CONNECTIONS

NAMI Maryland

National Alliance on Mental Illness

Dedicated to improving the quality of life for those affected by mental illness/brain disorders • www.namimd.org

This issue: **Suicide**

January 2016

According to the Center for Disease Control, each year more than 41,000 individuals take their own lives, leaving behind thousands of friends and family members to navigate the tragedy of their loss. Suicide is the 10th leading cause of death among adults in the U.S. and the 3rd leading cause of death among people aged 10-24.

Research has found that about 90% of individuals who die by suicide experience mental illness. A number of other things may put a person at risk of suicide, including:

- A family history of suicide.
- Substance abuse: Drugs and alcohol can result in mental highs and lows that exacerbate suicidal thoughts.
- Intoxication: More than 1 in 3 people dying from suicide are found to be currently under the influence.
- Access to firearms.
- A serious or chronic medical illness.
- Gender: more women attempt suicide, but men are 4 times more likely to die by suicide.
- A history of trauma or abuse.
- Prolonged stress.
- Isolation.
- Age: People under age 24 or above age 65 are at a higher risk for suicide.
- A recent tragedy or loss.
- Agitation and sleep deprivation.

Suicidal thoughts or behaviors are both damaging and dangerous and are, therefore, considered a psychiatric emergency. Someone experiencing these thoughts should seek immediate assistance from a health or mental health care provider. Having suicidal thoughts does not mean someone is weak or flawed. Recognizing the warning signs of suicidal thinking and behavior is, sadly, too often seen clearly from hindsight. Anyone who lives with, works with, or is friends with adults and young people with emotional issues should be aware of signs related to a suicidal syndrome. If you know what to look for, you can act from a position of preventive awareness.

It is important to remember that one warning sign may not be a clear indication of the potential for suicidal behavior. On the other hand, the presence of even a few warning signs may indicate a pattern of human behavior that needs the help of a trained mental health professional. We offer more information about getting help for a loved one who is in a mental health crisis at http://www.namimd.org/resource_center.
Practical information, including warning signs of crisis and caring for yourself and others, is included in this newsletter.

Can Thoughts of Suicide Be Prevented?

Mental health professionals are trained to help a person understand their feelings and can improve mental wellness and resiliency. Depending on their training, they can provide effective ways to help. Psychotherapy, such as cognitive behavioral therapy and dialectical behavior therapy, can help a person with thoughts of suicide recognize unhealthy patterns of thinking and behavior, validate troubling feelings, and learn coping skills. Medication can be used if necessary to treat underlying depression and anxiety and can lower a person's risk of hurting themselves. Depending on the person's mental health diagnosis, other medications can be used to alleviate symptoms.

More: https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Suicide#sthash.vUsUKBGV.dpuf

Are women or men at higher risk for suicide?

- Suicide was the 7th leading cause of death for males and the 16th leading cause of death for females in 2006.
- Almost 4 times more males than females die by suicide.
- Firearms, suffocation, and poison are by far the most common methods of suicide, overall. However, men and women differ in the method used.

Is suicide common among youth?

Suicide was the 3rd leading cause of death for young people between ages 15 and 24 in 2006. In that year, young people died by suicide in these age groups at these rates:

- Children ages 10 to 14 -- 1.3 per 100,000
- Adolescents ages 15 to 19 -- 8.2 per 100,000
- Young adults ages 20 to 24 -- 12.5 per 100,000

There were also gender differences in suicide among youth:

- 4 times more males than females ages 15-19 died by suicide.
- 6 times more males than females ages 20-24 died by suicide.

Are older adults at risk for suicide?

Older Americans are disproportionately likely to die by suicide.

- For age 65 or older, 14.2 per 100,000 died by suicide in 2006, higher than the national average of 10.9 suicides per 100,000 in the general population.
- Non-Hispanic white men age 85 or older had an even higher rate, with 48 suicide deaths per 100,000.

