

# HSI Connection

Helping People • Changing Lives

## Why would they take their life?

**The statistics regarding suicide, both nationally and in Minnesota, show that it is serious public health issue.**

- ✓ Suicide is the 2nd leading cause of death for people ages 10-34.
- ✓ Seniors (age 65+) have the highest suicide completion rate of any age group.
- ✓ Minnesotans are three times more likely to die from suicide than homicide.
- ✓ In 2003, 267 Minnesotans died as a result of drunk driving. That same year, 496 Minnesotans died as a result of suicide.
- ✓ Of completed suicides, 90% are as a result of some form of mental illness, including substance abuse.

Marilyn is a thirty-seven year old woman with a history of depression. Over the past few weeks, she has felt her energy decrease and hasn't wanted to spend time with friends or family. She finds herself getting easily frustrated and moved to tears. Things seem to keep going wrong; her car breaks down, the kids get sick, and she didn't receive the raise she hoped for at work. Marilyn has found herself wishing she was dead, and has had thoughts of driving her car into a tree.

Alec, eleven years old, has always had more difficulty dealing with his feelings compared to others his age. In recent weeks he has exhibited more aggression, including physical aggression towards his younger sister. This morning he refused to go to school, screamed and cried for over an hour and banged his head against the wall. He continues to threaten to hurt himself.

Michael is a seventy year old man. His wife recently passed away, and he has begun to isolate himself from friends and family. His daughter noticed that he has lost a significant amount of weight and sleeps all the time. She is concerned about his behavior, but figures it's just his way of mourning the loss of his spouse.

All of these examples are people who are at risk for suicide. Suicide affects every person at some point in time, whether dealing with their own mental health issues or concerns about the well-being of another. The pain of suicide and the devastation it leaves behind are tremendous. But the good news is that suicide is preventable and there are many options to getting the necessary help for those who are hurting.

### Why Suicide?

When someone chooses to take their own life, it is often out of hopelessness and desperation. They believe there are no other options available to them. Sadly, the victim is not the only person affected. It is estimated that for every completed suicide, there are at least six survivors – friends,

coworkers, and family members – who are left behind to cope with the pain of the loss.

There are no easy answers as to why a person decides to end their life. While suicide is preventable, there are no specific causes for suicidal thinking. Current research shows that 90% of those who successfully complete suicide have some form of mental illness and 40% of those are people who had depression or a depressive disorder. Depression is not the same as a passing blue mood, or a sign of personal weakness. People with a depressive illness cannot simply pull themselves together and get better. Depression can be life threatening when people are in such despair that they consider suicide as a way to escape the pain. But not all people who suffer from depression consider or attempt suicide. So how can a person tell who is at risk and who is not?

Although there is no one thing that may cause someone to consider suicide, the complete lack of control that some experience during a crisis may be the deciding factor in whether or not they are able to decide that life is worth living. Mark Kuppe, HSI Chief Operating Officer states, "They may experience their daily life as totally spinning out of control, leaving them no viable options. As their world closes in on them, they lose perspective and are unable to manage or improve their daily situation. Once someone reaches this depth of despair, they can believe that the best option for them, as well as for those around them, is if they are dead."

The American Association for Suicidology reports that many people at some time in their lives think about completing suicide. Most decide to live because they eventually come to realize that the crisis is temporary and find hope in resolving their situation. People having a crisis, especially those with persistent depression, sometimes perceive their

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# Why would they take their life?

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## Suicide Warning Signs include:

- ✓ Previous suicide attempt(s)
- ✓ Talking or writing about suicide
- ✓ The plans or the means to complete suicide
- ✓ History of mental health disorders, particularly depression
- ✓ History of alcohol and substance abuse
- ✓ Family history of suicide
- ✓ Family history of child maltreatment
- ✓ Loss of interest in activities they used to enjoy
- ✓ Talking about feeling hopeless, helpless, or worthless
- ✓ Suddenly happier, calmer after being depressed
- ✓ Unusual visiting or calling of people one cares about
- ✓ Giving away things
- ✓ Recent loss (relational, social, work, or financial)
- ✓ Increased sadness, irritability, anxiety
- ✓ Acquiring guns or stockpiling pills
- ✓ Local epidemics of suicide

**If you or someone you care about is currently considering suicide, please get help immediately. Call 911, or contact HSI's 24 mental health hour crisis line at 651-777-5222.**

dilemma as inescapable and feel an utter loss of control.

## Who is at Risk?

Although there are groups that are at higher risk for suicide, the risk knows no boundaries. People from all walks of life, all ages, ethnicities and social standings are susceptible.

Certain age groups have a greater tendency for risk. People between the ages of 15 and 35 and those over the age of 65 are more likely to commit suicide.

