Raising awareness about suicide and mental health
Welcome to Into the Light

Dear Reader,

Suicide is awful. I’ve attended too many funerals due to suicide, and realized I needed to do something about these tragic deaths. Thankfully, I work at a place where I have access to resources to help bring attention to this often overlooked, but extremely common, issue.

Mental illness has no prejudices or biases. It’s a disease just like cancer or heart disease, but unlike those physical ailments, mental illness affects everyone around the person with the disease. There is a stigma surrounding mental illness, and it’s time to break the silence.

Into the Light is a Post-Bulletin publication aimed at bringing awareness to mental health issues and suicide. Our team consulted several mental health professionals, asking questions and gathering information. We hope this guide helps families and friends make educated decisions in choosing to get support for themselves or their loved ones. There are no blanket answers that help everyone, but we hope you find resources to use in your journey to living with mental health issues.

If you have valuable information we could publish in the future, please send it our way, I’d be happy to review it.

We gratefully thank all our sponsors whose informative advertising message supports our efforts and publication. Without them, this would not have been possible.

I hope this resource guide helps you when making some of life’s toughest decisions.

Warm Regards,

Barb Flicker
Special projects leader
bflicker@postbulletin.com

Symptoms and Danger Signs

Warning Signs of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change.

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawn or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Information provided by NAMI.org

American Foundation for Suicide Prevention

Cara Gulsvig Fox is American Foundation for Suicide Prevention Southeast Minnesota Chapter Board Chair.
Consider the Family Dynamic

by Jordan Hobbs, Psychiatric Nurse Practitioner, Bluestem Center

Parents often come across excellent articles online regarding warning signs that your teen may be suicidal. As a psychiatric nurse practitioner, I find these online tools helpful in some ways, but often missing a larger point. When determining the risk for a child having depression or suicide, I do not just look at the symptoms, but at the functioning of the family. I believe this is something parents should consider if they are concerned about their teen.

When I suggest to look at family function, this does not mean parents or families cause a teenager to become suicidal. Rather looking at family communication, behavior patterns, and family history of mental illness helps to predict the risk of depression and suicidal behavior in a teenager.

Part of family dynamic is the family history of mental illness. Teenagers with depression often have parents who have suffered with depression, anxiety, and possible thoughts of suicide at some point in their own life. If you have suffered yourself, it can be too scary to believe that your child may have depression or suicidal thoughts because no parent wants such problems for their child. Furthermore, parents with traumatic backgrounds of their own almost always do the very best they can to prevent their own children from having to suffer the same emotional experiences, thereby making it harder to believe their own children could be suffering. However when parents have untreated trauma, emotional pain from a parent can often be unintentionally transferred to the child. This is one way in which untreated trauma affects generations. This is why having a family history in which one person has completed suicide increases a child’s risk—the trauma of a suicide or other major mental disturbance in a family affects generations. Consider if you or any of your family members have been through traumatic events or have suffered with mental illness. You may decide your child has “sensed” some of this trauma, even if words were never spoken about it. Keep in mind, it does not take abuse to mean that that a parent has experienced trauma. For example, having an emotionally absent parent; having untreated childhood depression; witnessing domestic violence; having had alcoholic parents; or having siblings with severe mental illness are traumas that children pick up on, even if they are hidden from the child.

Part of family dynamic is the family history of mental illness. Teenagers with depression often have parents who have suffered with depression, anxiety, and possible thoughts of suicide at some point in their own life.

Also, consider the behavior and communication of your family members. Many parents describe having teenagers with “mood swings that come out of nowhere.” It is sometimes found that the teen’s rages occur related to a lack of structure in the home. Their well-intentioned parents have tried to protect their children from the strict and rigid households they grew up in, yet have overcompensated by not enforcing limits to unacceptable behavior in their own children. Without having had to learn to manage powerful emotions, teenagers can get confused about what they are feeling, and attempt to manage feelings by “acting out.” Even without rages, teens with depression often present with other challenging behavior that creates such stress for the parents that the child is often seen as “a brat” or “manipulative” or “attention seeking.” The child often sees the parents as “too controlling and unfair.” These dynamics can be related to depression in a teenager.

The other hand, sometimes families with depressed children may have little arguing. So how can you tell if your child may be depressed based on looking at family communication and behavior. Generally, parents have a gut sense that there is something in the family they are not happy with. It could be one parent not spending a lot of time with the teenager, it could be trouble in the marriage (kids pick up on this), it could be a sense of sadness that the whole family feels, but does not talk about.

If you recognize these dynamics or can relate to the possibility that some of your childhood has been difficult and even, “traumatizing” consider whether or not you think this may be affecting your child. Lists of symptoms are helpful, but often overlook family functioning.

Whatever the cause, treatment really works. No matter how hopeless it may seem, therapy and sometimes medication, can allow children suffering with depression to live truly happy and productive lives. Families with dynamics that may be unhealthy can be mended. Traumas that have gone untreated can be treated. Teens with depression can be happy with help.

Jordan Hobbs is a Psychiatric Nurse Practitioner at Bluestem Center in Rochester.
I joined the United States Marine Corps in February 2007. My goal at the time was not to be patriotic or serve my country; I only wanted a change of pace in life and to gain the self-discipline I sorely needed. I was stationed at Kaneohe Bay in Hawaii for 4 years. During this time, I was able to travel a lot for training and was deployed to Iraq from August 2008 until March 2009, and then to Afghanistan from November 2009 to June 2010.

On April 2, 2010, the world as I knew it was forever changed. While en route to another unit that was hit by an IED (Improvised Explosive Device), then my vehicle was struck by a second IED. My turret gunner, Cpl. Curtis M. Swenson, was killed instantly, while my driver, Cpl. Brian Thompson, and myself had to be medevaced. I suffered a traumatic brain injury and level 3 concussion. Most combat warriors do. War is an absolutely horrific thing that cannot be described in words, nor movies.

