



SURVIVORS

after suicide A Program of Didi Hirsch Community Mental Health Center

JULY/AUGUST/SEPTEMBER 2004 • VOLUME 17, NO. 3 • PUBLISHED QUARTERLY

A Price Too High

Rick Mogil
Studio City, CA

I've joined an exclusive club. It is one I'd rather read about than be a member of. It's not very difficult to join. You don't need a lot of money, influence or higher education. It doesn't take an act of God or Congress, just an act of a sad, depressed person.

All it takes is a suicide.

On January 28, 2003, my brother forced me to become a member. I wouldn't recommend joining this club. The dues are too high a price to pay. Joining this club gives you all the rights and benefits of membership. You get the excruciating pain of having your heart ripped out of your chest. You get to see your family diminished by a precious member. You get to watch your parents spiral into denial and your siblings descend into uncertainty. You get to

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Why? The Neuroscience of Suicide

Carol Ezzell

In 1994, two days after returning from a happy family vacation, my 57-year-old mother put the muzzle of a handgun to her left breast and fired, drilling a neat and lethal hole through her heart—and, metaphorically,

through our family's as well.

It was around midnight on a Saturday night in July, the time of year, I was later surprised to learn, that has the highest incidence of suicide in the Northern Hemisphere. My stepfather was at home but didn't hear the single shot because he was taking a shower in a bathroom at the other end of the house. When he returned to their bedroom, she was crumpled on the carpet in her pajamas, almost gone. She tried to say something to him before she died, but he couldn't make out what it was. The emergency medical technicians arrived to find a patient, but not the one they expected: my stepfather nearly died himself that night after hyperventilating from the shock, which all but overwhelmed lungs already compromised by emphysema.

Didi Hirsch's Eighth Annual Erasing the Stigma Leadership Awards



PHOTO BY THOMAS NEERKEN

Back row: Award Presenter Mike Farrell, Mariette Hartley, Master of Ceremonies George Segal. Front row: President/CEO Kita S. Curry, Ph.D., Beatrice Stern, and Mary Chung Hayashi.

Didi Hirsch Community Mental Health Center honored Mariette Hartley, Mary Chung Hayashi, and Beatrice Stern at the Regent Beverly Wilshire Hotel in May.

SAVE THE DATE

SAS Annual Summer BBQ Potluck

SATURDAY, AUGUST 21ST, 11:30-2:00 PM

Our newest quilt will be displayed!

All are invited. Invitations will be mailed soon.

Location: Didi Hirsch, 4760 S. Sepulveda Blvd., Culver City

Through it all, I was asleep in my apartment 200 miles away. I was awakened at 2 a.m. by a call from my building's front desk, telling me that my sister-in-law was downstairs and wanted to come up. My first words to her when I opened my door were, "It's Mother, isn't it?"

Our family has too much company in suffering the agony of having a loved one die by suicide. *continued on page 2*

SAS exists to help people resolve their grief and pain in their own personal way, and to help them move forward in their lives, positively and productively.

The SAS Coordinator's Column



Carole Chasin, M.A., M.E.T.

On April 10th we successfully completed our annual daylong training for new and returning volunteers interested in co-facilitating groups and/or becoming Telephone Support Counselors. We now have eight new, enthusiastic volunteers who will be extending support to other survivors,

while at the same time facilitating their own continued grieving process. Their first-hand knowledge gained through participating in an eight-week support group, from experiencing the benefits of their own telephone counselor, as well as their desire to help others, makes them ideal candidates for these volunteer positions. I feel very fortunate to welcome to the SAS program our new volunteers: **Rick Mogil, Mark Claire, Laurie Woodrow, Jeff Schachner, Bob**

Sandler, Erica Watkins, Martha Soria and Jerry Smith.

