



# Let's talk...

Summer 2008

A Special Edition Newsletter from the Kentucky Suicide Prevention Group

## Kentuckians Affected by Suicide End the Silence



Mark Neblett is talking about suicide every chance he gets. So are Stephen Ulrich and several other Kentucky residents.

Why? Because they've all loved somebody who died by suicide, and they all know suicide is a preventable public health problem. These Kentuckians also realize that if they don't step-up and try to help others, there will be many more senseless deaths like the ones that have touched their lives.

**Mark and Stephen are working to end the silence and stigma that a suicide death often brings. They're part of a new campaign the Kentucky Suicide Prevention Group (KSPG) is launching called "Let's Talk: Kentuckians Affected by Suicide End the Silence."**

Suicide survivors (those who have been deeply affected by the suicide of someone close to them), people who have attempted or know someone who has attempted suicide, mental health professionals and concerned citizens are raising their voices in unison to declare that now is the time to end the silence surrounding the issues of suicide and mental health disorders.



*Central to the "Let's Talk" campaign is a video featuring Kentuckians affected in some way by suicide. The video will debut at a "Let's Talk" kick-off event in Frankfort on Sept. 4. Bob Robey, a bereavement counselor, explains that most people don't want to die. They want to find a way to live.*

### The Problem

Suicide is the second leading cause of death for 15- to 34- year olds in the state and the fourth for those 35 to 54. The risk for Kentucky citizens climbs with age. Kentucky loses nearly three times as many people to suicide as to homicide. An average of over 530 Kentuckians are reported to die each year as a result of suicide and experts believe that many suicide deaths go undocumented.

But people continue to keep silent about this epidemic for fear of what others might think. "We have to educate our community and our children," said Mark, who lost his daughter Rachael, a Bullitt East High School student, after she was being cyber bullied. Rachael was the first of three Bullitt East friends who died by suicide in 2006 and 2007.

"Suicide is not the answer. It has to stop and the only way to stop it is to spread the word," Mark said.

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# Save A Life

**Suicide is one of the leading causes of death for Kentucky youths and young adults.** That's why it's vital for everybody to know the signs of someone who may be contemplating it.

When Chris Wimsatt, one of Nicole Rihn's best friends, came back from several tours of duty in Iraq with the Marine Corps, Nicole didn't realize how serious his depression had become or that he would really end his life.

Nicole listened. She tried to be there when Chris needed her. But that didn't keep him alive.



**Yolonda Kelsor-Clay,**  
Nicholasville

*I just want to encourage people to ask the important questions. Are you feeling bad? Are you suicidal? Do you need somebody to talk to? Do you need someone to just listen? And to be there for those who aren't feeling well, to offer that encouragement to a friend because it's so important.*

"I think the Marine Corps, the military and everyone needs to be able to recognize the signs, to be able to see them, to be able to help their loved ones, whoever it may be," Nicole said.

A way to learn these signs and help those who exhibit them is by taking QPR Suicide Prevention

Gatekeeper Training. QPR stands for Question, Persuade and Refer—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. This training can take as little as 90 minutes.

The Kentucky Suicide Prevention Group, along with the Kentucky Department for Mental Health, Developmental Disabilities and Addiction Services, have helped train about 200 QPR Certified Gatekeeper Trainers in Kentucky and close to 10,000 Kentuckians have received the QPR gatekeeper training since 2004. Kentucky has the highest number of QPR gatekeeper trainers per capita in the United States.

**Help prevent suicide and become a gatekeeper by calling (502) 564-4456. ■**

**QPR**  
Question.  
Persuade.  
Refer.

## Kentuckians Affected by Suicide End the Silence

*(Continued from page 1)*

"Let's talk about it. Don't brush it under the rug."

### The Solution

Central to the "Let's Talk" campaign is a video featuring Kentuckians affected in some way by suicide. The video will debut at a "Let's Talk" kick-off event in Frankfort on Sept. 4. By putting a face on Kentucky's suicide deaths, this compelling and edgy video attempts to capture the essence of grief, loss and pain, while projecting the hope and triumph that can shine through adversity.

