

**UPCOMING EVENTS:**

**The WATERLOO REGION SUICIDE PREVENTION COUNCIL Presents:**  
**Free Community Forum – Disenfranchised Grief**  
Wednesday, November 2, 2005  
5:30 P.M. – 7:00 P.M.  
The Sunshine Centre Luther Village on the Park  
141 Father David Bauer Drive  
Waterloo ON

**Guest Speaker: Dr. Kenneth Doka**

**Full Day Conference on the “Dimensions of Suicide – Suicide Through the Life Cycle”**

Thursday, November 3, 2004 8:15 A.M. – 4:30 P.M.  
The Sunshine Centre Luther Village on the Park  
141 Father David Bauer Drive  
Waterloo ON

Workshop Presenters:  
Suicide in Adolescence:  
Dr. Bruce Connell  
Suicide in Adulthood:  
Sandra Parkinson R.N.  
Suicide in Later Life:  
Dr. Kenneth Doka  
Healing Through Laughter:  
Neil Aitchison

Registration: \$90.00  
For information call: Pauline Potzold 749-4300 Ext 2333  
For online registration please contact:  
pauline.potzold@grhosp.on.ca

The CANADIAN ASSOCIATION FOR SUICIDE PREVENTION (CASP) 2006 National Conference:  
**Prevention, Intervention and Aftermath**  
October 25-27, 2006  
Toronto, ON



**CANDLES**

Please help support the Waterloo Region Suicide Prevention Council by purchasing beautiful candles for your enjoyment.  
A set of 3-6” pillars on a glass plate in four different scents for only **\$15.00.**

Contact any member to order.



**WE NEED YOUR SUPPORT. YOUR DONATIONS ARE NEEDED! SUPPORT THE WORK OF THE WRSPC BOTH INDIVIDUAL AND ORGANIZATIONAL DONATIONS ARE WELCOME. PLEASE FORWARD YOUR DONATION TO:**

**Waterloo Region Suicide Prevention Council  
c/o Canadian Mental Health Association  
67 King Street East  
Kitchener ON N2G 2K4**



**RESOURCES AVAILABLE THROUGH WRSPC**

**Waterloo Region Suicide Prevention Council Brochure**

**WHY?? Suicide Information Brochure**

**WHY?? Youth Suicide Brochure**

**Suicide Risk Assessment and Intervention for Caregivers Booklet**

**Waterloo Region Suicide Prevention Council Newsletter** published twice yearly

**Suicide bookmark** (available until supplies run out)

**COMING SOON: WHY?? Suicide in the Older Adult**



*If you would like your name deleted from the Waterloo Region Suicide Prevention Council mailing list please leave a message at (519) 744-7645 Ext. 310.*

**WATERLOO REGION SUICIDE PREVENTION COUNCIL**

**Suicide Information and Awareness is Important – You’re not Alone**

ISSUE NUMBER 10 OCTOBER 2005



Waterloo Region Suicide Prevention Council

**SEPTEMBER 10 2005**

*Dena Moitoso*

Three years ago the World Health Organization declared September 10<sup>th</sup> to be World Suicide Prevention Day. This year the theme was “Prevention of suicide is everybody’s business”.

According to the World Health Organization, suicide is a leading cause of death worldwide, accounting for one death every 40 seconds. Every year, approximately 4,000 Canadians die by suicide. (CASP, 2004)

Experts believe that most suicidal individuals do not want to die. They want to end the pain they are experiencing.

Experts also know that suicidal crises tend to be brief. When suicidal behaviours are detected early, lives can be saved. There are services available in our community for the assessment and treatment of suicidal behaviours and their underlying causes.

It has been for these reasons that declaring global attention to this matter has become so important. Through public awareness, education and community development we can reduce the number of deaths by suicide.

On Saturday, September 10, 2005, our participation in this global effort was exercised throughout Waterloo Region in a variety of ways:

**Golf Tournament**

The Daniel Tudisco Memorial Golf Tournament was dedicated to suicide awareness. One hundred golfers participated in a wonderful day of golf and later had fun with a well furnished Silent Auction. Donations from individuals and local businesses resulted in raising \$4,100 for our local Suicide Prevention Council. The day ended with a presentation on Awareness and Prevention of Suicide.

**Information and Resource Centre**

We had a huge display at our local hospitals and sold candles, raising \$900 from these sales. The display was up for two days (September 9 and 10) and was staffed by council volunteers and victim services volunteers.

**Canadian Mental Health Association**

The Canadian Mental Health Association had displays up all week and they opened their office on Saturday just for this occasion.

**Media Coverage**

We had a full page article related to Dr. Gustavo Turecki's research from our conference last year. Entitled "psychological autopsies", this article stimulated lots of conversation and insight for people. In addition, two other local newspapers ran articles (Continued on page 2)

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related to suicide prevention. The New Hamburg Independent put together the story of a local family affected by suicide, helping us to understand the human cost to such devastation. The Cambridge Times ran articles related to September 10 for two weeks.

We all know how hard it is to organize people and events throughout the summer months - but it all came together very well. We have an awesome community with many dedicated and caring individuals who continue to work hard towards a common goal: "We believe that every person has the right to be supported in living a healthy, positive life; our mission is to reduce suicidal behaviour and its impact on individuals, families and communities."

Plans for September 10, 2006 are already underway. If you are interested in being a part of this energetic committee, please contact the council for more information.

