

# Advocates work to combat suicide as Center for Mental Health's walk-in clinic hits first-year mark

[montrosepress.com/news/advocates-work-to-combat-suicide-as-center-for-mental-healths-walk-in-clinic-hits-first/article\\_c61ce374-f7b8-11ea-946a-4f67c092055d.html](https://montrosepress.com/news/advocates-work-to-combat-suicide-as-center-for-mental-healths-walk-in-clinic-hits-first/article_c61ce374-f7b8-11ea-946a-4f67c092055d.html)

Katharhynn Heidelberg

September 16, 2020



Rana Shaner shares her story of survival in hopes of saving others — her way, she said, of giving back after she sought and received help for suicidal thoughts and attempts.

“I’m not ashamed of any of this. ... We don’t really choose to have mental illness. We don’t ask for it. These are the challenges we’re faced with. There’s no reason to be ashamed of who you are as a person,” Shaner said Tuesday, midway through Suicide Prevention Month.

Shaner struggled with suicidal ideation from an early age and took the first step to recovery at age 13, when she was able to tell her mother of her dangerous thoughts and was placed into therapy. The journey toward stability continued through young adulthood, when an instructor at her college took her to the campus clinic for help with her panic attacks.

“I had no clue how to start off. I was thankful there were people who did know,” Shaner said.

Today, Shaner is an advocate against suicide who works to reduce the stigma associated with seeking help. She is a member of the Colorado Behavioral Health Task Force and was also appointed to the Mental Health Service Standards and Regulations Advisory Board. Shaner further sits on the Zero Suicide Task Force through The Center for Mental Health.

The Rocky Mountain region has the highest suicide rates in the nation and in Colorado, the Western Slope's suicide rate is higher than the overall rate in the state — an ongoing concern for advocates like Shaner and clinicians at The Center for Mental Health. Suicide is the leading cause of death among Coloradans 10 — 24, although most suicides overall occur in men 45 — 64.

“There are a lot of signs and symptoms for people to watch out for,” said Center for Mental Health Regional Director Laura Byard.

Falling into the “immediate risk” category are such behaviors as people talking about wanting to die or kill themselves; researching a method; obtaining a weapon, or expressing feelings of hopelessness/no reason to live.

“We would want them to contact the center or the national help line to get help immediately,” Byard said.

The “serious risk” category includes troubling behavior that is new, has increased, or is related to a painful event; expressions of feeling trapped, being in unbearable pain, or of being a burden; increased drug or alcohol use; reckless behavior; agitation; sleeping too much or too little; withdrawing; rage; isolation; revenge-seeking behavior or extreme mood swings.

Byard said people exhibiting these signs should get an immediate evaluation.

The national help line is 800-273-8255 and the clinic's crisis line is 970-252-6220. Byard also encouraged people to come to the center's crisis walk-in center at 300 N. Cascade Ave. for immediate help and/or an evaluation. The Center for Mental Health works with insurance, offers a sliding fee scale, and may be able to find other payment assistance options for patients.

The walk-in center was completed last March and opened to patients a year ago today. It provided crisis stabilization and other behavioral health services to almost 600 people in its first year, who before had little to no access to such care without having to travel to Denver or Salt Lake City.

Center stats showed 354 clients who would have otherwise wound up in the hospital emergency room, instead received crisis treatment at the walk-in unit. Many patients also avoided jail by receiving mental health services instead. More than 200 clients received withdrawal management (detox) treatment.

“These crises services will help someone connect and access support quickly during a time when the individual could be experiencing suicidal thoughts,” Center for Mental Health Chief Clinical Officer Amanda Jones said, in a provided statement.

“Rapid connection with services and support can decrease the potential of someone taking action on their thoughts and direct them to services for ongoing care.”

Byard said the crisis center has been an “incredible success” when it comes to serving the entire region. Although the crisis unit is small and cannot, by itself, fill the large gap in behavioral health services on the Western Slope, the feedback has shown Byard it is helpful.

“It’s been amazing for all of us to be able to serve our community this way,” she said.

Patients ages 12 and into their 90s have reached out for help with all kinds of difficulties, she said.

“We are able to connect them with our clinical staff and recommend treatment that is very specific to their individualized needs,” said Byard.

Not everyone in crisis is necessarily suicidal, and people with suicidal ideation might not necessarily be in crisis mode. “Suicidal ideation” refers to thoughts of suicide, whether brief and fleeting, or frequent and persistent.

“Anytime they (suicidal thoughts) creep in, even if it’s brief ... we would recommend they get an evaluation. That’s their brain letting them know they need some support for whatever it is they’re dealing with,” Byard said.

Shaner battled suicidal thoughts throughout her life.

“My goal is to do things to promote hope, to educate and to normalize having the conversation to help take the stigma away and just be willing to initiate that discussion,” she said.

“It was challenging for me. I just want people to know there is hope. You can recover. You can create a life worth living. Recovery is possible. I think of it as, recovery is investing in your greatest asset, which is yourself.”

This is not a challenge that can be met overnight, but a long journey — and a worthwhile one, Shaner also said.

“I was so glad I did put in the time and effort,” she said.

“I decided I wanted to make meaning and purpose of my experiences. I could do that by telling my story.”

Before reaching out and fighting for her health, Shaner internalized the stigma that often comes with seeking help for behavioral health issues, believing she was somehow “defective” and unworthy. But that’s not true, she said, and therapy forced her to challenge those destructive thoughts, as well as helped her realize everyone’s existence matters.

“It doesn’t always have to be this big, grand gesture on a big scale,” Shaner said.

“Even if you offer a word of support for someone and it helps them, maybe they pass on the same words to someone else who needs it. We do all matter in this world.”

Stigma remains, Byard said.

“Unfortunately, I do think people are reticent to ask for help. It is not unusual ... there’s reticence to seeking treatment. That’s the part we would definitely like to see improved,” she said. That reluctance is among the reasons why it is important to recognize the risks for suicide in oneself or in others, she added.

Suicide isn’t necessarily a symptom of mental illness, Shaner said: people with mental health conditions may not have any suicidal ideations and people without mental health conditions might indeed be suicidal.

Getting help in addressing what underlies suicidal thoughts is critical. Shaner found dialectical behavioral therapy, or DBT, particularly beneficial, and said she is grateful for the Center for Mental Health’s support.

The Center for Mental Health individualizes treatment specific to patient needs, through a thorough assessment and recommends treatment accordingly, including DBT, which focuses on emotions that are difficult to manage (not exclusively suicidal tendencies), Byard said.

When someone comes in to be evaluated for suicidal ideation, trained clinicians talk to them about their situation; psychological pain; stress; level of hopelessness; agitation and overall risk. The clinician works with the patient and his or her support system to create a safety plan and steps for treatment.

“We treat suicidality as a separate clinical issue, working with an individual toward their goals for their best life,” Byard said.

Shaner reiterated the need for people to reach out — ideally, before they are in crisis. Others may think someone who seeks help is a weak person, she said, but: “I beg to differ. I think it takes a person of great strength.”