



For October, November & December 2024, Vol. XXIII

www.rockingrecovery.org

We intended to publish RIPPLE's fourth-quarter newsletter directly after the election. Being that we are located in a blue state the fallout of said election caused a large number of people to panic and become very concerned over what the future may hold. Needless to say, we are not out of the woods yet, people are still struggling to come to terms with the results of November 5th, as one might imagine, peer support has become a highly requested and sought-after resource. In light of this, the content of this edition of RIPPLE Reflections has changed...



Suicidal Ideations & Self-Harm for Dummies by Jeffrey Santo

In this edition of Ripple Reflections, I want to talk about something I've been struggling with for years. I **believe suicidal ideations** are misunderstood and we are not helping those who have them in an impactful way. In my mind, there is a disconnect between those who seek help and those who are trying to offer support. This article will also deep dive into why I believe more people are reaching out for peer support than they are to traditional mental health care services. I also believe more people need to understand why self-harm, while not ideal, is a valid coping skill.

I believe that an argument can be made that thoughts of suicide are not as bad as many would have us believe. These thoughts and emotions are not something we wake up with one morning and randomly decide we don't want to be here anymore. Chances are, if someone is talking about their true feelings, in that moment they are looking for help. Unfortunately, the vast majority of people seeking help can not find what they are looking for through a mental health service provider.

People dealing with depression, stress, anxiety, and other challenges, often feel as if something in their life is out of their scope to fix. For someone being bullied, or who finds themselves in an abusive relationship, these people will tell you that medication and therapy don't stop violence. People living below the poverty line will tell you that medication and therapy will not pay their bills, provide for their children, or put food on their table. People are often very open to explaining their problems and talking about the stressors and situations that lead them to self-harm and suicidal ideations. This is why so many people are hospitalized.

Maybe there is a question more of us should be asking... If hospitalization is helpful to those people who live with suicidal ideations why do we see an increase in suicides after they leave the hospital?

An article posted on the National Library of Medicine's website titled, "***Suicidal Risk Following Hospital Discharge: A Review***" identified 48 different studies going from 2017 back to 1964 and encompassed more than 1.7 million people. This was one of the conclusions of that article, "*Among patients recently discharged*

from psychiatric hospitalization, rates of suicide deaths and attempts were far higher than in the general population or even in unselected clinical samples of comparable patients, with a strong inverse association with time post-discharge."

I keep hearing people in the mental health profession talk about evidence-based practices, what about all the evidence we gathered in 2023? As I have said many times, we lost more than 50,000 people to suicide in the US in 2023, more than 1.6 million suicide attempts occurred in that same year with another 12.3 million people admitting that they had serious thoughts of suicide. Knowing this, why are we not trying to bring more common sense options to the table that mental health services simply can not offer?

Another article I would like to mention was published by Mad in America on May 20th, 2023 titled, ***"Psychiatric Detentions Rise 120% in First Year of 988"*** by Rob Wipond. The 988 Suicide and Crisis Lifeline launched in July of 2022, replacing, or more precisely, rebranding the National Suicide Prevention Lifeline. According to the article, from July 2022 to April 2023, the new 988 Lifeline was used more than 4 million between text and phone contacts. 988 is currently run by Vibrant Emotional Health, an organization that seems to have the same flaws as the rest of the system. On VEH's website, top of the page entitled *Why People Seek Help* they boldly state, *"We can help no matter what you're going through."* They also list the top 5 reasons people contact 988.



Depression, Anxiety, Self Harm, Family, and Relationship Issues make up the largest percentage of calls. VEH also claims, *"We provide people with emotional support and care when, where, and how they need it."* Which, in a large number of cases seems to include forced hospitalization after geo-tracking a person's cell phone or landline. I highlighted the last part of that sentence, "and how they need it" because after living with suicidal ideations for over a decade I can say with the utmost confidence I have never gotten help how I asked for it.

Telling us that people call a suicide prevention lifeline because people are depressed and upset is the most useless form of information you can provide... I mean really, how many people call because they had a good day and are feeling great? Of course, they are depressed and upset! WE NEED TO KNOW WHY THEY FEEL THIS WAY! Give us that information because knowing where these feelings are coming from is the first step in addressing the real issue.

