

Voices of save.

The mission of SAVE is to educate about suicide prevention, eliminate stigma and support those touched by suicide.

Suicide Awareness Voices of Education™

Fall 2003

Education Is Best Weapon Against Depression

By Terri DesLaurier

Editor's Note: This is the first in a series of articles about depression, and when left untreated is the No. 1 cause of suicide. In future installments we'll examine how depression affects various segments of the population and their relationships with others.

"Day after day, I woke up feeling like I just couldn't face the world," says a friend describing her experience of depression. "I just wanted to bury my head under the covers and hide. Doing one little thing, like washing my hair, took all day. I started bathing once a week instead of every other day. I didn't do my dishes for a month. I kept thinking

there's got to be more to life than this."

Although my friend felt alone in her suffering, she definitely wasn't. According to the National Institute of Mental Health (NIMH), 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness in any given one-year period. Luckily, my friend sought help. However, many people don't recognize the signs of depressive illnesses and are unaware that effective treatment is available. Without realizing it, they and their loved ones are paying an immeasurable, often unnecessary price - in terms of human pain.

Depression and other depressive illnesses are "whole body illnesses."

They affect your nervous system and body as well as your moods, thoughts and behavior. Depressive illnesses affect the way you eat and sleep, the way you feel about yourself, and the way you react to and think about other people and the things around you. They interfere with all areas of your life.

Contrary to what is an all-too-popular belief, depression and other depressive disorders are not the "blues" or ordinary sad or down moods that will pass. You can't talk yourself out of them or "snap out of it." They persist for more than two weeks and they don't happen because you're lazy or weak or lacking in character. Depressive illnesses are biological illnesses that require diag-

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Pictured above are 25 family members and friends of Kristi Hoff who rode to honor her memory in the second annual SAVE Bike ride from Cannon Falls to Red Wing, Minn. The group made special t-shirts with Kristi's picture to commemorate the ride.

SAVE's annual fundraising campaign is under way. Look for a letter inside or you may have already received your letter in the mail.



nosis and treatment from a medical professional.

Several types of depressive disorders exist. According to the NIMH, the three most common are major depression, dysthymia and bipolar disorder, with variations in the symptoms, their severity and persistence within each type.

Unipolar (also referred to as major or clinical) depression is manifested by a combination of symptoms that interfere with the ability to work, study, sleep, eat and enjoy once pleasurable activities. An episode of this type of depression may occur once in a person's life, but more commonly occurs several times over a lifetime.

A less severe type of depression, dysthymia, involves long-term chronic symptoms of mild to moderate depression. A person with dysthymia usually continues to function but does not experience the pleasure in life that a healthy person does.

Bipolar disorder (also called manic-depressive illness) is not as prevalent as the other types and is characterized by cycling mood changes, severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. In the depressed cycle, a person can have any or all of the symptoms of a depressive disorder. When manic, he/she may be overactive and over-talkative, and may seem hyperactive. Mania often affects thinking, judgment and social behavior in ways that may cause later embarrassment and/or serious problems.

Other depressive disorders

include SAD (Seasonal Affective Disorder), cyclothymia, atypical depression and PMS (premenstrual syndrome). Depression affects people of all ages. People with a family history may be more prone to it.

Depression signs vary, depending on a person's age and sex. My friend's symptoms were much like the general symptoms of depression listed by Dr. Joseph H. Talley on the SAVE Web site. According to Dr. Talley, people with depression usually experience the following:

- They feel tired, even when they haven't worked or exerted themselves much. They are just as tired on days when they have rested as on days when they have worked hard.
- Their sleep usually is affected in one of two ways. They either go to sleep, wake up during the night, or remain awake; or else they sleep too much - even during the day.
- They feel irritable and get upset easily over things that ordinarily would not upset them.
- They feel sad for no reason, and, in fact, may break into tears without knowing why.
- Their normal sex drives are decreased and may go away altogether.
- They often have an ever-present headache. (Almost any chronic pain elsewhere such as in the stomach or back can be caused by depression. These pains are not imaginary; they are quite real and often severe).
- They find it difficult to enjoy things and feel little enthusiasm even for things they used to look forward to.
- They often are constipated or have

other digestive symptoms such as abdominal pain or diarrhea. They may lose or gain weight.

- They find it difficult to concentrate, make decisions, remember things or get things done.
- They feel like ineffective, worthless people, even though they have no reason to feel that way.
- Recurrent thoughts of death or self-harm, wishes to be dead or contemplating or attempting suicide.

