

ARISE Podcast # 097 Suicide Prevention

Host: Tania Anderson, CEO ARISE

Guest: Amy Schiminske, Mental Health Counselor

Transcription:

Tania Anderson 0:07

Welcome to the ARISE Podcast. I'm Tania Anderson, CEO at ARISE, and it's my pleasure to have with me today. Amy Schiminske, who is a mental health counselor at ARISE's mental health clinic. Welcome. Amy,

Amy Schiminske 0:19

Thank you so much for having me here.

Tania Anderson 0:21

So, we're going to talk about topic which is a pretty heavy topic, and that is suicide. And I think anyone looking at the news knows that the rates of suicide and attempted suicide have really increased dramatically, at least since covid Maybe that trend has been going on for longer than that, as part of just an overall mental health crisis that seems to be happening in our world. Can you talk a little bit about suicide and how prevalent it is in our in our culture right now?

Amy Schiminske0:56

So, I want to just start by saying that typically, on average, there's around 135 people per day who attempt suicide, and this is in America alone. So, this is a very prevalent issue in our society. In 2022 1.6 million Americans had attempted suicide. So, we're seeing this trend where over the course of the years, we're seeing more and more people attempting during covid. Interestingly enough, we saw a decrease, and then when the economy opened back up, the numbers started to rise again.

Tania Anderson 1:39

Do you have any sense of why that is?

Amy Schiminske1:41

I know a lot of it probably has to do with financial burdens, the state of the economy. A lot of it has to do with social anxiety of going back in and readjusting to, you know, going back into the work environment, going back and socializing. When I look at the younger crowd, we have to consider too that these, you know, this is a really pivotal portion of their life, right? It's a very pivotal developmental part of their life. And during covid, they were working from home, right? They were taking classes from home, and now they're going back, and they're trying to readjust, socialize with their peers, and I'm noticing that there's this influx of clients coming in who are really struggling with that. They're really struggling with socialization. They're struggling with just transitioning back and even years later, right? So, this isn't just 2021 2022 but I'm still seeing them come in with those difficulties, and they're able to identify that. You know, back during covid, I was home, and now, as I'm adjusting back, I'm having a lot of difficulty. You know, socializing with my peers, connecting with my peers.

Tania Anderson 2:52

And so, we're talking about students, generally. Does it seem to be more children in the middle school, age range, high school, younger. I do know, unfortunately that we've got children on our caseloads here at ARISE as young as 11 and 12 who made suicide attempts. So, what group seems to be most impacted? And maybe it's all.

Amy Schiminske3:18

Sure. Yeah, I think when we look at what groups are impacted. We have to look at risk factors, right? Because risk factors are going to determine, you know, characteristics that increase the chance of someone's ability or, you know, attempt to take their own life. Okay, so one of the most powerful predictors, and this could be for any age range. This could go from a child to an adult to an older adult is having a history of past suicide attempts, that is one of the most powerful predictors. And also having like an effective disorder, an effective disorder could be any mood disorder, right? So, depression, bipolar disorder, we see it with anxiety as well. So those increase the risk of, potentially, you know, having those thoughts arise of suicidal ideations, whether it's active or passive.

Tania Anderson 4:10

And so, what I think I know this, but what is the connection between, you know, having another diagnosis of an effective disorder and then the suicide a piece of it. How do they go together?

Amy Schiminske4:23

So, when someone is diagnosed with depression, they're more likely to experience suicidal ideations because of those feelings of hopelessness, right? So, you're so we have to look at the symptoms of depression. We're looking at the symptoms of lack of motivation. We're

looking at the feelings of hopelessness. We're not having the energy we typically have. We're probably not sleeping as well, right? Either we're oversleeping, we're not sleeping enough, we're not eating healthy. All of those are contributing to how we're feeling overall, and so if all of that is coming into play, we're more likely to feel worse about ourselves. We're more likely to get caught in these negative thought loops, and we have this misconception, not just in society, but for those, those who experience depression as well, that when we are depressed, it's laziness, right? Oh gosh, you're just being lazy. Tania Anderson Just snap out of it. Amy Schiminske Yeah, if you just got up, if you just moved around exercise, you'd feel so much better. But that is such a that is such a huge misconception, and it's not accurate at all, because when you think about depression, I would, I would just like everyone to think of it like an illness, right? Like a cold, right? We can't will ourselves out of a cold, just like we can't will ourselves out of depression.

