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Suicide: Out of the darkness

It was seven years ago, David Threatt recalls, on July 19, 2003 to be exact.

His marriage was falling apart, bills were mounting, and the feeling of failure was overwhelming.

"I had just turned 30," Threatt remembered. "That's the end of the world at 30."

He said he was disappointed in himself and had higher expectations than he had achieved. He began to pull away from friends.

Looking back, Threatt, now 37, recognizes that he was depressed and had been for a while, but did not realize the seriousness of his problem.

He admits he did not plan on dying that day. "It wasn't anything I thought about," he said. "Even then I didn't think that was how the day would end. "I just wanted to go to sleep."

As is the case with many African Americans, Threatt never received treatment for his depression.

Sean Joe, Ph.D., LMSW, an associate professor of social work at the University of Michigan Ann Arbor, focuses his research on suicide among blacks.

Joe cautions that growing up in America is different now. "There is more acceptance of suicide if life is bad," he said. "Attitudes are different. We are becoming one America."

This is a change in the once highly held theory that blacks were able to cope even under the most dire situations. "Resilience has been part of the black experience," Joe said.

David Threatt (left) says that if he had succeeded in his suicide attempt, he would not be here for his children, Genesis (middle), now 8 and Isaiah, now 12. (Photo courtesy of David Threatt)

The role of faith was prominent. Suicide was taboo.

But younger blacks might not have that sense of belonging and strength. "Young blacks blame themselves when things go wrong," said Joe. "They think things happen because of them."

Experts have offered a range of theories on the increased risk of suicide among black males ages 15 to 24. Increased access to guns and prescription drugs are two of them, as is the higher incidence of psychiatric disorders.

Dr. Alvin F. Pouissaint, a child psychiatrist and director of the Media Center of the Judge Baker Children's Center, co-authored a book on black suicide with journalist Amy Alexander.

Both had experienced a suicide in their family — one quick and direct, the other drawn out. Pouissaint talks about "slow suicide" — self-destructive behavior that can accompany depression, substance abuse and other high-risk behaviors, including gang activity.

For Threatt, things fell apart after one night of drinking and smoking marijuana. "I got into a paranoid state," he said. "I was anxious and confused. I couldn't figure out what was going on."

His unintelligible telephone calls to friends prompted them to check on him and eventually call his mother. She came and never left his side. She even accompanied him to work the next day, which only escalated his paranoia.

"Why is she here?" he wondered aloud, giving voice to some grand conspiracy against him.

That is when his mother insisted that he return to her house.

And that's where it started.

Threatt could not sit still and paced back and forth despite his mother's pleas for him to sleep. Instead of helping, those words — and in particular the use of the word "sleep" — triggered his self-destruction.

His thoughts turned to his grandfather who had recently died in his sleep. "It seemed so peaceful," Threatt thought. "No pain, no suffering. You just don't wake up."

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The tough road for those left behind

Since her husband's suicide in 2007 Nepherterra Estrada (left) participates in the Out of the Darkness Overnight, an 18-mile walk sponsored by the American Foundation for Suicide Prevention. (Photo courtesy of the American Foundation for Suicide Prevention)

Life was good for Nepherterra Estrada. Married to a well-respected pediatrician, Estrada had recently launched her own public relations firm and the couple lived in a distinguished section of Milwaukee.

All of that came to a sudden halt. With little or no warning, Dr. Martin Luther Skala killed himself.

It's been three years since her husband's death and Estrada is doing the best she can. "I thought my life was over," she said. "I wanted to crawl into a closet and die."

She compared herself to Hester Prynne, a character in Nathaniel Hawthorne's "A Scarlet Letter," who was forced to bear the letter "A" for adultery. "I felt as a widow, there was a big 'S' [for suicide] on my chest."

Of all the leading causes of death, suicide is considered to be the least understood and least publicly discussed.

But the numbers are astonishing. An estimated 91 suicides occur every day — or one every 15 minutes. In Massachusetts alone, there are about three suicides for every one homicide.

That ratio mirrors national statistics. While homicides in 2006 accounted for more than 18,000 deaths, the U.S. Centers for Disease Control and Prevention (CDC) reported that the number of suicides was almost double at 33,000.

More troubling is that suicide is the eleventh most common cause of death for all ages. But for those between the ages of 15 and 24 years old, it is the third.

And those numbers are for those who actually kill themselves. The number of failed attempts is equally significant. For every one suicide, there are as many as about 25 failed attempts. In 2007 almost 400,000 people across the country were treated in emergency rooms; an additional 166,000 people were hospitalized for self-inflicted injuries.

