CARE
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WELCOME.

The CARE TA Center is proud to be a collaborative partner in strengthening the crisis care continuum and justice diversion systems across California. We are incredibly grateful for the continued opportunity to engage with individuals, community-based organizations, and county behavioral health department staff who support communities throughout the state.

National Suicide Prevention Awareness Month recently ended, but suicide prevention efforts are a foundational piece of the crisis care continuum all year long. The fall issue of the CARE magazine reflects this awareness by spotlighting key information on suicide prevention, including effective prevention strategies, proven supports, and recommendations from those with lived experience. We hope to send a clear message: suicide can be prevented and healing is possible.

Still, preventing suicide and promoting healing require the whole community. We all play a vital role in saving lives and creating communities where anyone who needs help can find it. A key component of suicide prevention is ensuring that all people in crisis have timely access to effective, culturally responsive supports and coordinated systems of care. Drawing on our varied perspectives and experiences, we can work together to design a continuum of care that protects people from suicide by offering appropriate services that meet them where they are.

This diversity of experience is essential, since effective suicide prevention programs weave in cultural and linguistic considerations. The CARE TA Center supports efforts to make anti-racist behavioral health care more accessible and break down barriers to treatment for all communities. As we strive for zero suicides, we must ensure that programming is expansive and responsive to the many communities that we serve.

In the spirit of prioritizing culturally responsive suicide prevention, please read on to find informative articles highlighting:

- Community supports that lower suicide risk for LGBTQ+ youth of color,
- Prevention tips for parents, teachers, and caregivers,
- A personal account of one individual's struggle with suicidal thoughts,
- An invitation to think beyond hospitalization, and
- Resources for staying safe during a suicidal crisis.

Everyone deserves access to quality mental health care when they need it. Appropriate mental health care *is* suicide prevention. We invite you to learn more about suicide prevention and join together in the ongoing efforts to strive for zero.

With gratitude,
The CARE TA Center

Reducing Harm in our Response to Suicidal Ideation in Youth, from the Perspective of Someone with Lived Experience

Rowan Willis-Powell, C4 Innovations

What they don't tell you about suicidal ideation is that it looks different for everyone. It's not always sudden and urgent, or attached to a specific plan and date. Sometimes it feels like the slow drip of a faucet that can't be turned off entirely. Like most things in our world, suicidal ideation is on a spectrum. So, it should follow that the services that we offer to support people struggling with suicidal ideation should be on a spectrum as well, right?

Sadly, that is not the case. As someone who has struggled with suicidal ideation for almost my entire life, I have seen the impact this stark lack of options can have.

The first time I ever spoke about my suicidal ideation to someone was in a normal check-up with my pediatrician. I had decided that I wanted to seek medication for my depression, which had started to get progressively worse. I told my doctor that I was feeling depressed, tired, and had a lack of energy. My pediatrician asked if I had been experiencing any suicidal thoughts and I explained to her that although I had, they were passive and I never had any plan or any intent to act upon them.

As an adult, it is still stunning to me how much this moment has impacted my life. My provider's response was filled with concern and worry; she told me that my mother and I had to go to our local emergency room. Never did I consider that this would be the outcome of this conversation. My mother is a clinical social worker, and I had grown up in and around the behavioral health system and had always felt a sense of comfort and knowledge about it. This single instance took away every ounce of comfort I had developed and radically changed my ability to trust and confide in my providers. I spent most of my night in the emergency department (ED) and was luckily able to avoid a longer stay due to my mother hearing my requests to go home and finding me an emergency therapy appointment.

As a suicide survivor advocate, I have met many others with similar experiences, including young people who have tried to access Intensive Outpatient Treatment (IOP), only to end up in a hospital unit for a week. Our crisis response system is not set up to support the complexities of suicidal ideation, nor are our providers properly trained or supported to provide that care.

The research tells us that hospitalization can deeply and negatively impact a young person.

