

# The ChronicleHerald

## JOHN DeMONT: The trauma of suicide haunts the living

[John DeMont \(jdemont@herald.ca\)](mailto:jdemont@herald.ca)



Dr. Simon Sherry a clinical psychologist, professor, and director of clinical training in the Department of Psychology and Neuroscience at Dalhousie University, says every time someone takes their own life, another 20 people are "directly and intimately" affected by the act. – Contributed

I am lucky. I have never in my very worst moments remotely considered that I have no other option but to end my own life.

So, I have no idea what would have been going through the mind of the man or woman in the hoodie who stood atop the power transmission tower on Harbourview Drive, overlooking the South End Halifax railway cut, late last month.

I wasn't there. But I've seen a picture, taken by a colleague as the last embers of sunlight fade from the sky.

Nova Scotia Power had cut power to the tower, leaving some 19,000 South End residents without electricity. Police milled about, presumably trying to talk the person down as darkness approached.

My co-worker said that the climber seemed agitated, alternatively standing and sitting, swinging their feet over the metal edge, 20 metres from the ground. In the photograph, which is chilling, the person's silhouette leans forward, seemingly looking over the edge, down to the ground below.

By 10 p.m., according to police, the incident was over, the roads re-opened, the power back on.

But last year 140 Nova Scotians on the cusp of suicide acted before help reached them. It's a woeful number to contemplate on Nov. 23, International Survivors of Suicide Loss day.

Every 40 seconds the world loses a person to suicide. Every day 10 Canadians take their own lives.

From 2000-2012 Nova Scotia's suicide rate rose faster than it did in any other province. Our suicide death tolls have kept climbing since then. And that is not even the full extent of the impact.

Every time someone takes their own life, Simon Sherry a clinical psychologist, professor, and director of clinical training in the Department of Psychology and Neuroscience at Dalhousie University, says another 20 people are "directly and intimately" affected by the act.

At this rate, according to some quick, back-of-the-envelope calculations, an estimated 2,800 Nova Scotians were seriously directly affected last year by someone they know taking their own life.

"It is like a bomb going off," Sherry said Friday.

Close friends and family can have a whole range of reactions to suicide, some of them short term, but others lingering far longer: depression; guilt over doing too little to prevent the death of a loved one; deep anger and feelings of rejection and abandonment that someone who mattered has left them behind on this earth.

As bad as all of that is, it's not the worst impact for a survivor of suicide.

"Suicide," explained Sherry, "can lead to suicide."

There doesn't necessarily have to be a direct, personal connection. Suicide in the United States increased disproportionately after the suicide of comedian Robin Williams in August 2014.

There is also the still-contentious notion of suicide clusters, where multiple suicides or attempted suicides happen around the same time, and sometimes around a certain location, such as the Eskasoni First Nation in late 2018, and the Cape Breton-Victoria Regional School Board a year earlier.

The best way to prevent this domino effect, said Sherry, is by making it harder for suicides to occur.

Everyone can do their part by recognizing the warning signs: if someone close to you is talking, or writing on social media, about taking their own life, if they are deeply depressed — 60 percent of suicides involve people suffering from depression — if they seem angry, withdrawn or overcome by the apparent hopelessness of their lives, it is time to seek help.

Often people who kill themselves have had prolonged contact with health-care professionals, said Sherry.

But the shift from contemplating suicide to actually doing it can be as brief as five to 10 minutes.

That is where making it harder for people to kill themselves comes in.

Putting a barrier along the side of the Angus L. MacDonald Bridge, for example, prevents suicides. So does restricting access to guns — Canada has one of the highest rates of suicide by firearms in the developed world — and keeping them out of the hands of folks suffering from mental illness.

So, Sherry points out, does monitoring how medications are dispensed, and even altering drug packaging so that it is hard, for example, for someone to swallow a whole bottle of pills within the critical 5-10 minute suicide period.

Then there is the flip side: making suicide interventions — both psychological and pharmacological — more available for those in danger.

For that to happen, contends Sherry, Nova Scotia would need to launch something that it does not have: a province-wide suicide prevention strategy.

"That requires real political will," he said.

But the impact can be dramatic. Quebec cut its youth suicide rate in half by taking such an approach.

The kind of province-wide suicide prevention strategy that Sherry has in mind would also dedicate funds and support to what he calls "postvention" by dealing with the after-shocks of suicide for survivors. Which seems like an idea whose time has come.