

Mental Health Series: Suicide

Featuring:

Patrick B. McGrath, PhD

TRANSCRIPT

Bice: This episode contains discussions of suicide, which may be triggering for some listeners. If you, or someone you know, is struggling with thoughts of suicide, please seek help immediately by contacting a mental health professional, or calling or texting 988, the National Suicide and Crisis Life Line.

The latest available data from the Centers of Disease Control and Prevention, National Violent Death Reporting System found that, between 2007 and 2018, nurses were 18 percent more likely to die from suicide than the general population. Among female nurses, the risk of death by suicide was nearly twice the risk observed in the general population, and 70 percent more likely than female physicians. Rates of death by suicide among physicians did not differ significantly from the general population.

Welcome to the Abbott Nutrition Health Institute’s Power of Nutrition podcast. My name is Bice Dolciato, and I’m with the Abbott Nutrition Health Institute, and I’m excited to bring you another episode of our mental health podcast series. Today’s topic is suicide.

We are lucky to have Dr. Patrick McGrath with us today. He is the Chief Clinical Officer at NOCD, an app-based platform for the treatment of OCD. He leads their teletherapy services across the world and has authored two books, titled: Don’t Try Harder; Try Different and The OCD Answer Book. Welcome, Dr. McGrath.

Patrick: Well, thank you. It’s great to be here. I appreciate it.

Bice: You’re welcome. And before we get started, I’d like to tell our audience that I’m in a studio recording, and Dr. McGrath is dialing in from Wisconsin, so you may notice a small difference in the sound quality of our respective microphones.

Dr. McGrath, would you mind taking a moment just to tell us a little bit about yourself and your background for those listeners that did not have a chance to listen to your other podcasts?

Patrick: Sure. I’ve been a clinical psychologist for over 20 years. Most of my training is in anxiety disorders – so, OCD, phobias, trauma, panic – those types of things, and I use a type of therapy called the exposure and response prevention therapy, which is really designed to help people face their fears and learn that they can handle things, instead of spending time trying to talk them out of it or teach them a lot of coping strategies to deal with it.

Bice: Thank you for that introduction. And then, Dr. McGrath, I just read a staggering statistic of suicide rates among nurses. Knowing it takes roughly two years to compile national estimates on suicide rates –

because I guess there's a lot of complexity behind gathering the data and just trying to scour the internet and looking for the recent, it was quite difficult. And, I'm sure you would agree that we can't wait for as long as we have, especially two years, for that type of data to tell us what we know right now. Nurses are at high risk, along with other health care professionals. And, what do you believe is driving this increased rate in suicide?

Patrick: Well, there's, I think, a bunch of things. A, if there's a shortage of nursing we're expecting people to work longer hours and more overtime. There's then not enough time for people to take breaks or to get the rest in between the times that they're working. Their food intake might have changed, right? It might go to quick, kind of overly processed kinds of food, instead of healthy things that they might have eaten normally, pre-pandemic, before all of these extra stretches came by. There could be more isolation because people are away more and more from their families and the support networks that they have relied on as a way to kind of cool down and get them back in to their day-to-day life. And, when they're at work, there's now more barriers that are going on as well, too, from the physical things like masks and PPE to Plexiglas and all of that stuff, and keeping our distance away from each other. We've become more isolated, even when we're around people. And for people who are vulnerable to depression or feeling down, or need some of that interaction as a way to feel good about themselves, we've pulled them away from that, and that has led people to, unfortunately, take their lives.

Bice: Yeah, and you're bringing up some very, very valuable words – just hearing you say the shortage, the stressors, the isolation, and the barriers that are up. And, I will say, from my personal experience, and I know, Dr. McGrath, I did share this with you, and I'd like to share it with the other listeners on the call. Unfortunately, I did lose my sister to suicide, and one of her biggest reasons for doing so was, of course, isolation, but also not wanting to be a burden. She had a fear of coming forward and asking for help. So, what are those early warning signs as we think about our colleagues, our health care professionals, our friends, and our family – like what can we watch for – and for our own self?

