

Suicide: Breaking The Silence

Discussion Guide

Dear Viewer:

We hope that you will use this program and accompanying discussion guide as a means of thinking about and educating yourself, friends, community groups, fellow church members, colleagues and others about the issues of depression and suicide. The discussion guide is meant to serve as a starting point and offers suggestions on how to begin to openly discuss issues of mental health and suicide. In addition, we have included various local, state, and national resources that can serve as additional means of education on depression, suicide and suicide prevention. We hope that the initial discussion and further self-directed learning will educate, raise awareness, and combat stigma.

Thank you for your interest.

Yamhill County Suicide Prevention Coalition

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Special Thanks to Interview Participants:

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George Pickard, Chaplain – Church on the Hill
Dr. Thomas Steele, Emergency Room Physician – Willamette Valley Medical Center

DISCUSSION TOPIC: How Big of a Problem is Suicide?

In the United States, more than 30,000 people die by suicide a year (National Center for Health Statistics, 2004) and over 420,000 are treated in emergency rooms for self-inflicted injuries (National Center for Health Statistics, 2005). Ninety percent of people who die by suicide have a diagnosable mental illness and/or substance abuse disorder (NCHS, 2004).

The impact of suicide has ripple effects that extend from the individual, to his/her family, peers, co-workers, community and the larger society. It is estimated that an individual's suicide dramatically affects the lives of at least six to eight others close to him/her (Maris & Silverman, 1995), meaning that the numbers of survivors of suicide increases by hundreds of thousands each year.

Suicide has been misunderstood, surrounded by silence and stigma. The question of "why" is frequently elusive, with reasons for suicide attempts and completions typically involving a complex and dynamic interaction of biological, psychological, social, and cultural factors. However, recent advances in the field have led most researchers, clinicians, and public health officials to view suicide as a problem that can often be predicted and prevented both by appropriately treating the psychological conditions leading to suicidal thoughts and by increasing awareness of the warning signs of depression and suicide (see next discussion section).

Martha Manning (Clinical Psychologist, author of *Undercurrents*) writes:
"I want to die. I can't believe I feel like this. But it's the strongest feeling I know right now, stronger than hope, or faith, or even love. The aching relentlessness of this depression is becoming unbearable. The thoughts of suicide are becoming intrusive. It's not that I want to die. It's that I'm not sure I can live like this anymore."

- What is your definition of suicide? What is Martha's?
 - Possible responses include:
 - Self-murder
 - Act of killing oneself purposely
 - Death with dignity
 - Easy way out
 - Sinful behavior
 - Self-inflicted death as a result of mental illness

- If the group is safe enough (please ensure and reassure that the sharing will be confidential and respected)... invite group members to share their experience with suicide, whether it was a friend, family, co-worker or self attempts.

- Do the experiences in the room seem to match the numbers discussed in the program and above? What do you make of differences (if they exist)?

Kay Jamison (Clinical Psychologist – Johns Hopkins University, author of *Night Falls Fast*) writes:

“When people are suicidal, their thinking is paralyzed, their options appear sparse or nonexistent, their mood is despairing, and hopelessness permeates [colors] their entire mental domain [existence]. The future cannot be separated from the present, and the present is painful beyond solace [relief].”

- Does this description ring true in the stories told by individuals on the program or your fellow group members?
- How can someone get to the point where they believe life is not worth living?

DISCUSSION TOPIC: What are the Warning Signs? What is Depression?

The emotional crises that usually precede suicide are often recognizable and treatable. Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be shown as obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal from activities that had once been enjoyable. In others (especially children and adolescents) mood may primarily be irritable. One can help prevent suicide through early recognition and treatment of depression and other psychiatric illnesses and through promotion of mental health. Suicide can be prevented. While some suicides occur without any outward warning, most people who are suicidal do give warnings. As Ben (and others) in the program noted although red flags may be readily apparent, other times they may be shrouded in attempts at humor or be indirect. Prevent the suicide of loved ones by learning to recognize the signs of someone at risk, taking those signs seriously and knowing how to respond to them.

