

MENTAL HEALTH RESOURCES

Our community has many resources available to assist in a variety of mental health issues.

YOU ARE NOT ALONE
REACH OUT

LOCAL & NATIONAL RESOURCES ARE:

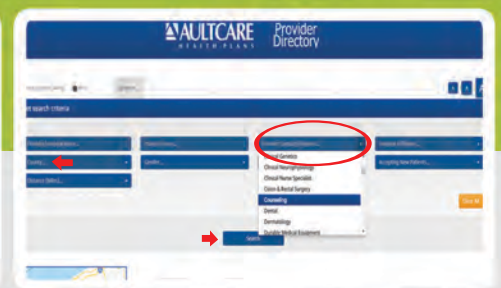
- 01 LOCAL CRISIS HOTLINE**
330-453-6000
24 HOURS A DAY
7 DAYS A WEEK
- 02 NATIONAL SUICIDE PREVENTION**
1-800-273-TALK (8255)
24 HOURS A DAY
7 DAYS A WEEK
- 03 LOCAL DOMESTIC VIOLENCE HELP**
330-453-SAFE (7233)
24 HOURS A DAY
7 DAYS A WEEK
- 04 CRISIS TEXT LINE**
TEXT: 4 hope to 741 741
24 HOURS A DAY
7 DAYS A WEEK



AultCare website homepage



AultCare "Find a Provider" webpage



AultCare Provider Directory

On the AultCare website:

- Visit our website to choose "Find a Provider" in at the top.
- Select your AultCare plan.
- Chose "Counseling" in the 3rd drop down, the county (Holmes, for example) and then "Search" to find contact information of professionals.

● AULTCARE 24 HOUR NURSE
LINE: 1-866-422-9603
330-363-7620

● AULTCARE - M-F
7:30 a.m. - 5:00 p.m.
330-363-6360

Our Shared Resources:

- Thanks to Stark County Mental Health & Addiction Recovery for their resources.
- Visit bit.ly/MyMentalState to take a completely anonymous and confidential on-line screening to assess how you are doing.

AULTCARE



STARK COUNTY SUICIDE PREVENTION

COMMUNITY UPDATE | 2016

I Stark County efforts align with evidence-based efforts of Ohio Suicide Prevention Foundation 2013-16 Strategic Plan

The Ohio Suicide Prevention Foundation (OSPF), a non-profit 501(c)(3), has served Ohio as a focus and a catalyst for the prevention of suicide since 2005. Its energy and activity is targeted on promoting suicide prevention as a public health issue, supporting evidence-based practices in awareness, intervention and methodology, and working for the elimination of stigma and the increase of help-seeking behavior that surrounds the brain illnesses of depression, other mental illness and addiction.

There are many definitions of prevention or suicide prevention. OSPF adheres to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) construct that prevention is different from intervention and treatment in that it is aimed at general population groups who may differ in their risk for developing behavioral health problems. The Strategic Plan 2013-2016 presents the organization's focus and direction for the next three years. The past seven years of business maturity, county infrastructure

development, increasing collaborations and recognition, have positioned OSPF to adopt a broader statewide stewardship role and systemic approach for moving prevention efforts up-stream, more fully integrating prevention and public health, and promoting sustainability for state and local suicide prevention programs.

The development of the strategic plan began in the summer of 2012 with a stakeholders planning retreat. This full day working session identified past accomplishments, future challenges, and elicited system-wide strategic themes for emphasis or concern. This compilation was reviewed and revised by the OSPF board and resulted in six strategic themes that would move the organization and the state towards accomplishment of its mission and vision. These themes are:

1. "Push" Suicide Prevention Upstream Through the Life Cycle
2. Foster the Use of Public Health Approaches for Suicide Prevention

3. Strengthen the Local Coalitions
4. Enhance Professional Education and Development
5. Prioritize Work with Military Personnel
6. Increase the use of Social Media, Technology, and Targeted Communications to Advance Social Marketing

Here in Stark County we are working to address the above strategies and more. Read about the collaborative efforts of the community in this Suicide Prevention Update.

We need all stakeholders to help with this public health epidemic. If you would like to become involved in these solutions, please contact Allison Rohlf, Stark County Suicide Prevention Coalition coordinator, at 330-430-3972 or arohlf@starkmhrs.org.

