



Happy Holidays!

Stepping Out-Stepping Up is a monthly, community-oriented newsletter of the Department of Psychiatry published by the Office of Mental Health Promotion.

Saluting Psychiatry's Veterans this Holiday Season

We thank these veterans for their service.

Nate Gutschow, a health home care manager at Strong Ties, was in the service for over 9 years from 2001 until 2010. He served in Afghanistan from 2007 through 2008 with the Army as part of a helicopter air crew as a door gunner. He also went to Hurricane Katrina with the local Army National Guard in 2005 for relief efforts.

Paul MacArthur is a US Navy veteran of the Vietnam War Era. As part of his military service, served in Vietnam for 9 months in 1971 on the USS Tutuila (ARG-4), a small engine repair ship.



Robert Calhoun would like to thank Unit 2-9200 for keeping him in prayer and sending care packages while he was on a tour in Afghanistan from 2011 to 2012. It was a very scary mission, as he was helping an Army mission while serving in the U.S. Navy. He is now happy and proud to work with such caring and helpful nurses and techs.

Candi Capozzi Jones began her service as a member of the United States Air Force in 1984. She worked on F-15A thru F15E models for the 94th AMU on Langley Air Force Base, until she was injured in 1989. She then transferred to work as an electrician in the Civil Engineering Squadron. She worked on fire alarms and prevention systems, security alarms, traffic control devices and was part of the Base Emergency

Community Oriented Events

Dr. Martin Luther King Jr. Day Grand Rounds, *Fruitful Partnerships & the Practices of Equity: 10 Years of Fostering Traditions in Psychiatry* on January 22nd, 2015 12:00pm in Class of '62 (G-9425). For more information, contact Jessica Poweski 275-3571

4th Annual Tana Grady-Weliky, MD, Lecture on Women and Diversity in Medicine: *What Would Martin Luther King Say About Health Care Today?* Guest speaker, Eve Higginbotham, SM, MD and Vice Dean of Inclusion and Diversity at the University of Pennsylvania's Perelman School of Medicine. Friday, January 30, 2015. 12 – 1:00PM in the Class of '62 Auditorium. Contact Grace Fuller at 276-3782

Health Happens Where You Live...Did You Know?

“Happy holidays! Season’s greetings! Merry Christmas!” Yet stress or emotional pain may leave you feeling that the holidays are anything but jolly. How do you cope with hype and buildup?

Mary Ellen Smith, LPC-MH advises to manage expectations. She reminds us to remember that a holiday is just one day and can mean whatever you want it to mean. Beware of unhealthy coping mechanisms, such as too much alcohol or food intake, or abuse of prescription or illicit drugs. As you’re doing special things for others, put yourself on the list, too. Give yourself a gift of whatever brings you joy and peace.

To learn more about this topic, visit

Engineering Force. Her first exposure to medicine was as a medic, an extra duty she earned. She had a baby two weeks after Saddam Hussain invaded Kuwait so was removed from deployment to Saudi Arabia in the 1st Gulf War. She was Honorably Discharged as a Disabled Veteran because of her previous injury in November 1993 after 9 years of service. She still works with the Air Force Auxiliary as a Senior Member advisor to the cadets in that program. She was a Staff Sergeant at discharge and now holds the honorary rank of Lt Col in the Civil Air Patrol, USAF Auxiliary of which she has been a member for over 30 years. This youth program is what lead her to her Air Force carrier.



Gretchen Foley just finished 8 years of active duty with the Air Force as a psychiatrist.

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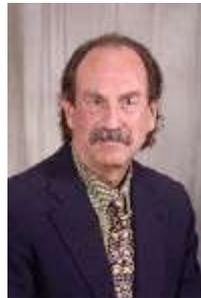
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IN THE NATIONAL PRESS

Preventing Suicide, Preventing Premature Death

By: Eric Caine, MD

Suicides confront us with our limits when trying to save lives. They pose many what ifs...?: What if I could have said something to him? What if I heard what she was trying to tell me? What if we only had known how desperate she felt? What if he were not so alone?



The nation has made many attempts to prevent suicide -- from promoting two national strategies to funding community programs for youth prevention -- yet the overall rate has climbed 17.5 percent since 1999. In 2011, there were 39,518 suicides, our tenth leading case of death. Suicide was the second leading cause among youth and young adults, 15 to 34 years old, and an increase of 29.1 percent since 1999 among men and women, 35 to 64 years old, has driven the overall national rise.

Preventing suicide when someone stands at the edge of the cliff is a daunting task, ultimately challenging us to think differently. Many have promoted looking for "warning signs," but the vast majority of persons with such signs -- depression and distress, family tensions, alcohol or substance use, increasing isolation, and even suicidal thoughts -- never die by suicide. (Thankfully!) Among 100,000 persons with clinically significant depression (aka, major depression), perhaps 500 to

600 will kill themselves in the coming year -- a terribly high number and nearly 50 times the national average. But more than 99,000 will live. We don't know how to distinguish one from another.

Moreover, many persons who kill themselves provide few signals that they intend to die. Those who knew them, including family members and medical professionals, often say, "I never saw it coming." And it isn't for lack of trying. Sometimes those who kill themselves have long expressed distress and suffering, and their demeanor during the days before death apparently did not differ greatly from other days. At other times, people did not share their innermost thoughts, no matter what others may have asked.

A third barrier is geographic. We place our mental health services in hospitals, clinics, and practitioner offices. But many people never go to such places. Rather, they can be found (if someone were looking) in family court seeking orders of protection, or awaiting trial in criminal court for violent offenses, or in jail, or in front of a judge pleading their DUI arrest. There are many other places across our communities, and now through social media, where we can encounter persons who have life trajectories that will bring them to adverse outcomes, including suicide, death from drug overdose, fatal motor vehicle injury, or as a victim of homicide.

Until recently, suicide was viewed principally as a mental health problem, where it was felt that effective treatment of persons' psychiatric conditions or psychological issues would alleviate their suicidal thoughts and plans. However, many of us have viewed it as a fundamental public health problem as well as a mental health challenge.

Follow the link to finish reading Dr. Caine's entire blog.
http://www.huffingtonpost.com/eric-d-caine/preventing-suicide-prevention_b_5832906.html



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