

SUSAN  
ODGERS

Local columnist



## Coping with ripple effects of suicide

‘Hello, hotline,’ the woman answered. “I need to talk with someone,” I said. “In the past five weeks, two of my neighbors, a 19-year-old woman in one family and a 59-year-old man in another, died by suicide.”

“I’m here. Tell me more,” she said.

As a therapist and educator I’m aware of the risk factors for suicide, such as a diagnosis of a mental health condition, co-morbidity of substance abuse, loss of social support and access to firearms. But I didn’t know my neighbors were in danger.

I felt intensely sad, traumatized. I wanted to process what I’d experienced so that I could help my family and community. But how could I respect people’s privacy while not contributing to the stigma of silence and misunderstanding that often surrounds suicide?

“Your feelings are common and understandable,” said the woman on the hotline. “I trust you’ll find your own way to be compassionate. You’re probably still experiencing shock, disbelief. There’s a rippling effect that reaches everyone who knew the people you mentioned.”

She said people at risk for sui-

tioned.”

She said people at risk for suicide can be anxious, lethargic, hostile, aggressive and agitated. Daily life activities such as eating, sleeping, employment, school and leisure may change.

“We work with all demographics who may be at risk: teens, military veterans, the elderly,” she said. “Most of us have cared about someone who has died by suicide. Suicide is the tenth leading cause of death worldwide. It’s also important to remember that people can be depressed and not want to kill themselves.”

“What else is helpful to know?” I asked.

“If you’re the least bit suspicious that someone is thinking about killing themselves, ask them,” she said. “Specifically, ask if in the past six months they thought about killing themselves? Is there anything that you should know about or be made aware of? Most people answer truthfully and are relieved to have the conversation. Asking is a form of prevention. People often think there are topics to stay away from or that they shouldn’t directly ask these questions. Having the conversation relieves the tension and pressure.

“It’s important not to judge what the person shares or try to fix their concerns. Listening, empathy is key. Try to understand that they see suicide as an option. They’re in pain. Listen to their pain story. We often don’t know the root of their pain. Everyone internalizes stress and trauma differently,” she said.

A person in pain can reach out to a free crisis line where a risk assessment and safety plan can be done. Another option is to go to the local emergency room or community mental

can be done. Another option is to go to the local emergency room or community mental health center. Or, sometimes, families need to petition the court to insure the safety of their loved one and others.



“We can help people practice the conversations they need to have with the people they’re worried about,” the woman on the hotline said. “Folks shouldn’t think they can complete the professional assessments. Additionally, we’re here to help the survivors of people who have suicided heal and move forward.”

After the phone call, I felt less upset and more focused, even hopeful, that I might be of help to those around me.

**Call 800-273-8255 to reach the National Suicide Prevention Lifeline.**