



Spring 2010

# Reporter

Reporting on Suicide PREVENTION Efforts in Pennsylvania

Spotlight

Calendar

## The Recession and Mental Health

As the great recession continues to reverberate in the job market, in home sales, and in retirement planning, the mental health of our nation is suffering too.

“What’s important to note is that the recession has caused a general trend of downward mental health spiraling among all segments of our population in a wide variety of ways,” notes family therapist, Shonnie Brown. “It is the lack of control over one’s life which causes both the despair and panic of recession depression,” notes Brown.

“We’ve seen people in the ER, suicidal or depressed or both, because they’ve lost their jobs. They have had a whole change in their sense of their self-worth and they don’t see a way out,” notes Dr. David Spiegel, a professor in the department of psychiatry and behavioral sciences at Stanford University School of Medicine. “Much more common are people who are realizing, ‘The life I had planned out carefully is different now,’ “ Spiegel notes.” They’re saying, ‘I can’t retire when I thought I would,’ or ‘I don’t have the money to take care of my kids,’ or ‘I just don’t have as much money as I used to.’ “

Mental health professionals in the US are reporting an increase in visits to emergency rooms, mental health clinics, therapists’ offices, and on mental health hotlines. Some doctors report seeing an increase in alcohol abuse, drug overdoses, panic disorders, depression, and stress-related physical problems.

In Canada, mental health officials are calling for all employers, in both the public and private sectors, to broaden access to funding for mental health programs in the workplace. The British Government’s decision to invest more money into mental health services to help people cope with the increased demand caused by the recession is being heralded as a step in the right direction, by Irish mental health officials, as they call on government to invest more in mental health services to respond to economic and social difficulties facing Ireland.

The US Department of Health and Human Services Substance Abuse and Mental Health Services Administration has launched a website aimed at helping people address mental health problems triggered by the economic recession. Visit [www.samhsa.gov/economy/#warningsigns](http://www.samhsa.gov/economy/#warningsigns) for more information on health risks associated with economic turmoil, stress management, and suicide prevention. Contact Feeling Blue at (610) 715-0076 or visit us at [www.feelingblue.org](http://www.feelingblue.org) to learn more suicide prevention or to schedule workplace, gatekeeper, and provider training.

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**April 8th. Strategic Planning for Suicide Prevention.** York County Annex Building, 118 Pleasant Acres Road, York, PA, 17403. Cost is \$10/person. Contact Heidi Bryan at [pasp@feelingblue.org](mailto:pasp@feelingblue.org) for more information.

**April 10th. 12:00 pm. Volunteer Appreciation Luncheon.** For volunteers who have given their time, talent, and treasure to advance the Feeling Blue Suicide Prevention Council mission. Bolingbroke Mansion, 424 King of Prussia Road, Radnor, PA 19087.

**April 22nd. 7:00 pm. QPR Training.** The Carriage House, 400 King of Prussia Road, Radnor, PA. Pre-registration is required. Visit [www.feelingblue.org/calendar](http://www.feelingblue.org/calendar) for more information or call Heidi Bryan at 484-580-8049.

**May 12th. Strategic Planning for Suicide Prevention, Mercer County.** Contact Heidi Bryan at [pasp@feelingblue.org](mailto:pasp@feelingblue.org) for more information.

**May 13th. Strategic Planning for Suicide Prevention, Allegheny County.** Contact Heidi Bryan at [pasp@feelingblue.org](mailto:pasp@feelingblue.org) for more information.

**April 21st - April 24th. 43rd Annual AAS Conference (American Association of Suicidology).** Hilton Walt Disney World, Orlando, FL. Contact Amy Kulp or visit [www.suicidology.org](http://www.suicidology.org)

**April 29th - May 2nd. DBSA 2010 National Conference.** Celebrating 25 Years of Peer Support. Eaglewood Resort & Spa, Itasca, IL (Chicago suburb). [www.dbsalliance.org/](http://www.dbsalliance.org/)

**Saturday May 2nd. Greater Philadelphia NAMIWALK.** Montgomery County Community College. [www.montconami.com](http://www.montconami.com)

**May 23rd - May 26th. American Psychological Assoc. 163rd Annual Meeting.** APA Convention Center, New Orleans, LA. [www.apa.org/convention/index.aspx](http://www.apa.org/convention/index.aspx)

**June 2nd. QPR Gatekeeper Trainer Certification.** Clothes Tree Annex, DGS Complex, Azalea Drive, Harrisburg, PA. Contact Heidi Bryan at [pasp@feelingblue.org](mailto:pasp@feelingblue.org) for more information.