- Placing youth in a new environment where the focus is on stabilization and not treatment can be risky. Access to support and information for coping are sorely lacking in hospitals, while the possibility of being introduced to new maladaptive coping skills is incredibly high.
- Hospitalization can affect identity development and result in internalized stigma. In hospital environments, young people may feel as if they are in "exile" for the symptoms they are experiencing.
- Hospitalization is incredibly isolating and can feel like a punishment for a young person who may isolate as a part of their mental health struggles. Being forced to isolate and receiving implicit messaging that they are an unsolvable problem can have lifelong impacts on how young people view themselves and how they ask for help in the future.[1,2]

- Hospitalization does not decrease suicide risk, but actually increases the likelihood of future hospitalization or suicidal behavior.[3]

Even with these studies that describe the varied ways hospitalization can harm young people with suicidal ideation, we continue to use hospitalization as our first or only option. Looking towards more community-based resources would allow young people to receive supportive care and stay in an environment that offers existing supports, coping skills, and familiarity.

Our continued reliance on hospitalization comes, in part, from our system's lack of focus on preparing providers to support people struggling with suicidal ideation. We know that unhelpful provider reactions are caused primarily by a lack of training on suicide-specific screening, assessment, and treatment, as well as the tendency to respond from a place of discomfort and fear.[4] My provider's first reaction to me when I brought up thoughts of suicide was not to ask me what that meant to me, whether I had a plan, or if I felt safe at home. Her reaction was fear. Fear of loss, fear of risk, but primarily fear. This is an understandable reaction, especially for providers supporting children. I wonder, though, if my provider may have felt less afraid and better prepared if she had been better trained to talk to me about suicide, and about what options we had available in our community outside of hospitalization. My provider isn't alone in responding with fear and discomfort. In fact, the data suggest that most mental health clinicians feel like they have not been trained to adequately support suicidal youth.[5]

How do we fix this problem? There are many avenues to explore, whether it be changing the guidelines on how many hours of training all providers receive on suicide screening, assessment, and treatment or pouring more funding into community-based behavioral health agencies that can provide a supportive recovery environment to young people and their families in a familiar, non-isolating setting. There are also more simple steps that can be taken. These are as easy as changing language. For instance, altering descriptions of our crisis continuum services so they do not imply a need to remove someone from their home environment can make a big difference.

In 2021, I joined a group of experts, providers, and young adults with lived experience, brought together by SAMHSA and the Institute of Innovations, to discuss our country's current crisis continuum care model for children, youth, and families. We discussed the rapid influx of behavioral health care needs and how our current system is not equipped to respond to increased rates of positive suicide risk on screens for youth and young adults, the rise in ED visits for mental health concerns from 4% to 5.7%, disastrously long ED waits, and a shortage of hospital beds.[6]

We collectively acknowledged that our current system is not working to support people on the path of recovery, but is instead setting up harmful barriers. As a group, we began creating a set of guidelines to help states build crisis systems free of barriers to effective response for individuals experiencing suicidal ideation.

The primary recommendation was incredibly simple—a change in language. By moving away from language that implies that hospitalization is the only option, the system will allow for the consideration of all existing resources.

SAMHSA's current guidelines for behavioral health crisis care lay out three layers of our continuum of crisis services:

1. **Someone to talk to** - make sure there is a service for someone to call, text or message when they are in a moment of crisis.
2. **Someone to respond** - make sure there is a person or team of people to respond to someone in crisis and provide support and connections to them.
3. **Somewhere to go** - ensure that there is follow-up to whatever service or referral was provided during step 2.

The language of the third layer assumes that every crisis response involves removing someone from one location or service and taking them to another, frequently a hospital. This implies that a hospital is the only option for this phase.

Our workgroup proposed that this language be changed from somewhere to go to a system to support. No longer would the implication be that someone had to be removed from their environment to come out of crisis or heal, but the message would remain the same. The system must be capable of supporting an individual in the way they need. This is a prime example of how—in addition to the essential work of exploring community-based alternatives to hospitalization for suicidality and ensuring that we are effectively training providers—we can start to reshape our system into one that is person-first, recovery-oriented, and healing-focused.

Think of how your local system works. Are there small steps that can be taken to ensure that a young adult struggling with suicidal ideation doesn't have to fear or hospitalization as the only option available to them?

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Ask, Then Act: Resources for Suicide Prevention

from NAMI CA

Suicide is a serious public health issue that has lasting and harmful effects not only on the individual contemplating suicide, but also on families and communities. Suicidal thoughts, although common, should not be considered normal and often point to more serious issues. For these reasons, it is vital to raise awareness of this stigmatized and often taboo topic. By working together, we can shift public perception, spread hope, and share vital information to people affected by suicide. Our goal is to ensure that individuals, friends, and families have access to the resources they need to discuss suicide prevention, seek help, and promote resiliency.

