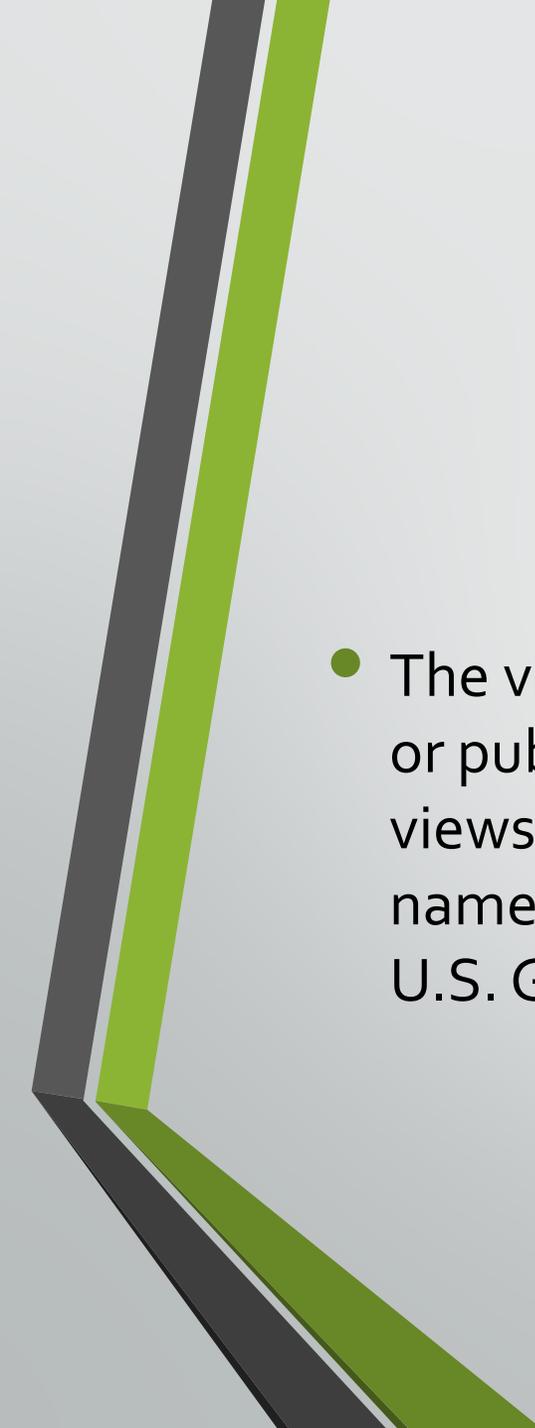




Suicide Prevention

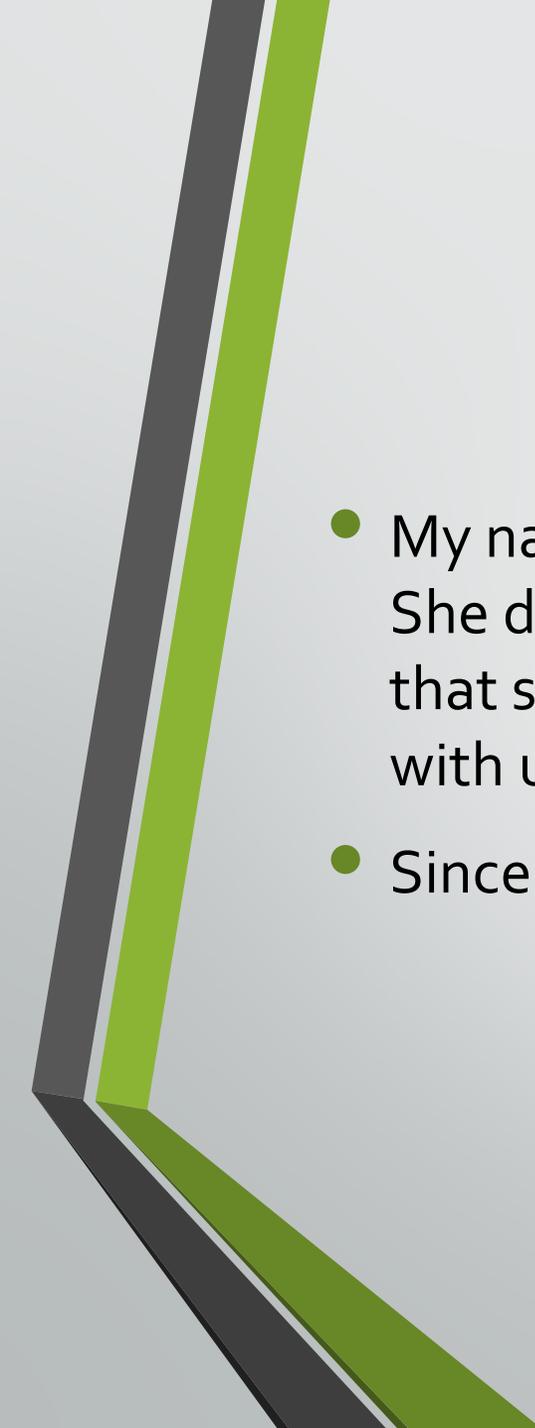
Going upstream

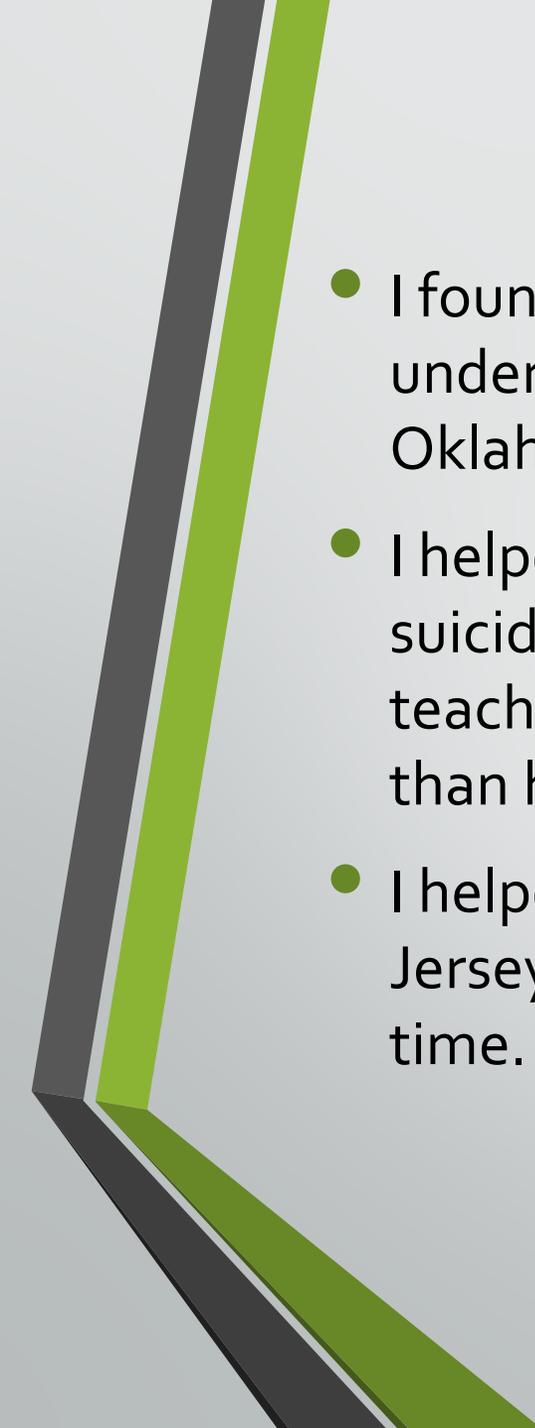
Scott Fritz



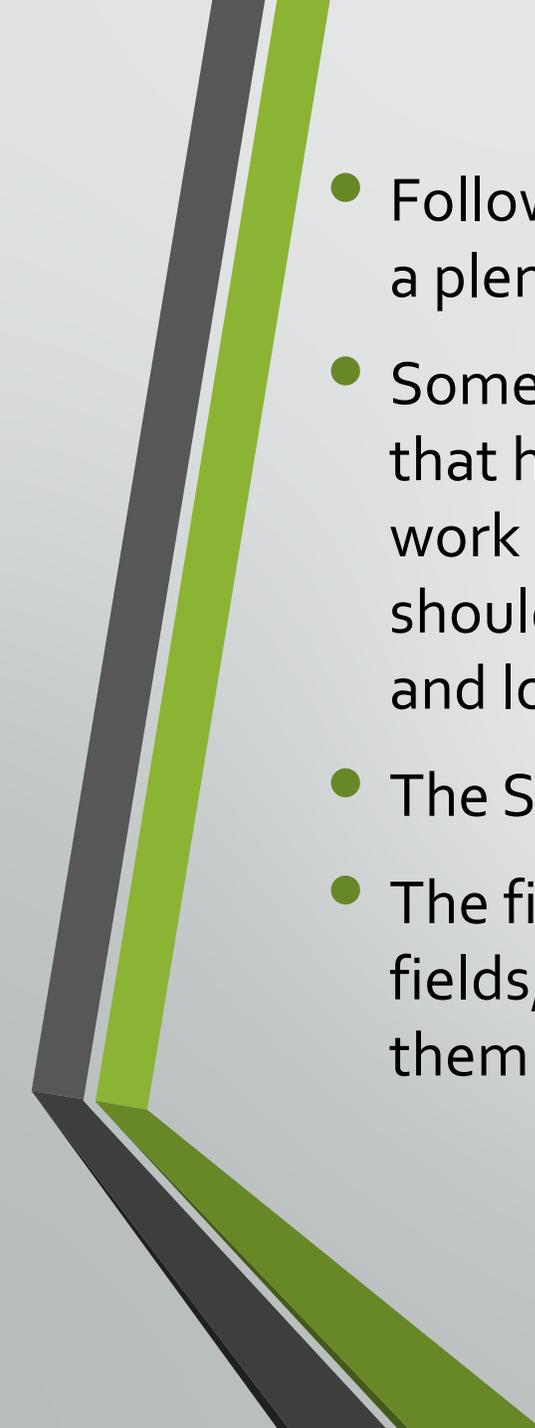
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