*Dena Moitoso is a spokesperson for the Waterloo Region Suicide Prevention Council and a member of the Suicide Education Working Group.*



Special thanks to Region of Waterloo Public Health for their support in the printing and distribution of this newsletter.

## DISENFRACTISED GRIEF

*Dale Wombwell*

"A gay man loses his lover to AIDS. A divorced woman receives the news of her ex-husband's death. An elderly man loses his favourite pet. A developmentally challenged girl hears of her father's death. All of these people have experienced a loss, yet often their grief may go unrecognized by the people who surround them.

Grief is an entirely natural response to loss and yet because the loss is not openly acknowledged, socially sanctioned, or publicly shared, the mourner is deprived of the catharsis that shared grief can bring."

The loss in disenfranchised grief cannot be openly acknowledged, socially validated, or publicly mourned. 'Grieving norms' can deny emotions to persons deemed to have insignificant losses, insignificant relationships, or an insignificant capacity to grieve.

Literature on the nature of grief and bereavement has been growing rapidly, but most has concentrated on grief reactions in the socially recognized and sanctioned roles: those of parent, spouse, or child. Until recently there has been little study on disenfranchised grief.

Special problems arise with disenfranchised grief. First, the

situation itself tends to intensify emotional reactions. Second, both ambivalent relationships and concurrent crisis further complicate the grieving process. Grief is always complicated, but with many of the factors that facilitate mourning not present there is often not a viable support system available to the person suffering from disenfranchised grief.

So how does this tie into suicide prevention...just the very fact that there is lack of acknowledgement and support may make a person more vulnerable. By recognizing all grief we can be supportive and caring.

*Reference:  
Disenfranchised Grief  
Recognizing Hidden Sorrow  
Kenneth J. Doka*

## PROSPECTS FOR REDUCING SUICIDAL IDEATION AND DEPRESSION IN THE ELDERLY

*Karl Torbicki*

Death due to suicide in the elder population requires far greater attention and a coordinated prevention strategy. Among adults, the elderly are the most likely to die as a result of a suicide attempt. Older people account for 18% of all deaths due to suicide in America, a disproportionately large number considering they compose only 13% of the population.

Depression is the number one risk factor for elder suicide, and about 9% of elderly patients suffer from major depression. Suicidal ideation, a clinical precursor of death due to suicide, is reported by 7% of elderly patients in general and 30% of elderly patients with major depression. Fortunately, research conducted by Martha Bruce and colleagues at Cornell University in 2004 provides hope that effective intervention strategies at the family physician level can reduce suicidal ideation and symptoms of depression in elderly patients.

Called **PROSPECT**, or Prevention of Suicide in Primary Care Elderly: Collaborative Trial, the study compared two groups of patients (598 patients in total) from family practices randomly assigned to either an intervention program or usual care. In order to examine the effect of improved depression treatment rather than improved recognition, primary care physicians in both groups were educated about standards for effective diagnosis and treatment of depression in the elderly. In addition, the intervention program involved the support of depression care managers (social workers, nurses or psychologists) who worked with physicians to help recognize depression, guide treatment and monitor symptoms through follow up interviews. Rates of suicidal ideation declined and resolved significantly faster in the intervention patients compared

to those receiving usual care. Intervention patients also experienced a more rapid and greater reduction in depressive symptoms, particularly those patients with major depression. These promising results confirm that intervention to treat depressive symptoms in the elderly should be focused at the level of the primary care physician. In fact, most elderly patients who die by suicide visit their doctor within months of their death, creating a critical opportunity to intervene to reduce depression, suicidal ideation and death due to suicide in this vulnerable population.

*Reference:  
Bruce, M.L. et al. 2004. Reducing Suicidal Ideation and Depressive Symptoms in Depressed Older Primary Care Patients: A Randomized Controlled Trial. JAMA 291: 1081-1091*

## WATERLOO REGION SUICIDE PREVENTION COUNCIL MEMBERS 2005

The following is a list of the volunteers that make up the 2005 council. We thank many of the agencies that provide the council with these wonderful volunteers.

**Chairperson:** Kathy Payette, Lutherwood  
**Past Chair:** Pauline Potzold, Grand River Hospital  
**Vice Chair:** Dale Wombwell, The Salvation Army

Community and Family Services  
**Secretary:** Cathy McDonald-Reis, Waterloo Catholic District School Board  
**Treasurer:** Rose Kronschnabl, Victim Services: Waterloo Regional Police Service  
Sheryl Bergman-Wolfe, Community Member  
Lisa Cousineau, Community Member  
Cathy Du Preez-Kiss, Cambridge Memorial Hospital  
Linda Emch, Canadian Mental Health Association  
Debbie Emery, Community Member  
Dena Moitoso, People Needing People-Edward R Good  
Nadine Cybulski, Waterloo Regional Police Service  
Mary Denomme, Region of Waterloo Public Health  
Anne Tracy, Community Member  
Lorie McMahon-Seremetkovski, Ministry of Community, Family and Children's Services  
Karl Torbicki, Community Member  
Marj Korte, Waterloo Region District School Board  
Tom Connolly, Waterloo Region District School Board

If you have any questions of the council please contact at the information below.

**Waterloo Region Suicide Prevention Newsletter**  
is published for the prevention of suicide through education, networking and resources.  
Waterloo Region Suicide Prevention Council  
c/o Canadian Mental Health Association  
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Kitchener ON N2G 2K4  
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