Tania Anderson 5:39

We manage the symptoms, and we learn strategies, what are some of the characteristics of anxiety that lend themselves to also contribute to someone attempting suicide?

Amy Schiminske 5:50

So, I see with anxiety, especially with social anxiety that is sometimes people tend to isolate themselves, so we'll have people reaching out and you know they may have a great support system as well, but with anxiety and with mental health, you could have the most wonderful support system surrounding you but remember those are illnesses right. So, with anxiety and depression, we see that increase in isolation, we're not reaching out to supports as much. You know, I may be afraid if I'm having anxiety, I may be afraid to burden you right? And you know, is a loved one that you would prefer if I came to you, like you would feel appreciative if I came to you. But for me, as someone who has anxiety or depression in my in my mental state right now, I'm a burden, and I don't want to burden the people I care about.

Tania Anderson 6:39

And is that sometimes the thought of someone who attempts and or maybe is successful with suicide, is that they feel like they're a burden on others, and they're eliminating that burden.

Amy Schiminske 6:51

You know, I absolutely think that plays a part, but I think that plays a part in why people don't reach out as well. You know, they don't reach out because they don't want to burden the people they care about. They don't reach out because they're afraid that the ones they care about can't handle the big emotions they have to share.

Tania Anderson 7:09

Right. So given what we've been talking about in that it may not be the person who is experiencing ideation of suicide won't necessarily reach out. It becomes more urgent for those of us around our loved ones to recognize that there might be something amiss and to make that connection on our side. So, what are some of the things that we should be looking at and looking for?

Amy Schiminske7:38

So, prior to touching on warning signs, which I'm going to get to is I really want to let everybody know. And you know what? Everyone's probably done this. You've probably done this in your day to day. You know, maybe you've had a really bad day and you've had to mask. But typically, when people feel like a burden and they experience depression or they're having like feelings of suicidality, they tend to mask, right? And if it's easier to remember it this way, you can always think of it as what I call smiling depression. Okay, so when we're masking, it's really, really challenging to tell if someone is depressed, right, because they're presenting typically, you know they're presenting at their baseline. They may seem happy, they may be joking around with you, they may seem like they're typical selves, but in reality, they're internalizing those feelings and they're holding them in and not sharing those feelings.

Tania Anderson 8:34

And I'm sure we can all think of people where we hear that there's a suicide attempt or successful suicide, and they're shocked because they that masking was so successful that no one had any any inkling that something might be a mess. That's a really good point. So, what are some of the warning signs that we can be looking for?

Amy Schiminske8:55

Yeah, so there are several different warning signs in some of the warning signs that that we should be looking out for, is, what I look for is a clinician. I'll start with that, and then I'll start with family members. So, what I look for as a clinician is, I typically look for risk factors, right? And risk factors increase the chance that they could potentially attempt, and you know, as I already said, prior suicide attempts, right? Are a risk factor. Effective disorders are a risk factor. Substance use issues can be a risk factor, okay. Relationship instability, if someone's experiencing discourse in their home, maybe it's an unhealthy home environment interpersonal violence that could be an increased risk for suicidality and someone who has a high ACES score. And for those who don't know what an ACES score is, it's an adverse childhood experiences scale and what it measures, is it? What it does? Is it measures and

tallies our childhood trauma in different aspects. And I believe that it was that for those who scored six or higher, there was a 24% chance increase that they may attempt suicide.

Tania Anderson 10:13

And what are some examples of childhood trauma that this would be measuring?

