



University of Michigan
Depression Center

THE MICHIGAN DIFFERENCE®

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UNIVERSITY OF MICHIGAN
DEPRESSION CENTER

update

From the Nation's First Comprehensive Depression Center

WINTER 2012

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Struggling to understand suicide



In this issue we bring together perspectives on suicide, a painful and complicated subject about which there are no simple answers. For those who have lost a loved one to suicide, we hope this newsletter offers helpful resources and tools for coping, support, and understanding. This issue also provides updates on our work to help prevent suicides through education and outreach. There are many valuable resources that we did not have room include in these pages, so please contact us if we can help connect you to information you are seeking but do not find here.

Thoughts on suicide

By Geoff Snow, geoff@sagawebsites.com

We are grateful to Mr. Snow for his willingness to share his perspectives on suicide in this article.

Recently, I went to another funeral. Another close friend of the family had committed suicide. Everyone at the service was in shock. He had apparently been keeping his struggle with depression a secret. My father was his close buddy for some 50 years. He had no idea that his friend was dealing with depression, and he is understandably having a difficult time "wrapping his head around" his suicide.

I feel qualified to provide my two cents on the subject of suicide: I was suicidal for three years. Every minute of every day. I thankfully found treatment that works, and have not been depressed for several years now.

The will to survive is the most powerful human urge, precluding the drive for food, water, and sex. In the brain of someone with major depression, that same urge often flips upside down, and a little ubiquitous voice in your head may instead tell you to end it all... "It's

too hard." "You don't matter." "You're better off dead." If you haven't experienced it, there is no way for you to truly understand. Pray you never find out.

In the movies, suicide is portrayed as a rational decision made by someone facing a situation too difficult to handle. These last few years, I have come to believe that this is a completely inaccurate portrayal of suicide. I think it does a great injustice to folks with mental health issues, and causes the families who are dealing with suicides undue grief and confusion. Suicide is not a decision. It is a symptom. A fatal symptom.

I decided to write this because at our friend's funeral, I heard things like "How could he do that to his family?" or "I can't imagine him doing something like this." These are the same comments I heard a few years ago when another close friend took his own life. It tears me up to know that people feel anger, betrayal, hurt, and confusion



STRONG SCHOOL PARTNERSHIPS TARGET EARLY INTERVENTION

Recognizing suicide risk and the early signs of depression can be critical for preventing tragic outcomes. As part of a collaboration between the Depression Center and Ann Arbor Public Schools (AAPS), more than 700 educators, counselors, administrators, and other staff have been trained in evidence-based, best-practice methods for identifying and reaching out to individuals who may be considering suicide.

The training programs, called SafeTALK and ASIST, help promote a school environment that offers a safe space for dialogue around suicide and creates a culture of alertness for early signs of suicide risk. Growing

numbers of staff have also been certified to train their colleagues in some of these intervention techniques, helping to continue to build a sustainable prevention program within AAPS.

The Depression Center has also conducted these trainings in Gull Lake (MI) Community Schools, Dexter (MI) Schools, and in Jackson Hole, Wyoming.

SafeTALK suicide alertness "first aid" training helps people 15 years of age and older identify people with thoughts of suicide and connect them to community resources. ASIST is a more intensive, skill-building training that prepares individuals to engage in an intervention aimed at preventing suicide.

The AAPS partnership also includes multiple educational forums on depression and suicide awareness for parents and community members, and the Peer-to-Peer Depression Awareness project for high school students.

Successful early identification of and response to signs of suicide risk and depression can lead to many other positive health and behavioral outcomes for young people, and this partnership continues to help ensure that those who need help get connected to the appropriate resources.

when there is a suicide. Grief is hard enough without adding blame.

I know that both of these dear friends, and anyone else who has ever taken their own life, were not making a decision. I know this for a fact. Anyone who has ever struggled with serious depression knows this for a fact.

