

Suicide in the Tri-Cities: A painful awareness

By Paula Horton, Tri-City Herald

A purple pendant on a silver chain hangs around Timbre Howard's neck as a reminder of her son, who killed himself 2 1/2 years ago.

Morriah Howard was young -- just 20 -- and struggling with love, his mother said. He was separated from his wife after less than two years of marriage and staying at his parents' Benton City home.

"We talked a lot, but he wouldn't open up about his relationship. It was eating at him," said his 46-year-old mother. "He had plans for the future; happy days and sad days. I was worried about him and trying to help him get help for himself with counseling (about the relationship), but I wasn't worried about suicide."

On March 19, 2009, Timbre Howard and her husband, Delano, returned home to find Morriah had hanged himself in their shop.

There is a stigma attached to suicide that often makes it a taboo topic for families and communities. Experts say that reluctance to talk about it often keeps people from seeking counseling or asking someone if they need help.

"People don't realize that getting help means you have someone to talk to and you learn new coping skills to deal with stresses in your lives," said Kristi Haynes, facilitator for the Benton Franklin Suicide Prevention Coalition and field coordinator for the Youth Suicide Prevention Program. "When you get help, you have a new support system."

Rising rates

Suicides in the Tri-Cities are rising.

The number of people who have killed themselves is up nearly 28 percent so far this year compared with all of last year.

Just last month, there were five suicides during four straight days -- three of them drawing a lot of public and media attention.

Richland police, the Tri-City Regional SWAT Team and the Richland police bomb squad evacuated part of the Courtyard Marriott hotel before mental health counselor Eric Ericson, 35, shot himself in a room.

Later that day, Ruth Mertz, 56, fatally shot her 28-year-old son, Jason, at her Kennewick home before killing herself.

Three days later, on Sept. 19, retired Superior Court Judge Fred Staples, 77, was found dead outside his Richland home from an apparent self-inflicted gunshot wound.

The recent suicides have got people talking, and experts say that is a good first step.

"If we talk about it, we can save lives," Haynes said.

Eleven people died by suicide so far this year in Franklin County, surpassing last year's total of eight, according to the Franklin County Coroner's Office.

In Benton County, the coroner's office has responded to 26 suicides through September. There were 21 total last year, said Chief Deputy Coroner Michelle Genack.

The reasons for the suicides vary -- relationship problems, health issues, financial woes and mental illness -- making it hard to pinpoint one cause for this year's increase, Genack said.

"It's not just the economy," she said.

Of the 26 suicides this year in Benton County, three were women, and guns were used a majority of the time. In Franklin County, 10 of the 11 suicides were men and seven involved a gun.

"The hardest thing is facing the family," Genack said. "They feel so much guilt, but they've done everything they could do."

Sometimes families will be in denial, saying it can't be a suicide, and some have called asking that the death not be listed as suicide on the death certificate. Genack said she thinks that is because of the stigma.

Researchers say that is one reason suicides and suicide attempts are underreported. Other reasons are that some suicides are reported as accidents and, in some cases, relatives fear that a ruling of suicide will jeopardize their insurance coverage, according to the Washington State Plan for Youth Suicide Prevention.

"I wish I could get in their head just before," Genack said. "I wish I could tell people who kill themselves, if they could see how much pain it causes, I think they would get help."

Roy McLean, a deputy coroner with Benton County, said he is not sure people who take their own lives have the ability to understand the effect their death will have.

"They're in a place where they feel hopeless," he said. "But the greatest gift they could give their families is not to go through with it. Suicide is the darkest baggage you can leave."

Pondering the 'what ifs'

Timbre takes solace that the night before her son died she told him how much she loved him and gave him a hug.

"I knew that he knew," she said.

But his death still left her numb and uncertain how to face the future.

"My role as a mother has ended. I will never have grandchildren. ... I was suddenly lost," she said. "Everyone says time heals. I'm still working on that one. I'm trying to figure out who I am. I'm still trying to figure out what I'm going to do."

Morriah Howard was her only child. He loved being around people and shared his mother's quirky sense of humor.

"He drove me nuts in school. He was too smart for his own good, but he wouldn't apply himself," she said. "At 8, he started reading Edgar Allen Poe and thought it was so cool."

Morriah grew up in Waitsburg and attended Waitsburg High School, before switching to an alternative program at Walla Walla Community College, where he graduated in 2006. He was working at Claire's at the Columbia Center mall and trying to figure out what he wanted to do.

Timbre Howard was used to hearing from her son during the day, asking her to bring him something to eat on her way home. She didn't hear from him the day he died, and she tried to call but he didn't answer.

Still, she didn't think anything was wrong. She bought him a burger and soda, then went to his bed-

room when she got home, but he wasn't there.

Her husband found him in the shop. They cut him down and called the police.

"The coroner said he'd been dead about 45 minutes or so," Timbre Howard said. "If we had come right home, would we have been able to stop it?"

It is a question that still sticks with her today.

