

In This Issue . . .

Randi Kaye's Links for Life	2	Consider a Named Fund	6
Teenage Depression	4	Order Form	8
Annual Fund Drive	6		

Spring 2004

Voices of Save

Suicide Awareness Voices of Education™

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

SAVE's Message Continues to Grow

By Carolyn Lancaster

SAVE's message about suicide prevention is out and running. Our Minneapolis-based organization distributes educational materials and suicide prevention information to the public through many channels.

"We've got extensive communications materials ranging from print brochures to public service announcements," says Dick Maguire, SAVE board member who chairs the Communications Committee. "Our biggest challenge is not creating great communications, but getting them funded so that we can expose our message to all those who need it."

Thanks to the technological age we live in, the Internet has become a fast, comprehensive means of gathering information on any subject. SAVE's Web site is a major way of educating people about depression and suicide prevention.



Trucks carry SAVE's message.

Continued on page 3

Minnesota Leads the Way in Suicide Prevention

The Minnesota Department of Health (MDH) has awarded \$865,000 to 11 Minnesota organizations for each of the next three years to help reduce suicides in Minnesota. Nine of the grants went to community-based organizations to implement population-based suicide prevention education and outreach programs. SAVE is one of two organizations that received a grant to provide training and technical assistance to strengthen suicide prevention capacity in the other nine grantees and other community partners.

"We were particularly pleased to award the SAVE organization its third suicide prevention grant from the Minnesota Department of Health," says Candy Kragthorpe, mental health programs coordinator for MDH. "SAVE and its members are founding partners of this important statewide initiative. The new grant supports their

role as a provider of technical assistance to other organizations to be catalysts in communities to prevent suicide."

Suicide in Minnesota, as in other states, is a serious public health issue. Over the past five years an average of 447 Minnesotans have died each year from suicide, three times as many as have died from homicide. More than half of all suicide deaths in Minnesota (52 percent) are attributed to firearms. Other leading methods are poisoning and suffocation.

In Minnesota for the years 1997 through 2001, suicide was the second leading cause of death for 15-29 year olds and the third leading cause of death for 10-14 year olds and 30-34 year olds. Males account for four of every five persons (83 percent) who die by suicide. American Indians have the highest suicide

Continued on page 3

Inside SAVE

Meet **Pat Storti**,
SAVE's new office
manager. Formerly office
administrator at the
Immunization Action

Coalition in St. Paul, Minn., Storti
joined SAVE early this year. As her title
indicates, she's responsible for running
this organization's busy office in
Minneapolis. She works closely with staff
and volunteers and oversees various
office systems and functions.

In addition to several years' experience
with a nonprofit organization, Storti
worked for the department store division
of the Dayton-Hudson Corp. for 19 years.

"SAVE is proving to be a wonderful
organization of which to be a part," she
says. "The volunteers and staff are com-
mitted, caring and thoughtful. It is a joy to
come to work and engage in activities
with such a tremendous group."

In her spare time, Storti enjoys rug
hooking and quilting. Following her son's
interest in rugby, she has become involved
in the sport and works with several boards
to promote responsible playing.

Welcome to three newly elected
SAVE board of directors: Pat Finley,
retired president of Universal
Cooperatives, Inc.; Karen Lloyd, senior
director at Health Partners; and Geof
Workinger, retired human resources
guru, Bemis .

Plans are under way for SAVE's Golf
Classic, Aug. 2 at Dellwood Golf Course.
Volunteers are soliciting silent auction
items and corporate sponsorships. For
more information, contact Patty Johnson
at 952.946.7998 ext. 15.

save • Suicide Awareness Voices of Education™



Randi Kaye,
WCCO TV
News Anchor

*Randi Kaye's
Links for Life*

*Benefiting
SAVE's suicide
prevention
efforts*

Randi Kaye's Links for Life Golf Classic and Silent Auction

August 2, 2004 • Dellwood Hills Golf Course

Ever wonder what it feels like to save a life? I'd like to invite
you to find out.

Come be a part of "Randi Kaye's Links for Life" golf
tournament... August 2 at prestigious Dellwood Hills Golf
Course. It benefits a cause so important and so personal to
me, I've attached my name to it.

