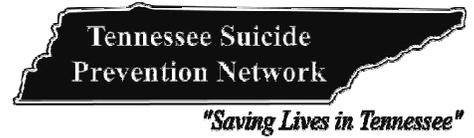


can you hear me?



stories of people who have survived suicide attempts

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december 2014 - january 2015

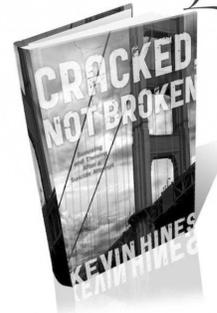
issue 8

Kevin Hines Is Still Alive

Kevin Hines is the keynote speaker at this year's annual conference of the Tennessee Association of Mental Health Organizations, scheduled for December 2-3 in Murfreesboro. There he will promote his new book Cracked, Not Broken (in stores now).

The following article, originally published in the July 18, 2013 edition of San Francisco Magazine, was reprinted in the October 2014 TAMHO newsletter as a prelude to the conference and is reprinted here, slightly edited for length. We are indebted to San Francisco Magazine reporter Scott Lucas for helping to bring Hines's story to the general public.

A reminder that... *Life is a Gift*



Author, Kevin Hines

"A gripping memoir which recounts the inspiring story of a suicide survivor and one of the leading mental health advocates of our time. A must-read for anyone who's ever wanted to know about living with mental illness."

-Linda Rosenberg, MSW, president and CEO, National Council for Behavioral Health

RELEASE DATE: JULY 16, 2013

A promo for *Cracked, Not Broken*, courtesy of the website for the Collateral Damage Project (leftbehindbysuicide.org).

Since the Golden Gate Bridge opened in 1937, thousands of people have tried to kill themselves by leaping off. Only 34 have lived.

Kevin Hines is one of them. On September 24, 2000, the paranoid and hallucinating nineteen-year-old flung himself off the bridge in a suicide attempt. He fell 220 feet straight down into the bay, shattering his T12, L1, and L2 vertebrae and lacerating his lower organs. A Coast Guard boat pulled Hines from the frigid waters, and brought him to San Francisco General Hospital.

Thanks to an experimental surgery, the plunge into the water left almost no physical evidence on Hines' body. He has a few scars, but otherwise his body is whole again.

Currently, he lives in San Francisco with his wife and dog. He's a comic book guy—he has an original *Uncanny X-Men* signed by Jack Kirby. He loves to watch indie films. He exercises every day. He now works as a mental-health advocate, traveling the world to share his story in the hopes of preventing suicide. His first book, *Cracked, Not Broken*, a memoir of his life before and after his suicide attempt, has just been released.

Hines has experienced a lot of notoriety as a bridge-jump survivor. He was in the documentary film "The Bridge". He sat across the interview table from Larry King on CNN. Every newspaper in town has written about him. He has spoken to audiences of school kids, corporate executives, and even members of the military—350,000 people have heard him speak in the last decade. But even though he has toured the world to share his story, Hines does not define himself as The Bridge Guy.

Today he wants to talk about how he turned his life around, from desperately wanting to die to devoting himself to helping other people live with their mental illnesses. I asked Hines to meet



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.

Kevin Hines Is Still Alive (continued)

me at a park in San Francisco's Jackson Square to talk about the struggles that inspired the book, which I read in one sitting. I was surprised at how soon in the text that the jump comes. By page 60, he's already in the water. The bulk of the book takes place in the years after. I tell him that the aftermath is what I am most interested in learning about, and he smiles. Few people seem to ask him to talk about that part of the story. "There's so much more to my life," he says.

In some ways, the scars on Hines's body mirror the emotional ones from his infancy. His parents were addicted to hard drugs and suffered from their own mental illnesses—both had bipolar disorder, which they passed onto him. When the San Francisco Police Department barreled through a motel door, the officers found Kevin as a baby with his older brother, Jordache, lying on a bed with drug paraphernalia all around them. "We both were infants, and both had bronchitis," Hines tells me, his freckled face grim. "My brother died. My only full-blooded brother, gone from this world."