Patrick: A, sorry about your sister. I mean, such a tragic loss there, but it really does hit home the fact that we've all got to be really taking care of ourselves. And, I think, in many ways, we're so good at taking care of other people who come to us for help, and we have to make sure that we really are watching out for each other too. So, are people isolating more? Are people missing shifts more and more? Do people come to work and maybe appear intoxicated or somehow not quite with it in the way that you've normally seen them be able to work. Do they appear distracted or in their head more than they usually have been? Are they missing small, little things that they would know how to do normally without any issues, but now those even seem overwhelming? Do you notice that there are people potentially in the break room who are isolating, and you look at them, and you could tell that they've been crying, or they're hiding in the bathroom more and more often. All of these kinds of behaviors mean that, sometimes, we have to break that silence code. It is not uncommon, of course, for people who have had a tough day to have a fleeting thought about something, and sometimes, that might even be – we hear people say that – it's even in movies or TV shows – oh my God I'm going to kill myself right, and that happens, and then it moves on to something else, right? Those aren't the people that I'm really

concerned about harming himself. I'm concerned about the people that, after they have that thought, think, oh, wait a minute, I don't know, there might be something to that, what if – what if I didn't have to have all these stressors in my life anymore? And that starts a pattern of thinking and investigating and researching and maybe even compiling means to do something, and the people who have things just in the background, just in case, if I ever do finally get to that point, I have all the ways to do it, and I've got it all set up and ready to go. I am far more concerned about that person than I am the fleeting types of thoughts that might just pop into someone's head for a moment and then are gone. We have unwritten rules in our world, like you don't talk to somebody in an elevator, and maybe you also don't ask somebody really how they're doing. We say it all the time, but we probably don't really want an honest answer – we hope someone just says I'm fine and great and then we move on. But, what if we ask that question with actual passion and with actual desire to know, and to go up to somebody and let them know that you actually want to know the answer to that, because you're concerned about them, and you want to make sure they're okay, and you want them to know that you are thinking of them, and you are finding them to be an important person in their lives, so that they feel like there's a connection that's been made, and they don't feel the isolation that they might be feeling.

Bice: That makes sense, and so, this might be a little bit of a deep question, but I think that this could be one's true reality in experiencing potentially a loved one, or a colleague, or whoever it might be – one that actually attempted suicide – how do you help individuals like that or re-engage with them?

Patrick: For people who have attempted suicide, I do take any of their comments very seriously. I want to make sure that they know that, if they are ever contemplating that, they have steps to take right away, and we can even practice that – what is the number that you would call? Who are the people that you would reach out to? What are behaviors that you could do right now that could help ground you and get you, potentially, out of this thought loop that you're stuck in – that it would just be better if I wasn't here – and, who are your emergency contacts, as well, too? And then, if you need me to contact them, because it's too hard for you to contact them, I'm happy to do so. I'm happy to reach out to somebody for you to make sure that you're safe, because your safety is the most important thing to me.

Bice: Dr. McGrath, there is something I want to talk about, and I think you also kind of confirmed this, but one of the teachings that I received, too, is when someone does bring forward that vulnerability in saying that they want to end their life, I think there's that follow-up question is like do you have a plan, so just talk through that with me if you think that would be appropriate as kind of one of the ways in for a health care professional to help a colleague.

Patrick: Things for us to think about is we're familiar with the concept of mandated reporters for our patients, but I want to encourage all of us to mandated reporters for our friends, and our family, and our colleagues as well, too. If somebody has said they're contemplating this, we should ask about intent – we should ask about plan – we should ask about means. And, if we feel that we have to, we should intervene to help save the life of someone, even if it means they're going to be mad or frustrated at us, I'll

take that. I'll be okay with somebody being angry at me that I talked to someone else, or I brought in someone who could help with the situation, because, to me, I'd rather have somebody be mad at me and alive than not here anymore.

Bice: Yeah, and I'm going to restate your words again, because they – they're just so powerful when you think about your colleagues, especially our health care professionals – the isolation, missing shifts, substance abuse, being distracted – missing just those small details, and if those details become overwhelming to bear. But most importantly, the key phrase that I'm hearing you say is break the silent code. That is a powerful statement, so thank you so much for sharing that. Let's just move forward and say okay, and understanding all of this that you shared, what are some helpful ways to approach a person?

Patrick: In order to be brave, you first have to be afraid, right? And there are people who might be afraid to break that code, and I'm going to encourage them to be brave, and it is time to not do the norm anymore. It is time to do something different. We don't want to just try harder at things we were doing; we have to do something else; and, so, if even you're going to take a risk and someone might be frustrated at you or mad that you even asked them if they were okay, I would still take that risk and do it, because I would rather do that and have somebody frustrated at me than regret that I didn't do it, and someone is no longer here. That's going to stick with you for the rest of your life, potentially, for some people, and that guilt and that shame that they might have – all the people that I know who've had to deal with suicide always say the same things: what could I have done; what should I have done; how did I miss that; I should have just done this; I should have seen it – there's all these "should-ings" that are going all the time. Don't allow for that to happen – take a risk, be brave, and do something different.

