THE BROOKINGS INSTITUTION

FALK AUDITORIUM

THE S WORD
A NEW DOCUMENTARY BY LISA KLEIN

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P R O C E E D I N G S

(Film shown)

MR. HAMILTON: Hello. We've seen the film and I certainly have a lot of questions. My name is Jon Hamilton. I'm a reporter on the Science Desk at National Public Radio and I'm joined up here by Carol Graham, who is an economist here at Brookings; and Lisa Klein, who, of course, made the movie.

And we're going to talk. I'm going to ask a few questions for maybe 20, 30 minutes, and then I understand there were cards that you could fill out to ask questions. So if you've done that, there are people who can collect those cards. Right.

So, it is such a personal, sort of intimate film. What made you think that you'd be able to get inside like that when you took this project?

MS. KLEIN: That is such a good question. I think, you know, based on my personal experience, did you want me to talk about that, why I made the movie?

MR. HAMILTON: If that's what led you to it, yeah.

MS. KLEIN: That is what led me to it. When I was in college both my father and my brother died by suicide, and it was far from an overnight epiphany that that happened and I thought, oh, I should make a movie about this. No. Years passed and I went to film school and all of that and these were things that I wanted to deal with. And when I started researching it, I started looking from a place of loss. I mean, that's what I knew.

And what I found as I was going through this and meeting people and meeting Des and Leah and Craig and Kelechi and everybody, was, wow, there's like this thriving community of people who had attempted suicide and survived. And what's really weird is that even though I knew that there were people who had attempted and survived, it wasn't what I was thinking. It was strange. It was like people really do live through this.

And that seemed to me, to hear those voices, that's how we're going to deal with this, you know. I mean, my story is my story and there are a lot of stories out there. But people who had been on the edge and could tell us what was going on, it was like this light. It was like,

whoa. And then just starting to talk to people.

MR. HAMILTON: And so for four years --

MS. KLEIN: Yeah, yeah, pretty much.

MR. HAMILTON: -- you were in that world.

MS. KLEIN: Pretty much, yeah.

MR. HAMILTON: And Carol, you're an economist. One doesn't always think of economists as being the people who study suicide and yet you have done some work that is related to this. Talk a little bit about how you got there.

MS. GRAHAM: Okay. Well, first of all, my story is a little more noinky and nerdy, as you would expect from an economist. But I was born in Latin America and spent most of my career working on poverty and equality in the developing world, but also very much noticing and experiencing the resilience of incredibly poor people who faced so much hardship. And coming back to the United States, I grew up between Latin America and the United States, but you know, in later life, while here at Brookings, thinking what is it about the hopeless nature of poverty here that's so different from that in Latin America, Africa, other places?

And I started to write a book about poverty and inequality, but from the perspective of well-being metrics, an approach in economics that I've helped developed, where we actually work with psychologists. And we use many of the questions and the kinds of issues that psychologists try and get at, but we analyze them in large numbers, across large populations to try and understand a pattern.

So I'd done all this work on happiness around the world and set out to write a book about unhappiness in the United States or a book about unequally shared happiness. And "happiness" is sort of the colloquial term. It's about the unequally shared opportunity to live a purposeful and meaningful life if you are living a stressful existence every day, if every day brings a new shock and you can't just get beyond that.

And in doing this initial work, I came across deep pockets of desperation among particular cohorts in the United States, particularly uneducated, blue collar whites, compared to

much higher levels of optimism among Hispanics and African Americans. And I was trying to understand this. This was before the data on our premature mortality rates came up. And a few months later, this study was released showing that we're one of the few rich countries or the only rich country in the world where our life expectancy is going down rather than up. And that is driven by premature mortality among middle-aged, less than college educated whites; primarily, not only. So this was a really stark marker that something deeper than just a poverty and inequality story was going on, and that there were just pockets of hopelessness, stress, anger.

And I started to match my data on well-being, which measures stress, anger, hope for the future, life satisfaction, at the individual level. But then across we can compare people, all different kinds of people, ages, races, employment status, and linking these metrics with the pockets of drug overdose, suicide across the United States.

And finally, because we are able to match those things, trying to develop a tool that could be a leading indicator rather than waiting for our mortality rate to go up due to preventable deaths.