Hines bounced through the foster care system before being adopted as a toddler by a San Francisco couple, Patrick and Debbie Hines, whom he considers his parents. "My dad," Hines says, "is an old school banker, an old school San Franciscan, and a tough Sunset Irishman." (Patrick Hines now sits on the advisory board for The Bridge Rail Foundation, which works to stop suicides on the bridge). The couple adopted two other children, and after a rough start, Hines had a stable—perhaps even idyllic—childhood.

But when he was in his late teens, his fortunes plummeted. His parents divorced. His drama teacher—a mentor—committed suicide. And at seventeen and half, Hines suffered a mental breakdown, succumbing to what was later diagnosed as bipolar disorder with paranoia and auditory and visual hallucinations. Without a formal diagnosis or a treatment plan, neither he nor his parents knew what to do. Hines says he would drink himself into blackouts in order to cope.

The toil wore him down. After suffering for two years, he came to a point where he was "so depressed, so down." He loathed himself, he says. "I didn't believe that I deserved to live. I believed there was no other option but my death by my own hands." When he tells me about the day that he jumped, he tells it almost automatically. He's given this same story more times than he can count.

Sourced from aftertherainhasfallen.tumblr.com.

Desperately ill, Hines took two MUNI buses out to the bridge, sitting in the back and crying the whole way. When the bus stopped at the Golden Gate, Hines thought that the bus driver was coming to comfort him. Instead, he got kicked off. Pacing up and back along the bridge for forty minutes, Hines prepared himself to jump. No one loved him, he thought, he was all alone. A woman approached him and asked him to take her picture. He took the shots and she walked away. She never asked what was wrong with him. That was when he leapt over the rails.

He went over headfirst. "There was a millisecond of free fall," he says. "In that instant, I thought, what have I just done? I don't want to die. God, please save me." Whether it was throwing back his head in prayer or simply the angular momentum of his fall, Hines's body rotated so that instead of hitting the water head-first, he landed in a sitting position, taking the impact in his legs and up through his back.

Hines claims that when he was in the water, a sea lion held him up. That part of the story, even Hines admits, is hard to believe. Hines was hallucinating at the time. But dolphins have been known to make similar rescues, and Hines claims that witnesses on the bridge saw the animal. And so, this is part of his narrative. What we do know for certain is how Hines, crippled and near to drowning, was rescued from the water. A Coast Guard boat—summoned by a woman who had seen him jump while driving on the bridge and called 911 on her car phone—soon scooped up Hines.

He was taken to San Francisco General Hospital for emergency surgery. The doctors saved his body. Hines has full mobility today. But surgery can't fix the demons swimming around his mind. You don't ever really cure mental illness, he says. "It's just like alcoholism. I'm in recovery every day."

I ask Hines why he thought he had to die that day on the bridge, and he corrects me. People who die by suicide or attempt suicide don't truly want to die. They may say the word 'want,' but they don't. The psychosis brings them to the point of believing that they have to."

Kevin Hines Is Still Alive (continued)

I believe that telling our stories, first to ourselves and then to one another and the world, is a revolutionary act. It is an act that can be met with hostility, and exclusion... It can also lead to love, understanding, transcendence, and community.

Janet Mock
Redefining Realness

Even though his work as a mental health advocate keeps him going, Hines still has bad days. In fact, he has had bad years. In the time since his jump, Hines has stayed in seven psychiatric hospitals. He's been put in involuntary police holds five times. He's been in several halfway houses. Within a year of his bridge attempt, he forced open an eighth-story window in his dorm room at San Jose State and almost jumped. He was sitting on the ledge when three of his friends broke down the door to his room and coaxed him back inside.

He hasn't attempted suicide since the dorm incident. He says that he's on medication now, and has a wellness routine that he follows strictly. He eats healthfully most days. He exercises

every day. He sleeps seven or eight hours on most nights. He's educated himself about mental health and his disorder. Still, there are times when his regimen isn't enough.

