

# Voices

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



March 2001  
Volume 7, Issue 1

## MDH Hosts Suicide Prevention Symposium



*(Pictured l to r) at MDH Suicide Prevention Symposium: Candy Kragthorpe, Coordinator of the state of MN Suicide Prevention Plan; Miriam Olson, President, SAVE; Dr. David Clark, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Dr. David Shaffer, Columbia University, New York; Jackie Casey, Executive Director, SAVE; Dr. Tom Simon, U.S. Centers for Disease Control and Prevention (CDC), Atlanta*

Minnesota's thinking about suicide prevention was sharpened on November 29, 2000 when the Minnesota Department of Health hosted its second Suicide Prevention Symposium with some of the leading experts on suicide prevention in the country.

Dr. David Clark from Rush-Presbyterian-St. Luke's Medical Center in Chicago began the day discussing how research should inform our suicide prevention programs. He contends that research on appropriate interventions must drive the development of programming to ensure effectiveness in suicide prevention and that the link between depressive illnesses and suicide should drive the development of interventions to be tested.

Dr. Tom Simon from the U.S. Centers for Disease

Control and Prevention (CDC) in Atlanta discussed the specific elements of an effective research study. The CDC adheres to a public health approach, dependent on the evaluation of interventions, to the problems it seeks to solve. Evaluation is forth in a four-step process (problem definition, identification of causes, implementation of interventions) in public health's approach to prevention. Dr. Simon urged the development of studies that use a control group (a similar group to the one being studied where the intervention is not implemented) in evaluations as the best method for both measuring changes in the intervention group and being able to specifically link the changes to the intervention.

Based on its previous study of suicide prevention programming, the CDC does make some recommendations for suicide prevention programming that should be considered when developing an intervention to be tested:

- Link suicide prevention programs with professional mental health resources (in recognition of the connection between suicide and brain illnesses)
- Community prevention strategies should be multi-dimensional (the Minnesota Plan which calls for a myriad of strategies such as awareness, education, intervention, and research)
- Programs should incorporate promising but underused strategies (such as SAVE's work to teach the symptoms of depression as a suicide prevention strategy)
- Expand suicide prevention efforts for young adults 20-24 years of age (in recognition of the fact that suicide is the second leading cause of death for this age group)
- Expand suicide prevention efforts in minority communities among teens and young

### in this issue

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Executive Director	2
President's Message	2
Local Voices	3
Nationwide Voices	5
Voices of Education	6
Voices in Action	7
Upcoming Events	7
Book Order Form	8

Don't miss

**SAVE'S  
12th Annual  
Suicide  
Awareness  
& Memorial  
Day  
April 7, 2001**

Watch your  
mail for  
details or visit  
[www.save.org](http://www.save.org)  
for more  
information.

# Inner Voices



President  
Miriam Olson

SAVE recently kicked off strategic planning for the next three to five years. In some organizations, this process can raise disagreements between members about mission and philosophy that can threaten the

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*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.*

stability of any organization. Such is not the case with SAVE. Our Board is firmly committed to the mission: *to educate about suicide prevention and to speak for survivors.* The members are steadfastly committed to the philosophy: *brain illnesses such as major depression, manic depression, schizophrenia, and anxiety disorders are biological and genetic. They can be exacerbated, but are not caused by families or environment.* Our members are determined to communicate the key messages that underlie SAVE's work:

- *Suicide is caused by illnesses in the brain such as clinical depression.*
- *The early detection of depression is key to the prevention of suicide.*
- *Depression is an illness that requires a medical evaluation.*

When I joined the Board of Directors of



Executive Director  
Jackie Casey

I learned a new word from a friend in the media world last year – meliorism - which is neither optimism or pessimism, but the belief that society has an innate tendency toward improvement that is furthered by conscious effort and work. SAVE is evidence of meliorism by a great number of meliorists.

