new National Center for the Prevention of Youth Suicide will be on upstream suicide prevention, especially with selective and indicated populations. We look forward to hearing from you and convening AAS members in the discussion.

Caulkins, Jonathan and Zeiler, Irmgard. (2008). Understanding Inertia: Inherent Limitations on Evaluating “Upstream” Prevention Interventions. Heinz Research. Paper 4. <http://repository.cmu.edu/heinzworks/4>

Reynolds, A.J. et al. (2011). School-Based Early Childhood Education and Age-28 Well-Being: Effects by Timing, Dosage, and Subgroups. Science, published online 9 June 2011: 1203618

Wyman, P. A. et al. (2010). An outcome evaluation of Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. American Journal of Public Health, 100 (9), 1653-1661.

Wilcox, Holly C. et al. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. Drug and Alcohol Dependence. 95S, S60-S73.

About the National Center for the Prevention of Youth Suicide

The American Association of Suicidology launched the National Center for the Prevention of Youth Suicide in 2010. The Center is committed to making it “No Child Lost to Suicide” and has already identified priority goals in youth suicide prevention:

- Reducing the number of suicides and suicide attempts youth known to be at higher risk by partnering with organizations serving these youth but not yet focusing on suicide prevention;
- Leading a discussion on moving prevention efforts upstream to promote resilience of youth and prevent them from becoming suicidal; and
- Increasing the development and use of best and evidence-based suicide prevention practices among youth-serving clinical and other caregivers.

This article appeared in the American Association of Suicidology quarterly e-newsletter for members in June 2011.