

Audio Transcript for Episode 512: “Changing How We Talk About Suicide and Care For Our Friends and Ourselves” with Shelby Rowe

Please note: This transcript has been lightly edited to remove filler words or sounds.

SHELBY ROWE

When someone says, ‘Hey, I know that you’re struggling. How can I help? What would be the best way to support?’ It may be just to leave them alone. That may just be I just need an hour to decompress, or ‘I’m gonna go sit in my shower and cry, and then when I come out, maybe we can talk about it’, or, maybe let’s just go eat junk food. But asking and letting them instead of, you know, well, here, I see you’re struggling. So let’s go for a run, let’s go for a walk, let’s go do things, ask. Maybe they do want to go for a run or a walk or go hiking, maybe they just need to just sit on the couch and do nothing. But ask what they need.

[music playing]

CHAD MOSES

You’re listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. I’m your host Chad Moses, and in each episode, we’ll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We’ll be sharing stories and exploring big themes like hope, healing, and recovery. If any of the topics we discuss or the stories we share feel too heavy for you, know that it’s OK to pause, restart, or stop altogether. As we discover new stories, we hope to remind you that your story is important.

[music playing]

CHAD

This episode is a part of our You Are Not a Burden campaign in honor of September being Suicide Prevention Month. You can learn more about the campaign by going to youarenotaburden.com.

How we talk about, approach, and care for suicide is a pretty big deal. Suicide is a tragic and intense topic, and it’s also a very real and human-centered. That’s why we want to explore the ways in which we can reframe and change how we address it in a more compassionate sense, and how we, on a person-to-person level, can care for ourselves, friends, and loved ones who might be thinking about or considering suicide. So today, we have the honor of hearing and learning from suicide prevention expert Shelby Rowe. Shelby will walk us through everything we mentioned and she’ll also touch on why the suicide rate is notably higher for different communities of people—specifically BIPOC communities.

Shelby Rowe is an award-winning artist, mother of three sons, suicide attempt survivor, and director of one of the nation’s largest federally funded suicide prevention projects. She is the recipient of the 2021 American Association of Suicidology Transforming Lived Experience

Award and the 2016 Chickasaw Nation Dynamic Woman of the Year. Ms. Rowe has been a leader in the suicide prevention movement at the local, state, and national levels since 2007.

This conversation has been in the works for a while and it's our honor to be on the receiving end of Shelby's knowledge, experience, and compassion. So with all of that in mind, let's get started.

[music playing]

CHAD

Shelby, I feel like this is a conversation that's been literally like 18 months in the making. We first met back during mental health month of last year. So I'm just so thrilled to finally have the time to connect with you for this conversation.

SHELBY

So glad to be here with you today, Chad.

CHAD

You know, one thing that has always struck me about you really, since the first time that we met on a zoom call, like I said 18 months ago, is your your poise, your posture, and your language in which you employ as we talk about a really sensitive subject with suicide, with suicide prevention, and even lived experiences around people who may struggle with suicidal ideation and attempts. So really, you know, we're of the same ilk here that we agree that language around suicide matters. In your opinion, in what ways could we change and improve the way we talk about it, to lessen stigma, to decrease shame, to get fear out of the picture?

SHELBY

So, you know, things have come a long way, in that and language usage. But we still have a lot of work to do. So kind of, you know, my wish list. One is that people just take a moment, if you're going to be talking about suicide, put another life threatening health issue in place of the word suicide, and see if the sentence sounds insensitive, or not. And so with public messaging, you know, when we think anytime that I hear someone say things like, Oh, well, it was a failed attempt. And I was like, Would you ever say it was a failed case of cancer? They survived. Or it was a failed heart attack, they survived. Like, no, we would never do that. So I would love to see us continue to shift away and discuss suicide, the way we discuss other life threatening health events, and not use words. So a good general rule of is this a good sentence to use? Put heart attack stroke, put cancer in there and see if it sounds horribly offensive and insensitive. And if it is, you know, don't use it. You know, we've come a long way. One that I've heard the past couple of weeks, have someone, with clinicians say, Oh, well, do you deal with people with thoughts of suicide? You know, are you dealing with them? Have you dealt with them? And it's like, no, are you working with them? Are you helping them? I'm shifting that word to lesson because using the word do you deal with them or have you dealt with them kind of emphasizes that fear of being a burden on other people. And we know that that is a big barrier for reaching out to help when we're feeling disconnected, when we feel like our lives don't matter.