One of SAVE's organizational objectives is to raise awareness about depression as an illness and suicide prevention. Our public awareness campaign including billboards and TV and radio ads has helped us reach this goal. In 2000 SAVE's billboards appeared in 31 cities around the country, a 150% increase over 1999. With a groundswell of corporate support from GlaxoWellcome, Forest Laboratories, Blue Cross Blue Shield, Allina, and Hitchcock Industries, 12 weeks of educa-

SAVE, what impressed me most was the unwavering commitment to suicide prevention. As a survivor, and as President of this organization, I believe the best way for us to honor those we have lost to suicide is to focus on prevention and to support others who help with our work; from fellow Board members and SAVE volunteers to political leaders like Senator Paul Wellstone, public health leaders like Dr. David Satcher, the U.S. Surgeon General and leaders in research like Dr. David Schaeffer. They let us know each day that they care not only about our losses, but about helping to ensure reduction of suicide and better availability of appropriate treatment for those who suffer from depressive illnesses. Our Board shares the commitment that this is the role SAVE, too, shall play: focus on suicide prevention and build alliances with those who believe in our mission, philosophy and messages.

tional ads ran on WCCO during 2000. And with support from KSTP radio and Tommy Mitschke, SAVE's educational public service announcements aired frequently throughout the year. Overall impressions made by the campaign in 2000 totaled approximately 100 million.

Awareness builds potential willingness to act, which is what people must do to prevent suicide. They must recognize the symptoms of depression, the warning signs of suicide, ask, and get help. These are skills that form the foundation of SAVE's community education program. SAVE's community educators, all highly trained and committed volunteers, gave 307 presentations in 2000, reaching 14,392 people, a 10% increase over 1999.

Skilled volunteers staffed conference displays – 33 of them – where thousands of pieces of educational literature were distributed. Volunteers planned and hosted two educational events that reached 500 people. Staff and volunteers responded to 9311 requests for information, a 338% increase over 1999.

SAVE is getting the word out that early recognition and treatment of depression can prevent suicide. Many thanks to our talented, trained and committed volunteers, Board, staff, funders and contributors - meliorists of the finest sort.

**Symposium, cont.**

adults (SAVE's new awareness campaign "Depression: Treat It As If Your Life Depended On It," made possible through a grant from the Minnesota Department of Human Services and a partnership with Padilla, Speer Beardsley will, in part, focus on African American and American Indian teens in recognition of the enormous growth in suicide rates in these populations)

For more information about program evaluation, visit the CDC's website at [www.cdc.gov](http://www.cdc.gov).

Dr. Simon also focused on the need to gather diverse stakeholders when implementing a intervention to be evaluated. Jane Dietzman from the Minnesota Department of Health discussed strategies for building productive community connections for suicide prevention. She encouraged the use of creativity (outside the box thinking) when identifying potential stakeholders. Ask and answer the question, "who would benefit from the outcome we are trying to produce with this work?" A diverse group yields a more diverse set of potential strategies to be tested. While not everyone will get their idea into the implementation and evaluation process, the group can be more assured that they have considered all the best options before proceeding. A broader group also helps assure that the intervention or prevention plan is multi-dimensional and comprehensive.

As the day began with an urging to see the links between suicide and psychiatric illness, so it ended with Dr. David Shaffer's (Columbia University) approach to suicide prevention which begins with the recognition that suicide doesn't occur without an underlying psychiatric illness which can be recognized, diagnosed and treated to help prevent suicide. He applauded suicide prevention programs that attempt to build a more public understanding of illnesses like depression and its symptoms. He noted that early detection and treatment of illnesses is the earliest and most promising point of suicide prevention over the long term. Given that gatekeepers and experts can miss symptoms of depression, he noted that another point of potential intervention is the exhibition of warning signs of suicide.

Education of the general public and health providers about warning signs is critical. At this point crisis lines and other intervention

services can be effective as some pre-suicidal or suicidal people may reach out to address events that might be triggering depression or suicidal thinking. The success of these programs depends on how well they make the link between suicide and psychiatric illness and refer for medical evaluation. Talking someone out of suicide without attending to the assessment of depression and the need for ongoing medical or psychological care may do nothing but delay the tragedy to a later date.

For more information about Minnesota's suicide prevention planning efforts or for information from the Symposium, you can call Candy Kragthorpe at 651.281.9833. To see Minnesota's suicide prevention plan, visit MDH's website at [www.health.state.mn.us](http://www.health.state.mn.us).

