Can you recognize signs of a "psychache"?
By Deric V. Ravsten, D.O.

It's a most regrettable occurrence. It brings piercing heartache and profound to grief to those left to deal with its consequences. I am referring to the cause of death for over 30,000 Americans each year. I do not speak as someone touched directly through the loss of a family member or a dear loved but I can speak as a physician who has had the sickening ache brought about by this irrevocable tragedy by virtue of my professional and personal experiences. I am speaking of suicide.

Among the variety of emotions and sentiments that I share about suicide is the overwhelming sense of regret. "It didn't need to happen", I have thought again and again. There were alternatives, other avenues to pursue and to seek for relief. If only someone had known. If only the dark thoughts of self-annihilation were as obvious and measurable as a hacking cough and spiking fever. If only the person had not lost hope in the future and that relief could be found. If only we had a way to look into one's mind, like we do with a MRI of the brain, and locate festering accumulations of despair, hopelessness and worthlessness that fuel such self destructive actions. If only the victim had not reached that point of dark, blurry thinking where any glimmer of hope had been extinguished.

Perhaps I can share just a few facts and observations from my professional perspective that might serve as useful in the effort reduce the frequency of this devastating problem in our state and community.

How common is this problem?

There is no specific cause for suicide. It results from a very complex interplay of biology, culture, personality and environmental factors. That said, there are some risk factors which include a past history of a suicide attempt, male gender, a family history of suicide, active symptoms of a mental illness, intense feelings of hopelessness, alcohol or substance abuse, past history of trauma, impulsive tendencies, access to lethal means and lack of social support or sense of isolation.

Even though suicide is the 11th leading cause of death in the United States it is hard to predict and is something of a statistical rarity. The same could be said of other top causes of death such as heart attacks and cancer in the elderly, and accidents in children and adolescents, even though we can identify at risk populations.

In the United States each year suicide claims 11 lives out of 100,000. Most years Idaho ranks in the 10 top states, per capita, for suicide and in 2005 it claimed 16 lives for every 100,000 persons in the state. Idaho is just one of several western states where suicide rates are high. In fact, looking again at the numbers from 2005, our neighboring states of Montana and Nevada topped the list at #1 and #2 with rates of 22 and 20 lives per 100,000 (respectively) from death by suicide (see www.suicide.org). Firearms are responsible for over 50% of these fatalities. Aside from being a very lethal way of

attempting suicide, firearms are relatively common in Idaho and other western states meaning that easy access to this lethal means may be one reason why suicide rates in our region of the country are so high.

What do age, gender and ethnic background tell us about at risk populations?

Men more than women, Native Americans and Alaska natives more than any other race or ethnicity die by suicide. Suicide is the fourth leading cause of death among 25- to 44-year-olds in the United States. Historically, the suicide rate has been lower in the military than among civilians. In 2008 that pattern was reversed, with the suicide rate in the Army exceeding the age-adjusted rate in the civilian population (20.2 out of 100,000 vs. 19.2). Suicide ranks high among the elderly with Caucasian men ages 85 or older being at greatest risk. For those aged 15 to 24, suicide is the third leading cause of death, behind accidents and homicide. Among those aged 10 to 14 it is the fourth leading cause of death (www.teensuicidestatistics.com).

What is the state of mind when suicidal thinking occurs?

For every suicide there are approximately 12 to 25 reported attempts made in any given year. With that in mind, let me share a recurring theme that I have noted among patients who have attempted suicide. Some have questioned the legitimacy of the term "psychache" but let me explain its meaning and the utility it brings in the context of understanding those who struggle with suicidal thinking. I have frequently explained this term to patients using the analogy that pain in the back is referred as a backache, pain in the stomach as a stomachache, pain in the head as a headache, etc. So when I am speaking with a patient who has made a suicide attempt or that has been contemplating suicide, careful listening will often yield spontaneously use to the words "pain" or "suffering". The self destructive intentions (overdose, cutting, gunshot wound, etc.) represent a desperate attempt to alleviate this pain or suffering, or psychache. Suicide or a suicide attempt represents a crude, permanent and inappropriate solution to what is almost always a temporary and transient period of suffering.

Emotional or psychological pain is part of life. Unrecognized or untreated mental illness and addiction can heighten the emotional pain and suffering to the point where suicidal thinking begins to emerge. Once a psychache begins, it is critical that appropriate assessment, monitoring and treatment be sought in order to avoid the tragic consequences of what can ensue. National statistics show that approximately 90 percent of persons who commit suicide have some sort of mental illness and/or substance abuse disorder. My experience from working with who experience suicidal thinking is that almost always a contributory mental illness or addictive disorder is part of the reason for the psychache.

