FLORIDA Suicide Prevention COALITION

Reaching Those in Times of Need

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August 2018 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

A statewide, grassroots organization
of survivors, crisis centers, & interested citizens

ARE YOU A FSPC MEMBER?

Join FSPC, a statewide, grassroots organization of survivors, crisis centers, & interested individuals. Collaborate to advance suicide prevention efforts in larger numbers: get involved, volunteer with local & state FSPC activities, & obtain free or reduced registration at FSPC events. Membership information: http://floridasuicideprevention.org/membership/

FSPC NEWSLETTER SIGN-UP

Sign up to receive an email announcement when each Newsletter is posted on the FSPC website. Email Steve Roggenbaum, Vice Chair, at roggenba@usf.edu

SUPPORT FSPC WHEN YOU SHOP

amazonsmile
You shop. Amazon gives.

Amazon donates to FSPC, when you make an online (at Amazon) purchase. Support FSPC by going to smile.amazon.com and register the *Florida Suicide Prevention Coalition* (FSPC) as your chosen charity. So start shopping and support suicide prevention.

NEWSWORTHY

Student-Run Mental Health Education Efforts May Help Improve Mental Health Climate on College Campuses

Wednesday June 27, 2018

Getting college students to engage with peer-run organizations that focus on mental health awareness can improve college students' knowledge about mental health,

reduce stigma, and may play an important role in improving the campus climate toward mental health, according to a new RAND Corporation study.

The study, which involved 1,129 students from 12 California college campuses, is the largest longitudinal study examining the impact of a student mental health peer organization on students' mental health stigma, knowledge and helping behaviors.

Researchers found that students' familiarity with Active Minds, one such student mental health peer organization, was linked to a decrease in stigma about mental health issues over time, while involvement with the program was associated with an increase in helping behaviors. The study was published online by the Journal of the American Academy of Child and Adolescent Psychiatry.

"Student-run organizations aimed at teaching peers about mental health issues may be instrumental in shaping a more-supportive climate toward mental health issues on college campuses over the course of a single academic year," said Dr. Bradley D. Stein, the study's corresponding author and a senior physician scientist at RAND, a nonprofit research organization.

Recent studies estimate that 20 percent to 36 percent of college students cope with some form of serious psychological distress, yet only about a third of these students receive services despite the fact they often have access to on-campus help.

Many student peer organizations on college campuses actively work to educate students about mental health issues and are designed to reduce the stigma often associated with seeking help for emotional or psychological problems. This is important as students with mental health problems are more likely to receive needed services if they feel the climate on their college campus is more positive with respect to mental health.

Active Minds is the oldest national nonprofit organization encouraging students to speak openly about mental health, with more than 400 student-run chapters on college and high school campuses across the United States.

With funding from a special state tax intended to improve mental health services, the California Mental Health Services Authority (CalMHSA) has provided support for Active Minds chapters on college and university campuses across the state.

"College is a challenging time in the lives of the state's young adults so it's important to make sure students' mental health needs are adequately addressed," said Wayne Clark, executive director of CalMHSA. "We're pleased that the investment by counties statewide in these peer-run programs are improving students' views about mental health and their coping skills."

To assess the impact of the Active Minds programs on the California campuses, RAND researchers surveyed 1,129 students from 12 campuses that have Active Minds chapters. Students surveyed included both those who were involved with Active Minds and those with little or no knowledge of the organization.

Students completed surveys three times over the 2016-17 academic year, and were asked about their familiarity with Active Minds and their knowledge of and attitudes toward a number of mental health issues. More than 60 percent of the students surveyed had little familiarity or involvement with the Active Minds program at the study's onset.

Researchers found that increased familiarity and involvement with Active Minds was associated with increases in perceived knowledge about mental health and decreases in stigma about mental health over time. These changes were seen even among students with no direct involvement with Active Minds.

Students who became more involved with the organization were more likely over time to provide emotional support to peers and connect someone with mental health struggles to professional help.

