

SUICIDE- Our “Paradise Paradox”

Providing support to those struggling with depression, getting mental health help in a timely manner and, the importance of follow up; a 3- part article.

Part 1

As the snow is melting and spring is among us we begin to think of rebirth and new beginnings. It can represent a time of love, hope, youth and growth for many; hiking and biking season is here! Yet, for many locals, people’s jobs are changing or ending due to the off-season thus creating financial stressors. People are leaving town to warmer climates or to lengthen their winter days leading to isolation to those who remain. Moreover, with local restaurant and business closings, feelings of loneliness and sadness can set-in.

Spring presents a time where suicide rates are highest. Intuitively it makes sense for us to believe that suicide risk is highest in the months of Winter- darker days, hibernation, calm reflections, isolation and withdrawal. Yet, it is actually spring- (April-May) when suicide rates are 20-60% higher according to Fotis Papadopoulos, professor of psychiatry at Uppsala University, Sweden.

We are upon the year anniversary of a few beloved community members who passed to suicide. When considering how their loss has impacted our community, imagine dropping a small rock into Long Lake and observing the waves that expand from that rock. Through observation, we begin to understand how suicide not only effects the estimated 6 or more “suicide survivors”- people who’ve lost someone they care about deeply and are left grieving and struggling to understand inside that ‘first wave’ to comprehending how an estimated 115 people, according to a 2016 study, are effected on the community level in the ‘last wave’ we begin to understand the vastness of its impact.

What can we do? We all have a role to play in suicide prevention and decreasing stigma attached to mental health. By starting the conversation, providing support and directing help to those in need and, very importantly, following up with those we care about, we can prevent suicide and save lives and allow our community to heal.

Depression is a disorder of mood that can be mysteriously painful to those experiencing it and not something that can be “willed away”. It can remain nearly incomprehensible to those who have not experienced it in its extreme forms. For its hopelessness not sadness that is a precursor to suicide. The pain of seeing someone you care about in the depths of clinical depression is almost as torturous as being depressed oneself.

If you are experiencing a loved one undergoing depression or suicidal ideation, your understanding of their illness and how you relate to this person can support his or her ability to get well. Here are some ways to help:

1. Help the person understand that there is a problem and to seek professional help. It takes courage and strength to seek out help and does not imply a lack of emotional toughness for doing so.
 - a. If someone you know is feeling depressed or is having suicidal ideation, have them make an appointment and/or accompany them to see their family doctor- they will make a referral to a local therapist if needed;
 - b. Contact your insurance company for a provider within your area on the back of your insurance card;
 - c. Go to www.counselingcollaborativegunnison-crestedbutte.com or www.psychologytoday.com for a local therapist;
 - d. Contact the Gunnison Center for Mental Health to make an appointment with a Psychiatrist and/or a counselor at 970-641-0229.
2. Educate yourself about suicide and depression www.nimh.nih.org (National Institute for Mental Health);
3. Provide emotional support- People suffering from depression need compassion and understanding. The best communication is to ask, “how can I help, “ or, “how can I be a support to you.” Asking someone how they doing will not cause suicide, it shows you care;
4. Provide physical support- participate in low stress activities together such as a hike, bike ride, movies, or eating dinner together. You can also help with any daily routines they may be struggling with- running errands, shoveling the snow, watching kids, preparing meals, etc.
5. Maintain a healthy detachment- becoming frustrated when your good intentions are ignored is common- don’t take this personally, direct your frustration at the illness not the person- set limits, maintain your schedule. No matter how much you love someone you cannot take responsibility for his or her life. Distinguish what you can control- your own responses to what you cannot- their illness.

If you find yourself, a friend or loved one in a crisis you can reach out to the 24 hour crisis hotline at 1-844-493-8255 or text the word “TALK” to 8255. Otherwise call 911 and/or proceed to your nearest emergency room. If you are unable to locate someone in a crisis, contact the local police department for a welfare check as they can locate your person. Additionally, if you suspect weapons may be involved please do not attempt to disarm them, call the police - Crested Butte Police 970-349-5231 or Mt. Crested Butte Police 970-349-6516.

Next week we will explore risk factors, warning signs and what to do if a friend or loved one is in a mental health crisis.

Article 2

Part 2- Paradise comes at a price

People visiting often state, “wow this place is paradise, I can’t imagine anyone having problems.” Unfortunately we are not a problem free community. There is extra pressure put upon us to feel gratitude and happiness to live in such a remote and beautiful place especially when that ‘ideal’ relationship doesn’t turn out as hoped, or that seasonal job is gone and the cost of living increases, and substance use increases due to these pressures people are more apt to act on their ‘suicidal ideations.’

Living at high altitude affects brain chemistry by decreasing serotonin levels while creating surges of dopamine. With surges of dopamine in the brain, risk taking behaviors increase. According to a study by professor of psychiatry Perry Renshaw, M.D. at the University of Utah in 2014, “At altitude, you get a marked reduction in serotonin levels which is associated with mood and anxiety disorders.” He estimated that in, ‘Salt Lake City, there is a 30-40 % higher suicide rate just based on altitude than is the case for living at sea level.”

Since we are a community that draws locales wishing to pursue extreme outdoor activities, we are more susceptible to acting on suicidal impulses. Having extra dopamine surges allows us to feel more comfortable taking risks and demonstrating increased fearlessness. We are more apt to make a serious suicide attempt than folks under different circumstances.

