can you hear me?

Tennessee Suicide Prevention Network

stories of people who have survived suicide attempts

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Tennessee Suicide Prevention Network

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.

Providers Willing to Share

Bart Andrews, a psychologist and the vice president of clinical operations at Behavioral Health Response, shared his story with "What Happens Now", (http://attemptsurvivors.com) a blog for the lived experience community. While now dormant, the blog still offers numerous first-hand accounts from people who have survived suicide attempts and ideation.

I am an alcoholic. I am an addict. I am a suicide attempt survivor. Three declarative sentences comprising 14 words. They weigh heavily on me but not as heavily as they did before I wrote them.

It has taken me 16 years to openly disclose these facts. And I am much more than these statements. My life is rich, diverse and rewarding. These 14 words are just a few of the ones I use to define myself, but they are very important. They have consequences that, once the words are spoken, I have no control over.

I was an adventurous and reckless adolescent and young adult. I thrived on risk taking, pushing limits and challenging authority. I developed a fondness for alcohol and other mood-altering chemicals, and that fondness turned into dependency. I entered treatment for the first time before my 21st birthday. I experienced a partial recovery. My life got much better, but many of my, mmmm, peccadillos stayed with me. When I started drinking again at the age of 24, I went full throttle down a path that would almost kill me.

Note that I did not say a path that would almost lead me to killing myself. I believe suicide is something that happens to someone, just like other types of death happen. Maybe a subtle distinction, but I think it important enough to repeat: SUICIDE HAPPENS TO PEOPLE.

My trigger for my return to alcohol was not a bad thing, it was a good thing. I had been accepted to a doctoral psychology program and finally believed I was on a solid path to success. Only with the relief of achievement did I feel safe enough to resume drinking. I did not view myself as an alcoholic. I knew I was a problem drinker but firmly believed this was not a disease but a function of my environment and that with hard-won maturity, wisdom and success, I could drink like everybody else. I know some of you are laughing at this, and I think it's funny, too. Well, at least now I can laugh about it.

Prior to entering graduate school, I was not ashamed or embarrassed about my struggles with drugs and alcohol. I was open about my struggle, my treatment, my past and my recovery. I did not hesitate to tell anyone and everyone willing to listen about my past behavior. I even did a presentation in my

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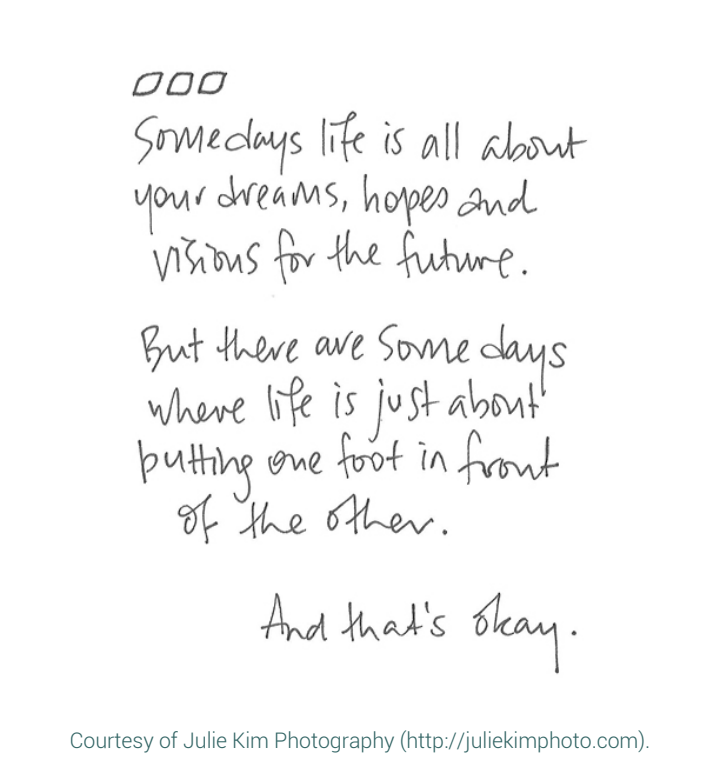
Providers Willing to Share (continued)



Courtesy of Julie Kim Photography (http://juliekimphoto.com).

undergraduate speech and debate class and told a group of strangers intimate details about my addiction. I was not nervous and did not fear any consequences.