Though the rate of suicide in blacks is roughly half that of whites, recent statistics demonstrate a troubling trend. For reasons not fully understood, during a 15-year period between 1980 and 1995, the suicide rates for black youths ages 10 to 19 years old increased 114 percent, the CDC reported.

The youngest were hit hardest. For blacks between the ages of 10 and 15, the suicide rate increased 233 percent. That is compared to a 120 percent jump in whites of the same age range.

Though the suicide rate for young black males has leveled off in recent years, they remain at high risk. Black high school students fared poorly in the recent Youth Risk Behavior Survey. Almost eight percent had made a suicide attempt, 10 percent had made a suicide

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Suicide: A preventable loss of life

Wrestling with financial hardships. Losing loved ones to divorce or death. Grappling with mental health issues, alcoholism and drug abuse. Tough realities like these can make people question whether life is worth living.

Thankfully, such feelings are fleeting for many people. Yet others seem to sink deeper and deeper down, sometimes reaching a place where suicide appears to be the only escape from their problems.

It's not always possible to prevent suicide, but sometimes it is. Learning the signs of depression and other factors that make suicide attempts more likely may help you save a life — that of a loved one, or possibly even your own.

"If someone you know talks about suicide, especially if he or she is depressed, take it seriously. Odds are high that this is not just a bid for attention," says Dr. Jan Cook, medical director at Blue Cross Blue Shield of Massachusetts. "Urge that person to get help, or even take steps to find help by making the first phone call. You can also make a confidential call to a local helpline like Samitaritans, Inc. or the National Suicide Prevention Lifeline, which are available 24 hours a day, seven days a week (see back page)."

Who commits suicide?

While suicide cuts across lines of age, ethnicity and gender, it affects some groups more than others. In 2006, suicide claimed 33,300 lives, reaching number 11 in leading causes of death for all Americans. Usually, the highest suicide rate occurs among people ages 80 or older. That may be shifting, however. This spring, a U.S. Centers for Disease Control and Prevention (CDC) survey of violent deaths in 16 states during 2007 found middle-aged people, 45 to 54, had the highest rate of suicide.

When considering ethnic and racial backgrounds, American Indians, Alaska Natives and whites are most likely to commit suicide. Asian and Pacific Islanders, non-Hispanic blacks and Hispanics have lower rates, but rates among blacks are increasing. While women attempt suicide three times as often as men do, almost four times as many males as females actually die this way. Guns, suffocation and poisoning through overdoses of medications are the most common means of death. And for every death by suicide, experts estimate there are 12 to 25 attempts that don't prove fatal.

The impact of depression

Nine out of 10 people who commit suicide have suffered from depression and other mental disorders, or struggled with substance abuse, or both. Brain chemicals called neurotransmitters may also affect risk for suicide, according to some studies. Lower levels of serotonin have been found in people with depression, impulse disorders and a history of suicide attempts, as well as in the brains of people who have killed themselves.

Sad moods occasionally affect us all, but depression can last for weeks or months on end. While you may intuitively know some signs of depression, others, like marked changes in sleep or appetite, irritability or agitation are less obvious.

The National Institute of Mental Health lists the following signs and symptoms for depression:

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in once-enjoyed hobbies and activities
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early–morning wakefulness or excessive sleeping
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

Clearly, not everyone who is depressed commits suicide. Yet depression plays a major role in suicide and should be taken seriously. Even when suicide is unlikely, depression has a big impact on quality of life and health. Getting treatment for it is important.

Reduce the risk

Medicine, therapy and exercise can do a great deal to relieve depression. If you are depressed, talk to your doctor or visit AHealthyMe.com on the Blue Cross Blue Shield of Massachusetts website for more information. For helpful quizzes and tools go to the section on depression. Urge loved ones who are depressed to get help, and if necessary, help them reach out to get assistance.

Often a combination of medicine and therapy can turn the tide. A type of psychotherapy known as cognitive therapy shows promise in helping to prevent suicide, at least among people who have made attempts. In such cases, cognitive therapy encourages people to consider other possible actions when suicidal thoughts crop up. Research shows cognitive therapy halved the number of repeated attempts at suicide over the course of a year of follow-up.

People who have certain mental health disorders may benefit from other types of therapy. For example, dialectical behavior therapy, which teaches behavior skills, cut suicide attempts by half in people with borderline personality disorder, when compared to other types of therapy.