## Local Voices

### A Wealth of Knowledge at SAVE's Depression Awareness and Suicide Prevention Symposium

Through a grant from Glaxo Wellcome, SAVE was privileged to have Dr. James Pradko as the keynote speaker for our Depression Awareness and Suicide Prevention Symposium, held on November 18th, in conjunction with National Survivors of Suicide Day. The Symposium, sponsored by Pfizer, brought together the views of primary care providers with the views of consumers and family members to discuss developing a partnership for the treatment of depression and the prevention of suicide. Dr. Pradko, a family primary care practitioner, exemplifies the way lives could be changed and saved if primary care physicians were adequately trained in the recognition and treatment of depression and suicide.

While Dr. Pradko uses a medical model in his approach to treating depression, he looks at the whole person (and his or her collection of symptoms) when selecting the proper medication. Depression can affect all facets of a person's life: thoughts, feelings, behaviors and physical health. He asks questions like:

- How is this patient's libido?
- How is this patient's energy level?

# Voices of Contribution

Friends of save  
October 16, 2000 -  
December 31, 2000

- Abiding Savior Lutheran Church
- Janine & Don Affeldt
- Pat & Robert Ahrens
- Bruce & Susan Allard
- Margaret Allen
- Thomas & Judith Allen
- Allianz Life Insurance Company of North America
- John & Donna Alt
- American Express Foundation
- American Legion Post No. 435
- Deloris Anderson
- Norma Anderson
- Lynn Andrews
- William & Teresa Ankeny
- Mary Jo Antonsen
- Stanley & Robin Asbell
- Leanne & Frank Ashley
- Ronald & Kay Bach
- Brenna Backstrand
- Brian C. Bailey
- Terri Baker
- Lois & Robert Ball
- Becky & Robert Barnes
- Josephine Barnes
- Raymond Barton
- Linda Batkiewicz
- Andrew Batstone
- Mary Ann Begin
- William Begin
- Bernis Benzer
- Sheldon Berg
- Edgar & Beatrice Bergman
- Ann Berndtson
- Dee Betzer
- Virginia Biddle
- Bieber Family Foundation
- Bob & Dorothy Bisch
- Monica Blanco
- Laurie Blue
- Philip Bly
- Jan & Mark Borman
- Shirley Borud
- Laura Bothe
- Lee Brandt
- Owen & Nancy Brandt
- Lindley & Constance Branson
- Courtney & Alice Brown
- Darlene Brown
- James & Nancy Broz
- Rhona Brysky
- Tracy Buchanan
- Erica & Gilbert Buffington
- Mary & Anna Burmesiter
- Rod & Barbara Burwell
- Al & Theresa Carufel
- Katryn Carver
- Ramie Chackan
- Lee & Sandy Chapman
- The Char-Tom Company
- Sandy Cherrey
- Christ Presbyterian Church
- Jeffrey & Rebecca Clement
- James Clemons
- Susan Cochran
- Jan & Don Colston
- Barbara & Kenneth Cook
- Geraldine Cook
- Ronald & Joan Cornwell
- Launie Cousins
- Sue Creighton
- Molly Cummings
- Linda Davis-Ritter

