

Voices

Our mission is to educate about suicide prevention and to speak for suicide survivors.

save.

Suicide Awareness Voices of Education™

Fall 2001

The National Strategy for Suicide Prevention: A Catalyst for Social Change



Because suicide is such a serious public health problem, the National Strategy proposes public health methods to address it.

No one could state better than Kay Redfield Jamison the impetus behind the development of The National Strategy for Suicide Prevention:

The suffering of the suicidal is private and inexpressible, leaving family members, friends, and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description.

Spearheaded by the Office of the Surgeon General in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the Health Resources Services Administration (HRSA), the National Strategy for Suicide Prevention was released in the Spring of 2001. It speaks for itself.

Only recently have the knowledge and tools become available to approach suicide as a preventable problem with realistic opportunities to save many lives. The National Strategy for Suicide Prevention: Goals and Objectives for Action (NSSP

or National Strategy) is designed to be a catalyst for social change, with the power to transform attitudes, policies, and services. It reflects a comprehensive and integrated approach to reducing the loss and suffering from suicide and suicidal behaviors in the United States. The effective implementation of the National Strategy will play a critical role in reaching the suicide prevention goals outlined in the Nation's public health agenda, Healthy People 2010. Representing the combined work of advocates, clinicians, researchers and survivors, the National Strategy lays out a framework for action and guides development of an array of services and programs yet to be set in motion. It strives to promote and provide direction to efforts to modify the social infrastructure in ways that will affect the most basic attitudes about suicide and that will also change judicial, educational, social service, and health care systems. The NSSP is highly ambitious because the devastation wrought by suicide demands the strongest possible response.

Because suicide is such a serious public health problem, the National Strategy proposes public health methods to address it. The public health approach to suicide prevention represents a rational and organized way to marshal prevention efforts and ensure that they are effective. Only within the last few decades has a public health approach to suicide prevention emerged with good understanding of the biological and psychosocial factors that contribute to suicidal behaviors. Its five basic steps are to clearly define the problem; identify risk and protective factors; develop and test interventions; implement interventions; and evaluate effectiveness.

The Goals and Objectives for Action articulates a set of 11 goals and 68 objectives, and provides a blueprint for action. The next step for the National Strategy will be to prepare a detailed plan that includes specific activities corresponding to each of the 68 objectives.

The NSSP Aims to accomplish the following objectives

- Prevent premature deaths due to suicide across the life span

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Living with Dual Diagnosis...

Public Seminar

Saturday,
November 3, 2001

Hennepin
Technical College
9:00 – Noon

Watch your mail for
an invitation
CEU credits available

Any questions,
call Gail Peterson at
952.946.7998 Ext 19.

Inner Voices

from the president...



Miriam Olson

As I outlined in our last issue, SAVE is in the process of long range planning, which includes determining the right mix of programming to support the mission. Building on the awareness discussed in our last issue, I want to bring your attention to SAVE's focus on community education, the part of the programming that can change people's behaviors.

As part of the long-range plan, SAVE will be a provider of suicide prevention community education services and tools on the local and national levels. SAVE's educa-

tional programming consists of educational seminars conducted at the community level in various organizations such as churches and other religious institutions, Rotary and other civic organizations, human service organizations, child care organizations, employer sponsored health fairs, community groups, elderly service organizations and residences, etc. It also consists of similar educational seminars conducted in schools with students, staff and parents. In these educational seminars, participants learn skills for suicide prevention:

- What does depression look like (the symptoms)?
- How can you tell if someone might be considering suicide (the warning signs)?
- How do you talk to someone about your concerns?
- How do you convince someone to get help?

- Where do you go for help?

SAVE trains volunteer community educators to conduct these seminars using materials that have been prepared to support these skills. SAVE can also provide resources to other individuals and organizations who want to begin awareness efforts in their communities. For example, SAVE has an excellent community educator training manual that can be used to train educators at the local level. SAVE's materials can be purchased and customized with local resource information for local use.

SAVE's focus on primary prevention seeks to change people's behaviors from ignoring depression to seeking evaluation and treatment and from minimizing suicidal warning signs to treating suicide risk like a health emergency.

Behaviors change when people know how to respond and where to get help.

from the executive director...



Jackie Casey

We are working hard at SAVE to promote a team spirit where paid staff, volunteer staff and Board members work in unison to prevent suicide. As with all teams, old members leave and new members join, making the experience dynamic. In July, SAVE had annual Board elections resulting in the addition of several new members to the SAVE team: Ramona Advani, Warren Becker, Stan Feldman, Pastor Richard Howell, Eileen Kelly, Mike Kosmak and Dick Maguire. Each brings a passion for SAVE's work that in some cases has been born out of a loss of a loved one to suicide. With these new members, SAVE has added many important skills and talents to its board - legal, marketing, finance, health care - just to name a few. SAVE welcomes these new members with great enthusiasm.

During July, SAVE's Board also said goodbye to two members, Mary Anderson and Mary Jo Matschke. In addition to serving a three-year term on the Board, each had acted as chairperson to Suicide Awareness and Memorial Day in the past, each had served on the program committee and each had served as a SAVE community educator, among other volunteer roles. Together they had donated thousands of volunteer hours to help SAVE implement its mission. Both will remain active as program volunteers. SAVE appreciates the commitment and thoughtfulness both Mary and Mary Jo brought to the Board.