Excerpted: National Institute of Mental Health nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention

Warning Signs

Warning Signs of Suicidal Thinking in Adults

Cognitive (Thinking)
- Loss of interest in activities previously enjoyed (friends, sex, hobbies)
- Worry about money or illness (real or imaginary)
- A negative life view; lack of belief in a better future
- Loss of previously held religious faith or spirituality

Affective (Feeling)
- Prone to mood swings, depressive syndrome
- Self-blaming, guilt
- Fatalistic

Behaviors (Acting)
- Changes in behavior: can't concentrate on responsibilities, work, routine tasks
- Change in sleep pattern: oversleeping or insomnia, sometimes with early waking
- Change in eating habits: loss of appetite/weight, or overeating
- Increase in drug or alcohol abuse
- Making plans for suicide; giving away favorite things
- Oral statements, writings, or drawings about suicide
- Agitation, hyperactivity, restlessness may indicate masked depression
- Non-compliance with anti-depressive medications

Crisis or Chronic Situations
- Recent loss of a loved one through death, divorce, separation, broken relationship
- Loss of job, money, status, self-confidence, self-esteem
- Major health crisis (e.g., diagnosis of HIV, cancer, etc.)
- Previous suicide attempts or gestures without effective interventions
- Presence or suspicion of undiagnosed or untreated depression
- Presence of other chronic mental health problems leading to suicidal thinking.

Any person exhibiting these behaviors should get immediate care:

- Putting their affairs in order and giving away their possessions
- Saying goodbye to friends and family
- Mood shifts from despair to calm
- Planning, possibly by looking around to buy, steal or borrow the tools they need to commit suicide, such as a firearm or prescription medication

If you are unsure, a licensed mental health professional can help assess risk.

See Crisis information on page 3.

Warning Signs of Suicidal Thinking in Youth

Cognitive (Thinking)
- Rigid thinker, sees in black or white, either/or
- Perfectionist, no shades of gray, right or wrong
- May have the presence of a learning disability
- Impulsive (poor problem solver, wants problems to "just go away")
- ADHD (Attention Deficit Hyperactive Disorder)
- External locus of control, *i.e.,* overly focused on the approval of others
- Focused on negatives

Affective (Feeling)
- Prone to mood swings, depressive syndrome
- Self-blaming, guilt
- Fatalistic
- Alienated from others
- Extremes of Sadness, Anger, Anxiety
- Helpless (to solve a bad situation)
- Hopeless (for the future)
- Alone (perceives no support from others, especially family)

Behaviors (Acting)
- Involved in illegal behaviors or frequent school behavior problems
- Grades decline or actual school failure
- Suicide (possibly also a death) of a loved one
- Poor communication skills
- Loner, "friends" are merely acquaintances
- Giving away a prized possession
- Gender orientation issues
- First experience of a major loss or setback
- Verbalizing or writing or drawing about suicide
- Changes in behavior, *i.e.,* poor concentration, indecision
- Dramatic changes in sleep patterns, eating habits
- Major changes in personality—withdrawal, explosive anger, apathy
- Spike in substance abuse or alcohol usage
- Previous suicidal gestures or attempts

Crisis or Chronic Living Situations
- History of depression or depression in the family
- Experienced a public embarrassment, often a rejection by a loved one
- Incarceration
- Setback in a major life goal
- Conflict-ridden divorce of parents
- Abuse (physical, sexual, or mental injury)
- Living in a household in which there is a gun
- Victim of intense bullying behavior, physical or cyber-related
- Victim of homophobic personal attacks

What to Ask and What to Do

WHAT TO ASK

Fear of suicide can plague relatives and friends of a person with a mental illness. A common misconception is that talking about suicide may give someone the idea. The opposite is true. To find out if a person is seriously considering suicide, ask the following questions in the same order:

