

Competent Communities:

Suicide Prevention
through Support, Research
and Practice

A national conference
for crisis centers
to learn and share



date of conference
April 21--26, 2003

location
Eldorado Hotel
La Fonda on the Plaza
Hotel Loretto
Santa Fe, New Mexico

contact
for more information call
1.800.442.HOPE
4673
(choose option #3)



Painting: Angel of the Future
©1994 Cynthia Smith Stibolt



American Association of Suicidology



201 North 23rd Street, Suite 100
Purcellville, VA 20132-3006

Non-Profit Organization

Next Month
Myths and Truths
About
Holiday Depression


Non-Profit
U.S. Postage
PAID
KBHC

November 2002

PREVENTING SUICIDE

The National Journal

volume one • number two



Key Federal Legislation Stalled

Education Development Center Receives \$2.5 Million Grant

Recent CDC Awards to Virginia and Maine

Suicide Prevention's New Key Players in D.C.

LEGISLATIVE ISSUE

The KBHC Board of Directors

Plea for Peace/Take Action Tour Update

New Studies, Proposed Legislation and International Milestones



H. Reese Butler II, *Publisher*, with devoted companion *Budweiser Rio*.

From the Desk of the Publisher

The past month has been a busy one in suicide prevention. In addition to the Centers for Disease Control (CDC) in Atlanta, GA awarding \$1.8 million to Virginia and Maine for state suicide prevention plans, (see page 5), the Substance Abuse and Mental Health Services Administration (SAMHSA) announced a \$2.5 million annual grant to the Education Development Center (EDC) of Newton, MA to develop a Suicide Prevention Technical Resource Center. This is a landmark event that will aid suicide prevention programs all over the United States by helping to put them in touch with the best helping practices, programs proven to be effective, (see page 5.)

Also in the category of landmark firsts was the inaugural board of advisors' meeting of the Iris Fund Alliance last month in Los Angeles, CA. It attracted luminaries in the mental health field and was one of the first times ever that so many representatives of national mental health organizations convened to find a way to work together to prevent suicide. The keynote speaker was former U.S. Surgeon General David Satcher, (see page 13.)

As if all this were not enough to remind the suicide prevention community and the public that suicide prevention is on the front burner of public policy, the Institute of Medicine (IOM) released its highly anticipated report. *Reducing Suicide: A National Imperative* provides a blueprint for addressing the problem. The press conference in Washington, D.C., where the report was formally presented, was packed, and U.S. senator Harry Reid and Kay Redfield Jamieson gave powerful and impassioned speeches. In coming issues, we will be running excerpts of this report. Meanwhile I urge you to download a copy of this important document from the Internet. It is available at www.iom.edu/reports.

Elsewhere in this issue, on page 8, you will find coverage of the status of pending legislation on mental health parity and the children's health bill to fund suicide prevention programs. These important bills need your support to be signed into law.

As an example of how one person can make a difference, Arielle Bielak, our outreach program manager for gays, lesbians, bisexuals and transsexuals (GLBTs), has been traveling with the Plea for Peace/Take Action punk rock tour. The purpose of the tour, which benefits the National Hopeline Network, is to raise awareness about depression and suicide in the high-risk punk rock audience. So far, the response has been overwhelming. In the first three weeks of the six-week tour, kids signed over 15,000 petitions. The concert series ended Oct. 28 in Richmond VA, the home state of the Hope Center, (see page 3.)

The petitions the kids signed are now expected to be delivered on National Suicide Survivors Day to Capitol Hill. (See page 13 "Calendar" for time and place.) If 15,000 punk rockers can stand up and sign the petition on page 2, imagine the impact if all crisis line volunteers, (there are now over 70,000), and every clinician and patient stepped up and signed it too. You can make a difference by going to page 2, filling out a petition and mailing it to us. We will deliver it to Capitol Hill to let Congress know how you feel about the current inadequate state of mental health care in this country. Our nation currently spends less per capita on mental health care than it does on tooth decay—less than \$7 per person per year! How many more Andrea Yates and Columbine High School tragedies will we have to endure before we make changes in our public policies?

As a closing note, it happened again last month in Norfolk, VA—a woman suffering from severe postpartum psychosis killed her three children and then herself. This was preventable. There is a bill before Congress to screen for this condition and allow for the proper treatment. For details, see page 10.

'Our nation currently spends less per capita on mental health care than it does on tooth decay—less than \$7 per person per year! How many more Andrea Yates and Columbine High School tragedies will we have to endure before we make changes in our public policies?'

Publisher
H. Reese Butler II
Executive Director KBHC
G. Lee Judy
Associate Publisher
Arielle Bielak

Editor-in-Chief
Dr. Morton Silverman
Managing Editor
Diana Stuart Jones
Proofreader
Susan E. Jordan

Marketing Director
Stephanie Foran
Art Director
Lisa Nelson Warner
Production Director
Lisa Nelson Warner

Production Manager
Isabella Birkett
Web Master
Hank Butler
Director of Operations
Linda Harlow

The National Hopeline Network reserves the right to accept or reject all editorial and advertising material. Editorial submissions must be accompanied by a self-addressed, stamped return envelope. The National Hopeline Network assumes no responsibility for return of unsolicited manuscripts or art. No part of this publication may be reprinted without the written permission of the National Hopeline Network. © Copyright 2002, National Hopeline Network. All rights reserved.

Printed by Craftsmen Litho

We failed Andrea Yates

To the Editor: Not knowing where else to go with my feelings or distress, I am reaching out here. In reading of the recent guilty verdict of Andrea Yates, I am transfixed and profoundly dismayed.

I am the biological mother of seven children, and the stepmother of two wonderful boys who came into my life when they were 11 and 12. I first became a mother at 18, and have been a full-time, hands-on mother ever since.

Motherhood has defined my life, and continues to do so. Among my children was an extraordinary, brilliant, talented, loving and lovable son who was bipolar and died a suicide at 19. His brief and challenging life brought me into the world of mental illness and the infinite challenges, pitfalls, heartbreaks and dichotomies therein.

Our tragedy, and his, were different than Andrea Yates's. He broke no laws, did not kill anyone (other than himself), and chose the only escape to his suffering he could envision.

Since his death, through a foundation established in his name, I have worked with and for countless mentally ill adolescents and children, and have spoken up at every opportunity to dispel not only the stigma, but the ignorance surrounding mental illness.

The verdict in the case against Andrea Yates, and the outrage of the prosecutors (and apparently the jury), is beyond shocking. Every description of her behavior, long before her devastating crime, shouts of deeply psychotic behavior.

From banging her head into walls, to rubbing the hair off her scalp and carving the "sign of Satan" (666) into her skin, to the things she apparently said, her glazed look, her psychotic breaks and suicide attempts—all of it screamed of acute mental illness, and begged for rigorous medical/psychiatric attention.

Despite the very narrow description of "sanity" according to Texas law (yet another travesty), to think even for a moment that this woman's behavior, and the woman herself, fell into the boundaries of "sane" is beyond anyone's wildest imagination.

Of course, it is a heinous crime. Of course, we are devastated by five young lives, ended at their own mother's hands. But as surely as those children's lives were ended on that day, Andrea Yates's life as a normal, sane, rational person ended long before that as a result of her acute mental illness.

I am not a doctor. I was not on the jury, I cannot judge the woman's exact state of mind at the time of the crime. But every single word I have read convinces me that the crime was just as much in not addressing Yates's illness, as in what she did to her children.