SAVE also welcomes two new paid staff people, Gail Peterson and Kent Smith. Gail has joined the staff as the Manager of Volunteers and Community Education where she will coordinate all community and professional education projects at the state level, including volunteer management and training, professional education and information dissemination. Gail has extensive experience in volunteer management, an essential component of SAVE's program-

ming. Without the donation of time and talent by volunteers SAVE would be unable to implement its programming. Kent has joined the staff as part-time Administrative Assistant and is focused on ensuring the timely delivery of requested educational materials. Last year SAVE saw a more than 300% increase in requests for mailed information alone not to mention a more than 100% increase in the number of educational displays we hosted at local and national conferences.

The team has changed, but the commitment to teamwork remains a core of SAVE's *modus operandi*. If you have interest in joining SAVE's team as a volunteer, please contact Gail Peterson at 952.946.7998 ext 19.



Gail Peterson



Kent Smith

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| | Monica Robb |
| | John Ryan |

SAVE is a grassroots national non-profit organization that was started in Minneapolis, MN in 1989 by suicide survivors. Goals are realized largely through volunteer efforts.

Volunteer Recognition

Volunteerism is the voice of the people put into action. These actions shape and mold the present into the future.



Sue and Joe Fielder once again opened their beautiful home for SAVE's volunteer recognition gathering. The weather, company and food were absolutely perfect. This event also gave everyone the opportunity to wish Tracy Pierson, former staff community education coordination, best of luck as her family moves back to her home town of Wayne, Nebraska.

National Strategy for Suicide Prevention, cont. from pg. 1

- Reduce the rates of other suicidal behaviors
- Reduce the harmful after-effects associated with suicidal behaviors and the traumatic impact of suicide on family and friends
- Promote opportunities and settings to enhance resiliency, resourcefulness, respect, and interconnectedness for individuals, families, and communities

The following 11 goals provide the structure around which the National Strategy is built.

Goal 1: Promote Awareness that Suicide is a Public Health Problem that is Preventable

Goal 2: Develop Broad-based Support for Suicide Prevention

Goal 3: Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services

Goal 4: Develop and Implement Suicide Prevention Programs

Goal 5: Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm

Goal 6: Implement Training For Recognition of At-Risk Behavior and Delivery

of Effective Treatment

Goal 7: Develop and Promote Effective Clinical and Professional Practices

Goal 8: Improve Access to and Community Linkages with Mental Health and Substance Abuse Services

Goal 9: Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media

Goal 10: Promote and Support Research on Suicide and Suicide Prevention

Goal 11: Improve and Expand Surveillance Systems

In line with SAVE's own goals and objectives, we will continue to direct our efforts predominantly toward goals one, two, three, four, six, nine and ten. It has been a tremendous pleasure to be part of the process of bringing The National Strategy to fruition and SAVE looks forward to being part of the social change sought by it.

For more details about the National Strategy for Suicide Prevention, you can visit the Surgeon Generals website at www.mental-health.org/suicideprevention.

Voices of Contribution

Friends of save

May 1, 2001 -
July 31, 2001

David & Barbara Allen
Donna Alt
American Express Foundation
Duane & Karen Anderson
C.M. Arsenault
Sheila Barnes
Barbara Barr
Barrett Decorating
Virginia Bender
Doug Bendle
John-Paul & Sandra Benya
Julie Berg
Bruce & Judy Betker
Nancy Black
Katherine Brady
Community Health Charities of Minnesota
Ray & Concha Brown
Erin Casey
Millie Caspersen
Ron Clendenning
Susan Cochran
Mary Joan Connolly
Stanley Costigan
Eileen Cowen
Renato & Loraine Crocetti
Jeffrey & Pamela Dorman
Byron Egeland Gabriel Foundation
Warren & Linda Erdman
Kathryn Farniok
Robert Fayfield
Joe & Sue Fiedler
Finesse Cabinet & Millwork Inc.
Stephen Fischer
Forest Pharmaceuticals, Inc.
Richard & Katharine Fournier
Eleanor Franks
Tamara & Dominic Gambino
Walter & Laura Giles
GlaxoSmithKline
Carole Goers
Greater Twin Cities United Way
Douglas Hall
Stacy Halter
Sally Hechinger Rudoy
Peter & Joyce Heinrich
Robert & Mary Hermes
David & Karen Johnson
Richard & Ruth Johnson
Nancy Jones
Sharon Jones

Voices of Contribution

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Jostens Ourtown Foundation
Eileen Kelly
Patricia Kennedy
Brian Larson
Ralph & Joan Larson
James Leonard
Debi Luddy
Emily Mason
John McCarthy
Robert & Linda McCubbin
Carol Mealhouse
Gerrald Metcalf
Bob Meuers
Melabee Miller
Kim Mixell
Lori Mogard
Sam & Marian Nichols
Kathleen Norman
Susan Norwood
O'Shaughnessy Foundation
Shirley & Jim Pelant
Linda Peterson
Cindy Petrillose
The Prudential Foundation
Debbie Raygor
Gordon & Linda Schumm
Marilyn Seal
Ed & Marsha Simon
Shamrock Foundation
Sims Wyeth & Co.
Joan Slattery
Marlys Steele
Suzanne Stelte-Martindale
Mary & Dean Swanson
TOSA Foundation
Dorothy & Joe Trepanier
Tracey Stephens Interior Design, Inc.
Triangle United Way
United Way of Asheville & Buncombe County, Inc.
United Way of Northeastern New York, Inc.
United Way of the Bay Area
US Bancorp
Valero Refining Co.
Sharon Wahala
Mary Warner
Thomas Weist
Jim Wurdemann

Local Voices

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\$2.2 Million for Suicide Prevention in Minnesota

In June 2001 Governor Ventura signed a new budget for 2002-2003, which included a \$2.2 million appropriation to the Minnesota Department of Health (MDH) for community-based suicide prevention activities, the first specifically designated funds for programming that grew out of the planning process that has been occurring over the past 2 years.