Researchers say the findings suggest that student peer organizations that use a combination of individual, small-group and large-scale education programs can meaningfully influence not only students' perceived knowledge and attitudes, but also their behaviors within a single academic year.

"It appears that involvement in the types of activities conducted by Active Minds may translate into positive changes for many students," said Lisa Sontag-Padilla, the study's lead author and a behavioral social scientist at RAND. "Further research should examine what types of activities trigger the biggest changes, as well as to what extent involvement increases a student's own mental health and their ability to seek help."

Support for the study was provided by the California Mental Health Services Authority. Other authors of the study are Michael Dunbar, Feifei Ye, Courtney Kase, and Rachana Seelam, all of RAND, Rebecca Fein of Active Minds and Sara Abelson of the University of Michigan.

RAND Health is the nation's largest independent health policy research program, with a broad research portfolio that focuses on health care costs, quality and public health preparedness, among other topics.

ALSO NEWSWORTHY

Centerstone to Host Annual Life;Story 5K and 10K at Nathan Benderson Park on September 22, 2018

The 16th annual event planned to promote depression awareness and suicide prevention

By: Shawny Robey, Centerstone (941) 782-4326 shawny.robey@centerstone.org

Sarasota, FL (July 1, 2018) –Centerstone, one of the nation's leading providers of mental health and addictions care, is hosting the 16th Annual Life;Story 5K/10K Walk and Run (formerly known as Walk for Life) to help spread awareness about depression and suicide prevention. This is a family friendly athletic event which includes a timed 5K/10K Run, 5K Walk, and Kid's Races.

Centerstone's Life;Story 5K/10K Run and Walk Saturday, September 22, 2018 | 8:00 - 11:00 AM
Nathan Benderson Park 5851 Nathan Benderson Circle | Sarasota, FL 34235
www.centerstone.org/lifestory

Centerstone's 5K/10K chip timed run and 5K walk route follows the perimeter of the scenic rowing center at Nathan Benderson Park, and a kid's race event will be held for children ages 3 to 12 years. Following the event will be a ceremonial butterfly release and comments provided by individuals who have been impacted by depression and/or suicide. The morning's activities will include a community awareness fair, free food and refreshments, awards ceremony, and music from a live DJ.

In support of their efforts to create awareness about suicide prevention, Centerstone will also host their inaugural Life;Story Dinner on September 21, 2018 at 5:30pm at The Ballroom in Lakewood Ranch. The event will feature keynote speaker Kevin Hines who will share his personal journey of recovery after his suicide attempt by jumping from The Golden Gate Bridge. Hines chronicles his story in the recently released documentary, Suicide: The Ripple Effect. Seating for this event is limited, for ticket information please call 941-782-4340.

Centerstone has long sought to reduce suicides in their communities through education, outreach and treatment. "Suicide is preventable. Many people believe that you can't stop someone if they

really want to do it. Research shows that this isn't true. It is important to know that people do not want to die, they want the pain to stop," said Melissa Larkin-Skinner, Chief Executive Officer of Centerstone. "Through sharing stories of survival and recovery we want everyone to know there is hope, there are other ways to stop the pain, suicide is not the only or best answer."

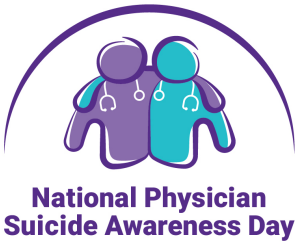
Facts about Suicide
Across the globe, nearly 1 million people die annually by suicide. In the United States alone there are one million suicide attempts every year and over 40,000 deaths by suicide, with our military being hit particularly hard. Research has shown that for every one death by suicide, over 115 people are directly affected and impacted. The estimated financial cost of suicide is over 50 billion dollars annually.

