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September 2018

The Most Important Conversation You May Ever Have: Disarming the Power of Suicide

The steady climb of suicide deaths in recent years has galvanized those on the front lines to find new ways to combat it

By Suzanne Gannon

In the span of one week during June, the shining light of two major talents was forever extinguished. Fashion designer Kate Spade, who for more than two decades brought a whimsical practicality to the shoe and accessories scene, committed suicide. Then chef Anthony Bourdain took his life. After a memoir that barged through the swinging door of the bawdy New York restaurant kitchen, Bourdain had transformed himself into an adventurous documentarian of global food culture.

Their vitality and creativity had won Spade and Bourdain fans worldwide. With that fame came the media's relentless coverage of their deaths. The stories revealed unnerving private details as though they were gossip. But rather than underscore the gravity and tragedy of the deaths, many of the accounts had a normalizing, glamorizing effect that Dr. Max Banilivy, a clinical psychologist at the WellLife Network in Hap-paugue, New York, says is extremely counter-productive. This tendency to sensationalize is one of the many aspects of suicide he has worked to dismantle and de-stigmatize.

"The way in which we as a society handle high-profile suicides such as Robin Williams or Marilyn Monroe—[or Bourdain and Spade]—may re-traumatize those family and friends already in shock and nega-

tively activate the population at large. The number of people affected [by a suicide] is incredible."

Convinced that inroads can be made in reaching individuals at risk of suicide, Banilivy has immersed himself in the study and prevention of suicide for more than a decade. He has found that fostering open dialogue in communities, and specifically with at-risk individuals, can produce a chance for successful intervention in the lives of those experiencing agony, torment, and pain.

"There is still ample discrimination [toward suicide]," says Banilivy. "When it comes to suicide, myths and stigma are still prevalent—[that those who take their lives] are crazy or weak, or that they [take] the easy way out."

In April of this year Banilivy offered members of the Mood Disorders Support Group (MDSG) a presentation of safeTALK (Suicide Alertness for Everyone), which he likens to first aid for those who are suicidal. A teaching module designed to disarm that discriminatory mindset while building awareness of the signs of suicidal ideation and planning, it also strives to cultivate communities of individuals who can broach the topic with people in danger without fearing that they'll say the wrong thing and offend the person who's struggling.

Now the tenth leading cause

of death in the United States, suicide has followed a steady upward trajectory for the last 20 years. Forty-four thousand individuals killed themselves in 2015, many of them likely enmeshed in what suicidologists call a complex web of contributing factors including mental- and physical-health challenges, substance abuse, and relationships, as well as setbacks in employment and financial and legal matters.

Even so, Ellyson Stout, director of the Waltham, Mass.-based Suicide Prevention Resource Center, points out that nine out of 10 people who do attempt to kill themselves and survive do not go on to complete suicide at a later date." Their survival makes them effective helpers and advocates for those who are struggling.

"We need to strengthen our mental health system," Stout says. "And we must identify risk in certain settings, put more people in communities who can provide support, and [educate] communities of faith."

Among the steps integral to mitigation, Stout says, are "listening, referring to services, and teaching coping skills."

Becca Finn is a well-known figure at the Mood Disorders Support Group, which is based on peer support. Since the suicide attempt

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The Most Important Conversation You May Ever Have: Suicide

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that left her hospitalized in 2007, she has served on the group's Board of Directors and as a facilitator and site director at MDSG's downtown Beth Israel location.

She describes MDSG as a forum where she could be among others who had experienced the same feelings she had.

"I saw that though my life would not be the same I could still get better, just as others had gotten better."

Painting also helped Finn heal. With oil pastels, she drew her emotions in lively colors and then hung the painting on a wall in her bedroom where she sees it when she wakes up every day. It forces her to pause and realize that she does not really want to end her life.

N.O., another MDSG member who recently began facilitating the under-30 group downtown, says she has found peace and stability in the unique camaraderie among MDSG members. Diagnosed with Borderline Personality Disorder as well as Generalized Anxiety and Panic Disorder, she says the routine of weekly meetings is extremely helpful in giving her some grounding.

When a group member reveals during a meeting that they are grappling with suicidal thoughts, she and the meeting's participants give the person time to express themselves.

"Seeing others move forward from such events depicts a glimpse of the suffering experienced by the individual at the time but most importantly hope for getting through such difficult times," she says.

This kinship is one of the keys Banilivy and Ellyson hope will begin to gain traction in the fight against one of the most serious threats to the nation's health.

"We all need to ask ourselves [these] questions," says Banilivy. "What is anyone [who is] considering suicide looking for from us? In other words, do we know what they may find helpful in order to save their own life?"

Resources:

National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

<https://www.bethe1to.com/bethe1to-steps-evidence/>

<https://www.welllifenet.org/what-we-do/communitly-awareness-and-education/suicide-prevention>

<http://www.sprc.org/comprehensive-approach/postvention>

Trevor Lifeline at 1-866-488-7386 (LGBTQ+)

The author's work has appeared in The New York Times, The Wall Street Journal, and elsewhere. She discovered MDSG in 2013 and has benefited ever since.

New Books

Kandel., Eric R. [The Disordered Mind: What Unusual Brains Tell Us About Ourselves.](#) Farrar. 2018. 304p.

Nobel Prize winner Kandel explores topics such as autism, depression, bipolar disorder, schizophrenia, dementia, post-traumatic stress disorder, and addiction as they relate to brain function.

Lerner-Wien, Ginger. [Court of Refuge: Stories from the Bench of America's First Mental Health Court.](#) Beacon. 2018. 208p.

The author pioneered the first such court. This book records her judicial and professional advisory experience.

Roth, Alisa. [Insane: America's Criminal Treatment of Mental Illness.](#) Basic. 2018.. 320p.

Includes a history of U.S. mental health care.

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All information in the newsletter is intended for general knowledge only and is not a substitute for medical advice or treatment for a specific medical condition.

Researchers have distilled intervention into five discrete steps:

ASK

KEEP THEM SAFE

BE THERE

CONNECT THEM TO HELP

FOLLOW UP