



The Suicide Epidemic

Bradley Steffens



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Chapter 1

A Disturbing Trend

Solomon Thomas is a defensive end for the San Francisco 49ers of the National Football League. It is a particularly tough position to play, requiring the player to overpower or outmaneuver an offensive blocker on nearly every play. “There’s a saying that you have to be a little mean to play football,” says Thomas.

One day when I was at practice at Stanford [University, where Thomas played college football], my D-line [defensive line] coach asked where I got my meanness. I stopped and thought for a minute, and told him that, honestly, I got beat up too many times by my sister!⁵

When they were kids, Solomon and his older sister, Ella, would wrestle. Despite Solomon’s size—close to 200 pounds (91 kg) in third grade—Ella would always get the better of him.

Ella was an inspiration for more than Solomon’s toughness, however. She was also an excellent student and accomplished athlete. But when Ella was in college, she was sexually assaulted—a fact that she kept from her family for three years. She began to suffer from depression. In 2017 she started seeing a therapist and taking anxiety medication. “She would seem happy, and things would be going well with friends and at work. But then out of the blue she would get so sad again,” recalls Solomon. On January 23, 2018, Ella took her life. Solomon remembers:

My dad called and told me what happened. I was at home alone. I collapsed and fell to the ground, screaming and crying. . . . My mom was at Ella’s friend’s house, where she died. My dad didn’t want me to go, but I had to. I drove

over there, hoping and praying it wasn't true. But when I saw red and blue lights flashing, I knew. I saw my mom crying and walked over to her. Then we just hugged and cried and screamed together.⁶

Increasing Rates of Suicide

It is a scene that is playing out in increasing numbers all across the United States. From 1999 through 2017, the US suicide rate increased 33 percent, from 10.5 to 14.0 per 100,000 population, according to a 2018 report by the CDC. Since 2006, suicide rates have risen by 2 percent per year.

Ella Thomas's suicide was part of another disturbing trend. The rate of suicide for women grew by a staggering 50 percent from 2000 to 2016, according to the CDC. The rate for men increased 21 percent over the same period.

In part this is because fewer women than men commit suicide, so a modest increase in raw numbers translates into a large increase in percentage. In 2000 the ratio of male-to-female suicide rates was 4.4 men to 1 woman. But the gap is narrowing. In 2016 it was 3.6 men to 1 woman.

"My dad called and told me what happened. I was at home alone. I collapsed and fell to the ground, screaming and crying."⁶

—Solomon Thomas, suicide survivor

The Trauma of War

Suicide rates have risen among all races, ages, and genders, but they have risen more dramatically in some populations than others. For example, a 2016 study by the US Department of Veterans Affairs (VA) found that the suicide rate among veterans had increased 35 percent since 2001 — two percentage points higher than the national average. The increase among female veterans was a mind-boggling 85 percent. The rate of veterans' suicides

was already higher than the general population's before the increase. As a result, veterans die by suicide at more than 1.5 times the rate of nonveterans.

Since 2001 the United States has been involved in wars in Afghanistan, Iraq, and Syria, leaving many veterans with post-traumatic stress disorder (PTSD) and greater risk for suicide.

“War inflicts permanent psychic scars on survivors. That trauma can be more deadly than war itself. More of my brothers from that deployment have died from suicide than combat.”⁷

—Danny O’Neel, a US Army veteran who served in Iraq

“War inflicts permanent psychic scars on survivors,” says Danny O’Neel, a US Army veteran who served in Iraq. “That trauma can be more deadly than war itself. More of my brothers from that deployment have died from suicide than combat: Nine were killed in Iraq; 15 have killed themselves back at home.”⁷

O’Neel was nearly one of them. “On July 14, 2012, drowning in grief and guilt, I tried to kill myself,” he remembers. “Like so

many veterans, I had found civilian life desperately difficult. War had drained me of joy. The sights, sounds and smells of the battlefield had been relentlessly looping in my head. The suffering seemed endless. And so, thinking there were no other options of escape, I turned to suicide.”⁸ After surviving his suicide attempt, O’Neel dedicated his life to helping other veterans. He founded an organization, the Independence Fund, that has teamed up with the VA to provide mental health training services for vets and their families.

Active duty military personnel also have a higher suicide rate than the general population: 17 per 100,000, compared with 14 per 100,000 for the general population. As with veterans, the trauma of combat often contributes to suicidal thoughts. “The real problem is the culture in the military that says suck it up and drive on, and if you can’t suck it up and drive on, then you’re weak and you have no place here,” says Ellen Haring, a retired

The Economic Cost of Suicide

To the family and friends of a person who has taken his or her life, the only cost that matters is the emotional toll paid in years of grief, anguish, and sorrow. To society as a whole, however, the economic cost of suicide is important, because public health officials need facts and figures to set priorities for financial and human resources used in suicide prevention.

