

Help and hope for Oregon's suicide crisis

That 825 Oregonians died in a single year by suicide is a sobering assessment of our collective ability to help those who feel trapped in their own despair.

That it's such a hidden statistic, however, is an embarrassing reflection of our collective ignorance. Hundreds more people died by suicide in Oregon in 2017 than by traffic crashes, firearms or infectious disease. The suicide rate in Oregon is well above the national average, as it has been for the past three decades. Yet this undeniable public health issue has lacked the public attention and sustained outcry that it desperately needs.

Some of that stems from the stigma that persists around mental illness and suicide, shutting off conversation or even acknowledgment that a suicide has occurred. Some may stem from the fear of encouraging "copycat" behavior. Regardless of the motivation, however, our families, schools, communities and media organizations have too often chosen the easy way out by simply keeping silent. Meanwhile, the suicide rate in Oregon and the United States has continued to climb.

Clearly, silence hasn't worked. This week, news organizations around the state are collaborating to bring attention to the problem of suicide, report on populations at highest risk and share resources on how to prevent it. While the "Breaking the Silence" project won't necessarily provide answers, it aims to start a statewide effort to confront it. Using responsible reporting practices that examine, not sensationalize, suicide, these stories can provide the common understanding, motivation, tools and questions that can help the community mobilize against this public health threat.

The data show just how widespread a problem this is. Oregon's suicide rate is 14th highest in the country, and suicide is the second leading cause of death for those ages 10 to 34, according to the Oregon Health Authority. One-fifth of those who kill themselves are veterans. More than half the deaths are caused by firearms.

While those statistics may seem daunting, they can also provide possible avenues where leaders can make a difference.

Such data, in the aggregate, can help build support for increased funding for veterans' health services or provide tangible prevention options, such as the 2017 law that allows family members and police officers to petition a court to take away firearms from someone at risk for suicide or causing harm to others.

We also need to recognize that Oregon's youth are struggling. Nearly 9 percent of eighth-graders self-reported having tried to kill themselves one or more times in the previous year and nearly double that percentage considered it, according to Oregon Health Authority data. That children just entering their teen years would even think of suicide as an option should be its own open-and-shut case for more counseling, support and training in schools. And health officials can lead by providing guidance for families, schools, health departments, physicians and nonprofits on how to talk about suicide both as a general public health issue and on an individual basis.

This is not an insurmountable problem. Resources already exist and show that crisis counseling lines and other outreach efforts make a difference.

Even friends and family members can take steps to help a loved one who is struggling by asking a series of questions about whether they have wished they were dead, thought about killing themselves or made any plans toward killing themselves. But it requires the willingness to have those uncomfortable conversations in the first place.

The effects of suicide reach far beyond the individual. The injury is borne by families, friends, communities and the public at large. It's long past time to start treating it that way.

"Breaking the Silence" is a statewide media collaboration aimed at putting a spotlight on the public health crisis of death by suicide in Oregon and offering our readers, listeners and viewers resources to help if they – or those they know – are in crisis.

Learn more at breakingthesilenceor.com.

Choose to continue the sentence

I used to consider the semicolon the unwanted child of punctuation. It is usually misused or mistakenly typed on the keyboard if you forgot to hold shift



