

By MHA Ambassador Emily Lupsor

In December 2012, I was putting the finishing touches on my application for grad school. The heaviest lifting for me was not test scores, transcripts, or letters of reference. It was the essay which was supposed to outline the reasons I was pursuing a Master's degree in Social Work.

What I couldn't articulate then, but I'll share with you now, is that it was mostly my history of anxiety, depression, and self-injury that drew me to the field. The first time I seriously considered pursuing an MSW, I was lying in the hospital, recovering from a suicide attempt.

I can't pinpoint the age at which my challenges with mental wellness began. Was it the tearful anxiety of childhood? The numb apathy of adolescence? I have always been a sensitive person and, beginning at age 12 or 13, spent much of the time feeling as though I didn't quite fit in, and contemplating suicide.

In college, my depression got so bad that I had to move back home with my parents. Every day was a struggle not to end my life, much less to put on clothes and go to work. The few friends in whom I confided about how deeply hopeless I felt would say things like, "it gets better" and "suicide is a permanent solution to a temporary problem." **At the time it felt like no one understood my despair and I truly believed that things would never get better. When I could not hold on any longer, I attempted suicide by taking an overdose.**



Almost immediately after doing so, I called my best friend who took me to the hospital. I was hospitalized for five days and the whole experience was shaming and intrusive. Before I was admitted, I was required to take off my clothes and be physically searched by a nurse. A "sitter" was next to my bed the entire time I was there. I wasn't allowed to leave the room, use the bathroom by myself, or talk on the phone. Nurses asked me questions like, "How could you do such a thing?" instead of asking about the years of build-up to that moment. I called in sick to work with a "stomach thing" so my supervisor wouldn't ask too many questions. And worst of all, in order to be discharged, I had to confess the whole incident to my distraught parents.

After I was released, I lived in fear and shame of the experience. Although I was no longer acutely suicidal, I had the added trauma of the hospitalization to cope with. I was terrified of the reactions of family and peers. I lived in fear of being hospitalized against my will if I expressed any of these painful feelings, but at the same time, I truly needed to process some of the things I'd experienced.

Eventually, unable to keep it inside any longer, I reached out to others. In addition to working with a therapist and taking medication, I began attending DBSA (the Depression and Bipolar Support Alliance) peer support groups. There, people who had been through the same types of pain as me, offered compassion when I needed it the most.

I also became a volunteer with MHA's Compeer program. Through this experience I learned a lot about myself and what it means to live day-to-day with mental health challenges. I took QPR and Mental Health First Aid in order to learn how to effectively help individuals going through suicidal crises. **Most importantly, through my work with MHA, I have found a network of people who "get it." People who seek to empower rather than judge, and who are committed to the immense task of promoting mental wellness through advocacy, prevention, and education.**

Recovery is not static. Some days are honestly still difficult for me, but I have more insight into my body and mind than I did when I attempted. I have a system of people I can talk to when I'm feeling bad, and I have a sizable list of coping strategies I can utilize at any time. Most importantly, I have found strength and resilience within myself, a force which fuels my love of life and desire to help those in need. **I know that I am lucky to be alive today. I have a second chance to do something meaningful with my life, and that's why I intend to dedicate my energy to the work begun by many brave advocates before me. And that's why I'm sharing my story as an MHA Ambassador.**



Pictures (top to bottom): Emily at age 2 in OH; earning her BS in Psychology from UNC-Charlotte in 2013; and on her fall break from UNC-C MSW program at Red Rocks Canyon, UT.