Additionally, addressing underlying problems like substance abuse and mental health disorders may well lessen risks for suicide. Alcohol, for example, was a factor in roughly a third of suicides reported in the CDC survey (and almost two-thirds of those people tested above the legal limit for blood alcohol concentration).

Depression can be successfully treated, and suicide can often be prevented or avoided with the right treatment. Don't be afraid to seek help or reach out to someone else in need — you may possibly save a life, maybe even your own.

Need more information? It's a call or click away ...

American Foundation for Suicide Prevention
www.afsp.org • 888-333-AFSP (2377)

National Organization for People of Color against Suicide
www.nopcas.com • 202-549-6039

American Association of Suicidology
www.suicidology.org • 202-237-2280

Suicide Prevention Action Network (SPAN) USA
www.spanusa.org • 202-449-3600

Centers for Disease Control and Prevention
www.cdc.gov/ViolencePrevention/suicide
800-232-4636 (CDC-INFO)

Summer sun, happy days.

Studies show that depression can be at its worst in the spring, after months of winter gloom. The good news: spring is over.

Summer is here, the weather is warming, and it's the perfect time of year to feel good about life.

So go visit friends, walk through an urban garden, have a cookout, let the sun warm your face, and feel healthy.

MASSACHUSETTS

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Questions & Answers

Xenia H. Johnson, M.D.
Director, Community Minority Affairs for Psychiatry
Cambridge Health Alliance

1. Is suicide a problem in the black community?

Yes. The rate of suicide deaths has been increasing in the black community since the 1990s. While depression is the major predictor of suicide universally, risk factors for depression are not the same from community to community. Factors such as income, education, employment, as well as fire arm possession and substance abuse put blacks at much higher risk of suicide.

2. What age groups are more susceptible to suicide?

Suicide is the number three killer of African American youth between the ages of 15 and 24 and more prevalent in black men over 65 than previously thought. While it is not clear why these age groups are most susceptible research has linked joblessness and social isolation to the high rates of suicide.

3. Why are women less likely to succeed in suicide attempts?

Suicide attempts are common among men and women, although females attempt suicide three times more often than males. A suicide attempt is different from suicide. Much of the time suicide is a solution to a problem, while an unsuccessful attempt is often a means to bring attention to a problem. Women are more open to sharing and tend to be more verbal than men. This serves as one of several factors reducing the lure of suicide as a solution for women. In addition, women have historically had an easier task of developing relationships and as a result are more able to access social resources like federal assistance and other opportunities for help.

4. What is the best course of action if you think someone is considering suicide?

The best course of action if you think someone is considering suicide is to first empathize and then help. Empathy is simply being nonjudgmentally understanding. A statement such as "It must be hard to keep going" or "You are handling a lot right now," goes a long way to pulling someone who is alone with their troubles out of that dangerous lonely place and closer to getting help. Help should be with a counselor, their primary care doctor or the emergency room in situations where suicide is imminent.

5. What are the signs that a person is considering suicide?

The signs of suicide include isolation, loss of interest, loss of energy and loss of hope. A sudden change from distraught to enthusiastic behavior can deceptively appear hopeful. Instead, in a suicidal person it can be an indicator that the individual who is contemplating suicide has reached a decision to follow through with the act.

6. Why are some behaviors, such as alcohol or drug use, considered a "slow form" of suicide?

Suicide is the act of deliberate self-destruction. Practices such as alcohol or drug abuse are destructive habits that are self-imposed. While they are not often seen as means of suicide, over the course of days, months or years, these destructive practices can be understood as "slow forms" of death.

7. Is there a correlation between suicide and homicide?

Yes. There is a correlation between suicide and homicide. Suicide and homicide are both products of the absence of the value of life. The capacity to disregard life can equally lead to taking the life of yourself or someone else. For the black community it has historically been important to be supported in relation to others. Suicide and homicide occur as a result of lack of relation to others in healthy ways.

8. Why does suicide tend to be "contagious" or run in families?

Our first experience of managing painful situations often occurs in the context of family. This is where you learn how to cope. While we learn from those who overcome the most difficult struggles, we are also influenced by those who succumb to their struggles as well. In addition, depression in the black community is one cause of suicide and it runs in families.

9. What are the most common reasons that blacks commit suicide?

Blacks like others commit suicide most often related to mental illness. However, the misconceptions of mental illness in the black community hinder treatment and therefore hinder prevention of suicide.

10. Is suicide more frequent among isolated individuals?

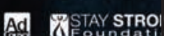
Yes. Studies have shown that individuals in supportive and affirming communities display lower rates of suicide than those who are isolated. It is thought that routine contact with others lessens the chance for hopelessness and even enhances the efficacy of mental health treatment.