## Voices of Contribution

Michael DeFalco  
 Susan DeVries  
 Thomas S. & Barbara Deans  
 John & Jane Deckenbach  
 Oliver & Ann DeGray  
 Margaret Demsey-Rice  
 Becky & Michael Derck  
 Carolyn Deschner  
 Merlin & Barbara Dewing  
 Karen Dickson  
 Marc Dirkswager  
 Juliane Douglas  
 Nancy Duncan  
 Katherine Dutton  
 John & Frances Edstrom  
 Michael Ekem  
 Jim & Joy Erickson  
 Katherine Erickson  
 Charles & Margaret Erke  
 Alan & Adella Espelien  
 Marvel Evenson  
 Excelsior United Methodist Church  
 Jim Faricy  
 Matt & Dawn Feirer  
 Carole & Stan Feldman  
 Fidelity Investments  
 Bill & Ginny Fiedler  
 Guy Fiedler  
 Sue & Joe Fiedler  
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 Linda Flatt  
 Forest Laboratories, Inc.  
 Susan Forve  
 Charles Freer  
 Allen & Joan Frees  
 Carolyn Freese  
 Gene & Mary Frey  
 Fridley High School  
 Diane & Joseph Friebe  
 Diane Frost  
 Bartley Frueh  
 Gabriel Foundation  
 Robert & Mary Louise Gacek  
 Elizabeth A. Garrity  
 GCC, Inc.  
 Stuart & Carolyn Gearhart  
 Larry & Joyce Geer  
 Lou Gelfand  
 Jeffrey Giles  
 GlaxoWellcome, Inc.  
 Sharon Goetzke  
 Richard & Nancy Gongoll  
 Paul & Nancy Gooding  
 Michael & Cheryl Goodwillie  
 Marcella Gordon  
 Christina Graczyk  
 Beth & Louis Grendahl  
 Matthew Grigal  
 Samuel & Marie Grubisich  
 Peter & Barbara Grutter  
 Bruce & Barbara Guggemos  
 Richard & Beverly Gunderson  
 Dan & Ruth Haggerty  
 Walt Halaberda  
 Ron & Ursula Hall  
 Rose Anne & Leander Hallgren  
 Keith & Marlene Ham  
 Carolyn & Dennis Hamilton  
 Marilynn Hannesson  
 Barbara Hanson  
 Jayne Hanson  
 Erin Hanson-Mandell  
 George Harding  
 Eileen Harrison  
 The Hartfiel Company  
 Theresa Hawk  
 Jaconda M. Hawkins  
 Heart Beat - Grand Junction  
 Nicole & Brent Heffron  
 Mary Heimark  
 Jack & Bobbi Henrich

### Depression Awareness Day, cont.

- Does this patient have problems with addiction?
- Does this patient have evidence of an eating disorder or weight issues?
- Does this patient have attention difficulties?

Knowing that certain medications stimulate or remain neutral on receptors in the brain that affect these issues, he chooses the best medication and the best dosage for each patient based on answers to these questions. He likened this approach to the one used by physicians when deciding which blood pressure medication to prescribe to a patient. There is no favorite as the selection is dependent on the assessment of several factors. While the diagnosis and treatment of depression is complicated, Dr. Pradko managed to provide wonderful information that would allow each patient and her family to participate as partners in treatment. When getting treatment for depression, it is important to understand why this medication and what it should be doing to alleviate the symptoms of depression.

Each patient is responsible for openly discussing symptoms and side effects to determine if the medication is working effectively. Dr. Pradko warned that all too often patients stop taking medication when they experience side effects. Instead of seeking an alternative, they will erroneously conclude that all anti-depressants have the same side effects. He also warned of some patients' tendencies to live with almost unbearable side effects, like complete loss of libido or severe stomach upset, because to them, experiencing these side effects is better than depression. He urged patients to talk about side effects as some medications bring these on while others do not. In fact some are designed to deal specifically with certain side effects such as decreased libido. He also urged practitioners to consider these issues when prescribing. He used this example:

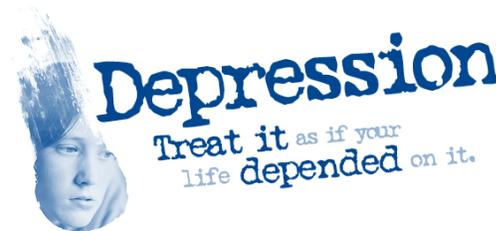
*A woman comes in for treatment of her depression, which has taken a serious toll on her relationship with her husband. He cautioned providers to stay away from prescribing a medication that is known to decrease libido, which might further strain the relationship. He urged providers to ask about sexual functioning while treating depression,*



*SAVE staff and volunteers present with Dr. James Pradko on the effective treatment of depression. (Pictured l to r) Launie Cousins, SAVE Depression Awareness and Suicide Prevention Symposium facilitator; Mary Jo Matschke, panel member; Dr. James Pradko, keynote address; Jackie Casey, SAVE Executive Director and panel member; Jenny Grant, panel member; and Larry Turner, panel member.*

*as this is the side effect least likely to be self reported by patients...yet, when asked, men and women alike will talk about these issues.*

SAVE believes that more educated patients combined with more educated primary care providers is the best strategy for the increased recognition and treatment of depression. For more information about Dr. Pradko's system for choosing the proper medication, you can call 810.725.7386.