That changed when I entered graduate school. I heard the whispered stories: the female student who had suffered "breakdowns" following a divorce and never made it back to the program; the male student experiencing his first psychotic break who was not allowed to continue his training; the alcoholic discovered drinking at work who was removed, never to return. I was indoctrinated indirectly into an "us vs. them" mentality. This was not a formal indoctrination; it was not coercive or even planned. But it was insidious and prevalent. It was in my professional training that my self-prejudice and discrimination was honed into an instrument of destruction.

This is not an indictment of my training program, which was an amazing experience. It is an indictment of the field as a whole. We have created a world of those who provide services and those who receive services, and the twain shall never meet.

It also explains, to a large extent, why it took me so long to disclose. Following my second episode of treatment, I was told by a professional supervisor that I was not hireable until I had been sober a year. When I objected, a comparison was made between my coming forward voluntarily about my disease and a psychologist who had been sleeping with his clients. I had a hard time with this. Would a provider coming forward about his cancer diagnosis and treatment be compared to a psychologist committing one of the most egregious ethical violations possible?

As these seeds were planted, a tree of secrecy and mistrust grew inside me. Along with this came shame, self-doubt and fear. Oh my, yes, lots and lots of fear. I made a decision then and there that I would never tell anyone about my experiences unless I had no other reasonable choice. That also meant that when I did attempt suicide, I avoided mental health professionals as if my life depended on it. I was fortunate to survive. I was fortunate to have A.A. and peers who understood the prejudice and discrimination. I was fortunate that they coached me on rigorous honesty and self-preservation. Do not lie, but do not tell anyone anything that can harm you if you do not have to. This is often the life of an addict and a suicide attempt survivor: TELL NO ONE.

It took me three years in my current professional setting before I openly told another professional that I was an alcoholic, and I would have never dreamed of admitting to addiction to something other than alcohol. At almost six years in recovery, I applied for licensure to find that the board required me to disclose if I had been chemically addicted or suffered a mental illness requiring treatment in the last five years. I was relieved at being able to check this box "no" but was seething inside at the question. Interestingly enough, I did not see myself as a suicide attempt survivor. Had I attempted suicide? Yes! Did I think about it, talk about it or acknowledge it? Never.

It was not until almost 13 years after my attempt that I started to identify myself as an attempt survivor. I was at a meeting of the board of directors of the National Association of Crisis Organization Directors, and one of my fellow directors disclosed her past struggle with thoughts of suicide. She just said it. Out loud. To others. Who could hear her. She did it without shame or fear of rejection. I love her for that. There and then, in a hotel in Little Rock, Arkansas, I said to myself, "Me, too. Me, too."

It was the beginning of my path to tell the world my story, but the path was long and winding. Each year I would get closer to telling my story, and each year I would get farther away. There were so many opportunities where it was appropriate, but the words stuck in my mouth, suicide being the peanut butter of self-disclosure.

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Providers Willing to Share (continued)

That changed in July at the SAMHSA offices in Maryland. While meeting with an amazing group of experts and advocates, I had the pleasure of meeting Dr. DeQuincy Lezine. He shared some of his own experience and talked about "The Way Forward." He talked about the importance of providers being willing to share their stores of mental illness and suicidal thinking. He talked about the peer movement and its growing vitality but emphasized that a true way forward needs providers willing to share their own experience. It was then and there that I decided to tell my story.

I was working on a presentation for a statewide conference and would be introducing "The Way Forward." I wanted to talk about the importance of honoring "lived experience," and I was going to honor that by sharing a bit of my own. But I was scared. I was afraid it could affect me professionally. I was afraid it could negatively impact my agency. I took my fears to Behavioral Health Response's CEO and my boss, Pat Coleman. I told her about my attempt history and my past. I told her about "The Way Forward." I told her I wanted to come forward with my story. I also told her that I did not want to harm our agency and the good work we do.