Warning Signs of Suicide:

The behaviors listed below may signal that someone is thinking about suicide.

TALKING ABOUT:

> Wanting to die
> Great guilt or shame
> Being a burden to others
> Hurting themselves

FEELING:

> Empty, hopeless, trapped
> Extremely sad, anxious, agitated
> Unbearable emotional or physical pain
> No sense of purpose

Changing Behavior

- Withdrawing from friends, family, and community
- Impulsive or reckless behavior
- Giving away possessions
- Displaying extreme mood swings
- Using drugs or alcohol more often
- Failure to take care of self
- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Acting anxious or agitated
- Sleeping too little or too much
- Showing rage or talking about seeking revenge

If these warning signs apply to you or to someone you know, reach out and get help as soon as possible.

988 Suicide & Crisis Lifeline
Call or text 988

The National Suicide Prevention Lifeline
(800) 273-TALK (8255)

If communicating via text is a more comfortable approach, NAMI maintains a partnership with the Crisis Text Line
Text NAMI to 741741

Normalize Conversations About Suicide

1. If someone seems different, don't ignore it. If you are worried, trust your worry and seek help!
2. Don't be afraid to ask. Then act! See below for steps on how to effectively ask and build action.
3. Pay special attention when someone is going through a difficult time. While experts caution that suicide is never the result of a single cause (i.e.: bullying, a breakup, job loss), when those events are combined with other health, social, and environmental factors, they can heighten risk.
4. If someone makes an attempt and survives, continue to be there. If someone you know is a suicide survivor, the Suicide Lifeline says:
    a. Check in with them often.
    b. Tell them it's OK for them to talk about their suicidal feelings.
    c. Listen without judgment.
    d. Tell them you want them in your life.
    e. If they start to show warning signs, ask directly if they're thinking about suicide.
    f. Call the Lifeline for advice on how to help.
5. You don't need to have all the answers. If you know you may not be able to provide support at the time or feel overwhelmed, that is OK! Connect them to trusted resources that will help, such as lifelines, support groups, therapists, etc.

Ask, Then Act:

One of the most important things that you can do if you think someone may be suicidal is to ask. It may seem difficult, but it works. So many people believe there is nothing they can do to help, or that bringing up suicide might do more harm than good. Don't be afraid to ask. Then act. Here are some steps you can take to help:

ASK: (in a private setting) This lets the person know you're open to talking, and that they should not feel ashamed of what they may be feeling.

It is important to determine the extent of the suicidal thoughts. To do this you can ask questions like: "Are you thinking of harming yourself?" "What extent of harm are you thinking of?" "Do you have a plan?" "What were you thinking of doing?"

FOCUS & SAFETLY: If a person tells you they're thing about suicide:

> Actively listen
> Don't diminish their feelings
> Be there for them
> Don't be shocked
> Focus on their reasons for living
> Check in on them

HELP THEM CONNECT: Encourage them to reach out and seek additional support. Suggest connecting with a support group or going to see a mental health professional. NAMI CA's network of affiliates across California are here to help. NAMI CA provides free resources to help you navigate your unique situation. Click the link below to search for an affiliate closest to you.

NAMI CA: https://namica.org/find-your-local-nami/

988 SUICIDE & CRISIS LIFELINE:
The 988 Suicide & Crisis Lifeline is a United States based suicide prevention network of over 200+ crisis centers that provides 24/7 services via a toll-free hotline with the number 9-8-8. This hotline is available to anyone in suicidal crisis or emotional distress.

How Can You Help Yourself?

Hope and help can happen. There are many ways to get through a crisis. For instance, finding a support group or seeking a mental health professional is a step in the right direction. Also consider building a support network and surrounding yourself with others so you don't have to deal with crisis on your own. Those that you choose to confide in can provide motivation and help you through crisis. You matter, and connecting with others may help you to feel less isolated.

Make a Safety Plan:

As seen on 988lifeline.org, a safety plan is designed to guide you through a crisis. To make one, follow the steps below. As you continue through the steps, you can get help and feel safer. Keep your plan easily accessible in case you have thoughts of hurting yourself.