I lost my father to suicide less than two years ago and wish
I had known then what I know now.

One of the mysteries of depression is that it can ruin a family
or even kill if not treated properly. Depression affects 19 million
Americans each year – more than cancer, AIDS, or coronary
heart disease. In Minnesota suicide is the No. 2 cause of the
death of our teenagers. That's scary. Employees with depression
cost U.S. employees \$44 billion per year in lost productive time.

Isn't it time we step up?

I joined the Board of SAVE, Suicide Awareness Voices of Education... an
Edina-based nationally-recognized group that raises money for public awareness
and education about depression and suicide prevention. SAVE's programs educate
school staff, parents and students. We are educating faith communities, civic
organizations and corporations on a daily basis. Our educational materials are
second to none and are distributed across the country. All of the money raised
through "Randi Kaye's Links for Life" goes directly to SAVE's programs.

It's my goal, and SAVE's goal, to save lives.. and help erase the stigma of
depression and suicide. It's time to start talking about clinical depression, just like
we talk about diabetes and heart disease.

To make our goal a reality, SAVE needs your help. Would you please consider a
golf sponsorship? A corporate donation? For more information visit www.save.org
or call Patty Johnson at 952.946.7998 ext 15.

I hope to see you out there on the links. It's a great event which includes a
fabulous silent auction, dinner, and lots of laughs.

Thanks for helping save lives!

Sincerely,

Randi Kaye, WCCO-TV

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A sincere thank you to everyone who
contributed to the Spring 2004 SAVE newsletter!

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Saves Message Continues to Grow from page 1

So says Program Director Patty Johnson, who adds that the organization's Web site received a major update last fall. "We are continuing to provide new information on the site as well as links to other informational sites," she offers.

Johnson points out that SAVE's billboard advertising, which has been used nationwide for several years, is a dynamic way to reach communities. "You might say the billboard method is synonymous with our organization," she maintains, noting that SAVE messages are displayed for 30 days to 12 months depending on space available from our outdoor advertising company partners. "We are known for our billboards, which are probably the most visible, but we have many other media vehicles to spread the message."

In addition, the agency utilizes indoor advertising in shopping malls and restaurants, an effective way of boosting SAVE's mission to educate the public.

Early this year SAVE planners introduced a new means of spreading its message: another use of transit. "SAVE's first-ever mobile truck advertising is traveling on the busy streets and freeways of the 11-county metro area in the Twin Cities," Johnson says. "There are 10 different trucks that will provide 3,960,000 exposures each month with our message. This is possible thanks to a new media partner, Intran Media."

The use of taxi-top and subway advertising is currently in the planning stages, she says.

Other means of information distribution include SAVE's television public service announcements. Currently the cable television stations throughout all of South Dakota and North Dakota run the prevention mes-

sage. These stations are owned by Twin Cities headquartered Mid-Continental Media, another new media partner. The radio ads are broadcasted throughout the country. "Sometimes it's heard to track where the messages are running because other mental health organizations around the country are using the PSAs," Johnson says. "We provide these organizations with a product they give to the media companies."

Randi Kaye, news anchor for WCCO-TV, a CBS station in the Minneapolis/St. Paul market, another SAVE media connection, is an active SAVE member and serves on the agency's Board of Directors. Kaye's celebrity status draws large audiences to her depression and suicide prevention speaking engagements, where she shares her personal story about the loss of her father. "Her involvement in SAVE's golf classic is invaluable," Johnson notes.

A common means of spreading SAVE's word is through the use of print public service announcements in newspapers and magazines. The newspapers are always seeking various sizes of ads to fill open space.

A large array of printed educational materials is available in response to inquiry by interested individuals and groups throughout the country. These include the SAVE youth brochure, brochures for parents, adult educational booklets, wallet cards with symptoms of depression and warning signs of suicide, and SAVE's educational packet for grief after a suicide. These resources are on display at conferences, are sent out by mail with other materials as information packets, and are available at various community programs.

SAVE, which recently took part in the Women's Expo in Minneapolis reaching

50,000 attendees, frequents various health fairs and conventions, and sends speakers or representatives to interested community program and presentations.