During initial budget preparations, Governor Ventura recommended an appropriation of \$1.1 million annually to MDH to strengthen the capacity of the state and local public health to work with communities to address suicide prevention. While the suicide prevention and men-

tal health communities requested substantially more for state-wide efforts, the \$2.2 million represents a significant step forward in Minnesota's commitment to suicide prevention.

A large portion of this funding (just over \$1 million each year) will be allocated in the form of grants for community-based planning and for implementing evidence-based suicide prevention strategies targeting high-risk populations. With the remainder of the appropriation, MDH will support and coordinate the implementation of the state suicide prevention plan by providing technical assistance and training to local public health agencies and other community partners especially focused on data collection and program evaluation and enhanced coordination among public and private sector stakeholders.

For more information about Minnesota's Suicide Prevention Plan, you can visit <http://www.health.state.mn.us/divs/opa/suicide.pdf>.

SAVE'S New Television Commercial

On August 13, 2001, SAVE launched a new television commercial on WCCO-TV, a CBS affiliate in Minnesota. The commercial promotes depression awareness, tells how depression can lead to thoughts of suicide, and encourages people to see a medical doctor and ask for a depression screening. Commercials were sponsored by Forest Laboratories, Inc and GlaxoSmithKline. A special thank you goes to dedicated SAVE volunteer, Mike Kosmak, who was the actor in the commercial.

To prepare Minnesota family physicians and psychiatrists who may see an increase of patients asking for a depression screening, SAVE provided educational posters and brochures to be posted in their offices and waiting rooms.

The commercial says the following:

When brain chemistry is out of balance EVERYTHING a person thinks, feels and does can be affected.

Depression affects moods, relationships, and the ability to function.

Depression can even lead to thoughts of suicide.

Fortunately, depression is treatable.

If someone you know has any of these symptoms, see a doctor and ask for a depression screening and help them get BACK to the life they used to know.

For more information call 888.511.SAVE or visit save.org.

SAVE is soliciting support from other local and national corporations. Our goal is to run the commercials through mental health awareness month in October in Minnesota and on other CBS owned and operated stations across the country. For more information contact Patty Johnson at 952.946.7998 ext 15.



Getting Unblocked Talking with Tracy Pierson

For years I involuntarily blocked my brother Dennis' suicide in 1980 at the age of 13. My brain tucked the experience away until I was ready to handle it. It was nearly 14 years later while reading a book written by a suicide survivor that the full realization of what happened to Dennis hit me. In the book, the survivor talked about people making statements about his father "cleaning the gun" or it "misfiring" when in reality he had died by suicide. Stigma is a terrible thing. I had heard people say the same thing after Dennis died. My parents talked about his death as suicide, but a lot of other people simply couldn't fathom a 13-year-old killing himself so euphemisms were tossed out and then it was never talked about again. I had so many questions after realizing Dennis died by suicide and so in 1994 I began putting the pieces of the puzzle together.

Up to that point it had taken a lot of my energy to just deal with terrible anxiety, from the time I was a child, to the panic attacks that began at age 15 along with the recurrent depression. I kept a smile on my face fooling everyone around me. I really never knew what it was like to feel good. Phrases like "peace of mind" and "sense of well being" were foreign to me. And even though I grew up in a beautiful place, with wonderful parents, got an excellent education and had great friends, I was about to find out that none of it could have prevented the depression that had plagued me while growing up.

Seeing the Light

In 1993, things began to change in small but decisive ways after a brochure came to the house asking "Do you have panic attacks?" It went on to describe them and that there was help. I then received a call from a girl friend that had recently been through a severe episode of clinical depression. She was describing symptoms that I recognized in myself and asked me if I'd ever talked with a doctor or psychologist about Dennis' death or about all the years of feeling miserable. I'm an information junkie and like to keep control of things myself, so I told her I'd research what she was talking about and go from there.



Tracy Pierson and her new pet goat, Ringo

Personal Education

I started reading everything I could get my hands on...books, pamphlets, medical journals. I read when my two little girls were napping and after everyone went to bed at night. I read about anxiety, depression, obsessive compulsive disorder (OCD), eating disorders, attention deficit disorder, manic depression and schizophrenia. I couldn't believe that what people referred to as mental illnesses were actual physical illnesses of the brain. Why wasn't this all over the six o'clock news, teaching people what to watch for?!

I began to realize that the brain illnesses that could cause suicide ran genetically on both sides of my family and that Dennis and I were predisposed to clinical depression, anxiety disorders and possible bipolar disorder. Dennis had symptoms of depression and warning signs of suicide that no one recognized before he died. If only my family and I had known then what we know now.

Receiving a diagnosis of clinical depression can be devastating for some. For me, it was pure relief to get that news, and to be treated for it, of course. I said to myself, "This *thing* that has always eaten away at me, messed up my college years, social life and work life, is an actual illness!" I couldn't believe that I'd finally gotten this huge question answered. It then helped answer a lot of the questions I had about why Dennis died. It wasn't such a mystery anymore! I was so excited, but also shocked that people weren't getting the information on depression and suicide that they desperately needed. I wanted to

tell everyone what I knew! I just didn't know where to begin.

Sleepy Eye, Minnesota

Because I was experiencing many of the feelings that other suicide survivors go through, I decided to go to Adina Wroblewski's suicide survivor grief support group. It helped tremendously, but I needed somewhere to channel all the energy I had...a place where people were actually in the trenches working to prevent suicide. Adina told me about SAVE. It was exactly what I needed. There were people at SAVE like me who wanted to take critical knowledge and do something with it.