About Centerstone
Centerstone is a not-for-profit health care organization dedicated to delivering care that changes people's lives, providing inpatient and outpatient mental health and addictions treatment to more than 15,000 Floridians a year, including 4,200 children and teens. We provide mental health and substance abuse treatment, education and support to communities in Florida, Illinois, Indiana, Kentucky, and Tennessee. Nationally, we have specialized programs for service members, veterans and their loved ones, and develop employee assistance programs for businesses of all sizes. Our research institute improves behavioral healthcare through research and technology, and our foundation secures philanthropic resources to support our work. For more information, visit www.centerstone.org.

YET ANOTHER NEWSWORTHY ITEM

National Physician Suicide Awareness Day

The Council of Residency Directors in Emergency Medicine (CORD) is pleased to announce an emergency medicine collaborative effort with AAEM, AAEM/RSA, ACEP, ACOEP, ACOEP-RSO, EMRA, and SAEM in the initiation of the first *National Physician Suicide Awareness Day* on September 17, 2018.



Vision Zero

Estimates are that up to 400 physicians per year take their own lives with the relative risk for suicide being 2.27 times greater among women and 1.41 times higher among men versus the general population. Each physician suicide is a devastating loss affecting everyone - family, friends, colleagues and up to 1 million patients per year. It is both a very personal loss and a public health crisis.

Vision Zero calls on individuals, residency programs, health care organizations and national groups to make a commitment to break down stigma, increase awareness, open the conversation, decrease the fear of consequences, reach out to colleagues, recognize warning signs and learn to approach our colleagues who may be at risk.

Let us challenge each other as individuals, communities, institutions, and organizations to make changes to reach zero physician suicides.

Learn more at https://www.cordem.org/resources/professional-development/wellness--resilience---resources-page2/NPSA/

RESEARCH FOR THE REST OF US

Sometimes important research is filled with jargon, is hard to understand, or doesn't seem to make sense. We've tried to summarize research in common English language.

A Simple Emergency Room Intervention Can Help Cut Suicide Risk

Public Health (National Public Radio)
by Rhitu Chatterjee July 11, 2018

Research shows that people taken to an emergency room after a suicide attempt are at high risk of another attempt in the next several months. But providing them with a simple "safety plan" before discharge reduced that risk by as much as 50 percent.

Many people who attempt suicide end up in an emergency room for immediate treatment. But few of those suicide survivors get the follow-up care they need at a time when they are especially likely to attempt suicide again.

Now, a study shows that a simple intervention conducted by staff in emergency departments can reduce the risk of future attempts. The intervention involves creating a safety plan for each patient and following up with phone calls after discharge. "It reduced the odds of suicidal behavior by half," says Barbara Stanley, a psychologist at Columbia University and the lead author of the study. "That's a phenomenal difference."

The study, which was published Wednesday in JAMA Psychiatry, included 1,200 patients at five Veterans Affairs hospitals around the country. The findings offer a way for hospitals and clinics to help reduce the rising numbers of death by suicide across the country.

"When someone goes to the emergency room for a suicide attempt, they are at risk of another suicide attempt for the next three months," says Stanley. "It's like a ticking time bomb."

This is the first large-scale study of the Safety Planning Intervention, which Stanley and her group developed in 2008 and which has been adopted at hospitals and clinics around the country. It can be provided by a physician, a nurse or a social worker and requires very little training.

"The interesting thing about the Safety Planning Intervention is that it is a relatively brief intervention and can be used in a lot of different [health care] settings," says Brian Ahmedani, director of behavioral health research at the Henry Ford Health System in Detroit, who wasn't involved in the new study.

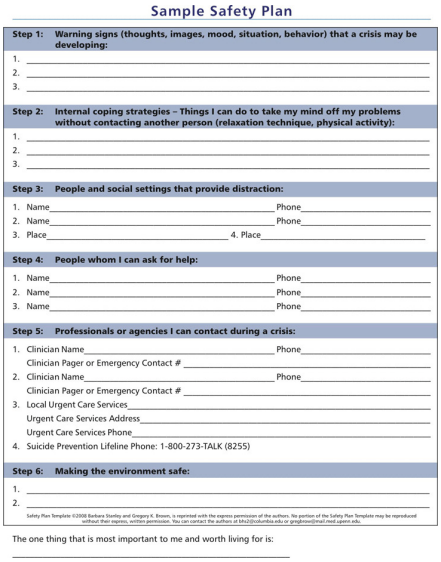
Many health care systems are starting to think about ways to prevent suicide, he says. That's because, as his own work has shown, almost 83 percent of people who die by suicide make a health care visit in the year before their death. Yet only 50 percent of those people have been diagnosed with a mental illness.

