

Dear Committee Members,

Attachment K

I would like to begin by thanking the committee members and sponsors of this bill for this opportunity to testify, this is an area I am passionate. My name is Rana Shaner. It is by miracle I am alive today. The way our system is set up, does not work. I am a several time suicide attempt survivor, have lost loved ones to suicide, along with supporting others who are acutely suicidal. Using my lived experience I currently sit on the MHAB, served on the LTC subcommittee, continuing to work on BHTF efforts and serve on the CMH Zero Suicide Task Force.

I support the intent behind HB21-1119, however based on my experiences and observations there are many areas I wish I could address and areas of the bill I would like to see some changes. Due to limitations placed on testimony, for the sake of brevity I can only address one area, therefore I would like to offer myself as a resource and I would be happy to be involved in further discussion.

Suicide is complex and oft misunderstood by professionals and laity alike. The historical myth, not informed by research, that suicide was a symptom of MI has guided practices and rendered ineffective treatment. We still see this myth reflected in 27-65 statute. Many subjects, like suicide, often are not included in the curriculum and training of formal education and often not a requirement of licensure. I believe this is a primary contributor to the high rate of suicide. I support research-based education and training as a requirement, with an expanded list of professionals named, that offers a comprehensive understanding of the complexities of suicide, that includes the various risk factors and drivers interconnect to suicide, beyond just mental health.



POLICY STATEMENT

Colorado’s LGBTQ+ community faces a significantly increased risk of suicidal ideation, suicide attempts, and death by suicide. Suicide disparities are especially concerning among LGBTQ+ youth and Trans individuals. Specific attention and resources must be provided to support LGBTQ+ Coloradans affected by suicide before, during, and after a crisis event. Envision: You strongly supports HB 21-1119 to expand the state’s suicide focus from prevention to prevention, intervention, and postvention.

HB 21-1119 Concerning Lowering the Suicide Rate by Enhancing Care for Persons Affected by Suicide, and , in connection therewith, Broadening Colorado’s Focus to Include Suicide Prevention, Intervention, and Postvention

House Bill 21-1119 expands the state’s focus on suicide to include the after-effects of suicide on survivors, loved ones, health care providers, first responders, and students at schools where a suicide attempt has occurred. The bill renames the “office of suicide prevention” to the “office of suicide prevention, intervention, and postvention” to reflect the broadened focus of suicide-related efforts. The names of the suicide prevention commission, suicide prevention plan, crisis and suicide prevention training and grant program, and the suicide prevention coordination cash fund are similarly altered in this bill to include “intervention and postvention” in addition to “prevention”.

Why it Matters

According to OneColorado’s 2019 Closing the Gap report, LGBTQ+ Coloradans experience depressive disorders, anxiety disorders, and suicide contemplation at 3 times the rate of the general population. Youth identifying as LGBTQ+ are especially at risk for suicide, with 20% of LGBQ and 33% of Trans youth reporting a past-year suicide attempt on the 2017 Healthy Kids Colorado Survey. The Fenway Institute also estimates that 40% of all Trans individuals in the United States have attempted suicide within their lifetimes.

Colorado’s LGBTQ+ community is affected by suicide at significantly higher rates, and individuals in the community are more likely to experience the loss of an LGBTQ+ loved one or peer due to suicide. Oftentimes, LGBTQ+ individuals facing grief do not have the same social support structures as their straight counterparts due to stigma, isolation, and familial rejection. Greater attention and resources are necessary to better prevent suicide in the LGBTQ+ community and support those individuals impacted by the suicide of a loved one.

Envision:You strongly supports HB 21-1119 to expand Colorado’s suicide focus beyond prevention, ensuring that increased support is available for all LGBTQ+ Coloradans affected by suicide before, during, and after a behavioral health crisis.

Envision:You

The Envision:You mission is to support, educate and empower Colorado's LGBTQ+ (lesbian, gay, bisexual, transgender and queer/questioning) community living with a mental health or substance use disorder. Furthermore, we work to inform the public—including elected officials and policymakers—about the disparities in care facing LGBTQ+ people. Finally, we support partners and allies to enhance training, research, education, and resources to assist LGBTQ+ people. To learn more please visit: www.envision-you.org.