Generally, the first step in treating depression is a doctor's exam. The doctor rules out such physical possibilities as viral infections or medication side effects. He/she interviews the patient about the history of the symptoms, when they started, how long they've lasted, and so on. Treatment is based on this information.

Studies continue to show that a combination of antidepressant medication and psychotherapy (talk therapy) is the most effective way of treating depression. The medication provides symptom relief, while the psychotherapy teaches more effective ways to deal with life's problems, including depression.

According to Dr. David Cohen, professor of psychology at the University of Texas, up to 70 percent of people with depression respond to antidepressant medication. In general, these medicines work by altering the levels of serotonin, norepinephrine and other neurotransmitters in the brain. They usually take at least two to three weeks to become effective and, because doctors can't predict which type will work best for each individual, medications may

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

Voices of Education

Education Is Best Weapon Against Depression Cont. From Page 2

need to be changed or adjusted over time.

One person may take antidepressant medication for a year or two; another may take it for the rest of his life. What's important to remember is that 90 percent of people with depression can be successfully treated with a combination of medication and psychotherapy.

The two most beneficial types of psychotherapy are cognitive behavioral therapy and interpersonal therapy. Cognitive behavioral therapy focuses on trying to change people's negative thinking and the inaccurate perceptions they have of themselves and their environment.

Because depressive illnesses interfere with how a person treats others, interpersonal therapy focuses on social skills.

My friend's treatment followed this same general course. After an evaluation of her health and symptoms, her doctor suggested a combination of medication and therapy. She began with medication and weekly therapy sessions. As time

went on, her original medication was adjusted to include other medicines. She was on medication for two years and continued her psychotherapy for a while after going off medication.

My friend says that psychotherapy was an important part of her recovery. She feared the depression would return when her medication was stopped. Her therapist helped. "My therapist taught me how to work through my feelings so I can tell the difference between 'regular' sadness and the depression," she notes. "I know what my triggers are now and I know that I may need help if I can't counteract them."

As research about depression treatment continues, new discoveries should translate into useful therapies, products and services. In the meantime, the best weapon against depression is education. We can protect ourselves from unnecessary pain by identifying this illness and realizing that help is available.

Celebrities Speak Out on Depression

These days they're coming out in droves, fessing up to depression and their thoughts of suicide. More and more folks are acknowledging that they battle clinical depression, an imbalance in brain chemistry that continues to tote a potent stigma.

Celebrities, in particular, appear to be leading the parade. Pick up a newspaper or a magazine. You'll get an earful about such bigwigs as Sheryl Crow, Marie Osmond, Rosie O'Donnell, Robert Downey, Jr., or Mike Wallace, all of whom relate their depression ordeals.

Even the jocks are talking. A story in the Sept. 8 issue of Sports Illustrated tells the tale of several athletes who have experienced depression and are willing to talk about it. These "indestructible gladiators," as the writer calls them, speak openly of their troubled lives and their journeys to recovery. Several admit that depression erased the recognition they received as athletes.

Terry Bradshaw is one. The magazine quotes him: "Football was the easy part. I could concentrate for three hours and the games were an escape. It was the rest of my life that was going to hell."

What with so many big names willing to share their depression stories, it may be that the rest of us will listen up and begin to squash the stigma that surrounds this brain illness.

Voices of Contribution

Friends of save

April 1, - Sept. 30, 2003

Dale Ahrens
Kathryn Alpin
Clarence Alt
John Alt
Mary Ellen Alt
Orrin Alt
Rowe Alt
Alan Anderson
Beth Anderson
Mary Anderson
Tim Anderson
Michelle Arouni
CM Arsenault
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Rose Cauley
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Church of St. John Neumann
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Laurie Cousins
Katie & Noel Cronin
Terry & Katherine Cummings
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Sharon & Jayde Donnelly
Susan Duffey
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Jerome & Nancy Hengy
Jody Herron
Kerri Hexum
Greg Hitchcock
Luther Hochradel
Johnathon Hoff
Larry & Nancy Hoff
Gary Hook
Doug Hubbard

Minnesota Voices

SAVE to Hold Suicide Awareness Memorial on Nov. 22

The 14th annual Suicide Awareness Memorial will take place Saturday, Nov. 22, from 8:30 a.m. to 1 p.m. at the Earle Brown Continuing Education Center on the St. Paul campus of the University of Minnesota.

The event coincides with the Fifth Annual National Survivors of Suicide Day and features participation with fifty cities nationwide in a live satellite broadcast coordinated by the American Foundation for Suicide Prevention (AFSP). The broadcast will also be made available for viewing on the AFSP Web site at afsp.org.

