

TMHA in the News

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Breaking the Silence

By Amy Asman

Suicide is a complex issue. It's also a subject many people don't want to talk about because of its painful and taboo connotations.

But according to many experts, it's that very societal need to keep suicide—and the thoughts and feelings surrounding it—secret and shrouded in shame that partly drives people to the point of taking their own lives.

“There're a wide variety of reasons why people commit suicide. Depression is huge,” explained Stephanie Baisa Wilson, a licensed marriage and family therapist and a board member of Transitions Mental Health Association, which covers San Luis Obispo and Northern Santa Barbara counties. “When you're depressed, it's so hard to see a positive outcome. You feel desperate and hopeless, and suicide seems like the easier way to deal with your feelings.

“With some of the people I've counseled, it's gotten to the point in their lives that they can't function anymore,” Baisa Wilson said. “They've shoved [their emotions] down and to the side so much that it's like they're choking. It's emotionally and mentally toxic.”

People who are considering suicide, she said, usually feel isolated and overwhelmed by the circumstances in their lives. And most of the time their loved ones have no idea what's going on.

According to information from the Glendon Association, a nonprofit mental health organization based in Santa Barbara, suicide is driven by continual self-destructive thoughts. The person is divided—part wants to live, but part doesn't.

Based on national statistics, white people are the most likely demographic to commit suicide, and white elderly men have the highest rate of completion. As with any instance of suicide, there are plenty of reasons why this is the case.

Ron Owens, an information officer for the California Public Health Department, said some research shows that older males have a high prevalence of untreated depression, a risk factor for suicide. Men are also more likely to use violent methods, such as a gun or strangulation, when attempting to take their lives.

And from a therapeutic stance, Baisa Wilson said, “Women talk about their feelings more. Men are not as verbal and often don't have the coping skills to deal with their feelings.”

Traditionally, suicide hasn't been as prevalent among other cultures and people of other ethnicities, but recent trends show that could be changing, especially among young people.

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Sobering statistics

According to county mortality records, suicide isn't a leading cause of death in Santa Barbara County. Those records show from 1999 to 2006, suicide was determined to be the underlying cause of approximately 1.5 percent of deaths for people of all ages. However, suicide is the third leading cause of death nationally for young adults, coming in behind accidents and homicide.

The most recent Healthy Youth survey by the National Centers for Disease Control and Prevention (2007) showed that Hispanic females were more likely than their peers to have made suicide attempts that resulted in injury, poisoning, or overdose that required medical attention. That group was followed by males whose ethnicity was designated as "other" (most likely Asians, Pacific Islanders, and Native Americans) and black males.

According to the same survey, Hispanic females and "other" females had the highest rate of making a plan about how they would attempt suicide. Hispanic males and "other" males were also ranked high in that portion.

"Part of that might be from transitioning into a culture where there is more suicide," said Dr. Lisa Firesone, director of research and education at the Glendon Association. "You usually see it more with single-parent families—the parent is working two jobs to get food on the table and sometimes the kids feel abandoned."

The closer a person is to his family, even if it's just physically, Firestone explained, the less likely he is to kill himself. She used Naples, Italy, as an example.

"In Naples, people are practically living on top of each other, but there's no suicide. There can be family conflict and even domestic violence, but there's no suicide," she said. "When there are so many people in your life, it doesn't give you a lot of time to contemplate your faults—you're usually thinking about your family members' faults."

Another factor is the tumultuous nature of teenagers.

"Adolescence in general is a difficult time. So there are usually more attempts in that age bracket," Firestone said. "Teenagers' brains are going through a reorganization at that time, and they're more reactive."

Baisa Wilson agreed: "With teenagers, everything is more dramatic: Love is more dramatic, a breakup with a boyfriend is more tragic. And on top of that, there's a feeling of indestructibility."

Add cultural and societal stressors into the mix, and a teen could become even more likely to consider suicide.

"Sometimes there are less options, less opportunities for minorities, and therefore more pressure," Baisa Wilson said. "I'm Hispanic and I know that traditionally you do not talk about your feelings. You do not talk about what's wrong. ... It's a stigma to say you're depressed." Getting help, especially professional treatment, at any age is often difficult for minorities because it isn't widely accepted.

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“It’s usually very hard to get a minority into therapy, especially men, because it’s not an acceptable part of most ethnic cultures,” she said. “Many men find it very emasculating and disempowering to go to therapy.”

When doing outreach to minorities, Baisa Wilson said, “I try to normalize and demystify it as much as possible. I don’t say, ‘You’re going to come in and we’re going to psychoanalyze every part of your life.’ I say, ‘This is about you taking control of your life.’”

How to save a life

Therapists and counselors aren’t the only people capable of helping someone who’s suicidal. In fact, according to the Glendon Association’s Firestone, teens especially are more likely to share their suicidal thoughts and feelings with a friend than a parent or professional.

To help people feel more prepared should such a situation arise, the Glendon Association has put together some tips on how to prevent suicide. A full brochure is available online at glendon.org.

“To help someone who might be suicidal, you want to draw them out and get them talking,” Firestone explained.

Other tips include discussing the person’s situation from his or her point of view by encouraging an open dialogue and showing empathy. The goal is to make the person feel accepted and understood. Sharing times when you might have felt the same way could also be helpful.

The second goal is to identify whether the person is currently thinking about suicide.

“Look for extreme changes—extreme feelings, distinct words that are final and catastrophic,” Transitions Mental Health Association’s Baisa Wilson said.

But experts say the best way to find out if someone is truly suicidal is to ask, using sensitive but specific questions. Being direct and to the point gives the person at risk permission to talk about his or her suicidal thoughts.

Next, ask the person why he or she is considering suicide. What are the current stressors making the person feel this way? It’s not important how you view the problem, but how the person at risk views it. Allow the person to vent about his or her feelings and talk openly about death. It might sound strange to let an at-risk person talk in depth about suicide, but it can help him or her recognize there are other ways to look at a situation.

Help the person at risk to connect with the part of him or her that wants to live. Do this by helping identify the strengths and opportunities in the person’s life. Who or what will the person miss most if he or she is gone? Find out how close the person is to his or her family, and brainstorm ideas to develop stronger relationships. Also find out how he or she solved serious problems in the past.

“The biggest thing you don’t want to do is make them feel guilty,” Firestone said, “like you wouldn’t want to say to someone with children, ‘Oh, if you did this you’d be a failure as a parent.’”

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It can feel like you're walking a fine line, but the most important thing to remember, Firestone said, is: "A part of everyone, no matter how hopeless or depressed they might seem, wants to live."

Next, address the person's suicide plan and ask about prior suicidal behavior.

"Once someone has a prior attempt, they're more at risk for suicide throughout their lifetime," Firestone said. "It's like they've laid down the neural pathway to be more capable of doing something like that."

With that in mind, ask if the person has a plan and how prepared he or she is to carry it out. For example: "Do you have a gun at home?" And find out when the person might go through with his or her plan.

Once you have a clearer understanding of the person's feelings and intentions, help them develop a different plan to prevent the immediate risk of suicide. When making a plan, be specific and make sure you're working together. One example of a plan is to confirm the at-risk person will call you before he or she attempts to harm him or herself. But it's also important to build in some kind of emergency support if the plan can't be carried out, such as having the person call the local suicide hotline or paramedics.

After developing a plan, make sure to schedule another time to meet with the person to follow up on how he or she is doing, or to share other resources.

"These are five steps anyone can do to help prevent suicide," Firestone said. "It's not a matter of being a professional."

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