

Cape and Islands Suicide Prevention Coalition

Position Statement

June 2010

Awareness · Education · Action

Mission

To increase suicide awareness and prevention

Vision

Cape and Islands communities will have the necessary information and tools to raise awareness, promote education, and increase action to reduce suicides.

Steering Committee of the Cape and Islands Suicide Prevention Coalition

Tim Lineaweaver, Chair

Elizabeth Albert, Vice Chair, Director, Barnstable County Human Services

Beverly Costa-Ciavola, Treasurer, Director, Cape Cod Neighborhood Support Coalition

Scott Fitzmaurice, Secretary, Executive Director Cape & Islands Gay Straight Youth Alliance

Jenny Garneau, Community Organizer, Nantucket

Sally Ann Imes, Town of Barnstable Youth Services Division

Steve Jochim, Center Director, Cape and Islands Community Mental Health Center, DMH

Kate McHugh, Private Practice, Barnstable Counseling Associates

Stephen Ryan, Director, Cape and Islands Department of Children & Families

Kathleen Shine-O'Brien, Director, Suicide Prevention Project, Massachusetts Maritime Academy

Gail Wilson, Director, Mashpee Human Services

Maura Wilson, Executive Director, The Samaritans on Cape Cod & the Islands

Maryanne Worth, Director, Human Services Nantucket

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I. Background

Although significant numbers of people attempt suicide, suicide is not a common event. Yet when they occur, suicide threats, attempts and deaths ripple across all layers of a community. With suicide rates 1 ½ times higher than the state average, Cape Cod and the Islands have identified suicide prevention as a public health priority. 90% of people who die by suicide have underlying mental health and substance abuse issues at the time of the act of suicide, yet effective treatment can significantly reduce the risk of suicide. A comprehensive community suicide prevention program requires the education of and participation by all members of the community. This includes recognizing risk and protective factors, restricting access to potentially lethal means, providing adequate screening and treatment for mental health and substance use and promoting social networks.

II. About the Cape and Islands Suicide Prevention Coalition

In January 2009 the Community Health Network Alliance (CHNA 27) was awarded a capacity building grant from the Massachusetts Department of Public Health to raise awareness about suicide through the formation of a suicide prevention coalition.

Currently the coalition includes over 75 members from Cape Cod, Nantucket and Martha's Vineyard and represents partnerships from many disciplines including schools and afterschool programs, social service and mental health providers, law enforcement and emergency medical service personnel, and suicide survivors.

The Coalition supports evidence based, public health approach that seeks to reduce risk and increase protective factors across the lifespan. Research shows that building strong partnerships and fostering connectedness is a significant protective factor for communities.

III. State and Local Statistics

- Massachusetts has one of the lowest suicide rates in the country; yet each year suicide deaths outnumber homicides 2:1.
- In Massachusetts suicide is a leading public health concern, taking more lives than homicide and HIV/AIDS combined
- There was a 15% increase in suicide rates in 2007 compared to 2006 [*the most recent figures available*]
- Suicide is the third leading cause of death of youth aged 15-24
- Suicide is the fourth leading cause of death of young adults aged 25-44
- Suicide is the eight leading cause of death of adults aged 45-64
- Suicide rates on Cape Cod and Islands are 1.5 times higher than the state average
- There are 6 suicides for every one homicide on Cape Cod and Islands

Source: Registry of Vital Records and Statistics, MDPH 2006

IV. The Cape and Islands Suicide Prevention Coalition Strategy

Foster collaborations and build a unified regional Coalition with a wide array of diverse stakeholders to achieve a broad impact through common goals in suicide prevention.

We will achieve this by: establishing a dedicated leadership group; promoting and building a multi-level community partnership including state, county, and town government, health care organizations and providers, non profits, employers, schools, churches and individuals; successfully integrating the Coalition into existing active local organizations; and supporting the work of the Massachusetts Suicide Prevention Coalition.

Increase awareness by implementing a comprehensive life span public education campaign.

We will achieve this by: developing a simple, consistent message, disseminating our message in a variety of public forums; recognizing that specific approaches & intervention strategies are necessary for targeted high risk groups; ensuring that all materials are culturally competent and accessible to people with disabilities.

Educate the community on suicide risk, protective factors, warning signs, and available resources.

We will achieve this by: developing a coordinated training program and an array of prevention activities; providing resources to the public; promoting the use of the crisis hotline; providing gatekeeper training throughout the region to a wide variety of audiences; forming relationships with the media and informing them about guidelines for reporting on suicide.

V. Personal Perspectives

Of a child whose parent attempted suicide

My father made a suicide attempt when I was fifteen years old. I got home right after the ambulance came. At that point it was still a crime scene. Though this was many years ago, the images from that day are indelibly etched in my mind: I can see the yellow chalk marked shape of his body, the blood and the gun.

My father eventually recovered but was never the same, and it took many years for me to work through the knot of feelings I had about the attempt: anger, guilt and shame being but a few.

I wish the Cape and Islands Suicide Prevention Coalition had existed back then. If it had, we would have known the danger signs: The ending of his marriage, the existence of the gun, his use of alcohol, giving things away and saying goodbye, even though he wasn't going anywhere. If the C&SPC was around, we would have known what to do. We could have stopped it from happening.

Of a suicide attempt survivor

I tried to kill myself when I was fourteen years old by setting myself on fire. I survived on a thin sliver of life, but I was marked forever by that decision. 85 percent of my body is covered in scars.

Years went by before I could overcome the shame and stigma of suicide to talk about it with even my closest friends. But little by little I became more comfortable with it. Ten years after the attempt, nearly to the day, I started writing a book about my experiences.

*After *The Burn Journals* was published in 2004, I started getting the letters and emails from teenagers and their parents from all over the country. Most had the same message. They thanked me for talking about my experience, and said they'd felt the same way at some point in their lives. They said it helped them to know that they could connect to someone out there, a complete stranger. They said it helped, just to have the words spoken out loud.*

I still go visit schools to talk about my experiences. The most common question is, was there anything anyone could have done to stop you?

My answer has always been no. I would have found a way to do it, no matter what.

But now, I see exactly how it could have been different. If there had been something like the Cape and Islands Suicide Prevention Coalition, explaining the signs of suicide and depression, I could have gotten help. My parents and friends might have seen through the masks and veils I wore to screen them from what I planned to do to myself. They might have seen the dropping grades, the isolation, the practice attempts, as cries for help, rather than "normal teenage moodiness."

Things could have been different. Things still can be.

VI. Our vision for success

We need *your* help to achieve our vision on Cape Cod and the Islands where:

- ◆ Suicide is viewed as a preventable public health problem.
- ◆ Individuals experiencing mental illness, substance abuse, or feelings of suicide feel comfortable asking for help, and have access to appropriate services in their communities.
- Suicide prevention services are provided in an integrated manner so that people receive the comprehensive coverage and support best suited for their individual needs.
- Institutions and organizations include mental health, suicide prevention, and risk and resiliency efforts as part of their health and wellness benefits and personnel practices.
- Suicide prevention is adequately supported by public and private funding sources.
- There is a general public awareness of suicide prevention efforts in the region and willingness to assist those who may be in need of help.

In summary, suicide is personal, suicide affects all of us, and in many cases, suicide is preventable. Let's continue the discussion – things *can* be different.