After a lot of hard work from a lot of very knowledgeable and supportive people, Mary Kluesner and I headed to Sleepy Eye, Minnesota. We did a presentation on suicide prevention to three classes of junior high students, teaching them the symptoms of depression, the warning signs of suicide and what to do if they were worried about themselves or a friend. It went very well. That was the beginning of SAVE's work in school-based suicide prevention.

As SAVE grew, so did the tremendous volunteers who worked so tirelessly at everything and who were courageous enough to tackle such an intense issue and many times controversial subject. The billboard campaign was started, the web site designed, I began answering e-mail every day, speakers were trained, the newsletter mailing list grew. The message was finally getting out! All of us really knew we were making a difference in a world that had been ignored for too long!

Grateful

I don't know what I would have done without SAVE and everyone I worked with over the years. I'm so grateful for the other volunteers I became so close to, the good books, the good doctors, the e-mailers who bared their souls through their messages to SAVE, and the students...the absolutely incredible kids who were so bright and honest. I learned more from them than you can imagine.

My work with SAVE won't be ending; just switching gears a bit. Now it'll be life in Nebraska, the place where this journey all started for me, in the town I grew up in, with family and friends, a few farm animals along the way, and a community that I hope will feel as strongly about suicide prevention as I do!

A Dunn Deal

John Ryan



A few days back it was my pleasure to be sitting in my favorite coffee shop - Dunn Brothers at 50th & Xerxes - with two of SAVE's active volunteers discussing some ideas for advancing our mission. Usually sessions like this end up being called 'exploratory,' at best, because a whole lot of possibilities get dreamed about and not a whole lot gets done. Not so this time.

John Larson put forward an idea of developing living memorials to our loved-ones lost to suicide, an idea whole-heartedly seconded by Dick Maguire. Their initiative put the project in motion. John immediately emailed me a draft of a letter that he and his wife, Marilyn, would sign as survivors. The letter would encourage others to join them in a simple, yet profound memorial program accepting gifts for the continuing work of SAVE in the names of loved-ones lost to suicide. Dick Maguire supported the concept and set to work shaping up the communications instruments.

A few days later a letter was ready to be mailed and a small group was ready to follow each letter with a personal phone call. The ideas came quickly and naturally. And we were clearly beyond the exploratory phase and into a dream coming true, where families can honor and renew their love for those who have been lost by creating living memorials for SAVE's remarkable mission. It was all quite amazing to see. And this is just the beginning.

I have long been inspired by the spirit of volunteerism that characterizes SAVE. But these new initiatives are some of the most inspiring developments yet. There are some great days ahead for SAVE, and these living memorials will help to make it all possible.

If you would like more information about memorial giving, please call Jackie Casey at 952.946.7998 x12.

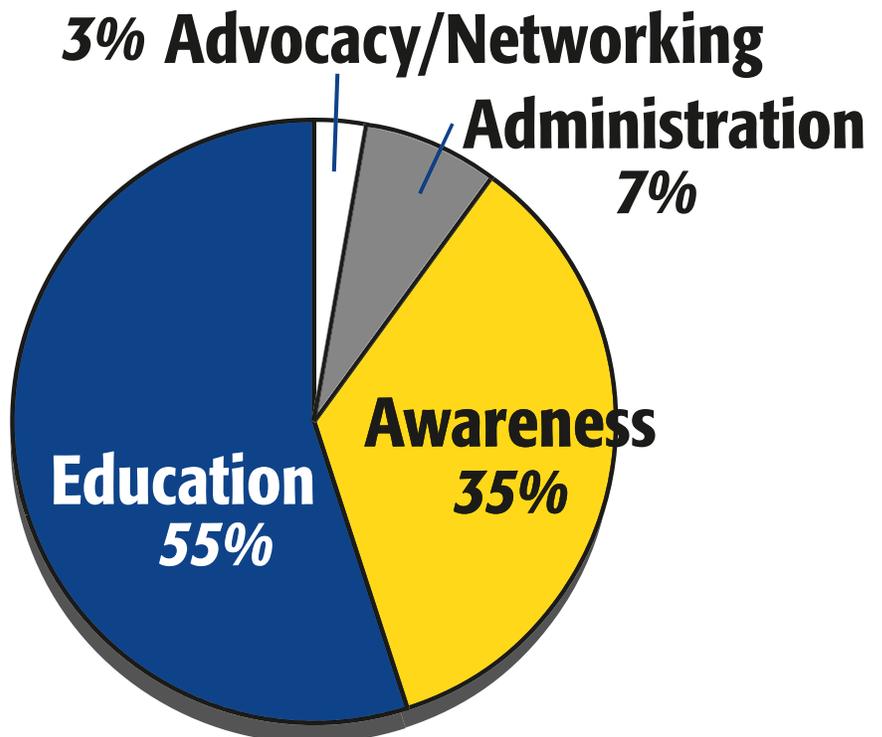
Individuals Support SAVE's Mission

Did you know that 80% of charitable giving is done by individuals, meaning that people like you are the backbone of achieving the missions of organizations like SAVE around this country. Knowing this, SAVE determined that we needed to do a better job of providing opportunities for passionate people, who believe that suicide can be prevented, to contribute to SAVE's mission. From this realization, the **SAVE-A-Life Venture 300 Fund** initiative was born as the first of several steps toward improving our outreach to individual givers.

The **SAVE-A-Life Venture 300 Fund** is the first time effort to secure \$900,000 in individual contributions through pledges of \$300,000 a year for three years. We began the process of identifying potential givers by looking at people who were already giving to SAVE and each individual's circle of contacts who might share SAVE's mission. A small team of

solicitors agreed to have personal meetings with potential givers to engage them in the support of SAVE's mission with a commitment of \$1000 a year for the next three years. The **Venture 300 Fund** initiative will be an ongoing effort to solidify a stable source of support for SAVE's growing operations. If you would like to know more about joining **SAVE-A-Life Venture 300 Fund**, please contact Jackie Casey at 952.946.7998 ext. 12.

