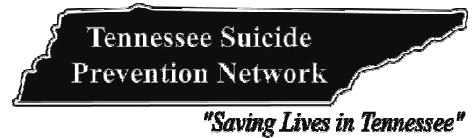


can you hear me?



stories of people who have survived suicide attempts

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The Way Forward

On July 7, the National Action Alliance for Suicide Prevention issued the following press release regarding *The Way Forward*, which outlines how mental health advocates and policy makers can collaborate with suicide attempt survivors to develop more effective suicide prevention strategies. *The Way Forward* is available for free download and review at <http://bit.ly/1k2nGvy>.

TSPN has enjoyed a long and productive dialogue with suicide attempt survivors since its establishment. Ken and Madge Tullis, co-founders of the Network, specifically recommended including survivors of suicide attempts in outreach and awareness projects. The Tullises were instrumental in the organization of the first national conference of the Organization for Attempters and Survivors of Suicide in Interfaith Services (OASSIS), held in Memphis in 2005. This was also the first conference for survivors of suicide attempts anywhere in the U.S..

The Network is pleased to see the large-scale engagement of suicide attempt survivors in the suicide prevention movement. It is a move which has yielded inspiring and far-reaching outcomes in Tennessee, and we look forward to seeing the results on the national level.

Suicide attempt survivors are emerging with a collective voice and cohesive framework for shaping the future of suicide prevention and today released the National Action Alliance for Suicide Prevention's *The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience (The Way Forward)*. For far too long, the suicide prevention field has not engaged the perspectives of those with live experience (those who have lived through suicide attempts and suicidal thoughts or feelings) and a culture of silence has prevailed. Authored by the Action Alliance's Suicide Attempt Survivors Task Force (SASTF), *The Way Forward* sets the stage for a constructive collaboration in developing new, more effective means for reducing suicide attempts and deaths. It does so by providing recommendations based on evidence-based practices which incorporate personal lived experience of recovery and resilience.

"For too long the voice of millions of suicide attempt survivors, like myself, and the value of our experience has been discounted. Now we have come together to provide what could be the most meaningful and impactful contributors to reducing suicide – lived experience – and a new way forward," said Eduardo Vega, MA, SASTF Co-Lead and Executive Director, Mental Health Association of San Francisco. "Our untold stories of hope and recovery are bridges to developing new ideas, new questions, and new insights into reducing future suicide attempts



A promotional video for *The Way Forward*, featuring messages from several attempt survivors, is available on YouTube (<http://bit.ly/1nEdzBQ>). DeQuincey Lezine, Ph.D., at bottom left, is the primary author of the document and inaugural chair of the recently established Lived Experience division within the American Association of Suicidology.

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.



The Way Forward(continued)

and deaths. Our 'lived expertise' as people who have been there and recovered is now being embraced and utilized. In 2014, suicide attempt survivors are uniting to spur the fields of suicide prevention and behavioral health to incorporate our voices, our experiences, and our perspective on saving lives."

In the past several months, there has been a considerable movement, from those with lived experience, to be an integral part of suicide prevention as it relates to consensus recommendations for programs, practices, and policies. In March 2014, a landmark meeting, the Summit on Lived Experience in Suicide Prevention, was one of the first times in history that a major national initiative, the Action Alliance's Zero Suicide priority has engaged with suicide attempt survivors to strategize directions for fostering healthier communities and preventing suicide deaths. In April 2014, the American Association of Suicidology's Board of Directors unanimously approved the creation of a new division to represent people with lived experience and suicide attempt survivors and the people who love and care about them. DeQuincy Lezine, Ph.D., primary writer of *The Way Forward*, will serve as inaugural chair.



"We are experiencing a pivotal time in the history of suicide prevention in this country. We are embracing those with lived experience to broaden and shape the future of suicide prevention," explained John Draper, PhD, who serves with Vega as a SASTF Co-Lead and is Project Director, National Suicide Prevention Lifeline. "Their experience in finding hope and meaning is embodied in *The Way Forward*, and their recommendations in this seminal document will lead us in directions that could bring hope and meaning to millions of others in suicidal crisis."

I Use That Choice Wisely

Born and raised in Zimbabwe, Gareth Stubbs is the co-owner and co-founder of the Inside Out Retreat in Benissa, Spain. He shares his journey with "What Happens Now" (attemptsurvivors.org).

