

TerranearPMC Safety Share

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Week of June 25, 2018 – Suicide

BE KIND, FOR EVERYONE YOU MEET IS FIGHTING A HARD BATTLE

Plato

The recent suicides of Anthony Bourdain and Kate Spade caught the nation by surprise. Here were two people sitting on top of the world, attaining a level of success and accomplishment that so many of us could only envy. We were stymied while asking the question, “Why.” Yes, their deaths stunned us; not just because their lives looked to be so fulfilled and glamorous, but their sudden passing brought a new awareness for a growing suicide rate among an unexpected group: middle-aged adults. Experts agree that the trend among middle-aged adults is puzzling, in part, because people at this age are often more financially secure and have experience solving life problems.

While members of the American Psychiatric Association (APA) admit that there are concerns related to the opioid epidemic, the misuse of prescription medications does not seem to explain this trend of suicides, as according to the APA, current suicides among middle-age adults, warrants more research.

Suicide is a major concern. Over 40,000 people die by suicide each year in the United States; it is the 10th leading cause of death. Suicide is complicated and tragic but it is often preventable. It is important to note that suicide is not a normal response to stress. Yet suicidal thoughts or actions are a sign of extreme distress, and therefore need to be recognized as something more than a harmless bid for attention.

According to the CDC, nearly half of people who died by suicide had a known mental health condition. Yet struggling with a significant life event for those without a mental health disorder can lead to a suicide attempt. As the CDC’s principle deputy director, Anne Schuchat, points out, “That’s why it’s so important to understand the range of factors and circumstances that contribute to suicide risk, including relationship problems, substance misuse, physical and mental health conditions, job issues, financial troubles and legal problems.”

Other research shows that most people who die by suicide have a mental health condition, even if they have not been diagnosed or treated. A “psychological autopsy” from interviews with families and friends can reveal an individual’s mental health struggles after an unfortunate death.

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex and there is no single cause. In fact, many different factors contribute to someone making a suicide attempt. But people most at risk tend to share certain characteristics.

The CDC reports that among racial and ethnic groups, American Indians and Alaska Natives tend to have the highest rate of suicides, followed by non-Hispanic Whites. African Americans tend to have the lowest suicide rate, while Hispanics tend to have the second lowest rate.



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It seems fairly evident that suicide is a national problem (and according to the World Health Organization, this is an international crisis as well – Anthony Bourdain took his life in France), where the specific reasons and events leading to such a tragic event have only been explored to a limited degree. As unfortunate as it may be, the topic of mental health is still stigmatized, thus making it a very uncomfortable subject to discuss opening; unlike talking about someone undergoing surgery. There is a tendency to talk in hushed tones and when doing so, within a small group of people: a clear indication of our apprehension to be open and vocal about mental illness. And this “silence” factor holds true for those individuals that are undergoing a mental crisis. Maybe it’s because the subject still remains taboo so those suffering tend to remain silent hoping that the storm will pass. And of course, even today, typical health care coverage does not place an equal emphasis on mental health as it does for physical wellbeing.

Nevertheless, specific services and treatments are available. For instance, multiple types of psychosocial interventions have been found to be beneficial for individuals who have attempted suicide. These types of interventions may prevent someone from making another attempt. Psychotherapy, or "talk therapy," is one type of psychosocial intervention and can effectively reduce suicide risk.

Another type of psychotherapy is called cognitive behavioral therapy (CBT). CBT can help people learn new ways of dealing with stressful experiences through training. CBT helps individuals recognize their own thought patterns and consider alternative actions when thoughts of suicide arise.

Dialectical behavior therapy (DBT), has been shown to reduce the rate of suicide among people with borderline personality disorder, a serious mental illness characterized by unstable moods, relationships, self-image, and behavior. A therapist trained in DBT helps a person recognize when his or her feelings or actions are disruptive or unhealthy, and teaches the skills needed to deal better with upsetting situations.

People most at risk tend to share certain characteristics. They include: depression or other mental disorders, substance abuse problems, family history of a mental disorder or substance abuse, family violence, as well as physical or sexual abuse.

Knowing the warning signs for suicide and how to get help can be beneficial. Typical behaviors that may be indications that someone is thinking about suicide include: talking about feeling empty, hopeless, or having no reason to live, withdrawing from family and friends, talking about feeling trapped or feeling that there are no solutions, showing rage or talking about seeking revenge, giving away important possessions, saying goodbye to friends and family, and putting affairs in order, and making a will.

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently. One resource is the National Suicide Prevention Lifeline, **1-800-273-TALK (8255)**. The Lifeline is available 24 hours a day, 7 days a week. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889.

