

Suicide survivors reveal how they turned their lives around

When Kevin Amundson opened his eyes for the first time after he attempted suicide, he could see that he was in a hospital, but he had no recollection of why.

His father's face slowly came into focus.

'Do you know why you're here?' he asked, from Kevin's bedside.

Kevin didn't remember – not yet – but he loved to drive around in his truck, so he figured that it must have been a car crash.

'No, bud,' Kevin's father said, 'you tried to kill yourself.'

For the next few days, Kevin was in and out of consciousness and a torrent of painful memories.

'That was a hard time for me because I was remembering the minutes and hours before the attempt, and it came back in bits and pieces.'

The gun in his hand. The water beneath the dock. The heat of tears on his face. That phone call.

As is true for many suicide attempt survivors, those first days in the hospital were crucial to Kevin's future. During those days, he would decide that he wanted a future.

Getting an exact count of how many people attempt suicide each year is difficult, but rates of suicide have surged by 33 percent since 1999, and the American Association for Suicide Prevention (AASP) estimates that attempts number somewhere in the neighborhood of 1.3 million.

The hour after a massive injury is considered the 'golden hour' – the period during which the chances of recovery are highest. After those first 60 minutes, the odds of survival start to fall, and fast.

For suicide attempt survivors, the next 365 days are like one long golden hour. The risk of suicide is 37 percent higher for that first year after an attempt.



Kevin Amundson (left) has always been close to his family, including his father, Dave (right), but he couldn't bring himself to talk to anyone about depression until after his suicide attempt



Now, Dese'Rae Stage (left) has a steadfast support network, anchored by her wife, Felicidad Garcia (right), but at the time of her attempt in 2006, she was isolated in an abusive relationship

WHAT SUICIDE STATISTICS GET WRONG ABOUT SUICIDE SURVIVORS

A suicide attempt itself is a traumatic event. Survivors are shaken, fragile, and the act as well as the immediate aftermath of an attempt is difficult to talk about – for those who tried to take their own lives, for their loved ones and even for us as a society.

There is no typical suicide, but the most often told stories stand in for what is 'usual': a low point, an attempt, an epiphany, healing, and a new outlook on life, and why it's worth living.

Paradoxically, Kevin fits the statistical model *completes* suicide – but not some who *attempts*, but survives – in the US: he’s male, he’s white, he lives in a rural area of Minnesota, he has access to firearms – all the most commonly shared features of Americans who *do* take their own lives.

Kevin does not fit the statistical features of someone who attempts suicide – young, female, Hispanic, with a documented history of mental illness.

But our statistics fail pretty miserably to capture the identities and personalities of people who attempt or commit suicide – much less how to prevent them from doing so or help those who survive to move forward.

Dese’Rae began to struggle with depression and self-injury, and it continued through high school (pictured) and into her twenties

For Kevin, there was a moment when he decided to live, and never looked (all the way) back.

That’s not every story, either, Dese’Rae Stage says – and so many suicide attempt survivors have been hidden from view.

So Dese’Rae started [Live Through This](#), a project that tells the stories of attempt survivors, like herself.

‘Any stories I saw about people who had lived through suicide

attempts were anonymous. There wasn't any kind of dimensional representation,' she says.

'And they all had happy endings. Everything was like, "I had a hard time, I got help and I'm better now."

'We have no faces, we have terrible experiences, we get better and there's no more exploration than that.'

She started exploring the subject of suicide attempts and the people who make them.

'Let's talk about it and put faces and names to it. Stats are cool, but I can't relate to statistics the way I can related to a person,' Dese'Rae says.

YOU DON'T HAVE TO BE ALONE TO BE LONELY: ISOLATION IS AN OFTEN UNSEEN SUICIDE RISK FACTOR

Anonymity and isolation are common threads in the stories of suicide attempts, including both Dese'Rae's and Kevin's – even though the first thing Kevin says about himself is really about his family.

'I have very close relationships with my family, I always have,' he says.

'But I was working a dead-end job, I wasn't making a whole lot of money, I kind of felt stuck and I was drinking quite a bit

even though I wasn't 21.'

Then he found out his girlfriend was cheating on him.

'It all just kind of culminated. I thought, "screw this, I don't want to be here any more" and I felt like I wasn't wanted any more,' he recalls.