1. **Have you been feeling sad or unhappy?**
2. **Do you ever feel hopeless? Does it seem as if things can never get better?**
3. **Do you have thoughts of death?**
   "Yes" indicates suicidal wishes but not necessarily plans.
4. **Do you ever have any actual suicidal impulses? Do you have any urge to kill yourself?**
   "Yes" indicates an active desire to die: This is very serious.
5. **Do you have specific plans to kill yourself?**
   If the answer is "yes," ask about their specific plans. What method have they chosen? Hanging? Jumping? Pills? A gun? Have they actually obtained the rope? What building do they plan to jump from? Although these questions may sound grotesque, they may save a life. The danger is greatest when the plans are clear and specific, when they have made actual preparations, and when the method they have chosen is clearly lethal.
6. ***When* do you plan to kill yourself?**
   If the suicide attempt is a long way off (say, in 5 years), the danger is clearly not imminent. If they plan to kill themselves *soon*, the danger is grave.
7. **Is there anything that would hold you back, such as your family or your religious convictions?**
   If they say that people would be better off without them, and there are no deterrents, suicide is much more likely.
8. **Have you ever made a suicide attempt?**
   Previous suicide attempts indicate that future attempts are more likely. Even if a previous attempt did not seem serious, the next attempt may be fatal.
9. **Are you willing to talk to someone or seek help if you feel desperate? Whom would you talk to?**
   If the suicidal person is cooperative and has a clear plan to reach out for help, the danger is less than if they are stubborn, secretive, hostile, or unwilling to ask for help.

It can be a great relief to bring the question of suicide into the open and discuss it freely, without showing shock or disapproval. Raising the question of suicide shows you are taking the person seriously and responding to the potential of his or her distress.

If you or someone you know is in an emergency, call The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or call 911 immediately.

CALLING FOR HELP

If the individual is not in immediate danger but intervention is required, try to persuade the individual to accept voluntary mental health crisis services or to go voluntarily to the emergency room. ***If they are not willing, and if you do not have immediate safety concerns, call the mental health treatment provider or the local crisis hotline first. It helps to have a crisis plan in place. Have these phone numbers handy ahead of time:***

- Your local county mental health crisis number
- ***Maryland*** Crisis Hotline & Maryland Youth Crisis Hotline
  1-800-422-0009 all ages
- ***USA National*** Suicide Hotlines
  1-800-SUICIDE/ 1-800-784-2433
  1-800-273-TALK/ 1-800-273-8255

911 CALLS

Call 911 if you are concerned for your or another's immediate safety: if the individual refuses to accept voluntary mental health crisis services and is in immediate danger of committing suicide.

911 workers usually input the caller's information (sometimes asking questions); the basic information is sent to the area dispatcher who will read what is typed to the officer answering the call. ***It is important to quickly and concisely provide useful information that will ensure the safety of all involved.***

WHAT TO TELL THE 911 OPERATOR

- *Ask if an officer trained about mental illness is available*
- Your relationship and that the person appears suicidal (current problematic behavior)
- The diagnosis; whether the individual is in treatment NOW; what medications?
- History of alcohol or street drugs? Currently? Which?
- Any history of self-harm? Any history of violence toward others? Specific people or types?
- Access to weapons or history of use (knives, broken glass, etc.) Weight training?
- Any known triggers to avoid
- Age, height, weight
- Preference of hospital (this can *sometimes* be accommodated)

AT THE SCENE

If more than one person is available, it is important that one stay with the symptomatic person and the other meet the officer(s) away from the symptomatic person (if at all possible, outdoors). Explain what is happening RIGHT NOW, repeat the information given to dispatch (see checklist) and anything that has changed since you called. Explain how the symptomatic person reacts to multiple officers. *Always expect two or more officers as this is police procedure to protect officers and the public. For more information about working with police, see http://www.namimd.org/uploaded_files/425/FINAL_USE_Criminal_Justice_Newsletter_2015.pdf.*

After a Suicide Attempt

After You Have Considered Suicide

Today may feel like the hardest day of your life. You have seriously thought about or perhaps attempted to end your life. You may be exhausted. A common experience after surviving a suicide attempt is extreme fatigue. You may be angry. You may feel embarrassed or ashamed.