Mentally ill people do not sit in corners drooling incoherently; they think, they speak, they present rationally at times; sometimes they are surprisingly lucid, even in the depths of their illness.

But to assume that moments of visible clarity are an indication of sanity, is as insane as believing that someone sane who behaves irrationally occasionally is mentally ill. To assume that this woman was sane seems to me to be a thousand steps backward for all of us who have supported the cause of mental illness and those suffering from it.

It is beyond belief to me that in a civilized, allegedly educated country, we are capable of (or even forced to) a guilty verdict for a woman as visibly sick as Yates, based on the assumption that she is sane.

We, the authorities, and her family failed to protect those children from her. And now, we are failing to protect her, as a victim of mental illness. We are pointing fingers, convicting her of a crime almost certainly caused by her disease.

I am crushed by our failure, our collective ignorance, as much as by her crime. We have failed her, the system has failed her, the law has failed her, if we were not able to protect her and the children, and make the real issue clear.

In fact, it is we who are guilty here, and not she.

Danielle Steele, San Francisco, CA.

Editor's Note: Danielle Steele is the author of 84 books. She is the president of the Nick Traina Foundation, assisting adolescents and children with mental illness.

To the Editor: Your story about Andrea Yates in last month's edition was outstanding. Unfortunately, this occurrence is typical for women who suffer from postpartum depression. Theirs is a secret agony. They feel isolated and ashamed of themselves for feeling depressed in the first place and will go to lengths to conceal it. The best-trained doctor will be able to detect only 40 percent of these cases, so it's not likely the neighbors and friends would. There are simple screening questionnaires that will detect almost all such cases and can be administered routinely as part of either prenatal, postpartum or pediatric care.

One in 10 women who have a baby will suffer from a major depression or anxiety disorder. This is an epidemic of 400,000 new cases a year in the United States. It is almost silent. It seems to take a tragedy to bring it to our attention. When cases such as Andrea Yates occur, women suffering from these problems worry that people might think that they would do the same thing. This discourages disclosure and seeking treatment. Cases such as this are rare, fewer than one in a thousand get that sick.

Many women, however, become suicidal or go on to lifelong depressions because they don't get care early on, when it will work the best. It doesn't just affect them. It has profound effects on their offspring and families.

Prenatal screening is routine for diabetes, high blood pressure and anemia. Postpartum depression is the single most frequent, serious complication of pregnancy. Depression screening should be a routine standard of care.

Ralph Wittenberg, M.D.

Senior Investigator, Postpartum Screening for Depression Project, Family Mental Health Foundation, Washington, D.C. 20036.

In Every Issue

Letters	1
The 1.800.SUICIDE Hotline	3
Federal Investigator	5
This month featuring	
• \$2.5 million To EDC	
• Recent CDC Awards	
Happenings	13
• Upcoming Events Nationwide	
• The Recent Past	
• The IRIS Alliance	

Features

Petition for U.S. Suicide Legislation	2
The Plea for Peace/Take Action Tour	3
• Tour Exceeds Expectations	3
• From the Road	4
Suicide and College Students	4
Meet the KBHC Board of Directors	6
Stalled Key Federal Legislation	8
"Our Lady of Peace" Act 2002	9
Britain Working to Lower Suicides	10
New WHO Report on Violence and Health	10
PPD Bills Before the U.S. Congress	10
New Key Federal Players in Suicide Prevention	
• Eve Slater	11
• Richard H. Carmona, M.D.	11
• Charles G. Curie	12
New SAVE Campaign Debuts	12



About this cover:

"United States Capitol at Night" photographed by Hisham F. Ibrahim

Preventing Suicide, The National Journal devotes space to letters from its readers. The journal requests that letters be addressed "To the Editor," include a home address or telephone number and not exceed 250 words. Letters may be sent by mail to 201 North Twenty-third Street Purcellville, VA 20132, or by e-mail to letterstotheeditor@hopeline.com. The journal reserves the right to edit letters to meet its style and length requirements. Send your letters to: letters@hopeline.com

FOR AGE 18 AND OLDER: Please sign all four sections (do not cut apart) and return to:
National Hopeline Network, 201 North 23rd Street, Suite 100, Purcellville, VA 20132
For more information, call 1.800.442.HOPE (442-4673), Opt. #3

18↑

National
Hopeline
Network

HOPE

1.800.SUICIDE

784.2433

201 North 23rd Street, Suite 100
Purcellville, VA 20132
www.hopeline.com

In collaboration with:

SPANUSA

Suicide Prevention Action Network

Date _____

Dear US Senator _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP (PLEASE 4 DIGITS ARE IMPORTANT) _____

SIGNATURE _____

SUICIDE PREVENTION

As a **current** voter, please

1. Direct resources to implement a **National Suicide Prevention Strategy and**
2. Provide accessible and affordable mental health services.

Thank you.

National
Hopeline
Network

HOPE

1.800.SUICIDE

784.2433

201 North 23rd Street, Suite 100
Purcellville, VA 20132
www.hopeline.com

In collaboration with:

SPANUSA

Suicide Prevention Action Network

Date _____

Dear US Senator _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP (PLEASE 4 DIGITS ARE IMPORTANT) _____

SIGNATURE _____

SUICIDE PREVENTION

As a **current** voter, please

1. Direct resources to implement a **National Suicide Prevention Strategy and**
2. Provide accessible and affordable mental health services.

Thank you.

National
Hopeline
Network

HOPE

1.800.SUICIDE

784.2433

201 North 23rd Street, Suite 100
Purcellville, VA 20132
www.hopeline.com

In collaboration with:

SPANUSA

Suicide Prevention Action Network

Date _____

Dear Representative _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP (PLEASE 4 DIGITS ARE IMPORTANT) _____

SIGNATURE _____

SUICIDE PREVENTION

As a **current** voter, please

1. Direct resources to implement a **National Suicide Prevention Strategy and**
2. Provide accessible and affordable mental health services.

Thank you.

National
Hopeline
Network

HOPE

1.800.SUICIDE

784.2433

201 North 23rd Street, Suite 100
Purcellville, VA 20132
www.hopeline.com

In collaboration with:

SPANUSA

Suicide Prevention Action Network

Date _____

Dear Governor _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP (PLEASE 4 DIGITS ARE IMPORTANT) _____

SIGNATURE _____

SUICIDE PREVENTION

As a **current** voter, please

1. Direct resources to implement a **National Suicide Prevention Strategy and**
2. Provide accessible and affordable mental health services.

Thank you.



Plea for Peace/Take Action Benefit Punk Rock Tour Exceeds Expectations

By Debbie Andrews

Purcellville VA.—As of mid-October *Rolling Stone* magazine had the Plea for Peace/Take Action Tour, which benefits the National Hopeline Network and the 1.800.SUICIDE (784-2433) hotline of the Kristin Brooks Hope Center, ranked among the top five national concert tours for fall, 2002.

The tour, which traveled to 38 U.S. cities, began in late September and was set to end in late October. It featured regional punk-rock headliners that included Jimmy Eat World, Shai Hulud, Common Rider (Jesse Michaels ex-Operation Ivy), the Promise Ring, Anti-Flag, the Bouncing Souls, Lawrence Arms, Poison the Well, Cursive and Le Tigre.

Sub City and Asian Man Records, producers of the second annual Plea for Peace/Take Action Tour, selected KBHC as beneficiary because of the high rate of suicide among young men and women in the country. As many as 500,000 young people are hospitalized annually as a result of a suicide attempt, and 5,000 others actually take their lives. Suicide is the third leading cause of death among young people in the United States between the ages of 15 and 24 and the second leading cause of death among college-age youth in this country.