Once, a few years ago, he believed that his wife and his father were planning to kill him. "I got into a tizzy," he says. He recounts the experience in a chapter of *Cracked, Not Broken* that's an unedited version of what he wrote down during at the time: "My wife & Dad are plotting to kill me sometime in the next few months," he writes. It's hard to read. "With enough time," Hines says now, "I can beat the paranoid delusions."

The measure of Hines's growth is not that he no longer suffers from these episodes. The measure is how he reacts to them. The last time he felt the madness, he called the police, asking to be committed. It's called 5150-ing yourself. The police officers had to arrest him outside of a coffee shop, in view of everyone inside. "In the police car on the way to the hospital, one of the officers recognized me," Hines says. "I had given him a presentation on dealing with mental health issues. He thanked me for not being violent. We laughed, and I thanked him for taking me in when they dropped me at the hospital."

The first time Hines shared his story in public, it was to a group of seventh and eighth graders at the middle school he had attended. It was Good Friday, and he stayed up until three in the morning writing his speech ("Not good for my mental health," he jokes.) After he delivered it, he received 120 letters, one from each of the students who had listened to him. Among those were several from children who were suicidal. Because the letters were screened, those students received help. That was the beginning of his mission. Hines has spoken in front of thousands of people since then, always with the same basic message: You are not alone.

That's the idea behind the book, too. Even though he'd been telling his story publicly for a while by then, the act of writing was a challenge, and the book took him several years to finish. "Writing it was cathartic," Hines says, "But also very hard. My wife could barely read it, because it brought her back to those painful times." I also have the sense that it was hard to write because it forced him to grapple with the same question I had for him: Can you ever stop being The Bridge Guy? He admits that there's an irony there. Without the jump, it's hard to see Hines becoming such a well-known figure, and it's nearly impossible to see him devoting much of his life to suicide prevention. He doesn't define himself as that guy, but he seems willing to pretend to be him, if it will get his message across.

Hines recounts a story for me that seems to prove his point. Several years ago, after *The Bridge* had been released, Hines was walking down Montgomery Street by himself. A thick hand grabbed his shoulder. It belonged to a six-foot-tall man who turned Hines around and looked him in the eye. "My son died," said the man. "My son died and you lived. Why?" Hines pauses when he tells me the story. "I was freaking out. I thought he was going to kill me—and for once that wasn't my paranoia." The man had recognized Hines from the film, which means he'd heard his message, even if it came too late to save his son. "I didn't know what to say. So I finally said to him, 'I'm sorry.' He broke down and cried. I stayed with him until he walked away."

My Biggest Achievement So Far

This contribution to the What Happens Now? blog maintained by the American Association of Suicidology (attemptsurvivors.org) comes from Rhiannon Stuart, a resident and native of the United Kingdom.

I remember waking up, not knowing where I was. I saw a clock on the wall. It was about 12:30. That's all I remember before I fell asleep once again. The next time I awoke, the clock said 2:45. I have no idea if only two hours had passed, or 14. I couldn't move my hands, and something was irritating my nose. I still had no idea where I was. The next time I woke up, I couldn't see the clock.

As I regained consciousness, I took in my surroundings. I couldn't move my hands because they were restrained, tied to the sides of the bed. The thing irritating my nose was a nasogastric tube. I also had a respirator down my throat, and various other drips and machines connected to my body. Everything suddenly came flooding back, and I realised where I was and why I was there. But I wouldn't find out for a few more hours just how lucky I was to be alive.

This wasn't my first suicide attempt. Shockingly (or maybe not) it also wasn't my last. But it was this one that I wasn't meant to survive. By the time I woke up, I had been on life support for 48 hours. The police had been to my mother's house, over 1,000 kilometers away, to tell her they didn't expect me to make it. But by some miracle I did, and I am still here today, five years later. The reason why I did it is one I can no longer recall. I do remember talking to my mum once I was awake and all the tubes had been removed. She just kept crying and asking me why and blaming herself. That was a common theme throughout my entire battle with mental illness, my mother blaming herself. And seemingly taking pleasure in making herself the victim: "Look what my daughter has done to me now. Why am I such a bad mum, what have I done to deserve this." It was never her fault.

