

ARTICLE

Hey kid, are you OK? A story of suicide survived[†]

Kevin Hines, Alys Cole-King & Mel Blaustein

Kevin Hines survived a serious suicide attempt in 2000 and his life is now dedicated to suicide prevention. He travels the world delivering inspirational presentations, has made numerous media appearances and runs a website and blog (www.kevinhinesstory.com). His forthcoming book, *Cracked, Not Broken: Surviving & Thriving after a Suicide Attempt*, will be published by Roman & Littlefield. **Alys Cole-King** is a consultant liaison psychiatrist in the Betsi Cadwaladr University Health Board and Director of Open Minds Alliance Community Interest Company. She sits on the All-Party Parliamentary Group for Suicide and Self-harm Prevention and is the Royal College of Psychiatrists' spokesperson on suicide and self-harm, also sitting on their Patient Safety Group. She works nationally with medical Royal Colleges, voluntary bodies and academics. The Connecting with People training forms part of the RCPsych education programme, the BMJ Masterclass and the Royal College of General Practitioners accredited Primhe Diploma in Mental Health. **Mel Blaustein** is the Medical Director of Psychiatry at Saint Francis Memorial Hospital, an acute inner-city unit 4 miles from the Golden Gate Bridge (GGB), where he sees many suicidal patients. In 2004, as President of the Psychiatric Foundation of Northern California and chair of its GGB Taskforce, he initiated the seventh campaign to gain approval of a barrier on the bridge. In 2009 he was awarded the 'lifesaver Award' by the American Foundation for Suicide Prevention. **Correspondence** Dr Alys Cole-King, Liaison Team Office, Ablett Unit, Glan Clwyd Hospital, Bodelwyddan, Denbighshire LL18 5UJ, UK. Email: alys.cole-king@wales.nhs.uk

SUMMARY

Kevin Hines gives a high-impact and deeply poignant account of his suicidal crisis, which culminated in an attempt to end his life, and an inspirational account of his recovery and return to mental well-being.

DECLARATION OF INTEREST

A.C.-K. has received funding to develop and deliver the Connecting with People emotional resilience, compassionate care and suicide awareness training, and was the instigator and executive producer of the *U Can Cope* film.

On 25 September 2000 Kevin Hines, a 19-year-old student, attempted suicide by jumping off the Golden Gate Bridge in San Francisco. Incredibly, he survived. The following is his very personal account of what happened, his journey back to mental well-being, and reflections on what might have prevented him from trying to take his own life.

Kevin's story

'In High School, I was an athlete, active in student government, on the debating team with a flourishing social life and a supportive family. Aged 17, I was diagnosed with bipolar disorder (type one with psychotic features). At first I was in a state of total denial, confusion and was embarrassed and ashamed to carry the label. I was affected by the discrimination associated with mental illness. Although I pretended, I did not follow my treatment plan. I drank alcohol, despite being told that drinking while on psychiatric medication was very dangerous. The doctor said I needed a strict routine of talk therapy, medication, exercise, education as to my disorder, proper diet, and a proper sleeping pattern. I followed none of this.

I felt alone and hopeless and saw no future. I experienced severe mood swings, heard voices and saw things that existed for no one but me. At some point in all of this I experienced my first suicidal thoughts, which grew more intense as time went on. I felt I had lost my freedom. I wasn't allowed to go out late. My family constantly walking on egg shells. My friends tried to help but they could barely tolerate my abrasive behavior.

When I was very ill the voices were negative and mumbled terrible things into my head. By September 2000 I could feel nothing but intense emotional pain. I feared that I was a burden to my family and friends, and that they would be better off without me. I began to think seriously of suicide and searched online for ways to die. Twisted people who promote suicides actually said "Good luck!".

Nobody ever asked

One night I decided that I just couldn't carry on and stayed up all night agonizing about what I had decided to do. I since found out that my father, who was extremely worried about me, called my doctor, who told him not to worry and that I would be OK. I wrote seven or eight versions of a suicide letter, settling on the one that held the least anger. It didn't occur to me that any suicide note, however written, let alone an actual attempt, would break my family in two. Although my parents were trying to be supportive I just couldn't tell them the depth of my despair. Nobody ever asked me if I was experiencing suicidal thoughts, so I didn't feel able to disclose them to anyone. The next morning my father begged me to go to work with him, given his worry. I lied, pretending to be fine, knowing that I was going to end my life that day. I didn't want to die, but I thought I had no option; I could no longer cope with my intense emotional pain.