There are a lot of Marines I know that turned to drugs and alcohol to try to cope with their demons. Of all the Marines I’ve served with, I know of 12 that have now lost their lives due to drugs, alcohol, or suicide. The Turret gunner who replaced Cpl. Curtis Swenson, Cpl. Vincent C. Schaffert, ended his life on June 26 2015. He was one of my Marines.

Every day in the United States, 22 service members take their own lives because they cannot stand to wake up another day dealing with their intense and overwhelming feelings. 22 will lose their lives today. 22 will lose their lives tomorrow, and the next day and the next.

How can a country ask so much of its men and women and then stand there when they come home, wave their stars and stripes, and think that is enough? It takes years to decompress from war and it takes a strong support system.

In my opinion, the VA has done nothing to help. I use the Minneapolis VA, and all they seem to do is shove pills down our throats. I’ve seen non-profits doing way more to help our vets, so I have been working with a close group to create Roger Up, a non-profit to truly benefit veterans. We have been gathering information and resources, and putting together partnerships so when we launch, veterans will have the resources they need, along with connections to other vets and positive activities in their local communities. It takes whole communities to come together to support one another when faced with difficult times. Be sure to keep an eye out for us. We are building a website as we speak and are working diligently to make Roger Up a reality: www.RogerUp.org (currently being developed).
Maintaining a Safe School Environment

by Denise Moody, MSW, LICSW, Rochester Public Schools

According to the Center for Disease Control, suicide is the third leading cause of death among adolescents. Experts estimate that for every one death by suicide there are 100-200 attempts, and up to 60% of adolescents have considered suicide. These are staggering numbers and schools are in the position to help support and educate students about suicide prevention. Maintaining a safe school environment and teaching students how to be healthy is part of the overall mission of schools. This includes promotion of positive mental health.

Rochester Public Schools has a four-prong approach to preventing suicide: staff training, student training, parent training, and increased supports. The first prong is annual staff training consisting of recognition of warning signs and risk factors for suicide, how to talk with a student, and how to help students access the help they need.

The second approach used is our student training. Secondary students receive training on warning signs and risk factors of suicide and depression, how to have conversations with peers and adults when they are worried about themselves or a friend, and how to get help. RPS students are able to talk confidentially with a student support staff member if they are worried about themselves or others.

The third prong is education for parents through school offered trainings, informational materials sent home, or through district supported trainings. The goal of parent education is to help parents support the mental health of their child as well as recognize risk factors.

The final approach is providing additional supports for students struggling with mental illness directly. These supports may include services in the areas of school social work, nursing, counseling, mental health skills workers, and school psychology. RPS also collaborates with community mental health agencies to provide school-linked mental health services to reduce barriers that students and their families might face when trying to access services in the community setting.

Adolescence can be a confusing time, full of emotional upheavals and uncertainty. Some warning signs of students struggling with mental illness are underperformance academically, decreased cognitive functioning, and impaired memory that greatly impacts his or her achievement at school. Too often, signs of mental illness can be mistaken for “just being a teenager” and not assessed until the adolescent is very ill. If you are worried that someone that you care about might be considering suicide, the most important thing you can do is to start the conversation. We believe we can overcome the stigma of mental illness and eliminate barriers that prevent students from accessing help through candid conversations about mental illness and suicide.

Denise Moody, MSW, LICSW is the Coordinator of Mental Health Services with Rochester Public Schools. She has been with the district since 2005 and previously worked as a school social worker. She can be reached at demoody@rochester.k12.mn.us or (507) 328-4273.

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NAMI Southeast Minnesota is the local affiliate of the National Alliance on Mental Illness, the nation's largest grassroots mental health organization. Through education, support and advocacy, NAMI SE MN aims to break down the misperceptions and stigma around mental illness, ensuring the 1 in 5 Americans living with mental illness and their families know that they are not alone.

Both nationally and locally, in 1978 and 1986, respectively, NAMI was founded by parents whose children lived with mental illness who sought support and understanding from others with shared experiences. This peer-to-peer model is foundational to NAMI; support groups and classes are led by people who have been personally affected by mental illness, not mental health professionals or practitioners. Sharing lived experience creates an atmosphere of openness, credibility and safety that is beneficial for people who are accessing help for the first time and those maintaining recovery alike.

While NAMI programs complement clinical treatment, they are completely separate. NAMI SE MN fundraises to ensure support groups and classes are accessible at no charge, with no health insurance requirements. Participation is not shared with a clinical team or included in the medical record.

NAMI believes recovery—defined as "a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential"—is not only possible, but achievable for people living with mental illness. For the past 30 years, NAMI SE MN has walked with many people on their recovery journeys, reaching thousands annually via support groups, classes, community presentations and Warmline, which provides non-crisis, anonymous phone support. NAMI also engages in advocacy, leading efforts to ensure public policy is sensitive and responsive to the needs of people living with mental illness and their families.

Looking ahead, NAMI SE MN is opening the suite adjacent to its office on N. Broadway for people living with mental illness to drop by, socialize and participate in a variety of activities led by volunteers and Peer Support Specialists. The new space is called The Lighthouse; you can get updates at namisemn.org or on Facebook (facebook.com/thelighthouseatnamisemn). A grand opening is scheduled for Monday, October 3 from 4-6 p.m. On Saturday, September 24, NAMI will celebrate hope and recovery at NAMIWalks Southeast Minnesota, a 5K walk to raise awareness and funds for NAMI programs. Registration is at 11:30 a.m. and the walk starts at 1:00 p.m. Learn more at namiwalks.org/southeastminnesota.

Courtney Lawson, MPH, PMP is Executive Director of NAMI Southeast Minnesota.
I Am a Survivor of Suicide Loss

by Cara Gulsvig Fox

His name was Bob Fox. He was 62 years old. He had a wife and a daughter and good friends. He was dedicated to his successful career as a general manager of a radio station and passionate about life. His death by suicide on April 11, 2010 reverberated throughout the community and beyond.