In the next phase of the SAVE-A-Life initiative, we will focus on ways that individuals can memorialize the life of a loved one through several giving opportunities including an annual or major gift (cash or appreciated securities) to yearly operations or to the SAVE endowment fund or a planned gift (e.g. gift annuity, trust, estate, etc.). If you would like more information about these opportunities, please contact Jackie Casey at 952.946.7998 ext. 12. To aid your thinking about memorial gifts, SAVE will host a seminar on Saturday, November 17 in recognition of Survivors of Suicide Day. More information about this seminar will be forthcoming.



Working Together to Make a Difference

Each year SAVE sends volunteer ambassadors to national conferences hosted by other suicide prevention organizations. One of these organizations is SPAN USA, Suicide Prevention Advocacy Network, whose mission is focused on improving policies and increasing funding for suicide prevention at the federal and state levels. In May, John Alt and Donna Alt represented SAVE at the SPAN event in Washington, D.C. John wrote of his experience in his report,

"It was a great event and one I feel SAVE should have a presence. The inter-connections are unreal and the number of

people that came up to the SAVE display to get our material was most gratifying. Placement of the displays proved to be very effective as the general public, walking or biking, came off the paths to collect information.

The delivery of petitions on the Hill was most rewarding, especially when the legislators remember you from last year. Others had to be educated, as over a third of the Senators and Representatives were new this year – another good reason for SAVE to continue to attend. A couple of them had moist eyes when I left, so I know I got their attention.

The candle light walk and vigil was an emotional experience. As part of the candle light vigil, participants were asked to give a new pair of shoes to the homeless

in DC. I placed a pair of shoes for Nathan, my son, in the pile after walking around the Ellipse with our lighted candles. Many people watched and several joined the walk after they learned what it was about.

If we don't make a statement for survivors and those we have lost, who will?"

SAVE works with SPAN to collect petitions in support of suicide prevention policies and funding. If you would like to sign a petition, please contact the SAVE office at 952.946.7998 and we will mail one to you or you can download one from the SPAN website at www.spanusa.org. Once it is completed, it can be mailed to SAVE at 7317 Cahill Rd., Suite 207, Minneapolis, MN 55439.

Third Annual National Survivors of Suicide Day

Conferences to be held across the country

On Saturday, November 17, 2001, SAVE will be a satellite host for AFSP, America Foundation for Suicide Prevention, third annual National Survivors of Suicide Day Conferences for those who have lost friends and family members to suicide. There are approximately six survivors for each of the 30,000 suicides in the country each year. Over a forty-year span that means there are approximately eight million survivors in the United States. Through the National Survivors of Suicide Day conferences, AFSP hopes to bring survivors together to share their experiences of loss and to galvanize support for suicide prevention.

To date, 17 sites – Minneapolis, New York/New Jersey, Massachusetts, Pittsburgh, Philadelphia, Cleveland, SE Florida, Las Vegas, Los Angeles, Portland, Rapid City and Sioux Falls, South Dakota, Harrisonburg and Virginia Beach, Virginia, Chicago, Atlanta, Topeka, Kansas and Knoxville, Tennessee – will participate in the day of conferences.

All local conferences will join in a national satellite broadcast. The broadcast will allow survivors from participating sites to call in with questions during a panel discussion. The panel will feature scientific and clinical experts from around the country who will answer any medical or psychological questions survivors may have.

"These conferences are a way to strengthen the efforts of survivors to cope with their loss while providing them with the opportunity to become involved in suicide prevention," explained AFSP Executive Director Robert Gebbia.

Last year's event drew 2,000 survivors

and expectations are even higher for this year's program. "We are particularly pleased that the number of conferences has grown each year and hope to someday organize one in every community," added Gebbia.

Survivors of Suicide Day is part of a growing movement toward educating the public about suicide. Through sustained efforts and awareness campaigns, and accompanied by the attention generated by Surgeon General David Satcher's release of the National Strategy for Suicide Prevention goals and objectives, Americans are increasingly focused on the national crisis of suicide. The hope is that participation in the November 17 conference will further this movement, encouraging survivors throughout the country to share their experiences and join together in the healing process.

Watch your mail for further details on the Minneapolis downlink location or you can call Patty Johnson at 952.946.7998 ext 15.

save • Newsletter Reader Survey

SAVE seeks to provide you with a high-quality, visually appealing newsletter with information about depression and suicide prevention, the suicide prevention movement and related issues. We want to provide you with interesting and useful information about national and local current events in the suicide prevention community; our programs; and recent research.

This questionnaire is designed for you, our readers, to tell us if we are reaching our goal. Please take a moment to answer the following questions and return it to SAVE via fax at 952.829.0841 or fold it and mail it back to the SAVE office postage paid. You can also visit SAVE's website (www.save.org) and fill out the questionnaire.

