

can you hear me?



stories of people who have survived suicide attempts

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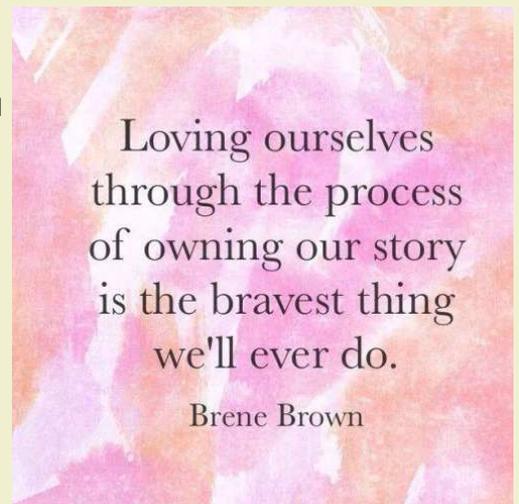
Tricia's Story

Tricia Ellis is a volunteer with NAMI New Hampshire and was a candidate for its board of directors elections in June. This is her entry for the Paul Quinnett Lived Experience Writing Prize contest, in which she placed second.

Everything was dark. I felt alone and isolated from the world and I didn't feel like anyone could or would understand what I was going through. My feet felt like they were held down by cement blocks. Every step seemed to weigh me down more. Conversations seemed drawn out and torturous and pleasantries seemed completely unnecessary. Everything took so much energy and effort. My soul felt like it was being slowly sucked out of my body. I lived like this day in and day out. Not knowing where to turn for help not knowing if there were others out there like myself. Pain and misery followed me around every corner and it seemed no matter how hard I tried it would never stop. Hopelessness and helplessness consumed me. I stopped reaching out to others. I withdrew. I didn't believe this feeling would ever evict itself from my being. My grades began slipping and I began socializing less. For a while I tried to fake my way through it. I tried to pretend to be happy but my attempts at looking "normal" faded. Anguish and suffering took its place. Drugs and alcohol became a way to escape my emotional rollercoaster. I'll never forget those days. I'll never forget people trying to "cheer me up." What they didn't understand was that I was in a deep dark place and their "pull your bootstraps up" mentality wasn't working for me.

I was 16 when I attempted suicide. It's not something I'm proud of. It's not a romanticized or noble act. For me it was an act from an individual that was being tortured every day. Tortured and sorrowed by life itself. The simplest tasks such as brushing my teeth or combing my hair became anxiety-provoking tasks. My dark days are certainly not my favorite, but it's important you understand where I was to understand how I got to where I am now.

It was the day before Halloween. I remember because there was a crepe paper pumpkin on my breakfast tray the morning I awoke in the hospital. My mind was foggy and I was confused. I looked around the room reading the letters on the wall. I thought it was peculiar that they would write the word "cab" over and over again on the border surrounding my room. It wasn't until later that day that I realized I was in a pediatric unit and the letters were "ABC", but whoever the person was putting up the border had started on the letter "C". I tried to laugh and smile when people came in. I tried to tell jokes and pretend everything was OK. I was embarrassed about what I had done and terrified



Courtesy of the blog of Ruthie Dean, co-author of *Real Men Don't Text: A New Approach to Dating*. (Tyndale House Publishers, Inc., 2013) See more inspirational graphics and content at her website (<http://ruthiedean.com>).

TSPN works across the state to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate goal of reducing suicide rates in the state of Tennessee.

TSPN's continued success is due in large part to volunteers willing to donate their time and energy.

If you would like to volunteer with TSPN, please call (615) 297-1077 or e-mail tspn@tspn.org.

Tricia's Story (continued)

at the fact that I might have to talk about it. Now everyone was going to know I was different. They were going to know that there was something wrong with me. Would they make fun of me? Would they laugh? Would they deny my pain? I wasn't sure but all I knew was that if I thought things were hard before they were going to be harder now.

Mental illness runs in my family. It's not something that anyone liked to talk about. Or at least it felt that way. Was I "disturbed?" Was I "crazy"? Would my parents and my friends abandon me? I wasn't sure and I was scared to find out.