Bice: Yeah, and part of being brave, too, maybe someone may want to do a little bit more research. Are there any resources that you can think of, top of mind, that someone could turn to?

Patrick: Well, there's, uh, suicide hotlines that are available now; we have our new 988 line, as well too, which is available any time of the day for people to be able to talk to someone right away. There's the suicide prevention lifeline – it's 1-800-273-TALK or 8255. You can go to [suicidepreventionlifeline.org](https://www.suicidepreventionlifeline.org), as well, too. All of those are available to people, and the use of technology that we have now puts them right at your fingertips at any point in time, so that you don't have to suffer in silence and be alone.

Bice: So, Dr. McGrath, I want to shift gears and flip it in another direction, and you alluded to this: if one isn't brave, or if one doesn't break the silent code, you mentioned that they may then regret it and live with it for the rest of their life if someone does take their life, possibly such as a colleague. When one does take their life, there's a lot of people that are left behind, trying to understand the why, which complicates the grieving process. So, can you provide guidance on how to best support those individuals?

Patrick: Well, first of all, allow for grief. There is nothing wrong with grief. There is nothing wrong with being sad, and there is nothing wrong with mourning the loss of someone. We do not have to put on a

brave face in front of everybody. We can absolutely let people know what's going on in our lives, and we can allow people to come into our lives to support us and give us the care that we need. It is so important that, once someone has taken their life, and the other lives that have surrounded them are now, at times, broken, and feel like they're in shambles – that those people support each other, as well, too. It is not a time for blame. It is not a time for doubting everybody else. Those will be automatic questions. As we talked about in another of our discussions with OCD, we talked about the idea of intrusive thoughts and that everybody has them. These are the intrusive thoughts that people will experience after somebody has attempted or has completed a suicide. And recognize that those are normal experiences that people will have, but it doesn't have to be where all of the thinking about it ends, right? We can get past those and be able to say I miss that person, I love them dearly, I may not agree with the decision that they made, but I will never, never lose thought of them – they will always be in my life, and I will love them, no matter what, right? And, we can get to that point, and we can love the person without agreeing with the method with which we lost them. Hopefully, we can find some comfort in knowing that they'll always be with us, and we can move past how we lost them, and we could just know that they are always going to be in our hearts, in our minds, and we will be able to still love them, no matter what.

Bice: Yeah, I completely understand what you're saying, and I would say, just from my own personal experience, I would imagine you would agree with what I'm going to share with you – I think other key takeaways that I've received is that give yourself grace, and there's no time-stamp on grieving. I have to keep reminding myself each and every day that it's going to take time, and most importantly, everybody grieves differently. And that was quite an eye opener for me, just in my own immediate family, trying to process grief. So, again, your words were very, very meaningful, and all of the great sound bites that you shared with us today. And, what I'd like to see – if there's any other closing comments that you might have, or any key takeaways for our audience today, Dr. McGrath?

Patrick: In addition to suicide, which is so important for us to discuss and to be open about it, and to not hide in the shadows, because it is a true problem; it is an epidemic; it is one of the leading causes of death among people in many age groups. We have to talk about it – we have to be comfortable asking the questions. There are health care providers still, who are afraid to ask those questions, because they think, what if it puts the idea into someone's head. And, I tell people all the time that I train: we are not putting ideas in people's head. If that idea's there, it's there already, and us asking about it is not going to cause them to then think, oh, that sounds like a good idea – maybe I should try that. We have to open the door for the discussion to occur, because if the door stays shut, the person who is thinking about it might think it's a taboo topic, not one to be discussed, and, therefore, they just have to suffer with it by themselves. Open the door, allow the discussion, and let people know that this is a safe place to have these discussions, and that you will do all that you can to support someone who might even be in the contemplation phase of this experience of suicide.

Bice: Yeah. And, Dr. McGrath, I hope today we made an impact on someone's life by not allowing them to suffer in silence anymore. So, thank you so much. Again, everything that you shared, and everything that you've been sharing thus far, has been extremely valuable. Thank you so much for joining us on today's Power of Nutrition podcast.

For our listeners, the 988 lifeline provides 24/7 confidential support for people in suicidal crisis or mental health-related distress. By calling or texting 988, you'll connect to a mental health professional. ANHI is excited to provide a series of podcasts on a variety of mental health related topics. So, please join us for the next episode by visiting [ANHI.org/resources/podcasts](https://anhi.org/resources/podcasts). We will be adding new episodes often, so please check back throughout this year. Thank you for listening. Stay healthy and be safe.