The intervention studied by Stanley and her group starts in the ER or a clinic, before the suicidal patient is released. First, a health care professional talks with the patient and tries to understand that person's warning signs for a suicide attempt.

"If they've grappled with being suicidal, they know what their warning signs are," says Stanley. For example, she says, someone might say, " 'I find that I'm staying in my room, not answering the phone, not answering texts, not answering emails.' That could be a warning sign." Others might have repeated thoughts that they're not worthy.

The next step is for the patient — with help from the clinician — to come up with a set of coping strategies to help get through moments of intense suicidal ideation. For most people, this intense state only lasts from a few minutes to a couple of hours, she says.

The coping strategy could be something as simple as playing video games, watching TV or talking to a loved one. If people contemplating suicide can distract themselves with something they enjoy doing, they can bypass that narrow window during which suicidal thoughts can overpower them, notes Stanley. "For suicidal people, the passage of time is their friend," she says.



Sample Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

The provider also tries to persuade patients to remove or distance themselves from their means of suicide. For example, if they own a gun, they should lock it away or give it to someone who can keep it away from them. "If you make it really hard to use whatever means you were going to use, time passes and you give a chance for suicidal thoughts to subside," she says.

Safety planning includes follow-up phone calls with the patient — the first call is made within 72 hours of being discharged from the ER. The provider asks the patient how the safety plan is being used and helps revise it if needed. The provider also makes sure the patient sees a mental health care provider for long-term care. A provider keeps calling until the patient has had a second appointment with a therapist or counselor.

That follow-up is key, says Julie Goldstein Grumet, a psychologist at the Zero Suicide Institute at the Education Development Center, a Washington, D.C.-based nonprofit. "People often fall off and they don't follow up on their referrals," she says. "And the times during these transitions from acute care settings is one of the highest risk times of suicides."

To evaluate the effectiveness of the intervention, Stanley's team looked at five VA emergency departments across the country that used it and compared the outcomes with four VA emergency rooms that simply discharge patients after stabilizing them.

Among the nearly 1,200 people who received the intervention, half as many people had made suicide attempts (or had come very close) as those in the control group. In other words, the intervention had nearly halved the risk of suicide in the six months after discharge. Two-thirds of the people in the treatment group had used their safety plans, and they were also twice as likely to get follow-up mental health treatment when compared with the control group. "The study is incredibly important ... because it shows brief interventions work," says Goldstein Grumet.

Rick, a father in Missouri, says a safety plan may have saved his 12-year-old daughter's life. (NPR is leaving off his last name to protect his daughter's privacy.) In September 2017, she came very close to taking her own life. When he found out about this from her school principal the next day, Rick rushed her to the ER at Mercy Hospital Jefferson. "The whole process was overwhelming, because you have your 12-year-old who's wanting to end her life," Rick says. "And she'd not shared any of that with us."

The hospital wasn't part of the new study but was also using a safety planning intervention as part of its efforts to prevent suicides. "The crisis counselor did such an amazing job of setting up a safety plan that my daughter felt comfortable with," he says.

He says his daughter didn't want to talk to him or her mother about her struggles, but she agreed to communicate with them in other ways. During times when she felt her urge to take her own life coming back, she agreed to watch TV with her mother or call or text her father.

Rick says she usually sends a specific emoji when she is having a bad day. And he responds by distracting her with something completely different. He says she also agreed to use a crisis help line if things escalated. "It was something that she could follow through with," he says. "It gave her some confidence and it gave me some confidence."