CHAD

I think that's a great point about not talking about dealing with someone struggling with suicide. Like I deal with a hangnail, I deal with a flat tire, I deal with a shitty hand at poker like, these are inconveniences that, that we manage through, not, not people. So, so we've covered the idea of speaking about suicide as we talk about other health concerns, not dealing with someone, but living with someone, helping someone, being a source of support for someone, but what are what are some of these terms that have honestly been gifted to us, but but aren't appropriate? And it's about time that we become aware of the language that we use.

SHELBY

Right. And I think that, you know, another term that's like fingernails on a chalkboard, for me, is the term a successful suicide, successful attempt. It's like a death is never a success. And again, if you put the words you know, put any other health incident with that phrase, it is absurdly insensitive. And so being mindful of that language, and just not using it, you know, if we want people to reach out for help, and we're teaching people, you know, this is a life threatening health event, you deserve care, care is there for you. And yet, we talk about it as if, you know, threatening suicide is another one of my favorite terms to hate. You mean asking for help? That's what we want them to do. We want someone to ask for help and so getting rid of that. But yeah, if I could get rid of dealt with, and suicide threat, because if someone is threatening you, you want to shut that down, you get defensive where if someone is coming to you for help, that changes everything on how we respond.

CHAD

I was kind of alluding to earlier, this isn't about word policing. This is really about inviting us to pause and and think about what we're talking about when we talk about suicide, what we talk about when we talk about crisis, what we talk about when we talk about people, and I think that that's the heart of it, and I'm wondering if you wouldn't mind, Shelby, talking about how you learned about more appropriate ways to discuss mental health crises and suicide prevention? Where was the gap in how you first learned about talking about suicide? And how did you get to this point where you are on the leading edge of helping us speak about such a sensitive topic, with more compassion, and with more bravery?

SHELBY

So some ways that change is just educating myself, you know, learning things. I remember, I started working on suicide prevention in 2007. I've been working in public health, but this was a new topic area and so I'm going to trainings and trying to learn and sat through a training and they were training us on things like why you shouldn't say committed suicide, and I was like, this makes so much sense. And this feels good. And I loved, you know, learning that they came up with the better guidelines, they being folks working with, you know, on the national strategy for suicide prevention and other national gatherings of listening to individuals who have either lost a loved one to suicide, or had, you know, been impacted by their own personal thoughts of suicide, their own suicide attempt, and what language worked and so I listened, I went to the training, but then I was like, okay, that's what they said. But is it true? And personally, I am a suicide attempt survivor. I have not lost a close family member to suicide and had not lost a

close friend at that time to suicide. And so I asked someone who in my community, they hosted a support group for suicide loss survivors. So I showed them the slides of the presentation that I attended. And I said these are terms preferred by people impacted by suicide, do you agree? Or what could I do better? So that was how I started and then noticing the huge difference, when I started using the new terms of how much it opened up conversations with other people. You could literally see people's body language soften when you use the preferred terms, because I've never spoken in a room of people where there weren't the majority of attendees who have been impacted by suicide in one way or another. And using the appropriate language, standing at the front of the room, watching everyone's body language soften, really made me committed to continue to always learn and being humble enough to know that we don't get to pick what language is offensive or not. You know, one term, I hadn't thought about what I would do my education trainings and we would get to the section on risk factors. And one of the risk factors, the way it was worded, was that people who are at risk for suicide don't have good coping skills. And that they need coping skills. And a friend of mine, who had been a former Green beret, retired military. He said, Okay, so watching this presentation pisses me off. I was like, Well, tell me, Jim, tell me why this pisses you off. First, thank you for telling me, and he said, You know, I've been trained, you know, to survive in extremely stressful situations and high risk, dangerous. I have the ability to cope in circumstances you could not even fathom. That is different and so that conversation with him, I said, You're right. And you said, listen to that, to me asking you for help now, would be me saying, You think I'm stupid and weak? That me saying I need help, because I'm having thoughts of suicide, that you're going to think it's because I don't have coping skills, and I don't know how to handle stress. And so that shifted for me how I talked about that, that sometimes, you know, we have great coping skills, and great ability, but that pain just hits like a tsunami and overwhelms. Yeah, so an example that I would give, as you know, you could, you know, Michael Phelps can't swim his way out of a tsunami. And even those with the best coping skills, sometimes in that suicidal crisis, the pain is so great we can't access our coping skills. And so shifting that verbiage. So that's a little different off topic, but I think it is like really being mindful if, with our education programs and things we say, are we being welcoming and open? Are we acknowledging that anyone can be at risk, and that we want it to be safe for anyone to ask for help?