I also want to extend my gratitude and appreciation to all of those who participated as instructors at the training: **Jay Nagdimon, Norm Farberow, Stan Lelewer, Paul Rosenberg, Mary Gayman and Susan Celentano.** Additionally vital to the success of this training were **Lois Bloom, Sam Bloom, Ruth Schriebman, Gretchen Kubacky, Mary Halligan, Ester Bryant, Karen Jett, Patty Carberry and Catherine Montgomery.**

SATURDAY, AUGUST 21st, 11:30-2:00 p.m. will be our annual **Summer Potluck.** It has always been a time to gather together to renew contact with your past group members, to meet other survivors, to share stories, emotions, and, of course, enjoy delicious food. Invitations will be coming out. Please **MARK YOUR CALENDARS.**

Carole ☺

Why? The Neuroscience of Suicide

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Annually, 30,000 people in the U.S. take their own lives. That is roughly half again the number who died of AIDS last year. Why do they do it?

Like an estimated 60 to 90 percent of U.S. suicides, my mother had a mental illness. In her case, it was manic-depression, also called bipolar disorder. Unless they are taking—and responding well to—the appropriate medication, manic-depressives oscillate between troughs of despair and peaks of elation or agitation. Most who end their lives have a history of depression or manic-depression, but people with severe depression differ in their propensity for suicide.

Scientists have begun uncovering behavioral tip-offs and are also exploring clues to anatomical and chemical differences between the brains of suicides and of those who die of other causes. If such changes could be detected in medical imaging scans or through blood tests, doctors might one day be able to identify those at highest risk of dying by suicide—and therefore attempt to prevent the tragedy from occurring. Sadly, that goal is not immediately in sight: many who have suicidal tendencies still end up taking their own lives, despite intensive intervention.

Although the nature-versus-nurture debate still rages in some psychiatric circles, most researchers who study suicide fall somewhere in the middle. “You need several things to go wrong at once,” explains Victoria Arango of the New York State Psychiatric Institute, which is affiliated with Columbia-Presbyterian Medical Center. “I’m not saying that suicide is purely biological, but it starts with

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New Quilt to be Displayed.

Our new quilt will be displayed for the first time at the Summer Poluck, Saturday, August 21st. This quilt was created in memory of David Borgquist, Rita Borgquist, Sheryll Borgquist, Daniel Boxall, Elisha Crittenden, Sean Evans, Merrill Gordon, Randy Kapson, Joe Loniero, Jay McCreary, Marc Mendelson, Bill Powers, Dana Siegel, Eric Spencer, Rick Vasquez, Laura Vierra, Shirley Wallace, Andreas Wickstrom, and Richard Williams. *Special thanks to Barbara Dallis for volunteering her quilting expertise!*

Lifekeepers Memory Quilt

We are always collecting new squares. All 50 states have come together in this joint effort to educate the world about the need to reduce the incidence of suicide. The two existing quilts have been displayed at national meetings. A \$20 fee covers the cost of material, labor and postage necessary to create your visual tribute.

Yes, I want to create a quilt square to honor:

Send the material and instructions to me:

Name: _____

Address: _____

Phone Number(s): _____

Enclosed is my \$20 check or money order made out to Mary Halligan to cover the cost of material, labor and postage.

Mail to:

Mary Halligan, 21422 Grant Ave., Torrance, CA 90503
or call Mary at 310-316-4392 for information.

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celebrate a lot of “FIRSTS” without your loved one. First holidays, birthdays and anniversaries.

And to top it all off, you get the privilege of telling your parents their child has committed suicide.

That has to be one of the hardest, depressing, mind numbing tasks I have ever had to carry out. We found out on Wednesday that Ed had been discovered with a self inflicted gunshot wound to the head (ooh, how clinical), but my brothers and I wanted to spare our parents one more day.

They knew that their son had been missing since Monday and had an inkling that something terrible could have happened. It was my wife, Maggie, who brought it all into perspective by reminding us that this family always hides and denies tragedy instead of facing it head on. So, it was decided that my youngest brother, his wife Denise, Maggie and I would go to our parents home that night and tell them.

We were fortunate that their neighbor and good friend Susan, a psychologist, was home and she was able to get my father to come to the door by himself. When he stepped outside and saw us, his face aged 20 years in that second when he realized why we were there. He simply stated “They found him, didn’t they.” At that point my brother Scott pushed me forward (why does the first born have to deliver the worst news?) and I said “Eddie’s gone.” To which Dad replied, “How?” and I told him, “He killed himself.”

“With one of his damn guns?” my father asked.