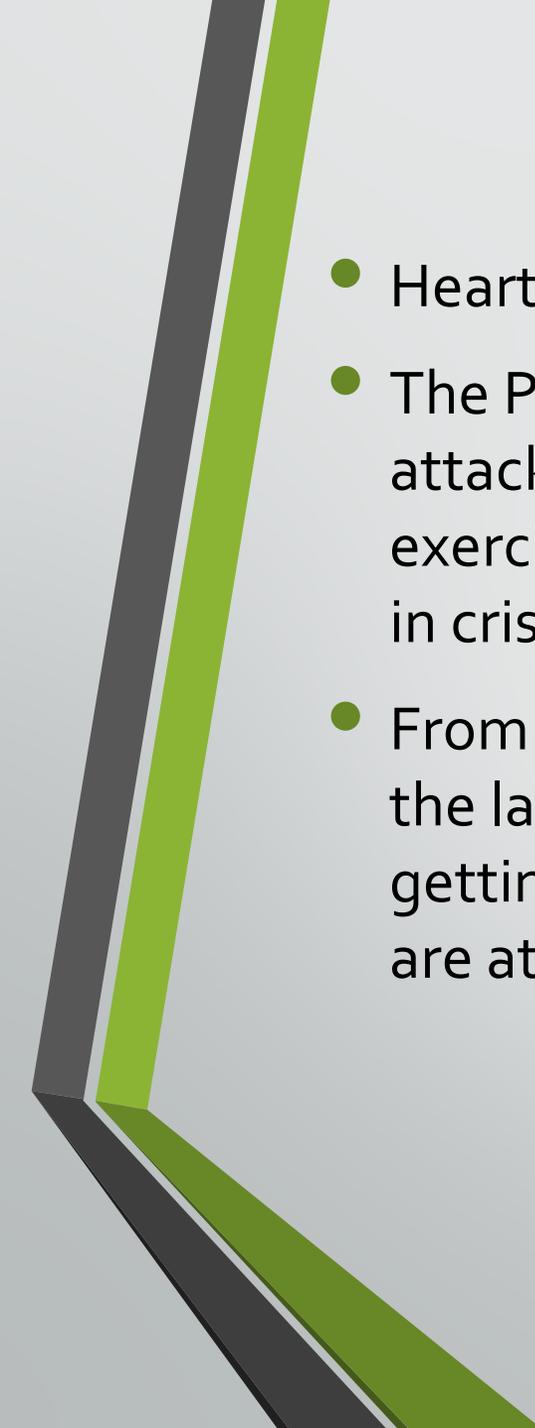
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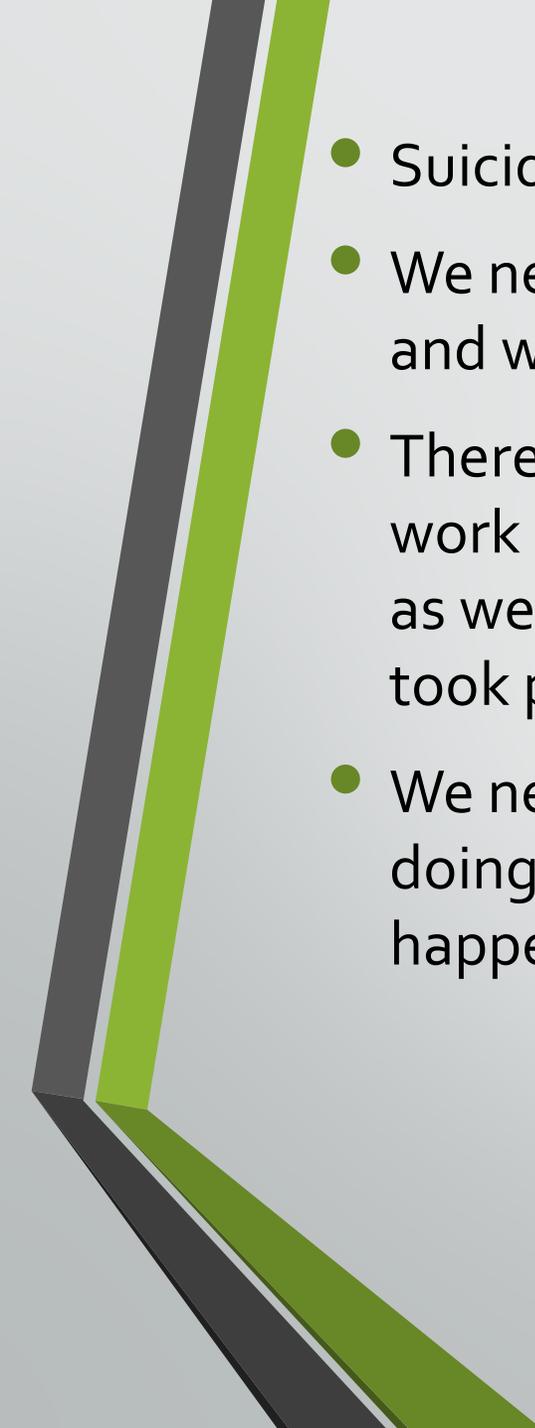
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- My name is Scott Fritz. I am a survivor of my daughter Stephanie's suicide. She died 15 years ago this year at the age of 15. This year marks the year that she will have been gone from me and my family for as long as she was with us.
 - Since her death, I have been involved in suicide prevention in many areas.