Ericka Wells

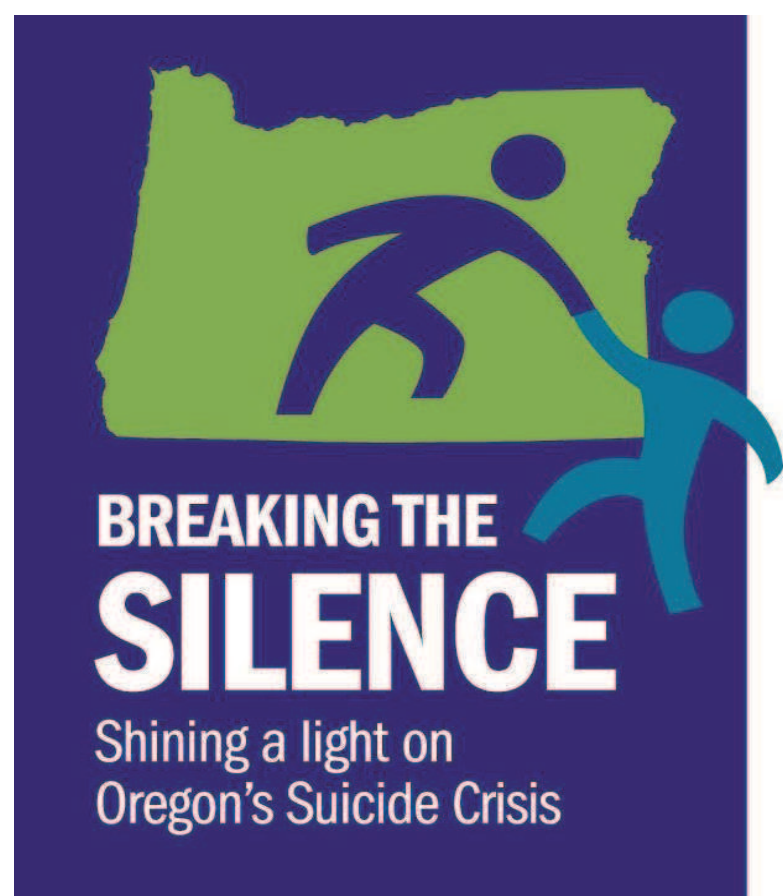
while pressing for the colon button. In writing, semicolons are used when the author could have used a period but chooses to connect clauses for a longer, more interesting sentence. But now,

the semicolon has become greater than a simple punctuation mark. The semicolon changed for me when I saw a picture of it in a friend's room. I asked her what it stood for, and she replied, "It's when an author could've chosen to end their sentence, but chose to continue instead." I fell silent, working out the reasoning behind her words.

She then told me her story starting with her middle school friend. They would draw semicolons on their wrists with eyeliner (so it wouldn't smudge off) as a reminder of hope for their life's hardships. She suffers from ADHD which causes her to have anxiety; she has also experienced depression. I realized then that it related to survival and hope. That same day, I drew myself a picture of a semicolon and hung it on my wall. Her story and the simple drawing of that semicolon changed my entire view of the unwanted child of punctuation; I was left with a yearning to learn more.

I discovered that there is a movement called Project Semicolon. Amy Bleuel started this non-profit organization after she lost her father to suicide. Since 2013, this movement has helped over 5.2 million people. They follow the quote my friend shared with me: "A semicolon is used when an author could've chosen to end

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their sentence, but chose not to. The author is you, and the sentence is your life." Project Semicolon's website holds valuable articles and resources for anyone experiencing depression, suicidal thoughts, loneliness, and/or other mental diseases, and seeks to help with every struggle.

From this movement, tattoos of semicolons have spread like wildfire. These tattoos come in all different forms, from simple to extravagant pieces of art; there is no limit to the creativity. Many tattoos I've seen are with words like "cont;nue," or "warr;or," or "surv;ve." But the most impactful tattoo I've seen is a heartbeat that goes flat, but at the end, there is a semicolon, and the heartbeat returns to normal. It shows that they tried to end their (life) sentence and start another one (death), but they decided to fight

and survive another day.

The semicolon has taken on many different meanings. For some, it's in remembrance of a loved one; for others, it is a symbol of hope, optimism, support, and/or survival. It symbolizes strength, where people can rise from their ashes like a phoenix and become stronger and beautiful once again.

For me, I see hope and inspiration to achieve my dreams and goals. Every time I look at the semicolon on my wall, I feel inspired to keep pushing through the day and have confidence that everything will work out in the end. But more importantly, I know that the semicolon is more than punctuation.

Ericka Wells is a student at Hermiston High School and an aspiring author writing her own book series.

GUEST COMMENT

Through profound grief, I chose life

By Sheila Hamilton

To the Blue Mountain Eagle

In the days after my late husband's suicide, when I struggled to breathe properly or imagine a path forward for myself and my 9-year-old daughter, I began posting yellow sticky notes in places I couldn't avoid.