I nodded. And then he just broke down.

I gathered him to my chest and held him as tight as I could while racking sobs shook his body, wishing it were the other way around, my daddy holding and comforting me. Once he gained his composure he asked “Who’s going to tell your mother? I just can’t do it.” And I replied that I would.

We all tramped in and found our mother sitting in her chair watching her favorite program. When she realized it was us she smiled and asked why we were all there. I knelt beside her and told her that Ed was gone, that he had died. She kept saying “What do you mean? He’s gone? Where did he go? This can’t be...” At this point Susan, the psychologist friend, took over. Thank God she was there. Hours later we all went to our respective homes and began the preparations to “Sit Shiva,” the Jewish time of mourning.

Unfortunately Ed died in Oregon and his wife, Elda, was going to have him cremated but could not give us any indication of when and where she was going to have a service. After a week of uncertainty we finally convinced our parents that we needed to have some closure here. We needed the comfort of our religious upbringing to deal with Ed’s death. We needed to “Sit Shiva.” We needed the peace and reassurance of a memorial service. Finally, continued on page 5

The Gift

*A gift, I’m told, you’ve left behind,
That I must seek and find;
But pain too deep, and missing you
Have blocked my open mind.*

—Iris Bolton, from “The Suicide of My Son,” ©1977

The idea of any gifts arising from our grief may have seemed inconceivable at first, but with time, our gifts are revealed. Later in Iris’s poem, we discover that the music her son composed became her gift. The following is an excerpt from an email the editor received from a woman who chose to remain anonymous:

It’s about transcendence. Having come so far in my evaluations and seeing with great disgust and humiliation my mistakes, and making amends, and becoming complacent with each new honor, my son’s suicide shook me to the core. It’s about the inevitable guilt and complicity. I’ve accomplished nothing with my life except the emergence of myself and the attempt to rectify the harm that I have done others (meaning my children), and then to have him kill himself seemed a complete rejection of all my pride. You know, “Pride goes before the fall.”

Listen to another quote from T.S. Eliot’s *Quartets*. It appears toward the end of the poem, and it’s the last of three “gifts reserved for age” that he gives. I’ve been through the *Quartets* a hundred times over the last thirty years:

...And last, the rending pain of re-enactment
Of all that you have done, and been; the shame
Of motives late revealed, and the awareness
Of things ill done and done to others’ harm
Which once you took for exercise of virtue.
Then fools’ approval stings, and honour stains.
From wrong to wrong the exasperated spirit
Proceeds, unless restored by that refining fire
Where you must move in measure, like a dancer.

—T.S. Eliot, from *Four Quartets*, 1943

I look at those who are contending with their dumb-foundedness over bringing meaning to such a profound trauma, and struggling with knowing the answer is not *why*. Then there are others bouncing the pain of awareness back into the air, doing anything but a full-face look into the loss because its consciousness is too shattering. How do we get from there to a gift but to go through the fire? Can we stay very still with it and not ask for answers?

For me, right now, with my husband gone and unable to inflict his pattern upon me, so much can emerge. I’m a bit quaking but I have faith in the essential integrity I’ve earned. I’m feeling what it’s like to be alive, in the moment, but still “like a dancer.” ☺

Why? The Neuroscience of Suicide

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having an underlying biological risk.” Life experience, acute stress and psychological factors each play a part, she asserts. At the root of the mystery of suicide, however, lies a nervous system whose lines of communication have become tangled into unbearably painful knots.

Arango and her Columbia colleague J. John Mann are leading the effort to pick apart those knots and discern the neuropathology of suicide. They have assembled what is generally acknowledged to be the country’s best collection of brain specimens from suicide victims. Twenty-five deep freezers in their laboratories hold a total of 200 such brains, which the researchers are examining for neuroanatomical, chemical or genetic alterations that might be unique to those compelled to end their lives. Each brain is accompanied by a “psychological autopsy,” a compendium of interviews with family members and intimates probing the deceased’s state of mind and behavior leading up to his or her final act.