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March 21, 2021

Senator Kerry Donovan
State Capital Building
200 East Colfax Avenue RM 346
Denver, CO 80203
kerry.donovan.senate@state.co.us

Representative Dafna Michaelson Jenet, Chair
PUBLIC & BEHAVIORAL HEALTH & HUMAN SERVICES COMMITTEE
200 East Colfax Avenue RM 307
Denver, CO 80203
dafna.michaelson.jenet.house@state.co.us

HB21-1119: Suicide Prevention, Intervention, & Postvention

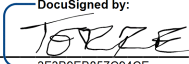
Dear Senator Donovan and Representative Michaelson Jenet:

Slated for Tuesday’s agenda is one item near and dear to our hearts. HB21-1119, sponsored by you Senator Donovan, presents a broad scope of Colorado’s priorities to focus on suicide, suicide attempts, and the after-effects of those actions on attempted survivors, family, friends, health care providers, first and last responders, educators, and students in schools where a suicide or suicide attempt has occurred. Bravo on this bill.

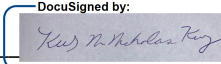
Here in Aspen and Pitkin County we have been inundated with the aforementioned after-effects and high incident rates. Our community has banded together to provide mental health first-aid training. Education is key. School based education is paramount. Courses are offered through Colorado Mountain College, Mind Springs Health and the Aspen Hope Center.¹ Our local middle school has incorporated a trial-based class for life-skills. The Hope Center signed a contract with the RE-1 school district to provide all crisis services and prevention education programs to the schools in the district.² Statistics do not misrepresent facts. We all need HB21-1119.

We applaud your effort to raise the resiliency in Colorado communities. Mental health first aid is a vital component to our community structure. Reducing the stigma of mental illness will aid in community collaborations. Locally, we continue to walk the talk with large scale strategic plans to address mental health.³ In 2019 alone our local law enforcement responded to 199 mental health–related calls in just three short months.⁴ We have all been touched by suicide.

The concern for Colorado lies beyond the statistic. Enhancing care for persons affected by suicide, and, in connection therewith, broadening our focus to include suicide prevention, intervention, and postvention is essential. Thank you for your support of HB21-1119.

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TORRE, MAYOR
ASPEN CITY COUNCIL
Ward Hauenstein, *Mayor Pro-tem*, Skippy Mesirow, Ann Mullins, Rachael Richards

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KELLY MCNICHOLAS KURY, CHAIR
PITKIN COUNTY BOARD OF COUNTY COMMISSIONERS
Patti Clapper, *Vice Chair*, Steve Child
Francie Jacober, Greg Poschman

¹ https://www.aspendailynews.com/news/individuals-agencies-pushing-back-against-high-suicide-rate/article_21e0e400-2a90-11e9-910a-767632c60abb.html#:~:text=Data%20on%20suicide%20rates%20for,the%20state%20average%20of%2019.1
² <https://ourhopecenter.org/>
³ https://www.aspendailynews.com/news/mental-health-strategic-plan-a-community-effort/article_2078a69a-f7c-11e9-9717-cf8217f31340.html
⁴ <https://www.aspentimes.com/news/recent-rfv-suicide-cluster-prompts-concern/>



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HB21-1119: Suicide Prevention, Intervention, & Postvention

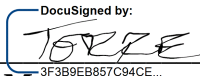
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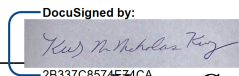
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² <https://ourhopecenter.org/>
³ https://www.aspendailynews.com/news/mental-health-strategic-plan-a-community-effort/article_2078a69a-f7c-11e9-9717-cf8217f31340.html
⁴ <https://www.aspentimes.com/news/recent-rfv-suicide-cluster-prompts-concern/>

Dear Committee Members,

I would like to begin by thanking the committee members and sponsors of this bill for this opportunity to testify, this is an area I am passionate. My name is Rana Shaner. It is by miracle I am alive today. The way our system is set up, does not work. I am a several time suicide attempt survivor, have lost loved ones to suicide, along with supporting others who are acutely suicidal. Using my lived experience I currently sit on the MHAB, served on the LTC subcommittee, continuing to work on BHTF efforts and serve on the CMH Zero Suicide Task Force.