H. Reese Butler II, founder and director of KBHC and the publisher of this magazine, embraced the partnership. "The Plea for Peace/Take Action Tour is an effective way for us to reach this high-risk group of kids and offer help," he maintains. "More than half of all youth suicides kill themselves on the same day as, or within two weeks of, a crisis. That's why the phone number has to be memorable and always accessible." Butler lost his wife, Kristin Brooks, to suicide four years ago.



Ten percent of the recent tour's gross door receipts will be donated to KBHC, which had a staff member on the road with the tour. KBHC will also benefit from the sale of Vol. II of the Plea for Peace/Take Action Tour compilation CD, which broke the Billboard Independent album top-50 chart in mid-September. The CD, which can be ordered through www.takeactiontour.com for \$6,

Opposite left: The Plea for Peace/Take Action Tour petition. Tear it out and mail it to the Kristin Brooks Hope Center. (Our address is on the petition.) Nov. 23 is National Suicide Survivors Day. We will deliver it and others to Capitol Hill then. See the calendar on page 13 for more details. **Top:** Dan Didier, drummer for The Promise Ring, performs in the band's hometown, Milwaukee.

Help is just a phone call away, that's the beauty of the National Hopeline Network's easy-to-remember 1-800-SUICIDE (784-2433) number. The way we see it, the more certified crisis centers in our network, the more effective our services will be. That's why we're issuing a blanket invitation to crisis centers across the nation to join us, free of charge.

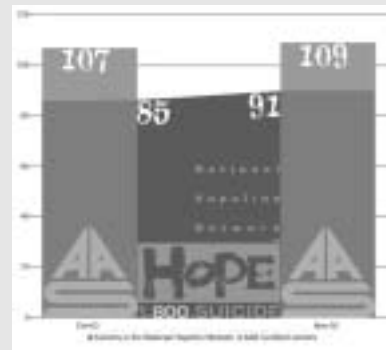
The National Hopeline Network is the nation's only suicide prevention crisis hotline network linking American Association of Suicidology (AAS) and CONTACT USA certified crisis centers under one toll-free number. A simple call to our toll-free number puts a person in crisis (or someone close to them) in immediate touch with help at the nearest AAS—or CONTACT USA—certified crisis center. The line is staffed 24 hours a day.

The fact that your crisis center may not be certified is not a problem. Free of charge, we will help you obtain national certification, thanks to a three-year Substance Abuse Mental Health Services Administration (SAMHSA) grant, awarded jointly to the American Association of Suicidology (AAS) and the Kristin Brooks Hope Center.

The grant is for the expansion and support of national crisis-center services and subsequent research to evaluate their effectiveness. Even charges for telephone calls received via 1-800-SUICIDE are paid for by the SAMHSA grant.

For information about joining, contact April Jackson, AAS certification coordinator, or Shannon May, director of the National Hopeline Network. Ms. Jackson can be reached at (202) 237-2280 or e-mailed at ajackson@suicidology.org. To reach Ms. May call (540) 338-5756 or e-mail her at Shannon@hopeline.com.

The AAS website is www.suicidology.org. The website for the Kristin Brooks Hope Center is www.hopeline.com. ■



Suicide: Second Leading Cause of Death among College-Age Students

Report Seeks to Expand the Safety Net

Over the past 60 years, the overall rate of suicide among adolescents has tripled, making it the third leading cause of death among 15- to 24-year-olds and the second leading cause of death among college-age students. Each year an estimated 1,088 college students end their lives.

In addition, recent data collected by the American College Health Association (ACHA) shows that 9.5 percent of 16,000 students surveyed seriously contemplated suicide, and 1.5 percent actually made a suicide attempt. Depression, sadness and hopelessness seemed to play a major role when students felt suicidal, although there were also other risk factors.

Following former Surgeon General David Satcher's national suicide prevention strategy in May 2001, the National Mental Health Association (NMHA) in Alexandria, VA and the Jed Foundation in New York, NY convened a panel of experts in a roundtable discussion called "Expanding the Safety Net: A Roundtable on Vulnerability, Depressive Symptoms, and Suicidal Behavior on College Campuses." The co-moderators were Martin B. Keller and Morton Silverman, editor-in-chief of this journal.

A report based on that discussion was recently published and sent to more than 3,000 universities. It is available as a free download at www.nmha.org.

The report includes an evaluation of the current research, an overview of at-risk students, a description of services necessary to address suicidal behaviors on campus, a checklist for administrators to evaluate current programs and identify their campus's needs and a call to action for administrators, campus communities and parents and families.

For further information, contact the NMHA, 2001 North Beauregard Street, 12th Floor, Alexandria, VA 22311, at 800-969-6641 or e-mail: infoctr@nmha.org.

The Jed Foundation, 583 Broadway, Suite 8B, New York, NY 10012 can be reached by calling (212) 343-0016 or e-mailing: emailus@jedfoundation.org. ■

included the artists Anti-Flag, Common Rider, Lawrence Arms, Finch, Poison the Well, Snapcase, Cave In, Recover, The Movielife and Piebald.

The double-disc set includes a special enhanced multimedia CD that features suicide prevention training and a depression screening tool. The CD also contains the best-selling book, *Suicide: The Forever Decision*, by Paul G. Quinnett, Ph.D, a member of the KBHC board of directors.

Corporate sponsors of the tour are etnies (www.etnies.com), Atticus Clothing (www.atticusclothing.com), Yoo-hoo (www.drinkyoo-hoo.com) and RevHQ.com (www.revhq.com).

Debbie Andrews is the development director of KBHC.

From the Road

By Arielle Bielak

Since the end of September, Arielle Bielak of the Kristin Brooks Hope Center has been on the road with the Plea for Peace/Take Action Tour. Here she talks about the impact it has had on her and others in the 38 cities.

I believe the music played by the bands on this tour has changed something within each of us. Every band has its own unique style of raising consciousness. After each performance we walk away from the venue with our perspectives transformed and enhanced. That is why, time and again, we go and watch as the groups play their music—it gives us a chance to share in their art and energy.

The special thing about the Plea for Peace/Take Action Tour is that at each concert the people in the audiences are given an opportunity to try and make change within our society. By signing the petitions for mental health parity that are available at the concerts, they are able to voice concerns to their senators, representatives and governors about the way mental health is regarded in this country. Those who sign the petitions actually became part of a movement to change the way mental health care is implemented. All who come to the concerts are given extensive literature about suicide prevention and the opportunity to educate themselves and others about it. They also hear the message from different band members and crew, who are all very intelligent, engaging and pro-active.

I am so fortunate to be a part of this process, and I find the response from all involved so touching. I have come to realize even more than I did previously that many people in our country are affected in some way or other by depression, suicide and/or mental illness.

Each night strangers come up to me and express their feelings about the issues we bring up. In Milwaukee, even though fewer people attended that concert than some others (most of the shows are packed), an amazing number came up to me before and after the music to talk about their personal experiences. They thanked me for coming and asked me how they could do something to help our cause. The music and the benefit tour are a potent combination. Sweaty, post-mosh pit kids regularly come to the tables where we have the petitions to be signed, and they throw themselves into the activism.

We are now getting near the end of the tour, and it has been amazing. From Worcester, MA to Minneapolis, MN, I have learned something new every day. Thank you to everyone who has been a part of this. This cause is so important, and I really believe our message is reaching people through this concert tour. ■

Arielle Bielak is associate publisher of this magazine.