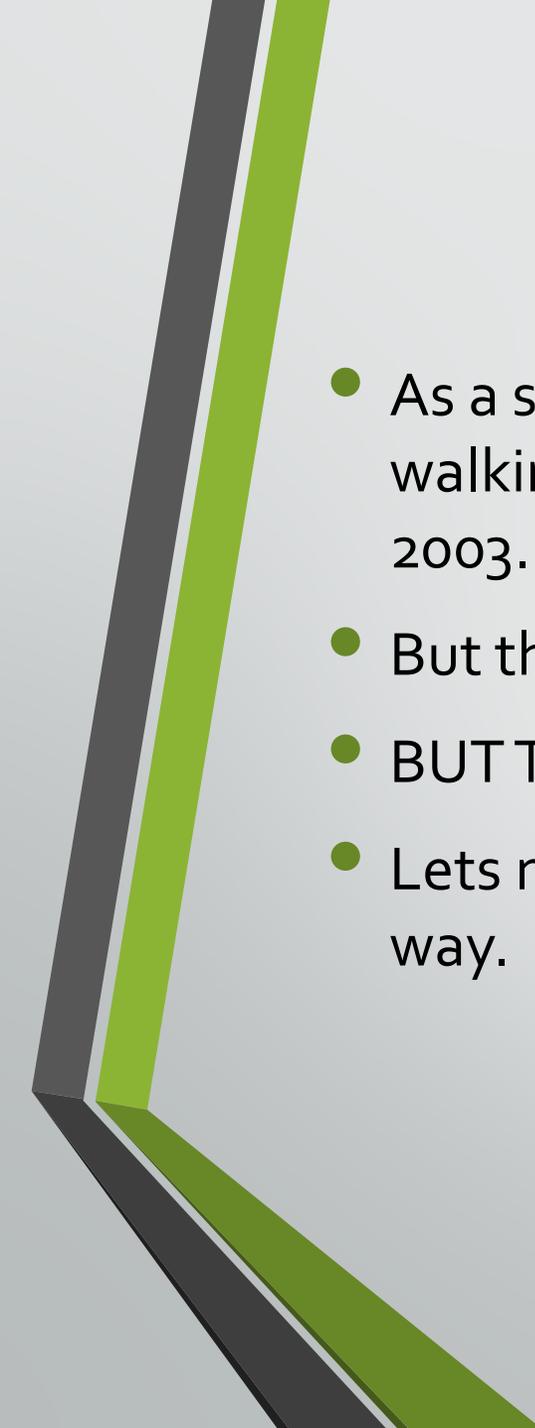
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- I founded a suicide prevention organization that did work in many states under GLS funding, including, New York, Delaware, Georgia, Kentucky, Oklahoma, and others.
 - I helped get the first law passed in the country requiring teachers to take suicide prevention training, then funded a best practice on line training for teachers for no cost to the people taking the training (there are now more than half the states in the country that have a similar requirement).
 - I helped get the National Suicide Prevention Lifeline answered in New Jersey, where it was only being answered in state about 10 percent of the time.