CHAD

So many incredible nuggets there, Shelby, that the idea that the hope in reforming our language is not so that we get, you know, an A plus on our mental health grammar, you know, tests like that, that just doesn't exist. But the take home, the tweet is, is this it's about being welcoming, realizing that anyone at any time could be walking through a scenario where suicide is the main theme, if not, in your own life, then perhaps in the life of someone that you love. So I love that anecdote that you said that bringing up sensitive and inclusive language to this and you get to see people's tension kind of melt away, you get to see them loosen their grip. So thank you so so much for bringing that up and thank you for sharing a bit about your own lived experience. I think that is such a gift, the stories that we can use to continue to do better, because I think we can both agree that we haven't reached the pinnacle of language. We haven't arrived at the perfect way to talk about this subject. But this will continue to grow, as we find safe outlets to share our own lives.

SHELBY

Yeah, thank you. And it's not about word policing. It's not about being woke, or whatever. It's being welcoming. Like if we can change the words we use to be more welcoming and inclusive, why wouldn't we do that?

CHAD

Now, we know that, again, this conversation about suicide goes even beyond language. In fact, the way that most of us probably engage with this topic is thinking through, like I mentioned earlier, our own lived experiences. And we know that there are certain warning signs that have become typical when it comes to suicide, things like isolating oneself, giving away personal trinkets and loved possessions, a lifestyle of reckless behavior being a new pattern in someone's life, expressing that they feel hopeless, or as if they are a burden. These are all, you know, threads in the tapestry of someone going through a suicidal crisis. For those that are tasked with loving these people, friends, family members, co workers, partners, you name it, if we notice these things, what are some things that we can do in the moment?

SHELBY

So yeah, and then one thing, I think, as we're talking about language, I want to point out the language that you just used of that they're tasked with loving them. Like, yeah, that they have the opportunity. It's just common. Yeah, yeah. That's why I thought no, I guess because even when we're working on this, because I catch myself all the time. I go, Oh, that was not like that wasn't a good word choice. So I call myself out all the time. And so when to point out because it's just so easy to think about. Oh, but yeah, so for our friends and family members, is, you know, that this is a person in pain, you know, our brain doesn't sort out physical pain from psychological pain. And that can be so hard for individuals in a mental health crisis, because there's not that outward physical. If you've got a broken bone, everyone is like, Oh, well, let me hold the door for you. Do you need me to carry something for you? because everyone recognizes you're in pain. And so you're not having to constantly ask for help, ask for support. But when we're in psychological pain, that sounds dismissive. Because no one likes to be a burden. No, I remember when I broke my foot, and I had foot surgery a couple of years ago, even though my son and his girlfriend were like, you know, if you need anything, we will bring it to you. But in the morning, I'd be like, well, I can go get my own coffee. And they, you know, would hear me clunking down the hall and go, What are you doing? Go back to bed. But I didn't want to bother people. And so I think one of, if you know that your loved one, your best friend, your spouse, whoever, that they are struggling with a period where they're experiencing suicidality, or just really any acute mental health crisis. Don't wait for them to ask. Just periodically, you know, I have one friend, that's a mom and she would just a couple of times a day with her daughter, say, hey, on a scale of 1 to 10, You have 1 being I don't know how I'm out of that and functioning and 10 being I'm having the best day of my life, where are you at? And just making that part of the conversation, so that that young person knew at any time that their parent was open and ready and willing to have that conversation, and knowing that any answer along that scale is the right answer, you know that there's no punishment that there's welcoming. Wow, thanks so much for telling me. What do you need? I think that's something we