I am one of the survivors of his death 6 years ago; his wife of almost 20 years. I truly don't remember much of that first year after he died; my friend, Susan, fills in the blanks for me when I ask. I basically detached from everything except for my daughter, Catie. She was my lifeline - my reason for staying present and aware of the world around me. Life was lived a moment at a time and I survived. I learned that the word ‘suicide’ could bring out a myriad of responses - there were those who couldn’t back away fast enough while others reached out in comfort. Most did not know how to respond or what to say - how could they? - before Bob’s death I would have been at a loss also.

How do survivors of suicide loss survive? The grief we experience is no greater than those who have lost loved ones; but it’s complicated and includes guilt and betrayal and a search for reasons that have no answers. I know that others may tell us, ‘we will find a new normal’ in an effort to offer hope and comfort and yet I resist that phrase because I know that I will never again be a normal person. I will never again be the person I was before Bob’s death. And sometimes I miss that person - the one with the ready laughter and innate goofiness. But in the midst of all this loss I have gained a depth of compassion for the frailties of humans and a greater appreciation of life and I continue to survive.

The journey of suicide loss has no time limits - it isn’t something we get over - we learn to find our way through wave after wave of sorrow and live a moment at a time. And it is in surviving those moments that we grow stronger and begin to understand our capacity for resilience. For me to heal, I needed to let go of the guilt I felt in not ‘saving’ Bob. I needed to change my thoughts from the woulda, shoulda, coulda, to ‘I wish I had known more about depression and mental health issues. I wish he had shared more with me about his sadness. How difficult it is to comprehend how dark his life became when I have never experienced depression. But I did not know then what I know now. Now after 6 years of loss, I am finally at the place of being able to forgive myself and to acknowledge how much he is missed. I am finally able to mourn my loss. I have learned how to embrace the overwhelming grief that will show up at any given moment, to recognize that missing him is as much a part of my life as loving him. How can I not honor that sorrow? It has helped me survive.

Three years ago I became involved with the American Foundation for Suicide Prevention (AFSP), a non-profit national organization with chapters located in all 50 states. Their mission statement is to ‘save lives and bring hope to those affected by suicide’. I was tentative at first, wondering where I would fit in and what I could possibly offer to others. I found a ‘family’ of others who understand surviving a loss by suicide and the comfort of grieving without judgment. Our local chapter of AFSP - the Southeast Minnesota Chapter - has given me purpose and I have found my personal passion is helping other survivors. On the Saturday before Thanksgiving, we host the International Survivor of Suicide Loss Day event where survivors gather together to remember and honor our lost loved ones. We meet together in an emotionally safe environment to express our sadness and share ways we individually have coped with our loss. Soon I will be promoting the Survivor Outreach Program and be able to offer a connection between long term survivors and those newly bereaved. I am living my life as a survivor of suicide loss, missing Bob and finding hope in my life. And I continue to survive.

Cara Gulsvig Fox is American Foundation for Suicide Prevention Southeast Minnesota Chapter Board Chair.
Turning Brokenness into Hope

TJ Schultz

I went downstairs on a recent morning and found water pouring out the bottom of the water heater. Fortunately, there was little damage because I got it early.

Recognizing something is broken early on is critical in the journey toward finding hope. A powerful tool in this journey is Celebrate Recovery. It is a Christ-centered 12-Step program providing tools to break free from troublesome or destructive hurts, habits and hang-ups. Some of the common issues addressed are alcohol and drug abuse, anger, codependency, abuse, family dysfunction, sexual problems and other difficulties. Celebrate Recovery recognizes a high number of people dealing with these challenges also deal with mental health/emotional concerns such as depression, bipolar disorder, anxiety, and other mood disorders. It is a safe, supporting environment that helps a person break their isolation, removes the stigma, provides encouragement and instills hope. It is a nonjudgmental, safe place to learn how to cope with life’s struggles and realize that every problem is servable (even the darkest depression).

Perhaps a loved one is facing a mental health challenge. Brighter Days is specifically designed to offer hope to those who have loved ones with mental health challenges through education of various mental health diagnoses, the teaching of crucial life skills with biblical foundations, and the provision of an environment for an essential support network.

We all participate in bringing light and hope to those who are struggling. You, or someone you love, may be facing a mental health challenge. Acknowledging, early on, a problem exists is a fundamental step in the journey to hope.
Q & A with Dr. Kathryn Lombardo

by Dr. Kathryn Lombardo, Olmsted Medical Center

Who is at risk of becoming suicidal?
Some of the risk factors for suicide include:

- Psychiatric illness such as depression, bipolar disorder, or schizophrenia;
- Chemical dependency;
- Prior suicide attempt;
- Chronic pain disorder;
- Family history of suicide;
- History of violence;
- Certain medical disorders that have an increased association of developing depression.

It is important to know that people of all ages, genders, ethnicities are at risk—no single cause. Suicide attempts are more common in women, but men are more apt to dies of suicide (more lethal attempt and a difference between men and women).

There are numbers provided by the CDC from April 2016 regarding statistics regarding suicide:

- Suicide rate increased in the US from 1999 to 2014 by 24% from 10.5 to 13.0 per 100,000 population.
- Increased during this time period for both males and female and for all ages from 10-74.
- Greatest increase was for females between 16-14 and males aged 45-64.
- Most frequent method with males was firearms and poisoning for females.
- Highest rates for females between the age of 45-64; for men age 75 and older.

What is important to know is that suicide is one of the 10 leading causes of death overall.

As a clinician it is important to understand the risk factors for our patients, how they vary depending upon age, gender, and diagnoses and for those that are at greatest risk we provide appropriate intervention. That intervention may include more frequent contact with patients—telephone contact and support and more frequent appointments or consideration of providing a higher level of care such as emergency evaluation or hospitalization.

How can I tell if someone is suicidal?