The attempt itself, the reactions of other people, transportation to and treatment in an emergency department or other healthcare facility—all these can be overwhelming to you right now. But, recovery is possible and all the feelings you are probably experiencing right now can get better.

MOVING AHEAD & COPING WITH FUTURE THOUGHTS OF SUICIDE

Recovery from the negative thoughts and feelings that made you want to end your life is possible. You may get to a place where you never have thoughts of suicide again and you can lead a happy, satisfying life. You may also learn to live with these thoughts in a way that keeps you safe. After you leave the hospital there are several things you can do to help in your recovery. It may feel hard and overwhelming right now, but over the next few days following these tips will help turn things around.

CREATE A SAFETY PLAN

You and your doctor, or other licensed therapist, should work together to develop a safety plan to help reduce the risk of a future suicide attempt. When creating a safety plan, be honest with yourself and your doctor to ensure that the plan meets your needs and that you feel comfortable with it. Although everyone's safety plan is different, some common things that may be in your plan include: signs that may indicate a return of suicidal thoughts or feelings and what to do about them; when to seek additional treatment; and contact information for your doctor, therapist, or a trusted friend or family member. Keep a written copy of your safety plan nearby so you can refer to it as needed.

BUILD A SUPPORT SYSTEM

This is a key part of recovering from a suicide attempt and preventing another one. It is very important that you have at least one person in your life who can be your "ally." This must be a person you trust and can be very honest with—especially if you start to have thoughts of ending your life again. Family members or a close friend can serve this important purpose. A member of the clergy, mentor or colleague could also be helpful to you at this time. Having more than one ally can be a great asset, as well. Keeping your ally informed about your thoughts, feelings and wishes can help in your recovery and may help prevent another suicide attempt. You will have to be honest with yourself and with your ally to make this work. Even when you are feeling alone, always remember that there are people in your life who care about you a great deal and are willing to help.

LEARN TO LIVE AGAIN

When you are recovering, the world can look like a pretty bleak place. It may take a little while before your life starts to feel comfortable again. One thing you can do to help is to get back into a routine. Eat at regular times, exercise regularly, and go to sleep and get up at the same time each day. Try to join in your usual activities, as much as you can at first, and build in more with time. If you continue to have thoughts of suicide, reach out for help immediately and contact your ally, a doctor, or a crisis hotline. Listen closely and carefully consider the support and advice you receive. Again, it is very important to be honest with yourself, your doctor or others about your feelings so that you get the best possible care. Sometimes being under pressure and having thoughts of suicide can make it difficult for you to make the best decisions, and at those times, other people may have a more realistic view of your situation than you do. Your ally can help you work through these confusing and isolating thoughts and feelings and can help keep you safe.

Excerpted from NAMI, Moving Ahead After Your Treatment in the Emergency Department

After a Relative Attempts Suicide: What You Need to Know

It is devastating to have a suicidal family member and to live with the feelings that go with this kind of traumatic anxiety. These are some important points on how to take care of yourself and your family member following a suicide attempt.

Do not be concerned if you are flooded with feelings of anger that your relative could have done this to you and could want to leave you. Those feelings are normal but need to be let go for your sake and the sake of your relative. Don't let them overshadow the positive principles to follow.

Make safety a priority for your relative recovering from a suicide attempt. Research has shown that a person who has attempted to end his life has a much higher risk of later dying by suicide. Safety is ultimately an individual's responsibility, but often a person who feels suicidal has a difficult time making good choices. As a family member, you can help your loved one make a better choice while reducing the risk.