As well as my multiple suicide attempts, I also engaged in self-harm. Some not-so-serious scrapes and bruises, to the burning that was so severe it needed several skin graft operations. My arms are so scarred that I cannot walk down the street in a short-sleeved shirt without being stared at, pointed at, laughed at, talked about or abused. I have been told by professionals that my scars are the worst they have ever seen. That is not something I am proud of. Some people have told me not to come and see them unless my arms are covered. That hurts.

I have had many different diagnoses throughout the years, the two main ones being depression and borderline personality disorder. I went through three cycles of Dialectical Behavioural Therapy, but funnily enough, it wasn't until the public health system refused to help me any longer that I was finally able to get my life on track. I found a private psychologist, received specialised counseling for some specific issues and left behind the life that had been holding me back for so many years. I went from five-plus hospitalisations a year, eventually, down to none. I went from self-harming multiple times a day to now being 18 months "clean." I went from needing stitches and wound care and antibiotics on a weekly basis to now only needing to see a doctor if I am physically unwell. I went from cocktails of prescribed medication to now living a medication-free life.

I am not the person I used to be. She is still there, and some days she rears her head and wants attention, but I've learnt how to deal with her, and I can usually get her to back off pretty quickly. I have a fiancé. We are planning a family. She is the love of my life, and she is the reason I no longer need to do all those things that were holding me back from the amazing life I now have. It hasn't been easy, but I am so glad I made it.

My mum passed away just under a year after the attempt I've described. My last attempt was about two and a half years after she died. She never got to see the person I have become today, and that will always sadden me. One of my sisters will barely talk to me these days. She cannot let go of the person that I used to be. She cannot forgive me for all the wrongs that I've done and the hell I put my family through for so many years. I'm now an aunty. My beautiful niece is 15 months old and the light of my life.

I lost so much because of my mental illness. I lost opportunities, I lost family and I very nearly lost my life. I don't talk about what I've been through because most people simply don't want to hear it. It's too confronting, it's in the past, it no longer matters. But as long as I live, it will always be a part of me. Yes, I no longer need to dwell on it, and it certainly doesn't rule my life. But I am who I am today because of what I have been through. It no longer defines me like I once thought it did, but just like a puzzle, a piece of me would be missing if people tried to minimise and ignore that part of my life. I want to be seen as a survivor. One of the lucky ones. I came face to face with my maker, and I lived to tell my story. That needs to be celebrated, not dismissed as though it meant nothing. Because to me, overcoming that part of my life is my biggest achievement so far. And I'm so damn proud that I did.

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.

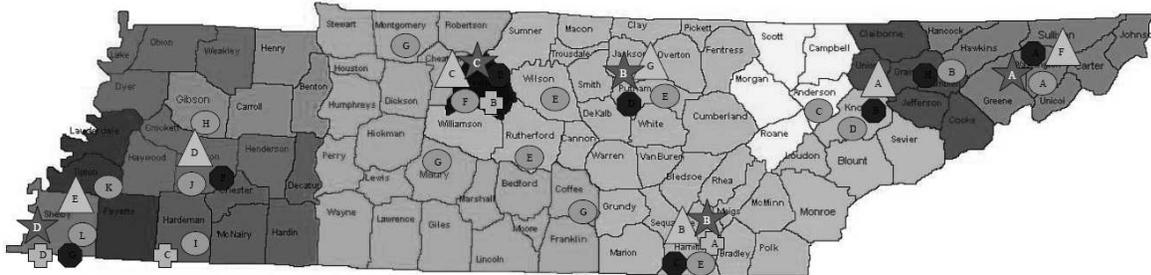
"can you hear me?" wants your articles, poetry, prose, and artwork for the next issue and the ones to come. We'll also need suggestions and recommendations on how we can make it better.

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™
I-800-273-TALK
www.suicidepreventionlifeline.org