There are signs that may indicate that someone is experiencing suicidal thoughts. These include:

- Talking about hurting or killing themselves.
- Thinking or talking about death.
- Giving away possessions.
- Saying goodbye to family members or friends.
- Agitation or irritability.
- Talking about hopelessness.
- Making arrangements for the future.
- Use of alcohol or drugs.
- Thoughts of guilt regarding the past or being a burden.
- Becoming more detached from family or friends.

How can I help? (Friend, family member, classmate, acquaintance, stranger)

If you have a family member or friend that you are concerned about regarding possible suicidal thoughts—talk to them about your concerns. Do not be afraid that your question regarding possible suicidal thoughts is going to contribute to worsening symptoms or suicide. Listen to their concerns and seek help for them if needed. If your family member or friend is having active suicidal thoughts seek out emergency evaluation. This would include contacting their healthcare provider, psychiatrist, seeking emergency treatment at an emergency room or calling 911. There are many crisis interventions that are available that can be accessed 24 hours a day. Your intervention may prevent a suicide attempt or death.

There is a crisis response team available in Southeast Minnesota that provides telephone support 24 hours a day, 7 days a week. This team also provides outreach services to a person’s home specific hours during the week. This service is provided by Zumbro Valley Mental Health Center (Rochester), South Central Human Relations Center (Owatonna) and Hiawatha Valley Mental Health Center (Winona). Phone number is 1-844-CRISIS2.

Another resource in Rochester is NAMI—SE Minnesota (National Alliance on Mental Illness).

What are some common misconceptions about suicidal people?

- A common misconception is that you should not ask a family member or friend if they are experiencing suicidal thoughts. Your intervention will not contribute to worsening symptoms and more likely will prevent a suicide attempt.
- People always talk about their suicidal thoughts. There are a number of individuals that have not demonstrated obvious risk factors and act impulsively to harm themselves.
- There is nothing that can be done to prevent a person from suicide.

This is not true. Understand the risk factors and reach out to individuals that are demonstrating symptoms or have risk factors that predict a person at higher risk of suicide.

After the time of crisis, what sort of ongoing support is appropriate and helpful?

After acute intervention for a person with suicidal thoughts or suicide attempt it is important to provide appropriate diagnosis for an underlying psychiatric illness or chemical dependence to offer appropriate treatment options. Treatment includes medications, psychotherapy, and community support for both the patient and family and friends. It is also important to confirm that risk factors be identified and preventive measures be instituted—such as removing firearms that the person may have access to. Providing information regarding crisis services is important such as telephone numbers to local emergency rooms and crisis services. Education to patients and family members and friends is crucial and may be provided from a healthcare provider or agencies such as NAMI.

Suicide is a complex concern and prevention is the key to reducing the increased rates that we are seeing within our communities and throughout the United States. Prevention can only be driven by educating everyone within our communities about suicide.

Dr. Kathryn Lombardo is a doctor specializing in psychiatry and psychology at Olmsted Medical Center in Rochester.
In loving memory...

Bradley Einck 1972-2015
For me he was the best friend he could be to me and the rest of the family. He was a caregiver to every age group from the youngest to the oldest. He always had a smile and gave great big hugs. When he asked how you were doing he really meant it. Loved photography and was a great Massage Therapist. His family always came first. Love Mom

Dale M. Moen 1959-2006
Although ten years have passed, it seems like just yesterday you were filling the room with laughter. We can still hear the sweet sound of your guitar, and the sound of your voice. You filled our hearts with love and kindness, and taught us all that a smile is priceless. We deeply miss your sense of humor, unselfishness, and compassion. You were an amazing father, wonderful son, extraordinary brother, and incredibly loyal friend. We miss you always and will love you forever.

Rikki McCabe 1990-2009
It’s been 7 years again on May 8 that you thought your heart was broken. But in all honesty you broke A LOT of hearts! There is not a day we don’t think about you and loving you. Your laugh, smile and your generosity live in our hearts, never to be forgotten. Moving on hasn’t been easy on any of us without you but we have managed. We miss you every day, Mom, Dad and all your family.

Colin Peterson 1985-1999
In loving memory of our only son and brother to Cara and Genna. We loved you yesterday, love you today and love you tomorrow. This love is helping us ease the sorrow. Your talent for fishing, skiing and biking was enjoyed by all. The happy memories of your lively spirit, kindness and willingness to always help others will live on in our hearts and minds forever. Miss and love you so much, Mom, Dad, Cara & Genna

Sadie Lynn Wadewitz 1996-2009
Seven years have passed since we said goodbye. We hear your voice, we hear your laugh and we try not to cry. Your loving ways and beautiful smile are so easy to recall. Your short life on earth was a treasure to us all. We love you and miss you so much - why did you have to go. You are in our hearts forever and when we look above We know you are in heaven, and we are sending all our love. Mom, Dad, Miranda, Gramma & Grampa Fitzgerald, Aunts, Uncles, and Cousins.

Ethan Rindels 2002-2016
It’s only been four months since you went to heaven, but it feels like forever. We miss your laugh, big smile and huge heart for others. We cherish the memories made in your short 13 years and you will forever live on in our hearts. We miss you dearly and will fight to help others struggling like you did. You are forever in our hearts. Love, Mom, Cory, Melia, Alex and all your friends and family.

Nick Roecker 1994-2014
Nick lives on in our hearts and minds. We know that he is at peace with God in Heaven. Someday we will meet again where there is no more depression or sadness, with love from your family.

Josie Ellingshuysen 1988-2007
Josie, you fought a brave battle against the wickedness that came with depression, even for a young soul. And for that, you will be forever missed. But this is far from the end of your story. In fact, its only the beginning. Although our hearts hang heavy each day from missing you, your story is going to live on, hopefully preventing many others from ever knowing this pain of loss. You are changing lives even though we miss you in ours. We love you, Mom, Dad, Amanda & Gabby (Pooky!)

Catherine Krebsbach 1983-2015
In loving memory of Catie. You are loved by so many and missed so much. But most of all you are missed by your daughter. Life is not the same without you. We are so sad that you had to go, but earth’s loss is heaven’s gain.