**The video touches on suicide among servicemen and women returning to Kentucky from war, youth suicide and suicide contagion, suicide on college and university campuses, suicide among select ages or populations, suicide among Kentuckians affected by HIV/AIDS and more.**

Through brochures and other information, Stephen hopes this campaign will alert Kentuckians to the warning signs of suicide.

Ulrich lost his stepson Nathan Eisert, a former Western Kentucky University basketball player, to suicide after an injury led to his depression. Nathan's family, the coaching staff, his teammates and friends all missed the signs that he was in crisis.

"Nathan put off all kinds of warning signs, but none of us were aware enough of the signs to see them," said Ulrich, a member of the Kentucky Suicide Prevention Group. "If we would have known then what we know today, Nathan would be alive today." ■

# Kentucky Suicide Prevention Week

SEPTEMBER 7-13

During the 2008 legislative session, due to the efforts of KSPG members, Sept. 7–13 was officially declared Kentucky Suicide Prevention Week by a unanimous vote. Senate Resolution 86 was sponsored by Sen. Dan Seum, R-Louisville and House Resolution 100 was sponsored by Rep. Larry Clark, D-Louisville.

During this week, let's take time to remember that every year more than 500 Kentuckians, or an average of three people every two days, die by suicide; and an estimated 3,000 plus Kentuckians attempt suicide each year.

## Here are a few more facts to think about included in these resolutions:

- Suicide is the 11th leading cause of death in Kentuckians, exceeding deaths by homicide and HIV/AIDS by 300 percent.
- Suicide is the second leading cause of death in Kentucky among youth between the ages of 15 and 24.
- The rate of suicide for older adults is also disproportionately high, with Kentuckians age 65 years and older having a rate higher than younger Kentuckians.
- As many as one third of the people in the Commonwealth of Kentucky suffer devastating and long-lasting emotional trauma when a family member, friend, co-worker, neighbor or classmate dies as a result of suicide.
- The causes of suicide are complex and multifaceted, involving psychological, biological and sociological factors.
- Suicide is often the result of untreated mental illness, especially depressive illnesses and research indicates that many suicides would have been preventable with immediate and appropriate intervention and treatment.
- Suicide prevention opportunities continue to increase due to advances in clinical research pertaining to the diagnosis and effective treatment of mental illness, along with advances in neuroscience and in the development of community-based suicide prevention initiatives.
- Additional research is needed to determine effective intervention strategies, especially for different age, gender, ethnic and cultural groups.
- Much more can be done to reduce the stigma associated with seeking help for emotional or mental health problems, as well as for seeking help for suicidal thoughts and behavior.
- Research demonstrates that increased public awareness of warning signs of suicide and awareness of appropriate and effective intervention strategies, would reduce suicide deaths.
- Over 200 volunteers across the Commonwealth of Kentucky have become Suicide Prevention Gatekeeper trainers in order to teach family, friends, neighbors and all Kentuckians how to help save the life of someone in a mental health crisis.
- Suicide attempts and completions impose, in addition to personal and economic loss to families and friends, a large unrecognized social and economic loss on the Commonwealth of Kentucky and on local communities, through medical, law enforcement and emergency personnel costs, as well as through lost economic and social contributions.
- In the year 2005, in Kentucky, 2,933 suicide attempters were treated in emergency rooms or admitted to hospitals for treatment and the hospital charges alone for suicide attempters admitted as inpatients exceeded \$24 million.
- The United States Surgeon General has issued to the states "The Surgeon General's Call to Action to Prevent Suicide" (1999) and the National Strategy for



*Stephen Ulrich and Jenny Jones from Kentucky Suicide Prevention Group stand with Sen. Dan Seum (center) just before the Senate Resolution was passed unanimously.*

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## Kentucky Suicide Prevention Week

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Suicide Prevention (2002) to encourage states to develop and implement suicide prevention strategies based on these documents and the public health model.