I support the intent behind HB21-1119, however based on my experiences and observations there are many areas I wish I could address and areas of the bill I would like to see some changes. Due to limitations placed on testimony, for the sake of brevity I can only address one area, therefore I would like to offer myself as a resource and I would be happy to be involved in further discussion.

Suicide is complex and oft misunderstood by professionals and laity alike. The historical myth, not informed by research, that suicide was a symptom of MI has guided practices and rendered ineffective treatment. We still see this myth reflected in 27-65 statute. Many subjects, like suicide, often are not included in the curriculum and training of formal education and often not a requirement of licensure. I believe this is a primary contributor to the high rate of suicide. I support research-based education and training as a requirement, with an expanded list of professionals named, that offers a comprehensive understanding of the complexities of suicide, that includes the various risk factors and drivers interconnect to suicide, beyond just mental health.

HB21-1119
Rana Shaner

Dear Committee members,

Thank you for allowing me to submit my written testimony. My name is Rana Shaner. I am a several time suicide attempt and loss survivor. I also serve on a ZSTF, the MHAB and have been a part of the BHTF LTC subcommittee and continue to participate in the continuing work of the BHTF.

I would like to thank those who have worked on and sponsor bill HB21-1119. I find myself excited with this bill, along with a few areas I hesitate. This is the direction we need to move.

I began working on my recovery over four decades ago. I sought services, obtained medications and I even had myself hospitalized. I worked with incredible people, yet remained stuck in the revolving door of the crisis cycle. I could not understand why I struggled so. More recently my recovery turned for the better. It is by miracle I am alive today.

My struggles were explained. I learned the historical clinical assumption had been that suicide was a symptom of MI, which is erroneous, rendering ineffective treatment with myth guiding practices. I learned subjects like suicide are rarely offered in the curriculum of formal educations, where the “experts” on suicide often did not obtain education and training, nor rarely a requirement for licensure. It saddens me to ponder all the lives lost, because of this myth.

We can not expect to decrease the rate of suicide when we mandate

or task professionals to work with a population at risk for suicide without education and training on suicide. We can not continue abandoning all of those left behind and impacted by suicide. We need to offer support. A visit to the ED without follow-up care is placing a band-aid on a gaping wound. Why are people are at increased risk of suicide after discharge from inpatient hospitalization?

I hesitate with section II, when the focus and priority appears to switch from suicide to mental health. What is the potential unintended consequences? The bill discusses a resource bank of material and curriculum pertaining to mental health, to the exclusion of suicide. Suicide is complex with various interconnecting risk factors. I do not understand why mental health is the only factor given importance and other factors that play a part in suicide are not included, it oversimplifies suicide. Maybe it indicates the promotion of historical myths. Maybe not. We can not ignore the impact of other factors regarding suicide: trauma, interpersonal violence, victimization, discrimination, incarceration, marginalization, substance use, chronic health conditions, poverty, inequity, to name a few. I offer this caution, we can not prevent what we simultaneously create or maintain.

Thank you for your time. Let's save lives.

I am a current student at New York University, but a product of public education on the Western Slope. I graduated from Palisade High School, International Baccalaureate Class of 2020, and during my time in District 51, I watched my community experience the loss of multiple peers through suicide.

As a young student just beginning high school, it is not easy to navigate feelings of grief, both yours and those of the people around you. A few years ago, I watched as our school district barred any conversation and dialogue about a tragedy of another student's death by suicide. Our teachers and administrators did not know how to react, our students did not know how to react, and our community did not know how to react. This showed us that we needed to figure out a better way to support each other, as the current protocols were only causing more harm.

After this mishandling of the tragedy, students took matters into their own hands. Students led the effort to push for more training and more resources. Students looked for ways to support their peers. Suicide prevention is one thing, but those of us who have faced these issues firsthand know that *Postvention* is left to those in the aftermath. This is not fair to students and families, and this bill provides us with a chance to change that.