What puts a person at risk for suicide?

- **Depression or other mental health disorders**
- **Substance abuse**
- **Family history of mental disorder or substance abuse**
- **Family violence, including physical or sexual abuse**
- **Firearms in the home**
- **Family history of suicide**
- **Exposure to suicide of family members, peers or celebrities**
- **Gender — occurs in almost four times as many males as females**
- **Race — more common in American Indians and whites, but the number is increasing among blacks**
- **Age — more common in people under the age of 24 and 65 and older**
- **Incarceration**
- **Previous attempts**

Suicide is not a normal response to these risks and can often be prevented by appropriate treatment for the mental or substance abuse disorder.

"Depression doesn't have to keep us down.
the healing is in me.
and the healing can be extended to others."
Thabiti Boone, 44
mental health ✱ share ourselves... healing starts with us

storiesthatheal.samhsa.gov


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plan, and 12 percent seriously considered attempting suicide. In all categories, females reported higher rates than males.

Sean Joe, Ph.D., LMSW, an associate professor of social work at the University of Michigan Ann Arbor, admits little is known about black suicide. Because of the low numbers in comparison to American Indians and whites, the suicide rate among African Americans has generated scant interest in medical journals and scholarly publications.

Sean Joe, Ph.D., L.M.S.W.
Associate Professor of Social Work
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In a 40-year span between 1938 and 1978, when national medical journals published scores of articles on suicide among white teenagers, Joe says he was able to find only 13 data-driven published articles on suicide in blacks.

Fortunately, Joe and a few other scientists added to the medical literature when they published the results of their study on black suicide in the Journal of the American Medical Association in 2006.

The study included an analysis of more than 5,000 African American and Caribbean adults 18 and older on their suicide attempts or thoughts about committing suicide.

The results are troubling. Almost 12 percent had considered suicide; roughly a third of those said they had made a plan. Four percent made actual attempts.

Caribbean men and African American women were more likely to attempt suicide, while African American men and Caribbean women displayed the lowest numbers. Of those who made attempts, 36 percent tried more than once.

Equally disturbing is the longevity of ideation — the thought of killing oneself. Although almost 80 percent made an attempt with the first year of ideation, those with a plan continued to make initial suicide attempts for up to 35 years. This finding is significant since it gives blacks a 4.1 percent prevalence of suicide attempts — very close to the general population of 4.6 percent.

One factor that may contribute to suicides in blacks is the under-treatment for depressive and anxiety disorders. The study by Joe confirms this. He determined that respondents with a diagnosed mental disorder were almost five times more likely to consider suicide, and the risk increased with the number of disorders. Yet, a large percentage of those who attempted or considered suicide never sought treatment for their emotional disorder.

Such was the case with Skala.

As far as Estrada knew, her husband had never attempted suicide before. Nor was she aware that doctors have the highest suicide rate of any profession.

But there were hints. Every now and then, her husband would say something like "I should just kill myself …"

She says she didn't give those statements any credibility — or alarm — largely because she uttered similar statements of frustration, statements like "Kill me now."

"But I know I don't mean them," she said.

It's clear now that Skala was at least thinking about taking his own life. It's also clear that Estrada was in the dark on the symptoms of depression. "You don't know what to look for," she said. "It can be very subtle."

As a result, she dismissed the sleepless nights and the erratic behavior as simply "a temporary phase."

"He's going through something," she told herself. "There were challenges, but I don't think they were anything others have not gone through."

That "something" proved to be depression, which even he eventually recognized. To his credit, Skala had sought psychological help. But two months after he had begun treatment, he was gone.

For those left behind after a suicide, the problems just begin.

Experts estimated that for every suicide there are at least six survivors, a number that may total in the millions across the country. The loss of a loved one brings with it overwhelming emotion — shock, guilt, anger, denial and pain.

Edwin Shneidman, Ph.D., founding president of the American Association of Suicidology (AAS), said that survivors of suicide represent "the largest mental health casualties related to suicide."

An even greater difficulty is dealing with the stigma attached to suicide. Shame and embarrassment can prevent the survivors from reaching out for help.

Estrada refused to surrender. Knowing she needed help, she summoned an army of support that included her parents, siblings, friends and church groups. She found a therapist whose insight she said has been immeasurable. Writing has also helped and has allowed her to put on paper her thoughts and feelings.

She recognizes that she has come a long way, but still has a long way to go. "I have not come to terms with it," she said. "But you get through it. It's up to me to connect the dots."