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- And I funded, and help to organize a meeting on Upstream Suicide Prevention that took place in April of 2012. Participants included William Beardslee, Harvard Medical School, Lidia Bernik, National Suicide Prevention Lifeline, C. Hendricks Brown, University of Miami, Richard Catalano, University of Washington, Cheryl DiCara, Maine Suicide Prevention Project, Cheryl A. King, University of Michigan, Dorian Lamis, University of South Carolina, Effie Mally, AAS (an organizer), Richard McKeon, SAMSHA, Jane Pearson, NIMH, Phil Rodgers, AFSP (an organizer), Irwin Sandler, Arizona State University, Michelle Scott, Monmouth University, Maureen Underwood, Society for the Prevention of Teen Suicide (an Organizer), Peter Wyman, University of Rochester (an organizer), and Cortney Yarholar, SPRC.

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- Following that meeting a presentation at AAS followed, and two years later a plenary at AAS followed.
 - Some upstream work has continued, including the Good Behavior Game that has been funded by SAMHSA. But for GLS aged youth, most of the work is still in the gatekeeper area, and working with kids in crisis. This work should continue and a lot of great work is being done at the federal, state and local level, but it is not ENOUGH.
 - The Suicide rates for youth continue TO CLIMB.
 - The field of Suicide Prevention must follow the lead of other prevention fields, and get to people before they are in crisis as well as still dealing with them if they get into crisis.

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- Heart disease is a great example.
 - The PREVENTION work done is done way before someone has a heart attack, or comes into the hospital needing a triple bypass, and includes exercise, change of diet and other things being done BEFORE the person is in crisis.
 - From 2004-2014 the death rate dropped 25% (the rate has gone up again the last few years, many believe it is because the population is aging and getting older, and there are a growing number of heart attack survivors who are at increased risk for heart failure.)

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- Suicide Prevention needs to move some of the work upstream.
 - We need to teach kids coping skills, social competence, and self regulation, and we need to reinforce these skills to make sure that our youth get it.
 - There are programs available. One of them, STEP UP is NREPP listed. SEL work is being promoted by many states. There are other programs out there as well, many of them developed by members of the upstream meeting that took place in 2012.
 - We need to equip our youth with tools that can change the life trajectory. By doing the work before they are in crisis, can we prevent a suicide from happening years down the line of their lives?

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- As a survivor, I have a stake in this work. I have tried to keep families from walking the path that my family has been walking since November 11th, 2003.
 - But the numbers keep going up.
 - **BUT THERE IS HOPE!**
 - Lets move some of this work upstream, and change people lives in a positive way.

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- Fortunately I am presenting today with Dr. Holly Wilcox, who can professionally present the case for doing this work.