don't ask enough. When someone says, hey, you know, I know that you're struggling? How can I help? What would be the best way to support? It may be just to leave them alone. That may just be you know, what, I just need an hour to decompress, or I'm gonna go sit in my shower and cry. And then when I come out, maybe we can talk about it, or, you know, maybe let's just go eat junk food. But asking and letting them instead of, you know, well, here, I see you're struggling. So let's go for a run, let's go for a walk, let's go do things, ask. You know, maybe they do want to go for a run or a walk or go hiking, maybe they just need to just sit on the couch and do nothing. But ask what they need. So being more collaborative, and just go, Hey, I'm here. I'm here for whatever. It was someone in my family, when they are feeling down, you know, they live with bipolar disorder, and different points, like, well, you know, hey, I really want to get together. Otherwise, I wouldn't be any fun to hang out with. And I was like, Well, no matter what state you're in, I love you, and you're fun for me. I just really want to see you is that, okay, like no expectations, you don't have to entertain me. I just want to be around you. I'm down for whatever. And usually, so far, they have not rejected my invitation, but letting them know that I don't expect them to act perfect. I just want them to be themselves. So I think sometimes giving them permission to be upset. Because if someone is trying to cheer us up, we feel like we owe it to them to pretend we're doing better, because we see they're working so hard. As we were like, No, we don't have to cheer you up. There's no expectation. Just be whoever you are, however you are today and just spend time with me. And it seems small, but really, it's just that human connection can be healing. Just being around other people is healing for us.

CHAD

Yeah, that's absolutely beautiful. And I think beyond being healing, it's also humanizing. And it's incredibly empowering to let someone who feels like the world is spinning out of control, that they still have choices that they can make. Would you like to go for a walk? Would you like me to come over? Would you like me to check on you in 30 minutes? If you just need some time I get it. But let's, let's circle back soon. So yeah, I think all of these are great, great pieces of information. Because it's it's not. You haven't been giving prescriptions, right? You've been giving postures, you've been giving ways that we can reframe how we approach what's in front of us. We talked about what we do when we notice something is off. But you know, you don't have to ask around too long to find people who have lost friends and family to suicide, and they report with every bit of accuracy that they were not aware of signs. So in such a case, in these experiences, is there a way for us to consider being proactive versus reactive?

SHELBY

You know, early in my suicide prevention career, I ran a crisis center and we operated a statewide suicide prevention hotline. One of the questions that we would ask as we were looking, exploring what type of support system, who else maybe could be enlisted to help with their recovery, we would always ask in some form or fashion, who else knows it's this bad? Is there anyone in your life that knows how bad you are feeling right now? And 9 times out of 10, they would say no. And they would say it is exhausting, but it usually comes from a place of they're hoping that they can resolve it themselves. They don't want to worry their loved ones. And tragically, you know, that effort to protect their loved ones from their pain, cheated their loved ones out of that opportunity of being able to help, and they were like, I really want to be

