

WATCH FOR IT

BY KATIE A. VOSS

Every 16 minutes, someone in the U.S. commits suicide. In 2004—the most recent year for which national statistics are available—32,439 people took their own lives. Of those, 3,316 were between the ages of 15 and 24, making suicide the third major cause of death among high school and college students.

The World Health Organization, the International Association for Suicide Prevention and the World Federation for Mental Health will hold the fourth annual World Suicide Prevention Day on September 10, 2007. Throughout the world, local events, including conferences, meetings, concerts and activities will enhance suicide awareness and promote effective prevention programs.

Echo contacted Dr. Morton Silverman, senior advisor to the National Suicide Prevention Technical Resource Center, clinical associate professor of psychiatry at the University of Chicago, and former chairman of the International Association for Suicide Prevention; and Stanley Lewy, business manager for Thresholds, a program that provides support, education, job training and placement, as well as housing for people who are mentally ill. Lewy has a personal connection to this topic; he lost his 25-year-old son, David, to suicide nearly six years ago. Lewy has served as president of the American Foundation for Suicide Prevention's midwest chapter and is a former chairman of the Illinois Suicide Prevention Coalition. Silverman and Lewy spoke about what's being done and what's yet to be done to lower the suicide rate.

How has the issue of suicide changed in recent years?

Silverman: Twenty years ago no one talked about depression or anxiety disorders or eating disorders. There was a lot of stigma associated with those disorders. But now those illnesses are household words. I think a similar process is unfolding for suicide. People seem more willing to talk about it, think about it, and we're willing to look into information about preventing it.

FOR MORE INFO

The following organizations work on suicide research, education, policies and prevention.

Illinois Suicide Prevention Coalition
www.ilsp.net

American Foundation for Suicide Prevention
www.afsp.org

American Association of Suicidology
www.suicidology.org

Suicide Prevention Advocacy Network
www.spanusa.org



Suicide prevention begins with awareness

PHOTOILLUSTRATION BY KATIE A. VOSS AND STACY SMITH

What still needs to be done?

Silverman: We need more awareness of risks for suicide, more attention to the possibility that someone might be suicidal, and more time taken for referral and prevention for the at-risk.

Lewy: We have to get people talking about depression, because depression is the underlying source of the majority of suicides, probably somewhere in the 70 to 90 percent range. But people don't talk about depression; they don't get help for it. They've been taught to be ashamed. We haven't even scratched the surface at peeling away the stigma.

Why do you think there's a need to target youth?

Lewy: We can't change people at my age. This is an ingrained thing and it's been ingrained in society for thousands of years. The Catholic Church, at one point in time, wouldn't bury somebody who had committed suicide. It's a very deep-seated stigma. We need to change that stigma and the way to change it most quickly is to change it in the minds of youth.

What progress would you like to see in suicide prevention?

Lewy: Well, I'll tell you a couple things that are on my personal plate. Number one, the City of Chicago is not effectively served by the National Suicide Hotline. Today if you call 1.800.273.TALK or 1.800.SUICIDE, you will be connected to the University of Illinois at Chicago from 6 p.m. to 10:30 p.m. Any other time, you will be connected to McHenry, Kane or Will Counties or New York. I'm working to try and get that running full time, 24/7 at Chicago in Cook County.

Secondly, I'm trying to get a

face-to-face intervention to tie into that, so when somebody is terribly low and needs help, we can send somebody out there rather than the police and they can then work with them on a positive basis. Get them the help they need immediately, but also set up a plan for doing it, hooking them into the community services appropriately.

And after that, I hope to build a safe house, where somebody who is suicidal can come and check themselves in and check themselves out as they please. This is a place for people who are in total crisis, who are afraid if they go to the hospital they will be locked up, they won't be able to leave, because there's a lot of fear of that. But here they'll feel they can go somewhere for help without becoming trapped.

Are medical and mental health professionals well educated about suicide risk factors?

Lewy: Today, suicide prevention is not taught in medical schools, in schools of social work, to people in theology, to all gatekeepers. And so we have a great educational journey to bring professionals up to the speed that they have to be at as well as to deal with educating the populace. We have a tremendous job in front of us.

Silverman: We need to train primary care physicians in recognition of suicide—particularly in adolescents and the upper elderly. There's a lot of effort underway to train primary care doctors in just thinking about the possibility that someone

might be suicidal. We need them to listen for it, to ask questions. People might not bring it up for fear they might be considered crazy. But if a doctor opens up that dialogue, it makes it seem like it's not such a terrible thought to have. I think that would help in terms of prevention.

CAMPUS RESOURCES

CCC Campus Suicide Prevention Program
Contact project director Shannon Lengerich at slengerich@colum.edu
CCC Counseling Services
Located at 731 S. Plymouth Court, Main Level
312.344.8700