MR. HAMILTON: And I want to come back to who the people are that you see across the country, but first I want to ask Lisa, how did you choose the people to be in your film? Were you trying to match a demographic? Were you just following the stories?

MS. KLEIN: Yes, I was -- no, I was not trying to match a demographic, but I was following the stories. And it started -- I'm trying to think of the trajectory. I mean, one of the first things I came across was Live Through This, and that's when it was like, wow, you know, the whole thing with attempt survivors and all of that. And also when I started and people would say what's your next film, and I would say, okay, well, it's about suicide, and I was met with every reaction from, oh, that sounds like fun to --

MR. HAMILTON: Hate it, yeah.

MS. KLEIN: Yeah, yeah, that's great. And some of my friends said don't do it, you know, things like that. But then as I started to meet people and started to talk about it, it was like, oh, my god, you've got to meet this person, you have to meet this person. And somebody

brought me to Leah, which brought me to Craig, which brought me to -- you know, it just sort of went on from there.

Wait, I'm trying to remember what your original question was. (Laughter)

MR. HAMILTON: I was asking how you --

MS. KLEIN: Now I'm rambling, which I do have a tendency to do.

MR. HAMILTON: I was asking about how you chose the people who were going to be in the film.

MS. KLEIN: All right. Right, right, right.

MR. HAMILTON: And partly I was interested because you clearly got into certain communities, like the transgender communities. Was that where one person led you to another?

MS. KLEIN: Absolutely. So we filmed like 150 hours and once I realized that that was too long for a film, there were a lot of people who were even maybe in it for a second or were not in it, you know, that sort of happened. But when you talk about the different communities, I mean, Des, it turns out, yeah, she was marrying her partner. She's gay, but that was happenstance.

Idan, who's in the audience today, I met through Leah. Leah's like, oh, my god, there's this guy Idan who's doing these amazing things as an advocate. And so it was really about, not to sound so whatever, but, I mean, it was really about the people. It was about the people who are compelling.

MR. HAMILTON: The people who had stories.

MS. KLEIN: Who had stories, exactly. Right. And so each one was -- I mean, Karas is somebody who I knew and we were talking and she was telling me her story and it just was compelling.

MR. HAMILTON: I ask that because, Carol, I was going to ask you how does the demographic you see at risk of suicide in the United States match up with the film? Are there differences?

MS. GRAHAM: There are differences, but my demographics aren't only about

suicide. They're also about lack of hope and desperation and drug addiction and overdoes. But there are a couple of things that stand out and also that struck me about the movie.

It's a demographic of sort of less than college educated, blue collar families, men and women of middle age, who've lost their identity. They've lost their purpose. They've lost their connectivity. So if you look at these places where firms have left, manufacturing's hollowed out, the mom-and-pop shops that support the firms have left, the sort of standard American dream, blue collar family was the stable nuclear family in the stable factory job or the stable coal mining job. And those were the sources of connectivity and stability.

Versus for minorities, I mean, this is a generalization because I'm talking large numbers, for both Hispanics and African Americans you had many more challenges to that Ozzie and Harriet lifestyle from day one. People face discrimination. There were many more extended families, church, informal networks that have provided people who also face hardship with kind of built-in connectivity and less fear of using it, of relying on it. And so the demographics in terms of the mortality rates show that.

What really struck me in the movie was listening to Kelechi saying you're not supposed to do this in the African American community. You're supposed to be strong. Right? And I think there's a certain -- I think the pattern that I see in the large data that also stands out in these stories, regardless of the demographics, is sort of a loss of purpose, a loss of identity, a loss of connectivity, a loss of hope.

And what strikes me in the solutions that are coming out of this active, connected; most remarkable group of people who are trying to help people avoid suicide is connecting with them, trying to provide them someone to connect with. You know, somebody cares, you're not just out there on your own.

And when I think a lot about the solutions to these, they're both economic and social problems in this country, which are huge. I mean, some of them are standard: better safety nets, better -- the things you can propose that are obvious won't do the trick. It really is about how do you build back connectivity, community spirit, shared hope, so that individuals who fall behind

don't just get left behind?

MR. HAMILTON: And can you actually see in places where you mentioned factories closing down, things have taken for the worse, can you actually see a change in people's perception of happiness and so on?

