

“My Thoughts: Suicide Prevention Awareness”

By: Rev. Shernell J. Edney Stilley

Griffin is 48. Working virtually from home and only part-time for the past two months. He is sitting in the doctor's office and filling out the paperwork needed to inform the office of why he came in today. He feels fine in general and just wants a “clean bill of health” so that he can go on with his day. Yes, he's irritable but that's because coming to the Doctor takes SO much time out of his day. Besides, his spouse made him come and he thinks it's a waste of time. Aside from some stomach issues and the all too occasional headache, he's not too worried. Oh, and there have been less than restful nights, but everyone goes through that now and then. He goes down the checklist of concerns and aside from the regular issues for someone his age, he leaves most of the checklist blank. Some of it, he doesn't even read because he already knows that none of it is his problem. Especially the part that asks about “depression” and “anxiety”. Nothing he's gone through is THAT bad and it's not like he doesn't have a good life. He talks to his doctor about the occasional body aches but says that after popping a few ibuprofens every evening all is well again. “Anything else going on? Tell me about a typical day.”, says the Physician. “Well, you know. The same ol same ol. Nothing new. Can't really complain.”, he replies. “So, you're good?”, responds the doctor who genuinely cares but can't read his mind. “Yea, besides feeling like I need a break from everything, I'm good. But who doesn't? I mean, that's normal, right? So, unless you got a pill for that... (Insert socially awkward chuckle that makes it appear that Griffin is just joking.)” “(Insert equally awkward chuckle because this is the fourth time the doctor has heard that “joke” this week.) Okay, well as long as you say you're good then we will just focus on what's listed here on your paperwork and have you on your way!”, the GP sums up. “Sounds good.”, is his last word on the subject.

Here's the problem: He wasn't joking. Not really. He just made it seem like a joke because the alternative was too much to bear. The truth is he really can't cope and it's unimaginable to him that he finds himself in this place. The uncharted territory of caring for his mental health has never been a journey he thought he'd ever have to take. So, he doesn't. Certainly, he doesn't need therapy and there's nothing a glass of something stiff and a couple of Advil won't knock out of his system. Besides, no one else in his family has ever needed help in that way. Surely others who came before him have lived harder lives and he never saw them laying on someone's couch, much less, making a big deal out of everything and taking a prescription for it. In the recesses of his mind, he toys around with calling his doctor to see if there's more to it all and then decides that it's nonsense. It would take too long to get an appointment anyway and by the time he did he wouldn't even remember what caused him to make the appointment in the first place. Things are going to get better at work because he's just going through a slump. Of course, his child is getting on his nerves – they're home ALL day and rarely have anything to contribute to making home enjoyable. Surely everyone yells at their kid(s) to the point where their throat hurts every once in a while. It's just a mid-life crisis, he decides, to not feel like your life is beneficial and to question your purpose all the time. And for goodness sakes, it's got to be normal to never want to be around people – I mean, have you met them?! They're awful. For the most part, he simply counts down the time to “wine-o-clock” and occasionally contemplates how blissful it would be to not have to live this life over and over again.

Eventually, it becomes the best part of his day. The daydream where he just isn't here anymore. Not like, killing himself! No way! Just like, not being here anymore. Like, going to sleep and not waking up. That doesn't sound half bad. Surely, he concludes, everyone feels this way at some point or another. It's not a big deal. He certainly doesn't need any outside help.

What I've just described is the way millions of people feel all the time. Suffering. In silence. Living their life on a daily rollercoaster of undiagnosed depression and anxiety, they go back and forth between feeling like they are going mad and simultaneously over-exaggerating. To me, the unnerving part isn't that so many people feel this way. It's that they feel this way alone. Unfortunately, in our over-developed country with mind-blowing technology, we still stigmatize mental health issues. We verbally encourage others to take care of themselves while never providing avenues through which they can do this holistically. We make special arrangements for someone to get better when physical illness befalls them without giving a second thought to the inner and intangible aspects that are just as important. We have a limited number of sick days that have to be accompanied by proof of illness upon return; yet, no covenant of privacy and sacredness surrounding the caring of one's mind and soul.

And what about our children? They're way too young to have to deal with such issues, right? They don't have bills or the pressures of real adult life so what could they have to complain about? However, if true, then how do we explain the fact that more teenagers die by suicide than by cancer, heart disease, AIDS, birth defects, flu, stroke, and lung disease COMBINED?* Moreover, when it comes to our older population of siblings around the world (55+), they have the highest number of suicides every year over any other age group.**

Something is happening and we're not paying attention. We are condemning ourselves to walk a well-worn road alone for no good reason. It is estimated that 80% of all suicides came with warning signs to those around them. What do the warning signs of suicide look like? What happens before we get there? What does depression really look like when the person claims that everything is fine? Could it be creeping below the surface all the times that Griffin yelled until his throat hurt? Could it have been when the Merlot and Tylenol started having a home on the nightstand for easy access? Maybe there was a sign in the way he stopped texting back right away or returning phone calls—even though he said he was just tired all the time. We don't really know. But, that's the point. We will rarely be 100% sure unless someone comes out and says it. That's why we have to care more about our siblings than we do about our pride. It can be hard to ask someone the tough questions about how they are when so many times we are told "it isn't our business". I whole-heartedly disagree. It is our business. People are our business. Life not having to be lived alone is all of our concern. We must work together to de-stigmatize ALL mental health issues for ALL of our sakes. We live in a society where those who "push through" are honored and those who "take a break" are looked down upon. This is counterproductive to a healthy life. Everyone needs rest. Everyone needs care. Everyone needs to be able to say out loud, "I am not okay." Afterward, they should be met with care and understanding. Care that they are weary and understanding that none of us has it all together. It is only once we break down walls and build bridges into one another's lives that true healing of all

our hurts can begin. Will we stop every tragedy? No. Will we save every person? Of course not. Should we ever stop trying? Never. For each of us, we must remember that it's not about saving all the lives. It's about saving the one. And sometimes, the life we must start with is our own.

The following is a statement made by NAMI (National Alliance on Mental Illness): "September is National Suicide Prevention Awareness Month—a time to share resources and stories in an effort to shed light on this highly taboo and stigmatized topic. Suicidal thoughts, much like mental health conditions, can affect anyone regardless of age, gender or background. In fact, suicide is often the result of an untreated mental health condition. Suicidal thoughts, although common, should not be considered normal and often indicate more serious issues.

Every year thousands of individuals die by suicide, leaving behind their friends and family members to navigate the tragedy of loss. In many cases, friends and families affected by a suicide loss (often called "suicide loss survivors") are left in the dark. Too often the feelings of shame and stigma prevent them from talking openly."

We here at the United Church of Christ Mental Health Network feel the same way. That no one should have to suffer in silence and wade the waters alone. Please reach out whenever you or a loved one is feeling plagued by these feelings and call the National Suicide Prevention Lifeline at 1-800-273-8255 or www.suicidepreventionlifeline.org. We also encourage you to become more aware of and engaged in the work of mental health ministry. You can start by visiting our pivotal resources that are invaluable to the work of our local churches and communities.

* <https://www.ndbh.com/suicide> - teenagers & suicide rates

** <https://www.sprc.org/scope/age> - suicide statistics by age: 55+