When I left the hospital my parents were given "resources," which just consisted of therapists and psychiatrists in the area. I was told that I needed to seek therapy and take psychiatric medication. I went through many therapists and psychiatrists... 10 or more? I just didn't feel like I connected with anyone. Some of them might have not been good doctors but the fact was I wasn't ready to accept that I had a mental illness and everyone around me just kept pretending that nothing ever happened. Nobody knew what to say or how to act around me. I didn't know what to say. I didn't know what to do and there was no one there to guide me. I was never told that I had a specific diagnosis or given any support groups to go to. Nobody wanted to talk about what happened, throwing me into and even deeper isolation.

Previously, I had been an honor-roll student. My last two years I skipped school frequently and began engaging even more in drugs and alcohol to relieve my anxiety, depression and the battle I faced every day. I managed somehow to muddle through high school. I still had suicidal thoughts frequently but I thought if I continued this path that I could squash them down with substances.

I was accepted to college and I thought my life would change. I would be on my own and things would be better. I really tried when I went to college. I tried to pull things together. I vigilantly wrote in a journal and slowed down my abuse of drugs and alcohol. Things seemed to be getting better but then my mood started fluctuating beyond my control. One day I woke up and decided I was going to run for the student Senate and fix the school. I also signed up for all honors classes, signed up to be a double major in Psychology and English, and even put in an application to become a skydive instructor. A few hours later I contemplated ending my life. I lost track of time frequently. I would fall asleep in class or I would be bouncing off the walls and jittering in seat. I decided I needed help. I knew I could no longer do this on my own. I began seeing a counselor at the school and a psychiatrist and was diagnosed with bipolar disorder. It was the first time in my life I had felt any relief. I knew now what I had. It had a name. It was real. It wasn't just me and it was manageable.

I would love to say the story ends there and I magically started my medication and went to therapy and everything was "A-OK." But that's not how it worked out for me. I went through many years of taking medications or not taking medications and self-medicating with drugs and alcohol. Besides struggling with a mood disorder I also struggled with who I was. I struggled with what I was. It wasn't until years later that I was able to finally distinguish the fact that I *have* bipolar disorder, not that I *am* bipolar disorder. I believe acceptance of your disorder whatever it may be is truly the key to recovery. With acceptance I could look at it objectively. This is not who I am it's something I have and it is treatable. I wish I could tell you the day, the time, that exact moment when that epiphany hit me but it came gradually over time.

For years I have been attending therapy, seeking psychiatric treatments, and reading everything I can get my hands on to learn more information about this disorder that had stunted my life. I wish I had all the answers. I wish I had the key that I could hand over to the next person I meet, but I don't. Not yet. I believe that everyone suffers differently and recovers a little differently. Finding the right treatment for you whatever that may be. Therapy and medication works for me as well as paying attention and being more in tune with myself. When I get angry or upset I know how to work my way through it. If I'm a little more sad or happy

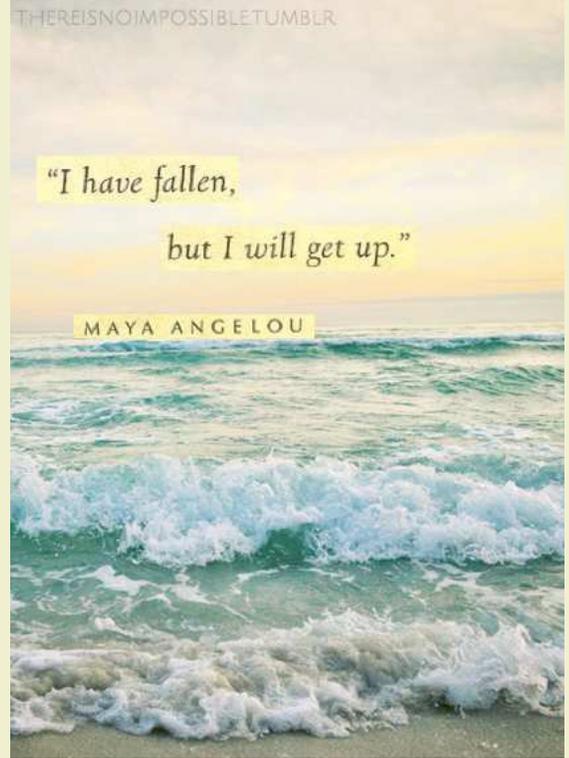


Courtesy of chibird.tumblr.com.