Depression or a depressive disorder is typically a contributing factor but other mental health conditions such as schizophrenia or bipolar disorder, including those related to substance abuse and alcoholism, can also play a significant role. A recent study by the Surgeon General reports that two-thirds will never seek care for their illness. When asked why, the top two reasons were that they were afraid of the stigma associated with mental illness, or a lack of access to resources that could help.

People who contemplate or attempt suicide are often experiencing a mental health crisis. What is most unfortunate about the onset of a mental health crisis is the fact that there is a tendency to *downplay* the serious nature of the powerful emotions they are experiencing to themselves and those around them. Often this is done to maintain an appearance that "everything is OK" in front of others. Instead of sharing what they may be struggling with, they try to conceal the reality of their situation. If a person finds themselves either experiencing or witnessing a mental health crisis, it is important to seek help. Call a depression hot line, tell their doctor, or make an appointment with a mental health professional.

Bruce Eisenmenger, HSI Division Director of Mental Health states, "Mental Health issues and full-blown crises can happen to anyone. These problems cross all socio-economic lines - paying no attention to either culture or ethnicity. What is important is to

## A Story of Hope

My name is Terri. Three years ago there was a defining moment in my life. On a beautiful spring day I cried uncontrollably on my front porch. I could taste the salt of my tears and felt the deepest despair I have ever known. It wasn't that I wanted to die, it was that I wanted to make the unbearable pain go away and dying was the only way I could think of to do that. I knew I had to get help or die. I called a friend and through a series of phone calls my journey of wellness began.

recognize signs and symptoms and to seek help rather than containing it within oneself." There are also steps that each of us can take to help before a crisis occurs.

- Keep communication open. Adults and children are more likely to discuss troubling issues in a safe environment.
- Involve them in outside activities and exercise.
- Encourage them to spend time with friends. For children, help them to participate in groups with safe adults.
- Talk with them about finding professional help.

Heather Thorpe, HSI's Supervisor of Emergency Services says, "Depression is a medical condition. If untreated, a person may look unwilling to motivate themselves, when in actuality, they are unable. It would be similar to wishing yourself out of a heart attack or diabetic shock. It's not a matter of will." With help, suicide is preventable.

## Help is available

If you or someone you know has suicidal thoughts, **don't hesitate to act.** A person's well-being – their very lives – might depend upon whether or not help is actually sought. Call 911.

HSI's crisis services include a 24-Hour Crisis Line, an on-site crisis clinic, and the 24-hour Mobile Crisis Response (MCR) team. All of our mental health emergency services are provided 365 days a year.

HSI is part of a statewide network of community mental health centers and is committed to providing affordable behavioral health services. HSI is a provider for Medical Assistance-Pre-paid Medical Assistance Programs (PMAP), Medicare, Minnesota Care, as well as a large number of commercial insurance plans. For further information or help with mental health/suicide crisis call 651-777-5222 for an appointment.

I know that there is hope for my future. I continue to feel better as the days progress and can now see what I thought I was not able to touch. There is hope in the possibilities of life. There is hope in knowing that no matter what happens, I have everything I need inside of me right now to deal with whatever comes my way. And there is hope in knowing that there are always people and resources out there to help me on my journey.

# Suicide and Youth

Many people associate suicide with the trials of adolescence, and with good reason. Youth and young adulthood are a tumultuous time in people's lives, with new experiences, growing pains, and changes in lifestyle. But sometimes the symptoms of suicide are difficult to see because of the typical behavior seen in teenagers.

There is an assumption that all youth are depressed, sullen, moody and anti-social at different points in their life. While there are times during the teenage years when this is true, it is not a permanent state of being. If a teenager you know retreats to their bedroom to listen to music all day, they may not be depressed or suicidal. But if this behavior is paired with a sudden loss of interest in activities that used to be joyful, or any other sudden loss it could be deadly.

Young adults are just starting to develop coping skills that help them understand how they relate to the world around them. When those coping skills are tested, such as the break-up of a

relationship or a feeling of failure due to a difficult class, it can be hard for them to use those skills in a way that can help them get through the immediate crisis. Life tends to become distorted to them. Add to the mix any mental health or substance abuse issues, and there is susceptibility for wanting to end the pain. What places teenagers at such a high risk during these times is their impulsivity. On a sudden impulse, they may chose to go too far.

Teenagers are not the only youth at risk for suicide. One out of every twelve college students contemplates or attempts suicide. College-age and young adults are at risk because they too are facing new challenges that test the limits of their coping abilities. Situations such as new environments, academic and social pressures, difficulty adjusting to new or heavier workloads, and feelings of failure can all contribute to an increase in the severity of suicide symptoms for those between the ages of 20 and 35.