Resolved by the legislature of the Commonwealth of Kentucky, that the members of the legislature declare all of the following:

- 1 Suicide is a major public health problem that can be reduced with effective actions.
- 2 Suicide prevention is a state priority and counties and local communities are encouraged also to declare suicide prevention a priority.
- 3 Initiatives dedicated to the prevention of suicide, to the promotion of effective treatment for people at risk and to the support of people who have lost a loved one to suicide, are encouraged.
- 4 Development of accessible and affordable mental health treatment to enable people at risk of suicide to obtain these services, without fear of any stigma, is encouraged.
- 5 Citizens are encouraged to join in recognizing Sept. 7–13, 2008 as “Suicide Prevention Week” and in promoting suicide prevention activities.
- 6 State and local public and private organizations are encouraged to work in mutual cooperation with the Kentucky Suicide Prevention Group to continue developing and implementing a Kentucky Strategy for Suicide Prevention using the National Strategy for Suicide Prevention as a guideline. ■

## SURVEY SAYS

# Thousands of Lives Touched by Suicide

Jenny Jones lost her mother, her grandmother and other family members to suicide. Because of the way her loved ones died, Jenny often felt isolated in her grief.

However, she’s definitely not alone. An August 2007 Kentucky Awareness of Suicide (KASS) phone survey showed 64 percent of adults across Kentucky knew at least one person who had attempted or died by suicide, 40 percent knew at least one person who had died by suicide and 33.8 percent considered themselves to be a “suicide survivor.”

### The survey findings aren’t surprising if you consider these facts:

- There were 557 reported deaths by suicide in 2005.
- According to the Kentucky violent death reporting system, 69 percent of the state’s 810 violent deaths were attributed to suicide—three times as many suicides as homicides.
- Suicide is the second leading cause of death for 15 to 25 years of age and the fourth leading cause of death for 35 to 54 years of age.



Jenny Jones,  
Richmond

- In 2005, Kentucky moved from the 19th highest rate of suicide deaths to the 16th highest in the nation.

For every death by suicide, families, schools and communities are impacted profoundly. That means countless numbers of Kentuckians are touched by suicide.

“I feel like keeping suicide a secret perpetuates suicide,” said Jenny, chair of the Kentucky Suicide Prevention Group steering committee. “Being involved in suicide prevention and advocacy, to me, not only brings healing to me, but it also brings purpose to my mom’s life and it in some ways helps me to keep her candle burning.”

*The “Let’s Talk” campaign and the KASS phone survey are being conducted as part of the federal Garrett Lee Smith Memorial Act for youth suicide prevention. The grant was awarded to the Cabinet for Health and Family Services. Its Kentucky acronym “SPYCE” stands for Suicide Prevention in Youth: A Collaborative Effort. ■*

# Caring for the Suicidal or At-Risk Client

*As many as  
50 percent  
of those who  
die by suicide  
every year were  
in psychiatric  
treatment at  
the time of  
their death.*

Even professionals who work with patients at risk for suicide don't always know all the suicidal symptoms, risk factors and self-injurious behavior common among clients in mental health and substance abuse treatment settings. As many as 50 percent of those who die by suicide every year were in psychiatric treatment at the time of their death.

That's why it's vital for professionals to have all the information they need to help their clients. In a 2001 multi-site study, 31 percent of the clients in outpatient mental health care reported suicidal ideation. Suicidality is the most frequently encountered emergency situation in mental health settings and is the most anxiety-provoking clinical scenario for practitioners.

**Despite its prevalence, training in suicide assessment and intervention is often inadequate.**

**According to the American Association of Suicidology, the average clinician receives only about two hours of didactic training around suicidality.**

Working with a suicidal client, is more complex than simply knowing what questions to ask a client. The task of creating a context for accurate risk assessment is among

the most challenging of clinical endeavors. It's essential the environment created and managed by the clinician provide the patient a sense of safety and comfort that encourages he or she to disclose and discuss in detail feelings permeated by ambivalence.

In contrast to other clinical problems, ambivalence is a key concept in suicide risk assessment and management. Seemingly very minor aspects of the patient-clinician interaction can nudge ambivalence in one direction or the other, encouraging or discouraging a patient to be forthcoming about suicide plans, access to method, preparation or rehearsal and intent.