I'm not sure if this will ever make anyone feel better. I'm not sure if anyone reading this will even comprehend it. It just feels important to me to tell everyone, in regards to suicide: they didn't have any choice. They weren't weighing their options. They didn't choose death over you. They are victims of an illness. Period.



The search for understanding and prevention

A message from our director

Messages such as this are always painful to write. Trying to make sense of a suicide or a suicide attempt, especially one involving a family member, friend, or other loved one is complicated, devastating, intense, wrenching, and prolonged. There are no easy answers about “why,” as those who have lived through an attempt and those who have survived the loss of someone close to them repeatedly convey.

Statistics demonstrate suicide's pervasiveness: in the U.S., 30,000 – 35,000 people die by suicide each year, making it the third-leading cause of death among young people ages 15 - 24. Recent attention has centered on the elevated suicide rate among current and former military service members, who routinely deal with the stress of multiple deployments, living and fighting in combat zones, a high unemployment rate upon returning home, posttraumatic stress disorder (PTSD), traumatic brain injury, depression, and sleep disturbances. The same patterns are true for those in some other professions. For all who struggle, stubborn burdens of stigma hamper many from pursuing appropriate treatments.

As noted in Geoff Snow's powerful piece in this issue, as a society we do not understand suicide. Yet we know some important facts that can guide us in working toward its prevention. We have the evidence and resources to begin to decrease suicide rates. It is time to do so.

As a starting point, we should recognize that suicidal thoughts are usually associated with underlying problems that can be treated. It has

Warning signs for suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or feeling unbearable pain
- Talking about being a burden to others
- Increased use of alcohol or drugs
- Acting anxious, agitated, or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.

What to do if someone you know shows warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

been demonstrated repeatedly that approximately 80% of those who died by suicide were struggling with depression. Recurring thoughts of death or suicide are characteristically a symptom of major depression. The same brain chemicals (neurotransmitters) such as serotonin are not only associated with depression and suicidal thoughts, they are also the focus of many treatments, such as selective serotonin reuptake inhibitors, the medications used most commonly to treat those with depression. Incidentally, despite concerns based on misinformation, antidepressants actually **reduce** long-term risks of suicide.

Our knowledge grows, yet the country has not successfully reduced rates of suicide. This calls for greater focus on detecting, treating, and counteracting underlying causes.

Prevention is our goal. But before any interventions can occur, awareness is fundamental. That is a focus of this newsletter. Training teachers, coaches, physicians, peers, and law enforcement experts to recognize signs that a person may be considering suicide is critical, explaining why we are so engaged in depression awareness and suicide risk education for school personnel, students, and communities.

What else can we do? We should be screening all high school students and those in medical settings for depression and related disorders and treating earlier. When coupled with effective interventions, these strategies work.

Coping after a loss

After a suicide, it is common – and normal – to react with a wide range of thoughts and feelings, which may include:

- Shock – feeling numb or disoriented, having trouble concentrating.
- Symptoms of depression, including disturbed sleep, loss of appetite, intense sadness, and lack of energy.
- Anger towards the deceased, another family member, a therapist, or yourself.
- Relief, particularly if the suicide followed a long and difficult mental illness.
- Guilt, including thinking, "If only I had...."

These feelings usually diminish over time, as you begin to cope and heal.

What next?

- You may struggle with what to tell others – most people have found it best to simply acknowledge that their loved one died by suicide, but you should do what seems right for you.
- Staying in contact with other people is especially important during the stress-filled months after a loved one's suicide, as difficult as it may seem.
- Understand that you may need to take the initiative to reach out to family and friends because some people may not know what to say or how to approach you.
- Keep in mind that each person grieves and heals in his or her own way, and at his or her own pace.

- Anniversaries, birthdays, and holidays may be especially difficult, so you might want to think about whether to continue old traditions or create some new ones.
- Unexpected waves of sadness are also a normal part of the grieving process.
- Children experience many of the feelings of adult grief, and are particularly vulnerable to feeling abandoned and guilty. Reassure them that the death was not their fault. Listen to their questions, and try to offer honest, straightforward, age-appropriate answers.
- Some people find comfort in community, religious, or spiritual activities.
- Be kind to yourself. When you feel ready, begin to go on with your life. Eventually starting to enjoy life again is not a betrayal of your loved one, but rather a sign that you've begun to heal.