Just two years ago, I watched our school community go through yet another tragedy, as we lost a former student to suicide. The handling of this by the school, however, was wildly different from three years prior. We were offered resources, flexibility in our day-to-day patterns in case someone needed to speak to a counselor, and I watched as we all began to support each other to move forward. These student-led changes are a model for the best practices, and the State of Colorado owes it to its students to support them through postvention efforts, and dedicated resources. During the pandemic, students have faced isolation, a diminished sense of community, and other challenging obstacles, and it is more important than ever that we provide solutions to problems communities face when navigating these tragedies.

I never understood how it was decided that silence was the best way to move forward, but with this bill, we can ensure that students and educators have the proper resources to deal with tragedies, and prevent those in the future. This bill goes beyond the partisan divide, and beyond the rural/urban divide, as this problem affects every single Coloradan. For the sake of your communities, I urge you to vote yes on this historic bill, HB21-1119.



Janice Rich <janicerichhd55@gmail.com>

HB1119 Testimony

1 message

Liliana Flanigan <liliflanigan@gmail.com>

Tue, Mar 23, 2021 at 10:46 AM

To: Janicerichhd55@gmail.com

Good morning Representative Rich!

Attached is my testimony for the committee today. Please let me know if you have any changes to suggest, or if I should shorten it. I would also open the opportunity for any legislators and their offices to reach out to me for questions! If that comes up, you are welcome to give them my email.

 **SSPA Testimony**

If you would like it in a different format, I am more than happy to do so as well.

Thank you for all you do!

Liliana Flanigan
liliflanigan@gmail.com
(970)-260-1802

Will Campbell:

I lost my sister Kaylan in 2010 to a suicide that was likely preventable. She was 25. Ten years later in Mesa County and across Colorado, I'm witnessing our community losing school children and first responders and other at-risk groups in devastating numbers. Current suicide prevention measures are simply not working. One reason for this is because they are too broad and are not targeted towards the people who actually need help according to the data. This bill will save lives because it uses real data to identify demographics who have dramatically higher risk of suicide and then concentrates prevention efforts towards those suffering populations. This is the smart way to do things in 2021. The status quo has failed families like mine. Now is the time to be innovative, to be compassionate, and to spur ourselves to action in order to save our Colorado families and neighbors. Thank you for all you do for the people of our State. Support HB21-1119 today.

House Public & Behavioral Health & Human Services							
Witness List - HB21-1119 Suicide Prevention, Intervention, & P							
First Name	Last Name	Position	Representing	Testifying	Registered		
Elsa	Inman	For	Self	Submitted text	3/11/2021 13:47		
Margaret	Palo	For	Self	Submitted text	3/11/2021 15:24		
Erica	Kitzman	For	Self	Submitted text	3/11/2021 12:21		
Truett	Bailey	For	Self	Submitted text	3/11/2021 12:50		
Darrell	Kitzman	For	Self	Submitted text	3/12/2021 19:49		
Janet	Rowland	For	Self	Submitted text	3/12/2021 9:55		
William	Campbell	For	Self	Submitted text	3/13/2021 9:52		
Gretchen	McGeeney	For	Self	Submitted text	3/14/2021 16:39		
Rana	shaner	Amend	Self	Uploaded file	3/12/2021 14:54		