How many people call 988 because they are being bullied? Are they being picked on in school, overworked and underappreciated by their employer, or feeling abused by their own family for not using their correct pronouns?

Are people calling because they feel like they can't survive in today's world? Are they living with food insecurities, being hounded by creditors every day, facing homelessness, or feeling worthless because they can't give their children the life they want them to have?

Are they calling because they are afraid of what is going to happen to them? Are they facing criminal charges and have a pending court case, are they waiting to become a citizen and afraid of deportation, did they lose their job, or income, or get hurt at work?

After the election, given the vast differences in the mindset of voters between the two parties, it is fair to ask questions about how afraid are some people about the next 4 years. Are they worried about their right to

make medical choices, their right to love who and how they choose, or have their family members been torn apart over conflicting views? As a peer, most of those I work with who experience suicidal ideations feel a lack of control in their lives and feel powerless to change any of the things negatively impacting them.

The reason, at least to me, we lose so many people to suicide after forced hospitalization is that being in a hospital fixes nothing. The truth is when someone feels like they have no control over their life, that feeling is only reinforced when you show them they can be taken somewhere without their consent. How the hell is this not common sense? No one is going to trust the mental health system if they are forced into that system. The very first truth we learn in peer support is that no one can be forced into recovery. Until they make the choice, until they are ready to do the work, all we can do is let them know we are here and that they are not alone.

In 2023 more than 12.3 million people reported having serious thoughts of suicide, are all these people somehow broken? Or is it perhaps a sane response to an insane world? You tell me.

People often ask me why I believe peer support is the best option and honestly, the answer is simple... Peer support is what saved me and why I am still here. Do you have any idea how it feels to talk to a person trained in peer support? I remember my first conversation with a person who had a similar lived experience to my own. I felt heard, my words were being taken at face value and not being used to diagnose a disorder. There is an incredible difference between feeling understood rather than feeling as if you are under investigation.

Again, in my mind, there are several reasons why peer support for people dealing with suicidal ideations can be better than clinical help. There is a level of trust. When a peer says a conversation will stay between us, they mean exactly that. I have never had a peer do something without my consent. I never felt judged by a peer and when something came up I was not ready to talk about, it was okay. Another reason people trust in peers is they know how damaging it can be to give an unrealistic level of hope. The work of recovery is hard, it does not happen overnight and never a straight line from beginning to end. Having someone in recovery leading by example, sharing their successes and failures, and admitting that no one is ever okay all the time is a powerful message to someone struggling. Above all else peer support is an evidence-based practice proven to work.

What can we do from here? We need to come together to answer this question and both peer and professional service providers need to be part of that conversation. If we are aware of current trends from the 2023 reports, the fact that we lost more people to suicide than any other year on record, what are we doing about it? When we answer this, please, don't say more of what we've always done. What we've always done will lead to more of the same the increasing loss of more people every year... We ~~need to~~ must do better.

Our server officially launched on January 1st, 2024. We have started it off with a couple of threads including areas for offering suggestions for its improvement. The server can connect with others through voice chat as well and we are looking forward to exploring more of what Discord can offer our community. We will grow the server as needed adding rooms and chat channels as we grow.



Please contact RockingRecovery.org@gmail.com to request the link, we look forward to seeing you there.

On a more personal note... As many of you know I started this path towards helping others back in 2009 after being hospitalized for attempting to take my life way before it was time. While I am not going into a deep dive into what drove me to that point, I would like to talk about some of the things I've learned since then. First and foremost I became an RSS (Recovery Support Specialist) trained through Advocacy Unlimited. This gave me the foundation to start helping those struggling in our community, working in groups or on a one-on-one basis.



In addition to the RSS course I have taken the following suicide prevention/intervention trainings:

- QPR – Question Persuade Refer
- LivingWorks ASIST – Applied Suidice Intervention Skills Training
- LivingWorks safeTALK
- Alt2Su – Alternatives 2 Suicide – Wildflower Alliance
- Talk Saves Lives: An Introduction to Suicide Prevention – American Foundation for Suicide Prevention

Using all that I have learned I “followed the program” for several years. Often feeling like these models were an amazing start to addressing the problem of suicide, none of them ever felt complete. As if they all somehow lacked the solutions to take on the underlying issues of what brought many people to think about suicide in the first place. After putting many of my frustrations onto paper I knew I needed a lot more input before attempting anything new. For four years I have been hosting an average of five peer support groups a week. Looking back at all the conversations I have had with peers in the community I started to build something new.

