No One Walks Alone: Breaking the Silence, Building Hope

By Donna Thomas
Founder James's Warr;ors

September is National Suicide Prevention Month. For me, suicide prevention is not something I think about only in September. It is something I live with every day. My son, James Thomas, died by suicide in October 2018. He was 19 years old. James was at an age when his life seemed to be just beginning. He was a barber. He had just bought a brand-new car. He was living with a friend and hoping to eventually get a place of his own. He was becoming independent and taking on the responsibilities of adulthood.

So, when James began sounding negative or overwhelmed, we just thought it was growing pains. We thought he was a young man trying to figure out life. We didn't know he was struggling with mental illness. We didn't see the signs and we were blindsided.

After James died, I heard something I would hear from many other parents who lost children to suicide: "There were no signs." But I have learned that sometimes there are signs-we just don't recognize them until afterward. A change in behavior, increasing hopelessness, isolation, substance use, anxiety, or suddenly feeling overwhelmed can look like teenage behavior or the normal struggles of becoming an adult. That's why education is so important.

James was also using marijuana. Looking back, I believe he may have been self-medicating to quiet thoughts and feelings of anxiety or feelings he didn't understand or know how to talk about. I also believe his marijuana use may have contributed to changes in his thinking and that he possibly had symptoms of psychosis, but we will never know exactly what was happening in his brain.

This is a conversation we need to have honestly with young people and parents. When a teenager drinks or uses marijuana, it can be easy to dismiss

as experimentation. But what if that child is unknowingly struggling with depression, anxiety or another mental health condition and using substances to cope?

Today's cannabis products can contain much higher concentrations of THC than marijuana used decades ago. Young people may obtain products from unregulated sources without really knowing what they contain. For a developing brain, particularly for someone already vulnerable to mental health challenges, that deserves our attention.

After James died, I also discovered how many people were struggling silently with mental illness because they were ashamed or afraid of what would happen if they told someone. That realization became part of the reason I founded James's Warr;ors. What began as a way to honor James, became a mission to educate others and, hopefully, save lives. We now speak in schools, colleges, and community programs about mental health and suicide prevention. We talk honestly about recognizing signs and symptoms, substance use, hopelessness, asking for help and what it really means to receive mental health treatment.

We also bust myths - talking about suicide does not put the idea into someone's head. Asking someone directly if they are thinking about suicide can open the door to a conversation they may desperately need. And getting help doesn't automatically mean hospitalization or losing control over your life. Treatment can involve therapy, medication, lifestyle changes, support systems or a combination of approaches. Most importantly, the person struggling should be part of that conversation. A mental health diagnosis does not mean someone cannot have a beautiful, successful life.

Our work has also expanded to mothers who have lost children to suicide and overdose. Through James's Warr;ors, mothers connect throughout the year and come together for an annual retreat at no cost to them. We talk, laugh, cry, practice yoga, spend time with a spiritual advisor and, most importantly, build friendships with women who understand this kind of loss.

Losing a child changes you forever. I believe we eventually have to accept three things: the death happened; grief will always be part of us, although it can become manageable; and we will never again be exactly who we were before our child died.

But that does not mean we cannot have a good life.

James's story is why I believe mental health education needs to begin when children are young. We cannot wait until someone is in crisis. Schools need the time and resources to have meaningful conversations about mental illness, suicide, substance use, coping skills and asking for help. We have to stop treating diseases of the brain differently from diseases of the rest of the body.

My son, James, cannot come back- but his story can still make a difference.

Every time we talk openly about mental illness, every time a parent recognizes a warning sign, every time a young person realizes, "I'm not the only one who feels this way," we create another opportunity for someone to reach for help and be heard. That is how we reduce stigma. That is how we create hope. And that is how we save lives.

As we say at James's Warrior's; No One Walks Alone.

About the Author: Donna Thomas is the founder of James's Warr;ors, a nonprofit organization dedicated to raising awareness about mental health, reducing the stigma surrounding mental illness, and preventing suicide. She founded the organization in memory of her son, James Thomas, who died by suicide at the age of 19. A nurse by profession, Donna currently works as a school nurse, and her experience in healthcare, combined with the loss of her son, has fueled her commitment to educating others about mental health and suicide prevention.

Through James's Warr;ors, Donna shares James's story with honesty and compassion, helping others recognize the importance of connection, education, and reaching out for help. Her mission is to ensure that individuals struggling with their mental health know they do not have to struggle in silence—and that No One Walks Alone.