STEPS TOWARD PREVENTING SUICIDE

Looking back at our own daughter's suicide in 2010 and taking into account what worked and what did not in getting her help—and what we have learned since—several lessons come to mind that we can share in hopes that they may be helpful to others. Though our experiences began with our own daughter's struggles, these comments are not about Jamie, but rather about anyone going through similar struggles today.

To put the problem in perspective, the Centers for Disease Control (CDC) reports that suicide is the 10th leading cause of death for Americans, with the highest rate being among people age 45 to 64. Nevertheless, it is the third leading cause of death among people who are 15 to 24 years old and, in the same group, accounts for 20% of all deaths annually.

How Do You Recognize a Suicide Threat?

When the subject of suicide comes up, one of the first questions that arises is how to spot a potential suicide before it happens. The common warning signs include behaviors like isolating oneself or giving away possessions. Being aware of these signs can be a great help—they can save a life—but there is another aspect of recognizing a possible suicide that poses an equal, perhaps greater challenge. That is, accepting the seriousness of a clear suicidal message even if it comes from a person you think could not possibly be serious. This capacity to revise your thinking at a moment's notice is especially critical considering that a large percentage of people who are contemplating suicide do tell someone else.

*** Be prepared to take a suicide threat seriously even if it comes from a person you think could not possibly be suicidal.**

Bridging the Gaps in Care

When someone is depressed enough to contemplate suicide, he needs help, and few people would disagree. Family members can provide support in a thousand ways, but they are in a poor position to provide what is needed to control suicidal thoughts in a loved-one because they cannot be objective. The first step then is to get a doctor, specifically, a psychiatrist.

Two remarkable people who have faced and survived repeated descents toward suicide are Kay Redfield Jamison and Elyn Saks, the first a successful clinical psychologist and professor who has bipolar disorder and the second a successful lawyer and professor who has schizophrenia. In their writing, both of them reinforce the paradigm of the essential psychiatrist, crediting the doctors who saw them through their most difficult struggles with giving them their lives back.

For most families, however, the reality is more complex because the mental health system is disjointed. A few examples:

• Although a balanced combination of psychotherapy and medication is the consensus approach to treating a suicidal patient, many psychiatrists are leaving intensive psychotherapy in favor of prescribing and monitoring medication.

• Many psychiatrists who provide psychotherapy do not accept insurance so patients must pay out of pocket.

• Without a medical degree, psychologists and therapists can provide psychotherapy but cannot prescribe medication.

The result is that a patient dealing with serious thoughts of suicide may have difficulty finding a single provider who offers the optimal combination of psychotherapy and medication at an affordable price. If this is the case, the paradigm may change from having one to having multiple providers. There is nothing wrong with this model. It can work well. It does mean, however, that there may be gaps in care, which will have to be bridged by the care providers.

Whatever care arrangement is agreed upon—and this may include the primary care physician—it should be clear which provider is supervising care and responsible for coordinating the various therapies. The patient should not be the bridge herself because if she is, she is essentially overseeing her own care.

*** If there are gaps in care, make sure the providers have a defined way to bridge them.**

The Problem of Drug Abuse

Drugs may or may not be part of the problem with someone who is suicidal, but they frequently are a contributing factor. To make matters worse, there is a growing threat from hard drugs, including heroin, particularly on the South Shore. If drug abuse is part of the problem, the suicidal person might receive a "dual diagnosis," that is, the twofold diagnosis of addiction plus an underlying suicidal depression.

In this case, care providers tend to focus on the drug abuse first since it poses serious health and legal risks, and it undermines any psychotherapy the person might otherwise undergo. The danger is that, in practice, the emphasis on addiction might divert too much attention away from the source of the suicidal thinking.

*** If drug abuse is part of the problem, stopping it is the first priority, but an underlying depression should not be ignored.**

The Consequences of Rape

A discussion of suicide is not complete without also talking about rape because rape is also a significant contributing factor. Here is a picture of the problem:

• According to the CDC, nearly 1 in 5 women and 1 in 71 men in the United States have been raped at some time in their lives. Though men are not unaffected, rape is primarily a threat to women.

• Rape victims are 13 times more likely than non-crime victims to have attempted suicide (13% vs. 1%).
[National Violence Against Women Prevention Research Center, Medical University of South Carolina]

• In other words, 2% to 3% of all women will suffer rape and then make a serious attempt to kill themselves.

Looking at the numbers from a community perspective, this means that in every grade with about 200 students divided evenly between girls and boys, about 20 girls will be raped in their lifetimes, and two or three of these girls will want to end their suffering so badly that they will make a serious suicide attempt. Some will die as a result.

As a point of comparison, consider breast cancer, which is by far the most common cancer among women. In each school grade with about 100 girls, 12 or 13 of them will be diagnosed with breast cancer at some time in their lives, and two or three of them will die from the disease. [American Cancer Society]

One of the major differences between the two traumatic events is that while breast cancer primarily affects females who are older, rape primarily affects those who are younger. In fact, nearly 80% of rape victims are under the age of 25 [CDC]. Rape and the depression and suicidal thinking it promotes are therefore a particular danger to girls and young women. These girls and young women are our daughters, and rape is a threat they should not have to face because, unlike breast cancer, it is largely a preventable tragedy.

Just last week, the White House issued guidelines calling for colleges and universities to clamp down on sexual assaults on campus, which was a response to widely publicized rapes on campuses across the country. The President's involvement in the issue will surely increase its visibility. But an emphasis on colleges and universities misses the mark if you consider that further breaking down the age groups affected by rape, according to the CDC, shows that 37% of rape victims are from 18 to 24 years old while 42% are under the age of 18. If rape is a college campus issue, it is even more a school and community issue.

For this reason, we would advocate that a program be initiated in the Duxbury schools to explicitly address rape. We would suggest a special program of limited duration that focused on prevention and promoted mutual understanding and respect between the sexes. It would avoid the unintended consequence of casting a pall of

suspicion on boys in general. Planning and implementing such a program would require a committed group from the community and the schools, perhaps enlisting help and resources from outside. We think it would be worth the effort because simply talking about rape publicly would do substantial good since it would weaken the taboo against even raising the issue.

This attention in and of itself could save lives considering the deadly cycle that links rape and suicide:

- An estimated 80%-90% of rapes go unreported;
- Rape is strongly associated with depression;
- Untreated depression is the primary cause of suicide.

[*New York Times* and the National Crime Victimization Survey as cited at Suicide.org]

*** Start a serious community discussion about organizing a rape awareness program in the schools.**

[Note: Congress passed the Violence Against Women Act in 1994, which established the Rape Prevention and Education (RPE) program at the CDC. The goal of RPE is to strengthen sexual violence prevention efforts at the local, state, and national levels. The federal government has also opened a website, NotAlone.gov, as a resource for colleges and schools to reduce the incidence of sexual assaults.]

Taking the Long View

Finally, the conditions that cause any particular person to think seriously about suicide probably will not be rectified in a matter of weeks. If, for example, your insurance company will pay for two and a half weeks of inpatient therapy, it is best not to take this as an indication that the problem will likely be solved in a month. It is better to think in terms of years rather than weeks and make whatever adjustments are necessary. You can always be pleasantly surprised if the situation turns around dramatically in less time—and this can happen too.

*** Think long term rather than short term right from the start.**

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May 5, 2014