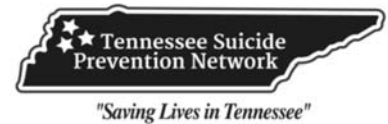


can you hear me?



stories of people who have survived suicidal thoughts & attempts

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Lessons From a Suicide Attempt Survivor Who Got a Second Chance

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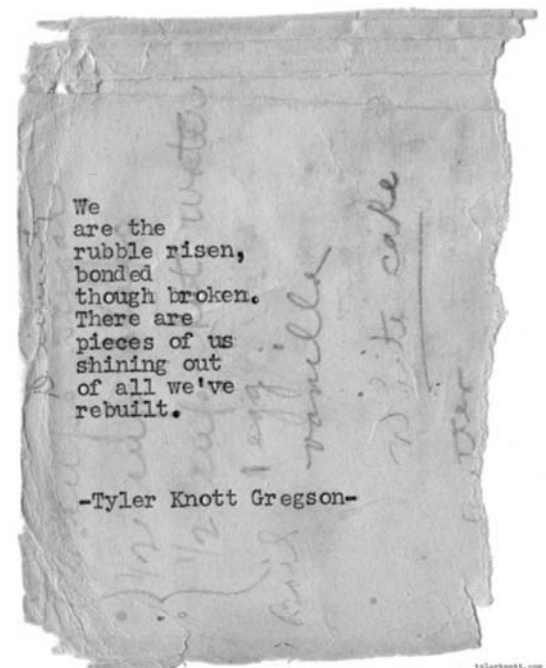
This essay was originally published on The Mighty blog on November 22, 2016.

In 1998, I was a 27-year-old *magna cum laude* graduate of the University of Notre Dame who had recently become the youngest principal consultant in American Management Systems' Manhattan office.

Shortly after receiving a seven percent off-cycle salary increase due to exemplary job performance, I was found unconscious inside of a running rental car in a parking lot of a warehouse in Secaucus, New Jersey.

After losing consciousness in the rental car and prior to waking up in the hospital, I had what is commonly referred to as a near-death experience, and if I had not survived, the cause of my death would have been listed as suicide. As accurate as that description would have been, I'm compelled to share about how my lack of experience with the thoughts and feelings I had leading up to my suicide attempt, and my fears about what other people would think about me if I had revealed the struggle I was embroiled in, dissuaded me from getting the help I so desperately needed. As a suicide attempt survivor fortunate enough to have a second chance at life, I hope others struggling as I did will benefit from the lessons I've learned over the last 18 years.

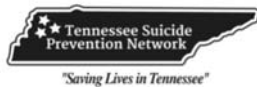
In late 1997, while on a challenging work assignment in Toronto, I began to experience insomnia for the first time in my life. My mental health deteriorated quickly over the next few months as my five closest friends all coincidentally moved away from New York City, and I began to ruminate over what I was doing with my life. Up until when I began to have suicidal ideations, I would have described myself as confident with respect to my intellectual abilities, but the personal crisis I became involved in, stemming from difficulties encountered on the project in Toronto, shattered my self-confidence and stripped away my self-esteem. In their place was an overwhelming sense of self-doubt followed eventually by self-loathing. Hope and excitement for the future were replaced



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.

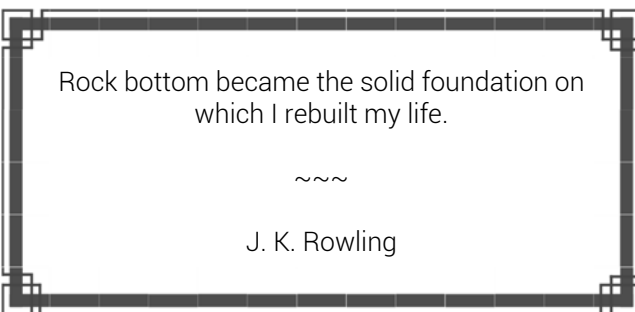


Lessons From a Suicide Attempt Survivor Who Got a Second Chance (continued)

by fear and apprehension. Night after night of getting between zero to three hours of sleep at most, the relentless barrage of dark, automatic thoughts bombarding my consciousness ate away at my sanity. Over the course of only a few months, I was lost in a seemingly inescapable, abysmal black hole of simultaneously self-defeating and self-fulfilling thoughts.