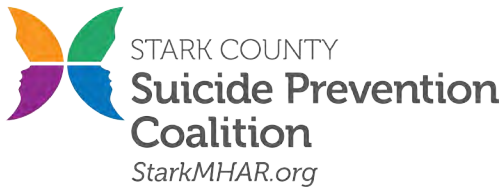
Source: Ohio Suicide Prevention Foundation Strategic Plan 2013-16, Susan Farnham, Board of Directors Chair and Carolyn Givens, Executive Director



I STARK COUNTY SUICIDE PREVENTION COALITION: Creating strategies for community change

by Allison Rohlf, MSSA, LSW, OCPA

The Stark County Suicide Prevention Coalition began in 2003 with assistance from the United States Air Force. In the past 13 years, the



coalition has grown to include members from more than 25 organizations and the community. Community organizations include behavioral health organizations, social services, human services, government organizations, public safety officials, medical facilities, educational institutes, and community activists, suicide survivors, and volunteers.

The coalition meets on a monthly basis to discuss efforts to promote suicide prevention activities. The goal of the coalition is to reduce the number of suicides in Stark County with our vision for a community with zero suicides. Our mission is to inform and empower the community so behavioral health and wellness are promoted in order to prevent suicide. Although the vision of zero suicides may seem lofty, we cannot accept that any suicide is tolerable.

STARK COUNTY NUMBERS ...

59 people died by suicide in 2015
2013 was highest year to date with
62 suicide deaths
1990 was lowest year, with 30 people
who died by suicide

Throughout years, the coalition has brought national speakers to Stark County, hosted numerous conferences and community seminars, supported a 5k Run, participated

in wellness campaigns, and collaborated with the Stark County Survivors of Suicide Support Group for the Out of the Darkness Walk. More recently, the Stark County Suicide Prevention participated in First Friday to provide information on suicide prevention and World Suicide Prevention Day.

A hallmark training event, SPC was instrumental in planning the annual StarkMHAR Clinical Conference: Keeping Hope Alive focusing on suicide prevention with clinicians. The Suicide Prevention Coalition is also in the process of planning community town hall events to discuss the issue of suicide. The Coalition has also begun planning for Suicide Prevention Week, September 5-11, 2016, which includes World Suicide Prevention Day on September 10, 2016. In Stark County, Suicide Prevention Week will culminate with the Stark County Survivors of Suicide Out of the Darkness Walk on September 11, 2016.

STARK COUNTY NUMBERS ...

Since 2010, Stark County has a had
higher than national average
rate of deaths by suicide

Stark County has taken a vested interest in **Zero Suicide** and addressing suicide as a public health issue and approach. Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention (Action Alliance), a project of the Suicide Prevention Resource Center (SPRC) and supported by Substance Abuse and Mental Health Services Administration (SAMHSA). The SPRC and Zero Suicide model state that "suicide deaths for individuals under care with health and behavioral health systems are preventable." This aligns with Stark County Suicide Prevention Coalition's view that no death by suicide is acceptable.

Zero Suicide requires a system wide approach to improve care of individuals. The Stark County Suicide Prevention Coalition models this effort by bringing community partners together to address suicide. There are seven steps identified in Zero Suicide for organizations to adopt, which include creating a leadership-drive, safety-oriented culture, increase thorough training for employees, identify and assess at risk individuals, engage individuals in care timely and thoroughly, use evidence-based treatments, provide ongoing care and assistance with transition in care, and utilize quality improvement approaches to create system change.

Through the Suicide Prevention Coalition, and with organizations in Stark County implementing the Zero Suicide Model, we are committed to reducing the rate of deaths by suicide. However, we need assistance from the community in order to further strengthen these efforts. By providing education and being able to recognize the signs and symptoms of mental illness and suicidal thoughts and behaviors, the community can assist in preventing suicide as well. Reducing the stigma associated with mental illness and suicide is another area that the community can assist with- gaining knowledge and information about mental illness and treatment programs available to individuals.

Source: <http://zerosuicide.sprc.org/about>



I MENTAL HEALTH FIRST AID: Reducing the social distance created by negative attitudes and perceptions

by Jessica Zavala, BA

Mental Health First Aid USA is operated by the National Council for Behavioral Health in partnership with the Missouri Department of Mental Health. In 2008, they worked with the program's founders to adapt Mental Health First Aid for the U.S. In Stark County, StarkMHAR works with National Council to train trainers and the public with the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem, or experiencing a crisis. Several Mental Health First Aid curriculums are offered including youth, adult, and for first responders and safety forces.

Youth Mental Health First Aid introduces participants to common mental health



to the adult population youth are just as likely to experience and suffer from a mental illness. Current statistics from the Center for Disease Control indicates 1 in 5 young people may experience mental health issues on any given day. To date about 80 participants have attended and successfully completed

challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Statistics for youth strongly support that comparable

Youth Mental Health First Aid in Stark County. Participants include school-based personnel such as, resource officers, teachers and counselors, as well as community and faith-based organizations that work closely with youth and their families.