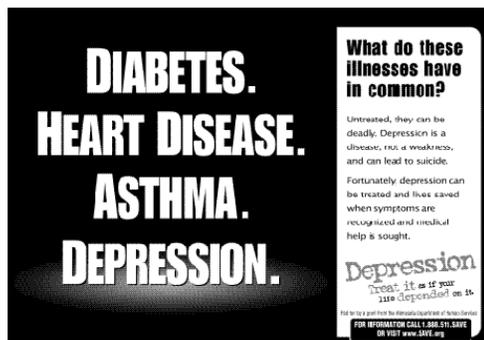
Through a grant made possible by The Minnesota Department of Human Services, and a partnership with Padilla Speer, Beardsley, SAVE has launched a Minnesota suicide prevention campaign. The campaign, "Depression: Treat It as if Your Life Depended on It," focuses on depression awareness to educate Minnesotans about the importance of diagnosing and treating depression to prevent suicide.

The program includes targeted educational materials to organizations and the general public; print and radio public service announcements; publicity; and the implementation of a nationally developed suicide prevention training, QPR (Question Persuade and Prefer) in at least 25 Minnesota counties.

Dr. Charles Schulz, professor and head of the Department of Psychiatry at the University of Minnesota Medical School is the medical spokesperson for this project. "Depression is a medical illness of the brain that affects thoughts, feelings, behaviors and physical health," said Dr. Schulz. "People can't will away depression any easier than they can talk themselves out of a heart attack, but it's still a common perception that people can just get over it by themselves."

In preparation for this program, SAVE surveyed 800 Minnesotans in September to determine knowledge and perceptions of depression and suicide. The survey found that most people considered depression an illness, but it also found a large perception gap – people have the impression that other people believe depression is a weakness. This perception feeds into the stigma that prevents people from seeking treatment for a disease that can be as life threatening as diabetes or heart disease.

Through the "Depression: Treat It as if Your Life Depended on It" campaign, you can request a free packet of information on depression and suicide by calling 1-888-511-SAVE. Program materials can also be accessed on the SAVE website at [www.save.org](http://www.save.org). For more information about this program you can contact David Boyd at 952.946.7998 x14.



One of many campaign ads.

## Nationwide Voices

.....  
**74,000,000 Exposures**

In 2000, billboard companies across the country provided 74,000,000 advertising exposures to view SAVE's suicide prevention messages. They also donated \$2,100,000 in free advertising space. A grateful thank you goes out to Eller Media Company, Delite Outdoor Advertising, Regency Outdoor Advertising, Donrey Outdoor, Collins Outdoor, and Orde Advertising, Inc. The service these companies are providing to the suicide prevention movement is unmatched.

## AFSP Hosts 2nd National Survivors of Suicide Day

On November 18, 2000 the American Foundation for Suicide Prevention hosted videoconferencing sites in twenty cities across the United States. The event brought together over two thousand survivors sharing their experience of loss, with many dedicating themselves to suicide prevention.

The videoconference included Senator Harry Reid (D-Nev.), who introduced Resolution 339 in the U.S. Senate proclaiming November 18, 2000 as *National Survivors of Suicide Day*. After the resolution passed with strong bipartisan support, Senator Reid stated that this important event could help "further the effort to destigmatize suicide and allow those who have previously suffered in silence to turn grief into hope for the future." Mariette Hartley, actress, survivor and AFSP Honorary Director, emceed the videoconference in Los Angeles, while Surgeon General David Satcher, addressed all the sites about the national crisis of suicide and what is being done on the federal level to prevent it. Along with Ms. Hartley and Dr. Satcher, a panel of survivor support group leaders spoke about their experience with suicide loss, while Dr. John T. Maltzberger (Harvard School of Medicine and McLean Hospital) answered survivors' biological or psychological questions.

To view the videoconference, go to AFSP's web site at [www.afsp.org](http://www.afsp.org).