On my bathroom cabinet. While brushing my teeth, bleary-eyed and sobbing, I'd read my scribble:

"Look to the living, love them and hold on" — clinical psychologist Kay Redfield Jamison.

I'd reach for coffee beans in the morning, overwhelmed by a to-do list that no one wants. Casket or cremation? Call the IRS. Cancel his phone line. The note on the canister reminded me to rise above:

"What do you plan to do with your one wild and precious life?" — poet Mary Oliver.

Sitting down to finally write the eulogy for the man with the electric blue eyes, the thinker who excused himself at parties and settled in a corner chair with a book.

"There is a solemn choice in life. Life and death; light and darkness; truth and lies are set before us. At every instant, the cry comes for us to choose one or the other and the choice of one involves the putting away of the other. And we must choose. That is one of the certainties of life." — writer Stopford A. Brooke.

Eventually, the sticky notes dried up. The questions and suggestions fell into the sink or on the floor, gathering with the dust and chaos suicide leaves for others. But the choice inherent in those messages stuck with me. Life or death.

With suicide, media coverage almost always focuses on sensational acts committed by a celebrity, rock musician or movie star. Meanwhile, for every completed suicide, there are 25 people who attempt suicide and survive, according to the Centers for Dis-

ease Control and Prevention.

The vast majority of these survivors go on to accept help and find meaning. The media should pay less attention to the details of the suicide, and provide more resources for help. Coverage should include the wisdom of people who have been severely depressed or suicidal and recovered. These are stories of transformation, and they speak to a renewed appreciation of being alive.

My late husband loved his work as a designer and builder. He loved books so much they spilled over bookcases and bedsides. He made fires on rainy Sunday mornings and practiced wrapping our infant daughter like a burrito, his big hands going through the motion again and again. As if with this child, this living reflection, he was finally going to get something right.

But he likely had been suffering from depression and anxiety most of his life. Instead of asking for help, he pushed his dark thoughts and suffering to a place of shame and denial. He refused to be seen as suffering from a brain illness.

After two suicide attempts, he was finally diagnosed with bipolar disorder. I'm still not certain that was the right diagnosis. A better diagnosis is that he gave up on living.

In the weeks before his suicide, he was hospitalized in a windowless room that looked a lot like "One Flew Over the Cuckoo's Nest." Nurses worked behind thick bulletproof glass. A doctor he rarely saw prescribed as many as 13 drugs. Counselors advised him to quit his job and forever change his life to accommodate his mental illness.

We sat each night on stiff couches as other patients shuffled around. When he asked for something to do, the nurses offered him crayons. He described his ordeal

like a person whose imagination had been wiped clean. My hope simply didn't help.

"We'll get through this," I offered, panic stricken. "One day at a time." I didn't realize the mind of suicidal ideation is a circular track with no on or off ramps. His hands moved listlessly. His eyes were flat.

Imagine if we'd met with other people who suffer from suicidal ideation, but who keep their careers and their children. Imagine if we'd been offered hope instead of a dim view of the future. This isn't the obligation of the press, but if we truly want to change the growing suicide rate, our stories, our narrative of suicide must change.


A couple of years ago, I spoke at a high school in Washington where there had been a cluster of suicides.

The school's position was no memorials, no mention of the loss of several classmates. But, when I asked the students if they were aware of the tragedies, every hand went up. They didn't need more details of the deaths. They needed more details about where to get help. And how to live with anxiety and depression.

Choosing life doesn't mean living without pain and suffering. That's all part of the deal. But my husband's choice to move away from his pain toward the unknown paradoxically changed me for the better.

Through profound grief, I discovered gratitude. Through vulnerability, I've found strength. Suffering isn't brave, but it's part of the agreement we make in return for being human. I climbed out of the cave of grief and moved toward love and what I can count on.

This breath. This moment. Life. *Hamilton is a Portland author and past radio personality who now hosts a weekly podcast at BeyondWellWithSheilaHamilton.com.*



NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-8255 | suicidepreventionlifeline.org

OREGON YOUTHLINE
877-968-8491 | Text "teen2teen" to 839863



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