Amy Schiminske 10:17

So verbal abuse, physical abuse, emotional abuse. I mean, when you think of any trauma that you can experience now, you know, think back to that they could be experiencing it then.

Tania Anderson 10:28

Could it be something as widespread as poverty?

Amy Schiminske Oh, absolutely.

Tania Anderson Divorce?

Amy Schiminske

Divorce.

Tania Anderson

So, a lot of factors.

Amy Schiminske

Yes.

Tania Anderson

So, the more we're talking, the more I'm thinking, I'm understanding why the suicide rates are so increasing and it's such a prevalent problem, because all the things we're talking about really touches all of us in our lives at some point. Yes, so given that, I don't want us to be hopeless here. So what? What are some of the things that we can do for our loved ones, for ourselves, that we not go down this path, or that we can just what are some of the tools?

Amy Schiminske 11:11

Well, if you're noticing that, so what I want you to do is like, notice the baseline, right? So, you know your child, right? You know your loved one, you know the kind of the baseline of how they function, and if you're noticing that all of a sudden, you know, they just seem a little bit off. Maybe they're sleeping more frequently, maybe they seem to be a little bit more agitated.

Maybe they're isolating. Maybe they're telling you they're always so tired. I'm constantly I'm constantly tired, I'm constantly drained. I just don't have the energy to do anything anymore, especially if they're giving away like prize possessions. You know, if someone's giving away prize possessions or money, that is, that's a clear warning sign. Pay attention to mood. You know, shifts in mood, loss of interest in activities. And you know, even also, one thing that is not as widely known is that say someone's experiencing all these ceilings and all of a sudden they seem really happy, and they're in this great mood, oh gosh, well, they must be better, right? I think their depression is cured.

Tania Anderson 12:16

That's usually when they've made the decision.

Amy Schiminske 12:21

Yes, that's usually when they have a plan in place and they have intent to act on that plan. And if that happens, that's when you need to reach out right away.

Tania Anderson 12:30

Wow. Okay, a lot of this sounds like really just someone following their gut. You know, something's not quite right, even if you can't put your finger on it. So if so, if I've got a loved one and my guts telling me something's off, what do I do?

Amy Schiminske

12:44

Okay, yeah, so going back to your previous question, what can we do is talk to your talk to your loved one. I know it is an uncomfortable topic, but the best thing you can do is be direct and ask, because when we talk about it, it actually helps to alleviate some of that isolation, right? Because depression is like a disease of isolation, we feel so alone that talking about it is not going to increase risk, right?

Tania Anderson 13:16

That's a great point.

Amy Schiminske 13:17

That's not going to plant ideas.

Tania Anderson 13:20

That's exactly what I was going to say. There's this myth out there that if I bring it up, they're going to all of a sudden say, oh, there's an option. But that's not the case, right?

Amy Schiminske13:30

Yes. And sometimes when you're feeling that low, it almost feels impossible to do simple tasks. So, if you could even say to your loved one, can I help you do this? Can I help you call a therapist and set up an appointment? Can I help you call your primary care physician? Can I help connect you? You can say, what can I do to help but sometimes those who are depressed, they just don't know. So sometimes it can be more helpful to be more specific when you ask questions, can I help you with this specific task? Can I get you food for tonight, just so you don't have to worry about that? Let's take that off your plate, right?

Tania Anderson 14:10

And as a therapist, when you are when you are working with someone who has in the past either expressed thoughts about suicide or attempted suicide. How do you approach that relationship as a therapist?

Amy Schiminske14:27

So, if someone comes to me and they're having thoughts, I like to assess first, if these are passive thoughts or active thoughts, and the difference between passive and active. If I'm having passive suicidal ideations, I may have thoughts such as, you know, I It's not that I'm actively want to end my life, but sometimes I just wish I could go to sleep, and I just wish I wouldn't wake up, right? So, I don't have any intent to act on those thoughts. I'm just having these thoughts of escape, right? I don't want to be here. I want to escape from what I'm feeling, these awful feelings, and if it's active, there could be just ideations where it's like, okay, I'm thinking about it. I don't have a plan in place. I don't have intent. If there is a plan in place, you know, we would take different actions according to each step. So, if it's just ideations, we're going to work through different ways that, you know, the client can cope. What can we do to safety plan?