From: Family and Friends that love you.

Jim Alker 1955-2016
We miss your huge heart, your quick wit and sense of humor. Most of all we just miss your company. Rick and Pam Gunderson

All proceeds will go to NAMI – National Alliance Mental Illness in Rochester, MN
Thank you to the generous community sponsors who help make this publication possible.

Please take a moment to acknowledge these community leaders who are helping shed light on this crisis.

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In loving memory...

Daryl Mestad
1958-2013

Good bye for now, dear friend
Memories in the 'hood' will never end.
We thank you for the laughter, jokes and such
But it is your friendship we will miss so very much.
So please gather the chairs and stack the wood high
Til' we meet again for that bonfire in the sky.
From your Woodland neighborhood friends
The integration of primary care and behavioral health services is an important strategy to improving health outcomes for people diagnosed with a mental illness. Integrated health care delivery has repeatedly been demonstrated to improve care and reduce costs by ensuring that people with chronic illnesses have timely access to both primary care and behavioral health services, with close coordination between their health care provider. Offering primary care within a community mental health setting is particularly important because these individuals frequently have suffered for years with compromised access to primary care and other medical services. The tragic end result is that people diagnosed with a mental illness die, on average, 25 years earlier than the general population.

Effective treatment for behavioral health issues increasingly integrates mental, chemical and medical care with dental and pharmacy services into a comprehensive treatment plan that addresses and coordinates all aspects of care. Central to this model is care coordination services with a registered nurse or other clinician managing clinical services across conditions, services and settings. This care coordinator integrates behavioral-medical services for patients by monitoring/coordinating their ongoing health care needs, collaborating with community providers to ensure patient needs are being met and integrating patient health care into a treatment plan. Key benefits of this approach include:

- Providing a community destination and central point of contact to meet the needs of patients with co-morbid conditions
- Offering quick, convenient access to a comprehensive assessment of people’s behavioral and medical issues
- Creating one point of contact for patients, family members and health care providers alike
- Streamlining referrals to specialty care – medical and psychiatric – for more complex services beyond primary care

The use of an integrated care plan is especially important for those individuals in our region who interface with many aspects of private sector health care delivery, as well as public sector behavioral health care, human services and housing. An integrated care model enables them to have timely access to a full continuum of high-quality, effective mental health, medical, addiction recovery, pharmacy and dental services that are appropriate to the severity of their symptoms and flexible enough to meet their needs, without having to go to extraordinary means or more commonly, go without. A local community mental health center implemented an integrated care model in late 2013 and conducted research to determine the impact this model could have. Its two-year study revealed that numerous clients with mental health and medical conditions experienced significant improvements, including:

- Inpatient hospitalizations decreased 56%
- Inpatient psychiatry hospitalizations decreased 19%
- Emergency room visits decreased 11%

At the same time, people are seeing a mental health provider more frequently, visiting a primary care clinician more often and even going to their dentist more. These individuals also are more satisfied with their care, reporting their mental and physical health has improved since they began using the integrated model of care. Research shows that people with mental illness die decades earlier than the average person, usually from untreated and preventable chronic illnesses like diabetes, cardiovascular disease, obesity and hypertension. These conditions are frequently aggravated by poor health habits like poor nutrition, smoking, lack of exercise and alcohol/drug abuse. The solution is integrating treatment for mental illness, addiction disorders and medical diseases to provide a coordinated approach that addresses all conditions and results in the best outcomes.

Numbers alone cannot tell the whole story regarding the impact of this integrated care model. “Tom” is a 38-year-old male who was referred to the primary care clinic by his chemical health counselor. Although he had worked in construction in the past, Tom was currently unemployed. In addition to his substance use disorder, Tom was being seen by a therapist and psychiatrist to address his major depression and anxiety.

During his initial appointment, Tom reported a significant family history of heart disease and that he had not seen a primary care provider in his adult life. Clinic staff conducted a comprehensive assessment and diagnostic testing, which revealed Tom had hypertension, high cholesterol and sleep apnea, and a referral was made to a specialist for the latter. The clinic staff then worked with Tom to educate him about the significance of the hypertension and high cholesterol given his age and family history.

Tom’s mental, chemical and medical conditions all have significantly improved, and he has been reunited with his family. Sean Rice is Marketing and Development Director at Zumbro Valley Health Center in Rochester.
Father: Teen was bullied because of sexual orientation

by Matt Russell

Bullying because of his sexual orientation played a big part in the suicide of a 17-year-old Century High School student on Sunday, according to the boy’s father.

Jay Corey Jones knew he was gay from a young age and was bullied for a number of years because of it, suffering depression as a result, said to his father, JayBocka Strader of Rochester.

“He said all of his life they always picked on him,” Strader said. “He’d still try to keep his head up at school, but then he’d come home and be really sad about it.”

Jones, a member of Century’s gay-straight alliance, had an image on his Facebook page that said, “Gay & Proud.” He was open about his sexuality and occasionally wore tight, colorful tank tops and short-shorts to school.

“He just got really depressed about it because the gays weren’t accepting him,” Strader said.

Jones jumped from a pedestrian bridge near Century High School on Sunday, according to police.

In response to an inquiry from the Post Bulletin, schools Superintendent Michael Muñoz issued a statement acknowledging there are issues related to bullying in the district. He did not directly address Jones’ situation.

The district is in the planning stages of providing training and support for students, staff and families, Muñoz said, and will continue anti-bullying collaborations with Gov. Mark Dayton’s recently formed anti-bullying task force, Rochester police and others in the community.

Looking for answers

Jones moved to Rochester about two years ago after living in the Twin Cities with an uncle, then in Owatonna with his father. He lived in Chicago before moving to Minnesota, Strader said. Jones joined the gay-straight alliance after enrolling at Century and attended the group’s twice-weekly meetings.

“He was strong about supporting gay people,” said Century junior Tia Born, one of Jones’ close friends.

