Oregon Behavioral Health Support Program

Member Newsletter

Issue 11: Fall 2023





September is National Suicide Prevention Month

Suicide is a leading cause of death in the U.S. In 2020, it was the twelfth cause of death with 45,900 lives lost to suicide. *(Source: Centers for Disease Control and Prevention [CDC]: bit.ly/3RdV0cn)*

- According to CDC data, suicide is the
  - 2nd leading cause of death among people ages 10 to 14 and ages 25 to 34
  - 3rd leading cause of death among those ages 15 to 24
  - 12th leading cause of death overall in the U.S.
- Although more women than men attempt suicide, men are four times more likely to die by suicide
- 79% of all people who die by suicide are male
- 46% of people who die by suicide had a diagnosed mental health condition, but research suggests that 90% may have experienced symptoms of a mental health condition

Sources: CDC: WISQARS™ - Leading Causes of Death: bit.ly/3ReOZfG and National Institute of Mental Health (NIMH): Suicide Prevention: bit.ly/3RdV0cn

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Comagine Health

Warning Signs

Suicide is not a normal response to stress. Suicidal thoughts or actions are a sign of extreme distress and should not be ignored. *(Sources: NIMH: bit.ly/3LfvEa2 and NAMI: bit.ly/44E7I7b)*

Warning signs include:

- Increased alcohol and drug use
- Aggressive behavior
- Pulling away from friends, family and community
- Dramatic mood swings
- Impulsive or reckless behavior
- Talking about feeling great guilt or shame

> Suicidal thoughts are a symptom, just like any other – they can be treated, and they can improve over time.

Warning signs of immediate risk for attempting suicide include:

- Talking about wanting to die or to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped
- Talking about feeling there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Pulling away from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving very fast
- Talking or thinking about death often
- Collecting and saving pills or buying a weapon

Suicidal behaviors are a psychiatric emergency. If you or someone you know starts to take any of these steps, seek immediate help. Seek help from a health care provider. Or call 988 for the Suicide & Crisis Lifeline.



Crisis Resources:

- If you or someone you know is experiencing a mental health crisis, call or text **988** immediately
- If you are uncomfortable talking on the phone, you can chat the Suicide & Crisis Lifeline at 988lifeline.org
- You can also text **NAMI** to **741-741** to be connected to a free, trained crisis counselor on the Crisis Text Line



Celebrating Recovery

Recovery is reason to celebrate! September is also National Recovery Month. It is a time to celebrate gains made by those in recovery from substance use. Just as we celebrate improvements made by those managing other health conditions, we celebrate recovery.

For more information see bit.ly/3RlVfzd and bit.ly/3wYohNg

Member Success Story: Nicholas



My father was from the Federated States of Micronesia. He passed away in 2018. The biggest thing we shared was the love for our family, but we also shared the pain of being misunderstood, he far more so than I was. Unlike me, my father's schizophrenia was untreated. The generational gap between us was apparent when looking at the self-perceptive attitudes of his diagnosis. The deal was, he never talked about it. Not once. Around the age of 12, I discovered he had schizophrenia, but I had no idea what it even meant. I still don't know what parts of his personality were attributed to having schizophrenia and which parts were cultural or unique to just him. I know he lacked any support other than my mom. When it came to his mental illness, he didn't have anyone to relate to, no community, no way to bounce thoughts back and forth, and no medium to express his innermost mind.

He was isolated throughout his adulthood, turning to booze and a bad temper, turning to a frustrated state of loneliness and separation from the mainstream. He would often yell outside on our apartment balcony; my mother informed us that he was hearing things that weren't there.

My father would talk to himself (his voices) more than he would talk to his children. I don't want to make my father out as a bad guy, because he wasn't, but he was distant for most of my life, almost unreachable. I didn't know how to talk to him for the longest time and there were times I lived in fear of his emotive states. Growing up, I would rather just ignore him all together, rather than engage in conversation that could potentially turn for the worst.

Around the age of 21 my own life turned for the worst. I was sent to the hospital and diagnosed with the dreaded schizophrenia myself. After swearing that I would never turn out like him, I could not believe how this was possible. How was it that I would share the same fate as him? I grew up witnessing the pain he endured, and now doctors were telling me I was about to carry the same weight. If I was going to tread along the same journey that my father trekked, then I needed answers if I was going to survive.

I began to insist upon deeper conversations with my father in an attempt to understand the mind. I remember asking him in the car during a road trip to my grandparents what the meaning of life was. I insisted upon gathering the depths of knowledge from my own creator, from my own god. He responded with something along the lines of, "to find your own purpose."

