

**“The moment I felt hope”:**

**A suicide attempt survivor reflects on strengths and weaknesses in suicide care**

*When a health care system adopts a comprehensive suicide care approach, it adjusts its practices at every level to better identify, care for, and meet the needs of patients at risk for suicide. Diana Cortez is a suicide prevention advocate who shares her personal story with the hope of improving the interaction between health care providers and patients. She spoke with SPRC Training Specialist Diana Weisner about what makes care good, based on her own experiences of struggling with suicide.*



Photo: Diana Cortez

Tell me about the kind of therapy you first received. What were the shortcomings of supportive therapy as far as you were concerned?

I felt like supportive therapy was almost like cheerleading — superficial and not challenging me to work at the root of the behaviors that were leading me to attempt suicide. For twenty years, I made numerous attempts to end my life. Each time, I was hospitalized for approximately two weeks and then I would enroll in an outpatient counseling program. When I was hospitalized and subsequently in therapy, no professional or medical staff asked me directly about my suicidal thoughts and behavior.

What was the experience that showed you the possibilities of a different kind of care?

It was a different experience when I was hospitalized for my last attempt. I saw the physician in the hospital every day, and he talked to me and made me feel heard, like I was not just another one of the many patients he saw in a day. I had never experienced this before. The doctor looked at me, and he talked directly about “suicidality” and that was the first time someone had not just looked at their clipboard and just asked me if I still wanted to hurt myself.

The most powerful moment was when he told me there would be a day I would no longer have suicidal thoughts — that was the beginning for me, that was the moment I felt hope for the first time. This physician referred me to an outpatient Dialectical Behavior Therapy program for a year. I was able to attain the life-changing goal of no longer being suicidal. I had already started feeling hopeful from the way the physician had treated me with DBT in the hospital, so I felt more confident joining the DBT outpatient program.

What about your experiences with other parts of the health care system, such as the emergency room? What interactions were helpful or unhelpful to you?

The entire emergency room process was humiliating and invalidating. The emergency room staff seemed more interested in my insurance than my story or my current feelings. The intake was similar every time, and I felt ashamed or like a criminal.

Do you have suggestions for health care providers who encounter patients who are suicidal?

From the paramedics and the ER staff all the way to the outpatient clinics, it's important to show humanity and compassion. Make eye contact and smile to show that you care and that you are listening.

I believe it is of utmost importance that there is training available for all the medical staff in all departments, especially those who may directly encounter a patient who has attempted suicide, on how to work with someone who just went through something traumatic and is in a very fragile emotional state. I would like to strongly suggest that this training come from a person with lived experience, who has been there.

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**Suicide Prevention Resource Center**

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