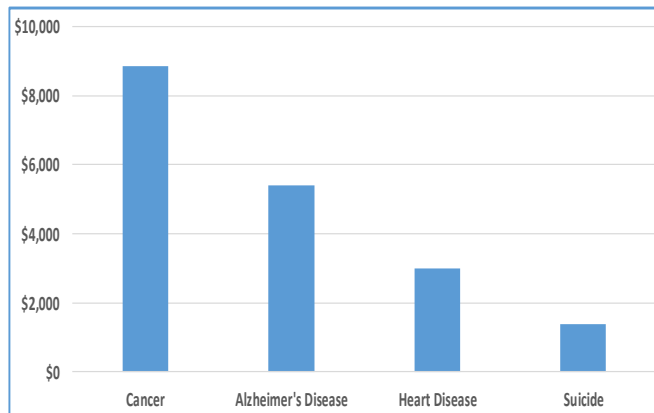
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In a report released in October 2014 by the U.S. Centers for Disease Control and Prevention (CDC), the rate for the top ten leading causes of death has decreased or held steady – *except the tenth leading cause of death in the United States, suicide, which rose 2%*. As a nation, spending for suicide prevention research significantly lags spending for the other top ten causes of death (see chart for sample). **To reverse the trend of suicide increasing, we need to invest in research and education, and support policy that helps people get the treatment they need.**

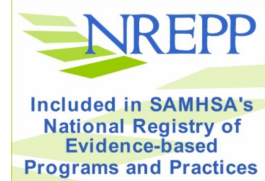
Your investment in the MHA provides the gift of HOPE!

Research Spending Per Death



Sources: National Institutes of Health, Centers for Disease Control and Prevention, and National Cancer Institute (2010 figures)

The MHA's prevention and education outreach is provided by our instructors certified in QPR (Question, Persuade & Refer) Suicide Prevention training and Mental Health First Aid (MHFA-USA). Both are evidence-based practices endorsed by the Substance Abuse Mental Health Services Administration (SAMHSA). **The MHA is honored to deliver both trainings to community groups and individuals free of charge, thanks to the generous support of donors like you.**



Last fiscal year MHA trained 1,054 community members in QPR through 48 (1-2 hour) workshops. Year to date, we've already trained 402 more individuals, bringing our total to 4,377 gatekeepers trained since we began offering QPR Suicide Prevention training in 2008!

97% completing the training affirmed increased knowledge on suicide prevention techniques.

95% completing the training affirmed their willingness to act to prevent suicide was increased.

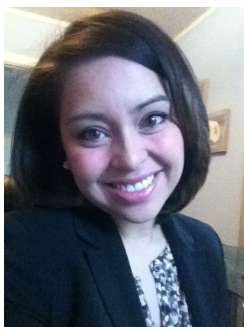


Last fiscal year MHA trained 292 community members through 17 (8 hour) Mental Health First Aid workshops. Year to date, we've already trained 94 more individuals, bringing our total to 458 Mental Health First Aiders trained since we began offering MHFA-USA in 2012.

MHA's instructors are certified to deliver Adult, Youth and Law Enforcement versions of MHFA-USA.

98% completing the training affirmed, "As a result of the training, I feel more confident that I can assist a person who may be dealing with a mental health crisis to seek professional help."

91% completing the training affirmed, "As a result of the training, I feel more confident that I can recognize and correct misconceptions about mental health and mental illness as I encounter them." (*Indicates stigma reduction*)



Monique Moreno, who is in the Marriage & Family Therapy program at Pfeiffer University, took QPR suicide prevention training this June and has already utilized the skills she learned to help a family member. When her mom shared that Monique's 24 year old cousin had posted remarks on Facebook that sounded suicidal, Monique knew that she needed to be taken seriously. Her mother's instinct was to keep quiet and avoid any action. However, Monique knew that her cousin's boyfriend had recently attempted suicide, which put her cousin at an increased risk. Monique coached her mother to ask her cousin directly if she was feeling suicidal and to refer her to services. She is relieved to report that her cousin has received some needed treatment. **Glad to give a testimonial, Monique added, "I truly believe that just like CPR and the Heimlich Maneuver can be lifesaving, so can QPR. I think as many people as possible need to learn these skills!"** Monique has begun the process to become certified as a QPR Instructor.