able to handle this because I don't want to bother them. Maybe I can just fix this and get it resolved on my own. And so for all of those, you know, that are, listening to this, I'm so sorry for your loss. I will give some general advice, but also knowing that, oftentimes, the only ones who may notice are not the people in positions to be able to do anything to help, that don't know well enough, might be a bus driver, the person that sits next to them at the office, but not their close friends, or family members. Which is tragic. That being said, you know, some things that we can all do to help support the mental health of our friends, support, our own personal mental health is, you know, I break it down to you know, find your people and find your purpose, which is kind of the opposite when we look at Dr. Thomas Joiner's, interpersonal theory of suicidality, that I've been a huge fan of that model for years, because it does, you know, try to break things down to some common denominators. So take a really complex thing like suicide risk, go, okay, here are some things that those have in common. But the two main things according to that theory, that really is feeling disconnected, and feeling like you're a burden. If we can eat with the people in our life, what are we doing to strengthen those connections? And what is it that we're doing to either encourage and promote their purpose? or encourage them or promote our own? You know, if people are excited about anything, you know, are you being supportive of the thing that really matters to them? It may be a video game, it may be their pet, you know, whatever. If that's the thing they're genuinely excited about, you know, life is hard enough. Let people be excited about whatever it is. But when we minimize someone's purpose, that doesn't feel good, it doesn't feel good for any of us. And so one, just celebrate your friends, celebrate their passions. Whenever you can, letting them know that you've recognized and you support their purpose, letting people know that they matter to you.

SHELBY

Being proactive with that, and if they found one cool thing your research is, you know, for people that are struggling, it really for all of us, having ways to give back helps our own mental health. There's a tribal community in California, a buddy of mine, Rob tells a story of you know, there was a tribal community and there was a suicide contagion. And they were coming in, you know, to try to help heal in the community. And one of the things they did is a group of young men who had been their peers that had been either hospitalized or who had died, and they taught them how to make thatched roofs, the traditional way for their tribe, taught them how to do that, and then asked them and helped them to re-thatch roofs of community buildings for their tribe and things. They also gave some suicide prevention education, but I really think it was the young people connecting with each other, and connecting going, here's what I am doing for my community, that helped reduce that risk of suicide. So, you know, it sounds really cliché, but for all of us, you know, there are underlying mental health things, of course, and not minimizing that, but finding our people, finding our purpose, and giving back, we are herd animals, so the stronger that we can connect, and find our supportive place that may be with our family, may be with the families we create for ourselves, but find your people and love them hard. There's not very much that doesn't help.

CHAD

Tip my hat to you, Shelby. You really just kind of answered the next question this, this idea of what are ways that we can continue to reframe suicide prevention on a human level. I love that

story that you mentioned of that tribal community and addressing suicide without necessarily making suicide the buzzword around a lecture series or what have you, but rather about finding creative ways to draw people into closer proximity. That suicide prevention, we've been talking about this for years, has to go beyond just crisis intervention. And suicide prevention happens on podcasts like this to anyone listening to this and thinking, Hey, should I share this with my parents? Or my kids? Or my co-workers? And the answer is yes, like that is suicide prevention, dropping a text asking these at first awkward questions of 1 to 10, how you doing today? Suicide prevention happens in the days, the weeks, the months, the years, the decades before that. It's about how are we keeping people like you mentioned from Dr. Joiner, keeping people from feeling isolated and finding creative ways to help carry each other's burdens? Because the truth is, you are not a burden. You have burdens, burdens are things that you can hold on to for a while. But that's not whatever you're holding, that's not your identity, that there's something more essential to you than whatever it is you're currently walking through.