MS. GRAHAM: Absolutely. I mean, if you look over time, 30 years ago, the average pattern was that whites had higher levels of life satisfaction than blacks and men had higher life satisfaction levels than women. As gender rights equalized more and as discrimination lessened, you got a reversal in those trends. And so what you've seen is, again, a big generalization, but a decline in life satisfaction and an increase in desperation and anger among older white males who do not have a college degree, so it's low-skilled workers; and you've seen increased optimism among certainly African Americans over time, although it seems to be a pretty stable pattern.

And I think that has to do, in part, with economic trends. It has to do with this sort of changed identity. The old stable job, blue collar male worker who's the provider for the family is a disappearing thing.

MR. HAMILTON: And is that older white male where you see numerically the concentration of suicide is?

MS. GRAHAM: Yeah, it's also in women, as well, but they start from a lower level, so that there's been increase among basically 35- to 55-year-olds dying prematurely, less than college educated, both men and women. But men started at a higher rate and it's gone up at about the same pace. And in terms of suicide, men are just more successful at completing it often.

MR. HAMILTON: They're more likely to --

MS. GRAHAM: So that also affects the aggregate numbers.

MR. HAMILTON: Lisa, I wanted to come back to something that Carol mentioned, this idea of connectedness. It seems like there were -- you saw examples of that or lack of that, both, in your film. Can you talk a little bit about that?

MS. KLEIN: Yeah, I mean, when you look at -- because it's really difficult, you

know, when people say why do people take their lives or why do people attempt to take their lives? It's like there are a zillion reasons, you know, as many as there are. But lack of connection and feeling hopeless and all of that, that is a huge one, feeling like you don't have a community and all of that.

And Leah and I, one of the things that we talked about and when she -- one thing that she was saying to me was the idea, like, why in every community don't they have something like the AA model, where people can get together and talk? I mean, you can do it on the Internet, you can do it over the phone, and you can do all of that, but I think the word that you used was, like, well, people think we're all going to get together and exchange suicide recipes, which is not true. It's almost the polar opposite.

MR. HAMILTON: Are there examples of that in any places?

MS. KLEIN: Of people exchange --

MR. HAMILTON: Of having an AA-type organization.

MS. KLEIN: Is that happening now?

SPEAKER: Oh, yeah. I mean, you know, not as much as I would like, but there's Alternatives to Suicide, various other groups who have come out.

MS. KLEIN: Survivors of Suicide groups and Didi Hirsch and various -- right. Not nearly as many as -- we would love it to be just like you want to go have a bad cup of coffee and go to an AA meeting. You want to be able to go to a meeting like that.

MR. HAMILTON: Why is the coffee so bad? (Laughter)

MS. KLEIN: That is something that, you know, if they can solve all the other stuff first, then I guess the coffee problem isn't so bad.

But yeah, so I think that getting people together, things like Live Through This, things like the work that Leah's doing just affecting policy, all of this stuff, but getting people together to talk. And when you realize you're not alone, that is huge.

I mean, there's somebody here who actually knew me in college, like soon after my father died. And it wasn't something that I talked about very much.

MR. HAMILTON: Well, that brings me to the next point. I mean, the name of this film is *The S Word*. Obviously, it's a reference to people not talking about this. And I'm curious, is talking about it, is there evidence that talking about it changes things in a society?

MS. KLEIN: I think so. And Leah can speak to this even more. Sorry to keep going back to you, but you just know more than I do pretty much about everything, but certainly about this. But there is.

I mean, it isn't just talking about it, like talking about it irresponsibly, not so good, or talking about methods and all of that and salaciousness. You know, that is not necessarily a good thing. But we all know about sort of unburdening or being able to just talk about whatever it is or to know that somebody's listening to you and they care about you and all of that to at least get you to a place of safety where you can talk about. Because we all know what it's like when there's something that we're carrying around that's eating at us that we can't talk about it, it just takes the problem and it worsens, I think.

MR. HAMILTON: And in your film, the whole film talking about suicide and yet, as you just alluded to, you don't have people talking about specific methods. Was that a choice you made?

MS. KLEIN: Oh, yeah.

MR. HAMILTON: Tell me what was behind that.