The recriminating emotions — guilt and anger — linger. A lot of questions go unanswered. She said she has wondered if it would have been better if her husband had been murdered. At least, she explained, murder doesn't come with stigma of suicide.

Now she's more attuned and recently completed training in QPR, which stands for Question, Persuade and Refer — three steps to help save a life from suicide.

The QPR Institute, headquartered in Spokane, Wash., developed the training in response to the U.S. Surgeon General's 1991 national strategy for suicide prevention.

The institute's goal is for QPR to become as recognized as CPR, the life-saving technique for heart attack victims.

Her radar on depression and suicidal thoughts is now on high alert. "Now I take it very seriously," Estrada said. "I want to remove the stigma of suicide. It's like a secret society."

A silent statistic

In Massachusetts in 2007, there were almost three times as many suicides as homicides.

Homicide rate*	Suicide rate*
2.8	7.8

*Rates are per 100,000 residents

Source: Suicides and Self-Inflicted Injuries in Massachusetts: Data Summary, Massachusetts Department of Public Health

Pay attention to the warning signs!

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills or other means
- Talking or writing about death, dying or suicide
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities — seemingly without thinking
- Feeling trapped — like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family and society
- Feeling anxious, agitated or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Giving away belongings or getting affairs in order
- Seeing no reason for living or having no sense of purpose in life

Source: Substance Abuse and Mental Health Services Administration (SAMHSA).

What should you do if you think someone is thinking of suicide?

- Take the threat seriously
- Let the person know you care
- Ask questions
  - Are you thinking about killing yourself?
  - Do you think you might hurt yourself today?
  - Have you thought of ways that you might hurt yourself?
  - Do you have pills or weapons in the house?
- Do not leave him or her alone
- Remove potential tools for suicide
- Tell him or her that you will get help
- Call 911 or go to the nearest emergency room
- Call 800-273-TALK — the National Suicide Prevention Lifeline

Don't keep it to yourself!

If you or someone you know is contemplating suicide, make a call instead.

Telephone Number	Organization	Hours of Availability
800-273-TALK (8255)	Nat'l Suicide Prevention Lifeline	24 hours a day
800-981-HELP (4357)	Boston Emergency Service Team	24 hours a day
800-784-2433	Nat'l Suicide Prevention Lifeline	24 hours a day
617-247-0220	Samaritans	24 hours a day
877-870- HOPE (4673)	Samaritans	24 hours a day
800-252-TEEN (8336)	Samaritans – for teens	24 hours a day
866-508-HELP (4357)	Massachusetts Suicide Prevention Lifeline	8 AM to 11 PM

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Panicked, he took a bottle of over-the-counter drugs. His mother — unaware of his overdose — offered him some sleeping pills. He took them. Thirty minutes later, he was still walking around.

He found a bottle of prescription drugs that he downed. "I have no idea what they were," he said.

And then, according to Threatt, two miracles happened that saved his life.

The first was the voice of his uncle, a minister he greatly admired. His uncle had come by, at the request of his mother, to offer counsel and support.

Threatt admitted that, in spite of his self-destructive behavior, he is a religious man. He instinctively dropped the bottle at the sound of his uncle's voice.

After the talk, Threatt finally slept, but when his mother could not rouse him, she found the empty bottle on the floor and called 911.

Unknown to Threatt at the time, another miracle was in the works. According to Threatt, the prescription drugs he took countered the impact of the over-the-counter drugs. "Those pills saved my life," he said. "It was like I took an antidote."

He spent three days in the intensive care unit and two weeks in a psychiatric hospital.

Threatt has never looked back. He counts each day as a blessing. "Everyday I find something that I would have missed if I hadn't been here," he said. "Every new person I meet, every new experience is a blessing."

His business has taken off. His beauty shop, The Hair Cafe, has doubled in size. He is about to expand to a second location.

Thinking back, Threatt says he realizes suicide is not the answer — no matter how bad it gets. "You cannot give up," he said. "You really do not know what the next day holds."

He recognizes that the new day might be even worse, but you never know he said. "You need to stay strong and get self-discipline."

Threatt is actively involved in the New York-based American Foundation for Suicide Prevention, the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide.

He participates in the group's Out of the Darkness Overnight, a walk to create awareness about suicide and raise funds to help save lives through research and education.

Threatt still marvels that he is here to tell his story.

"It's a miracle and a blessing," he said.

Comments on Be Healthy? Contact Health Editor Karen Miller at kmiller@bannerpub.com.