He says the plan has helped his daughter get through her suicidal phase and even slowly open up to her parents. "That's what is so powerful about a safety plan," says Ahmedani. "The patient is the author of their safety plan, but it's guided by a provider."

As part of the 2012 National Strategy For Suicide Prevention, many health care providers have adopted the approaches to prevention outlined in the Zero Suicide Initiative, which includes safety planning based on previous evidence showing it works.

While safety planning has begun to be used across the country, it ought to be adopted universally, says Goldstein Grumet. "It is a brief intervention that hospital workers, primary care staff, outpatient behavioral health, can all be trained in to utilize," she says.

You Are Not Alone
If you or someone you know may be considering suicide, contact the National Suicide Prevention Lifeline at 1-800-273-8255 (en Español: 1-888-628-9454; deaf and hard of hearing: 1-800-799-4889) or the Crisis Text Line by texting 741741.

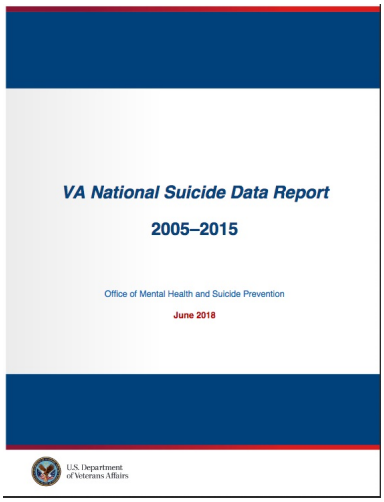
Link: https://www.npr.org/sections/health-shots/2018/07/11/628029412/a-simple-emergency-room-intervention-can-help-cut-future-suicide-risk

Stanley, B., Brown, G.K., Brenner, L.A., Galfalvy, H.C., Currier, G.W., Knox, K.L., Chaudhury, S.R., Bush, A.L., & Green, K.L. (2018). Comparison of the Safety Planning Intervention with Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. *JAMA Psychiatry,* Advance online publication. E1–E7. doi:10.1001/jamapsychiatry.2018.1776

AVAILABLE RESOURCE

VA Releases State-level Veteran Suicide Data, National Strategy for Preventing Veteran Suicide

Office of Public and Intergovernmental Affairs
July 2, 2018
Link: https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5079



WASHINGTON — The U.S. Department of Veterans Affairs (VA) released state-level Veteran suicide data today as a follow-up to its 2015 National Suicide Data Report, which was released on June 18.

Alongside the state data sheets, VA also published the National Strategy for Preventing Veteran Suicide, a strategic framework for the nation's collective efforts to prevent Veteran suicide over the next decade.

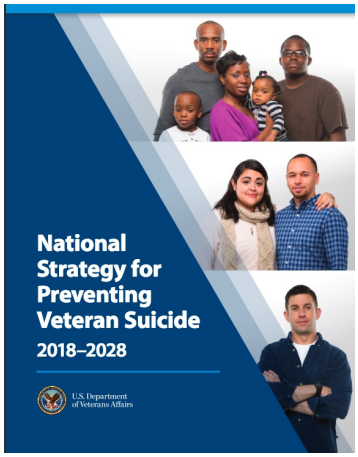
The updated 2015 state data sheets offer an analysis of Veteran suicide data by age, gender and suicide method for all 50 states, the District of Columbia and Puerto Rico.

Both the individual state data sheets and the National Strategy for Preventing Veteran Suicide underscore the fact that suicide remains an important national public health concern affecting both Veterans and non-Veterans in every state. The state data sheets serve as a critically important tool that helps VA and its partners at the state and community levels design and execute the most effective suicide prevention strategies.

"VA is working hard to prevent suicide among all Veterans, including those who do not, and may not ever, use VA services and benefits," said Acting VA Secretary Peter O'Rourke. "Our work is driven by data that inform our efforts and our partners' efforts to prevent suicide through a national public health approach."