1. Recognize your personal warning signs: What thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing? Write these down in your own words.
2. Use your own coping strategies: List things that you can do on your own to help you not act on urges to harm yourself.
3. Socialize with others who may offer support as well as distraction from the crisis: List people and social settings that may help take your mind off of difficult thoughts or feelings.
4. Contact family members or friends who may help to resolve a crisis: Make a list of people who are supportive and who you feel you can talk to when under stress.
5. Contact mental health professionals or agencies: Make a list of names, numbers and/or locations of clinicians, local emergency rooms, and crisis hotlines. Put the Lifeline number, 1-800-273-8255, into your phone.
6. Ensure your environment is safe: Have you thought of ways in which you might harm yourself? Work with a counselor to develop a plan to limit your access to these means.

The Role of Community in Preventing Suicide Among LGBTQ+ Youth of Color

Ana Ramirez Zarate, MPP, Research Analyst 1, Impact Justice

Suicide is the second leading cause of death among youth between the ages of 10 and 24.[1] The risk of suicide significantly increases for LGBTQ+ youth,[2] who are four times more likely to attempt suicide in comparison to their peers.[3] Raising awareness about suicide and how it impacts various communities is imperative to better address the challenges, provide adequate support, and avoid contributing to erasure and exclusion.

The Minority Stress Theory (2003) and the Psychological Theory of Suicide (2005) have been foundational in characterizing the risk factors associated with higher suicide rates among LGBTQ+ people. However, these theories have often not been able to explain the experiences of youth of color and transgender youth.[4] LGBTQ+ youth are not a monolithic group.[5] They are diverse in their identities and experiences. The experiences of Black, Indigenous, and People of Color (BIPOC) LGBTQ+ youth differ from their white peers because of racism, xenophobia, and other intersecting systems of oppression.[6] Often LGBTQ+ youth of color experience discrimination based on multiple identities at the same time. A recent study from the Trevor Project highlighted that nearly one in five transgender and nonbinary youth attempted suicide, and youth of color also had higher rates when compared to their white peers.[7]

Research has demonstrated that individuals and institutions within communities play a critical role in suicide prevention for LGBTQ+ youth. Both risk and protective factors involve communities. Some well-documented risk factors include negative school climates, lack of support from immediate family or caregivers, stigma, and stereotypes.[8] However, research also shows that schools, families, peers, and health care systems can all play an important role in strengthening protective factors. Experts have consistently presented the following elements as pivotal in creating safe and supportive environments for LGBTQ+ youth.

School Support

Young people who reported being in schools that provided them with LGBTQ+ affirming experiences demonstrated lower rates of suicide attempts. Suicide attempt rates for those with access to LGBTQ+ affirming spaces were lower (13%) compared to those for youth who lacked access (17%).[9] While suicide attempt rates are higher for transgender and nonbinary youth, positive school supports reduce this risk for these young people as well.[10] Affirming policies and practices include:

- LGBTQ+ inclusive curricula that contribute to positive representation
- Inclusive school policies that respond to anti-LGBTQ+ and racist behavior
- Student clubs such as Gay-Straight Alliances (GSAs) that center the experiences of LGBTQ+ youth as well as honoring their other identities
- Professional development for staff that encompasses an intersectional approach accounting for cultural and linguistic diversity
- Supportive educators

Familial, Caregiver, and Peer Support

LGBTQ+ youth who had strong familial support reported lower rates of suicide attempts. The suicide attempt rate for those with high familial support was 6% compared to 16% for those with low to moderate support. Examples of strong familial support include:

- Welcoming their LGBTQ+ friends and partners
- Respecting their identity

- Using their name and pronouns correctly
- Supporting their gender expression and identity
- Educating oneself about issues and experiences impacting the LGBTQ+ community

Health Care

Responding to the needs of diverse LGBTQ+ youth requires learning about their experiences and providing adequate care. In a recent study, 82% of LGBTQ+ youth reported wanting to access mental health care, but 60% were hesitant to do so because they feared not being taken seriously or being outed, among other reasons. Physical and mental health care systems can make themselves more supportive by providing:

- Accessible counseling and medical services
- Professional development for staff that encompasses an intersectional approach accounting for cultural and linguistic diversity

The field tells us that all people play a part in creating supportive environments for LGBTQ+ youth and LGBTQ+ youth of color. To better understand and adequately respond to suicidality among LGBTQ+ youth, responses must be situated in intersectional frameworks that account for race, gender, and immigration status, among other identities. The following resources are available to support continuing learning in these areas.