Warning signs of suicide include: (National Institutes of Mental Health)

- Observable signs of serious depression:
 - Persistent sad, anxious, or “empty” mood
 - Feelings of hopelessness, pessimism
 - Feelings of guilt, worthlessness, helplessness
 - Perceived burdensomeness
 - Loss of interest/pleasure in activities that were once enjoyable
 - Social withdrawal and self-isolation
 - Decreased energy, fatigue, being “slowed down”
 - Difficulty concentrating, remembering, making decisions
 - Insomnia, early-morning awakening, or oversleeping
 - Appetite and/or weight loss or overeating and weight gain
 - Thoughts of death or suicide; suicide attempts
 - Restlessness, irritability
 - Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Increased alcohol and/or other drug use
- Recent impulsiveness and taking unnecessary risks
- Unexpected rage or anger
- Threatening suicide directly or expressing a strong wish to die (e.g., “I can't go on any longer”)
- Making a plan:
 - Giving away prized possessions
 - Sudden or impulsive purchase of a firearm
 - Obtaining other means of killing oneself such as poisons or medications

Good mnemonic for remembering warning signs... IS PATH WARM? (American Association of Suicidology)

<p>Ideation (i.e. thoughts about suicide) Substance Abuse Purposelessness Anxiety Trapped Hopelessness Withdrawal Anger Recklessness Mood Changes</p>

- Several of the guests discussed or intimated that psychological disorders, especially depression, provided a breeding ground for suicidal thoughts, attempts, and/or completions – what are your views about depression? What is it? What causes it?
- How does society view depression? Is it something that we hide from others or that we talk about openly? Why do you think that is?

DISCUSSION TOPIC: Why isn't it talked about? – Stigma

“a **stigma** is an attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.” (*Wikipedia*)

E. Betsy Ross (author of *After Suicide: A Ray of Hope* writes):

“Suicide is a form of death, which often may be stigmatized by terminology. We say people commit suicide, commit crimes and are committed to institutions. We do not say they commit heart attacks or cancer. We say they died by a heart attack or cancer...why not say they died by suicide?”

- Each of the guests and Ms. Ross' quote all suggest that a certain amount of stigma still surrounds suicide and mental illness, why do you think that is the case? Is language or terminology important?
- What stigma around issues of mental illness and/or suicide have you experienced or witnessed?
- Lan and Ben both discussed the not uncommon desire for a suicidal person to request that the helper not “tell anyone” or keep their disclosure secret. They highlight the need to involve others and to resist the desire to collude with keeping it secret. Why do you think that people who are contemplating suicide and admit (when asked directly) that they do have a desire or plan to take their own life want the helper to keep it secret? What would you do if you found yourself in Ben's shoes?
- From the perspective of an emergency room physician, Dr. Steele shares the view that stigma, in part, is due to a false division between physical illnesses and mental illnesses. Do you agree or disagree? Why?
- “Survivors” of suicide are the relatives, friends, co-workers, peers, and acquaintances of a suicide victim that are personally affected by suicide. The death of a loved one is one of the most stressful and challenging issues we must deal with in our lives. When deaths are sudden, as suicides typically are, and surrounded by stigma, as suicide still often is, the grief process may be complicated by survivors guilt (although as Lisa suggests this is false guilt), disbelief, anger, hopelessness, abandonment, and shame. Discuss ideas about how grief after a suicide may be similar and/or different than grief after deaths by other means (e.g., homicide, accident, terminal illness). What are some ways that survivors can cope with the tragedy of suicide?
- What are some ideas you all have to decrease stigma surrounding suicide and the psychological disorders that often contribute to suicide attempts and completions (i.e., death by suicide)?

RESOURCES: What We Can All do to Help

In the event of an EMERGENCY dial 911

According to the American Foundation for Suicide Prevention (AFSP): “Most suicides give some warning of their intentions. The most effective way to prevent a friend or loved one from taking their life is to recognize when someone is at risk, take the warning signs seriously and know how to respond. The depression and emotional crises that so often precede suicides are -- in most cases -- both recognizable and treatable.” Here are some tips they offer if you are concerned someone is planning suicide:

Take It Seriously

- 75% of all suicides give some warning of their intentions to a friend or family member.
- All suicide threats and attempts must be taken seriously.

Be Willing to Listen

- Take the initiative to ask what is troubling them and persist to overcome any reluctance to talk about it.
- If professional help is indicated, the person you care about is more apt to follow such a recommendation if you have listened to him or her.
- If your friend or loved one is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind.
- Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he or she is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved. Avoid the temptation to say, "You have so much to live for," or "Your suicide will hurt your family."