Suicide is a complex public health issue. While there is no single explanation for disparities in suicide rates between states, differences in population size, health-care access, and firearm policy are relevant considerations. The interaction of these factors further highlights the need for a

coordinated approach to suicide prevention that involves the broader community to support Veterans before they reach a crisis point.



The National Strategy for Preventing Veteran Suicide reflects VA's vision for a comprehensive approach to suicide prevention that involves different sectors working together to build effective networks of support, communication and care, reaching Veterans where they live and thrive. VA is leading efforts nationwide to understand suicide risk factors, develop evidence-based strategies and identify and care for Veterans who may be at risk for suicide.

"The National Strategy for Preventing Veteran Suicide is more than a strategic plan — it's a call to action," said Dr. Carolyn Clancy, executive in charge of VA's Veterans Health Administration. "Only about half of the approximately 20 million Veterans in the U.S. receive VA benefits or services. To end Veteran suicide, we need organizations across sectors to adopt the strategy's framework and join us in delivering support to all Veterans."

The updated 2015 state data sheets are available at https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp

Download the National Strategy for Preventing Veteran Suicide https://www.mentalhealth.va.gov/suicide_prevention/index.asp under 'Strategy and Education.'

Modeled after the 2012 National Strategy for Suicide Prevention and a complement to the Department of Defense Strategy for Suicide Prevention, the National Strategy for Preventing Veteran Suicide encompasses four interconnected strategic directions:

- Healthy and Empowered Veterans, Families, and Communities
- Clinical and Community Preventive Services
- Treatment, Recovery and Support Services
- Surveillance, Research and Evaluation.

"An example of VA's efforts include a 'Mayors Challenge' where we work in collaboration with 8 cities –teaching local stakeholders how to develop evidence based practices for suicide prevention strategies locally," said Dr. Keita Franklin, VHA's Suicide Prevention Program executive director. "We have made great strides in suicide prevention by expanding existing programs and launching new ones, but we are always looking for new, innovative ways to connect Veterans with support and care – and those efforts are guided by data."

VA and its partners are already putting this strategy into practice across a variety of initiatives. In recent months, VA has undertaken substantial new efforts, including:

- Expanding the Veterans Crisis Line
- Creating new cross-sector partnerships
- Implementing the Joint Action Plan for Supporting Veterans During Their Transition From Uniformed Service to Civilian Life
- Launching SAVE online suicide prevention training

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, should call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or send a text message to 838255.

Reporters covering this issue are strongly encouraged to visit www.ReportingOnSuicide.org for important guidance on how to communicate about suicide.

WHAT'S HAPPENING

August 15-17, 2018. *Florida Behavioral Health Conference*. Hilton Orlando Bonnet Creek Resort.

September 7-9, 2018, National Weekend of Prayer for Faith, Hope, & Life (National Action Alliance for Suicide Prevention) http://actionallianceforsuicideprevention.org/faithhopelife

September 10, 2018. *World Suicide Prevention Day.* Global activities.

September 9 - 15, 2018. *National Suicide Prevention Week*. http://www.suicidology.org/about-aas/national-suicide-prevention-week

September 2018. *National Suicide Prevention Month.*

September 22, 2018 (8:00 am – 11:00 am). *16th Annual Life; Story 5K/10K Run and Walk: For Depression Awareness and Suicide Prevention*. Nathan Benderson Park, Sarasota. https://giving.centerstone.org/life-story/

October 6, 2018 (10:00 am – 2:00 pm). MindFest. DeLand. http://www.eccwestv.org/mindfest

RESOURCES

If you or someone you know is in crisis, please call **1-800-273- 8255** ***(National Suicide Prevention Lifeline).***

Crisis Text Line – text "start" to **741-741**

Veteran's Crisis Line **1-800-273- 8255, press 1 &** https://www.veteranscrisisline.net/

Resources for Survivors of Suicide Loss. SAVE. Suicide Awareness Voices for Education maintains a resource list at: http://suicidegrief.save.org/ResourceLibrary

Suicide Loss Survivors. The American Association of Suicidology (AAS) hosts a webpage with listed resources for survivors of suicide loss at http://www.suicidology.org/suicide-survivors/suicide-loss-survivors