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After a Relative Attempts Suicide *(continued from pg. 4)*

REDUCE THE RISK AT HOME: To help reduce the risk of self-harm or suicide at home, here are some things to consider:

- Guns are high risk and the leading means of death for suicidal people—they should be taken out of the home and secured.
- Overdoses are common and can be lethal—if it is necessary to keep pain relievers such as aspirin, Advil and Tylenol in the home, only keep small quantities or consider keeping medications in a locked container. Remove unused or expired medicine from the home.
- Alcohol use or abuse can decrease inhibitions and cause people to act more freely on their feelings—as with pain relievers, keep only small quantities of alcohol in the home, or none at all.

CREATE A SAFETY PLAN*:* Following a suicide attempt, a safety plan should be created to help prevent another attempt. The plan should be a joint effort between your relative and his or her doctor, therapist or the emergency department staff, and you. As a family member, know your relative's safety plan and understand your role in it, including:

- Knowing your family member's "triggers" such as an anniversary of a loss, alcohol, or stress from relationships.
- Building supports for your family member with mental health professionals, family, friends, and community resources.
- Working with your family member's strengths to promote his or her safety.
- Promoting communication and honesty in your relationship with your family member. Until you know the safety plan and feel comfortable with the plan, it is best not to have your relative return home. Remember that safety cannot be guaranteed by anyone—the goal is to reduce the risk and build supports for everyone in the family.

It should be noted that although our topic is suicide, it is not meant to burden family members with the awesome responsibility of always keeping our loved ones safe. A long term caretaking role of this nature would not only cause permanent stress, anxiety, guilt and grief, but would threaten the family's happiness and stability. As family members we cannot prevent a loved one's suicidal ideation any more than we can prevent their mental illness. However, the education provided in this newsletter will hopefully make supporting and caring for our family member less overwhelming.

MAINTAIN HOPE AND SELF-CARE*:* Acting to keep ourselves clear of danger is the highest form of self-care. We are really saying we have no intention of letting mental illness rob us of our life, and, if that danger looms, we are ready to separate ourselves from this threat. Families commonly provide a safety net and a vision of hope for their suicidal relative, and that can be emotionally exhausting. Never worry alone—get support from NAMI and friends, and get professional input whenever possible. You do not have to travel this road alone.

PLAN: In dealing with crises (critical periods), it is essential to set limits on psychotic behavior and to have a plan for enforcing your absolute limits. You need to decide on the specific consequences beforehand, and you need to be prepared to back them up.

GET HELP: You must get help! No one can handle these devastating crises alone. Your plan should always involve other family members, public authorities, crisis workers, and professional assistance—notified **ahead** of time, if possible. Call the local Crisis Hotline.

TRUST YOUR INSTINCTS: If you are worried about violence or suicide, you can bet something is building up and that events are overwhelming your relative.

VOCALIZE YOUR CONCERNS: You can't keep your head in the sand about violence and suicide. You have to speak about these fears directly and openly to your relative/friend. You must show your reaction to these dangers. Tell him his behavior is making you feel afraid; ask point blank if he is contemplating suicide. In a crisis, candor is **essential**. It reduces tension, "detoxifies" secret plans, and lets a lot of air into a sealed off, turbulent mind.

SHOW RESPECT: Even though your relative/friend is "scaring you to death" or making you angry, you need to approach him with respect. All good crisis intervention is calm, purposeful, and respectful.

ACT TO PROTECT YOUR LOVED ONE: This is the highest form of caring for them, even if it involves forced or involuntary commitment. And it is a difficult paradox to deal with: To keep them safe, we must let them go; even if they hate us for "locking them up," even if they break ties with us, we must move decisively to insure their well-being. We cannot hang back because we think they will no longer love us. Mental illness can put people in mortal danger. In this situation, love **acts**!