House Public & Behavioral Health & Human Services

Testimony with Email - HB21-1119 Suicide Prevention, Intervention, & Postvention

First Name	Last Name	Position	Representing	Testifying	Text of Testimony	Email
Ella	Inman	For	Self	Submitted text	I am currently working to implement Zero Suicide where I work and I support these changes to suicide prevention because it is going to allow for more comprehensive services to support individuals and families in Colorado that are impacted by suicide. Thank you!	ekinman@yahoo.com
Margaret	Pala	For	Self	Submitted text	As a 43-year-old survivor of a 20-year old son's suicide in 1978, I spent many years organizing and actively engaged in chapters of The Compassionate Friends in Mesa County and Heartbeat/Grand Junction, both organizations which support grieving parents, siblings, grandparents and spouses, and friends who are	mpala31@gmail.com
					Dear Committee Members, I support this legislation because suicide survivors and suicide workers are among the high risk populations affected by suicide. First and last responders are among the groups at high risk for suicide. Police and firefighters are 2x more likely to die from suicide than they are to be killed on the job. This mandate will help them as well as the community members they care for. America suffers the loss of more than 400 physicians each year. This mandate will help them as well as the community members they care for. Addicts are among the highest risk for suicide in Colorado, typically suffering suicide as the first or second leading cause of death. Postvention care mitigates contagion. Simple follow up care, i.e. a phone call or a card from the care provider (or trained staff) can reduce subsequent attempts by 40%. But most of all, all the citizens in these demographics are somebody's children. I am a mother who lost her child to suicide, and I don't want other mothers to go through what I have. Thank you to Representative Rich for bringing this bill forward, and thank you to Representative Daugherty, Senator Coram, and Senator Donovan for co-sponsoring. Sincerely, Erica Kitzman	
Erica	Kitzman	For	Self	Submitted text	I support the bill because I personally have witnessed friends, family and coworkers struggling with suicide and completed suicide as well. Thank you.	erickitzman@gmail.com
Travis	Balby	For	Self	Submitted text	I support including the terms intervention and postvention to be included under the umbrella term "suicide prevention" because of the increased risk to survivors, attempt survivors, and first responders. Although I am not an attempt survivor, I am a survivor and a first responder. I have seen first-hand the effect suicide has on families and friends; I have experienced the weight felt by the exposure to suicide as a teacher. As a teacher and a consumer of postvention services, I have witnessed the power and benefit of support from people with the unfortunate shared experience of surviving the loss of a loved one to suicide. I truly believe there is an increased risk to these demographics because I have experienced it. I am glad this bill includes consideration for first and last responders as a high-risk demographic due to vicarious trauma. These responders deserve intervention and postvention training as survivors. Additionally, the citizens they serve require postvention support as survivors. As a teacher, a source of strength leader in my school, and as a member of our Crisis team I also see the increased risk of K12 students. If we are truly attempting to reduce the suicides in our society, bold changes are needed. We must attempt to interrupt the suicide cycle from all angles. We need prevention, intervention, and postvention to accomplish this. The cost of suicide to our society and our economy is too great to ignore. Change is needed for us all.	director@theeedsco.org
Danell	Kitzman	For	Self	Submitted text	I am in support of this bill. Mesa County has one of the highest suicide rates in the state. We know that those who attempted suicide but survived, are at an extreme risk of future suicide attempts and postvention services are necessary. We also know that first responders are at a very high risk of suicide, and it is critical	danellkitzman@gmail.com
Janet	Rowland	For	Self	Submitted text	I lost my sister Kaylan in 2010 to a suicide that was likely preventable. She was 25, ten years from Mesa County and across Colorado. I'm witnessing my community lose children and young people, and first responders and other at-risk groups at a devastating rate. Current suicide prevention measures are simply	Janet.Rowland@MesaCounty.us
William	Campana	For	Self	Submitted text	I have a personal interest in this bill having lost a son to suicide. I also have a professional interest in this bill as an employee of a school district. Not a week goes by that there is not some aspect of suicidal issues being dealt with at the school I work in or the district at large. Prevention and mental health resources are minimal at best and also difficult to access in a timely manner. More training needs to be done for our emergency response personnel. Crisis counseling services are weeks out before a person can be seen for follow-up, or released being deemed not a threat only to then complete suicide. As a society we must acknowledge the need of professionals and care givers to access mental health care themselves without being deemed "unfit to practice". Anyone who deals with trauma and suffering as part of their profession or career needs to be "looked" to seek mental health care. We must somehow change the perception of society that it's weak to ask for help. It takes more courage to ask for help than try to deal with stressors by oneself. We must stop expecting people to be perfect and encourage reaching out for help. But the help has to be there too. I volunteer in a postvention support group for lost to suicide and see firsthand the need for more services and avenues to mental health support. As a first responder, I know the long process of dealing with grief and see the lack of services as a huge area of need!	willcampana@yahoo.com
Gaithan	McCaenny	For	Self	Submitted text		gaithanmcc@outlook.com
Rana	Shaner	Amend	Self	Updated file		rsaner@ad.com