Arielle Bielak

\$2.5 Million Grant to the Education Development Center in Newton, MA

The Federal Department of Health and Human Services has awarded a three-year \$2.5 million grant to the Education Development Center in Newton, MA to establish a national suicide prevention resource center to provide information about and assistance in implementing suicide-prevention programs.

"I anticipate there will be a strong partnership and a contractual relationship with the National Hopeline Network," Lloyd Potter, deputy director of the EDC Center for Violence and Injury Prevention, said recently. "We've talked about utilizing 1.800.SUICIDE as the number for our resource center and having most calls routed through 1.800.SUICIDE to get a joint benefit and to ensure that callers who may be in crisis are routed to a crisis center. Our plan is to jointly use the number. If we and the Hopeline both advertise the number, there's real synergy.

"EDC staff," he added, will also "be combing through the literature and, with the help of a lot of experts,

articulating what the best practices are on crisis counseling and referrals. We anticipate having the ability to identify needs and disseminate information," he said. "If someone is starting a crisis center or wants help, we'll be there to try and help hook them up with appropriate information and resources."

The EDC grant is to be administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), a public health agency within the U.S. Department of Health and Human Services that works to improve the quality and availability of substance abuse prevention, addiction treatment and mental health services in this country.

The new center is to be a collaborative effort involving the EDC, the American Association of Suicidology (AAS), the American Foundation for Suicide Prevention (AFSP), the Suicide Prevention Advocacy Network (SPAN) and a number of other organizations working to prevent suicide.

CDC Awards to Virginia and to Maine for Suicide Efforts

State suicide programs in Virginia and Maine will receive a total of \$1.8 million over the next three years from the National Center for Injury Prevention and Control Centers, part of the National Centers for Disease Control and Prevention in Atlanta, GA.

In September, the CDC announced it will award Virginia, Maine, Washington and Michigan a total of \$3.6 million in cooperative grants over the next three years for public injury prevention programs. Virginia will receive \$320,000 annually and Maine will receive \$280,000 each year for state suicide prevention efforts. Washington and Michigan will use their awards to combat falls by the elderly. (In the United States falls are the leading cause of injury-related deaths among people 65 and older, and one out of every three Americans 65 or older reportedly falls each year.)

"We received an e-mail announcement that went to state injury prevention programs this summer," said James B. Vetter, the suicide and youth violence prevention consultant for the Center for Injury and Violence Prevention at the Virginia Department of Health. An

advertisement also appeared in *The Federal Register*. There was only a 30-day period to apply.

According to Norman Black, spokesman for the CDC, "The short application period meant anyone who applied had to have a structure already in place. The goal of this [CDC offering] was to strengthen state public health agencies' ability to develop, design and implement a comprehensive targeted injury prevention program that addresses an injury problem of high public health importance in the states," he said.

Chery M. DiCara heads up the Maine Youth Suicide Prevention Program (MYSPP), which started in 1998. It is a statewide program administered by five agencies in that state's Governor Children's Cabinets program. "While the program is based on a comprehensive plan, we have lacked the resources to build the full program to bring to the Maine communities," she said. "With this cooperative agreement, we will be able to build upon the existing structure of MYSPP to implement and evaluate a school-community-based intervention in 10 local high schools and their surrounding communities." ■

In coming months, Preventing Suicide will take a hard look at different pieces of pending legislature and possible grant opportunities offered to states to improve their overall effectiveness in helping those in crisis.

In addition, this journal will present information about existing state initiatives to prevent suicide, at times comparing the plans of one state with another, all with an eye to improving effectiveness.

The Board of Directors

**Kristin Brooks Hope Center
Purcellville, VA**



G. Lee Judy



Donna Holland Barnes, Ph.D



William H. Brill, Ph.D

G. Lee Judy of St. Louis, MO is acting chairman of the Board of Directors of the Kristin Brooks Hope Center, the National Hopeline Network and the 1.800. SUICIDE hotline. He is also executive director of the Kristin Brooks Hope Center and past executive director of the Washington University Child Guidance Clinic, a program of Washington University School of Medicine in St. Louis, MO.

Life Crisis Services, Inc. founded in 1966, provides crisis intervention services by telephone throughout the United States but primarily in the St. Louis metropolitan area. "My experiences at Life Crisis have proven that working with people therapeutically over the phone is one of the best ways to help anyone struggling with life," he maintains.

Over the years, Judy, a licensed clinical social worker in Missouri, has conducted controlled research into the effectiveness of telephone therapy in helping prevent suicide and into the effectiveness of telephone case management in helping prevent suicide among the elderly, especially those who are depressed and live alone. He is past treasurer of the American Association of Suicidology (AAS) and a current member of that organization's certification examiners' over-site committee.

In 1998, he received the distinguished alumni award from Washington University's George Warren Brown School of Social Work, and in 1995, 1998 and 2000 he received the school's award for teaching excellence.

Donna Holland Barnes, Ph.D of Washington, D.C. is president and co-founder of the National Organization for People of Color Against Suicide (NOPCAS). Formerly, a professor of Sociology at Southwest Texas State University where she developed her course in Suicidology, she is currently with Howard University's Department of Psychiatry in Washington, D.C. At Howard, she conducts suicidology seminars with medical students and has joined the department's research faculty staff.

Dr. Barnes is a senior fellow with the Center for Behavioral Change at Morgan State University and works closely on the evaluation component of the center. She serves on the national board of the American Foundation for Suicide Prevention (AFSP) and the Organization of Attempters and Survivors of Suicide (OASSIS). She also works closely with the American Association of Suicidology on evidence-based research and suicide among African Americans. Dr. Barnes is the recipient of a governor's citation from the State of Maryland and a Lifesavers award from the New England chapter of AFSP.

William H. Brill, Ph.D of Annapolis, MD is one of the nation's top security consultants and crime analysts. Founder of William Brill Associates in Annapolis, MD, he has been involved since 1974 in researching and testifying for clients in the growing number of lawsuits against malls, apartment complexes, hotels and office buildings for failure to provide reasonable levels of security. Before that, he researched crime in the housing environment for the U.S. Department of Housing and Urban Development.

His fascination with criminals and how they operate stemmed from his interest in political violence, a subject he taught as a tenured professor at Georgetown University in the mid-1960s. During that time, he also conducted field research in Latin America for the U.S. State Department. Since 1998, Dr. Brill has been director of the Violence Hotline Center in Annapolis, MD. From 1997 to 2000, he was a director of the Maryland Public Television Foundation. He is also a past director of Maryland Victim Services. In 1995, he was chairman of the Public Safety Sub-Committee on the (Maryland) Governor's Transition Team and chairman of the salary commission for the City of Annapolis. He was also chairman of the 1992 Maryland State Commission on Drug and Alcohol Abuse.

In Annapolis, where he has lived for many years, he has served as a member of the Anne Arundel County Council and other community and civic organizations. In recent years, he helped several children injured in the war in Kosovo come to America for medical help. The author of numerous articles and government reports on security and criminal behavior, Dr. Brill is frequently interviewed by the media.

H. Reese Butler II of Purcellville, VA is founder and president of the Kristin Brooks Hope Center and the National Hopeline Network 1.800.SUICIDE. He is also publisher of this magazine. In the more than 20 years he has been involved in publishing and telecommunications, he has started two national newspapers—*The National Law Journal* and *The US Law News*.