I will never forget Pat's warm smile and the words that came out of her mouth: "You cannot hurt BHR with your story. It only makes us stronger. You need to tell your story." And I did.

University of Memphis Research Study

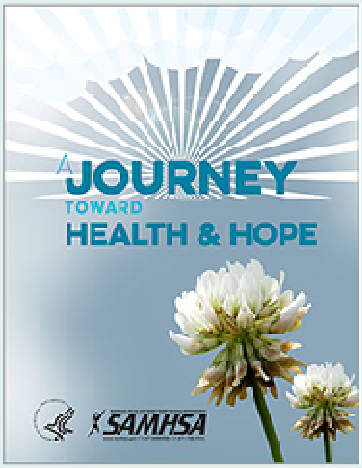
Taylor Binnix, a master's candidate at the University of Memphis, is seeking volunteers for a study on people with lived suicide experience.

The study will investigate how people become suicidal and transcend their suicidal impulses. Volunteers will participate in a one-on-one interview that will last between 1-2 hours.

The only requirements are that you be 18 years or older and have lived through a suicidal experience. This can include either a suicide attempt or suicidal ideation (i.e., having suicidal thoughts or contemplating suicide).

To volunteer or to seek more information, contact Ms. Binnix at (410) 693-0899 or tmbinnix@memphis.edu.

A Journey Toward Health & Hope: Your Handbook for Recovery After a Suicide Attempt



This new publication from the Substance Abuse and Mental Health Services Administration (SAMHSA) is designed to help people who have attempted suicide take their first steps toward healing and recovery. Tools and stories in the booklet come from first-hand experiences of people who have survived suicide attempts, along with their supporters.

It is the hope of the writers that their personal knowledge about the challenges of suicide attempts and the steps toward successful recovery will help readers learn they are not alone, how to develop hope, and most importantly, how to stay safe in challenging times.

The booklet speaks to questions such as, "How did I get to this point?" and "Am I the only one who feels this way?" The booklet also includes evidence-based information on:

- Taking the first steps: Talking with others about your attempt, re-establishing connections, planning to stay safe, and finding a counselor
- Moving toward a hopeful future: Finding and maintaining hope, staying in control by being organized, taking medication, and maintaining a healthy lifestyle
- Using practical, personalized tools, such as a safety plan
- Finding online resources for more information

The guidebook is available for free download at SAMHSA's online store: http://1.usa.gov/1O4fe1u.

What To Do If You Start to Feel Suicidal

Natasha Tracy writes a three-time Web Health Award winning column for HealthyPlace called Breaking Bipolar (www.healthyplace.com/blogs/breakingbipolar). This article is from her personal blog, Bipolar Burble (natashatracy.com).

Often people with bipolar disorder, depression and other mental illnesses feel suicidal. And people often feel suicidal knowing that they aren't, actually, going to attempt suicide. And while the knowledge that you likely aren't going to attempt suicide might be comforting to some, it sure doesn't make feeling suicidal any more fun.

Starting to Feel Suicidal

And starting to feel suicidal can begin with little things like feeling crushing depression, unstoppable loneliness or indeed feeling nothing at all. People have different cycles that lead to feeling suicidal. Regardless though, when you start to feel like you want off the planet, there are some things you can do.