If You're Talking, There's Time, A support group inspired by Alternatives to Suicide, a peer-driven, nonjudgmental environment that provides a safe space to talk about your thoughts and feelings. RIPPLE's model, in some cases, offers a more proactive approach to helping those struggling. The difference in our approach is that we blend all of the good things about groups like Alternatives 2 Suicide and add our ability to find people resources to improve their situations. This group runs three nights a week and also includes the Discord server **Voices in the Night**. Both of these, while showing some level of success also raise questions for me on a regular basis.

The work that I do is promoted by both peers and professional providers. DMHAS refuses to promote any of the work that we do because they do not fund us. How do I reach more people when many of the mainstream providers are clueless about what we are doing?

A few years ago DMHAS and the CCB started working towards a more legitimate peer support certification. Even though I believe their approach is ass backward it raises another question, what is my current training good for, and am I protected in any way if something happens? If we are honest with ourselves we know no matter how hard we try there is always a chance that someone experiencing suicidal ideations will die by suicide. If I offer them peer support can I be accused of doing something wrong? According to the powers that be I am not certified to do this work. The pieces of training I have taken (outside the RSS course) are entry-level at best.

RIPPLE works independently from any state agency or clinical supervision and no one ever asked us to do this work in the first place. Are we covered by the good Samaritan laws? The truth is I have no idea... But what I do know is that people still come looking for the kind of peer support we offer, the kind I was trained to deliver.

With all that being said, this is the most effective way I have found to help others. How then can it feel like I'm doing something wrong when it is the first thing that I've found that works as it was intended? With the lack of peer reimbursement, we find ourselves asking how to move forward which to me is insane. In group after group, I hear the same thing, "My providers never seem to provide any real help that will allow my life to improve." If peer support does help and people keep coming back for more why can't it be allowed a method to support itself outside of a clinical environment? The fact is, even though peer support is evidence-based and helps hundreds of people a year, no professional provider, doctor, therapist, clinician, or decision-maker at DMHAS will ever admit that it is perhaps time to pass the torch to those of us with lived experience.

There will always be a double standard. The question of "what if" is always present. Someone relying on peer support will always be seen as not getting the appropriate help if they are not under the care of a traditional treatment provider.



Recovery Innovations for Pursuing Peer Leadership and Empowerment (RIPPLE)

Alternatives 2 Suicide Inspired Support Group

If You're Talking, There's Time

Wednesday, Friday, & Sunday

8:00 PM – 9:30 PM

RIPPLE's support groups hold the same core values and commitment to confidentiality as traditional Alt2su groups. The approach will allow you to about openly explore the meaning behind thoughts and feelings of suicide, as well as what might be worth living for.

In addition to all the normal group offering is a proactive component which could allow a person reduce the level of stress in their life. RIPPLE and RockingRecovery.org works to connect people to resources that can help. This model can help those facing challenges such as food insecurity, housing problems, legal issues, finding a job, reentering the community after incarceration, and so on. Along with the same safe space, compassion and understanding to we will work to find resources close to you that may address some of the every day problems weighing you down.

These meetings will be offered on the Zoom platform and open to anyone who would like to attend. Due to the nature of this group pre registration is required. Contact Jeffrey Santo at RockingRecovery.org@gmail.com

Our 2024 - 2025 groups are supported by a Community Impact Mini-Grand awarded by the City of Norwalk - www.norwalkct.gov



Please visit our website for more information:
www.rockingrecovery.org/zoom-meetings

No one ever asks "What if" there are side effects to those meds? "What if" they follow the trend of taking their life after hospitalization?

Why is it no one ever seems to "what if" any treatment that puts money into the pockets of agencies providing mental health services?

I believe that we as a community have the right to demand answers to these questions. We know there are better ways to help those struggling with a variety of mental health challenges. And when, as trends show, people's lives are clearly on the line, we need accountability from our Department of Mental Health and Addiction Services.

We can always change things that don't work, but we can never bring back those we have lost.