MS. KLEIN: Once again, she was a big part of what was behind that because when we did our original trailer and we did have people saying I took pills, I did this, I did that, and she's like no. I mean, I learned this early on and it was Leah and a couple of other consultants. The idea that when you talk about whatever the method may be, whether it's a bridge or a gun or -- now I'm talking about methods, but I'm talking about methods to show that it's not a good thing. And the idea is it's sexy and salacious and, wow, look at this, you know, just like watching a murder on TV or hearing about how it's done. It's almost like a how-to. So we don't really need to know that.

It also isn't the important thing. The important thing is the intent. The important

thing is not wanting to wake up the next morning because you're in so much pain. Those are the things that are important and how we're going to deal with that. How somebody does something, you know, how somebody dies isn't nearly as important as how they're living.

MR. HAMILTON: And Carol, related to the talking about this, as an economist you have to gather data from people who are willing to talk about being happy, unhappy, all these kind of things. How do you go about doing that? Is there a way to word surveys? How do you do that?

MS. GRAHAM: Absolutely. There's a whole measurement science around doing this and that science goes behind large-scale polls. For example, the Gallup-Healthways Poll for the U.S. interviews 1,000 people a day, a nationally representative sample, some in person, some by phone. The Gallup World Poll the same thing.

And we worked with -- it's economists working with psychologists, and we had a National Academy of Sciences panel on measuring well-being and it was some of the top psychologists in the world. Daniel Kahneman, the first psychologist to get the Nobel Prize in economics, who spent a lot of his life doing a method called "experience sampling." So he would have people carry beepers around and they would report their moods as they did things and he would sort of take -- they'd do a ticker thing. But he actually found that daily recall questions, how frequently -- did you smile frequently, yes or no, yesterday? That question tracks with the much complex and the measure --

MR. HAMILTON: So you actually don't say are you suicidal?

MS. GRAHAM: No, no, no. Were you stressed frequently yesterday, yes or no? Were you angry frequently yesterday, yes or no? Did you experience pain frequently yesterday, yes or no? Then how satisfied are you with your life in general? How satisfied do you think you'll be with your life in the future? On scales.

And we reality checked these questions by taking mood measurements and other things on small scale, and then you can yield them on a larger scale. And what is remarkable are the consistent patterns that tell us that these questions really are telling us something. The

determinants of life satisfaction around the world are very, very similar.

Anger is a funnier and more difficult emotion, but sadness, pain, stress; they're very clear markers in people's real-world experiences and in their demographics that help us see real consistency in these metrics.

I always say when I talk about happiness, and I show a slide with the equation that we used to measure these things, and I say I know you don't want to see an equation, but it's really, really important that you understand we're not running around asking people, oh, does marriage make you happy or does your job make you unhappy or whatever. When we ask a question and we compare the specific variables, the person doesn't know they're being compared.

MR. HAMILTON: I want to ask both of you to weigh in on something and that was the film certainly brings up this link between sexual orientation, gender abuse, rape, I mean, all those things come up. Was that something that seemed to be a common thread?

MS. KLEIN: Oh, absolutely. And it really was about the stories and what people were telling me. Because people often thing suicide, mental illness; suicide, depression; suicide, bipolar. And is that a factor? It can be sometimes, but there's trauma. There's childhood trauma. Sometimes trauma doesn't look like the textbook definition of trauma, you know, like rape and all of that. There's trauma at every possible level.

But generally, everybody who we talked to experienced some things in their lives that were not great. And it did seem to be -- I mean, childhood trauma seemed to be very much a common denominator.

MR. HAMILTON: And Carol, is that something you see in the larger number?

MS. GRAHAM: Well, I actually have a smaller number answer to that because I'm trying to understand the differential levels of resilience and how negative shocks in the past affect people's ability to be optimistic about their future. So I have a survey of 18- to 19-year-old adolescents in Peru, in a poor to rising poor area. And we've been looking at their aspirations for their future education, their lives. We have a whole lot of information about their past.

And what's remarkable is how high the resilience and optimism levels of these

near-poor kids are; the high percent of them that say they're going to go to college and they can go to public university. But equally important is of the highest aspiration group, almost all of them have had one or two negative shocks in their past. But there are certain negative shocks that are more difficult to get over than others, and that's what I'm really trying to understand.