## Voices of Contribution

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- Ann Herzog
- Greg Heymans
- Philip & Betty Heymans
- Ronald & Audrey Hicks
- Sandra K. Hirsh
- James & Karen Hoffner
- Greg & Linda Holaway
- Tina Hollerman
- Carol & James Hollerud
- Mary Holloway
- Maureen Holman
- Michael & Carol Holmquist
- Lynn & Phil Holtzleiter
- Molly Hostnick
- Patricia & Dennis Hoyt
- James & Linda Huntingdon
- Rosemary & Arthur Janousek
- C.R. & Darlene Jessup
- Janine Johnson
- Jeffrey & Angela Johnson
- Lisa Johnson
- Tracy Johnson
- Sarah & Douglas Jones
- Shanna Jordan-Baird
- Joseph J. Laurencelle Memorial Foundation
- Irene & Jon Joseph
- Helen Judd
- Janet Julien
- Teresa & Leo Julkowski
- Ruth Katz
- Joanne Kavanagh
- Dan Keefe
- Bevelyn Keith
- Bernadine Kellner
- Julie & Steven Kelly
- Mary Ellen Kennedy
- Nourredine & Margaret Khali
- Michael & Rene Kisrow
- Debby Kleinman-McNeil
- Stanley & Doreen Kloth
- Janice & Loren Knott
- Annette & William Knutsen
- Robert Knutson
- Tom & Denise Knutson
- Terrye & Tyler Kolbe
- Jane Kollmeyer
- Tara Koltes
- Mary Kopiak
- Luanne Koskinen
- Kuehn & Keppler Lawyers Ltd.
- William Kuruss
- Selma Kushel
- Laurie Kuyath
- James & Carol Ladner
- Lake Minnetonka - Excelsior Rotary Club
- Brian Larson
- Donavon & Cynthia Larson
- John & Marilyn Larson
- Ralph & Joan Larson
- Dennis & Ruth Laufenberger
- Sue & Don Laughrey
- Laurentian Industries (North Bay) Limited
- Inger Lauritsen
- Kim & Mark Leach
- Lorene Leikind
- Tracy & Teresa Lenz
- James Leonard
- Thomas & Karen Lindberg
- Walter Liss
- Paul Lofquist
- Rebecca Lorentz
- Brian Lynch
- Trudy Lyne
- Anne Mackereth
- Peter & Diane Magistad
- Sarah & John Maney
- Nancy & Deane Manolis
- Jill Ann Marks

## Voices of Contribution

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Constance Marquette  
Patricia & William Marshall  
Mary Jo Matschke  
Richard & Patricia Maxwell  
Patrick & Pamela McDavitt  
Ernie & Patti McHale  
Gayle A. McMahon  
Richard & Carol Melcher  
Lloyd & Pauline Mensing  
Brian Merhar  
Joyce Merhar  
L.T. & Marie Merrigan  
Vickie Mersy  
Bob Meuers  
Mary Miller  
Rebecca Miller  
The Minneapolis Foundation  
Eileen Monahan  
Jerome A. Motto  
Joseph & Ellen Muehlegger  
Michelle Mundell  
Tim & Kristi Nasby  
Jack & Monica Neitz  
Margery Nelson  
Arlyn & Warren Nelson  
Heather Nelson  
Janey Nelson  
Phillip & Sonja Nelson  
Rachel Nelson  
Kay Nessland  
Phyllis Neudecker  
Deirdre Newell  
Anne Nitzke  
Laura Nobis  
Shirlee Nohrenberg  
Jim Nowak  
Reuel & Mary Nygaard  
Ann O'Connor  
Marguerite & Clifford Olson  
Orv & Vonni Olson  
Patricia Olson  
Terrence & Arlene O'Malley  
Lynn & Todd Osborn  
Roger & Betty O'Shaughnessy  
Richard & Judith Parkin  
Dave & Becky Paulson  
Katie Person  
Sally Peterman  
Gary & Margaret Peterson  
Ken Peterson  
Linda Peterson  
Pfizer, Inc.  
Dean & Marilyn Pierson  
Tom & Val Plihal  
Alton & Ann Pogalz  
Gail Pontiero  
Rachel Powell  
David & Anne Pudas  
Kevin & Ann Quiring  
Ron & Carol Randall  
Mary Regan  
Doug & Joanne Rehard  
David & Annette Reimer  
Remington Partners  
Suzanne & John Renwick  
Pat Repinski  
Denise Reuss  
Michael & Linda Ritter  
Monica & Bruce Robb  
Mary Roberson  
Ronda & John Roberts  
Mark Robertson  
Gertrude Rocheford  
Sandy Rodenz  
Linda & Michael Rook  
A.F. Rossberg  
Jeanne Roy  
John Ryan  
Randal & Debra Ryan  
Grif & Jennifer Sadow