Our Readership (all questions are optional, but do help us get a sense of who is reading the newsletter)

1 Your age (please check appropriate box)

- 10-14 15-18 19-25 25-40 40-55 over 55

2 Your Ethnic Background

- African American Asian Hispanic Native American Middle Eastern White Other

3 You are (please check all that apply):

- Jr. High/High School Student College student Teacher Parent Clergy
 Other school staff (administrator, counselor, nurse, social worker, etc.) SAVE volunteer
 Suicide Survivor (lost a friend/loved one to suicide) Suicide Attempt Survivor (have survived a suicide attempt)
 Health worker (doctor, nurse, nurse practitioner, etc.) Consumer of mental health services
 Mental health professional/advocate (social worker, psychologist, counselor, etc.) Policy leader
 Business/civic leader Individual contributor to SAVE's work journalist/media
 Funder of SAVE's work (please circle: foundation, corporation, religious group, civic group)
 Other _____

Your feelings about the newsletter

Strongly Agree Agree Disagree Strongly Disagree

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 4 The SAVE newsletter keeps me informed about developments in suicide prevention work locally. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 The SAVE newsletter keeps me informed about developments in suicide prevention work nationally. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 The SAVE newsletter is interesting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 The SAVE newsletter is easy to read. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 The SAVE newsletter is generally educational. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 The SAVE newsletter provides good information about how individuals and organizations can be involved in suicide prevention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 I contribute to SAVE and the newsletter provides good acknowledgement of my contributions and those of other funders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 The SAVE newsletter gives me a good sense of what work SAVE is doing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 I get a positive sense about SAVE and its work from the newsletter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 I'm a volunteer at SAVE and the newsletter provides good acknowledgement of my contributions and those of other volunteers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What, if anything, would you change about SAVE's newsletter? (please check all that apply)

- more scientific/research information more photographs fewer photographs more event information
 more volunteer information more space between articles
 other _____

Other comments: _____

SAVE Publications and Educational Materials Order Form

Suicide: Survivors A Guide for Those Left Behind

by Adina Wroblewski

"Suicide: Survivors is the best book on suicide I've read in the five years since Brad's death."

Mary Swanson, mother of a son who died by suicide
Edina, MN

Suicide: Why?

85 Questions & Answers About Suicide

by Adina Wroblewski

"Suicide: Why? is clearly and simply written. Many of our people work with youth and need good resources on suicide. This book will meet a real need in our churches."

Nancy V. Rodman, Director
Monmouth Presbytery
Resource and Service Center
Tennent, NJ

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A Guide for Those Left Behind

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Suicide: Why?
85 Questions & Answers About Suicide

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Upcoming Events

September 22, 2001 – *Yellow Ribbon New Ulm Chapter 2nd Annual Walk for Hope.*

Redeemer Church, 10:00 am. Call Kristin Hildebrand at 1-507-354-8632 for more information.

September 24, 2001 – *Best Mental Health Practices in the Workplace* Minnesota Community Action Association 12th Annual Fall Conference Brainerd, MN. Call 612-331-6840 for more information.

Month of October, 2001 – *Minneapolis/St. Paul 7-County Metro Library Outreach sponsored by Tasks Unlimited.* Call 612-871-3320 for details.

October 3-5, 2001 – *Communities of Health Community Mental Health Conference sponsored by Minnesota Association of Community Mental Health Programs.* Madden's Resort, Brainerd, MN. Call 651-642-1903 for program and fee information.

October 4, 2001 – *The Puzzle of Mental Illness 9, Thirsting for Help, Where Do We Start?* Sponsored by Guild of Catholic Women. Ronald Groat, MD, 7:00 pm., Central Presbyterian Church, St. Paul, MN. Call 651-450-2217 for more information.

October 4-6, 2001 – *Artability, Mental Health Consumer Artists Show sponsored by People, Incorporated.* Apollo Resource Center, St. Paul, MN. Call Sunny or Jim at 651-227-6321.

October 7, 2001 – *Spiritual Outreach.* Churches in the Archdiocese of St. Paul and Minneapolis, Minnesota will include mass petitions and prayers of support for those with mental illness.

October 9, 2001 – *Update of Treatment Options for Schizophrenia.* Miller Dwan Auditorium, Duluth, MN, 7:00 pm. Sponsored by the Mental Health Association of MN, Duluth Office. Call 218-726-0793 for more information.

October 10, 2001 – *New Developments in Psychiatric Treatment – Brown Bag Lunches with a Psychiatrist.* Government Center Auditorium, 300 Sixth St, Level A, Minneapolis, MN. Call 612-348-2875 for more information. Also at 3 sites on the University of MN campus Minneapolis and St. Paul, MN. Call 612-626-0253 for more information.

October 11, 2001 – *National Depression Screening Day*

November 3, 2001 – *Living with Dual Diagnosis – Dr. Alan Radke.* Sponsored by SAVE at Hennepin Technical College, I-694 & Hwy 169, Brooklyn Park. Call Gail Peterson at 952.946.7998 Ext 19.

November 9, 2001 – *NAMI-MN Annual Conference,* Holiday Inn East, St. Paul. Call 651-645-2948 for more information.

November 17, 2001 – *Annual National Survivors of Suicide Day satellite broadcast sponsored by AFSP, American Foundation for Suicide Prevention.* Call AFSP for details 212-363-3500. In Minnesota SAVE will host the national satellite broadcast downlink. Call the SAVE office at 946-946-7998 Ext 10 for more details.

December 4, 2001 – *Police Crisis Intervention Training Update sponsored by Friends of Barbara Schneider Foundation.* Call 612-871-3320 ext 224 for more information.

WANTED

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Join the SAVE team

Call Gail Peterson at 952.946.7998
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To help find your quality furniture a new home at the SAVE office, call Cory Kiner at 952.946.7998 Ext 10.

Postpartum Depression

Despite the recent growth of publicity, postpartum depression (PPD) is still all too often unrecognized or cavalierly dismissed. While more common than gestational diabetes, preeclampsia, and pre-term delivery, postpartum depression has received much less attention in contemporary medical literature, training and clinical practice.