After losing his wife, Kristin Brooks Rossell, to suicide on April 7, 1998, he changed the focus of his career. He founded the Kristin Brooks Hope Center and the National Hopeline Network 1.800.SUICIDE. He received training in Applied Suicide Intervention Skills Training (ASIST-Living Works) and Question, Persuade and Refer (QPR). He also worked as a crisis-line worker. He has also helped launch several other organizations devoted to the cause of preventing suicide. They include the National Council for Suicide Prevention, the Suicide Prevention Advocacy Network—California (SPANCA), and the Virginia Suicide Prevention Council. He currently serves on the President's Advisory Board of the Postpartum Support International. He is also on the the Board of Directors for the Family Mental Health Foundation and on the Board of Advisors of the Iris Alliance Foundation.

His insistence that the National Hopeline Network's use of cutting-edge telephony technology resulted in the Kristin Brooks Hope Center being awarded the prestigious 2002 A Search for New Heroes Award, the Computerworld Honors Program's Online Archive of information technology innovation.

Philip G. Dufour of Washington, D.C. is the executive director of The National Mental Health Awareness Campaign. He has been involved in governmental work on and off Capitol Hill for the past 18 years and worked with non-profit and political organizations. He held various jobs in the Clinton-Gore Administration from 1993 to 2001, including the position of deputy chief of staff to Tipper Gore, wife of then Vice President Al Gore. During that time, he was instrumental in the planning and execution of the first-ever White House Conference



H. Reese Butler II



Philip G. Dufour



Virgil A. Kluesner



Christopher O. Kosseff



Paul G. Quinnett, Ph.D



Charlotte Ross-Fisher

on Mental Health in June, 1999. He worked with various committees and constituency groups to assure that the conference reached thousands of people nationwide. He also helped coordinate town hall forums and policy roundtables in the six months leading up to the mental health conference.

Since then, he has worked as a liaison for Mrs. Gore to the National Mental Health Awareness Campaign, especially as it relates to her participation with the organization as honorary chairman. This includes her role as moderator at town hall forums in Washington, D.C. and New York, NY that dealt with mental health issues relating to the aftermath of the September 11 tragedy, and her appearances on national television discussing that topic.

Virgil A. Kluesner of Edina, MN and his wife, Mary, have lost two children to suicide. When their 22-year-old daughter, Amy, died in March, 1985, she was poised to graduate from Iowa State University with a degree in entomology. She had a 3.9 grade point average. In high school, she played first flute in the orchestra, was a member of the school soccer team and was active elsewhere. After her death the couple came to realize she had six of the eight basic symptoms of clinical depression.

"If we had known then what we know today about the medical treatment for clinical depression, Amy would still be with us," Kluesner said recently.

The couple's son, Michael, was 38 years old when he "suicided" in March, 1998. After graduating from the University of Wisconsin, he worked as a stockbroker for Merrill Lynch and then went into computer sales. He suffered from a severe form of manic depressive illness and had been under doctors' care for 10 years when he died.

Following the death of their daughter, Amy, the Kluesners joined with two other couples and formed the group known today as Suicide Awareness Voices of Education (SAVE). The organization's billboards are now in 38 U.S. cities and there is also one in Canada. This fall, the organization is launching a national media campaign to educate the general public about suicide prevention.

Christopher O. Kosseff of Piscataway, NJ is president and chief executive officer for University Behavioral HealthCare at the University of Medicine and Dentistry of New Jersey (UMDNJ). There he is responsible for the initiation, development and management of multiple levels of care in mental health and addiction for children through senior adults throughout the state of New Jersey.

He holds a Master of Science degree from Syracuse University. Additionally, he holds clinical associate professor appointments in the departments of Psychiatry at Robert Wood Johnson Medical School and New Jersey Medical School.

Paul G. Quinnett, Ph.D. of Cheney, WA is president and chief executive officer of the QPR Institute in Spokane, Washington. A clinical psychologist and trainer with 30 years of suicide prevention work, Dr. Quinnett has developed and managed a suicide prevention hotline, an outpatient emergency services department, and dozens of mental health service delivery programs. He is the author of many professional articles and seven books, including the classic *Suicide: The Forever Decision*, now published internationally in several languages.

A keynote speaker and strong advocate for the survivors of suicide, he has served as the chief psychologist for the Spokane Mental Health psychology internship program, which is approved by the American Psychological Association (APA), chairman of the Strategic Planning Committee and board member of the American Association of Suicidology (AAS). Heavily involved in the training of mental health professionals, he is clinical assistant professor in the department of psychiatry and behavioral science at the University of Washington School of Medicine.

A passionate angler in his spare time, Dr. Quinnett is the author of three books on the psychology and philosophy of fishing.

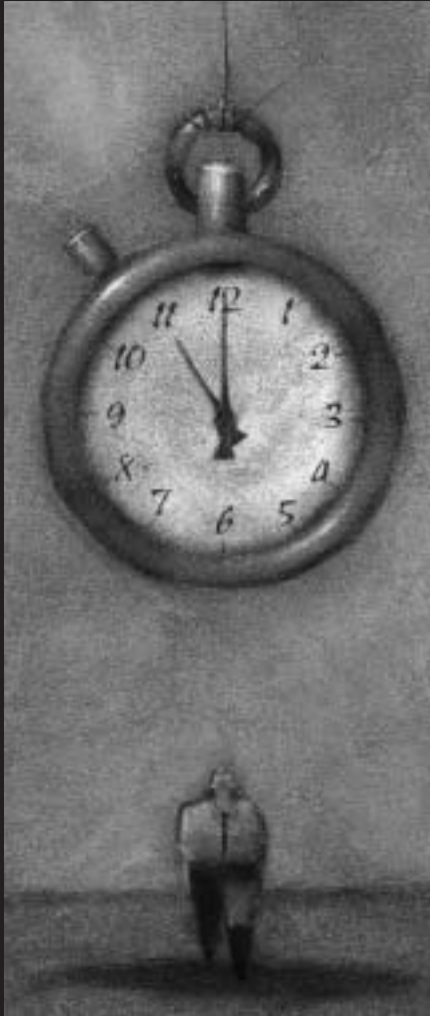
Charlotte Ross-Fisher of Lincoln, CA was executive director of the Suicide Prevention and Crisis Center of San Mateo County, a position she held from 1966 until her retirement in 1988. She was active in developing suicide prevention service delivery systems, and in developing standards and accreditation procedures for the operation and administration of suicide prevention and crisis centers.

In the 1970's she focused on developing innovative programs responsive to the problem of youth suicide. These included suicide prevention programs for public schools of classroom instruction, personnel training and parent awareness education, group counseling for high risk adolescents and community-based programs for depressed and suicidal youth.

In 1982 Ms. Ross-Fisher was appointed co-chairman of the California Senate Select Committee on Children and Youth's Task Force on Youth Suicide Prevention. In this position she played a key role in framing the California legislation mandating the development of a statewide program on youth suicide prevention for public schools, the first such legislation in the country.

In 1985 Ms. Ross-Fisher was appointed president and executive director of the Youth Suicide National Center. She established offices in Washington, D.C. and San Mateo, CA and developed a series of national initiatives for dealing with the problem of youth suicide. She consulted with the U.S. Department of Health and Human Services in planning national activities responsive to youth suicide, including the first national conference on youth suicide prevention, a national task force, the development of educational materials, and model local and state legislation.

She served as an officer of the American Association of Suicidology (AAS) and the International Association of Suicide Prevention (IASP), and has received a number of awards and commendations for her contributions as a health care provider. She is a frequent lecturer and consultant for organizations and institutions, and she is the author of several publications on suicide and its prevention. ■



Stalled

The ever-pending status of the Mental Health Parity bill and funding for the \$75 million youth suicide bill.