Born’s grandfather, 74-year-old Don Born, of Rochester, said his impression of Jones was that he was a nice kid and a fun kid, but he had had “a rough life.” He said he told Jones that he could come to his house any time he needed help.

In early March, Jones attended a support group meeting at Gay and Lesbian Youth Services in Rochester. Jones had supportive friends with him, group facilitator Vangie Castro recalled, but he seemed to be looking for something more.

“He was looking for something, but I think he just didn’t know what he was looking for,” Castro said. The meeting was the only one Jones attended, she said.

Weeks later, around early April, a student directed an anti-gay comment at Jones at school according to one of Jones’ friends. Jones wanted to wear short-shorts to school to stand up to the student, friends recalled. Friends told him not to do it, however, out of concern for what might happen to him as a result. He did eventually wear the shorts to school, several students said, and he received support that day from many people at school.

Jones was hurt, however, that people had told him to not wear the shorts, friends said, and he stopped going to gay-lesbian student alliance meetings last month as a result.

“Up until his death, he took a stand,” Strader said. “He was like, ‘Whatever happens, happens — I’m just going to take a stand.’ And he started to take a stand.”

“It was all unexpected,” Strader said.

Strader, who said he raised Jones as a single parent, said his son’s depression didn’t appear to get worse in the days leading up to his death.

“It was all unexpected,” Strader said.

Multiple issues beyond sexual orientation can be at play in a suicide, and it can take a single instance to trigger what happens, said Castro, a member of the governor’s task force on bullying.

“We don’t know what really happened,” she said, though the depression Jones suffered from bullying probably didn’t help. “It could have been a bunch of stuff that led up to it.”

Jones’ funeral will be in Chicago, but Strader said he also wants to do “something big” in Rochester to honor his son, who on April 20 was involved in a “Day of Silence” at Century. The effort was part of a nationwide initiative by youth gay-straight alliances to call attention to the silencing effect of bullying in schools.

“I want everyone to have on pink shirts and remember the Corey that tried to get the rights,” Strader said. Pink was one of Jones’ favorite colors, his dad said.

“When I saw him in pink, I really liked him in pink, and he was really happy,” Strader said. “I just told him that pink looked good on him.”

This article first appeared in the Post-Bulletin on May 9, 2012.
5 Action Steps for Helping Someone in Emotional Pain

**Ask:** “Are you thinking about killing yourself?”
It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

**Keep them safe:** Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

**Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

**Help them connect:** Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: 1-800-825-5555 (TALK). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

**Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

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You can make a difference.
Help us prevent suicide.

Red Wing – 9/17
Rochester – 9/24
Mankato – 10/1
Winona – 10/2

More information and online registration at:
http://afsp.donordrive.com/

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International Survivors of Suicide Loss Day
Nov. 19, 2016
11 a.m. – 2 p.m.
Rochester Community and Technical College
https://afsp.org/survivor_day/rochester-mn/
Contact Cara Fox: foxcbc@gmail.com
Mental health crisis needs attention


One in five Americans live with a mental-health condition, and treatment is increasingly harder to get. While legislators invent reasons not to compromise, a crisis is brewing under their noses. Hospitals in every kind of community in every corner of our state are grappling with increasing demand for services they are unable to effectively provide.

"Mental health is the biggest health care challenge that we're facing today," said Matthew Anderson, senior vice president of policy and strategy for the Minnesota Hospital Association. What better way to celebrate mental health month than with a statewide investment in support services?

The Excellence in Mental Health Act gives Minnesota the opportunity to take part in a national demonstration project aimed at transforming how mental health services are delivered. The project requires our state to invest about $8.5 million to provide comprehensive therapeutic services to clients of all ages using a variety of treatment modalities.

"What we have now in Minnesota is when a bed opens, wherever it opens, people are desperately trying to get into that spot," Anderson said. "People are crisscrossing the state, oftentimes even going out of state, to try to get the care that they need and to be able to get a placement."

Adding to the problem is the 48-hour rule, which requires jailed people needing psychiatric care be put at the front of the line, often ahead of those waiting in emergency rooms. "That's when we really started seeing an inflection point in our emergency room at St. Mary's and our difficulty discharging people," said Bruce Sutor, clinical practice chairman of Mayo Clinic's Department of Psychiatry and Psychology. This is not a sudden explosion that no one saw coming. Over the last 30 years, the delivery system for people with mental illness has changed.

"We moved from a centralized structure to more local, regional, except the resources and the providers never came," Sutor said. "You had a care delivery system that was changing, but the resources never got to where the change was happening."

"Some glints of hope exist. Last year, funding for 150 new child and adolescent residential treatment facility beds was approved. Alarmingly, teenagers are the fastest growing demographic of emergency room visits for mental health problems. "We're making progress toward some of that, but it's going to take a very long time," said Anderson. "Meanwhile, the demand continues to increase."

"This is a reprint of an editorial that appeared in the Post-Bulletin on May 12, 2016."
Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year.

**Suicide: Basic Facts**

- More than 1.6 MILLION United States each year
- 90% of those who die by suicide had a diagnosable psychiatric disorder at the time of their death
- Nearly 43,000 Americans die by suicide every year.
- The combined medical and work loss costs in the United States each year:
  - More than 1.6 MILLION
  - Nearly $44 BILLION
- The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15-24 is 1.5 times the national average.
- Firearms are the most common method of death by suicide, accounting for 49.9% of all suicide deaths, followed by suffocation (including hangings) at 26.7% and poisoning at 15.9%.
- Veterans comprise 22.2% of suicides.
- More than 1.1 MILLION Americans attempt suicide annually.
- Nearly 22.9% of suicides are by firearms.
- Americans attempt suicide 26 times annually on average.

**Suicide: The Cost**

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- More than 1.6 MILLION Americans die by suicide each year.
- Nearly $44 BILLION in combined medical and work loss costs in the United States each year.
- More than 1.1 MILLION Americans attempt suicide annually.