Adapted from *AFSP's Surviving Suicide Loss: A Resource and Healing Guide*.

We know that psychotherapy can effectively reduce suicide risk by helping those struggling develop effective coping responses when thoughts of suicide arise amid stressful experiences. But as a nation, we need more experts to work psychotherapeutically with troubled youth. In response, our center, aided by the Frankel Psychotherapy Training Program, is seeking to fill at least part of this void.

Medications are essential for many with depression, bipolar, and related conditions. We should "spread the word" that for those with moderate or severe symptoms, those at highest risk, the combination of medications and psychotherapy is the most effective approach. And there are other steps, as described in the Depression Center's Toolkit (www.depressiontoolkit.org).

As a society, we must not accept either depression or suicide as unavoidable. We should emphasize that underlying causes of suicide can be treated. Learning from tragedies and working together, this major public health problem can be conquered.

John Greden, M.D., is executive director of the University of Michigan Comprehensive Depression Center, chair of the National Network of Depression Centers, and serves as vice president of the National Board of Directors for the American Foundation for Suicide Prevention (AFSP).



American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention (AFSP) is dedicated to understanding and preventing suicide by supporting research, offering educational programs for professionals and the public, promoting public policies that impact suicide and prevention, and providing programs and resources for survivors of suicide loss and those at risk.

The Depression Center has often co-sponsored the AFSP's annual Out of the Darkness Community Walk in Ann Arbor. By participating in these walks, which take place in communities around Michigan and across the country, thousands of walkers nationwide raise money for AFSP's vital research and education programs to prevent suicide and save lives, increase national awareness about depression and suicide, and assist survivors of suicide loss. Look for Out of the Darkness event dates to be announced soon for the fall of 2012.

The AFSP website offers many resources for surviving suicide loss. Visit www.afsp.org to learn more and to find your local chapter.



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UMDC READING CORNER

Listed below are recommended books on the topic of understanding suicide. You can find these books and many other resources at the FRIENDS Depression Education Resource Center, located within the east atrium of the Depression Center building.

When Living Hurts:

A What-To-Do Book for Yourself or Someone You Care About Who Feels Discouraged, Sad, Lonely, Hopeless, Angry or Frustrated, Unhappy, Bored, Depressed, Suicidal
by Sol Gordon

Real Men Do Cry:

A Quarterback's Inspiring Story of Tackling Depression and Surviving Suicide Loss
by Eric Hipple

Night Falls Fast:

Understanding Suicide
by Kay Redfield Jamison

Eight Stories Up: An Adolescent Chooses Hope Over Suicide
by DeQuincy A. Lezine

Why Suicide?: Questions and Answers About Suicide, Suicide Prevention, and Coping with the Suicide of Someone You Know
by DeQuincy A. Lezine

FOR MORE INFORMATION

about featured book selections

[www.depressioncenter.org/
ResourceCenter](http://www.depressioncenter.org/ResourceCenter)

RESOURCES

In a crisis, contact:

National Suicide Prevention Lifeline
(available 24 hours/7 days a week)

1-800-273-TALK (8255)

TTY: 1-800-799-4TTY (4889)

<http://www.suicidepreventionlifeline.org/>
or dial 9-1-1

Suicide bereavement support groups

American Foundation for Suicide Prevention (AFSP)
www.afsp.org

Find a survivors group near you or an online forum

Important print publications:

After an Attempt: A Guide for Taking Care of Your Family Member after Treatment in the Emergency Department

After an Attempt: A Guide for Taking Care of Yourself after Treatment in the Emergency Department

Download from <http://store.samhsa.gov/>,
or call 1-877-SAMHSA-7 for a free copy.