Two well-known doctors will appear on the panel downlink. One is Dr. J. Raymond DePaulo, Jr., director of the department of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine, and psychiatrist-in-chief of the Johns Hopkins Hospital in Baltimore, Md. The other doctor is Dr. John T. Maltzberger, a psychiatrist at McLean Hospital in Massachusetts and associate clinical professor of psychiatry at Harvard Medical School. Other panelist will include suicide survivors from different parts of the country.

The event focuses on helping survivors express and understand the powerful and troubling emotions they experience and connect with others who have survived the loss of someone to suicide, as well as providing an opportunity for memorializing lost loved ones. A program that includes introductions and personal stories precedes the downlink with AFSP, which is at 11 a.m.

For further information about this event, call Denise Dumas, director of community education and volunteers, at 952.946.7998, ext. 19 or visit www.save.org.

Any Depression Groups Out There?

Ever wonder what it feels like to be in a clinical depression? Here are descriptions from three women who have been there:

“You feel like you are drowning and no one can save you or say anything to make you feel better. In one minute, your life can be turned upside down, like someone flipped a light switch off, clothing you in darkness and a sadness that no one else can imagine. You feel totally alone wondering how you will ever feel normal again.”

“A major clinical depression is a very scary place. I’ve felt as if everything in my past was horrible even though it was a great life. I could have won the lottery and I wouldn’t be able to feel the excitement.”

“When I am at rock bottom, it feels like I’m in a room 6 by 5 feet, no doors no windows and the heat is cranked up to 200 degrees. I am so low that I cannot even imagine how to begin to get out of the situation, but I feel as though if I don’t, I will explode. It’s like I am trying to crawl out of my own skin. Or it feels

like I have been schlepping around a 150-pound anchor on a huge, thick rope and the rope is tied around my neck. I am sooo tired of walking around with this huge weight, schlepping it everywhere that I have a huge amount of trouble breathing. I just want to sit down and go nowhere because I am so tired.”

These are the kinds of observations shared in an informal, “grass roots” depression/anxiety group recently formed in the metropolitan area of Minneapolis and St. Paul. The group of professional women, named Dynamic Women with Depression (DWD) meets regularly for a potluck dinner in members’ homes. It is not affiliated with a hospital or clinic, nor does it have a therapist facilitator. Fellowship, laughter and some serious stuff constitute the agenda.

The SAVE newsletter is seeking information about similar groups elsewhere so that we can run a story about them. If you know of or belong to a group in your area, please e-mail Georgia Ewing at ewing@spacestar.net or e-mail save@winternet.com.

Psychologist Jill Marks Takes On Suicide/Depression Education

By Carolyn Lancaster

SAVE volunteer Jill Ann Marks has made her mark by helping educate the public about depression and suicide and dispelling myths about brain illnesses.

Marks came to SAVE four years ago after her 21 year-old daughter's suicide. As a licensed psychologist, she had resources available to her, but it was SAVE's billboard campaign that led her to the agency. Since then, Marks has served a three-year term on SAVE's Board of Directors and currently is sharing her professional and personal expertise on the Communications Committee and with the Speakers Bureau.

SAVE volunteer Launie Cousins, who served on the board with Marks, says that her gentle, forward-looking, positive approach was an asset as a board member. "Besides being such a warm person, Jill is very inclusive and always has a knack of making the right comment at the right time," says Cousins. "She searches for compromise and looks for solutions that are agreeable to everybody."

Marks also was instrumental in developing a grant program for educating high school students and helped to implement it at the school her three sons attended.

A psychologist with 19 years of experience, Marks has a private practice in holistic psychology in the Linden Hills area of Minneapolis. She says that her professional background and personal experience are strengths she brings to SAVE. Her personal journey through the death of daughter Jami Alanna Marks brings a special touch to her energetic work at the agency. She and her family believe Jami had bipolar disorder, an illness the young woman never discussed with anyone, most likely because of the shame and stigma that she felt.

Marks' oldest son was diagnosed with bipolar disorder a year ago. This has encouraged her to continue spreading the word that people with brain disorders and their families need to learn about these illnesses in order to develop the best treat-

ment plans, increase self-responsibility for care, and receive the necessary support and understanding.

"The term 'mental illness' still carries a stigma and implies that it's in people's minds rather than in people's brains," Marks says. "The shame and lack of awareness about these illnesses of the brain often prevent people from getting the help they need."