The organization's quarterly newsletter, "Voices of SAVE," with a circulation of approximately 11,000, is a primary means of raising awareness about suicide prevention and the stigma associated with brain illness and suicide. The publication also includes agency news and activities, as well as information about the latest studies on depression and other brain disorders.

Communities and groups interested in spearheading a suicide prevention program in their area receive SAVE's Suicide Prevention Community Action Kits, a collection of tools and resources that walks recipients through a step-by-step process to create suicide prevention programs in their local communities.

SAVE's Speaker's Bureau provides a School-Based Suicide Prevention Program, a comprehensive, educational program whose task is to bring awareness of depression and suicide prevention to students, parents and staffs. Presentations are given to civic and faith groups as well as corporate companies. The Speaker's Bureau trains volunteers to speak to various corporate and community groups and other interested parties.

In addition, SAVE sponsors annual educational events and fund-raisers. A Suicide Awareness Memorial is held to honor and remember those lost to suicide.

If you want to learn more about SAVE's public service announcements or SAVE's Community Action Kit, contact Patty Johnson at 952.946.7998 ext 15. For all other tools and resources, contact Kent Smith at 952.946.7998 ext 11.

MN Suicide Prevention from page 1

rates among all racial/ethnic groups. Of all age groups, suicide rates were highest for Minnesotans 35-44 and 75-84.

Suicide prevention activities funded by the grants include education, outreach, and advocacy to populations who may be at risk for suicide, community helpers, gatekeepers, employers and professionals. This public health, community-based approach includes:

- increasing coordination and integration of existing and future suicide prevention activities across the state and in local communities;
- working with local public health agencies and other community-based partners to identify, develop, implement, and evaluate culture- and age-specific best practices for preventing suicide; and
- promoting greater public awareness and acceptance of mental health concerns.

Teenage Angst or Something More?

By Terri DesLaurier

Sometimes I look at the black-clad, attitude-projecting, studded-leather-jewelry-wearing 13-year-old who lives with me and ask,

"Who are you and what have you done with my cute baby girl?"

In answer, this girl of Corvette red hair and punk rock t-shirts rolls her eyes and laughs. Yes, as hard as it is to believe, she is that cute baby girl, my firstborn and only child, my beloved Winona.

Two years ago, there wasn't a piece of black clothing in her room; now there's nothing but. Her bedroom walls are covered in posters of punk bands, whose pierced and tattooed members also mostly wear black. She is alternately sullen, defiant, sunny and sweet. She loves me, she loves me NOT. She's 13. And, from what I hear, "normal."

One day, however, the counselor at her school tells me she's watching Winona. She apparently thinks punk rock and the color black equal troubled and depressed. I tell her not to worry, that Winona is fine. I suggest that she watch for the real signs in other kids; that, by focusing on Winona's penchant for punk, she might be missing the opportunity to help a kid who really needs it.



But the counselor's concern causes me to wonder. Do I really know my child that well? Does anyone really know another person that well? Just in case I don't, I decide to check out the subject of teenage depression and suicide.

The facts I discover are frightening. Suicide is the third leading cause of death

'But the counselor's concern causes me to wonder. Do I really know my child that well? Does anyone really know another person that well?'

among youth (ages 15-24). Every hour and 45 minutes another young person dies by suicide.

According to Leslie Craft McGuire, director of the Columbia TeenScreen Program, two of three youth with mental illness do not receive treatment. As the founder of the TeenScreen Program, she thinks it's just as important to screen adolescents for mental illnesses as physical ones. I read this and wonder if I am one of those parents who is missing the signs that are right in front of me. Maybe Winona's fascination with punk music and the color black are more serious than I think.

Anxiously I scan the information about teenage depression on the SAVE Web site. I read:

- Depressive illnesses/anxiety may show up as eating disorders (anorexia or bulimia), drug/alcohol abuse, sexual promiscuity, risk-taking behavior such as reckless driving, unprotected sex, carelessness when walking across busy streets, on bridges or cliffs.
- There may be social isolation, running away, constant disobedience, trouble with the law, physical or sexual assaults against others, obnoxious behavior, failure to care about appearance/hygiene,

no sense of self or of values/morals, difficulty cultivating relationships, inability to establish/stick with occupational/educational goals.