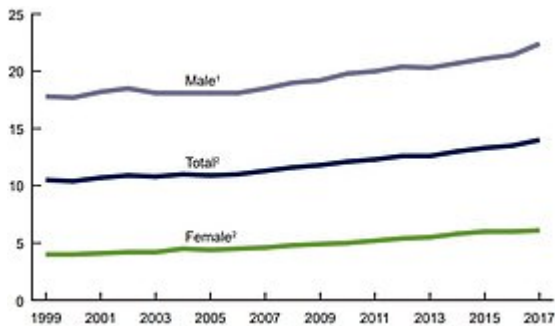
Kevin (left) and Dese'Rae (right) both attempted suicide after struggling quietly for many years. Now, they each finds ways to speak out about suicide, speak to those that might be considering suicide and help to put faces to an often shadowed topic

Perhaps worst of all, Kevin felt he was a burden to his family. He'd had never talked to them about his depression. He'd never talked to anyone about it and didn't even really think of what he was experiencing as depression himself.

Kevin felt alone with a beast he couldn't name – when in fact he had a support system but just couldn't see it.

THE STAGGERING STATISTICS OF SUICIDE IN

THE US



Since 1999, the rate of suicide in the US has increased by a staggering 33 percent according to the CDC's latest data.

Suicides now account for 14 out of every 100,000 deaths in the US.

Rates are highest among white males – but have increased across the board.

In fact, rates for women have shot up by 53 percent since 1999.

Rural America is disproportionately affected by suicides and, in 2017, a full 20 out of every 100,000 deaths in the country's least populated areas were suicides.

'I think I did have that' – a support network – 'but the whole depression and feeling like I was a burden made me not see

that,' he says.

'It very much clouded the fact that I had people there. [Depression] wouldn't let me see that.'

It was only after his suicide attempt that that curtain began to lift.

Kevin remembers his mother reading him messages his co-workers had written on the Caring Bridge page she'd made for him. Guys just like him, saying they felt just like he had, and for all those years he'd thought he was the only one.

'A lot of them felt the same way I had. Two of the guys were working the same job [as me], still living with their parents,' Kevin recalls.

'They said, "we're all the same, we're here to support you, you have more people here than you know." That touched me more than anything else.'

Kevin saw these messages at the hospital where he was being treated primarily for his physical trauma – a bullet lodged in the speech center of his brain which had caused such severe damage and swelling that the doctors there thought he would likely never use the right side of his body again and almost certainly be unable to talk.

His mother saw that he was reading cards she would hold up for him, and, at her urging, doctors continued to work with Kevin

to help him regain full physical and mental function.

HOSPITALS DON'T KNOW HOW TO HELP SUICIDE SURVIVORS

Every day, a psychiatrist came to check in on him. Just the most rudimentary questions about how he was feeling, asking Kevin to rank his mood.

It was simple, but it was enough for Kevin to see that he was feeling a little better, day-by-day.

'There are situations where folks who have survived a suicide attempt would say the person who made the biggest difference was someone in the ER who just believed in them and wanted them to get better,' explains Dr DeQuincy Lezine, who directs the American Association of Suicidology's lived experiences and attempt survivor division.

'Someone who treated them with kindness, and respect [and had a] simple bedside manner that makes things better.'

Dese'Rae's brief stay in a Tennessee hospital in 2006 didn't come with any of that.

'I was hospitalized for approximately three hours. They didn't really know what to do with me,' she says.



After her attempt, Dese'Rae found support and comfort in the few friends (one, unidentified, pictured) she didn't share with her ex-girlfriend

That isn't just Dese'Rae's perception of hospitals' confusion over suicide attempt patients – in most states in the US, health care providers aren't taught how to deal with suicide.

Only 10 states in the US (Tennessee is actually one of them, alongside California, Nevada, Kentucky Indiana, New Hampshire, Pennsylvania, Utah, Washington and West Virginia) legally require suicide prevention training for doctors, nurses and others working in health care settings.

Kevin slowly but surely relearned to walk, and every day a psychiatrist's simple check-in – 'how are you feeling today' – helped him gauge his psychological improvements

Dr Lezine says that organizations like the American Association of Suicidology (AAS) and the National Alliance on Mental Illness (NAMI) are working to introduce standard practice for the care of suicidal patients, but it's slow going.