Tricia's Story (continued)

than usual I ask myself "why"? Does this emotion make sense? If they don't, I start to go over the things in my life that could be exacerbating the situation. Am I sleeping enough? Am I sleeping too much? Have I been actively taking my medication at the times and frequency that I am supposed to? Do I have added stressors in my life? Which ones can I work on? Which ones can I eliminate? These are very basic things but for someone like myself these triggers could cause me to end up becoming suicidal or manic. Balance is so important.

I've also reached out to find a support network. As a psychology major I decided to attend a NAMI (National Alliance on Mental Illness) class. It was there that I met some wonderful people that were very empathetic to my situation. In this class I was able to see someone do a speech called "In Our Own Voice (IOOV)". It was someone just like me talking about what it was like to be in recovery and how to maintain stability. The day I saw that presentation my life drastically changed. I wanted to become more involved. I wanted to do something that no one had done when I was suffering. I wanted to talk about it. I feel like talking about it takes away from the stigma associated with mental illness. In turn it is easier for an individual who is struggling to accept their diagnosis and get the help they need and move on with their lives. I attended the IOOV training in 2011 and have been doing IOOV presentations since then. It fills my heart with joy and sometimes even moves me to tear up at the end of a presentation. I've never felt so good about myself. I don't see looks of hate or judgment. I see people who are hearing my story and are moved. All those times that I felt people didn't understand it was because I didn't have the words to tell them what I was feeling in a coherent way. After starting IOOV I began to attend many different NAMI meetings. I currently run a support group for other individuals with mental illness and they are some of the most amazing people I have ever met. I can understand that someone without a mental illness may not understand what they are going through. But what I can't understand is how one could not look at these individuals and hear their story and have anything but admiration for the struggles that they overcome every day. I'm very proud to be a facilitator to a group of such extraordinary people.



I currently work full-time and I spend most of my free time doing volunteer work for NAMI. I am currently an IOOV presenter, Connection (peer support group) facilitator, and a Walk Committee member. NAMI's goal to provide education, advocacy and support has become mine. Knowledge is power and the more people know and understand the less stigma there will be. Less stigma will then lead to more individuals being able to accept their biologically based disorders and others to be able to talk about it. I have made a vow to myself to use my personal experience to help others. Reducing stigma and increasing support from the community as well as making mental health as important as physical health conditions is a priority. The more I talk about my journey the better I feel and the more I realize that people don't see me as bipolar. They see me as Tricia.

"I am worthy of a life well lived, the same as everyone else. And so are you. You can't change your past. You can decide that every day, good and bad, you will do one thing to grow your wings. You can determine here and now that you will lose the chains and begin to walk in freedom."

Carissa Magras
"Freedom From Fear"

(See the full essay at <http://twloha.com/blog/freedom-from-fear>)

Coping Statements for Suicidal Thoughts

Excerpted from the blog "Speaking of Suicide", maintained by Stacey Freedenthal, PhD, LCSW, for the benefit of people with suicidal tendencies, as well as their family, friends, and counselors. Read more articles like this on the blog at www.speakingofsuicide.com.

Many people desperately wish to stop their suicidal thoughts. Often, this is possible. You might be able to eliminate suicidal thoughts by healing the depression, stress, hopelessness, self-hatred or whatever forces underlie them. Yet it might take a while to stop thinking of suicide. For some people, suicidal thoughts just do not stop, or they keep revisiting uninvited whenever bad moods come, no matter how much healing has occurred during good moods. Fundamentally, we cannot control what thoughts come to us. We can only control how we react to them.

Do you react as though your suicidal thoughts are truth? Because they tell you that you should die, do you believe that you should die? Do you react as though your suicidal thoughts are a symptom, and nothing else? Because you think of suicide, do you take this as a call to tend to whatever wound creates the thoughts? You can talk back to them, playing the role of defense attorney against the prosecutor in your head calling for the death penalty (as described by David Burns, M.D., in his book *Feeling Good*). You can observe your suicidal thoughts mindfully, watching as they pass through your head without feeding them or giving into them. Another way to react to suicidal thoughts is to soothe yourself by telling yourself what you might tell a close friend or relative in the same situation. Only, this time, you are being a friend to yourself. This coping technique calls for what therapists call "coping statements."