Suicide Grief Resources. Helpful information, tools, and links for people bereaved by suicide at http://suicidegriefresources.org/

STOP Suicide Northeast Indiana. (2016). *Help & Hope: For Survivors of Suicide Loss.* Retrieved from http://www.stopsuicidenow.org/toolkits-now-available/

Florida's Statewide Office of Suicide Prevention (DCF): http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention

National Action Alliance for Suicide Prevention: The Public-Private Partnership Advancing the National Strategy for Suicide Prevention: http://actionallianceforsuicideprevention.org/resources

Coping After Suicide Loss: Tips for Grieving Adults, Children, and Schools. The American Psychological Association tip sheet. http://www.apa.org/helpcenter/suicide-coping-tips.pdf

Guide for Suicide Attempt Survivors after Treatment in the Emergency Department. The Substance Abuse and Mental Health Services Administration's (SAMHSA) brochure for people who have received emergency department treatment for a suicide attempt. Includes tips on how to cope

with thoughts of suicide and resources for finding help. The brochure is also available in Spanish. https://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Yourself-After-Your-Treatment-in-the-Emergency-Department/SMA18-4355ENG?utm

Guide for Taking Care of a Family Member after Emergency Department Treatment for an Attempt. SAMHSA's brochure on caring for a family member after a suicide attempt which describes emergency department treatment process, lists questions to ask about follow-up treatment, and offers tips on how to reduce risk at home. The brochure is also available in Spanish. https://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Your-Family-Member-After-Treatment-in-the-Emergency-Department/SMA18-4357ENG?utm

Guide for Emergency Department Providers on Caring for Suicide Attempt Survivors. SAMHSA's brochure for emergency department providers on enhancing treatment for patients who have attempted suicide. It includes information on patient assessment, HIPAA regulations, and tips for communicating with family and other treatment providers. https://store.samhsa.gov/product/A-Guide-for-Medical-Providers-in-the-Emergency-Department-Taking-Care-of-Suicide-Attempt-Survivors/All-New-Products/SMA18-4359?utm

AN EXTRA HELPING . . .
What to Do When a Loved One Is Severely Depressed

There are no easy answers for helping someone struggling with depression, especially if you've already tried and tried. Here are some tips from experts.

By Heather Murphy
June 7, 2018
Link: https://www.nytimes.com/2018/06/07/health/depression-suicide-helping.html

Reports of Kate Spade's suicide and struggle with depression instantly transformed her from symbol of polished prep to a blunt reminder that suffering affects all types. Three days later we woke to the news that another beloved figure, Anthony Bourdain, had taken his life. These two tragedies have inspired hundreds to tweet some version of the same message: Mental illness is nothing to be ashamed of.

But deep in the comment threads, some have also been debating a more uncomfortable question: What do you do when a friend is depressed for such a long time that you've started to feel that that nothing you can do will make a difference, and your empathy reserves are tapped out? There are no easy answers. But here are some tips from experts:

Don't underestimate the power of showing up

You may not feel that your presence is wanted. But just being by the side of someone who is depressed, and reminding her that she is special to you, is important to ensuring that she does not feel alone, said Dr. Norman Rosenthal, a clinical professor of psychiatry at Georgetown University School of Medicine.

If she acknowledges she's depressed, that's a good sign, said Dr. Rosenthal. He recalled the story of a patient who stopped feeling suicidal after telling people he was close to how he was feeling. "When you shine the light on the shame, it gets better," Dr. Rosenthal said.

Don't try to cheer him up or offer advice

Your brother has an enviable job and two lovely children. He's still ridiculously handsome even though he hasn't gone to the gym for six months. It's tempting to want to remind him of all these good things. Not only is that unlikely to boost his mood, it could backfire by reinforcing his sense

that you just don't get it, said Megan Devine, a psychotherapist and the author of "It's O.K. That You're Not O.K."