As I sit here and write, I still find it hard to believe that I have been given another chance at this game called life. Every time I look down at my arms and legs and see some of the scars that are still visible, I am filled with a mixture of emotion ranging from grief and anger to relief and gratitude.

And as the days turn into years, I thank my own personal God every morning I open my eyes to another day, because it hasn't always been like that. In fact, there was a time when I used to open my eyes and cry because I had opened my eyes again.

For as long as I can remember, I have suffered from depression, but I learned from a young age to keep my emotions to myself and pretend that everything was OK. I never could quite understand why some people could be so happy all the time, so I just copied them. Deep down inside, though, nothing was what it seemed. One minute I was happy, the next I was overwhelmed with a deep sense of sadness, and this would happen all the time. I couldn't understand what was going on, and I soon began to self-harm – my way of punishing myself for the "bad moods" that kept on making everyone upset.

When I cut myself, it took my mind off the depression for a few moments, but all the time, I just wanted to be away from everything. I tried talking to the doctor about it, and around 15 or 16 I was diagnosed with rapid cycling bipolar disorder. At least now I had a name for what was going on, but it still didn't make the desire to die go away.

Just after my 18th birthday, I had arranged to meet my dad, who left when I was pretty young. Just before I was due to meet him, I was told that he had killed himself, and as I had not seen or heard from him for many years, I blamed myself – it was because I wanted to meet him that he did this. I never spoke about it to anyone, but it reinforced some of the crazy things I used to think – like maybe life would be better if I was not around.

A few months later, I had my first suicide attempt. I went out on my bike, drank as much as I could and took a bottle of painkillers. I don't quite remember what happened, except that I woke up in the bushes on the side of the road, angry and

I Use That Choice Wisely (continued)

confused. Why was I awake? What did I do wrong? Wasn't this supposed to work?

So instead, I lied. I lied that I had eaten something that had made me sick. I lied that everything was OK. I was so unhappy and so tired of pretending, and that began my journey into the world of medication. Even though it took the edge off, I could never understand why I hated being alive.

Many years passed like this, just existing. I went through the motions, always there to support other people but never there to support myself – or even allow myself permission to ask for help. During this time, I got married and had children despite being warned not to have children due to family history. My mom's father also committed suicide, so apparently the genes were quite strong.

We had our own home, two beautiful children who were my reason for fighting, a wife I loved and an amazing job. On the surface, I had the perfect life.

But inside, I hated myself. I hated the fact that I could not share what was going on, in case people thought I was crazy. I hated the fact that I had to hide where I cut myself. I hated the fact that I couldn't sleep without drink or drugs. I simply hated being alive despite having so much to be thankful for.

Thanks to my depression, I became more and more withdrawn from everything and in the space of 18 months, I recall at least five hospital visits due to my health. I had stomach problems, kidney problems, continual headaches and even had a heart attack – all before the age of 30.

I had three suicide attempts during that period, and the last one left me in a coma with my family not knowing whether I would live. I had promised that I would never do "that" again, and on the surface, I had looked like everything was OK.

I remember waking up from that coma, hooked up to machines, tied to a hospital bed and just feeling so angry. In fact, not angry but pure hatred for myself.

After all the planning, I couldn't even kill myself and even God didn't want me anymore. It was then that I was forced to deal with things, and it was then that I lost everything – my home, my family, my children, my reason for living.

But I made a decision, and deep down inside I made a deal with the universe, whom I choose to call God. I promised that if I could get through the next couple of years and reach the age of 40, I would commit my life to sharing my message – partly because I probably thought I wouldn't make it.

I can't say it has been easy, and I have chosen not to live with medication since that day, despite being told I would never live without medication or 24-hour support. It was a hard choice but probably the best I have ever made. I woke up and started trying to really live.

Mother to Son

Well, son, I'll tell you:
Life for me ain't been no crystal stair.
It's had tacks in it,
And splinters,
And boards torn up,
And places with no carpet on the floor—
Bare.
But all the time
I've been a-climbin' on,
And reachin' landin's,
And turnin' corners,
And sometimes goin' in the dark
Where there ain't been no light.
So boy, don't you turn back.
Don't you set down on the steps
'Cause you finds it's kinder hard.
Don't you fall now—
For I've still goin', honey,
I've still climbin',
And life for me ain't been no crystal stair.