- ✓ Most youth complete suicide in their homes between the hours of 3 p.m. and midnight.
- ✓ Male teens are almost five times more likely than females to die by suicide, even though females are more likely to attempt suicide.
- ✓ The strongest risk factors for suicide in youth are depression, substance abuse and aggressive behavior.

## How You Can Help

If you know someone who you think may be in crisis, how can you best support them?

- **Don't** be afraid to ask someone if they are suicidal. Research has shown that talking about suicide will not "put the idea in someone's head." If they are in crisis, most likely they have already considered it. Being straightforward and asking allows the person the chance to talk and get help.
- **Don't** be judgmental or dismiss their feelings. When someone, especially a child, chooses to open up to a parent or peer about their feelings, the reaction can make a difference in whether the suicidal person feels hopeful or hopeless. Try to avoid reacting in anger or not taking their feeling seriously.

- **Don't** vow to keep your conversation a secret. This is especially true if you are helping a friend who is considering suicide. If they are unwilling to ask someone for help, go get it yourself. Your friend may be mad at you, but they will still be alive.
- **Do** listen, even when it's hard or the person is saying things you don't like to hear.
- **Do** take the situation seriously. Too often people think that if a person is willing to talk about suicide, they will not go through with it.
- **Do** ask what you can do to help. Ask if they need a ride to the doctor or hospital, or if they want you to stay while you call the suicide hotline. Be supportive and offer your help.

### Important Information:

The information that is provided in this newsletter is not to be used to diagnose individual cases. Each individual is unique, only a professional healthcare provider is qualified to diagnose illness and prescribe treatment.

## Resources & Support

**HSI**  
7066 Stillwater Blvd. N.  
Oakdale, MN 55128  
651-777-5222  
www.hsicares.org

**24-hour Mental Health  
Crisis Line**  
651-777-5222

**National 24/7 Suicide  
Hotline**  
800-SUICIDE (800-784-2433)  
www.hopeline.com

**Washington County Alliance  
for the Mentally Ill**  
P.O. Box 2066  
Stillwater, MN 55082  
651-439-3800

In a Suicide Emergency Call 911 OR 1-800-SUICIDE (1-800-784-2433)

# Suicide and Seniors

Most people assume youth have the highest rate of suicide, but in actuality it is seniors. People over the age of 65 account for 17% of all completed suicides because they are more successful in completing their attempts. In young adults, there is one completion for every 150 attempts. For seniors, there is one completion for every four attempts.

Why are the statistics so high for those over sixty-five? Part of the problem is that they are not always diagnosed with depression. Those over the age of 65 are more likely to suffer from a depressive disorder than those who are younger. Despite popular belief, depression is not a natural part of aging but it accounts for 90% of senior suicides. Some studies have shown that 75% of seniors who complete suicide saw their physician within the last month, but did not receive an adequate diagnosis of depression.

The risk factors for seniors are similar to other age groups, but there are specific challenges for those over sixty-five.

- Death of a loved one
- Illness, uncontrollable pain or fear of a chronic/terminal illness
- Perceived poor health
- Social isolation and loneliness
- Major change in societal role (retirement, etc.)

As with other groups, the key to helping a senior survive a crisis is to listen and offer options. By being aware of the risk factors and offering help, you can provide hope to someone who may be at risk.

- ✓ The elderly (ages 65+) have the highest rate of completed suicides.
- ✓ It is estimated that 20% of elderly (over 65 years) persons who commit suicide visited a physician within 24 hours of their act.

## The Mobile Crisis Response Team (M.C.R.)

“With the introduction of the Mobile Crisis Response Team, we can now respond quickly to any mental health crisis in our county. The services are available in the home, school, or community, which often feels less stressful and disruptive to the individual in crisis,” states Heather Thorpe, HSI Supervisor of Emergency Services. HSI’s Mobile Crisis Response team (MCR) is capable of traveling to any mental health emergency located within Washington County.

The MCR team responds to the location of the caller *within thirty minutes of the initial call*. HSI’s trained staff may continue treating the person of concern until they are stabilized. Our services include crisis stabilization,

medication where appropriate, outpatient therapy, and supportive services as well as linkage to other HSI or community resources.

As a response to increased hospitalizations and overcrowded emergency departments in local hospitals, HSI began coordinating efforts with key east metro stake holders including counties, state, health plans and location hospitals to develop a “first-response” team designed specifically for the intervention and treatment of a mental health crisis. This collaborative effort began as a children’s partnership and has now grown to include both children and adults in the seven county metro area.

For more information about Mobile Crisis Reponse Team call 651-777-5222.