Commonly associated with suicidal thinking are mental disorders such as Major Depression, Bipolar Disorder, Schizophrenia, Borderline Personality Disorder and Alcohol or Substance Abuse disorders (ie. Methamphetamines, pain pills, etc.). Ironically, some substance abuse disorders develop or worsen as an individual attempts to

cope through self medicating behaviors (with drugs or alcohol) in an attempt to alleviate their "psychache". Relief in this manner is *temporary,* if at all, and only serves to worsen the psychache and the risk of acting impulsively on suicidal impulses.

How can things go differently?

There is help available. The most intensive and costly approach is inpatient hospitalization. The goal of inpatient treatment is rapid stabilization, identifying any associated mental health disorder, initiating treatment and developing an outpatient plan so that the person can quickly return to their home environment and daily routine while continuing with outpatient mental health services. The admission to an inpatient psychiatric unit, like that at Portneuf Medical Centers Behavioral Health Unit (which is for adults only) or Beacon Hospital (for elderly patients) is akin to admission to the ICU or cardiac unit for careful but time-limited monitoring for those that become acutely ill. Obviously, not everyone with pneumonia or chest pain needs to be hospitalized or hospitalized until health is restored 100%. Timely assessment, monitoring and treatment lasting a few days or even a week is usually adequate to help someone through a period of crisis. Further, once a plan of safety and an outpatient plan for services is in place, discharge occurs with ongoing treatment and monitoring happening in the community setting.

Assessment by a professional, your local primary care provider or any health care provider, can bring about a referral or a series of referrals so that mental health specialists can be called upon to assess the acuity of the problem and to assist with a referral for treatment and further assessment. Mental health providers include psychiatrists (medical physicians who specialize in the diagnosis and treatment of mental illness), psychologists, social workers, and licensed professional counselors who often work with other medical providers (nurses, pharmacists, recreation therapists, occupational therapists, etc.) to implement treatments for those suffering from mental disorders.

Those who suffer can benefit from feeling that others care. They need to be reassured that they are not at fault, that a psychache is often the result of a medical disorder such as clinical Depression and that that seeking professional assessment and help is the first and right step to getting better. Teens who know of a friend or peer with suicidal thinking also need to be reassured that telling a responsible person is the right thing to do so that the friend can receive appropriate assessment and life saving treatment.

What can I do?

The National Institute of Mental Health offers the following in terms of prevention efforts: "If you think someone is suicidal, do not leave him or her alone. Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or call 911. Eliminate access to firearms or other potential tools for suicide, including unsupervised access to medications."

If you are having suicidal thoughts, tell a loved one or a friend. If you are concerned about someone else then the following list may help you look for indicators of suicidal thinking (but these signs are not 100% indicative of suicidal thinking or entirely reliable as indicators).

Possible Suicide Warning Signs:

- Appearing depressed or sad most of the time.
  (Untreated depression is the number one cause for suicide.)
- Talking or writing about death or suicide.
- Withdrawing from family and friends.
- Feeling hopeless.
- Feeling helpless.
- Feeling strong anger or rage.
- Feeling trapped -- like there is no way out of a situation.
- Experiencing dramatic mood changes.
- Abusing drugs or alcohol.
- Exhibiting a change in personality.
- Acting impulsively.
- Losing interest in most activities.
- Experiencing a change in sleeping habits.
- Experiencing a change in eating habits.
- Losing interest in most activities.
- Performing poorly at work or in school.
- Giving away prized possessions.
- Writing a will.
- Feeling excessive guilt or shame.
- Acting recklessly.

If you would like to know more about suicide go to http://www.suicide.org/ or http://www.suicidepreventionlifeline.org/ . The national suicide hotline number is 1-800-273-TALK. To learn more about various mental health disorders then go to www.mentalhealth.com.

Local resources for inpatient mental health services in Pocatello include the Behavioral Health Unit at Portneuf Medical Center (adults aged 18 or older) and Beacon Hospital (for those 65 years of age or older).

Protective Factors for Suicide

Let me conclude by mentioning general measures and recommendations that can make a difference in reducing suicide rates in our community and in Idaho. As a community and as individuals we can advocate for and/or seek out:

- Effective clinical care for mental, physical and substance abuse disorders
- Easy access to a variety of clinical interventions and support for helpseeking

- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

(See www.sprc.org)

Suicide does not need to happen. Greater awareness of the problem and preventing ready access to lethal means (weapons), and seeking out mental health services are critical steps for all to take if we are to make a difference in this struggle to alleviate unnecessary suffering and heartache. More understanding for those who suffer with mental illness and conveying concern and optimism about treatment can help reduce the occurrence of this tragedy in our community.

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