Seek Professional Help

- Be actively involved in encouraging the person to see a physician or mental health professional immediately. Individuals contemplating suicide often don't believe they can be helped, so you may have to do more. For example, a suicidal college student resisted seeing a psychiatrist until his roommate offered to accompany him on the visit. A 17-year-old accompanied her younger sister to a psychiatrist because her parents refused to become involved.
- You can make a difference by helping the person in need of help find a knowledgeable mental health professional or reputable treatment facility.

In an Acute Crisis

- Take your friend or loved one to an ER or walk-in clinic at a psychiatric hospital.
- Do not leave them alone until help is available.
- Remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt.
- Hospitalization may be indicated and may be necessary at least until the crisis abates.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable, call your local emergency number or the National Suicide Prevention Lifeline at 1-800-273-TALK.

Follow-up on Treatment

- Suicidal patients are often hesitant to seek help and may run away or avoid it after an initial contact unless there is support for their continuing.
- If medication is prescribed, take an active role to make sure they are taking the medication and be sure to notify the physician about any unexpected side effects. Often, alternative medications can be prescribed.

National Resources		
RESOURCE	CONTACT	WEB PAGE
National Suicide Prevention Lifeline	1-800-273-TALK	http://www.suicidepreventionlifeline.org/
Active Minds on Campus	202-332-9595	http://www.activemindsoncampus.org/
American Foundation for Suicide Prevention (AFSP)	1-888-333-2377	http://www.afsp.org/
American Association of Suicidology (AAS)	202-237-2280	http://www.suicidology.org
Girls and Boys Town Crisis	1-800-448-3000	
Center for Suicide Information (Canada)	403-245-3900	http://www.suicideinfo.ca/
Crisis and Information hotline	1-800-560-5535	
Emergency Shelter	1-800-560-5535	
Friends for Survival	916-392-0664	www.friendsforsurvival.org/
The Jed Foundation	212-647-7544	http://www.jedfoundation.org/
National Institutes of Mental Health (NIMH)	1-866-615-6464	http://www.nimh.nih.gov/health/topics/suicide-prevention/
National Alliance for the Mentally Ill (NAMI)	1-800-950-6264	http://www.nami.org
National Mental Health Association (NMHA)	1-800-969-6642	http://www.nmha.org
National Runaway Hotline	1-800-231-6946	
National Runaway Switchboards	1-800-621-4000	
National Youth Hopeline	1-800-442-4673	
PBS Weblab - Living With Suicide: Shared Experiences and Voices of Loss		http://www.pbs.org/weblab/living/
School-based Youth Suicide Prevention Guide		http://theguide.fmhi.usf.edu/
Spanish Crisis Line	1-800-942-6908	Spanish Crisis Line
Substance Abuse and Mental Health Services Administration's (SAMHSA) National Mental Health Information Center	1-800-789-2647	http://mentalhealth.samhsa.gov/suicideprevention/
Suicide Prevention Action Network (SPAN)	202-449-3600	http://www.spanusa.org
Suicide Awareness Voices of Education (SAVE)	952-946-7998	http://www.save.org/
Suicide.org		http://www.suicide.org/
Suicide Prevention Resource Center	1-877-438-7772	http://www.sprc.org/
Survivors of Suicide		http://www.survivorsofsuicide.com/
Yellow Ribbon Suicide Prevention Project	303-429-3530	http://www.yellowribbon.org

State Resources		
Oregon Partnership Helpline	1-800-923-HELP	http://www.orpartnership.org/
Youth Suicide Prevention Program	971-673-1023	http://www.oregon.gov/DHS/ph/ipe/ysp/index.shtml
Local Resources		
HOST	503-588-5825	Local Crisis Hotline
Lutheran Community Services	503-472-4020	Counseling Services
NAMI – Yamhill County	472-3823 (Shirley Kimball)	
Rainbow Family Services	503-472-2240	Counseling Services
Yamhill County	434-7523	http://www.co.yamhill.or.us/hhs/index.asp
Yamhill County Family and Youth Programs	503-434-7462	Counseling Services
Yamhill County Suicide Prevention Coalition – QPR Gatekeeper training	503-434-7404	For information on joining the coalition or to request a QPR gatekeeper training (also available in Spanish)
Youth Outreach	503-538-8023	Youth “Host” Homes