The "what ifs" often make grieving a suicide death more challenging, experts say. Howard said she has lost loved ones to illness and accidents, but it's hard to understand why her son chose to end his own life.

"You can grieve the death, but you always don't know why because you weren't in their head," she said. "You want to blame it on something; you want to find a reason -- but you don't know why."

Recognizing warning signs

Suicide was the 10th leading cause of death in the United States in 2008, with 36,035 people taking their own lives, according to the latest data available from the Centers for Disease Control and Prevention and the National Center for Injury Prevention and Control.

That is the equivalent of one suicide every 14 minutes -- or 11.8 suicides per 100,000 people.

Washington's suicide rate was 13.7 per 100,000 in 2009, according to the state Department of Health data released in April.

Benton County's rate was even higher at 15.4 deaths per 100,000 people, while Franklin County's was lower at 12.4.

Suicide prevention efforts in the state are focused on youth because it's the second-leading cause of death for 10-to-24-year-olds. Nationwide, it's the third leading cause for that age group.

Youth suicide rates are holding steady, but current suicide rates show the numbers are rising in every age group, from 35 to 74.

The most significant increases are being seen in those 45 to 64 years old, said the American Foundation for Suicide Prevention.

In the Tri-Cities so far this year, nearly half of the 37 suicides were people ages 45 to 64.

And it's unlikely that new suicide prevention programs specifically for adults will be started at a time when youth programs are facing state budget cuts. But officials say information from youth programs can help adults.

Also, suicide prevention information is offered by the U.S. Department of Veterans Affairs and through the state Department of Social and Health Services' mental health programs.

Research has shown that 90 percent of people who die by suicide have a diagnosable psychiatric disorder, which most often is unrecognized or untreated depression, said the American Foundation for Suicide Prevention.

It's also estimated that close to 1 million people nationwide attempt suicide each year.

"If you're down or not happy, some people say, 'Just snap out of it.' People don't seek help," Genack said. "But you can call 911 and get the help you need."

About 80 percent of the time, people who kill themselves have given a definite signal or talked about suicide, experts say. The key to prevention is recognizing the warning signs and knowing what to do.

"People give invitations for help. Often times, looking back they realize there was some invitation," Haynes said.

Some warning signs could be a preoccupation with death; giving away prized possessions; signs of depression, such as moodiness, hopelessness and withdrawal; increased alcohol or drug use; and a previous suicide attempt or recent suicide attempt by a friend or relative.

If a loved one is displaying some of the warning signs, Haynes said people need to show that they care and not be afraid to talk to the person about suicide.

"It's OK to ask the question and be direct. You never will know unless you ask the question, 'Are you thinking about suicide?' " she said. "By you not being afraid to ask the question, it may make them willing to talk."

The next step is to help them get help and make sure they know they are not alone.

"There's help and there's hope," Haynes said. "If you're thinking about suicide, know there are people who care. Let somebody know how you're feeling. ... We have a system set up in the community to help."

A permanent decision

Timbre said she wishes her son would have just held on and waited, because he would have seen life would have gotten better.

"It wasn't really in his character to do this, but he felt some desperation," she said. "It was a stupid decision -- a lasting decision -- that was made in probably a short amount of time. It was what it was. I don't need to make excuses."

Timbre said she didn't try to hide how Morriah died -- it had been reported in the newspaper.

She admits she did feel ashamed at first because of her upbringing as a Jehovah's Witness.

"It made me feel bad -- in the eyes of God," she said. "In some religions, it's the ultimate sin. How can you say it's the ultimate sin when people are far from perfect and have a mental illness? How can you say it's their fault?"

It also was difficult watching friends and co-workers struggling with what to say to her, or not being able to talk about it. Even now, some people aren't comfortable talking about Morriah, she said.

"He was part of my life and he still is part of my life," she said. "It was bad what happened, but hopefully we can get people to talk about it."

Timbre said she hopes talking about her experience will give others the courage to share their stories and maybe even help those who have thought about suicide.

"If people would stop and think for one second and think of the sadness it causes other people, maybe they wouldn't," she said.

The first year after her son's death, Timbre wrote stories in a journal as if she was telling them to Morriah, set little goals for herself and made plans for trips or events to give her something to look forward to.

"I said I wasn't going to blame myself. I knew it wasn't because he wasn't loved or had a horrible

childhood," she said. "There was lots of crying and lots of missing him. There isn't one day that I don't shed a tear or miss him."

The comfort of memories

After about a year, Timbre decided to get group therapy and attended The Chaplaincy's Survivors of Suicide support group. There she found comfort talking to people in similar situations, hurting in the same way.

"It's a special place in my heart for people who had to go through it," she said. "It's more common than people think."

Memories -- both good and bad -- are what get Timbre through her days.

The purple pendant she wears is made with some of her son's ashes and is a way to keep his memory close. She also is trying to get a suicide survivor memorial quilt started so other survivors can share their stories and have a quiet way to remember those who died.