I wasn't familiar with the diagnostic criteria of major depressive disorder at the time, but I learned after the fact I was a textbook case. I had persistent feelings of emptiness, hopelessness and worthlessness. I lost interest in activities I normally enjoyed, and my appetite all but vanished. It was challenging to concentrate and to make decisions, even simple, inconsequential ones. Not surprisingly given how little I was sleeping, I was perpetually tired and lacked energy. Recurrent thoughts about dying, the first was imagining that my Friday afternoon flight home from Toronto to New York City would crash, eventually evolved into persistent thoughts about intentionally ending my own life. The long, sleepless or nearly sleepless nights took the greatest toll on me. I was unable to quiet my sleep-deprived, addled mind from producing a non-stop stream of negative, hypercritical thoughts, as overpowering feelings of shame, guilt and embarrassment consumed me. I was ashamed I needed help to deal with how I was feeling. I felt guilty I was having suicidal thoughts considering my life of relative privilege and my knowledge of the depth and breadth of suffering experienced by countless others in the world. I was embarrassed I had ever considered myself intelligent and capable of attaining any goal I set my sights on achieving. I was ashamed I was considering suicide out of a fear that I would become completely incapable of doing my job. I felt guilty I hadn't achieved more in life considering my talents as well as the advantages and opportunities afforded me. I was embarrassed to be in a position where I obviously needed help and was mortally afraid to admit that fact to anyone. I viewed my deteriorating mental health as a character flaw, because I believed other people would see it the same way, and I believed asking for help to deal with what was going on in my head was a sign of a personal weakness.

Thoughts and beliefs like these lie at the heart of the stigma surrounding mental illness, and explain why many people struggling like I was back then never seek help.



According to the National Institute of Mental Health, in 2014 an estimated 15.7 million, or 6.7 percent of all U.S. adults, had at least one major depressive episode in the preceding year, making it the leading cause of disability in this country for those ages 15 to 44. Sadly, it's estimated that only about half of Americans who have depression ever receive treatment for the disorder. Over 90 percent of Americans lost to suicide each year have depression or some other behavioral health condition. In 2014 alone, 42,773 Americans, or about 117 a day, died by suicide according to statistics from the Centers for Disease Control. The tragic reality behind these statistics is that a great majority of people have depression could be helped by one or a number of

different treatments that help people return to living full, productive lives.

Immediately after my suicide attempt, I began taking an antidepressant medication and seeing a psychologist twice a week. Within about three months, I was well again. I lived with my parents during that time period, and my mother had bought me a small stack of paperback books to read while I convalesced. While most of the books were novels, she had also bought me a copy of David Burns' best selling book *Feeling Good: The New Mood Therapy*. It was the last book I read out of the stack, and although I was still too depressed when I read it the first time to appreciate the significance of the ideas it contains, over a decade and a half later, it's clear that what this book taught me about cognitive behavioral therapy (CBT) comprises some of the most valuable lessons I've learned during my 18-plus year journey as a consumer of mental healthcare services.

In the book, Burns summarizes what he refers to as "the powerful principle at the heart of cognitive therapy" by writing "your feelings result from the messages you give yourself. In fact, your thoughts often have much more to do with how you feel than what is actually happening in your life." A few years later, my psychologist introduced me to a related idea called mindfulness—the practice of being aware of the present moment and your thoughts and feelings in a non-judgmental way. Both CBT and the

Lessons From a Suicide Attempt Survivor Who Got a Second Chance (continued)

practice of mindfulness helped me to be more reflective about my thoughts and feelings as I was experiencing them, helping me to consciously respond to them in a more discerning and intentional way instead of impulsively reacting to them. I have never taken an antidepressant medication since the time immediately following my suicide attempt, nor have I ever had a recurrence of a depressive episode as severe as the one that I had in 1998. By no means do I believe that I am "depression-proof"; no one knows what tribulations may befall them in the future, but it's clear to me that years of reflective introspection and personal growth have equipped me with valuable insights, habits and tools that help to safeguard me against the self-defeating thought patterns that led up to my depression and suicide attempt over 18 years ago.