Langston Hughes (1902-1967)
Collected Poems



I Use That Choice Wisely (continued)

I started writing, and this gave me the courage to start talking. I started recording all of my thoughts in a diary, writing down exactly what was going on in my head. It was like giving the "voices" a different place to live. Slowly, I began to realize that the "bad voices" just wanted to be heard, and it became easier to help them instead of trying to keep them quiet. When I was writing, I also realized that I was also allowed a voice, and it gave me courage to start asking for help when I was feeling low.

I allowed myself to start dreaming, too, about what would I do if I could do anything. It took me years to deal with the anger and guilt, but writing a book with my business partner and best friend, who I met a few years ago, about a few pieces of my journey in 2010 was a truly healing process.

Fast forward a decade, and I recently celebrated my 40th birthday. I was emotional for many reasons, and the people I cared about couldn't quite understand. After all, I have never openly spoken about these things to my family. In the last 12 years I moved from Zimbabwe, where I was born and raised, and now live in Spain. I gave up my career, which was in construction, and recently, we opened our own health retreat where we now have the opportunity to share our experience with people.

I still have my bad days where I have to make a truly conscious effort to shift my thinking. But I know now that I can get through it. I know there are people out there who will support me and say it is OK to feel rough every now and then.

But more importantly, I now know that I have a choice, and every day I use that choice wisely.

Will You Miss Me if I Go?

My sadness overwhelms me, my pain won't let go
My days and nights are filled with tears
Will you miss me if I go?

A breath away from screaming, a blink from salty tears
My days and nights are filled with pain
Will you miss me if I go?

That part of me, that shown so bright and bold.
Grows darker day by day.
Will you miss me if I go?

My smile is replaced with tears and silent screams.
The pain and tears have taken hold.
Will you miss me if I go?

Capturing my soul, my heart, my head.
Leaving in its wake only fear and dread.
Will you miss me if I go?

by Gloria Gorss

"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".

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.

Several SA groups are available for viewing and participation via Skype. More information is available at suicide.anonymous0811@gmail.com.

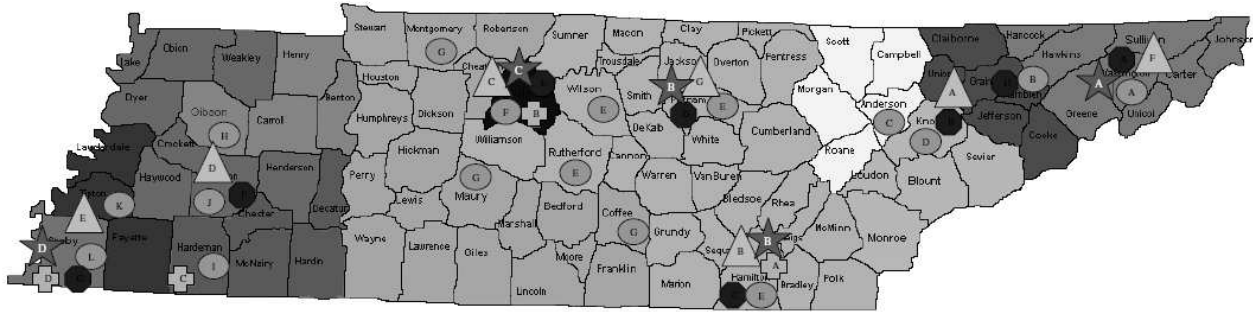
Available Skype sessions:

Meeting time	Meeting name	Host city
Every Monday, 10 AM Central / 11 AM Eastern	World Wide Meeting	None
Every Tuesday, 6 PM Central / 7 PM Eastern	Grateful Blossom	Westmont, New Jersey
Every Sunday, 6:30 PM Central / 7:30 PM Eastern	Hope Group	Cordova, TN
Second and Fourth Thursdays, 6 PM Central / 7 PM Eastern	Rise Above	Lumberton, NJ

The SA website (suicideanonymous.net) features more information about the group, such as details about its World Service Committee and about the Little Book, the guiding document, 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.



Crisis Resources in Your Area



CRISIS TEAMS – CRISIS STABILIZATION UNITS – REGIONAL MENTAL HEALTH INSTITUTES – MEDICALLY MONITORED CRISIS DETOXIFICATION

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 Southeast Mental Health Center

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 Southeast Mental Health Center
- 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

MMCD

- 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 Southeast Mental Health Center

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