- Physical symptoms such as dizziness, headaches, stomachaches, neck aches, pain in arms or legs due to muscle tension, digestive disorders (ruling out other medical causes).
- Persistent unhappiness, negativity, irritability.
- Uncontrollable anger or outbursts of rage.
- Excessive self-criticism, unwarranted guilt, low self-esteem. Inability to concentrate, think clearly, remember, or make decisions, possibly resulting in refusal to study in school or an inability to do schoolwork.
- Slowed or hesitant speech or body movements or restlessness (anxiety).
- Loss of interest in once pleasurable activities.
- Low energy, chronic fatigue, sluggishness.
- Change in appetite, noticeable weight loss or gain, abnormal eating patterns.
- Chronic worry, excessive fear.
- Preoccupation with death themes in literature, music, drawings; speaking of death repeatedly; fascination with guns/knives.
- Suicidal thoughts, plans or attempts.

Some of these things hit home — the Goth-like look, the obsession with punk music, the self-criticism, the negativity, especially toward me. I've been thinking these come with age 13, but what if they don't?

To quell my worry, I search for information on the developmental characteristics of the 13-year-old. I discover that Winona's behavior and appearance fit with those, too, since they include: music becoming a major preoccupation, moodiness, occasional rudeness and excessive criticism of parents, self-consciousness, and risky behaviors.

Now I'm really confused — is Winona OK or isn't she? I begin to understand why, as Leslie McGuire noted, two out of three teens with mental illness go undiagnosed. I decide to ask a local therapist for more information.

Continued on page 5

Teen Angst or Something More? from page 4

Katy Wait at Lakewood Counseling and Career Center tells me that she believes “the big misconception about childhood and adolescent depression is that it is ‘normal’ for certain children and most teens to get depressed.”

Wait says that in more than 10 years of working in a variety of therapeutic settings, she has found that “parents often attribute a young person’s mood swings or behavioral problems to hormones or just plain growing up.”

As a result, she says, “these children are often misdiagnosed and treated for physical ailments, learning problems or hyperactivity. Frequently, they are disciplined for being lazy, rebellious, or having a bad attitude.”

Wait, whose practice focuses on individual work with teenagers and adults as well as families and couples, notes that it’s important for parents to know the warning signs associated with depression in young people, to monitor their child’s emotional health, and to talk and listen to their young person in a supportive, impartial way.

When the signs noted earlier persist, Wait says the need for professional help is clear. Her suggestion for parents like me, who are unsure about what they observing,

is to seek guidance from a trusted family member or friend. She notes that another perspective can often help a parent see the situation more clearly.

I take Wait’s words to heart and feel lucky that there are other adults I can consult about Winona. My best friend, for example, was there when Winona was born and lived in the same duplex with us for 10 years. She agrees, for now, that Winona is probably not depressed. But, having been through a depression herself, my friend is certain that we should watch Winona and get her help if we think she needs it.

“No one should suffer like that when they don’t have to,” says my friend, “especially a kid with her whole life in front of her.”

Wait, who works out of three offices in the Minneapolis metro area, says, “Depression is an ‘equal opportunity’ illness that afflicts young people from every walk of life and social strata. Unfortunately, shame and stigma are often associated with depression.”

She hopes that parents won’t let stigma prevent seeking help for their kids. “Depression, like so many other illnesses, is highly treatable,” she explains. “With proper treatment, most young people can, and do, recover.”

I watched my best friend go through,

and recover from, her depression, so I know how true Wait’s words are. I think about when Winona was my little baby. Sometimes she’d be so cranky, I was positive she had an ear infection. So, I took her to the doctor. Sometimes she really did have an ear infection, but there were a couple of times when she was just plain cranky.

Did I feel bad that I sought treatment for her? Never. I always thought it was better to see a doctor than to watch Winona suffer. Research has shown that depression is an organic illness that can be successfully treated with medication. My advice to parents? Seek help for your teen(s) if you think you see signs of depression. No matter how old they are, it’s still better to seek help for our kids than it is to watch them suffer.