'It's getting better and there's ore consistency in how folks are treated, so we're definitely moving in the direction of uniformity that I would like to see, but we're not there yet,' he says.

The horror stories of police bringing people who have attempted suicide to hospitals in handcuffs, at-risk people left alone in police cruisers or restrained in their hospital beds persist.

For much of Dese'Rae's brief time at the hospital, she was left completely alone. The staff seemed cold. One nurse responded to her explanation that she was afraid of needles by placing vials of Dese'Rae's blood on her own stomach.

The three pages of her discharge papers described depression, described 'abrasions,' and gave her a number to call to follow up with someone within 24 hours: 000-000-0000.

Dese'Rae could tell that the hospital was over-crowded and she didn't want to be there any more than she felt the staff wanted her to be there. She says she lied her way out.

The only thing the Tennessee facility did right for her was to require that she stay the night with a friend.

PEOPLE ARE THE BEST SUICIDE PREVENTION

Instead of calling her abusive girlfriend, Dese'Rae called the one friend that her partner wasn't also close to ('because she thought I was sleeping with her,' Dese'Rae add) and stayed the night with her.

The friend was kind, and listened, but Dese'Rae needed to get further away. She spent three weeks in Texas with her best friend, who helped her 'disentangle' her life from her abusive partner by getting distance, and getting back to the basics, like opening an independent bank account.

'I didn't have insurance, I was not on meds and I had no therapist. A lot of people can't do those things. We kind of know "you've got to get treatment," but we don't talk about the other ways you can get that,' Dese'Rae says.

'To me, that' – having a friend to be around – 'is what saved my life. I think we discount the importance of the people around us.

'When you're suicidal, for a lot of people, isolation isn't necessarily real – it can just be psychological isolation – but you feel misunderstood, like no one is there, even if you have a huge support system.'



Today, Dese'Rae is happily married with one son and is currently pregnant. She photographs and interviews suicide attempt survivors on her website, Live Through This

But the 'reaching out' part 'has to come from both sides,' says Dese'Rae, who recognizes the importance of asking for help, but also sees that putting the onus to seek help on

people in crisis is a tall order.

'The most dangerous time is when someone is just out of the hospital. That first week or month or so tends to be one of the highest times when somebody might attempt,' explains Dr Lezine.

'Getting somebody into quality outpatient care is one of the best things you can do for them, but it's also one of the hardest.'

Wait times for even a referral to such a clinic often stretch to over a month, when would-be patients are 'struggling the most,' Dr Lezine says.

In better hospitals than the one Dese'Rae found herself in, Dr Lezine says that follow-up calls and partnerships with crisis centers can help to keep suicide attempt survivors from being isolated and unmoored after discharge.

Peer bridging in particular 'puts them in contact with somebody to come and meet them, somebody who has lived through a suicide attempt or experience and tells them what to expect going forward and stays in contact with them in the time between getting out of hospital and getting into care,' or simply getting on with life, says Dr Lezine.



© Kevin Amundson

Kevin has made a remarkable recovery. The only physical signs of his suicide attempt are the scar that still runs through his hair and his lost sense of smell (he likes garlic a lot now because he gets a hint of the scent) but he continues to talk about depression with friends and family

‘The next best thing is when family or friends find out about warning signs and how to treat people with care and respect and dignity, though I understand it’s often hard to balance

between walking on egg shells versus taking care of them.'

Kevin was required to do a few sessions with a therapist after he got out of the hospital – having made a truly remarkable full recovery – but he was certain therapy was not for him.

Instead, he's turned to his family and friends.

'One of the biggest things people have done for me is just to make the time and the effort to hang out. If somebody you know a break up or something, just be like, "hey let's go grab a beer, or a coffee,' Kevin says.

He still feels the pull of depression, but 'the sense of camaraderie that I have with my friends that I didn't feel like I had before helped me to recover to where I am today,' which is walking, talking, working a new job, driving his beloved truck and living in a new house he just bought.

The only thing he's missing is a sense of smell.

These days, Kevin makes sure to ask his friends what's going on when they seem to be having a hard time, and he is exceedingly open about his experience, because he knows it could save a life.

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(Source: www.Dailymail.co.uk)