Fatal and nonfatal suicide attempts result in two kinds of costs: direct and indirect. Direct costs are related to injury treatment. They include costs for medical care, especially emergency departments and inpatient hospitalization; ambulance transport; investigations by medical examiners or coroners; doctors' care; and follow-up care. Indirect costs are mainly losses in productivity from premature death or lost time from injuries. These include salaries, fringe benefits, and the value of household productivity lost due to suicide or reduced by suicide attempt.

Researchers at the Heller School for Social Policy and Management at Brandeis University in Massachusetts find that the average cost of one suicide is \$1.3 million. More than 97 percent of the cost is due to the lost contributions in productive labor that the people who took their lives otherwise would have made at work and at home. The remaining 3 percent is due to costs associated with medical treatment. Accounting for some underreporting of suicides, the total cost of suicides and suicide attempts was \$93.5 billion a year. On the basis of these figures, the researchers estimate that every \$1.00 spent on suicide prevention would save \$2.50 in the cost of suicides.

were caused by pharmaceutical poisoning. For female veterinarians, the rate was even higher at 64 percent.

Doctors who treat people also have higher rates of suicide than the general population. The American Foundation for Suicide Prevention reports that the suicide rate among female physicians is 2.27 times greater than it is among the general female population, and that of male physicians is 1.41 times higher than that of the general male population. Dentists, anesthetists, and other health professionals also have elevated suicide risks.

One of those was Richard Harding, an anesthetist and intensivist (a specialist in the care of critically ill patients). After a

Source Notes

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3. Lighthouse Project (@C_SSRS), "Suicide takes more firemen," Twitter, February 15, 2019, 11:51 a.m. <https://twitter.com>.
4. Schuchat, "Transcript for VitalSigns Teleconference."

Chapter One: A Disturbing Trend

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6. Quoted in Knight, "Solomon Thomas."
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10. Quoted in Centers for Disease Control and Prevention, "Suicide Increasing Among American Workers," November 15, 2018. www.cdc.gov.
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Warning Signs

The National Suicide Prevention Lifeline lists common warning signs that might help you determine whether a friend or loved one is at risk for suicide. These signs might be especially important if the behavior is new, has increased, or seems related to a painful event, loss, or change.

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

National Suicide Prevention Lifeline, "We Can All Prevent Suicide."
<https://suicidepreventionlifeline.org>.

If you or someone you know exhibits any of these signs, seek help by calling the National Suicide Prevention Lifeline at 800-273-8255.

Organizations to Contact

Alliance of Hope for Suicide Loss Survivors

website: www.allianceofhope.org

Alliance of Hope for Suicide Loss Survivors is a nonprofit organization that provides information to help survivors understand the complex emotional aftermath of suicide. Its website features a blog, bookstore, and memorials.

American Association of Suicidology (AAS)

5221 Wisconsin Ave. NW

Washington, DC 20015

website: www.suicidology.org

Founded in 1968 by Edwin S. Shneidman, the AAS promotes research, public awareness programs, public education, and training for professionals and volunteers. In addition, the AAS serves as a national clearinghouse for information on suicide. Its mission is to promote the understanding and prevention of suicide and support those who have been affected by it.

American Foundation for Suicide Prevention (AFSP)

120 Wall St., Twenty-Ninth Floor

New York, NY 10005

website: www.afsp.org

Established in 1987, the AFSP is dedicated to saving lives and bringing hope to those affected by suicide. It offers those affected by suicide a nationwide community and supports them through education, advocacy, and research.

Centre for Suicide Prevention

105 Twelfth Ave. SE, Suite 320

Calgary, AB, Canada T2G 1A1

website: www.suicideinfo.ca

For Further Research

Books

Amy Bleuel, *Project Semicolon: Your Story Isn't Over*. New York: HarperCollins, 2017.

Cherese Cartlidge, *Teens and Suicide*. San Diego: ReferencePoint, 2017.

Keith Jones, *Suicide Information for Teens*. Detroit: Omnigraphics, 2017.

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About the Author

Bradley Steffens is a poet, a novelist, and an award-winning author of more than fifty nonfiction books for children and young adults. He is also a suicide survivor. His thirty-three-year-old son Ezekiel took his life in July 2014. This book is dedicated to his memory.