Given some of the distinctive challenges in working with clients at risk for suicide, it is imperative clinicians take advantage of training opportunities to expand their skill and competence.

*As part of a comprehensive state suicide prevention plan, the Department for Mental Health, Developmental Disabilities and Addiction Services makes available a variety of clinical training opportunities ranging from 90-minute to full-day workshops, each approved for CEU credits. To learn more about these classes, contact Michael McFarland at (502) 564-4456. ■*

# Information about Suicide from the Kentucky Violent Death Reporting System

By Sabrina Walsh, Doctor of Public Health & Julie Cerel, Ph.D.

**Suicide is the most common manner (69 percent) of violent death in Kentucky.** Suicides are almost three times more common than homicide in Kentucky.

To better understand why violent deaths occur, the Centers for Disease Control and Prevention (CDC) developed the National Violent Death Reporting System (NVDRS), a nationwide state-based surveillance system designed to track trends and characteristics of violent deaths with the goal of reducing them. Kentucky is fortunate to be one of 17 states funded by NVDRS starting in 2005. Violent death information, including suicides, is collected

from the Kentucky State Police, 120 county coroner offices, medical examiner offices, forensic crime laboratories and toxicology laboratories and combined into the KVDRS. The following results represent the first full year of KVDRS data collection and analysis.

## Age and Sex:

There are more male suicide deaths than would be expected from the number of males residing in Kentucky. Suicides in Kentucky occur predominantly in white (89 percent) males (78 percent) older than 25 (84 percent).

## Weapon / Mechanism:

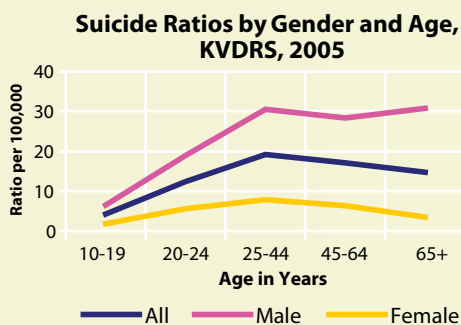
The majority of suicides in Kentucky involve a firearm (70 percent). Poisoning is a more common cause in women than men (26 percent and 8 percent), hanging is more common in minors versus adults (31 percent and 17 percent) and in nonwhites versus whites (27 percent and 17 percent).

## Circumstances:

A case history is recorded by the coroner and available to the KVDRS in 78 percent of suicides.

- Current depressed mood (55 percent), current mental health problem (52 percent), and current treatment for mental health (52 percent) comprise the top three circumstances surrounding a suicide.
- In 29 percent of suicides the coroner notes an intimate partner problem as a contributing factor. In 44 percent of those cases, the decedent's partner is leaving, breaking up, separating, divorcing, or a divorce recently finalized—87 percent were men.
- 8 percent of suicides in 2005 were veterans. They were all males, 11 percent were ages 18-34, 48 percent, ages 35-59 and 41 percent were older than 60.

*Future funding for NVDRS is still being debated by Congress. For more detailed information about the KVDRS, please visit its Web site at: <http://www.kvdrs.uky.edu/>*



In 2002, the Kentucky Department for Mental Health, Developmental Disability and Addiction Services invited various community leaders to establish the **Kentucky Suicide Prevention Group (KSPG)**. Today, KSPG is made up of various community stakeholders including suicide survivors (those who have lost someone close to them to suicide), people who have attempted suicide, or know someone who has attempted, mental health professionals and others who have an interest in suicide prevention in the Commonwealth. Meetings are open to the general public.



For more information regarding the Kentucky Suicide Prevention Group, QPR gatekeeper training, or ways that you or your community can get involved in suicide prevention, call us at (502) 564-4456 or visit our Web site at [www.KentuckySuicidePrevention.org](http://www.KentuckySuicidePrevention.org).