Excerpted from the NAMI Family-to-Family Education Course and the NAMI Family Guide for Your Relative in the Emergency Department

My Story: Finding Help after a Suicide Attempt

Looking back, I believe my suicide attempt was an attempt to find a solution to a seemingly insurmountable problem. Because of my own secrecy and feelings of shame over my problem, I felt there was no way out of the vicious cycle of starving and binging I had found myself in. So I was seeking a solution to my predicament and also crying out for help.

Perhaps I could have shared more of my inner feelings of being lost. I might have gotten counseling before things got so very out of hand. *Perhaps* if my sisters had broached my vacillations in weight and asked me if everything was ok, perhaps - and just *perhaps* - I'd have admitted something was drastically wrong.

Perhaps if my parents had asked more detailed questions about my life in California: Had I made any friends? How did I spend my days? Then ***perhaps*** I would have been a bit less secretive.

Perhaps if my parents had demanded more accountability with the rent money they were sending me while I was attending college. *Perhaps* they could have asked for grade transcripts. *Perhaps* my problems would have been more difficult to hide. ***But there is really no way to know, and truly there is no blame.***

What definitely wouldn't have helped and what would have in fact hurt would be if my family had dismissed my feelings as being 'irrational' or 'a passing phase.' Feelings can be irrational but they are serious and relevant nonetheless.

Fortunately, after my suicide attempt, I was received with loving arms by my family. They helped me find the counsel I needed in the way of a skillful psychiatrist. Through weekly psychotherapy sessions I was able to learn to identify and talk about problems in a way that fills my needs and is meaningful to me.

My suicide attempt was indeed a call for help. And it got me what I could not find on my own: a way out of seemingly insurmountable problems. You see, I could explore problems with my life guide, and that—thanks to my family once they recognized the depth of my emotional distress—was exactly what the doctor ordered. *-Anonymous*

It Happened in My Family: Two Stories

Working in the mental health field, I had always thought that my family and friends knew that they could talk to me when they felt isolated or were suffering. When I found out that my cousin had committed suicide, I was completely shocked and upset – we spent all our holidays together and he had not shown any signs of depression. He had a quirky personality and always seemed upbeat, throughout childhood and into adulthood. In fact, we were all more worried about the mental health of his younger sister. In hindsight, however, there were many little signs that we should have inquired more about: making sure he was doing okay after he lost his job and his parents divorced, wondering about the multiple car accidents he got into in the middle of the night, and probably more. We never imagined it would lead him to put a gun to his head at age 25. It is something he planned very deliberately, over an extended period of time.

Even more troublesome was the backlash from my own extended family, which perpetuated the stigma against mental health in the South Asian community. Some family members expressed that they believed that suicide was an immature action and that people with mental illness should show more resilience. Hasty and immature are not the first words I would pick for suicide victims. Isolated and suffering would be the first words I jump to. Our family Thanksgiving should have been a time to celebrate him; instead, we avoided mention of him as a "controversial topic," since there was such a strong divide between those who understood mental health and those who could not comprehend its intricacies.

Knowing that we did not catch the symptoms of my cousin's depression soon enough will always eat at me. But I am writing this piece because I hope to use my experience as a catalyst of deliberate action of reaching out to others — especially in minority communities where mental health issues are stigmatized — to ensure that the trend of suicides every 12 minutes in America does not continue. Moving forward, I plan to extend more compassion to anyone and everyone, to create safe spaces for conversations about these struggles. Mental health problems are by no means character flaws or moral weaknesses - it should not be a source of shame. Moreover, my cousin's memory and how his suicide was preventable gives me more purpose in my work in integrating mental health care into primary care. I can only hope to make a meaningful difference by continuing to educate my communities about the realities of mental illness.

- Smita Bhattacharya

In 1988, I was a 25-year-old newlywed, totally in love with my handsome, gregarious husband Andy, and the new life we had together in Minneapolis. I had heard stories of past depressive episodes in Andy's life from him and his family, but all the excitement of our courtship, wedding, and new home kept him very upbeat and happy.