Some of the things I have heard over the years in my practice from those that have lost a loved one to suicide include, “what could I have done to prevent this,” or, “I feel so angry and confused as to why this happened,” Moreover, “I didn’t see this coming” and, “I was trying to get this person help and they refused it.” Reflecting on these comments confirms our need to educate more on ways to prevent and obtain help.

A. Risk factors that make it more likely that someone will consider, attempt or die by suicide are as follows:

- Pre-existing mental disorder- mood and anxiety disorders
- Alcohol and substance use disorders
- Impulsive and/or aggressive tendencies
- History of trauma/abuse
- Major physical illness
- Previous suicide attempt
- Family history of suicide
- Job or financial loss

- Loss of relationships
- Easy access to lethal means
- Sense of isolation
- Exposure to others who have died by suicide (in real life or via media)

B. Warning Signs that may help determine if someone you care about is at risk for suicide:

- Talking about wanting to die or to kill themselves
- Talking about feelings of hopelessness
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing use of alcohol or drugs;
- Behaving recklessly
- Sleeping too little or too much
- Withdrawing and isolating themselves from others
- Showing rage or talking about seeking revenge
- Extreme mood swings

C. What to do if someone is feeling suicidal:

When your friend or loved one is feeling suicidal with an active plan, either drive them to your local Hospital, call 911 and/or call the crisis number listed below together.

- a. Contact the 24 hour National Suicide Hotline at: 1-800-273-TALK (8255)- they will be able to triage the situation if the person in a crisis is a danger to themselves or others and will need a higher level of care i.e., (crisis walk-in center in Montrose, hospital, police, etc.);
- b. Text the word "TALK" to 8255, a 24 hour crisis TEXT line;
- c. Call 911 or proceed to your nearest emergency room;
 - i. Gunnison Valley Hospital, Gunnison, CO
 - ii. Delta County Memorial Hospital, Delta, CO
 - iii. Montrose Memorial Hospital, Montrose, CO
- d. Call the local police department especially if you suspect there are weapons involved. Additionally, the police are trained and able to provide a welfare check on your person if you are not able to locate them or have not heard from them. They can also transport your person to the local hospital for an mental health evaluation if they are at risk;
- e. Contact the Center for Mental Health 24-hour crisis line at 970-252-6220- they will arrange for an assessment if the person is of imminent risk to themselves or someone else;
- f. Contact the newly opened (as of March 29) 24- hour walk mental health crisis center on Montrose by calling 970-252-3200.

I often times hear.... “I don’t want them to get mad at me for calling the police.” “I don’t want to over react,” or they will stop talking to me if I intervene.” When someone is actively suicidal they are unable to think clearly and logically and incapable of making sound decisions, especially re their livelihood. Connecting someone to a trained professional will get them to safety and take the liability and responsibility from you for this persons life.

If you find yourself, a friend or loved one in a crisis you can reach out to the 24 hour crisis hotline at 1-844-493-8255 or text the word “TALK” to 8255. Otherwise call 911 and/or proceed to your nearest emergency room. If you are unable to locate someone in a crisis, contact the local police department for a welfare check as they can locate your person. Additionally, if you suspect weapons may be involved please do not attempt to disarm them, call the police - Crested Butte Police 970-349-5231 or Mt. Crested Butte Police 970-349-6516.

Next week we will explore the importance of following up with someone that has made an attempt, was hospitalized or has witnessed/loss a person to suicide.

Part 3- The importance of follow- up!

As a client stated, “Check on your family and friends, it’s the number one thing”!

Not only is it important to check on someone when we see risks and warning signs, it is equally important to follow-up with them after an attempt, suicidal ideation, recovering from a hospital admission, and, having experienced the loss of someone to suicide.

From those that have struggled with suicidal ideation or an attempt, I have heard, “my friends are now asking me questions such as, “how am I doing and how can they do anything to help.” “I am opening up for the first time and that helps knowing I am not alone and they are there.”

Fifty-five percent of suicides occurred within a week of discharge, and 49% of these individual died before their first follow-up appointment, follow-up is of critical! Follow-up supports individuals who were in a crisis as they continue to work towards recovery. People experience loneliness and despair following discharge within 24-48 hours to a few weeks after thus leaving them to feel vulnerable and possibly making a second attempt. As one a client reported, “now that I am fine I feel like no one cares and won’t take the time to spend with me, I wish they would.”

It is of utmost importance to reach out and spend time with them, asking how they are feeling and, if they have made an appointment for continued care, or follow-up and ask how their appointment went for them. Statistically 70% of people do not attend their appointments made from the hospital or make a follow-up appointment

for professional help after an attempt or feeling of depressed. If there is a no-show to an appointment made from the hospital to the provider, it is important the provider either reach out to that person, or, conduct a welfare check through the police. If a provider is not contacted from the hospital, you can reach out and follow-up or call the police to do this check.

Additionally writing a caring letter is a suicide prevention intervention that entails the sending of a brief message that expresses concern to people following discharge from a hospital or attempt and, to those that lost a loved one to suicide.

Our community is working hard behind the scenes to bring services to our community through CB Hope....., partnering with the center for mental health.....
(Vanita to help fill in...)

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