Marks' practice, "Healing Through the Heart," also contributes to her educational efforts. She holds a master's degree in counseling psychology and a bachelor's degree in elementary and special education. She works with people who have depression, anxiety and other brain disorders, as well as persons with chronic physical illnesses. She also works with groups, teaches classes, and leads workshops. A distinctive component to her practice is working with brain chemistry profiling to help people make changes in their diet, exercise program and life choices to enhance their brain chemistry, productivity and quality of life.

Marks says she believes that her use of therapeutic techniques such as eye EMDR (Eye Movement Desensitization and Reprocessing), emotional stress release guided imagery and lifeskills coaching help people to feel better and live better.

She recognizes that "my own personal journey of growth and healing has enhanced my professional practice, and my professional work impacts my personal growth." This dual outcome has resulted in her continued activism on many fronts, including serving as co-chair of the Advisory Committee for the Mental Health Educational Project, a collaborative program of the Twin Cities Jewish Community that has been "extremely meaningful to me on my own healing journey."

Marks also serves with the Minnesota Department of Health Suicide Prevention Advisory Group and on the board of Jewish Family and Children's Service. In memory of her daughter and to help



Jill Marks

support and educate others she created CANDLES pins. CANDLES is an acronym for "Changing attitudes and Awareness of the Need to learn about Depression and brain disorders, Lifeskills and treatment and Educate about Suicide prevention. These pins fuel interest in this education and serve as catalysts for change.

Marks says she believes that when we understand how sensitive our brains are and how important they are to every facet of our existence, we will learn to take better care of them. Our choices can lead to clearer thinking, better productivity, and a greater quality of life. The functioning of our brains affects our thinking, emotions, moods, relationships, behavior, physical health and more.

It is Marks' hope that in the future doctors and insurance companies will recognize the benefit of requiring brain scans before determining treatment plans and administering medication. "Doctors would not treat a heart condition without a picture" she notes. "Why should treating the brain be any different?"

"We are all gatekeepers for each other. The more knowledge and awareness we have about brain disorders, their symptoms and treatments, the more we are able to offer support, help and hope to people who are experiencing symptoms. Or, we ourselves may become more aware of our own symptoms and feel more confident about asking for help and seeking out resources for our care and healing."

SAVE's New Web Site a "Hit"

SAVE's newly designed, updated Web site is lookin' good.

That's the word from a host of visitors who have clicked on www.save.org since the site was launched early this fall. "It's a very complete site with lots of good content," offers one observer.

"There's so much to read, it's almost overwhelming. But it's easy to navigate and many pages are linked to in multiple places, making it even easier to find them."

According to Webmaster Tom Arsenault, in the first three weeks the site racked up 12,048 visitors. "There were 18,127 total visits, meaning some people came back," he says. "That's a lot of visits in three weeks."

Except for the home page, the most called-up page was the one listing symptoms of depression. Facts about suicide and depression came in second and misconceptions and the checklist came in third and fourth respectively. In that time period, more than \$500 in book orders came in. "We were able to mail out 236 pages to people," Arsenault says.

Remember SAVE in Your Estate Plan

To ensure that the work of SAVE will continue well into the future, we invite you to become part of that legacy by including SAVE in your estate plans. No matter your age, means, and walk of life, you can add your legacy to that of SAVE's through a will, retirement plan, charitable gift annuity, insurance plan or trust.

Become one of the growing numbers of compassionate people who have included SAVE in their will or estate plans. If SAVE is already part of your plans, please let us know so that we can acknowledge and celebrate with you. If you have any questions or would like more information, call Sara Jaehne, director of fund development at 952.946.7998 ext. 12.

SAVE's Named Fund Makes Debut

By Mark Jacobson

Do you want to help SAVE in its mission, but are not sure how? The SAVE Named Fund is a new program that lets you memorialize a lost loved one and help SAVE at the same time.

So, how does it work? First, the sponsor of the fund gives it a name. For example, let's say Mrs. Johnson would like to start a fund in honor of her son, Andrew, who died of suicide. The "Andrew Johnson Fund" (or whatever she calls it) could be started with a \$1,000 minimum donation.

Alternatively, Mrs. Johnson could donate any amount and work toward the \$1,000 gradually; the fund accumulates over time. Once the \$1,000 minimum donation is received or reached, SAVE would put the name of the fund (or per-

son) on an honor wall or some sort of public display.