SHELBY

And I love how you framed that, that you know, you are not the burden, like you may have extremely heavy burdens in your life that are making it nearly impossible to see yourself being able to survive, carrying those burdens much longer. But being able to step back, you know, yes, and talk with someone and connect. That can make all the difference in the world. And it's been individuals, you know, talking to individuals who have survived a suicidal crisis, and sitting in meetings, I love it. I'm helping reframe our conversation nationally of we're not just talking about preventing death, like what are we doing to promote life? What are we doing to promote lives worth living? And that, you know, gets bigger sometimes you do need to quit that job. Sometimes you do need to change, you know, end that toxic relationship. What is happening? What can we do to promote better lives? You know, we see so many people, you know, despair and hopelessness are contagious. But so is hope, recovery and hope are contagious also. And so how do we counteract that? I left the Twitterverse, a couple of years ago, and then this last year, I'm at the beginning of 2022, I left Facebook, I need a mental space that is healthier, and I do a better job of maintaining, you know, I won't blame anyone else for who I follow and what I click on, that's on me. Facebook, and Twitter can be the best thing in the world, or they can be toxic, because we can make choices that are good. But for myself, of that's a step of creating that healthier, more supportive, you know, am I letting myself get emotionally hijacked every day, through social media, that's like, I don't have to do that. And so some of our work is what can we do to promote healthier lives, and help the people in our life know that you get to pick? You know, this is our life, this is the only one, you know, none of us are making it out alive, let's make the most of it. Enjoy that what we do have, I know that we've got a lot more control than what we usually feel that we have, and giving people permission to make those choices for themselves, so they're not feeling trapped, and hopeless and in despair. You do get to change anything you want. Some are easier, some are harder, some are really complicated. But for me, you know, as in my suicidal crisis, there were a lot of things in my life that I needed to, to change. You know, in my mind, it was, you can't live like this. You can't live like this. And finally, the pain lifted enough. I was like, That's right. I can't live like this anymore. But how else could I live? And giving people that space to go, oh, maybe this is a very unhealthy unsustainable lifestyle or situation. What can I do to change it? Because for me, any change was better than death. At

that point, I was willing to change anything to help preserve my life. So helping people in our lives was a little deeper, but helping them go Oh, what am I willing to trade in exchange for life? What is out there that may be better? and letting people do that.

[music playing]

BECKY EBERT

Hey there, it's Becky Ebert, TWLOHA's editor and producer. I want to talk to you for a moment about something specific: T-shirts. To Write Love on Her Arms has always sold t-shirts as a way to help fund our mission—the mission of hope and help. But the products we sell in our store do so much more than help us financially. Each piece of merchandise is a conversation starter. It spreads the TWLOHA message to someone who may not have found out about us otherwise. So whether you wear our shirts, hats, hoodies, or rain jackets, we want to thank you for bringing a message of hope and help wherever you go. To see our latest designs, head to store.twloha.com now and use the promo code PODCAST20 to receive 20% off your entire order.

[music playing]

CHAD

We've talked a lot and I feel like so much of the conversation of this month, of this period, there is this odd dichotomy of us and them and you know, who are the us in the conversation of suicide prevention? Well, for a lot of it, it's people that love those who are struggling with suicide, and the them are those that are currently enduring suicidal crises or bouts of suicidal ideation. And sometimes that script is flipped, that the us can be people that have woken up for many days, weeks, months, maybe years, just feeling this sense of despair, of feeling like you are a burden, and the them are folks that feel so so distant that that you wish you could reach out to for help and can't. I want to focus a bit on that perspective for a moment that if you are listening, if you are watching this and you're wondering, kind of so what? What is there for me? Shelby, what are the ways that we as individuals experiencing thoughts of suicide can show up for ourselves if other people feel too distant at the moment? What are things that we can start putting in place or things that we can lean into during moments like these?

SHELBY

So sometimes, you know when we are in that spot, and you know, seah, so think Oh, It just feels so hard to reach out and ask. One thing I think that they can do is maybe even see it as a practice conversation, sometimes telling our loved ones, you know, the stakes are too high. But you can either, you know, call 988. To get help, you can text 988, you can text the Crisis Text Line. Sometimes when you're in crisis, it's hard to find your words. But you can still text even if you can't speak. So it may be, hey, you can reach out and like 741741, the Crisis Text Line, or through 988, and just say, I'm not okay. I need to talk about it with someone, and maybe see it as a practice conversation. And maybe getting comfortable having that conversation with that person. That may alleviate a lot of the pain and you'll go, Okay, I think I'm feeling better. Or they

can help you practice so that you can have that conversation with your best friend, with your spouse, with your child, with anyone in your life, to say, Hey, I'm not okay and I need help. Because your life is worth living. Even if it doesn't feel like it at that moment, to help get through that pain. And knowing it's okay to reach out. You know, someone who's having a heart attack is not expected to drive themselves to the hospital. If you're choking at a restaurant, you're not expected to do anything. It's okay to let people help you stay alive. With that life threatening health crisis, you're gonna need some help to get through it. And that's not a sign of weakness. You're just getting lost in that tsunami of pain and we need help to get back out.