Additional key treatment data and studies support youth who receive help and services are more than likely to recover from a mental health episode, including suicide attempts. In 2014 six Stark County youth—ranging in age from 12 to 24—completed suicide, a total of 57 individuals completed suicide that year. In 2015, 59 individuals completed suicide. Youth Mental Health First Aid training is a priority for StarkMHAR to assist participants in recognizing and responding to warning signs of mental health, substance abuse, and suicidal youth.

Source: <http://www.mentalhealthfirstaid.org>

I LAW ENFORCEMENT: Partnering for best outcomes in mental health and substance abuse encounters

by Jeannie Cool, PCC-S

Stark County Mental Health & Addiction Recovery funds several programs that work directly with law enforcement that addresses suicide risk in our county. The **Crisis Intervention Team (CIT)** training is an innovative, police-based program that promotes a community response to crisis situations. Seen as best practice internationally, identified CIT Officers are able to interact in crisis situations using de-escalation techniques that improve the safety of the officer, consumer, and family members. With special attention given on suicide during part of the trainings, law enforcement officers trained as a CIT officer will be better equipped to assist in situations that could involve potential of suicide. StarkMHAR partners with the Crisis Intervention & Recovery Center and involves area mental health/drug

and alcohol service providers, NAMI of Stark County and consumers of mental health/drug and alcohol services and their families.

Mental Health First Aid - Public Safety is an evidenced-based program developed from the National Council for Behavioral Health. It is an eight-hour course specially designed for police officers, first responders, corrections officer and other public safety professions. The course will help participants better understand mental illnesses and addiction and will provide them with effective response options to deescalate incidences without compromising safety. Particular attention to suicide is given in order for public safety officials are able to identify risk factors, signs and symptoms of suicide, and healthy and appropriate responses to someone that might be in a mental health crisis and at risk for suicide.

Although **Outpatient Commitment (OPC)** is not directly related to law enforcement, it is an important aspect to reducing the risk of suicide for an individual. Known as Senate Bill 43 and signed into law in September of 2015, new language was added to Ohio Revised Code 5122.01 to allow for Probate Court to involuntarily commitment in an individual, with the least restrictive setting being the community. StarkMHAR works with providers and Probate Court to provide support and monitoring of treatment recommendations to individuals that may be at risk for suicide. To qualify, individuals need to meet criteria of involuntary commitment under the above statute and can initially be committed for 90 days and for two years thereafter.

WORKPLACE RESOURCES: Create a stigma-free, drug-free workplace



Employers are taking great strides to reduce stigma and encourage a workplace culture of mental health wellness. Explore the following workplace resources for employers and employees alike. Visit StarkMHRB.org/Workplace for links to the following information.

10 Tips for Managing Mental Health in the Workplace The National Alliance on Mental Illness presents 10 tips for making every day a good day.

American Psychological Association: Coping with Stress at Work Everyone who has ever held a job has, at some point, felt the pressure of work-related stress. Any job can have stressful elements, even if you love what you do. But when work stress becomes chronic, it can be overwhelming. Learn more about the

health concerns surrounding work-related stress.

Centers for Disease Control and Prevention offers many resources on developing a general workplace health program. View the Workplace Health Model and read more from the CDC on:

- CDC on Depression
- CDC on Occupational Stress

STARK COUNTY NUMBERS ...

In 2015, for every female who died by suicide,
2.5 males died by suicide
(17 female : 42 male)

Nationally the rate is 1 female : 3.4 males

Depression in the Workplace: Facts from Mental Health America “Clinical depression has become one of America’s most costly illnesses. Left untreated, depression is as costly as heart disease or AIDS to the U.S. economy, costing over \$51 billion in absenteeism from work and lost productivity and \$26 billion in direct treatment costs. Depression tends to affect people in their prime working years and may last a lifetime if untreated. More than 80% of people with clinical depression can be successfully treated. With early recognition, intervention and support, most employees can overcome clinical depression and pick up where they left off...”

Source: © Copyright Mental Health America, accessed Feb 4, 2016

From prevention steps to understanding trauma, the **Ohio Association of County Behavioral Health Authorities** (or OACBHA) publishes several helpful one-pagers on behavioral topics.

Learn how to handle a crisis with **Mental Health First Aid USA**. This 8-hour training

teaches participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. Select your curriculum from three great courses. Whether you work with young adults or as a first responder in our community, there is a Mental Health First Aid training for you.