Postpartum depression is an illness, like diabetes or heart disease. In a small number of cases PPD escalates into a dangerous condition that can threaten the life of the mother and the child. "A few moms, about one percent, experience what's called PPD psychosis," says Dr. Ruth Newton, clinical psychologist in psychiatry at UC San Diego, which is conducting an in-depth study of PPD. PPD psychosis is characterized as rapid mood swings and loss of touch with reality which can lead to harming the baby. Treatment is usually immediate hospitalization.

Diagnosis

Given this incidence and impact, identification of women suffering from PPD should be a priority for all physicians who treat women. The diagnosis criteria for a major depressive illness are no different in the postpartum period, with the exception that symptoms must be present for more than 2 weeks postpartum to distinguish them from the "baby blues." Diagnosis requires that the patient experiences either dysphoric mood or anhedonia most of the day, nearly every day, for at least 2 weeks. Additionally, at least four of the following symptoms must

be present: difficulty concentrating or making decisions; psychomotor agitation or retardation; fatigue; changes in appetite and/or sleep; recurrent thoughts of death or suicide; feelings of worthlessness or guilt; especially focusing on failure at motherhood; excessive anxiety, frequently focusing on the child's health.

As with other common complications of pregnancy, physicians must remember that all women are at risk. However, certain factors have been identified that may place a patient at particular risk. There is a clear association between PPD and a family history of depression, especially a prior personal episode of depression that may raise the patient's risk as high as 30%. One episode of PPD may result in a recurrence risk of up to 70%. The comorbidities of substance abuse and anxiety substantially increase the risk of postpartum depression.

One of the primary risks of PPD is continued or relapsing illness. The highest risk of relapse is in subsequent deliveries, where the recurrence risk is 1:3 to 1:4. The risk of recurrence may also be correlated to the severity of the initial symptoms; in a subset of women with onset of psychotic symptoms within the first 24 months postpartum, the recurrence risk approached 100%.

Treatment

Despite the possibility of a unique etiology for PPD and the lack of controlled comparative therapeutic trials, there is no reason to believe it responds differently to treatment than other types of depression. As in other episodes of depression, early identification and treatment are the keys to successful therapy. Treatment of depression involves three phases – acute treatment (6 to

12 weeks) aimed at remission of symptoms, continuation treatment (4 to 9 months) aimed at stabilization and recovery, and maintenance treatment aimed at prevention recurrence in patients with prior episodes. PPD is successfully treated with medications, psychotherapy, or a combination of both. As with all PPD treatment decisions, special consideration with your doctor must be given to breast-feeding women.

Practitioners have the ability to decrease the impact and devastation of PPD by following some simple guidelines for its prevention and treatment. Information about the incidence and the warning signs of PPD should be an intrinsic part of prenatal education. This ideally should include information about mothering classes that may help patients' expectations and suggest ways to make use of existing support systems. Even more importantly, clinicians need to identify patients who have suffered prior episodes of depression, have poor support, or who have comorbidities putting them at highest risk.

During the postpartum phase of care, clinicians need to recognize the symptoms of depression and to realize that patients are embarrassed about feeling unhappy during a time when society expects them to be elated. Therefore, it is important to relay unusual feelings you are having with your doctor.

Conclusion

PPD is a common, frequently unrecognized, yet devastating illness. The keys to successful treatment are early identification and intervention, both supportive and pharmacologic.

To review this entire article visit www.OBGYN.net.

Suicide: Questions Most Frequently Asked

Why do people kill themselves?

Most of the time people who kill themselves are very sick with depression or one of the other types of depressive illnesses, which occur when the chemicals in a person's brain get out of balance or become

disrupted in some way. Healthy people do not kill themselves. A person who has depression does not think like a typical person who is feeling good. Their illness prevents them from being able to look forward to anything. They can only think about NOW and have lost the ability to imagine into the future. Many times they don't realize they are suffering from a treatable illness and they feel they can't be helped. Seeking help may not even enter their mind.

They do not think of the people around them, family or friends, because of their illness. They are consumed with emotional, and many times, physical pain that becomes unbearable. They don't see any way out. They feel hopeless and helpless. They don't want to die, but it's the only way they feel their pain will end. It is a non-rational choice. Getting depression is involuntary - no one asks for it, just like people don't ask

continued on page 12



Symptoms of Clinical Depression

- Persistent sad or “empty” mood.
- Feelings of hopelessness, helplessness, guilt, pessimism or worthlessness
- Substance abuse.
- Fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating and sleeping patterns.
- Irritability, increased crying; anxiety and panic attacks.
- Difficulty concentrating, remembering or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment.

Warning Signs of Suicide

- Talking about suicide.
- Previous suicide attempts
- Statements about hopelessness, helplessness or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Unusual visiting or calling people one cares about.
- Making arrangements; setting one’s affairs in order.
- Giving things away.
- Acquiring guns or stockpiling pills.

A suicidal person urgently needs to see a doctor or psychiatrist. In crisis, call National Hopeline Network 1-800-SUICIDE (784-2433).

Suicide: Frequent Questions, cont. from pg. 11

to get cancer or diabetes. But, we do know that depression is a treatable illness and people can feel good again!

Please remember - Depression, plus alcohol or drug use can be lethal. Many times people try to alleviate the symptoms of their illness by drinking or using drugs. Alcohol and/or drugs make the disease worse! There is an increased risk for suicide because alcohol and drugs decrease judgment and increase impulsivity.

Do people who attempt suicide do it to prove something? To show people how bad they feel and to get sympathy?

They don’t necessarily do it to prove something, but it is certainly a cry for help that should never be ignored. This is a warning to people that something is terribly wrong. Many times people cannot express how horrible or desperate they’re feeling - they simply cannot put their pain into words. There is no way to describe it. A suicide attempt must always be taken seriously. People who have attempted suicide in the past may be at risk for trying it again and possibly completing it if they don’t get help for their depression.