**June 14th - June 17th. Pennsylvania Mental Health Consumers’ Association’s 22nd Annual Pennsylvania Statewide Consumer Conference.** Forging Communities: Embracing Wellness. Valley Forge Convention Plaza, 1160 First Avenue, King of Prussia, PA 19406.

**Beginning September 29th. Sharing the Silence: Bereavement support for survivors of suicide.** This free six-week education and support group is open to adults who have experienced the loss of someone to suicide. Regular attendance is requested. If you would like more information or have questions about this group please contact Heidi at Feeling Blue (610-715-0076) or Carrie at Peter’s Place (610-687-5150). **PRE-REGISTRATION IS REQUIRED.**

### Save the Dates:

**Suicide Prevention Week, September 5th – September 11th.**

**World Suicide Prevention Day, September 10th.**

**12th Annual National Survivors of Suicide Day, November 20th.**

# Letter from the Director



Dear Friends and Colleagues,

I thought I would break with tradition and instead of writing a personal note from me, I would include something more informative for everyone to read. Recent events and numerous suicides have compelled me to once again discuss the media's handling of them. Granted, not all of the articles ignored the guidelines, but the majority did, and I feel at a price that is way too costly. To help, or rather, to try, to prevent this from happening again, I'm including a fair sampling of the media guidelines, listed below.

## WHAT TO AVOID

- Avoid detailed descriptions of the suicide, including specifics of the method and location. **Reason:** Detailed descriptions increase the risk of a vulnerable individual imitating the act.
- Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives. Avoid first-person accounts from adolescents about their suicide attempts. **Reason:** Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
- Avoid glamorizing the suicide of a celebrity. **Reason:** Research indicates that celebrity suicides can promote copycat suicides among vulnerable people. Do not let the glamour of the celebrity obscure any mental health or substance abuse problems that may have contributed to the celebrity's "death by suicide" or "non-fatal suicide attempt."

## WHAT TO DO

- Always include a referral phone number and information about local crisis intervention services. Refer to: The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK (273-8255), which is available 24/7, can be used anywhere in the United States, and connects the caller to a certified crisis center near where the call is placed. More information can be found on the National Suicide Prevention Lifeline website: <http://www.suicidepreventionlifeline.org>
- Emphasize recent treatment advances for depression and other mental illness. Include stories of people whose treatment was life-death.

## WHAT TO DO *continued...*

- Avoid oversimplifying the causes of suicides, murder-suicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable. **Reason:** Research shows that more than 90 percent of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose suicide act appears to be triggered by a particular event often have significant underlying mental health problems that may not be readily evident, even to family and friends.
- Avoid using the words "committed suicide" or "failed" or "successful" suicide attempt. **Reason:** The verb "committed" is usually associated with sins or crimes. Suicide is better understood in a behavioral health context rather than a criminal context. Consider using the phrase "died by suicide." The phrases "successful suicide" or "failed suicide attempt" imply favorable or inadequate outcomes. Consider using saving or who overcame despair without attempting suicide. Refer to: Suicide Prevention Resource Center's research and news briefs: <http://www.sprc.org/news/research.asp>
- Interview a mental health professional who is knowledgeable about suicide and the role of treatment or screening for mental disorders as a preventive strategy. Refer to: The American Foundation for Suicide Prevention's "Talk to the Experts" page. Reporters may also contact the Suicide Prevention Resource Center at 1-877-GET-SPRC (438-7772), the American Association of Suicidology at (202) 237- 2280, or the Suicide Prevention Action Network USA at (202) 449-3600.

You can download the full media guidelines at [www.afsp.org](http://www.afsp.org), [www.feelingblue.org](http://www.feelingblue.org), or an abbreviated version at [www.sprc.org](http://www.sprc.org) as well as a Guide to Engaging the Media at [www.spanusa.org](http://www.spanusa.org). Thank you for indulging me with this. I hope you found the information useful.

Best Wishes,

## SPOTLIGHT: Recession & Mental Health *continued from page 1...*

### Where To Get Help

Family doctors; Mental health specialists, such as psychiatrists, psychologists, social workers or mental health counselors; Health Maintenance Organizations; Community Mental Health Centers; Hospital psychiatry departments or outpatient clinics; University or medical school programs; State hospital outpatient clinics; Family service, social service agencies or clergy; private clinics and facilities; Employee Assistance Programs; local medical and/or psychiatric societies.