Sponsors of a fund can take it a step further if they wish. They can designate the money for a specific program or purpose, such as having a speaker go into high schools and talk about depression and suicide to students. Having a SAVE Named Fund lets family members and friends know where to donate if they so choose. A SAVE Named Fund sponsorship is a way to support SAVE and its mission "to educate about suicide prevention, eliminate stigma, and support those touched by suicide." For further information, call Sara Jaehne, director of fund development, 952-946-7998 ext. 12, or e-mail her at sjaehne@save.org

Book Discusses Depression; Helps Youth and Adults

By Patty Johnson

In her short book "Conquering the Beast Within," Cait Irwin has created a powerful visual image of depression that adolescents, adults and even children can understand. It graphically examines the feelings and emotions of depression, explains how this disorder affects the individual as well as family members and friends, and details the necessary steps to recovery.

By creating this person metaphor, the author was able to understand and deal with her own depression. At 13, Cait began struggling with depression,

feeling it as a consuming sadness growing into a beast that gobbled up her self-esteem, confidence, trust and love of life. Like many other teenagers, Cait was at a point where she could no longer cope and considered suicide. Fortunately, she told her mother and was hospitalized.

As part of her recovery process, Cait began to chronicle her depression and suggest techniques for dealing with this illness in a creative, visual journal. From her desire to help others, Cait has refined her images,

thoughts, feelings, techniques and experiences and has made her journal available to all who are in any way connected with depression.

Visit her Web site at www.beatdepression.com. Cait and her family created it as part of their mission "to do everything possible to destigmatize mental illness and help those who suffer from it." Available at bookstores for \$14.

Upcoming Events

.....
 Saturday, Nov. 22, 2003
 Suicide Awareness
 Memorial
 American Foundation for
 Suicide Prevention
 Satellite Broadcast from
 New York
 Earl Brown Center,
 St. Paul, Minn
 8:30 am – 1 pm
www.save.org
 952.946.7998 ext 19

Dec. 3-5, 2003
 Suicide Prevention
 Research Center
 Taking Action:
 Implementing the National
 Strategy for Suicide
 Prevention Conference
 InterContinental Hotel in
 New Orleans, La
www.sprc.org

April 14-17, 2004
 American Association of
 Suicidology
 37th Annual conference
 and 16th Annual Health
 After Suicide Conference
 Hyatt Regency in Miami,
 Fla.
www.suicidolgy.org



Randi Kaye, WCCO news anchor displays her golf skills at the SAVE golf tournament Aug. 4, 2003

Voices of Contribution

Danielle Huber
 Mike Huggins
 Deborah Ingle
 Sara Jaehne
 Rosemary & Arthur Janousek
 Don Jensen
 Nancy Jensen
 April Jepsen
 Patricia Johnson
 Christa Johnson
 Carol & Winifred Johnson
 Elizabeth M. Johnson
 Janine Johnson
 Tom Johnson
 Joan Jones
 Sharon Jones
 Dorothy Jordan
 Janet Julien
 Pam Kadrlík
 Owen Kane
 Randi Kaye
 Pat Kehr
 Eileen Kelly
 Linda & Dzintris Kics
 Robert & Linda Kieffer
 Patricia King
 Judy Kishel
 Brenda Knowlton
 Sarah Knowlton
 Bruce Knutson
 Mary Koenig
 Kopp Family Foundation
 Bob & Peggy Koppes
 Bob Kosmalski
 Jacqueline Kouba
 Stephanie Kranitz
 Jodi Krinkie
 Janet M. Kuchera
 Kay & Lynn Laaksonen
 Sue Landwehr
 Marie Lang
 Dick Langdock
 John & Marilyn Larson
 Kelly Larson
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 Carole Randall
 Gerald Rauchwarter
 Raymond Auto Body
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 Gerard Williams
 Linda Wren
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SAVE Publications and Educational Materials Order Form

Suicide: Survivors A Guide for Those Left Behind by Adina Wroblewski

Suicide: Survivors is a personal message to suicide survivors from Adina Wroblewski, a founding member of SAVE. Wroblewski recounts the suicide death of her daughter and the emotions in the days, weeks, and months that followed. The book explores the pains of grief, anger, blame and guilt, and touches upon the change in relationships both within and outside a family.

\$15.95 each

Suicide: Why? 85 Questions & Answers About Suicide by Adina Wroblewski

In *Suicide: Why?* Adina Wroblewski presents facts on the link between depression and suicide. The book uses a straight-forward question and answer approach to separate fact from fiction in regard to suicide and its causes.