A coping statement is whatever you can tell yourself that will help you to pass safely through the minefield of suicidal thoughts. Examples include: This will pass. That is my depression talking, not me. I will get through this. Just because my thoughts tell me to kill myself doesn't mean I really should. I don't really want to die, I just want the pain to end. There are other ways to end my pain, even if I can't see them right now. My suicidal thoughts are not rational. Suicidal thoughts are a symptom, not a solution.

There is no limit to the possible coping statements out there. Some websites feature long lists of coping statements, such as this mental health website . You can also find coping statements geared to specific problems, such as anxiety. The key to using coping statements effectively is to keep repeating them to yourself (silently or not), like a mantra. Some people write their coping statements on sticky notes and leave them on mirrors and doors where they live. Others create "coping cards" with one coping statement or a whole list, and carry them in their wallet. Repeatedly seeing, saying, or thinking your coping statements will provide a good counterpoint to suicide's grim yet seductive messages. It also will gradually train your mind to take a more realistic path.

"What you think, you become," is a powerful statement often misattributed to the Buddha but no less true, regardless of who said it. Cognitive behavioral therapy operates under the same premise: If you tell yourself the worst will happen, then you will feel anxious and depressed. Tell yourself different things, and you will feel differently. These ideas reinforce the value of talking to yourself with kindness and with intentions to soothe yourself. Beware of positive thinking or positive affirmations. If you are grossly unhappy with yourself or your life, telling yourself that you are happy will only further rouse the negative thoughts. "No you're not happy! That's ridiculous! You are miserable, and here is why." Unrealistically positive thinking can hurt. Realistic thinking can help. Rather than telling yourself that you are happy when you actually are miserable or that your life is great when it actually feels awful, it is far more helpful to tell yourself something that you really can believe, such as: "I can't know that I will feel this way forever." "Based on past experiences, my feelings and situation will probably change." "Life is constantly changing." "I am a work in progress."

Although I have thrown out some ideas here, coping statements work best if they really resonate with you. Perhaps some of the coping statements on this page or the websites I provided above do resonate with you. If so, that's great. If not, try to come up with your own. To do this, ask yourself these questions: What do I really want someone else to tell me right now? What would I tell someone else right now who wanted to die by suicide for the same reasons that I do? What would it help me to tell myself? What would it help me to truly believe?

Suicide Anonymous

Suicide Anonymous (SA) is a self-help program based on the model of Alcoholics Anonymous. It provides a safe environment for people to share their struggles with suicide and to develop strategies for recovery from suicidal preoccupation and behavior.

Suicidal people do not have safe places to talk honestly about their struggles with suicide. The stigma towards suicide pervades every segment of our society, including religious organizations and even the mental health field. SA, therefore, exists to offer a support system for survivors, to make a distinction between the suicide attempt and the person involved, to cast off the societal stigma that too often plagues the survivor, and to develop strategies for mutual support and healing.

During each meeting, a chairperson presents topics and members share their experiences or simply listen. Members also provide updates about how they are dealing with their suicidal impulses. Talking openly about suicide with people who understand the problem lessens the shame and stigma, combats isolation, and shows that it is safe to reach out for support in a crisis. In sharing their stories, members overcome the shame and stigma of a life of struggle with suicide. Meanwhile, listeners identify with the story or break through denial of the extent of their own struggles.

New participants pick experienced members to guide them through the Twelve Steps model. They also exchange phone numbers with group members as a resource for crises between meetings. Members learn to reach out to fellow members for support in a suicidal crisis. They also get to experience the other end of a suicide crisis.

Members also select bottom-line behaviors for themselves. These are component behaviors of suicidality like hoarding pills, suicidal fantasies, compulsively driving through cemeteries, etc.. Members commit to stop bottom-line behaviors one day at a time, and these behaviors may change with progress in recovery.



Meeting times in Tennessee	Skype /phone available
Every Sunday, 6:30 PM Central / 7:30 PM Eastern Room 223, Hope Presbyterian Church 8500 Walnut Grove Road Cordova, TN 38018	Yes (e-mail suicide.anonymous0811@gmail.com one hour prior to meeting start)
Every Thursday, 5:30 PM Central / 6:30 PM Eastern Psychological Trauma & Wellness Center 5158 Stage Road, Suite 120 Memphis, TN 38134	No
Third Tuesday, 6 PM Central / 7 PM Eastern Room 111, Cornerstone of Recovery 4726 Alcoa Highway Louisville, TN 37777	No

The SA website suicideanonymous.net features information on groups outside Tennessee with Skype/phone capability. The site also offers the full text of the *Little Book*, the guiding document of Suicide Anonymous, which discusses the problem of suicide addiction from the viewpoint of the person affected.