The National Suicide Prevention Lifeline Toll Free Number (800) 273-TALK (273-8255) is available 24/7 anywhere in the United States and connects the caller to a certified crisis center near where the call is placed. To learn more, please visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)



## In The News

### National News:

#### ***Prostate Cancer Diagnosis Raises Risk of Suicide***

Prostate cancer is the second most common cancer, affecting 1 in 6 men, and taking the lives of 254,000 men a year worldwide. The disease is often treatable and can be cured. However, since there are no noticeable symptoms, prostate cancer can be hard to detect and often goes unnoticed until it gets worse. If left untreated, the cancer cells can travel to other parts of the body, where more tumors can grow.

A diagnosis of prostate cancer can double the risk of suicide or heart attack deaths, according to the results of a recent study by Harvard and Brigham & Women's Hospital in Boston, posted to the Suicide Prevention Resource Center (SPRC) Weekly Spark newsletter. The research team collected and analyzed data from patients diagnosed between 1979 and 2004, comparing rates of suicide and deaths from heart disease to those in the general population. The team found that a 90% increase in the risk of suicide among men diagnosed with prostate cancer as compared to men without prostate cancer.

Overall, 148 out of 340,000 diagnosed men included in the study completed suicide. While the number is small, the suicide rate is still far higher than rates of suicide among men without the diagnosis in a year.

The increased risk of death was even greater for heart attacks and strokes. "There, it was a doubling of risk," said Lorelei Mucci of Brigham & Women's and the Harvard School of Public Health, who worked on the study published in the Journal of the National Cancer Institute.

Mucci believes that the findings suggest more men need counseling and support after a prostate cancer diagnosis.

#### ***SAMHSA and Ad Council Launch New Campaign***

A national (PSA) Public Service Announcement campaign designed to raise awareness about mental health issues affecting young adults in the African American community was launched in February as part of the HBCU (Historically Black Colleges and Universities) National Mental Health Awareness Day at Howard University. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the Ad Council, and the Stay Strong Foundation, the campaign is designed to increase awareness about mental health issues affecting the health and well being of young African American adults, as well as to provide opportunities for the delivery of effective mental health services to those in need, noted Kathryn A. Power, Director of SAMHSA's Center for Mental Health Services in her remarks at the kick-off event.

According to SAMHSA, in 2008 there were an estimated 9.8 million adults aged 18 or older living with serious mental illness. The frequency of serious mental illness among adults was highest in the 18 to 25 age group. This group was the least likely to receive services, however. In 2008, 6.0 percent of African Americans ages 18-25 had serious mental illness in the past year. Overall, only 58.7 percent of Americans with serious mental illness received care within the past 12 months while the percentage of African Americans receiving services was only 44.8 percent.

"Young adults with mental health problems are more likely to seek help if social acceptance is broadened and they receive support and services early on," said Peggy Conlon, president & CEO of the Ad Council. "We are proud to continue our partnership with SAMHSA to address these issues in the African American community and help create the necessary societal change that will decrease the negative attitudes that surround mental illness, and ultimately inspire those who want help to get it," she noted.

The television, radio, print, and web ads feature real life personal accounts of young people coping with mental health issues. The PSAs direct audiences to visit a new website, [www.storiesthatheal.samhsa.gov](http://www.storiesthatheal.samhsa.gov) to learn more about mental health issues and how to support young adults in need. "Developing a Stigma Reduction Initiative," a SAMHSA resource guide is also a part of the campaign. Visit <http://www.mentalhealth.samhsa.gov/publications/allpubs/sma06-4176/> to download copies or call 1-877-SAMHSA7 to request a copy of the resource guide.

#### ***Congress Passes Military Suicide Prevention Program***

The Suicide Prevention Action Network USA (<http://www.spanusa.org/>) announces a new program established for 2010, (H.R. 2647) for National Guard members, military reservists, and their families to receive suicide prevention, community healing, and response training. This new initiative will be completed under the Yellow Ribbon Regeneration Program and will work in coordination with existing community prevention programs.

Another aspect of the Department of Defense bill is a mandate for the Secretary of Defense to implement a review of the current substance use programs in the military as well as a review of the handling of substance abuse offenders in the military.

One provision of the bill requires that those diagnosed with Post Traumatic Stress Disorder or exhibiting signs of PTSD must receive a medical exam before administrative separation. Other provisions ranged from increasing the amount of scholarships available to those armed forces personnel pursuing mental health professions, to a mandate for mental health screening on a person-to-person basis for soldiers.