CHAD

For years I have described suicide as the fatal result of a restricted perspective. That is what happens when our anxiety has been in the driver's seat for too long, or substance use has been in the driver's seat for too long, our depression has been in the driver's seat, our despair, our grief, these things that keep us isolated. If those are the things that are becoming increasingly our sole perspective, then that's a dangerous place. And you're right, it is unfair to tell the person having a heart attack, okay, you drive the ambulance now, it's like no, there are people who have chosen to study, chosen to dedicate their time and their passions to making sure that you wake up tomorrow, this goes beyond you. To the extent that a suicidal crisis does revolve around an individual, it's never just about an individual. There are so many people I believe it is QPR Institute said that for every suicide, there are at least seven people who are directly affected in that their lives will change dramatically with this early exit. And, you know, you don't have to use too much imagination to see that ripple continue to grow and grow. So as we're talking about individuals experiencing suicide, we're very quickly talking about families, and workplaces, and schools, and entire communities that now this is a part of the story, too. So this is a community experience. And thereby the remedy is going to be community centric as well. That no it's not all on you to out think or out positive the darkness, that can be shared amongst other people. So from the perspective of statistics, we have seen that the rates of suicide within bipoc youth have been on the rise in recent years. And the rates specifically for Alaska Natives and American Indian peoples is and has been higher than the general population. Can we talk a bit about why that might be and how we as a society, and we as a community, and we as individuals can address this very obvious concern?

SHELBY

We'll start with kind of bipoc in general. But this is my opinion, the disclaimer, like, it is no surprise that in the era of Trayvon Martin and the era of George Floyd, that a young black child is getting the message that their life doesn't matter. That it is not safe for you here is a message that is coming through and our young people are seeing that and absorbing it. We see in tribal communities, historically, just that of the societal messages, that you shouldn't be here anymore. Why are you still here? Are you extinct? There are places I sit in meetings, Chad, as a native woman, director of an agency with people going well do do tribal citizens even have internet? That's like, Well, I do. And I'm here. Of that erasure in our culture, you know, there was the volume one of the federal boarding school report just came out to start to outline the history of the removal of tribal children to put them in, you know, forcing them to go to boarding schools as a tactic of removing tribal people from their land. There is on page 38 of the government

recognize that the families and the cultural ties are so strong, and tribal communities, that pulling the children away was a viable tactic for being able to defeat the communities. You know, that's a hard read as a tribal person. We suspected that that was a cause, but you tried to give benefit of the doubt. And so being in a system that not only it wasn't designed to serve you, it was literally designed to destroy you, takes its toll on mental health, those barriers to help seeking are there and so, but the good news, you know around that and why is it higher? It doesn't take long when you look at the history of these individuals of why you know, right now, you know, there are individuals after the shooting at the buffalo, you know, the grocery store in Buffalo people just going and buying their groceries, that having anxiety going to the grocery store experiencing a panic attack running your daily errands. This isn't mental health. This is trauma. Trauma, this is not feeling safe in your community. And I think that is a difference when we look at mental health risk in bipoc and other oppressed discriminated groups of separating out what is a mental health condition from safety, trauma justice issue, adding that on top this extra layer, you know, they are not at risk for suicide because they are a black or brown child. It is all of the other stressors and trauma and safety issues surrounding that increase that mental health risk. So on one side cynically, I think it's a beautiful miracle. In many communities in the US, there are tribes that actually have much lower suicide rates than their white counterparts. The fact that there are still 574 federally recognized tribes is a beautiful thing. That in spite of all of this, that they are still here, they are still thriving. So we look at that risk and is a little different, that becomes more of a justice issue, in my opinion, than a mental health condition issue.

CHAD

What are ways that people listening who are not identifying as bipoc can lend our voices, lend our passions, lend our activity to make sure that we are continuing to grow together?