- The Trevor Project: Provides crisis intervention and suicide prevention for LGBTQ+ youth.
- Family Acceptance Project: Develops toolkits, resources, and research to promote LGBTQ+ health issues within the family context.
- GLSEN: Works towards ending discrimination, harassment, and bullying in K-12 schools.
- LGBT National Youth Talkline: Free and confidential peer support for LGBTQ+ youth ages 25 or younger
- Suicide Prevention Resource Center: Provides best practices and suicide prevention information.

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[9] Ibid. https://www.thetrevorproject.org/survey-2022/#

[10] Ibid. In the past year, 18% of transgender and nonbinary youth who has access to gender-affirming spaces in school attempted suicide in comparison to 21% to transgender and nonbinary youth that did not have access gender-affirming spaces.

Suicide Prevention: Tips for Parents/Caregivers & Teachers

from Stanford Sierra Youth & Families

Suicide is a leading cause of death among young people, ages 10-24. The teen years can be an extremely stressful time for many youth, as they experience many changes in their bodies, thoughts, and feelings. According to HealthChildren.org, more than four in ten high school students reported feeling "persistently sad or hopeless," while one in five said they have thought about suicide. One in five college students have had thoughts of suicide, 9% have attempted suicide, and nearly 20% reported injuring themselves intentionally. Every day in the United States, approximately twelve young people die by suicide. Despite these alarming statistics, there is hope—suicide can be preventable.

Suicide rates for at-risk youth can be substantially reduced by: 1) knowing the signs; 2) identifying risk factors and removing any potential threats that could cause deliberate self-harm (i.e. removing access to firearms or other life-threatening tools and substances); and 3) increasing protective factors (i.e. increasing access to effective behavioral health care, like school-based mental health services).

Knowing the Signs

Youth who are contemplating suicide often demonstrate warning signs of their distress (i.e. suicidal threats, previous suicide attempts, and/or preoccupation or obsession with death, depression, and final arrangements). The signs may appear in conversations, in their actions, or in social media posts. Parents/caregivers, teachers, and friends are in a key position to pick up on these signs and get help. Most important is to take suicidal thoughts seriously. When everyone is committed to making suicide prevention a priority and knows when and how to take action, we can help youth before they engage in behavior that has irreversible consequences.

Factors Associated with Increased Risk of Suicide Among Youth

According to HealthChildren.org, the following situations are associated with an increased risk of suicide:

- Loss of a loved one to death, divorce, deployment, deportation, or incarceration
- Bullying (in person or online)
- Discrimination, rejection, or hostility due to gender identity or sexual orientation
- Racism, discrimination, and related inequities and stressors

Know the Facts:

Myth – Suicide in youth is not a problem.

Truth – Suicide is a major problem affecting youth; it is the second leading cause of death among 10 to 24-year-olds.

Myth – Asking about suicide causes suicidal behavior.

Truth – Addressing the topic of suicide in a caring, empathetic, and nonjudgmental way shows that you are taking your child seriously and responding to their emotional pain.

Myth – Only a professional can identify a child at risk for suicidal behavior.

Truth – Parents and other caregivers often are the first to recognize warning signs and most able to intervene in a loving way.

Reference: Nadine J. Kaslow, PhD, Polina Kitsis, Mili Anne Thomas, MA, and Dorian A. Lamis, PhD. 7 Essential Steps Parents Can Take to Prevent Teen Suicide. (2013) https://psychologybenefits.org/2013/09/23/prevent-teen-suicide/

- Family history of suicide or mental health difficulties
- Stigma (the belief that it's wrong or shameful to talk about mental health or suicide)
- Easy access to firearms or other life-threatening tools and substances
- Witnessing or suffering violence or domestic abuse
- Financial instability that causes worry and insecurity
- Suicide in their school or friend group

Increasing Protective Factors and Access to School-Based Mental Health Services

Parents/caregivers and teachers are very important to suicide prevention and can be involved in many ways. They can help increase the protective factors in a young person's life—for example, by helping the youth develop life skills and supportive relationships. Parents/caregivers can also provide support during a suicidal crisis by encouraging the youth to receive to mental health treatment and keeping the young person safe during periods of crisis.

Schools can play a critical role in preventing teen suicide too. According to Youth.gov, schools are where youth spend the majority of their time and provide "a natural setting to support mental health." Research suggests that increasing the availability of mental health services in school-based health centers (SBHCs) may decrease suicide risk and substance use among at-risk adolescents. California is making great strides in the expansion of school-based mental health services. Yet it is important to note: "No one person (parent/caregiver, teacher, counselor, administrator, mentor, etc.) can implement suicide prevention efforts on their own. The participation, support, and active involvement of families, schools, and communities are essential."