On October 22, the U.S. Senate passed H.R. 2647 by a vote of 68-29. The U.S. House passed the bill earlier in the month by a vote of 281-146, and the bill is now headed to the President's desk for signature.

### Local News:

#### ***Pennsylvanians now have access to a breakthrough Web solution!***

Pennsylvania has launched a new online resource that provides critical information, education, and advocacy tools for individuals, families, & agencies concerned with behavioral health issues. Funded by the County Commissioners Association of PA (CCAP), The PA Network of Care offers a comprehensive directory of behavioral health service providers in each PA county. The site is designed to put people in touch with mental health services and provide education and information about mental health issues. Users can search online libraries; research information about specific disorders and pending legislation; learn about policy and advocacy initiatives underway in the state, and advocate directly to elected officials.

#### **Mental/Behavioral Health**

This version of the Network of Care provides information linking to support groups and personal advocacy resources in the community.

#### **Network of Care eLearning**

The national Network of Care community websites have led to the creation of an online resource for continuing education for professionals in the public sector. This online training tool is designed for county and state government work.

No matter where you start your search for information and education, the Network of Care helps you find what you need. Visit this highly interactive site at [www.pennsylvania.networkofcare.org](http://www.pennsylvania.networkofcare.org) to access critical information on behavioral health issues affecting our region, nation and world.



Feeling Blue  
Suicide Prevention Council  
P.O. Box 7193  
Radnor, PA 19087

## Signs & Symptoms of Depression

People with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

### **Symptoms include:**

- Persistent sad, anxious or “empty” feelings;
- Feelings of hopelessness and/or pessimism;
- Feelings of guilt, worthlessness and/or helplessness;
- Irritability, restlessness;
- Loss of interest in activities or hobbies once pleasurable, including sex;
- Fatigue and decreased energy;
- Difficulty concentrating, remembering details and making decisions;
- Insomnia, early–morning wakefulness, or excessive sleeping;
- Overeating, or appetite loss;
- Thoughts of suicide, suicide attempts;
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.

**For more information on depression & other mental health issues, visit:**

**[www.nimh.nih.gov](http://www.nimh.nih.gov)**

## Advocacy Corner

### **Health Care Reform: *Know the Facts***

*With healthcare reform upon us and the enactment of the Parity Act as part of that reform, the Behavioral Healthcare Network advises the provider community to pay close attention to the debate and to consider the following key questions as you analyze the reform measures:*

Is comparative effectiveness being met—that is, will the proposed policies contain costs while improving quality?

Are insurance deficits in the un-insured and under-insured populations being addressed?

Are we using our extensive knowledge of the benefits of child mental health to provide satisfactory coverage for children?

Are we addressing disparities in coverage in order to achieve mental health equity?

Behavioral Healthcare Network editorial board member and Director of the National Association of County Behavioral Health and Developmental Disability Directors, Dr. Ronald W. Manderscheid, examines each of the above reform concepts in a series of online editorials.

**Visit the below links for more information:**

**[Making Comparative Effectiveness Work for Us](http://www.behavioral.net/comparativeeffectiveness)**  
[www.behavioral.net/comparativeeffectiveness](http://www.behavioral.net/comparativeeffectiveness)

**[Uninsurance and Underinsurance](http://www.behavioral.net/un-and-underinsured)**  
[www.behavioral.net/un-and-underinsured](http://www.behavioral.net/un-and-underinsured)

**[Telling the Important Story of Child Mental Health](http://www.behavioral.net/childmentalhealth)**  
[www.behavioral.net/childmentalhealth](http://www.behavioral.net/childmentalhealth)

**[From Disparity to Equity](http://www.behavioral.net/disparitytoequity)**  
[www.behavioral.net/disparitytoequity](http://www.behavioral.net/disparitytoequity)

### **Feeling Blue is now part of the United Way of Southeastern PA Donor Choice Program!**

If you work for a company that encourages giving through the United Way's annual campaigns, you may now designate Feeling Blue Suicide Prevention Council on your donation form! Look for the Donor Choice section on your donation form which allows you to write in the agency of your choice as the recipient of your donation. The Feeling Blue agency code number is **48774**. Because of United Way administrative costs, a gift of \$25 or more is recommended. Also, please consider that giving through payroll deduction is a painless way to make generous gifts possible throughout the year.