## Voices of Education

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### Primary Care Physicians Play Role in Preventing Suicide

Hungary once had the highest suicide rate in the world. But since 1992, it has steadily declined from 45.9 suicides per 100,000 in 1984 to 32.1 per 100,000 in 1998. How could this decrease have happened even with unemployment rising from 1.7% up to 10.9%, along with a 25% increase in alcoholism in the same period? Hungarian researchers attribute part of the decline to a 16-hour course, which teaches general practitioners to recognize depression as a separate illness to be treated, rather than an emotional response to being ill with some other medical disorder. Example: The doctor might say, "My patient has headaches and back pain, therefore she is depressed. I'll treat her headaches and back pain and her depression will disappear." Instead, doctors are taught that depression, *a physical illness of the brain*, may be the *causing* the patient's headaches and back pain, therefore treatment of depression may then make the headaches and back pain disappear. Physicians are also taught that even with more severe diseases such as cancer or heart disease, clinical depression may be a separate illness that must be treated separately.

Researchers know that 60% - 70% of people who died by suicide suffered from unrecognized or under treated depression at the time of death, and that nearly three-fourths contacted their doctor about four weeks before completing suicide. Doctors who haven't kept up on the latest research findings on depression may fail to recognize their patients who have clinical depression, which unfortunately, might put them at higher risk for suicide. The program, at the request of AFSP— the American Foundation for Suicide Prevention, based in New York, with funding provided by the Open Society Institute in New York, has taken place in Hungary and also Gotland, a Swedish island in the Baltic Sea. Researchers believe the drop in suicides can be attributed overall to the new teaching program, an increase in psychiatrists, psychiatric outpatient facilities, and access to telephone emergency services.

To learn more, visit [www.bmj.com](http://www.bmj.com), reference article *BMJ2000;321:1370* (2 December)

## Suicide in the GLBT Community

Gay, lesbian, bisexual, and transgender people may be at a higher risk of developing clinical depression than their heterosexual counterparts. It has been suggested that in as much as 30% of all adolescent suicides, young people may have been struggling with their gender identity. GLBTorientation does not *cause* suicide per se, but studies suggest that certain environmental factors such as society's attitudes toward people who do not conform to traditional gender roles or the harsh environment created by homophobia may *trigger* clinical depression; the #1 cause of suicide.

GLBT people often experience homophobia as stigmatization, negative images in the media, violence, and lack of social support, discrimination, harassment and verbal abuse. Experiencing these issues, along with clinical depression, may result in dropping out of school, problems with family or work, homelessness, social isolation, substance use and suicidal thoughts or attempts.

If you notice symptoms of depression or warning signs of suicide in a friend or family member he or she should see a doctor to be evaluated for clinical depression. Ninety percent of people who suffer from clinical depression can be successfully treated with a combination of medication and therapy. There are professionals who specialize in helping GLBT people who suffer from depression. If you are in the Minneapolis area, and are interested in learning more about District 202, a drop-in community center for GLBT youth, you can call 612.871.5559.

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### New Medication, Escitalopram, Holds Promise in Depression Treatment

Forest Laboratories recently announced that they will be submitting a new drug application to the U.S. Food and Drug Administration seeking an indication for a recently developed medication, Escitalopram, in the treatment of depression.

Researchers at the American College of

Neuropsychopharmacology 2000 Annual Meeting reported that Escitalopram, the isomer of Celexa (citalopram HBr), showed impressive results in a clinical trial of 366 patients. William Burke, MD, professor of psychiatry, University of Nebraska Medical Center, stated that, "Escitalopram exhibited strong efficacy at doses of 10 and 20 mg/day, which is noteworthy because no other antidepressant is approved as effective in a general population of depressed patients at 10 mg/day. And, "Escitalopram had remarkably low discontinuance rates in our study due to its high tolerability."

If you're interested in learning more about Escitalopram, talk to your psychiatrist and visit [www.suicide-parasuicide.rumos.com](http://www.suicide-parasuicide.rumos.com).