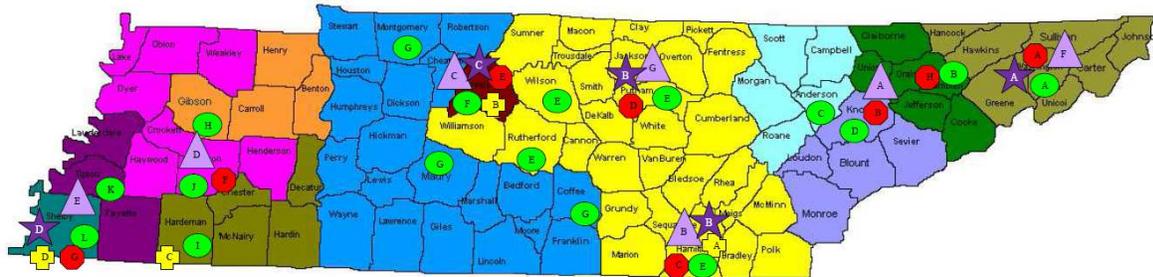
Interested parties may also contact the group directly at info@suicideanonymous.net or (901) 654-7673.

"can you hear me?" wants your articles, poetry, prose, and artwork for the next issue and the ones to come. We'll also need suggestions and recommendations on how we can make it better.

If there's a piece you want to submit to the newsletter, send it to tspn@tspn.org with the subject line "CYMH Submission".

Feedback and suggestions can also be sent to this address with the subject line "CYHM Feedback".

Crisis Resources in Your Area



CRISIS TEAMS – CRISIS STABILIZATION UNITS – REGIONAL MENTAL HEALTH INSTITUTES – MEDICALLY MONITORED CRISIS WITHDRAWAL MANAGEMENT

Mobile Crisis Teams ●

- A Frontier Health
- B Cherokee Health Systems
- C Ridgeview Psychiatric Hospital & Center
- D Helen Ross McNabb
- E Volunteer Behavioral Health
- F Mental Health Co-Operative
- G Centerstone Community MHC
- H Carey Counseling Center
- I Quinco Community MHC
- J Pathways of Tennessee
- K Professional Care Services
- L Alliance Healthcare Services

Crisis Stabilization Units/Walk-in Center ●

- A Frontier Health
- B Helen Ross McNabb Center
- C Volunteer Behavioral Health – Chattanooga
- D Volunteer Behavioral Health – Cookeville
- E Mental Health Co-Operative
- F Pathways of Tennessee
- G Alliance Healthcare Services
- H Cherokee Health Systems

RMHI ☒

- A Moccasin Bend Mental Health Institute
- B Middle TN Mental Health Institute
- C Western Mental Health Institute
- D Memphis Mental Health Institute

MMCWM ▲

- A Helen Ross McNabb
- B CADAS
- C Buffalo Valley
- D Pathways
- E Serenity
- F Frontier
- G Volunteer

Respite Services ☆

- A Frontier Health
- B Volunteer Behavioral Health
- C Mental Health Co-Operative
- D Alliance Healthcare Services

10/16/14

This map of crisis response teams and facilities is provided to TSPN courtesy of Melissa Sparks, Director of the Office of Crisis Services and Suicide Prevention within the Tennessee Department of Mental Health and Substance Abuse's Division of Mental Health Services. More information about these facilities is available from Ms. Sparks at (615) 253-4641 or melissa.sparks@tn.gov.

Need Help Right Now?

Feelings of hopelessness, feeling trapped, feeling like a burden to others, increased alcohol or drug consumption, sleeping too little or too much, and withdrawing or feeling isolated from others are signs that you or a loved one may need help now.

If you or a loved one are feeling suicidal, please seek help immediately. Call the National Suicide Prevention Lifeline at 1-800-273-TALK or visit www.suicidepreventionlifeline.org.

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org