**Suicide: The Facts & Figures**

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- Americans attempt suicide 26 times annually on average.
Military chaplains help those who have served
by Rev. Kelley Adelsman, Chaplain, AFSP SEMN Chapter Board Member

There are a few things that influence my understanding of suicide prevention in the military. Each individual who enlists into our military comes from a family unit, and a community. Suicide prevention is complex and as yet, beyond our complete ability to predict and eradicate from our society. Each of our armed services represents a microcosm of our American culture as a whole as do our Chaplains. The Chaplains within the different branches of the military represent the diverse religious and faith backgrounds across the United States.

While serving as a military Chaplain in the MN Army National Guard, I counseled, formally as well as informally many individuals who had recently returned from combat and individuals who served in combat prior to 9/11. Many individuals, not all, were in the process of making sense of what they did with their belief system they had prior to combat and how combat might have changed them. I don’t have a number, but what I have learned is that the military is unique, as are firefighters and police officers (sheriff’s and state troopers included) that experience Hell that combat is, challenges those intimately involved to examine what they believe about themselves and the world in general. I also need to add, that combat can be the arena by which those who might have existed in community undiagnosed with a mental health illness for their entire lives, have the mental health illness manifest in large part to the stress and rigor of a combat arena.

Is There Imminent Danger?
Any person exhibiting these behaviors should get care immediately:

- Putting their affairs in order and giving away their possessions
- Saying goodbye to friends and family
- Mood shifts from despair to calm
- Planning, possibly by looking around to buy, steal or borrow the tools they need to commit suicide, such as a firearm or prescription medication

If you are unsure, a licensed mental health professional can help assess risk.

Helping Individuals Discover Potential...
Helping Families Discover Strength

Services Provided:

- Evaluation and treatment of behavioral, emotional, neuro-developmental, social, learning, and attention problems
- Individualized child, adolescent, & family assessments
- Continuity of therapy and management
- Coordination and case management with community social agencies and schools
- Medication evaluation and follow-up
- Parent Training
- Psychological testing
- Problem-focused groups for adults and teens
- We strive to care for the child and family throughout adolescence and transition to adulthood

IT STARTS WITH FAMILY.
REACH OUT, SPEAK UP

Family Tree
Since 1986
2580 75th St. NE
507-289-0557
www.familytreensy.com

Bluestem
A Center for Child and Family Development
124 Elton Hills Lane NW, Rochester • (507) 282-1009
www.bluestemcenter.com
Stocking a mental health toolbox

by Melissa Eagle Uhlmann

I like to build things; not great big buildings, but small DIY projects. I have a nice toolbox that contains the tools I use for my projects. Many of the tools could be found in just about anyone’s toolbox: hammer, pliers, and the like. But, some of the items in my toolbox are unique to me and not likely to be found in too many other people’s toolboxes: a sewing tape measure, a spool of nylon sewing thread, a little St. Joseph’s medal my son gave me to protect me from hurting myself which makes me smile and reminds me to wear safety glasses. I have some duplicate tools in my toolbox but I use them for so many different projects that having more than one is useful. As time goes on, I reevaluate the tools in my box. Ones I no longer use get discarded, while new ones get added as they prove their usefulness. My toolbox is unique and specifically helpful to me.

I use this vision of my toolbox when I think about the plan I have for my mental health recovery journey. When I first began this journey, I didn’t know I needed a toolbox. I thought after explaining my depression and struggles to my doctor and being prescribed medications all would be fixed. But, as anyone who has ever done a DIY project knows, there are always repairs to be made, and new tools to buy at the hardware store. It is exactly the same with maintaining good mental health.

The foundational tools in my mental health toolbox are my safety items. Just as safety glasses are important for any DIY project, so are my mental health safety tools important. These include my medications, my appointments with my therapist and doctor, and my friends who check in with me to see if I am really doing and feeling as well as I portray. This safety plan has phone numbers of people I can call when my life goes awry and I need help being safe and getting back on track. These phone numbers include some of my closest friends and loved ones, crisis hotline, and a crisis text line. Being safe for me also means excluding some things, such as situations or people which are toxic for me.

Next, are my basic tools. There are some duplicates from my safety drawer because they are so important and used so often, such as my medications, my therapist appointments, and good friends. But it also includes other basics like exercise. For me, it means trying to go for a walk every day. For others, this may be an elaborate running or weight training plan. Other basics include social activities with people I know on a more casual basis such as my co-workers. These folks do not know all of the details of my life story but are still very important to its success. They provide casual fun and interaction that keeps my mind occupied from spending too much time thinking about unhealthy topics and help me practice new skills I learn in therapy. Volunteering in the community and helping others is a great tool to provide a sense of meaning and usefulness and as well as keeping my problems in perspective.

Another basic is adequate sleep and rest. I lose this tool often, but I can hardly complete anything with out it. I try to keep a schedule that keeps sleep a priority and maintain my bedroom environment beneficial for sleep and relaxation. Another basic tool is healthy substances. This often means making sure to live with all 26 letters of the alphabet; don’t forget letter “N” and “O.”

Customizing your toolbox for what works for you is important. Other possible tools are:

1) Engage in nature: taking care of pet, feeding the birds, looking out a window have all been shown to reduce stress and help make a person feel good.

2) Get Creative: journaling, painting, wood-working, whatever. Anything that engages your mind and hands in letting out your thoughts and imagination acts as mental exercise. It doesn’t matter if what you create is perfect or even if you keep it. It is the act of being creative that is helpful.

3) Some people have a greater need for quiet and solitude but everyone can benefit from a time-limed routine of focused meditation or spiritual practice. It does not have to be complicated. A comfortable, quiet place for 5-10 minutes of deep and focused breathing is all it takes. No need to be perfect! When you get distracted like everyone does, just start again. It’s the frequent practice that gives the benefits!