By Diana Stuart Jones

U.S. President George W. Bush made headlines this summer when he endorsed the idea that private insurers should treat mental health services no differently than medical or surgical care when it comes to coverage. The announcement and a June rally at the U.S. Capitol drew more than 2,000 parity supporters and raised the hopes of mental health advocates that there might finally be sufficient momentum to force lawmakers to act on parity this session.

To date, however, efforts to move the legislation through Congress have gotten nowhere. A June hearing renewed interest in parity legislation, but the Mental Health Equitable Treatment Act's future in the House of Representatives is far from certain. The bill (H.R. 4066) is co-sponsored by U.S. Representative Marge Roukema, a Republican from New Jersey, and Representative Patrick Kennedy, a Democrat from Rhode Island, and is supported by more than 230 national organizations. So far, opposition by committee members and House leaders has stalled the bill, despite the bipartisan support of 240 U.S. Representatives.

'...limiting the scope of parity legislation would arbitrarily discriminate against people with some forms of mental illness.'

Opponents of the bill claim a Federal mandate on mental health parity would send health care premiums skyrocketing, despite Congressional budget office estimates to the contrary. The CBO estimates the increase at less than one percent.

The most contentious issue, however, is whether to provide full parity for all mental health disorders or to provide parity to only severe "biologically-based" disorders. When he was governor of Texas, President Bush signed a considerably more limited parity law that covered only "severe mental illnesses." According to mental health advocates, limiting the scope of parity legislation would arbitrarily discriminate against people with some forms of mental illness.

Prospects are somewhat brighter in the Senate, where parity legislation has already been approved in committee. With Congress facing an increasingly crowded legislative agenda and few days left to complete its work, speculation is that Senator Pete Domenici, a Republican from New Mexico, may attach the legislation (S. 543) to a must-pass appropriations bill to increase its prospects for enactment this year.

Senators Domenici and Paul Wellstone, a Democrat from Minnesota, introduced the Senate's parity bill earlier this year.

The \$75 million youth suicide appropriation

The Children's Health Act after extensive committee negotiations, passed the U.S. House and Senate overwhelmingly in September 2000. In the Senate, where there was unanimous support, it had 21 co-sponsors, the result of a bipartisan effort between U.S. Senator Frist from Tennessee and Senator Edward Kennedy, a Democrat representing Massachusetts.

It authorized an additional \$600 million per year in funding for programs to improve children's health and research, day care safety and youth drug abuse and violence. Specifically, it called for amending the Public Health Service Act to improve children's health research and prevention programs conducted through Federal public health agencies. And it called for providing grants to states to re-authorize programs with the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve mental health and substance abuse services.

The law's provision for National Institute of Health (NIH) based pediatric research initiative authorized up to \$50 million for biomedical research grants

Gun Control or Civil Liberties?

Washington, D.C.—Some in the national mental health community are concerned about a proposed U.S. Senate bill to give incentive grants to state and local agencies that report the names of those who have been "adjudicated as mentally defective" when they go to buy firearms.

Since 1968, Federal law has required state and local government agencies to report the names to the Federal Bureau of Investigation, which oversees the National Instant Criminal Background Check System. Most state and local agencies have not complied with the law.

Senate bill 2826, known as "Our Lady of the Peace Act of 2002," would change that by providing incentives to report the names to the Federal Bureau of Investigation (F.B.I.).

The National Alliance for the Mentally Ill (NAMI) objects to the proposed bill on the grounds that the term "adjudication as mentally defective" in the document "encompasses a variety of categories, including all individuals who have ever been involuntarily committed to a psychiatric facility, without regard to the seriousness of the disability, when the commitment occurred or the reason for the commitment." Any determination (formal or otherwise) by a governmental agency that a person is a danger to himself as a result of a mental disorder or illness could serve as a basis for reporting the name to the F.B.I.," NAMI argues.

According to that organization, the bill does not contain adequate protections to safeguard the privacy of individuals whose names are reported to the F.B.I. and sets forth no guidelines for establishing regulations for protecting privacy. It also objects to the use of the language, "adjudicated as mentally defective" on the grounds that it is outdated and stigmatizing.

The proposed bill passed the U.S. House of Representatives without a hearing and may do the same in the Senate. U.S. Senators can be reached through the Capitol switchboard, (202) 224-3121 or e-mailed at <http://www.Congress.org>. ■

Britain Working to Lower Suicide Rate

At the recent Ninth European Symposium on Suicide and Suicidal Behavior at the University of Warwick, British health minister Jacqui Smith laid out plans to reduce the number of people who die each year by suicide in that country.

Figures provided by the British government show that more than 5,000 people annually take their own lives there: approximately 1,900 hang, strangle or asphyxiate themselves, and 3,300 take a lethal dose of poison. Suicide is the most common cause of death among men aged 35 or younger.

Through its new National Suicide Prevention Strategy, Great Britain—which plans to invest 329 million pounds over the next three years to improve community mental health services—will try to reduce the number of suicides to 20 percent by the year 2010. The national program aims to improve reporting of suicidal behavior by the media and promote research into suicide and suicide prevention. ■

World Health Organization Releases Global Report on Violence and Health

Violence kills more than 1.6 million people annually. Suicide, one of the leading causes of death in the world, annually claims almost as many lives as war and homicide combined—nearly 1.6 million people. It is the fourth leading cause of death and the sixth leading cause of disability and ill health among those aged 15 to 44.

These are only a few of the findings set forth in the first-ever global report on violence and health released Oct. 3 by the World Health Organization. The 364-page document, which addresses violence as a global public-health problem, was released formally in Brussels by Dr. Gro Harlem Brundtland, director general of W.H.O. The new report reviews thousands of studies and catalogs homicide, suicide and armed conflicts as well as violence against women, the elderly and children. According to it, violence accounts for 14 percent of all deaths among men, and 7 percent among women.

The report's release coincides with a new campaign by W.H.O. aimed at promoting violence prevention efforts worldwide

According to the report, on an average day 1,424 people worldwide are killed in homicidal acts. That equates to almost one person dying every minute. Approximately every 40 seconds, one person dies by suicide. Approximately 35 people reportedly die every hour in armed conflict. In all, approximately 191 million people lost their lives in the 20th century as a result of violent conflict. Half those casualties were civilians. According to the report, in some countries health care expenditures resulting from violence account for up to 5 percent of the GDP.

"The report challenges us in many respects," Dr. Brundtland said in a prepared statement when he released the report. "It forces us to reach beyond our notions of what is acceptable and comfortable—to challenge notions that acts of violence are simply matters of family privacy, individual choice, or inevitable facts of life. Violence is a complex problem related to patterns of thought and behavior that are shaped by a multitude of forces within our families and communities, forces that can also transcend national borders."

The report also delves into issues related to the causes of violence and proposes methods of prevention. To read more go to <http://www.who.int>. To order a copy of the report, go to bookorders@who.int. ■

...pending legislation continued

and an educational loan repayment program to increase the number of pediatric health researchers (including child and adolescent psychiatrists). The Children's Health Act also authorized new research initiatives for childhood diseases such as autism, asthma and fragile X, and established a new national center for birth defects.

The President signed the bill into law October 17, 2000.

SAMHSA's five-year authorization was a major part of that bill. And the new authorization entitled "The Youth Drug and Mental Health Services Act" includes funding levels up to \$75 million for Youth Suicide Prevention Demonstration project grants.