# Suicide Support Groups

## Survivor of Suicide (SOS) Support Groups

- **Ashland area**  
Paula Rymer  
(606) 836-7966  
PaulaKRymer@aol.com
- **Bardstown**  
Tina Rogers  
tinar66@bardstowncable.net
- **Bowling Green**  
Anita Hudson  
(270) 202-3204  
anita\_hudson1968@yahoo.com
- **Campbellsville**  
Alice Steele  
(270) 456-6009
- **Fort Thomas/Northern Kentucky**  
Ken & Carol Himes  
(859) 441-1958  
spbears@fuse.net
- **Hazard**  
Roger Smith  
rsmith2@hospicebg.org
- **Lexington**  
Joni Johnson  
(859) 277-2700 *or*  
(800) 876-6005
- **Louisville**  
Glenn Raymond  
(502) 583-5676 *or*  
Gage Donohue  
(812) 283-1111
- **Louisville**  
*(For young people 16 to 30)*  
Barbara Kaminer  
(502) 931-3999
- **Owensboro**  
Bob Robey  
(270) 276-5531  
bob.robey@gmail.com
- **Paducah**  
Karen Winkel  
(270) 442-3722
- **Somerset**  
Beverly Hargis  
(606) 679-7428 *or*  
beverlyhargis@aol.com

## Local Suicide Prevention Groups

- **Ashland area**  
Paula Rymer  
(606) 836-7966  
PaulaKRymer@aol.com
- **Bowling Green/  
Barren River area**  
Evelyn Libe  
elibe@lifeskills.com
- **Lexington SYSC**  
Hatim Omar  
Hatim.Omar@uky.edu
- **London**  
Barbara Cottrell  
Barbara.A.Cottrell@usps.gov
- **Louisville**  
Julia Richerson  
jricherson@FHCLouisville.org
- **Northern Kentucky**  
Denis Walsh  
DWalsh@northkey.org
- **Owensboro**  
Bob Robey  
bob.robey@gmail.com
- **Somerset**  
Beverly Hargis  
(606) 679-7428  
beverlyhargis@aol.com

## Local Suicide Prevention Foundations / Non-Profits

- **Lee Eric Drake Foundation**  
Dan Padgett  
Dan\_Padgett@bgmetalforming.com  
*or* Kelly Bush  
Kelly.Bush@leericdrake.com
- **Nathan Alan Eisert  
Foundation**  
Stephen Ulrich  
ulrich@bellsouth.net,  
[www.tellthemmomma.com](http://www.tellthemmomma.com)
- **Zach's Hope Yellow Ribbon  
Foundation – Paducah area**  
Tina McKnight  
paultina@accessus.net
- **Make A Difference  
for Kids, Inc.**  
Jonathon Rideout  
(502) 955-7738  
[www.makeadifferenceforkids.org](http://www.makeadifferenceforkids.org)





**Kentucky Suicide Prevention Group**  
Kentucky Department for Mental Health,  
Developmental Disabilities & Addiction Services  
100 Fair Oaks Lane, 4E-D  
Frankfort, KY 40621

## Kentucky Suicide Prevention Week is Sept. 7–13.

To get your community involved, contact the Kentucky Suicide Prevention Group at (502) 564-4456.

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# Suicide Warning Signs

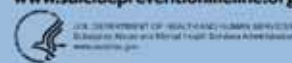
Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at **1-800-273-TALK** if you or someone you know exhibits any of the following suicide warning signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means.
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person.
- Feeling hopeless.
- Feeling rage or uncontrolled anger or seeking revenge.
- Acting reckless or engaging in risky activities—seemingly without thinking.
- Feeling trapped—like there's no way out.
- Increasing alcohol or drug use.
- Withdrawing from friends, family and society.
- Feeling anxious or agitated, being unable to sleep, or sleeping all the time.
- Experiencing dramatic mood changes.
- Seeing no reason for living or having no sense of purpose in life.



If you or someone you know is thinking about suicide, call the National Suicide Prevention Lifeline.

**NATIONAL  
SUICIDE  
PREVENTION  
LIFELINE™**  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)



1-800-799-4TTY (4889)  
[www.SuicidePreventionLifeline.org](http://www.SuicidePreventionLifeline.org)