In a sense, this set me up for my own self-discovery, one that was just beginning. It was one of the few lessons my father ever instilled.

I started to bond with my father over more philosophical questions. I asked him what it was like on the islands where he grew up. He told a few stories and painted a better picture of his boyhood. Why did I wait so long to ask these questions? Because I was waiting for him to come to me. I was waiting for him to start the conversations, without knowing that he had probably been yearning himself for someone to ask him about his own life experiences.

I think my father feared talking about his deepest thoughts because he lived in an era where mental illness was to be hushed.

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Member Success Story: Nicholas (cont.)

He lived in an era where having schizophrenia was a death curse, the fatal black spot, the end of progress, where dreams would stop and the nightmares were the only thing to look forward to. The amount of anxiety and frustration he expressed existed in darkness, but where my own quest through the shadowy mind differed from his, was the community that stood right beside me. I had support where he had none.

As I stood next to my father, I think he was finally relieved from the idea that he was simply crazy. He had finally come across a person who was equally lost in the world, and he had seen a reflection in himself through me. Moreso, he saw the people that were seeing me through the darkness and into the light. He saw that there were people who truly cared about me, despite my shortcomings, and he witnessed the comradery for battling stigma that he unfortunately had missed during all those years in isolation.

There was no Early Assessment and Support Alliance (EASA) or Cascadia in his day. He had no occupational therapists by his side. There was no path to recovery. It wasn't until toward the end of his life that he saw it was possible to make it out of the diagnosis, to become reintegrated into society and to be treated as equal. While it pains me that he had to withstand the harsh reality of his time, I am comforted that he was able to see the beginning of systemic change.

EASA strives to make change. It is a first episode psychosis recovery organization built with an interdisciplinary approach. Being an outpatient mental health program that stresses client centeredness, peer support, and strengths of its clients, it calls upon multiple professions like nursing, psychiatry, art therapy, employment specialists, drug counselors, case management and occupational therapy to work together toward healthier individual lives. EASA works with families and their communities to build a sense of trust and groundedness, maintaining warmth and therapeutic comfort away from stigma and blame. EASA and other organizations like Cascadia Behavioral Health are well situated in the mental health culture to provide clients with dignity and respect as they recover from a world of misunderstanding, delusions, hallucinations, traumas and pain caused by unwelcomed psychoses brought about by historic and societal illness, stress and pressure that the world puts on youth and young adults that are still forming their realities and identities. EASA and Cascadia are foundations of healing, using shared decision making, as clients relearn reality and formulate ways to express themselves positively, and in some cases find remedies to the shame of battling addictions and for some even legal consequences for actions made during loss of reality. These organizations utilize occupations to bring meaning and healing to their patrons.

My father witnessed my own healing from psychosis with the help of occupational therapy. He witnessed that it is possible to have people stand by your side, even through your darkest of times, to be there with compassion, deep listening and understanding without judgment.

I am happy to know that he saw me come full circle in my own understanding of why I was hospitalized, as I pursued a career in occupational therapy myself, graduating from Pacific University and passing my National Board for Certification in Occupational Therapy (NBCOT) exam, making me a nationally licensed practitioner. The exam took me four attempts to pass, but like life itself and its many challenges, it isn't the amount of failures that count, it's the amount of times you are willing to get back up and try again. Even after the mind is broken, you can regain a sense of being and healing, perhaps becoming even more resilient and belonging to an even deeper sense of community and tribe.

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Member Success Story: Nicholas (cont.)

My father was a beautiful soul. I may have children of my own some day. Perhaps they too will be struck with schizophrenia. Perhaps the genetics are inescapable. But where schizophrenia was a death curse in his day, perhaps in my child's future it will be like getting the flu. Something to worry about, sure, but nothing to lose hope over.

My hopes for the future include continual work with Central City Concern, where I am currently employed, to help the houseless community through struggles of addiction and mental health challenges. I want to continue my work as a therapist to help bring positivity to other areas of my community: film, music, art and coffee.

> "Even after the mind is broken, you can regain a sense of being and healing, perhaps becoming even more resilient and belonging to an even deeper sense of community and tribe."



We Want to Hear from You

If you would like to be featured in the newsletter, please talk to your Comagine Health care manager or care coordinator. We welcome your suggestions for this newsletter.

Send your ideas to ORBHSupport@comagine.org

We're Here for You

We're here to support you. Please contact us with any questions or concerns.

- Call us at 888-416-3184
- If you use TTY/TDD, you can call us by dialing 711 and then our phone number: 888-416-3184
- Send an email to: ORBHSupport@comagine.org
- Send us a message by using our contact form: bit.ly/3BgqXbx

Translation

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