Resources for Parents/Caregivers & Teachers

- Know the Signs is an interactive tool to help parents/caregivers and teachers recognize the signs of suicidal ideation. It is also a helpful guide for talking to a young person about suicide.
- 12 Things Parents Can Do to Help Prevent Suicide is resource that lists factors that can increase a child's risk for suicide. The resource also lists twelve suggested steps that can help a parent/caregiver feel better prepared to offer the caring, non-judgmental support a child needs.
- Preventing Youth Suicide: Tips for Parents & Educators is a handout with basic information on warning signs and prevention measures for youth suicide.
- Mental Health During COVID-19: Signs Your Child May Need More Support is a resource that lists suicide warning signs, coping strategies, and information on where to go during difficult times.
- How to Talk to Your Child About Suicide: An Age-by-Age Guide for Parents is a resource from the University of Utah that provides specific guidelines for approaching different age groups, ranging from the youngest children up to teens.
- Speaking of Suicide.com is a website for individuals, their loved ones, and survivors. In particular, the website provides extensive information in its "Friends and Family" section on how to talk with and help someone who is having suicidal thoughts.
- Preventing Suicide: Information for Administrators and Crisis Teams - Schools have a legal and ethical responsibility to recognize and respond to suicidal thinking and behavior.
- Preventing Suicide: A Toolkit for High Schools - This toolkit was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), and helps high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among students.
- The Society for the Prevention of Teen Suicide - Parents provides information to help parents/caregivers talk with their teens about suicide or the death of a friend by suicide. It also includes

a link to the video Not My Kid: What Every Parent Should Know, which features eight parents from culturally diverse backgrounds asking two experts common questions about youth suicide.

- The Jason Foundation provides basic information about suicide and how parent/caregivers can help prevent youth suicide. It also features a video that provides basic information on suicide and suicide prevention strategies for parents and other adults.
- The Family Acceptance Project and the Suicide Prevention Resource Center websites provide information specifically for LGBTQ+ youth and their families.
- NAMI website provides advice on how to support family members who struggle with mental illness or care for those that do.

Links to Suicide Hotlines

- 988 Suicide & Crisis Lifeline
- Crisis Text Line: Text "start" to 741-741
- National Suicide Prevention Lifeline:1-800-273-TALK (1-800-273-8255)
- The Trevor Helpline: 1-800-850-8078 (specializes in LGBTQ+ youth suicide prevention)

Resiliency in Overcoming Suicidal Ideation

Lisa St George, MSW, CPRP, CPRSS
Vice President of Peer Support and Empowerment
RI International

Since I was 18 years old, I have experienced treacherous feelings of not deserving to live as well as wanting to use suicide to escape the unfathomable emotional pain of living through childhood sexual abuse. These feelings are my best-kept secret. I do not share them often because they frighten me. I used to think that if I opened a door to them, they would all tumble out like too many memories crammed into a too-small closet. I am sharing here from the most vulnerable part of myself and I sit in strength, writing about these thoughts and feelings to offer support to others who may also have these experiences.

It is perhaps hard to understand the intensity of feelings like these if you have not had them. Suicidal feelings are the epitome of a false friend. They urge us to act quickly, as if they are the only place to turn when agony is surrounding us. They pretend to hold the only path out of the darkness, the sadness, the difficulties, and the deep and unending pain we feel. But suicidal thoughts, feelings, and wishes are lying to us every time they bubble up and invade our lives, minds, and hearts. There are many other paths out of the darkness.

When I consider the reasons for these feelings in me, they are tied to the vulnerability of being hurt, of trusting and having that trust betrayed, and of feeling like I should have known and understood what the perpetrator was doing. Logic tells me: "You were just seven years old when the abuse began and you were entitled to trust the adults around you, especially one in a parenting role," but such logic does not seem to matter to me in those moments.

We may know that we did our best at something that is now going wrong, or that we lost money or a relationship through a mistake, and we may find these things too heavy to carry in the moment. Experience says these things will pass and we can find a way to overcome them. Still, in the moment, it may be difficult to see through to the other side.