Tania Anderson 15:27

Right. So, safety planning, I wanted to talk about that that's that is an active plan in place. So, what does that look like for people?

Amy Schiminske 15:35

Yes, and so this is something that you can do if you have a therapist, a therapist will work with the client on the safety plan. And if you don't currently have a therapist, you can still safety plan. And so, I'm going to give you some steps that you can do to help your family member or loved one if they are experiencing this and you do want to keep them safe. So first off, just, you know, working on listing warning signs. What are some things that you notice before you get to this point? It's helpful, too to break those down. Are there, like, any somatic or physical warning signs you're noticing? Are there any thoughts that typically go through your head? Do you get stuck in, like, a negative thought loop? It's important to notice each one individually, because it's very easy when you're depressed to say, I don't know. So, to really, really like, focus on each one, and it's helpful to break them down.

Tania Anderson 16:26

So, those are almost like the triggers that would start.

Amy Schiminske Yes.

Tania Anderson

Okay, what's another piece?

Amy Schiminske 16:32

And then working on coping strategies. What's worked before? Is there anything that's been affected before? Is there anything that hasn't been because if there's not, we won't include that in right? But if something's helped before, it may be helpful again, what brings you a sense of comfort? Is there anything that brings you a sense of peace? Is there anything that you enjoy doing? So, we would, we would work on coping strategies, and then, of course, we teach coping strategies as well. So, we would work on those together. And I'd like to include also, what can others do to help me? So, what can my loved one do to help me? Because I think that's one of the biggest challenges for loved ones, is they feel so stuck. They feel helpless. They want so desperately to help, and they're just not sure how. So, let's collaborate. Let's collaborate with your loved one and ask them, Is there anything when you're feeling like this that I can do that is helpful for you? Sometimes it's just sitting with them, sometimes it's talking and or listening, even just listening. And sometimes it can be like, Okay, well, maybe going for a ride and getting my mind off of what's going on. But each individual is going to have something unique for them that helps them.

Tania Anderson 17:46

Right? So it sounds like, I mean, this is obviously a very complicated topic and but it sounds like two of the most important things we can do is to communicate and talk about it as a society, so that it's not something that we're afraid to discuss because it is prevalent, and it's, I'm not it just happens. It can happen to everybody at some point, and that's really just

capitalizing on the relationship piece of it, it's, it's really hard, but it's also really simple when we're talking about just building on the relationships we have with each other, to pull each other out of these places.

Amy Schiminske18:28

Absolutely. And you know I just also want to say like, it's really helpful, too, to have a list in place somewhere that you on your fridge, and the bedroom wall, who are some people who I can contact who can distract me or support me. And these can be friends, these can be family members. And then professional contacts as well. What are some crisis lines? Do I have number for my therapist written down? Do I have a number for a crisis line I can reach out to?

Tania Anderson

I think this is the perfect time to talk about the National Suicide Hotline so let's talk about that. What is that number and what do people do when they might be feeling at the need to call it?

Amy Schiminske

So, what I love about the National Suicide Hotline is that they have, you can both call, and they also have a texting line, and a lot of teens, you know, there's some that love to call, and then there's some that just do not feel comfortable with it, and they prefer texting. So, if we you know, if you have someone who is really struggling, I would recommend just reaching out. It never hurts to reach out. And you can contact 988. And it's as simple as that.

Tania Anderson 19:38

988 either a call or a text. 988! Okay, well, I think you've given us a lot to think about, a lot of concrete tools, and if people remember nothing else than 988. We've done some some good here and you've done a lot of good every day with the work that you're doing. I guess can't thank you enough Amy for sharing so much.

Amy Schiminske19:59

Thank you for having me today.

Tania Anderson 20:01

My pleasure, thank you.

Transcribed by <https://otter.ai>

