

HOPE FOR TODAY: UNDERSTANDING AND PREVENTING TRAGEDIES

In light of the recent high-profile suicides of Kate Spade and Anthony Bourdain, **Kelly Posner Gerstenhaber**, PhD, director and founder of the Columbia Lighthouse Project, shares her thoughts about identifying and treating depression with *Purist*.

The single largest contributor to global disability in the world is not cancer, AIDS or heart disease. It's depression. Success, financial stability and resources do not grant immunity. And depression, this medical illness, is the main cause of suicide.

Suicide is the word that stops us in our tracks, filled with incomprehensible suffering, fear, anger, shame and anguish—a tragic paradox that takes more lives than car accidents, more U.S. soldiers than combat, more firefighters than fire, more police officers than crime. It is the No. 1 cause of death in older adolescent girls across the globe and the second leading cause of death in young people in the US, according to the Centers for Disease Control and Prevention; nearly 10 percent of high schoolers say they've tried to take their own life in the past year.

Suicide and depression do not discriminate: celebrity or high school student, black or white, rich or poor. When a person dies by suicide, 135 people are significantly affected and these effects linger across generations because of the silence that often follows. When beloved celebrities like Robin Williams, Kate Spade or Anthony Bourdain die by suicide, the effects on our nation are magnified and we are all left reeling, trying to understand why. What we suicide-prevention experts know is that suicide is our most

preventable cause of death. This is the good news, but we have lots of work to do as a society. There are many deeply entrenched barriers that have been built up over generations; our very first imperative is tearing down the walls of stigma and misunderstanding.

One of the most insidious problems is that we don't think of depression as a treatable medical illness like we think of diabetes or cancer. You never hear the word "choice" when it comes to cancer. This common misperception—that suicide is somehow a choice, a rational choice with "13 Reasons Why" that make it understandable (or that it has no reasons at all)—is pervasive and deadly.

"Depression? That's not a real illness." "I can snap out of it." "Real men don't get depressed." "Someone will think I am weak if I ask for help." "There's no hope for me."

Since modern antidepressants, the suicide rate has dropped dramatically across the world and across age groups. Yet 50 to 75 percent of those in need do not receive the treatment they need. Why? A societal misperception that doesn't view depression like any other illness, but as something shameful, prevents people from seeking help and even from letting others know they are suffering. Autopsies invariably show us that suicide is connected to a lack of treatment—not treating depression is what kills.

Someone with asthma wouldn't think twice about using an inhaler; a diabetic would take insulin.

In the past 50 years, we have managed to drastically reduce mortality from some of the most pernicious diseases, like leukemia and AIDs. Not suicide. But we can begin to reverse this devastation. And it is not complicated.

Imagine if we were all as concerned with mental health as we are about physical health: pediatricians, school nurses, ob/gyns would all be asking about emotional well-being alongside physical checkups and integrating mental health alongside physical education in schools. What would change? For one, we would have a higher chance of preventing the scariest and most tragic forms of violence—suicide and homicide. This is not hyperbole: 50 percent of people who die by suicide see their primary care doctor during the month before they die, so medical

that just asking a few questions can get people the help they need before it's too late—and thereby help prevent violence before it begins. I recently presented this to the Senate Forum on School Safety and partnered with Ryan Petty, the father of one of the Marjory Stoneman Douglas High School victims. "We (have) found another big piece of the school shooting puzzle...an 'antibiotic' for suicide (that) could fundamentally change the game for early identification and intervention," he said, referring to the Columbia Protocol, one of our most effective prevention methods. These few simple questions can be used by everyone, and offer a solution that cuts across the aisle.

Kevin Hines jumped off the Golden Gate Bridge—among the only 1 percent who have survived. He wanted to be saved; he says if just one person had asked him if he was OK, he wouldn't have done it. He needed someone to

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professionals need to ask about people's mental health, just like we monitor for blood pressure, or we will not find the people who are suffering in silence.

We actually know that people in pain don't often have the will to ask for help and too often they will not. Asking about emotional well-being should be as routine as vision checkups. But even that is not enough. We must go beyond the "medical model." Everyone must be, and can be, part of the solution. Friend, coach, teacher, spouse: All can play a vital role in connecting people to the help they need, before they ever get to (if they ever get to) a health professional. We need to find them where they are and where they live, and loved ones should be empowered and not be left feeling powerless. We have seen the incredible results of empowering the whole community. In the hands of everyone from legal assistants to clergy, the Columbia Protocol—a series of questions designed to act as a prevention tool—helped the Marines reduce suicide by 22 percent and the state of Utah reverse their suicide rate for the first time in a decade. Another misperception about suicide is that asking a person about suicide will make them suicidal. This is a myth born out of shame, fear and misunderstanding—it actually is liberating for those who are suffering to talk about their pain. People want to be asked and need to be asked.

This simple yet potent premise can also aid in one of our country's other most urgent public health crises. The nation has grappled with the tragedies of Parkland, FL, and Santa Fe, TX, as well as more than 1,000 other mass shootings since Sandy Hook. At least 80 percent of attackers in school-related violence, including the Santa Fe shooter, have suicidal issues prior to their attacks. We recognize

save him—and we need a culture where no one is afraid to ask. As he jumped, he realized that all of the problems in his life were fixable except the fact that he just jumped. The man who goes up to the gun counter does not want to die but does not know there's help.

Simply asking carries an enormous positive power. When we ask a student, an elder, a partner, it signals that someone cares about them; that no matter how scary their thoughts, they are not alone. Asking shrinks distances that separate us, normalizes the conversation about emotionally difficult, stigmatized topics and lessens suffering. Asking promotes connectedness—a powerful shield against suicide and other problems. This common language makes this connectedness unstoppable. And the power of social networks is on our side to propagate a method with a message that fights loneliness and hopelessness, and builds understanding and resilience across generations.

At one point in history, learning how to properly wash our hands began saving lives. Learning to just ask can help us save lives now. Generations of stigma and misunderstanding have taken far too many lives—this is the history we can stop from repeating. Since Anthony Bourdain and Kate Spade took their own lives, as with other celebrity suicides before them, there has been a dramatic increase in calls to crisis lines. The more we reach out, understand that depression is treatable, suicide is preventable and that we can all be part of the solution, the more lives we will save. 🌸

Resources: National suicide hotline: 1-800-273-TALK.
Crisis Text Line: text CONNECT to 741741 in the US.
For crisis support in Spanish, call 1-888-628-9454.