During a recent visit to Starbucks, a barista walked around with samples of pumpkin flavored scones and lattes. Howard declined the sample, paused and then smiled.

"One of Morriah's favorite things was pumpkin. He loved this time of year, with pumpkin lattes and pumpkin pies," she said. "Little things remind you."

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Support group provides place for survivors

Everyone grieves a death in different ways and the stigma attached to suicide adds another challenge.

Suicide survivors say it can be hard to find someone to talk to, but the Survivors of Suicide support group offered through The Chaplaincy in the Tri-Cities helps provide a safe place to mourn and heal.

"I received healing profoundly from that group," said Diane Hansen, 72, of Kennewick. "It was amazing."

Hansen's first husband, Bob Harmon, killed himself in a mental hospital in 1964. He was 27. She was 26.

After his death, Hansen saw a social worker at the facility and received some counseling, but she re-married quickly, got busy with life and didn't realize how his death still affects her decades later.

"He killed himself just before Christmas that year, so that was my focal point," she said. "It got to where I didn't like Christmas, and I could hardly wait to get it over with."

Hansen found out about the Survivors of Suicide group after she started volunteering at the Hospice House and saw a list of the support groups offered.

"I thought, you know, it doesn't get any easier as the years go by, it just gets harder," she said. "It's never too late to access the grief and deal with it."

The 12-week program meets one night a week for 90 minutes.

It is offered three times a year - fall, winter and spring - with the next group starting Jan. 9, said Deb-

orah Robbins, bereavement coordinator at The Chaplaincy.

They use the book *Understanding Your Suicide Grief* by Alan D. Wolfelt, to help guide and focus them. About half of the meeting is spent discussing parts of the book and the other half gives people a chance to talk about how they are doing.

"It's the bonds, really, that are created between the people and the group that really help with your healing," Robbins said. "What we're doing is providing support through the grief journey. ... We use the book to understand the grief journey, because we're not prepared in our culture on how to deal with grief. And when it's a suicide grief, it just adds complexity to the journey."

Robbins, who has been facilitating the suicide support group for about four years, says there has been three to seven people participating in each group. Support groups often are small because people are hesitant to ask for help, she said.

"Our culture gives us messages that we're just supposed to get over it," she said. "But they can come to group and understand they're not alone in their feelings. They find that information through reading the book and listening to others share their experiences."

Hansen said she found that talking about her husband's suicide helped her, and she also thought Wolfelt's book was more meaningful to her because he writes about his own experience following the death of a close friend.

"We are all in the same boat. We'd all had this same loss that other people don't want to talk about. We were there. We had to talk about it," she said. "Some people didn't read the book - they couldn't - but they shared. I don't know how it worked, but it worked for me. ... I didn't even realize what a burden I was carrying."

Talking about it helps with the grief, but Hansen said she also hopes it helps people who are considering suicide.

"Shining a light on things helps," she said. "Maybe a lot of people have thought of suicide, so bringing it up touches their fears and guilt, maybe that's a part of why people don't mention it."

"I want people to know that they can get help, and it isn't too late."

Anyone having a tough time dealing with a suicide but may not feel a support group is the best path right now to help them, can still call Robbins to talk about what they're going through and find out more about the group.

"I encourage people to be very gentle with themselves when they're going through deep grief," Robbins said.

The Chaplaincy also offers grief support groups for widows, parents, adults dealing with the loss of a parent and for children ages 3-18 dealing with death.

They're also working on starting a men's drop-in support group in January, and are offering four two-hour sessions called *Hope for the Holidays* to help those dealing with loss during the holidays.

For more information on the *Survivors of Suicide* group or other grief support groups, call Deborah Robbins at 783-6245 or go to www.tcchaplains.org.

Suicide warning signs

Suicide warning signs

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but might not be what causes a suicide. Signs include:

- Looking for a way to kill oneself.
- Talking about wanting to die, feeling hopeless or having no purpose, feeling trapped or in unbearable pain or being a burden to others.
- Increasing use of alcohol or drugs.
- Acting anxious, agitated or reckless.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

What to do

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone.
- Remove any guns, alcohol, drugs or sharp objects that could be used in an attempt.
- Take the person to an emergency room or seek help from a medical or mental health professional.

Source: reportingonsuicide.org

Get help

Call 911 or crisis helplines:

- 783-0500 or 800-783-0544, the Benton Franklin Crisis Response Unit.
- 800-273-TALK (8255), the U.S. National Suicide Prevention Lifeline.
- 866-4-U-TREVOR (866-488-7386), the Trevor Lifeline, which focuses on help for lesbian, gay, bisexual, transgender and questioning youth.

More information on prevention and awareness programs is available at:

- Youth Suicide Prevention Program, www.yspp.org, or by emailing Kristi Haynes at kristi@yspp.org.
- American Foundation for Suicide Prevention, www.afsp.org.
- National Suicide Prevention Lifeline, www.suicidepreventionlifeline.org.