Can a suicidal person mask their depression with happiness?

We know that many people suffering from depression can hide their feelings, appearing to be happy. But, can a person who is contemplating suicide feign happiness? Yes, he or she can. But, most of the time a suicidal person gives clues as to how desperate he/she is feeling. They may be subtle clues though, and that’s why knowing what to watch for is critical. A person may “hint” that he/she is thinking about suicide. For example, he or she may say something like, “Everyone would be better off without me.” Or, “It doesn’t matter. I won’t be around much longer anyway.” We need to “key into” phrases like those instead of dismissing them as just talk. It is estimated that 80% of people who die of suicide mention it to a friend or relative before dying. Other danger signs include having a preoccupation with death, losing interest in things one cares about, giving things away, having a lot of “accidents” recently, or engaging in risk-taking behavior, such as speeding, reckless driving, or general carelessness. Some people even joke about completing suicide. It should always be taken seriously.

Is it more likely for a person to suicide if he/she has been exposed to it in their family or has had a close friend die of suicide?

We know that suicide tends to run in families, but it is believed that this is due to the fact that depression and other related depressive illnesses have a genetic component and, if left untreated (or mistreated) it can result in suicide. But talking about suicide or being aware of a suicide that happened in your family or to a close friend does not put you at risk for attempting it. The only people who are at risk are those who are vulnerable in the first place - vulnerable because of an illness called depression or one of the other depressive illnesses. The risk increases if the illness is not treated. It’s important to remember that not all people who have depression experience suicidal thoughts.

Why don’t people talk about depression and suicide?

The main reason people don’t talk about suicide is because of the stigma attached to it. People who suffer from depression are afraid that others will think they are “crazy,” which is untrue. They simply may have depression. Society still hasn’t accepted depressive illnesses like they’ve accepted other diseases. Alcoholism is a good example. In years past, no one wanted to talk openly about alcoholism, but public perception has changed. Now it’s a disease that most people feel pretty comfortable discussing with others if it’s in their family. They talk of the effect it has had on their lives and different treatment plans. And everyone is educated on the dangers of alcohol and on substance abuse prevention. As for suicide, it’s a topic that has a long history of being taboo - something that should just be forgotten, kind of swept under the rug. And that’s why people keep dying. Suicide is misunderstood by most people, so the myths are perpetuated. Stigma prevents people from getting help and prevents society from learning more about suicide and depression. If everyone were educated on these subjects, many lives could be saved.

Will “talking things out” cure depression?

The studies that have been done on “talk therapy” versus using antidepressant medication have shown that in using well-supported psychotherapies, such as cognitive behavioral

therapy or interpersonal therapy may considerably alleviate the symptoms of depression in some cases. In other cases, this simply wouldn't be enough. It would be like trying to talk a person out of having a heart attack. Studies continue to show that a combination of psychotherapy (talking therapies) and antidepressant medication is the most effective way of treating most people who suffer from depression.

Why do people attempt suicide when they appear to be feeling so much better?

Sometimes people who are severely depressed and contemplating suicide don't have enough energy to carry it out. As the disease begins to "lift" they may regain some of their energy but will still have feelings of hopelessness. There's also another theory that people just kind of "give in" to the anguished feelings (the disease), because they just can't fight it anymore. This, in turn releases some of their anxiety, which makes them "appear" calmer. Even if they do die by suicide, it doesn't mean they chose it. If they knew they could have the life back that they had before the illness, they would choose life.

If a person's "mind is made up", can they still be stopped?

Yes! People who are contemplating suicide go back and forth, thinking about life and death....the pain can come in "waves." They don't want to die: they just want the pain to stop. Once they know they can be helped, that there are treatments available for their illness, that it isn't their fault and that they are not alone, it gives them hope. We should never "give up" on people, just because we think they've made up their minds.

Is depression the same as the blues?

No. Depression is different from the blues. The blues are normal feelings that eventually pass, like when a good friend moves away or the disappointment that a person feels if something didn't turn out as expected. Eventually, the person will feel like his old self again. But the feelings and symptoms associated with depression linger, and no matter how hard a person tries to talk him or herself into feeling better, it just won't work. People can't snap themselves out of depression. It's not a

character flaw or a personal weakness and it doesn't have anything to do with willpower. It is an illness.

Why do depressive illnesses sometimes lead to suicidal thoughts?

There is a direct link between depressive illnesses and suicide. The #1 cause of suicide is untreated depression. Depressive illnesses can distort thinking, so a person can't think clearly or rationally. He or she may not know they have a treatable illness or they may think they can't be helped. The illness can cause thoughts of hopelessness and helplessness, which may then lead to suicidal thoughts. He or she just can't see any other way out. That's why it is so important to educate people on the symptoms of depression and other depressive illnesses and on the warning signs of suicide; so that people suffering from these illnesses can get the help they need. People must understand that depression and other related depressive illnesses are treatable and that it is possible to feel good again.

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Did You Know...?

- **More people kill themselves than kill others**
- **Every 17 minutes someone dies by suicide in the United States**
- **75% of people who kill themselves are male**
- **It's a myth that suicide rates go up during holidays – the months with the highest rates are April, June and July**
- **Even though the state of Nevada has the highest suicide rate, the highest number of completed suicides is in Florida – over 2,000 Florida residents die by suicide each year**

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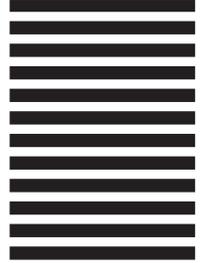
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