The memories I carry with me used to haunt me day and night. Even now, when vulnerable, or if a mistake was made, or trust was betrayed and thrown in my face, I can go to that dark place. I can listen to the deceiver that is my suicidal thoughts and feelings. But there is hope, and that is why sharing and writing about these experiences is important.

Some of the things that helped me the most are important to share. First, taking care of one's mental health issues may include recognizing that sometimes medication helps. I take medications to help me manage the challenges I face. Getting enough sleep and eating healthy foods is important. I have gained weight from the medications I take, but medication helps me a lot, so my weight is something I deal with and even love myself through.

Next, counseling with a therapist we trust and who trusts us can be helpful. It is important to work hard in therapy and discuss difficult memories, thoughts, feelings, experiences, and long-held beliefs. My therapist used Cognitive Behavioral Therapy (CBT) to help me explore facts versus feelings through Guided Discovery and journaling my thoughts. Replacing negative thoughts and feelings with accurate thoughts and feelings was helpful. Relaxation techniques, deep breathing, and grounding are great for anxiety. Therapy can be used many times in lives; our lives can be like an onion with layers of sorrow, experiences, and roadblocks to growth. CBT was of great help; it was more helpful than just going over and over what happened that cannot be changed.

Another tool is my Wellness Recovery Action Plan (WRAP), which was developed by Mary Ellen Copeland and has helped thousands of people strengthen their well-being. Making a WRAP was like turning on a light. We know a lot about ourselves, and if we organize all we know and add the things we keep learning along the way into a plan, we can improve our well-being. Recognizing when we begin to experience difficulties and acting right away to stay on track are important parts of managing challenges. WRAP involves creating a wellness plan for yourself. My WRAP includes many tools that I use to keep myself feeling good. Using art, reading, baking, playing little games on my phone, sleeping, walking in nature, deep breathing and relaxation techniques, self-talk, and supporters (including my doctor and team) helps keep me safe and strong.

Additionally, we can find people in our lives who we trust. These people are the ones we know love and care for us. They see us—the real us, without any masks. They are there for us and we are typically there for them. These people are friends and family, even co-workers. Sometimes we have people that we share a few things with and sometimes we have people with whom we share all things. Be mindful, because life stories are sometimes difficult to know. Only some members of my family and good friends know all the facts. It helps them understand when something brings up memories or creates uncomfortable feelings.

Last, work is one of my most significant wellness tools. My current position has lasted 23 years this year. I work at RI International. It is a joy to give back for help received through the years. It's wonderful to know that I can use my challenges and the deep wisdom that comes from overcoming difficulties to help others. I can help others believe in themselves and begin their recovery journey. Recovery is real. Just like someone who has had a heart attack takes care of their health by seeing a cardiologist regularly, exercising, and being mindful of what they eat, I take care of my vulnerable healthcare areas by seeing the appropriate healthcare team and using tools and supports that work. Mental healthcare IS healthcare.

Any time we feel at any risk of suicide, tell someone. Just talking about these feelings aloud diminishes the weight of them almost immediately. Sometimes, it is difficult to tell someone, but we can overcome those feelings. Additionally, if needed, call 988 to talk with a crisis counselor to get support. We can develop a suicide prevention plan that has been carefully constructed to support us in knowing what to do to help ourselves when we are exceedingly challenged.

If you have a loved one who experiences suicidal thoughts and/or feelings, it can be difficult to know what to do to help. Perhaps the most important things needed during those moments are love, understanding, and caring. Fixing what is wrong is not necessary, but listening (and actually hearing) and asking questions about experiences helps. It is important to demonstrate compassion and to hold hope for people. If a person has a WRAP, encourage them to share it with you. That way, you will know all the Wellness Tools that they use to help them through hard times. It is important to walk beside the person being supported, not leading them in the front nor pushing them from behind, but just being with them.

Given time, suicidal feelings will pass, but having a Safety Plan or a WRAP Crisis Plan or helping a person seek medical help may be important. Remember that in the most difficult moments, call 988 for help from the Suicide Prevention Lifeline. Don't wait until things are dire; call early and work with the crisis counselors to find solutions that meet your or your loved one's needs.

ABOUT US.

The Crisis and Recovery Enhancement (CARE) Technical Assistance (TA) Center is a cross-agency team from the fields of mental health; training and technical assistance; crisis response and recovery; criminal justice diversion; and wraparound supports for youth and adults at greater risk of mental health crisis, including people experiencing homelessness.

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