**National Mental Health Association**  
www.nmha.org  
1-800-969-6642

**American Foundation for Suicide Prevention**  
Information on suicide and survivor support  
www.afsp.org

**Suicide Awareness Voices of Education (SAVE)**  
www.save.org  
1-952-946-7998

**Fierce Goodbye**  
Faith-based perspective on suicide; materials for survivors and pastors  
www.fiercegoodbye.com

## HSI Locations

8451 Pt. Douglas Rd.  
Cottage Grove, MN 55016  
651-458-4116

121 11th Ave. S.E.  
Forest Lake, MN 55025  
651-251-5220

7066 Stillwater Blvd. N.  
Oakdale, MN 55128  
651-777-5222

375 East Orleans St.  
Stillwater, MN 55082  
651-430-2720

TDD: 651-770-6834

[www.hsicares.org](http://www.hsicares.org)

**24 Hour Mental  
Health Crisis Line  
651-777-4455**

## Statewide Initiative for Fetal Alcohol

Fetal Alcohol Spectrum Disorders are caused by alcohol consumption during pregnancy and are the leading cause of mental retardation in North America. The brain damage from prenatal exposure to alcohol affects behavior and the lives of affected individuals are often riddled with problems in family relationships, school and in the community. Early identification of FASD and access to services are key factors in better outcomes for the affected individual and their family.

HSI is collaboratively working to improve the early identification of Fetal Alcohol Spectrum Disorders and develop more effective programming and resources while increasing awareness within the Twin Cities metropolitan region.

The Minnesota Organization on Fetal Alcohol Syndrome Statewide Initiative provides this funding for a regional network including Ramsey and Washington counties. For further information, contact Cathy Luiken, HSI's FASD Project Coordinator at 651-351-3152.

## Meeting the Hispanic/Latino Mental Health Needs in Washington County

In Washington County, the Hispanic/Latino population is steadily growing. To meet the growing demand for mental health services, HSI is pleased to announce the addition of Dr. Liliana Freire-Bebeau. Dr. Freire-Bebeau's main focus is to create outreach to the Latino population to provide mental health services. "In the past, when services were needed an individual needed to be referred elsewhere to another agency or a translator had to be used. This can be very difficult for those seeking mental health services," states Dr. Freire-Bebeau. Questions or to set-up an appointment for mental health services call 651-351-3128.

### QUESTIONS... WE'RE HERE TO HELP!

Like more information about our services?  
Call 651-777-5222 or visit [www.hsicares.org](http://www.hsicares.org)

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## From the CEO...

Suicide is often the end result of a medical psychological process that's as overwhelming as any other life-taking illness. This process frequently includes depression and other treatable mental health conditions. It has often been noted that people who die by suicide do not want to die; they simply want to end the despair and pain they are feeling. If there were another way to end the pain, they would seek it. Failing to find relief, they become hopeless. More than depression, hopelessness predicts who will die by suicide. When people are suicidal, their thinking is paralyzed and they see no options for themselves. They cannot see beyond their immediate circumstance or anticipate a future different from the unbearably painful present. This experience of hopelessness is one of the **treatable** symptoms of depression. Continuing advances in the treatment of depression in adults and children means that options are available. If you or someone you know is contemplating suicide, help is available through many of the resources listed in this edition of the newsletter.

# HSI

A private nonprofit corporation  
Human Services, Inc.  
7066 Stillwater Boulevard North  
Oakdale, Minnesota 55128-3937  
651-777-5222  
www.hsicare.org

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## HSI *Connection*

### FEATURE FOCUS

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***Help is available!***

***Like more information about our services?  
Call 651-777-5222 or visit [www.hsicare.org](http://www.hsicare.org)***

### WE'RE HERE TO HELP!

#### *Afraid to leave an elderly loved one home alone?*

Many families are struggling with the issue of leaving an elderly loved one home alone. They may have special needs, such as a chronic illness, memory loss, disability, depression, loneliness, a need for post-hospitalization assistance or needed respite time for caregivers. Established in 1998, HSI's Circle of Friends is an affordable licensed adult day program. The goal of the program is an alternative care option to out-of-home placement. Families feel a great sense of assurance knowing that their loved ones are safe and participate in stimulating activities, exercise programs, personal care and grooming such as baths, shampoos and foot care. In addition, staff closely monitor

health, medications and prepare personal care plans.

Participants may attend from 9 a.m.-3 p.m. Monday through Friday. Extended hours are available upon request.

For the caregiver, Circle of Friends provides support and resources. Time may be freed up to run errands, keep appointments, visit with friends ...or just relax. Cost of the program is paid privately or by long-term care insurance, the Veterans Administration, or through medical assistance. **For more information about Circle of Friends or to arrange a visit, please call 651-275-5801 or visit [www.hsicare.org](http://www.hsicare.org).**



**HSI's mission is to help people overcome and prevent life impairments by developing individual potential and promoting meaningful participation in family and community life.**