So one thing is to have been a victim of crime or to have had a parent die of an illness or whatever or have a parent have left the household versus if they've had something that really was debilitating in the past to their mental health or their physical health. Then they can't overcome that. So it's not a great answer because I don't think we fully understand this, but we know that people can overcome negative things and come out even stronger, even attempting suicide from what the movie's telling us.

But I don't know how much we know about the nature of or the differential nature of those things, and obviously when in people's life spans the negative things happen.

MS. KLEIN: Right. Yeah, and I was going to say, too, I mean, you could have two people with very similar experiences who go different paths, and that is resilience. It does speak a lot to resilience.

And something that I thought of, too, when I was thinking of something like trauma, that can also isolate you. And isolation and lack of connectedness are certainly connected. So I literally had that epiphany as I was sitting here and I thought it was semi-brilliant, which is why I brought it up. (Laughter)

MS. GRAHAM: Can I pick up on that?

MR. HAMILTON: Yeah, absolutely.

MS. GRAHAM: It strikes me that some of the traumas that you're talking about traumas that are taboo to speak about.

MS. KLEIN: Right, yeah.

MS. GRAHAM: So, you know, or at an age when you don't understand, what they are and then you can't speak about it.

MS. KLEIN: Right.

MS. GRAHAM: Versus a lot of the very nascent literature on resilience suggests that one thing that does seem to matter is having -- and overcoming negative shocks is someone you can rely on or talk to. And that came out in your movie, this feeling of people feeling just alone with no -- I can't talk about this, there's nobody I can talk to. And it sounds very simple, but it's seems to play a role.

MS. KLEIN: Right, but it does and now it's sexual harassment. And I think people feel a little more emboldened to be able to talk about that, which is something that's been in a closet for so long.

MR. HAMILTON: Right. I want to bring up something that has gotten so much attention in the last few years and that is drug use, drug abuse in this country. It seems like there is a definitely link to suicide. Can you talk about what you saw in making the film? And then, Carol, maybe you talk a little bit about what we know looking at the nation.

MS. KLEIN: Well, when you look at something like drug abuse or anything like that is looking to escape the pain, looking to not feel that pain that really can often be debilitating. And sometimes it is alcohol or drugs or something like that. And something that really struck me recently, and I was just talking about this today, is when I showed the film in Brownsville, Texas, actually. And I was talking to somebody who was a counselor at the University of Texas in Brownsville, who had been a heroin addict, and what she said to me was really chilling. And she said I would much rather die than go into rehab again, then to not not take heroin and to not have that. So it's whatever works, you know.

I mean, I can understand how somebody could drink to excess or do whatever to not what to feel that pain, and it works until it doesn't.

MR. HAMILTON: Right, right. And I was thinking as you were talking about the demographics and the geographic places where unhappiness is a problem. There's a pretty clear overlap with drug abuse, as well, right?

MS. GRAHAM: Absolutely. The sort of drug abuse story is a result of a perfect source of demand and supply meeting each other. So the demand is desperation, lack of jobs,

lack of purposefulness, just losing your identity and reason to live, your ability to work, or to work in what you thought you were going to be working in your whole life, and then this perfect supply of first it was prescribed opioids oversupplied. We're the country with the highest per capita consumption and availability of opioids in the world by far. Not even by a little bit, but by far.

And then once you can't get prescribed opioids, the availability of illegal drugs, and that's now been compounded by very, very dangerous versions of heroin, such as fentanyl, which are creating a huge number of deaths that I think are very hard to define. Are they suicide or are they not?

MS. KLEIN: And that's a whole other thing, yeah.

MS. GRAHAM: It's the story of they'll do anything to get rid of the pain. And so do you even -- once you are addicted enough and you're seeking out stronger and stronger forms of drugs, are you intending to commit suicide or did you just overdoes? We don't know. We know these things --

MR. HAMILTON: And also, does a drug suppress inhibition to commit some act?

MS. GRAHAM: Exactly. Yeah, that's another good point.

MS. KLEIN: Or alcohol, yeah.

MS. GRAHAM: So the whole issue of drugs and drug supply are very much a part of this story. And the more nefarious part of that story is that drug traffickers knew exactly what communities they were targeting.