As of this writing, however, Congress has yet to pass the Labor, Health and Human Services appropriations bill, which authorizes increases for mental health programs under NIH and some SAMHSA programs. ■

Diana Stuart Jones is managing editor of this journal.

Postpartum Depression: New Bills Before Congress

There are currently two bills before U.S. Congress dealing with the treatment of postpartum depression. For more information, go to <http://www.Thos.loc.gov>. The bills are:

1. Melanie Stokes Postpartum Depression Research and Care Act (Introduced in Senate) [S.1535.IS]
2. Melanie Stokes Postpartum Depression Research and Care Act (Introduced in House) [H.R.2380.IH] ■

Children of Those Who Attempt Suicide—Six Times More Likely to Try

A study in the Archives of General Psychiatry for September by a research team in Pittsburgh, PA and New York, NY indicates children of parents who have attempted suicide are six times more likely to attempt suicide than the offspring of parents who have never tried to end their lives. The risk is further elevated if the parent has a history of sexual abuse and the offspring is molested or displays increased impulsive aggression.

The findings of David A. Brent of the Western Psychiatric Institute and Clinic in Pittsburgh, PA and his associates are reported in the article, "Risk for Suicidal Behavior in Offspring of Mood-Disordered Suicide Attempters." It compares the offspring of two groups of depressed patients recruited from inpatient facilities. Of them, 81 had previously attempted suicide and 55 never had. There were 183 children of parents who had attempted suicide at least once and 116 of parents who had not.

According to the researchers, the offspring of both groups of parents showed similar rates of Axis I and II disorders. The rate of suicide attempts was 12 percent among those with parents who had tried to end their lives compared to 2 percent among those with parents who had never tried. Substance abuse by the offspring, a history of sexual abuse and gender (women were at higher risk) also played a significant role.

To read more, search the web for Arch Gen Psychiatry, then go to 2002, Vol. 59, pages 801-807. ■

In the Nation's Capital

Meet the new key players in the field of suicide prevention



Eve Slater
Assistant Secretary for Health

U.S. Department of Health and Human Services

Eve Slater, who became Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) February 8, serves as primary advisor to U.S. Secretary of Health Thomas G. Thompson on matters involving the nation's public health.

"Since my earliest days in this position, I have been pleased to see evidence of the steady acceleration in our response to suicide," she said recently. "A steering group composed of representatives from CDC, HRSA, ISH, NIH and SAMHSA has met bi-weekly for the past three years to develop a National Strategy on Suicide Prevention. The group reached out to agencies outside HHS as well. Now with support from SAMHSA, we are about to launch yet another initiative with the private sector for suicide prevention. This one is to design a public-private sector collaborative with a 10-year agenda that will ensure the National Strategy becomes our national reality."

Dr. Slater has great hopes for the collaborative, which she feels "should prove to be a most innovative public health partnership. On behalf of Secretary Thompson, I have pledged my leadership, and plan to be actively engaged in this effort," she said.

The U.S. Public Health Service, which Dr. Slater oversees, is comprised of all agency divisions of HHS and its commissioned corps, a uniformed service of more than 6,000 health professionals who serve at HHS and other Federal agencies.

Prior to joining HHS, Dr. Slater was senior vice president

of Merck Research Laboratories' external policy, and vice president of corporate public affairs there. The first woman to attain this rank, she supervised worldwide regulatory activities for all Merck medicines and vaccines, which included responsibility for the Food and Drug Administration. From 1983 to 1988 she was senior director of biochemical endocrinology at Merck.

In 1976 she became the first woman in the history of Massachusetts General Hospital to be appointed chief resident in medicine. From 1977 to 1982, she served as chief of that hospital's hypertension unit and was an assistant professor of

'Now with support from SAMHSA, we are about to launch yet another initiative with the private sector for suicide prevention. This one is to design a public-private sector collaborative with a 10-year agenda that will ensure the National Strategy becomes our national reality....On behalf of Secretary Thompson, I have pledged my leadership, and plan to be actively engaged in this effort.' —Eve Slater

medicine at Harvard Medical School. She directed laboratory research funded by the National Institutes of Health and the American Heart Association, published on biochemical mechanism involved in blood pressure control and diseases of the aorta, was active in patient care and taught extensively.

Dr. Slater has also participated on several panels. A Phi Beta Kappa graduate of Vassar College in Poughkeepsie, NY and an Alpha Omega Alpha graduate of Columbia University's College of Physicians and Surgeons, she completed internship and residencies at MGH. She is board certified in internal medicine and cardiology.

An accomplished flutist, she has appeared as a flute soloist with Arthur Fiedler and the Boston Pops. She is the mother of two teenage sons.



Vice Admiral Richard H. Carmona
United States Surgeon General

Commander, United States Public Health Service,
U.S. Department of Health and Human Services

Vice Admiral Richard H. Carmona was sworn in as the seventeenth Surgeon General of the U.S. Public Health Service August 6.

Born and raised in New York, NY, he dropped out of high school and enlisted in the U.S. Army in 1967. While enlisted, he received his general equivalency diploma, joined the army's Special Forces, ultimately becoming a combat-decorated Vietnam War veteran, and began a career in medicine.

After leaving active duty, Dr. Carmona attended Bronx Community College of the City University of New York, where he earned his associate of arts degree. He later attended and graduated from the University of California, San Francisco, with a bachelor of science degree (1977) and a medical degree (1979). At the University of California Medical School, Dr. Carmona received the

prestigious gold-headed can as top graduate. In 1998 he earned his master's degree in public health from the University of Arizona.

Prior to being named U.S. Surgeon General, he was chairman of the State of Arizona Southern Regional Emergency Medical System, was a professor of surgery, public health and family and community medicine at the University of Arizona, and was also the Pima County Sheriff's Department surgeon and deputy sheriff.

Dr. Carmona has also held progressive positions of responsibility as chief medical officer, hospital chief executive officer, public health officer and finally as chief executive officer of the Pima County health care system in Arizona. He has also served as a medical director of police and fire departments and is a fully qualified peace officer with expertise in special operations and emergency preparedness.

He has published extensively and received numerous awards, decorations and local and national recognition for his achievements. A strong supporter of community service, he has served on community and national boards and provided leadership for many diverse organizations.



**Charles G. Curie, M.A., A.C.S.W.
Administrator**

Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services

Charles G. Curie was appointed by President George W. Bush in November 2001 as administrator of the U. S. Department of Health and Human Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The latter is the lead Federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States.

Curie, who has over 20 years of professional experience in the mental health and substance abuse field, is committed to the cause of preventing suicide. "SAMHSA is focused on the goal of denying suicide its place as a leading cause of death in this country," he said in a recent interview. "I want to see America talk about suicide prevention. The more we talk, the more people learn. The more people learn, the greater the understanding. With understanding we can identify, evaluate and promote

"SAMHSA is focused on the goal of denying suicide its place as a leading cause of death in this country. I want to see America talk about suicide prevention. The more we talk, the more people learn. The more people learn, the greater the understanding. With understanding we can identify, evaluate and promote community based suicide prevention programs that work. Overall suicide rates have been dropping, but even one death to suicide is one death too many."—Charles G. Curie

community based suicide prevention programs that work. Overall suicide rates have been dropping, but even one death to suicide is one death too many."

