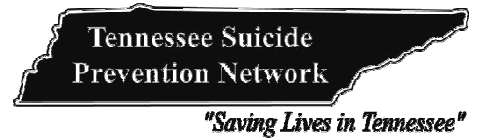


# can you hear me?



stories of people who have survived suicide attempts

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## Abbie's Story

*Abbie Meacham is an attempt survivor who approached the Network and graciously offered to tell her story for the benefit of others*

*Warning: This letter contains a graphic description.*

In May 2012 I was addicted to cocaine. I was lying to everyone I came into contact with, trying to fool them that I was OK. I was lying to everyone who loves and cares about me. I was stealing money from my husband Michael's checking account to support my problem.

With months of lying and staying high on coke, things started to crumble around my feet. I think the only person I was really fooling was myself. I was lying to Michael everyday and with that came the shame and guilt. I just couldn't bring myself to tell him what I was going through. I didn't want to see the disappointment on his face when I told him I was lying and stealing from him.

And in my twisted mind at the time, I truly felt like the only way out was suicide. I felt as if everyone around me, my daughter included, was better off without me. "If I'm gone, I won't be able to cause so much chaos for everyone. Nobody will hurt anymore by my hands. Nobody wants me around."

On May 22, 2012 I woke up feeling absolutely horrible. I couldn't stop crying. I couldn't look at Michael in the eyes or even mutter a sound. He kept begging me to tell him what was wrong with me. I didn't budge at all. I let him leave for work that day wondering, what had his wife so torn up that she couldn't talk to him.

After he left, I was all alone. A feeling that I was all too familiar with. I had isolated myself from everyone. I cried for what seemed like days. And then a calm came over me when I decided that suicide was the best option for me. I grabbed a razor blade and headed into the bathroom. I wanted to be on a tile floor so my husband and law enforcement didn't have to clean my blood out of the carpet. I said a prayer and took the razor blade to my left wrist.

At the time, it was gratifying to see all the blood pouring out of my arm. This was it... the end of my life. In a bathroom all alone. I felt like I didn't deserve to have anyone else with me for support.

While all of this was going on, Michael and my therapist kept calling over and over again. I didn't answer. I had made up my mind and no one was going to stop me. What I didn't know at the time, Michael was on his way home. He had left work early because he had a feeling inside him telling him something was seriously wrong.



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](mailto:tspn@tspn.org)

## Abbie's Story (continued)

The last time he called, I answered the phone. I wanted to hear his voice I last time. He told me he was almost home and asked me if I had done something to hurt myself. I was so angry that he was almost home and was going to stop me. So I cut again but deeper this time. Blood was everywhere!

Michael walked in the house and burst into the bathroom. He picked me up and took me to the hospital. I got 16 stitches and a free trip to Ridgeview. And at the time, I hated him for saving my life. All my secrets had come out. I had once again caused so much chaos for him.

I stayed in the hospital for five days. When I was first admitted, I didn't want to talk to anyone. Not even Michael. But he told me I had a decision to make... life or death. He told me he would follow me anywhere in life, but he would not follow me in death.

After a day of being at Ridgeview, something inside me clicked. I was so close to death but I was saved. And that meant something to me!

On my release from the hospital, Michael took a few days off work. He wanted us to spend time together. I remember on the drive home I was seeing things in a whole new light. I was seeing colors again. I remember looking at the trees and noticing how many different shades of green there was. I remember looking at the sky and being so thankful that there was someone up there looking out for me.

Ever since that ride home, my life has changed. Now, I never take a single breath for granted. I'm grateful for everyday that I wake up next to my wonderful husband. He saved my life in more ways than I that day.

I'm not going to lie and say that everything after my attempt has been easy. And I'm not going to say that I haven't struggled because God knows I have. But what I have gained from my experience is knowledge. Things could always be worse. Life could change in an instant, leaving you wondering why you ever thought suicide was the only way out of your turmoil.



I have been sober since then. I used to be embarrassed about what I had gone through. I once wanted a tattoo to cover my scar. But today, I embrace everything I went through. I look at that scar everyday as a reminder that life is precious and worth living. No matter how hard things get, there is always help out there. There is always a better solution than suicide!!!!

So if there is anything or any way I can help, I want to! I don't want anyone to ever feel what I was feeling. I want to give people the hope that I didn't have. I want people to know that suicide is not the answer!

"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](mailto:tspn@tspn.org) with the subject line "CYMH Submission".

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

## We Are Not Prepared To Intervene

*James Atkisson is a published author of, among other works, two books on his survival of a suicide attempt and his triumph over suicidal impulses. More information is available at his website ([www.fromsuicidetolife.com](http://www.fromsuicidetolife.com)).*

*This essay from Mr. Atkisson was published on the blog "What Happens Now?" (<http://attemptsurvivors.com>), a project of the American Association of Suicidology.*

I grew up in an abusive home and felt invisible to the world. I was 16 years old. Suicide seemed to offer the best solution to my problem, but how? I went to the library and looked at books on death and suicide. I weighed the options and what resources I had to work with. I considered using a gun, but I was afraid of the violence. I contemplated jumping from some rocks on a mountain near my home, but I was afraid I would survive the fall. I considered pills, but I was afraid they wouldn't work, and I didn't have access to any. So, in the end I planned on using a gun.

I had access to them, and we lived in a rural community, so I planned on isolating myself in the woods, away from any help just in case I survived.