MR. HAMILTON: We're going to get to questions from the audience in just a minute here. I have several already. Before we do I want both of you to talk about something and, Carol, let's start with you. Are there things that work? I mean, are there things that a society can change that clearly make a difference to this sort of hopelessness, unhappiness?

MS. GRAHAM: From what I've seen in the few case studies that I've sort of learned a bit about, there's no one magic bullet. And particularly in a situation where this isn't -- certainly there are federal-level regulations and investments that would help that aren't happening. But when you think of all the complex interacting forces it seems that it comes from concerted

efforts in, say, for example, deprived communities where you get the private sector, the municipal government, community organizations, NGOs investing in community health, investing in ;providing some kinds of job opportunities, even volunteer opportunities.

There are a lot of lessons in the well-being literature. I'm on the board of something called What Works Wellbeing in Britain, and they actually test out different community interventions in deprived communities and see what improves well-being. It can be as simple as providing access to the arts in a hollowed-out community.

You know, particularly when you're thinking about early retired workers from jobs that don't exist anymore. They're not going to move to Silicon Valley, right? They are where they are and they can't really move. But there are things that we know make a huge difference to people's wellbeing and longevity, such as volunteering, such as participating in group activities.

MR. HAMILTON: And Lisa, did you encounter things that seemed to work in making the film?

MS. KLEIN: You know, I think a huge thing -- I mean, well, you have the sort of mental health side of things where the idea of mental health parity just makes sense; where you have all of the -- well, healthcare is in a precarious situation right now, but to add mental healthcare to that just seems like that should just be happening.

And also, something really simple, but really difficult is like society needs to change, just being kinder to each other, listening to each other, like all of those things. Because we are looking for -- you know, there's that whole upstream/downstream thing and we're downstream, so we've got crisis lines, crisis text lines, and all of that stuff to keep people from the edge, to get them to safety. But it's like we need to take a few steps back to figure out how we're not going to get them to that edge, and I think that starts really early and it starts with just the way we treat people and the way we connect and, you know, kindness, lack of bullying, and all of that. Yeah.

MR. HAMILTON: Carol, briefly.

MS. GRAHAM: Very briefly. Very briefly.

MR. HAMILTON: Everybody's had a long day, so we'll --

MS. GRAHAM: Very briefly on this point. One thing that I read a lot about in my book and I've thought a lot about is we have prided ourselves as a society on sort of individual opportunity and the land of opportunity and everybody who works hard can get ahead, and that's a good ethic. But the problem is when it fails. When opportunity fails, people blame themselves individually. We don't have the kind of connectivity and kindness and sort of collective social welfare mechanisms that many, many other societies do have.

MS. KLEIN: Right, right. So once all that changes I think we'll be in a really good place. (Laughter)

MR. HAMILTON: Right.

MS. KLEIN: No problem.

MR. HAMILTON: Any day now, right?

MS. KLEIN: Right.

MR. HAMILTON: Let me just get to a few of the questions from the audience. One of them is clearly for you and gets to the "suicide so white" comment in your film. How will you share the film and message with communities of color?

MS. KLEIN: Oh, we're going for everybody. And Kelechi was actually with us last night. We showed the film in San Francisco. But, yeah, we want to be pretty much everywhere. And when we do that, we want to have representatives, like we want to have Kelechi come with us; we want to have Idan come with us. We want to have people who have lived this experience.

MR. HAMILTON: Well, she's certainly incredibly engaging. Plus she has the most beautiful teeth. (Laughter)

MS. KLEIN: I'll tell her that.

MR. HAMILTON: Gorgeous smile.

MS. KLEIN: She'll love to hear that. Yeah, she does have a good smile.

MR. HAMILTON: And this question I think for you, Carol. It talks about the raw suicide rate in the U.S. is the highest level in history, or so says the questioner. I don't know the

statistics myself. Is there a specific variable that is contributing to this? Do you tease something out of all the data that is like the one thing you could pinpoint?

MS. GRAHAM: I'm not sure I could directly pinpoint suicide rate as much as the overall premature mortality crisis. And I think that really has to do with just a prevalence of lack of hope. It sort of has a lot to do with employment and education trends, but not only. I think it's the erosion of communities; it's the lack of empathy for losers, and a sort of increasingly kind of winner-take-all dialogue.