A couple of months into our marriage, I was starting to see cracks in our happy life together. While Andy was charming and a born salesman, he struggled to make his quota in his position selling cars and lost his job. This event, understandably, knocked the wind out of Andy's sails and I saw the first hints of the depression he worked hard to hide. But we were still running on a high of new marriage, and Andy bounced back fairly fast and found a new job selling insurance.

As time went on, I saw Andy's mood swing back and forth between the happy guy I thought he was and a darkness and rage that he worked hard to push back. We spent more than we should and our money was tight. While I was always optimistic that we could work our way out of our financial jam, Andy was stressed and frustrated.

One night I came home from work to find Andy surprisingly excited and upbeat. He had a date night planned, and I was very

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It Happened in My Family *(Continued from page 6)*

happy to be with the sociable man I had married. We had a great night, and I went to bed thinking we had turned the corner in working together to fix our issues. Unfortunately, what I found out later was that his happiness that night may have been from figuring out how he could feel better, and this was his way to say good bye to me.

When I went to work the next day, Andy was in a good mood. I was more relaxed than I had been in a long time. Coming home that night, however, I walked into the very worst experience of my life. Andy was lying dead in the hallway outside of our bedroom. He had shot himself in the chest with a rifle that I never knew he had. He had seen taking his own life as the only way to release himself from the pain he was in—pain that he could never talk to me about.

The horrible days, weeks, and months that followed that awful day are now a blur to me, but I do remember how lucky I was to have two families supporting me. My father stood by me as I reached out to Andy's boss and found out that he had lost his insurance job a month before and never told me. He helped me pay bills that I didn't know were in arrears because Andy had never told me. My husband had kept all of this stress and despair inside and never told me how bad things were. I felt so stupid then and still do now for not knowing what was going on. My mother was terrified that I would follow Andy's action and take my own life as well. But that thought really never crossed my mind, no matter how much my heart hurt.

Despite how brokenhearted Andy's family was, they never let go of me. They included me in everything they did to remember him. They found an amazing grief counselor, "Dick" who met with us as a group and then with us individually. I did not want to go. I had no desire to talk about what happened. I just wanted to bury my feelings and get away from the hurt of it all. But Andy's family had benefitted from mental health counseling and knew how important it was to talk through feelings. They insisted that I attend sessions with them as a family and later on my own as I worked through my feelings. I will always be grateful that they didn't let me skip this incredibly important step towards recovery from such a traumatic event.

Meeting with Dick gave me a safe place to deal with the pain of what Andy had done. He showed me that it was okay for me to be angrier than I had ever been in my entire life and that it was okay to eventually feel happy again, something I couldn't comprehend in the immediate days after Andy's death. He told me that, while I saw my tears as "breaking down", the release of my feelings was actually the first step towards putting myself back together again. I attended weekly sessions with him for months and then moved on to a young widows group that he put together. We all stayed together for over a year and even eventually attended each other's weddings when we found love again. Dick was instrumental in helping us all move on with our lives at a time when we absolutely didn't think it was possible. I am thankful that Dick came into my life at its very worst and, with his counseling, helped me figure out where to go from there.

Now 27 years later, I am still forever connected to Andy's family. They have never let me go, even when I remarried, and I am always grateful for that connection. With them, I can speak of the man we all love and miss and can remember the good times. We never talk about Andy's death or question why he killed himself any longer. Those questions will never be answered. But I have been able to go on to have a happy life remembering him and knowing that I can go on. *–Anonymous*

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http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

FREE publications can be found at

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☐ Please contact me about NAMI volunteer/donation opportunities.

☐ I will go with NAMI to educate policymakers about mental illness (training offered)

NAMI Maryland is a non-profit 501(c)(3) organization. Contributions are tax deductible to the extent allowable by law. *A copy of our current financial statement is available upon request. Documents and information submitted to the State of Maryland are available from the Secretary of State for the cost of copying and postage.*