SAMHSA Publications The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. Learn more about these SAMHSA publications:

- Mental Health Friendly Workplace
 - Workplaces that Thrive
-

STARK COUNTY NUMBERS ...

In 2015, over 75%* of people who died by suicide had a mental illness or had been using substances at the time of their death

*Most information provided is from family or friends

Workplace Wellness Did you know that 70% of those currently employed are searching for other jobs? An unhappy or unhealthy work environment is bad for a company’s bottom line and bad for employees. If you’re wondering if you have a healthy or unhealthy work environment, take the online screening tool.

Source: © Copyright Mental Health America, accessed Feb 24, 2016



PARENT AWARENESS SERIES: Talking to your Kids About Suicide

Every parent would like to believe that suicide is not relevant to them or their family or friends. Unfortunately, it's all too relevant for all of us. It's the 3rd leading cause of death in adolescents and the 2nd for college aged students. Even more disturbing are national surveys that tell us that 16% of high school students admit to thinking about suicide and almost 8% acknowledge actually making an attempt. The unfortunate truth is that suicide can happen to ANY kid in ANY family at ANY time!

So how do you deal with this reality? Once you acknowledge that suicide is as much risk for your child as not wearing a seat belt while driving, or using alcohol or drugs, or engaging in risky sexual behavior, you've taken the first step in prevention. You talk to your children about these other behaviors which can put them at personal risk, and suicide is no different. It's something you CAN and SHOULD talk about with your children!

Contrary to myth, talking about suicide CANNOT plant the idea in someone's head! It actually can open up communication about a topic that is often kept a secret. And secrets that are exposed to the rational light of day often become less powerful and scary. You also give your child permission to bring up the subject again in the future.

If it isn't prompted by something your kid is saying or doing that worries you, approach this topic in the same way as other subjects that are important to you, but may or may not be important to your child:

- Timing is everything! Pick a time when you have the best chance of getting your child's attention. Sometimes a car ride, for example, assures you of a captive, attentive audience. Or a suicide that has received media attention can provide the perfect opportunity to bring up the topic.
- Think about what you want to say ahead of time and rehearse a script if necessary. It always helps to have a reference point: ("I was reading in the paper that youth suicide has been increasing..." or "I saw that your school is having a program for teachers on suicide prevention.")
- Be honest. If this is a hard subject for you to talk about, admit it! ("You know, I never thought this was something I'd be talking with you about, but I think it's really important"). By acknowledging your discomfort, you give your child permission to acknowledge his/her discomfort, too.
- Ask for your child's response. Be direct! ("What do you think about suicide?"; "Is it something that any of your friends talk about?"; "The statistics make it sound pretty common. Have you ever thought about it? What about your friends?")

- Listen to what your child has to say. You've asked the questions, so simply consider your child's answers. If you hear something that worries you, be honest about that too. "What you're telling me has really gotten my attention and I need to think about it some more. Let's talk about this again, okay?"
- Don't overreact or under react. Overreaction will close off any future communication on the subject. Under reacting, especially in relation to suicide, is often just a way to make ourselves feel better. ANY thoughts or talk of suicide ("I felt that way awhile ago but don't any more") should ALWAYS be revisited. Remember that suicide is an attempt to solve a problem that seems impossible to solve in any other way. Ask about the problem that created the suicidal thoughts. This can make it easier to bring up again in the future ("I wanted to ask you again about the situation you were telling me about...")

Here are some possible warning signs that can be organized around the word "FACTS":

FEELINGS that, again, seem different from the past, like hopelessness; fear of losing control; helplessness; worthlessness; feeling anxious, worried or angry often

ACTIONS that are different from the way your child acted in the past, especially things like talking about death or suicide, taking dangerous risks, withdrawing from activities or sports or using alcohol or drugs

CHANGES in personality, behavior, sleeping patterns, eating habits; loss of interest in friends or activities or sudden improvement after a period of being down or withdrawn

THREATS that convey a sense of hopelessness, worthlessness, or preoccupation with death ("Life doesn't seem worth it sometimes"; "I wish I were dead"; "Heaven's got to be better than this"); plans like giving away favorite things, studying ways to die, obtaining a weapon or stash of pills; suicide attempts like overdosing or cutting

SITUATIONS that can serve as "trigger points" for suicidal behaviors. These include things like loss or death; getting in trouble at home, in school or with the law; a break-up; or impending changes for which your child feels scared or unprepared

If you notice any of these things in kids who have always been impulsive, made previous suicide attempts or threats or seem vulnerable in any way, you really should get consultation from a mental health professional.