Lastly, every toolbox should include a few items for pure pleasure and joy. Your favorite tea, a piece chocolate, a favorite poem or saying, a picture of a loved one, a favorite scented candle, a friend’s phone number—any of these can be crucial tools in reminding us that life can be good and we can find pleasure every day.
Resources

Hiawatha Valley Mental Health Center
1-800-657-6777
www.hvmhc.org
Caledonia Office – 507-725-2022
Lacrosse Office – 888-796-1944
Preston Office – 507-765-3630
Red Wing Office – 651-327-2270
Rushford Office – 507-864-2606
Wabasha Office – 651-585-2224
Winona Office – 507-484-5431

Zumbro Valley Health Center (507) 289-2089

NAMI- National Alliance on Mental Illness
Southeast Minnesota (Rochester affiliate)
507-287-1692
www.namisemn.org
NAMI National: www.nami.org
NAMI Minnesota - National Alliance on Mental Illness Minnesota (state office)
651-645-2948 or 1-888-626-4435
www.namihelps.org

National Association of School Psychologists (NASP) Resources Available Online www.nasponline.org

American Association of Suicidology, http://www.suicidology.org

Mental Health America, www.mhfa.org

Suicide Awareness/Voices of Education (SAVE), www.save.org

Faces of Suicide, www.suicidememorialwall.com


You Can NOT be Replaced www.You Can NOT Be Replaced Email: youcannottbereplaced@gmail.com Phone: 908.433.6273

Children’s Grief Connection Phone: (218) 372-8420 childrensgriefconnection.com/

Mental Health America / Back to School tool kit/ download: http://www.mhfa.org/back-school

Children’s Mental Health Resource Center Olmsted 507 287-1522
( Afterwards Crisis Phone) 507 281-6248

Military One Source – not a crisis line but a resource to help 800-342-9647

Stop Soldier Suicide - We are the first national civilian not-for-profit organization dedicated to preventing active duty and Veteran suicide. Once we receive this quick contact form from you, someone from Stop Soldier Suicide will reach out to you to listen to your situation; provide support; assist to clarify options and choices available to you; and provide you with referral information for other services in your local area. Crisis Lifeline at 1-800-273-8255 (Press 1 for Veterans), send a text message to 838255, call 9-1-1, or proceed to the nearest emergency room. You can also speak directly to our staff via our toll free number 844-889-5610 which is available Monday - Friday from 9 AM - 5 PM (EST). We always follow up for up to 2 years) with anyone who reaches out to us, taking full accountability for continued support. We never leave anyone behind after help is provided.

Minnesota Department of Human Services / Children’s mental health crisis response phone number for Olmsted, Rochester 1-844-274-7472 (same as crisis response of SE MN)

ReachOut USA a non-profit organization that meets youth where they are to deliver peer support and mental health information in a safe and supportive online space. ReachOut.com 1-800-448-3000

Light for Life Yellow Ribbon Suicide Prevention Program www.yellowribbon.org 1-800-273-Talk (8255) Text Help to 741741

PFLAG Local PFLAG Chapters can provide support for those with LGBTQ loved ones who are struggling with suicidal ideation. PFLAG also has online resources for those dealing with these issues from a perspective of faith.

Local Events

SOS (Survivors of Suicide Loss) - contact Barb Powell 507-226-8096
Meets the third Thursday of the month at 7 p.m. Evangelical United Methodist Church – Fireside Room 2845 N. Broadway Rochester, MN 55906

Out of the Darkness Walk
Silver Lake East Pavilion Rochester, MN 9/24/16 @ 9 am Registration: www.Afsp.org 507-884-9284
Terry Lund Whiting

NAMI Walks: Saturday, September 24, 11:30am Check-in, 1:00pm Walk, RCTC Field House www.namisemn.org/southeastminnesota

https://www.pflag.org/resource/faith-our-families
https://www.pflag.org/faithfaq
https://www.pflag.org/hotlines
https://www.pflag.org/blog/
https://www.pflag.org/blog/notemormonmormonkateheinerfriendemony

Mental Health Resources National:
National Institute of Mental Health: www.nimh.nih.gov
National Alliance of Mental Illness: www.nami.org
Substance Abuse Mental Health Services Administration: mentalhealth.samhsa.gov/ databases
American Psychiatry Association
Psychiatry.org 707-907-7300

Local:
Alcoholics Anonymous: 507-281-1747
Narcotics Anonymous: 507-281-2227
Good Samaritan Medical clinic: 529-4100

Crisis Hotlines, Texts & Chat lines

Crisis Hotline: 507-281-6248
NAMI Warmline: 507-287-7161 (Thursday, Friday, Saturday, & Sunday)

Online Emotional Support CrisisChat.org
txt4life.org – text LIFE to 61222

Crisis Text Line – Text to Start to 741-741

National Suicide Prevention Lifeline 1-800-273-8255 (talk)

Crisis & Support Numbers 1-800-273-TALK (1-800-273-8255)
1-800-SUICIDE (1-800-784-2433)
For Deaf, Hard of Hearing, and People with Speech Disabilities who use a TTY, call 1-800-799-4TTY (4889)

The Trevor Project
LGBTQ Youth Crisis Support Lifeline
The Trevor Project’s website provides resources for suicide prevention, as a well as a crisis hotline with options via phone, text, and chat. Trevor Lifeline: 866-4-U-TREVOR (866-488-7386) www.thetrevorproject.org

Veterans Crisis Line
www.VeteransCrisisLine.net/chat
call 1-800-273-8255 and Press 1,
Send a text message to 838255 to connect to a VA responder
Take a self-check quiz at www.VeteransCrisisLine.net/quiz
If you or a Veteran you know is in crisis, find a facility near you
Visit www.MilitaryCrisisLine.net if you are Active Duty, Reserve, or Guard
Connect through chat, text, or TTY if you are deaf or hard of hearing.

We stand with you.

Show Your Support for Suicide Prevention

MEB Resources
Your Employment Resource

mebresources.com
507-779-0076 | 507-313-4804
MEB Resources provides Staffing Management and HR Consulting in Rochester