## Warning Signs of Suicide

- Talking about suicide.
- Stating feelings of hopelessness, helplessness or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Unusual visiting or calling people one cares about.
- Making arrangements; setting one's affairs in order.
- Giving things away.
- Acquiring guns or stockpiling pills.
- Previous suicide attempts.
- A suicidal person urgently needs to see a doctor or psychiatrist.**

## Voices in Action



*Sherrie Luetgers, Program Assistant with District 202, spoke at SAVE's Volunteer Education Night on gay, lesbian, bisexual, and transgender issues facing today's youth, and District 202's community center and programs for GLBT youth, along with depression awareness and suicide prevention in the GLBT community. To learn more call District 202 at 612.871.5559.*

## Upcoming Events

**March 19, 2001** – *Ann Gilbert from Staying on the Job, "Individuals in the Workplace who have Chronic and Changing Conditions,"* 7:00 – 8:30 pm at Mt. Olivet Lutheran Church, Minneapolis, MN. Call Centre for Mental Health Solutions (formerly MN Bio Brain) at 952.922.6916 for details.

**March 21-23, 2001** – *MN Social Service Association 108th Annual Training Conference and Expo,* Radisson Hotel South, Bloomington, MN. Call 651.644.0556 for details.

**March 30, 2001** – *NAMI, National Alliance for the Mentally Ill 7th Annual Dinner and Silent Auction,* 5:30 pm – 10:30 pm at The Metropolitan. Call NAMI at 651.645.2948 for details.

**April 7, 2001** – *12th Annual SAVE Suicide Awareness and Memorial Day,* 8:30 am – 12:30 pm at Richfield High School, Richfield, MN. No cost. Call Tracy Pierson at 952.946.7998 x13 for details.

**April 7, 2001** – *5th Annual Centre for Mental Health Solutions Benefit Dinner,* 5:30 pm at Radisson Riverfront Hotel, St. Paul, MN. Call 952.922.6919 for details.

**April 9-10, 2001** – *5th Annual MN Association for Children's Mental Health Conference, "Building Our Future,"* Demetri Papalos, M.D., author of "The Bipolar Child", Keynote, St. Cloud, MN. Call 1.800.528.4511 or 651.644.7333 for details.

**April 16, 2001** – *William Walsh, Ph.D. from Health Research Institute, "Biochemical Brain Disorders: Causes and Treatment from a Nutritional Approach,"* 7:00 – 8:30 pm at Mt. Olivet Lutheran Church, Minneapolis. Call Centre for Mental Health Solutions at 952.922.6916 for details.

**April 18-21, 2001** – *34th Annual American Association of Suicidology Conference, "Mind, Body and Soul: Three Dimensions of Suicide,"* Atlanta, GA. Call AAS at 202.237.2280 for details.

**May 1, 2001** – *American Foundation for Suicide Prevention (AFSP) Annual Lifesavers Dinner,* Cipriani 42nd Street, New York City. Call 888.333.2377 for details.

**May 10-12, 2001** – *Suicide Prevention Advocacy Network (SPANUSA) 6th Annual National Suicide Awareness Event,* Washington, DC. Visit [www.spanusa.org](http://www.spanusa.org) for details.

**May 15, 2001** – *MN Mental Health Association, "Best Mental Health Practices in the Workplace: It's Your Business" Conference,* all-day event beginning at 8:30 am at William Mitchell College of Law, St. Paul, MN. Call MHA at 612.331.6840 for details.

## Voices of Contribution

- Onofre & Teresa Sanchez
- Harriet Sarkaria
- Nancy Sather
- Lorrie Schattuck
- Deanna Schmid
- Frank & Marilyn Schmidt
- Elizabeth Schoen
- Gordon & Linda Schumm
- Debra Schuster
- Tim & Donna Seefeldt
- Paula Seeger
- Sherry Seeger
- Linda Seifried
- Joyce Shantz
- William & Teresa Sherman
- Bonnie Simon
- Simons Family Foundation
- Paul Skidmore
- Joan Slattery
- Brian & Jackie Smillie
- Kathy Smith
- Paul & Priscilla Snelling
- Don & Mary Somers
- Connie Sommers
- Donna & Mark Spandikow
- Sharon Spear
- Lorraine Spears
- Stuart & Carolyn Squires
- Howard & Elaine Stafne
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- Elizabeth Templin
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- TOSAFoundation
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- Mary Ellen & Bard Turner
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