Surviving a Suicide Loss:

A Resource and Healing Guide

Download from www.afsp.org or call or email
for a free copy: 1-888-333-AFSP, or
survivingsuicideloss@afsp.org

Copies of these materials may also be found in the
Friends Depression Education Resource Center
in the Rachel Upjohn Building.



Sign up to receive the Depression Center's e-newsletter

The Depression Center recently launched a monthly e-newsletter, "e-update," to share the latest news on Center programs, people, activities, events, and initiatives.

Please email Lhutchen@umich.edu to receive e-update.

EVENTS

February 17: Depression Center Colloquium*
Suicide risk management.

March 7-8, 2012: 10th Annual Depression on College Campuses Conference
U-M's Rackham Graduate School
915 East Washington Street, Ann Arbor, MI

Learn about new research findings and innovative strategies to help college campuses integrate prevention, resilience, and positive mental health into their ongoing efforts for students. Registration is FREE for all students from any campus, and \$130 for non-students (before Feb. 1). Visit www.depressioncenter.org/docc or contact Trish Meyer at 734-763-7495 or meyerpa@umich.edu.

March 11: Boy Interrupted documentary screening
7pm, Michigan Theater,
603 E. Liberty, Ann Arbor

A special screening and panel discussion to raise public awareness of bipolar disorder and benefit the Heinz C. Prechter Bipolar Research Fund.

April 20: Depression Center Colloquium*
Management of pain and depression.

May 18: Depression Center Colloquium*
Reducing suicide risk through insomnia treatment.

* All colloquia are held from 11:45am -1:30pm
in the Depression Center Auditorium, 4250
Plymouth Rd., Ann Arbor, MI

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If you wish to be added to or deleted from our mailing list, please contact depression@umich.edu or (734) 232-0175.

Information about depression is available online. Please visit our Web site at www.depressioncenter.org.

friends

Supporting the University of Michigan Health System

This newsletter is funded through the support of the Friends of the University of Michigan Hospitals and Health Centers.

For more information about Friends visit www.med.umich.edu/friends

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The Heinz C. Prechter
Bipolar Research Fund
at the
University of Michigan
Depression Center

PRECHTER BENEFIT WILL SHOWCASE ACCLAIMED DOCUMENTARY OF A LIFE TOUCHED BY BIPOLAR DISORDER

An acclaimed documentary film chronicling the life of Evan Perry and his struggles with bipolar disorder – tragically ending with his suicide at the age of 15 – is the centerpiece of the Heinz C. Prechter Bipolar Research Fund's primary fundraiser for 2012.



The March 11 benefit event at the Michigan Theater in Ann Arbor will feature a screening of the documentary *Boy Interrupted*, an Official Selection of the 2009 Sundance Film Festival at 7 p.m., followed by a panel discussion with filmmaker Dana Perry (who is also Evan's mother), students, and researchers affiliated with the Depression Center.

Evan's suicide sent his parents looking for answers from experts, friends, and family members, as well as from the reams of video they'd taken of Evan through the years. *Boy Interrupted* recounts Evan's life and death in the words of his parents and others who knew him. Illustrating how one family deals with loss and grief, this moving film confronts the stigma associated with mental illness and suicide among children.

The average suicide rate of children and adults with bipolar disorder is 10 - 20 times that of the general population. The goal of this event is to raise public awareness of the importance of earlier detection and treatment of bipolar disorder to prevent such tragic consequences, and to benefit the Heinz C. Prechter Bipolar Research Fund, where research focuses on improving understanding of this disease and finding more effective and more individualized treatments for those who live with it.

Visit www.prechterfund.org for more information and to purchase advance tickets.

Ticket prices:

- Students and seniors: \$7 in advance, \$10 at the door
- Adults: \$12 in advance, \$15 at the door

Sponsorship of this event is also available at many levels. For tickets, sponsorship opportunities, information, or if you would like to help us spread the word about this event, please contact: Kat Bergman, kbergman@umich.edu, 734-649-5268. We thank Michigan Radio for their media sponsorship of this event.

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