Editor’s note: Katy Wait boasts more than 10 years’ experience working in a variety of Minnesota therapeutic settings, including Hazelden’s Center for Youth and Families, The Eating Disorder Institute, and the counseling centers at two colleges: the University of St. Thomas and Carleton College. Her private practice at Lakewood Counseling and Career Center focuses on work with teenagers and adults dealing with personal, relational, life/work issues, depression and anxiety.

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			Cook, Geraldine Cooper, Laura		Evon, Elizabeth Farmer, Peggy & William	Frank, Paul & Karen
						Franks, Eleanor
						Frans, Myron & Susan
						Frantz, Carol

Continued on page 7

SAVE's Annual Fund Drive a Success

By Lucy Morgan

The 2003 SAVE annual campaign was the most successful fundraising effort in the organization's 14-year history.

"The outcome was a wonderful surprise," says Sara Jaehne, director of fund development. "Staff and volunteers worked relentlessly to raise the funds last fall. Thanks to all our donors who are helping us to make a difference."

Jaehne says that many "first-timers" donated to SAVE. The goal was \$25,000. As of March 1, the organization took in \$89,293.

A new fund program, established in time for the annual campaign, helped SAVE surpass its goal. Called the SAVE Named Fund, this program, with an initial contribution of \$1,000, can be named for a loved one who has died of suicide. A fund

sponsor also can work toward the \$1,000 minimum by contributing small amounts at a time. When the "banked" money reaches \$1,000, the Named Fund becomes official. Sponsors and other donors can add to it at any time. The fund can be designated to any SAVE program that the sponsor chooses. It not only educates and helps others but is a living symbol honoring the memory of someone special. (See story on this page for further detail.)

SAVE (Suicide Awareness Voices of Education), which was founded in 1989, is reaching out to more people. Every donation – whatever amount – counts. Remember, the annual campaign gift is used for depression awareness and suicide prevention. If you have any questions, contact Sara Jaehne at 952.946.7998 ext. 12.

SAVE calendar

April 14-17, 2004

American Association of
Suicidology's
National Convention, Miami, Fla.
www.suicidology.org

Aug. 2, 2004

SAVE's 7th Annual Golf
Tournament
Dellwood, Minn.
www.save.org

Sept. 8-12

NAMI's 25th Annual
Convention
Washington D.C.
www.nami.org

Establish a SAVE Named Fund

How do you remember someone who was special in your life? You establish a SAVE Named Fund--a gift that can be someone's lasting legacy. The fund is accumulative or perpetual and acknowledged with a beautiful plaque. And, you along with other family members or friends can continually add to it. Establishing a Named Fund enables SAVE to continue and expand programs of depression awareness and suicide prevention.

This is how it works. First, the sponsor of the fund gives it a name. For example, Mrs. Johnson would like to start a fund in honor of her son, Andrew, who died of suicide. The "Andrew Johnson Memorial Fund" can be started with a \$1,000 minimum donation. Alternatively, Mrs. Johnson could donate any amount and work toward the \$1,000 gradually. Once the \$1,000 minimum donation is received or reached, SAVE puts the Named Fund on a plaque. Mrs. Johnson can still give Andrew gifts—so can his

sisters, other family members and friends.

For further information, call Sara Jaehne, director of fund development, 952-946-7998 ext. 12, or e-mail her at sjaehne@save.org

The following Named Funds have been established:

- Nathan Patrick Alt Memorial Fund
- Thomas B. Boxell Fund
- Nick Fiedler Fund
- Jan Halverson Memorial Fund
- Andrew Scott Jaehne Fund
- Kluesner Family Fund
- Alicia Lipke Memorial Fund
- Jane Maguire Memorial Fund
- Jennifer Katherine Marx
Memorial Fund
- Mark Pursley Fund
- Jeffrey Gerard Schmid Fund
- Ryan Gregory Schuer Fund
- R. Jeffries Tallman Memorial Fund
- Dave Torrey Memorial Fund
- Cassie Nicole Turner Memorial Fund
- Kris Zweifel Memorial Fund

Contributors from page 5

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