"Your job as a support person is not to cheer people up. It's to acknowledge that it sucks right now, and their pain exists," she said. Instead of upbeat rebuttals about why it's not so bad, she recommended trying something like, "It sounds like life is really overwhelming for you right now."

If you want to say something positive, focus on highlighting what he means to you, Dr. Rosenthal advised. And though offering suggestions for how to improve his life will be tempting, simply listening is better.

It's O.K. to ask if she is having suicidal thoughts

Lots of people struggle with depression without ever considering suicide. But depression is often a factor. Although you may worry that asking, "Are you thinking about killing yourself?" will insult someone you're trying to help — or worse, encourage her to go in that direction — experts say the opposite is true.

"It's important to know you can't trigger suicidal thinking just by asking about it," said Allen Doederlein, the executive vice president of external affairs at the Depression and Bipolar Support Alliance. If the answer is yes, it's crucial that you calmly ask when and how; it's much easier to help prevent a friend from hurting herself if you know the specifics.

Take any mention of death seriously

Even when a person with depression casually mentions death or suicide, it's important to ask follow-up questions. If the answers don't leave you feeling confident that a depressed person is safe, experts advised involving a professional as soon as possible. If this person is seeing a psychiatrist or therapist, get him or her on the phone.

If that's not an option, have the person you're worried about call a suicide prevention line, such as a 1-800-273-TALK, or take her to the hospital emergency room; say aloud that this is what one does when a loved one's life is in danger. In some cases, calling 911 may be the best option. If you do, ask for a crisis intervention team, Mr. Doederlein urged.

But remember that interactions with law enforcement can vary wildly, depending on race and socio-economic background. In cases where you're concerned that calling police could put a person in danger, try to come up with an alternate plan in advance.

Make getting to that first appointment as easy as possible

You alone cannot fix this problem, no matter how patient and loving you are. A severely depressed friend needs professional assistance from a psychologist, psychiatrist, social worker or another medical professional.

Yeah, you know. You've told your boyfriend this, but it's been months — or maybe even years — and he still has not set anything up. "You can't control someone else's recovery," said Kimberly Williams, president and chief executive of the Mental Health Association of New York City. But you can try to make getting to that first appointment as easy as possible. That might mean sitting next to your friend as he calls to make the appointment, finding counseling that he can afford, or even going with him that first time, if you're comfortable with it.

What if you're not sure whether you should start with a therapist or a psychiatrist, or whether you've found the perfect person? Ask around for recommendations, and know that one practitioner may ultimately lead to another.

But don't overthink it. The key initially is just getting a professional involved so you are not the only person managing this situation. (That said, if that first appointment seems really unhelpful, trust your instincts and find someone else.)

Take care of yourself and set boundaries

When the thoughtful and kind people we've loved for years are depressed, they may also become uncharacteristically mean and self-centered. It's exhausting, painful and hard to know how to respond when they pick fights or send nasty texts. "You don't have to attend every argument you are invited to," Ms. Devine said.

Still, just because someone is depressed is not a reason to let their abusive behavior slide. Set clear boundaries with straightforward language such as, "It sounds like you're in a lot of pain right now. But you can't call me names." Similarly you may find that your friend's demands on your time are starting to sabotage other relationships or your job. You're not going to be able to help if you're not in a good place yourself.

It's O.K. not to be available 24-7, but try to be explicit about when you can and cannot help. One way to do this, Ms. Devine advised, is to say: "I know you've been really struggling a lot, and I really want to be here for you. There are times that I physically can't do that." Then come up with a contingency plan and kindly push her to stick with it. Coming up with a consistent schedule for when you'll see each other every week can be helpful to you both.

Remember, people do recover from depression

It can be hard when you're in the middle of the storm with a depressed friend to remember that there was a time before, and hopefully an after, this miserable state. But it's essential to remind yourself — and the person you're trying to help — that people do emerge from depression. Because they do.

I have seen it. Every single one of the experts quoted here has seen it, too. But it will take patience and time.

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

http://floridasuicideprevention.org/membership