SHELBY

I think one is Be curious. But also, you know, take time, to learn for yourself, to look up, educate yourselves on the history of things in your community. Okay, what is life like? And if someone of color tells you, this is what it's like in this community, believe them. And then also, you know, I found as a tribal person, I can't speak for other communities of color because it's not my experience, but not at not expecting that person to fully educate you. We are not representatives of our entire background. And so take time, if you are curious, Google is your friend, go look it up. But don't expect your friend to educate you on everything. And so take time to educate yourself, then it's cool to ask questions, but don't put that burden completely on that person. But just listen, care, look and consume media that was produced and written by those other communities, because it will help expand when you see characters written, you know, the HBO series Insecure, loved it, you know, other series, Reservation Dogs on Hulu. Rutherford Falls on Peacock, you know, shows written about people of color by people of color played by people of color, the characters are different. Consume some of that media to learn you know, I like that of watching you know, people of color have been doing that for years, consuming media and learning about other cultures. Maybe I'm just biased because I'm an artist, but study the art and you'll learn more about the people, don't just read the Wikipedia page. Study the art and learn about their story.

CHAD

We're so thankful to have voices like yours that are Invitational, that are educational, that are just so capable of reframing this as, as a concern primarily about people that we're not going to be able to, to affect the global suicide rate or even the community suicide rate if we aren't elevating people first. And with that being said, I want to give you the final word Shelby, just, you know, for anyone that may be listening, going through whatever specific context brings them to the table for Suicide Prevention Month, what wisdom, what encouragement, what mantra or just some parting words that that you'd like to leave our audience with?

SHELBY

So one would be you know, we always tell people, don't be afraid to ask for help. Also, you know, don't be afraid or be embarrassed to offer help, love, support, friendship. It never hurts to reach out and let someone know that, that your life is better because they're in it. Don't wait until they're in crisis. You know, if the only time that anyone ever told you that they loved you was on your deathbed, you know, our lives would be pretty miserable. When you're in a suicidal crisis, your brain is usually being an asshole and telling you that nobody cares. So all of us, we can counteract that, the people that you do care about, tell them often. Make it weird. Tell all of your friends. I have a lot of friends that work in suicide prevention. And I think if anyone eavesdropped on our conversations, they would go, this is really weird. Because we will all be like, I love you. And just sharing that. So I think on that this month, there's so much good knowledge and training that you can consume. So I recommend, yes, visit all the websites, read all the information about suicide, but learning all of that is not going to be as effective if it's not combined with sincere compassion, love and empathy. If the person in the crisis is not someone that you have sincere love and empathy for, at least show them compassion and help point them toward, introduce them to, get them connected to people who can provide them that support.

[music playing]

CHAD

It is with our deepest gratitude that we thank Shelby for being a guest on this episode. Your mindfulness, experience, and compassion are all things we as an organization and we personally admire. To our listeners, we know conversations such as this one aren't easy to tune in to. Suicide is uncomfortable and heartbreaking, but we need to reiterate that the thoughts, feelings, and struggles you carry do not make you a burden. As Shelby said, may you embrace the weird in hopes that honesty, help, and healing can stem from it. We're so glad you're here and if you remaining here involves some heavy moments, know that we and many others want to exist and move with you through those moments. So again, we're glad you're here and we thank you for staying.

[music playing]

CHAD

We hope this episode has been a reminder that your story is important, you matter, and you're not alone.

If you're struggling right now, know that it is OK to reach out and that there are people who want to help. Part of our mission is to connect people to the help they need and deserve. You can find local mental health resources on our website twloha.com. That's T-W-L-O-H-A.com. And Click FIND HELP at the top of the page.

If you're in the US or Canada and you need to talk to someone right now, you can always text our friends at Crisis Text Line. Simply text the word TWLOHA—that's T W L O H A—to 741741. You'll be connected to a crisis counselor. It's free, confidential, and available 24/7.

For a list of crisis support resources for listeners listening out of the United States, please visit twloha.com and click on the International Resources tab.

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A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. And again, I'm Chad Moses, thank you so much for listening. We're glad you're here.