I have developed other habits over the years that have also helped me to remain well in a sustainable way. I transformed my diet to consist mostly of plant based foods full of fresh fruits and vegetables, and I became an avid distance runner. I worked to cultivate a habit of unconditional self-acceptance as well the practice of consciously acknowledging things in my life that I am grateful for on a daily basis. Recognizing the dangers inherent in becoming isolated, I committed myself to remaining connected and communicative with my family and close friends. Maybe most importantly, I have promised myself and those I love that I will never hesitate to ask for help from them or a professional caregiver if I need it.

Unlike when my silence about my suicidal crisis over 18 years ago almost led to my demise, now I view the act of asking for help as a sign of courage and strength. This belief led me to join the Speakers Bureau of the Philadelphia chapter of the American Foundation for Suicide Prevention where I deliver talks at area high schools and colleges about the warning signs of suicide with the aims of reducing the stigma surrounding mental illness and lowering the suicide rate. I see making myself vulnerable to the potentially negative judgments of others by publicly sharing about my past as a powerful way to offer hope to people who are suffering, and to encourage them to seek help.



My Heart Contrived

My heart contrived
Falsely made by words of others
Taught that truth was false
And yet
My heart sings stories of pain and grief
Whilst all others laugh with relief
My heart screams while others jest
All the while it beats in my chest
Knowing that something sings true
Having visions of you
Oh dear child what have you done
Those wrists should be full of bliss
Not blood
You shouldn't have to hide behind your grief
So shout with relief
Those that dare say get over it know not what they do
They cast shadows you can't grow into
They cast molds they deem fit
While you sit alone and dream it
The end
But that's the thing
You're not alone
You don't have to get over it
and your heart is singing
Ringing in the ears of those that know the sound
so kick my dear friend
do not drown
do not succumb to lies and falsehood
stand tall as an oak
Do not lie down like false wood
You are not to be stepped on or trifled with
your heart is strong though striped a bit
I do not stand alone and neither do you
Lets make a song we can jam to.
With our lives
With our actions
Sing sweetly my dear friend
The storm shall soon pass
Tell your story
Share your scars and you will change lives
Even from afar

by John Wesley Simmons

**YOU HAVE NO IDEA HOW
DIFFICULT IT IS TO GO ON
EVERY DAY LIVING IN
CONSTANT FEAR OF NEVER
BEING GOOD ENOUGH.**

Sourced from @BipolarUs.

Grounding Exercise

*For use during a panic attack,
when you need to stay calm,
or anytime you feel "disconnected" from your body.*

Look around you. Identify + name:

5 things you **see**

4 things you **feel**

3 things you **hear**

2 things you **smell**

1 thing you **taste**

Sourced from stigmafreev.tumblr.com.

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

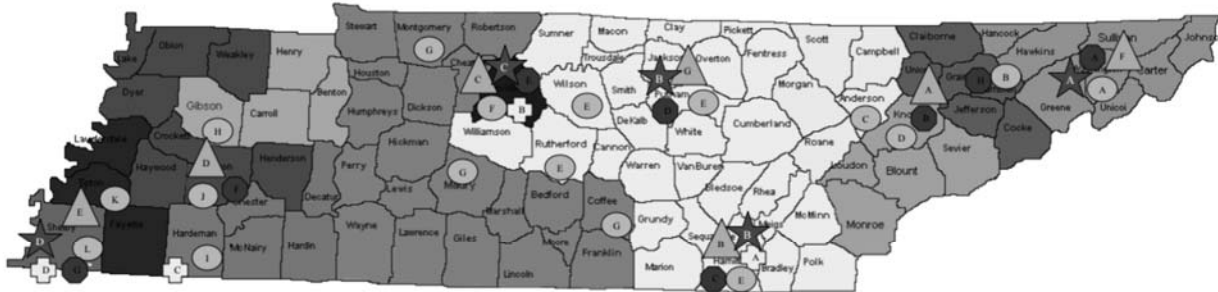
The SA website suicideanonymous.net features information on groups outside Tennessee with Skype/phone capability. The site also offers the full text of the *Little Book*, the guiding document of Suicide Anonymous, which discusses the problem of suicide addiction from the viewpoint of the person affected.

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".

Crisis Resources in Your Area



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

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

MMWM

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

Respite Services

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

8-24-16

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