Curie's commitment to ensuring that people with addictive and mental disorders have the opportunity to realize the dream of equal access to full participation in

American society has earned him national recognition. Before joining SAMHSA, Curie was appointed by former Pennsylvania governor Tom Ridge to be deputy director of the mental health and substance abuse service for that state's department of public welfare. During his tenure, he implemented a nationally recognized mental health and drug and alcohol Medicaid-managed care program. He also established and implemented a policy to reduce and ultimately eliminate the use of seclusion and restraint practices in the Pennsylvania state hospital system. The program won the 2000 Innovations in American Government Award sponsored by Harvard University's John F. Kennedy School of Government, the Ford Foundation and the Council on Excellence in Government.

Previously, Curie was director of risk management services for Henry S. Lehr Inc. in Bethlehem, PA. He is also a former president and chief executive officer of the Helen H. Stevens Community Mental Health Center in Carlisle, PA and former executive director and chief executive officer for the Sandusky Valley Center in Tiffin, OH.

Curie, a native of Indiana, resides with his wife, Candace, in Bethlehem, PA. He is a graduate of Huntington College in Indiana and holds a master's degree from the University of Chicago's School of Social Service Administration. He is also certified by the Academy of Certified Social Works.

His passion and commitment for public service began early in life, and over the years he has held leadership positions in his church, school and local community. He is a past member of the board of directors of the Greater Carlisle Chamber of Commerce and chairman of the advisory board of the Tiffin Mercy hospital. He is a former president of the Huntington College Student Union and of the school senate. He has served as a trustee of his alma mater and while there was president of the Alpha Sigma Eta fraternity. ■

The Link Between Depression and Suicide: Creating Awareness

Patty Johnson, program director for Suicide Awareness Voices of Education (SAVE), speaks with conviction about the link between depression and suicide. "According to the Journal of the American Medical Association in 95 percent of all suicides, the person who died suffered from a brain illness," she said in a recent phone interview. SAVE, a non-profit organization in Minneapolis, MN, was formed in 1989 by six suicide survivors.

"In 60 percent of those cases, the illness was depression," she says. "That makes depression the leading cause of suicide. It's our belief that if people know the symptoms of depression and how to intervene, they can help stop depression from taking another life."

Toward this end, SAVE has started test-marketing a national public-education campaign highlighting the link between the two. It will launch the national campaign called "Prevent Suicide. Treat Depression" in April. Designed to create awareness about the seriousness of untreated depression and where it can lead, the public education effort is aimed at removing the negative stigma associated with depression by encouraging people to intervene when they see someone suffering from depression.

"We want to motivate and empower people to get involved when they see someone in trouble," Johnson says. "When someone suffers from diabetes, heart disease or asthma, we don't think twice about getting that person to a doctor. Can you imagine telling a person suffering with a heart attack to just snap out of it? The brain can get sick just like any other body organ."

One of the many things the SAVE campaign will offer communities is a suicide intervention resource guide. The campaign, which enlists television, radio, billboard and newspaper ads. The test market is yet to be determined.

For more information or to make donations to the campaign, contact SAVE at 1-888-511-SAVE or e-mail the organization at www.save.org. ■

Upcoming Events

We invite readers to contribute suicide prevention events for inclusion in our calendar. Send your submissions to: calendar@hopeline.com. Please include the official title of the event, its date and a brief description, along with the name of a contact, and a way to reach that person.

- November 7-8, 2002** – AFSP Suicide Research Training Workshop, Sheraton Hotel and Towers, New York, NY. On the web, go to: www.afsp.org.
- November 7-10, 2002** – ISTSS International Society for Trauma Stress Studies, 18th Annual Meeting, Complex Psychological Trauma, Baltimore, Maryland. Call (847) 480-9028 for details.
- November 16, 2002** – The SAVE/NAMI-MN Fall Educational Event, “Meeting the Challenges of Mental Health Issues” featuring Former U.S. Surgeon General Dr. David Satcher, St. Paul, Minnesota. Call (952) 946-7998 x19 for details.
- November 23, 2002** – 4th Annual National Survivors of Suicide Day nationwide event. From 12 p.m. to 1:30 p.m. EST, a program will be broadcast live via satellite and available through the AFSP website: www.afsp.org. For more information, go to that website.
- December 2-5** – SafeUSA—“Mobilizing for a Safe USA: A Leadership Conference to Reduce Violence and Injury in America.” Go to: <http://www.cdc.gov/safeusa> for details.

The Iris Alliance Fund’s Inaugural Board of Advisors’ Meeting

By H. Reese Butler II

Los Angeles, CA—Suicide prevention was the topic of discussion October 3 when mental health experts from across the nation gathered at the invitation of Mary Chung, president of the Iris Alliance Fund (www.irisfund.org).

The organization, which Ms. Chung created in memory of her late sister, seeks to address suicide and depression with public awareness, community grant, making initiatives and partnership building. The purpose of last month’s meeting was to identify the best way for the Iris Alliance Fund to assist in national suicide prevention efforts. The conclusion was it should work to help reduce the stigma associated with suicide.

Ms. Chung, who founded the National Asian Women’s Health Organization (NAWHO), has a reputation for winning support for important, little-known causes. For that organization, she developed \$10 million in national cooperative agreements with the Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

In Los Angeles, the keynote speaker was former U.S. Surgeon General David Satcher. He galvanized the group with a review of mental health reports, initiated when he was assistant U.S. Secretary of Health and continued under his tenure as U.S. Surgeon General. Grayson Norquist, a medical doctor representing the National Institute of Mental Health (NIMH), stressed the need to include suicidal patients in clinical treatment trials when he spoke about federally funded programs. And Michael Faenza, president of the National Mental Health Association (NMHA), issued a cry for mental health parity as he reported on a recent NMHA public opinion survey on mental health issues. Eighty-three percent of those surveyed, he said, stated they believe it is unfair for health insurance companies to limit awards for mental health benefits.

The group that gathered in Los Angeles was eclectic. Marcia Kraft Goin, president of the American Psychiatric Association, attended. So did Vicki Weisfield of the Robert Wood Johnson Foundation, Raymond Baxter of Kaiser Permanente, Nina Gutin of the Jeff Gutin Fund, Lauren LeRoy of Grantmakers in Health, and Kit Wall of Eli Lilly. Ken Wellis, author of the book, “Beat Depression,” was on hand. Mary Woolley, president of Research America, and Phylliss Greenberger, president of the Society for Women’s Health Research, were also there. The list goes on and on. Everyone has one thing in common, however: All want to do something to ease the problem of suicide in our nation.

H. Reese Butler II of the Kristin Brooks Hope Center is publisher of this journal. He represented the crisis center community at the conference, the National Council for Suicide Prevention and the need for supporting existing suicide prevention programs.

You are invited to become a subscriber to *Preventing Suicide: The National Journal*. Through September 2004, subscription costs are covered by a grant as part of the educational awareness component of the SAMHSA suicide prevention initiative. Please complete and return the enclosed card with your name and mailing address to the KBHC Journal Subscription Department, 201 North 23rd Street, Purcellville, VA 20132. If you prefer, you may enter your subscription electronically at subscriptions@hopeline.com. Please feel free to duplicate this subscription form for colleagues and other people interested in preventing suicide.

Special Invitation:

Name		
Mailing Address		
City	State	Zip
Telephone Number (with area code)		E-mail address
To help us better serve <i>Preventing Suicide: The National Journal</i> readership and its interests, please complete the following information about yourself:		
Place of employment		Job title
Are you currently involved in the prevention of suicide? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please give a brief explanation of your work and how long you have been involved in suicide prevention:		