\$12.95 each

EDUCATIONAL MATERIALS

- Community Action Kit
- Depression: Information Everyone Can Use Folders (Pk 10)
Booklet only (min 10)
- What to Do-Guide for Young People (Pk 20)
Booklet only (min 10)
- Suicide: Coping with the Loss of a Friend or Loved One (Pk 10)
Booklet only (min 10)
- SAVE Corporate Brochure (Pk 25)
- General Poster (min 5)
- Teen Poster (min 5)
- Adult Wallet Card (Pk 100)
- Youth Wallet Card (Pk 100)

BOOKS

- Suicide: Survivors
- Suicide: Why?

PUBLIC SERVICE ANNOUNCEMENTS

- Radio
- Print
- Billboards - 30 Sheet Posters
- Billboards - 14'x48' Bulletins

Qty.	Price	Total
	\$125.00	
	\$20.00	
	\$1.50 each	
	\$20.00	
	\$6.60 each	
	\$20.00	
	\$1.50 each	
	\$5.00	
	\$1.00 each	
	\$1.00 each	
	\$10.00	
	\$10.00	
	\$15.95	
	\$12.95	
	\$3.00/cd	
	\$2.00	
	\$38.00 each	
	\$1,050.00 each	

Subtotal _____
 MN residents add 6.5% tax _____
 If exempt, include Tax Exempt ID# _____
 Shipping Costs: \$3.00 for 1-4 units; \$6.00 for 5+ units; \$4.95 per Kit _____
 Please include my tax deductible contribution to SAVE _____
TOTAL \$ _____

Method of payment:

Check or money order enclosed Please bill my credit card:

Card # _____ / _____ / _____ / _____ VISA MasterCard

Exp. date: _____ Signature: _____

Ship to:

Name _____

Address _____

City _____ State _____ Zip _____

Bill to: (if different from above)

Name _____

Address _____

City _____ State _____ Zip _____

Return this form to:

SAVE • Suicide Awareness Voices of Education™ 7317 Cahill Road, Suite 207, Minneapolis, MN 55439-2080
 Tel 952.946.7998 or 1.888.511.SAVE • Fax 952.829.0841 • Order on-line at www.save.org

SAVE Depends On Supporters Like YOU.

SAVE is receiving contributions from people just like who understand the need for ongoing education around the important topics of depression and suicide prevention. Won't you help?

Please give SAVE a call at 952.946.7998 x11 or via e-mail @ www.save.org if your address has changed. Thank you.



Jane Maguire
1975-2000

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Fall 2003

Dear SAVE Friends,

Tireless Volunteer. Loyal Friend. Amazing Woman. This was one of many tributes paid to our daughter after her death in March 2000. Jane took her life at age 24 after a courageous battle with depression.

It was – and still is – hard to understand that this honor student, gymnast, international traveler, outdoorswoman, and funny young woman could have been suffering from depression. It is harder still to wonder if we could have done more to help her. Anne and I were slow to learn of her pain, as Jane showed us only what she wanted to. Even after a clinical diagnosis in June 1999, she refused to be defined by her depression. She was teaching, attending graduate school, and leading a busy athletic and social life when she died.

Unfortunately, we didn't know about SAVE. Since 1989, SAVE has helped people recognize the symptoms of depression and the warning signs of suicide. SAVE provides a place for people suffering from depression - and those who care about them - to seek and find answers about the disease. SAVE also serves "suicide survivors." SAVE offers information and strategies to promote early suicide intervention and educates individuals and healthcare professionals about depression's potentially lethal effects.

Depression is a disease of the brain, just as heart disease is a disease of the heart. Yet the stigma and misunderstanding that surrounds it often prevents people from seeking medical treatment as they would for any other illness. More than 30,000 Americans die by suicide every year. In fact, suicide is the third leading cause of death among young people between the ages of 15 and 24.

To fight this epidemic, SAVE needs to:

- Expand our educational programs in schools.
- Increase the reach and effectiveness of our public awareness campaign by airing television, radio, billboard, and print ads throughout the United States.
- Distribute our Community Action Kits to schools, churches, fraternal, healthcare, and governmental organizations across the country.

Please help SAVE reach out to those at risk of taking their lives, and to the friends and families eager to help them. You may contribute by mail or on the Internet at www.save.org. A pledge card is enclosed.

Unfortunately, diagnosing and treating depression will not prevent every suicide. Yet taking these steps can help save thousands of lives that would otherwise be lost. Please join us in helping SAVE save lives.

Respectfully yours,

Anne and Dick Maguire

Anne and Dick Maguire