And we certainly know that our metrics of desperation, e.g., lack of hope, link very closely with the premature mortality rates. And that includes suicide, but also includes drug overdose, alcohol overdose, those other diseases.

MR. HAMILTON: Got it. Lisa, another question for you. It says, "Given the stigma behind the actual word 'suicide,' what are your thoughts about talking about the issue, but not using the word?"

MS. KLEIN: I don't think that's the greatest idea. Well, only because, I mean, suicide -- you know, it's like I really feel and like with the title is like take the weight off the word. I mean, it's a word just like any other word. Not that "rape" is a great word or any of these words, but when you talk about it in hushed tones, what is that -- I'm not really sure where that's going to get us. Not to say that it is what it is, but, I mean, it's suicide and suicide is the taking of one's life and it represents something. So, yeah, for me, I feel like it's sort of a full spectrum to avoid the word.

MR. HAMILTON: And here's another question I think probably goes to you, Carol, which is, do you see people using different means depending on who they are to attempt suicide? It's people who don't use gun, but those who stop taking medication or do other things. Do you connect a certain type of person with a certain type of attempt?

MS. GRAHAM: Well, it's both person and location. So there's something called the Suicide Belt where suicide rates are highest. And we find, for example, in the Northwest it's more likely to be gun violence versus in the kind of opioid centers of Ohio, Kentucky,

Pennsylvania, it's more like to be drug overdose. In the South, the Southeast, there's what we call "slow suicide," which is behaviors that lead to diabetes and heart disease, lung cancer, so sort of the kind of slower -- what we call "slow suicide." All signs of desperation.

There's also a kind of place level insolence that we don't fully understand. But if you are in a place -- and we find that these kinds of mortality rates are higher in places where there's less hope, more anger, more stress, but also that individuals who live in these places are more likely to die of these diseases because if everyone around you in your community are seeing high levels of suicide and death, it's pretty hard to stay hopeful. Right? And so you're more vulnerable.

MR. HAMILTON: Yeah, that in itself is a risk factor.

MS. KLEIN: You're more vulnerable.

MR. HAMILTON: Yeah. Final question. I'm just going to read it and let you weigh in. It says, "I am the mother of a child, a young adult, who has had several suicide attempts, but who is very unwilling to discuss it. Should I push for a discussion? She's in therapy, but I remain worried. How do I approach her?"

MS. KLEIN: Well, thank you for that question.

MR. HAMILTON: Yeah.

MS. KLEIN: Oy vey.

MR. HAMILTON: Well, you have spent four years approaching people to talk about it.

MS. KLEIN: I have. I absolutely have and I do wanted to defer -- I'm dying to defer to Leah on this because she would probably have a better answer. But, I mean, we all know that you can't force somebody to do something, but encourage is certainly -- I mean, encouraging her -- a daughter? A son? Daughter.

MR. HAMILTON: Daughter.

MS. KLEIN: To talk about it and to be there. And really rather than, you know, if you do this, like what Des said in the movie, well, try yoga or try eating quinoa or whatever the

suggestions might be, it's like if you really listen, if she knows that you're there and you're providing this scaffolding as opposed to following her around, but just know that she knows that you're there and she knows that you are going to be there to listen to her and not judge her and not necessarily force her to, you know, okay, well, you're going to have a 5150 or this is going to happen or that's going to happen.

But can I have Leah add to this? Only because she knows more than I do about this.

MR. HAMILTON: Leah, why don't you have the last word here?

MS. KLEIN: Have the last word on this.

MS. HARRIS: Yeah. I mean, it really does, I think, come down to just continually letting your loved ones know that you're here for them and pointing them to resources like Live Through This and this film that are really providing hope and I think give a message that's so counter to what we hear in our society today.

MR. HAMILTON: Okay. And with that, we're late so I want to thank Lisa Klein for making the film and coming here, and Carol Graham for contributing, and all of you for coming. Thank you so much. (Applause)

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I, Carleton J. Anderson, III do hereby certify that the forgoing electronic file when originally transmitted was reduced to text at my direction; that said transcript is a true record of the proceedings therein referenced; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and, furthermore, that I am neither a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

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