"Get off the bus, I gotta go!"

There is a categorical difference between believing you have to do something and actually wanting to do it. As I took a bus to the Golden Gate Bridge I made a pact with myself "If anyone asks me if I'm OK, I'll tell them everything." I was the last one off of the bus at the bridge. Even though I was crying my eyes out, in obvious distress, not one person asked me if I was OK. The driver said, "Come on kid, get off the bus, I gotta go!". Quite the opposite of what I was searching for.

I walked up and down the bridge for 40 minutes, openly crying, desperate for someone to notice my distress. During my time on the bridge hundreds of people saw me. Cars and bikes drove past on the road, joggers and runners came past in both directions and hordes of people walked passed me but no one seemed to notice or care. Eventually a beautiful woman approached me. I thought that she

[†]This is the third of four articles in this issue of *Advances* discussing suicide. See also pp. 276–283, 284–291, 295–301. This article is open access.

would be the one to save my life. Instead she asked me to take her photo, which I did (several times). As I handed her camera back she simply said “Thank you” and walked away. To me this was proof that no one cared, and that I had no other option. It was then I realized I had to end my life. I clambered onto the barrier and quickly jumped.

I didn't want to die

The millisecond my hands left the hand rail, I knew I'd made the biggest mistake of my life. I realised that I didn't actually want to die... I just couldn't cope with my emotional pain. During the 7–8 seconds it took to fall to the water I thought “I don't want to die. God please save me.” By all accounts I should be dead. In the cold waters I bobbed up and down trying to stay afloat. I felt I would drown, and then as if my prayers were answered, a sea lion literally came to my rescue, nudging me to the surface until the Coast Guard boat arrived. I have since found out that this is a recognized phenomenon of innate animal behaviour.

I was rushed to hospital, where I nearly died. The doctors worked swiftly to save my life. I shattered my T-12 and L-1 lower vertebrae and had horrific internal injuries. I was on an ITU for two weeks and a psychiatric ward for several months. Recovery didn't come easily. I was in and out of psychiatric wards six times in the next nine years. Since then I have remained well and out of hospital apart from a brief admission a couple of years ago, following an alteration of my medication. I am blessed, lucky to be alive and thankful for every breath. I live with my wife and my dog. I travel the world spreading the message of the importance of routine when living with a mental illness, emotional well-being and prevention of suicide. I am happy and healthy. I am free of land mines and I am filled with hope for my future.

“Are you OK?”

There is no doubt whatsoever in my mind that reaching out to someone in obvious emotional pain could save a life. You just have to be open to the struggle of another. When you see someone in distress just ask the question “Are you OK?”. If you are assessing any patient who you suspect is experiencing thoughts of suicide please ask the direct question: “Are you thinking of harming yourself or ending your life?”. The answer may surprise you. It will most likely be the truth. If they are contemplating it they are more than likely to say yes and you have the potential to intervene and help to save their life.

Discussion

Many suicidal individuals are ambivalent about living or dying. Kevin's story illustrates this

perfectly. As discussed in our companion articles in this issue of *Advances* (Cole-King 2013a,b), increasing hopefulness, resilience and reasons for living can reduce suicide risk. Kevin has a very powerful message to health professionals: ‘People are not killing themselves because they want to – they are killing themselves because their illness or distress is telling them to’.

Current approaches to treatment

Our first article in this short series (Cole-King 2013a) reviews pragmatic clinical strategies which can help in both immediate and longer-term suicide mitigation. That article was co-authored by Kevin and includes some of the strategies that he finds beneficial.

What can we learn from Kevin's story?

Kevin is one of the 30 or so individuals to have survived a jump from the Golden Gate Bridge since its construction in 1937. The bridge has claimed at least 1500 lives: 33 are known to have died in 2012.