As soon as the gun went off, I knew I had made a mistake. I hadn't known I would regret pulling the trigger in an instant. I missed my heart by an inch and my spine by less than an inch. The surgeon thought it prudent to not operate so close and risk paralyzing me, so I carry that fragment with me to this day.

For months before that day, I thought I had wanted to die, but when the gun went off, I wanted anything but death.

That was 27 years ago. I am thankful I survived.

When you look at suicide's toll here in the United States, the numbers are staggering. Currently it's the 10th leading cause of death. Why is it when suicide is discussed, we have to fight the urge to whisper or glance around to see if anyone may be listening in? We encourage people to learn CPR and rescue breathing, manage airway obstructions, and check for lumps as a part of early detection. Companies, churches and organizations invest in automatic external defibrillators just in case there's an emergency and someone's life depends on a rapid and effective medical intervention. The thinking is, it's better to have the resources and never need them, as opposed to the other scenario: Someone collapses and we freeze, unable to reach the stricken life in time.

When it comes to suicide prevention, we are not prepared to intervene like we are when it comes to other medical emergencies. Every 13.7 minutes, we are losing someone.

I exhibited many of the classic symptoms of someone planning suicide, but they were missed. Many times, the person has left behind a trail of clues to their intent.

**I'M GONNA MAKE  
THE REST OF MY LIFE,  
THE BEST OF MY LIFE.**

But it seems our suicide prevention plan is trying to figure out "We could have done this" or "We should have done that" for the deceased. By then, it's much too late.

We must be more proactive.

Granted, strides are being made. But where I live, for example, not one public health announcement is posted in a prominent place.

## We Are Not Prepared To Intervene (continued)

How hard is it to reach people in time? Apparently, it's hard. Could it be we're afraid? We are afraid of what we don't understand, and suicide is something the general public doesn't understand. Honestly, it shouldn't matter if we don't understand something before we get involved and lend a hand to someone in pain and distress. Compassion, understanding, love, and concern for the well-being of others should trump things like stigma, fear and shame.

There's hope. There's hope we can turn the corner and drive this monster away from our communities. I think the solution will come from people like me. We are suicide attempt survivors. We didn't study suicide in a clinical environment and go on to present the findings to peers or in a scholarly paper. We simply woke up alive. We want to speak out and reach others. We understand the value of life and the need for action.

It's also time to see suicide prevention and awareness bulletins posted in prominent places. Public notices would educate people on what to do or how to help each other. Public notices would make the conversation around suicide less taboo and more open to discussion. Discussion leads to knowledge, and knowledge is power.

I think it would be fitting if history recorded this time in American history and mentioned our suicide epidemic. Maybe it would note where the solution came from. People like us. We will not surrender our lives to suicide again. We'll rush to the aid of others. We can stand alongside those who are struggling for their lives. We know the burden on their shoulders, and we can carry some of it for them.

You will burn and you will burn out,  
you will be healed and come back again.

Fyodor Dostoevsky,  
*The Brothers Karamazov*

## HelpPRO Suicide Prevention Therapist Finder



The online therapist resource HelpPRO launched its Suicide Prevention Resource Finder (<http://www.helppro.com/SPTF/BasicSearch.aspx>) on September 10, coinciding with the worldwide observance of Suicide Prevention Awareness Day.

The tool can help you find a therapist in your area who specializes in patients with suicidal ideation. It can be customized to locate therapists experienced with certain age groups or who accept your insurance plan.

The Suicide Prevention Resource Finder was developed in partnership with the American Association of Suicidology, the Carson J. Spencer Foundation, the National Suicide Prevention Lifeline, the QPR Institute, and the Suicide Prevention Resource Center.

The HelpPRO Suicide Prevention Therapist Finder is a companion to the already established HelpPRO® Therapist Finder ([www.helppro.com](http://www.helppro.com)) which covers a wide variety of disorders and concerns.

## 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](mailto:suicide.anonymous0811@gmail.com).

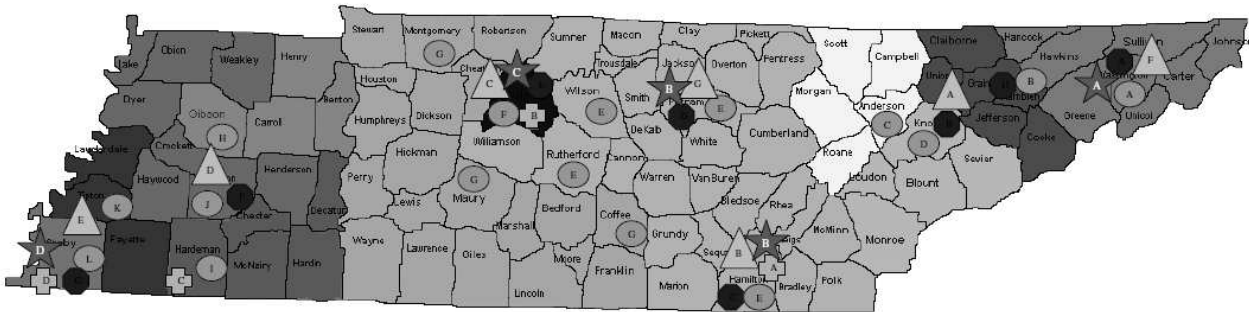
Available Skype sessions:

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](http://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](mailto: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](mailto: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](http://www.suicidepreventionlifeline.org)

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE™**  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)