Techniques for Dealing with Feeling Suicidal

- Stop the thoughts. I know this is easier said than done but every time a thought arrives in your head that is suicidal you need to say, "Stop." In fact, it might even help to say it out loud. Yell it if you need to. You need not be held captive by suicidal thoughts.
- Switch thoughts. Once you yell stop, it's time to switch thoughts. Switch to something you know isn't connected to suicide. Plot scenarios out ahead of time that work for you.
- Distract. In addition to stopping the suicidal thoughts and switching them to something else, you can distract from the feelings of suicidality. I know doing anything can feel overwhelming at a time like this but maybe you could play fetch with your dog or pet your cat or organize your bookshelf or do the laundry or clean out the fridge. Anything that would not be emotionally activating and yet still will keep you busy.
- Wait. No human being stays suicidal forever. This feeling will pass. Just hang on to whatever you can while you (painfully) wait it out. (Note: this cannot be your only coping technique.)
- Reach out. Yes, even if you're pretty sure you're not going to attempt suicide you still should reach out. This could be to a friend or family member or to more official sources if you need them. Talking over your dark feelings can make them seem less dark and it's reassuring when people remind you that they still love and care about you and want you on the planet even if you're not sure you do.
- Tell your doctor. Again, just because you didn't attempt suicide doesn't mean it's any small thing. Your doctor needs to know if you feel suicidal at all so he or she can make a proper assessment of you mood and your treatment.

Resisting Suicidal Urges

And while I'm not really the rah, rah, yay life kind of gal, I do suggest that there are many reasons for each one of us to live and to fight and I believe that every living being on the planet has a drive to stay here. If they didn't you wouldn't be reading this right now. So sometimes when you're not feeling suicidal, maybe you could make a list of all the reasons you do want to stay alive so that list is there for you when you feel suicidal. It's a personal list and I can't tell you what will be on yours but remember this—you touch more people than you could ever know and your life matters.

And remember that the part of you that's telling you to commit suicide is your illness – it's not you. Your illness is lying to you and making you believe you want to die but you are resisting it right now by reading this. You tell the dark lies to stop. Tell the illness that you don't believe it. Because you really don't. You really believe that it's going to get better and that's because it is.

"We do not have to become heroes overnight. Just a step at a time, meeting each thing that comes up, seeing it is not as dreadful as it appeared, discovering we have the strength to stare it down."

Eleanor Roosevelt,
You Learn By Living

your Heart on ART

HEALING WOUNDED HEARTS THROUGH THE ARTS

Lived Experience Healing Art

These 3 hour workshops are for anyone who has lived with the experience of suicidal thoughts or behaviors. YHOA is a safe place where others who can relate to thoughts of suicide come without shame or fear of judgment to create and express without having to use your words. A place where you will be met with the peer support of "me too".

NO ART EXPERIENCE IS NEEDED AT ALL
(A minimum of 4 participants is required to hold workshop)

FEE: $45.00 Payment is required with registration.
Class size is limited to 12

DATES & TIMES

Saturday September 26, 2015	9:00am – Noon
Thursday November 19, 2015	6:00pm – 9:00pm
Saturday January 23, 2016	9:00am – Noon
Thursday March 17, 2016	6:00pm – 9:00pm

Register online at www.yourheartonart.org or call us at 615-456-3777 for more information about this and other workshops offered by YHOA.

All workshops are held at the

YHOA Art Studio
265 White Bridge Road
Nashville, TN 37209

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.

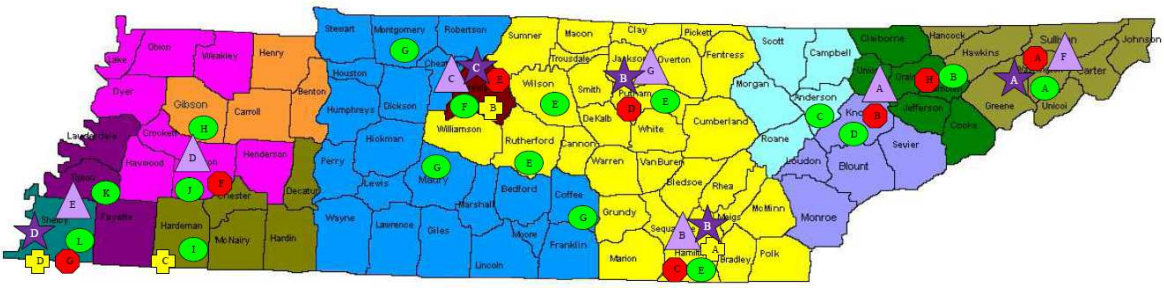
Interested parties may also contact the group directly at info@suicideanonymous.net or (901) 654-7673.

"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

Respite Services

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

MMCWM

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

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