Kevin was suffering from a severe mood disorder, but bridge suicide victims include people from all walks of life with and without mental disorders. Kevin's story highlights the feelings of a severely depressed individual. He writes of feeling alone and hopeless, with no prospects, a burden to family and friends, and experiencing intense emotional pain. He is at the bottom of a black hole. He sees no options, yet still desperately hopes someone will intervene.

Saving lives

Suicidal feelings are too often a temporary and sometimes impulsive response and individuals are usually very ambivalent towards them. For those under 25, suicide is the third most common cause of death in the USA and the second most common in the UK. Suicide is rarely an act of free will, but too often a response to intolerable psychic pain – a sought-after escape from emptiness, sadness, loss, shame, rejection and/or guilt.

The key is reaching out to people and helping them see that there is always hope, always help. They just need to know how to seek the support. It is for this reason that the *U Can Cope* film and compassionate resources from the Royal College of Psychiatrists were developed (Box 1).

Kevin is adamant that, had there been a bridge barrier, it is unlikely he would have jumped. A suicidal crisis is often short lived and if people can be helped and supported through it, they may never feel that way again.

BOX 1 Support for anyone in distress or those trying to help them

Together with Samaritans and the Royal College of Psychiatrists, Connecting with People (providers of emotional resilience and suicide prevention training) are leading a coalition of more than 100 organisations in the UK and beyond – from mental health bodies to the Professional Cricketers' Association – to spread the message that it is possible to overcome suicidal thoughts and feelings and that there are many resources available to help those who are struggling to cope.

U Can Cope

This short film, produced by their media partners Southwick Media Consultancy, shares inspirational stories and focuses on three people for whom life had become unbearable but who, after seeking help, are now leading happy lives. The film promotes three main messages:

- Anyone can experience suicidal thoughts
- There is always hope
- There is always help

www.connectingwithpeople.org

Resources from the Royal College of Psychiatrists

Connecting with People and their collaborators have developed a range of practical and

compassionate self-help resources on behalf of the Royal College of Psychiatrists. These are available (online or as printed leaflets) to anyone in need of advice and support. They promote self-help and give information about useful strategies and how to access help and support.

- *Feeling on the edge? Helping you get through it* For people in distress attending an emergency department following self-harm or with suicidal thoughts
- *Feeling overwhelmed – helping you stay safe* For anybody struggling to cope when bad things happen in their life
- *U Can Cope! How to cope when life is difficult* Designed to help young people to develop resilience and cope with current and future difficulties in life. Its advice is just as helpful for adults.

www.rcpsych.ac.uk/expertadvice.aspx

www.connectingwithpeople.org

Samaritans

A 24/7 helpline that offers people a safe space to talk about what is happening, how they are feeling, how to find their own way forward.

Helpline: 08457 90 90 90; www.samaritans.org

International Association for Suicide Prevention

The IASP is dedicated to preventing suicidal behaviour, alleviating its effects and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors. Its website includes helpful resources.

www.iasp.info/index.php

Free online interactive cognitive-behavioural therapy

Living Life to the Full www.llttf.com

The Mood Gym and e-Couch Cognitive-behavioural therapy skills for preventing and coping with depression. At <https://moodgym.anu.edu.au/welcome>

Support groups Details of numerous UK patient support organisations, self-help groups, health and disease information providers, etc. Each entry is cross-referenced and details are checked annually. At www.patient.co.uk/selfhelp.asp

The Kevin Hines Story

www.kevinhinesstory.com

Some suicidal people decide on a particular method to end their life, so in addition to compassion and practical support an intervention should also include removing any means for suicide. Psychologist Richard Seiden studied 515 people taken by the highway patrol from the Golden Gate Bridge and followed them up after 25 years. He found that about 90% were still alive or had died of natural causes. The bridge was to be their chosen method and when this option was removed their intense suicidal impulse diminished. Seiden suggests that his findings confirm previous observations that suicidal behaviour is often crisis-oriented and acute in nature (Seiden 1978). Suicide deterrents such as barriers, gun laws and outlawing certain chemicals are effective. But as Kevin points out, asking a depressed and/or distressed person whether they are thinking of suicide is an important intervention. Suicide

is preventable and treatable – by therapy, by medication and by reaching out. We can all play a role.

Acknowledgement

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