Mann’s and Arango’s research concentrates in part on the prefrontal cortex, the portion of the brain encased in the bone of the forehead. They are particularly interested in the impulse-dampening role played by this area of the brain. Scientists have looked to impulsivity as a predictor for suicide for decades. Although some people plan their deaths carefully—leaving notes, wills and even funeral plans—for many, including my mother, suicide appears to be spontaneous: a very bad decision on a very bad day. So Arango and Mann search in these brains for clues to the biological basis for that impulsivity. One focus is on differences in the availability of the brain chemical serotonin—previous research on the basis of impulsivity has indicated a dearth of it.

Serotonin somehow exerts a calming influence on the mind. Prozac and similar antidepressant drugs work by allowing serotonin to linger a bit longer in the brain and continue to transmit its soothing effect.

Traces of Pain. More than two decades of reports have linked low serotonin levels in the brain to depression, aggressive behavior and a tendency toward impulsiveness, but the evidence has been particularly confusing with regard to suicide. A number of studies have found reductions in serotonin in the brains of suicides, whereas others have not. Some have observed a lack of serotonin in one part of the brain but not elsewhere. Still others have described increases in the number of receptors for serotonin or deficits in the chain of chemical events that convey the serotonin signal from those receptors to the inside of a neuron.

Despite the inconsistencies, the bulk of evidence points strongly to a problem in the brains of suicides involving the

serotonin system. That line of thinking has been bolstered by the recent findings of Arango and Mann.

At a conference of the American College of Neuropsychopharmacology in 2001, Arango reported that the brains of people who were depressed and died by suicide contained fewer neurons in the orbital prefrontal cortex, a patch of brain just above each eye. What is more, in suicide brains, that area had one third the number of presynaptic serotonin transporters that control brains had but roughly 30 percent more postsynaptic serotonin receptors.

Together the results suggest that the brains of suicides are trying to make the most of every molecule of serotonin they have, by increasing the molecular equipment for sensing the neurotransmitter while decreasing the number of transporters that absorb it back again. “We believe there is a deficiency in the serotonergic system in people who commit suicide,” Arango concludes. “They can be so sick Prozac can’t help them.” Inhibiting the reuptake of serotonin isn’t always enough to prevent suicide: it wasn’t for my mother, who died despite taking 40 milligrams of Prozac a day.

In the January *Archives of General Psychiatry*, Mann and his co-workers reported a relation between activity in the prefrontal cortex of people who had attempted suicide and the potential deadliness of the attempt. Those who had used the most dangerous means—for example, by taking the most pills or jumping from the highest point—had the least serotonin-based activity in the prefrontal cortex. “The more lethal the suicide attempt, the bigger the abnormality,” Mann observes.

A Curse of Generations. Until researchers can develop tests to forecast those at highest risk for suicide, doctors might concentrate their efforts on the biological relatives of suicide victims. In the September 2002 issue of *Archives of General Psychiatry*, Mann, David A. Brent of the Western Psychiatric Institute and Clinic in Pittsburgh and their colleagues reported that the offspring of suicide attempters have six times the risk of people whose parents never attempted suicide. The link appears in part to be genetic, but efforts to pin down a predisposing gene or genes have not yet yielded any easy answers. In studies in the early 1990s Alec Roy of the Department of Veterans Affairs Medical Center in East Orange, N.J., observed that 13 percent of the identical twins of people who died by suicide also eventually took their own lives, whereas only 0.7 percent of fraternal twins traveled the same path as their suicidal siblings.

These statistics serve as warnings to me and to others with biological ties to suicide. In a small jar in my bedroom I keep a bullet from the same box that contained the one that killed my mother. The police took the gun after her death, and I myself threw away the remaining

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American Association of Suicidology's 37th Annual Conference



Dr. Jay Nagdimon, Rosemary Rubin, Lois Bloom, Ester Ybarra-Bryant, Louis Medina and Susan Celentano

During the past year, Susan Celentano wrote two articles for this newsletter discussing ways in which “films can provide an opportunity for insight, empathy, and emotional catharsis” for the survivor. These articles and Susan’s previous experience using film therapeutically became the foundation for her presentation, *Using Film to Enhance Suicide Bereavement Intervention*, at this year’s annual AAS Conference. The event was held in Miami in April.

A Price Too High *continued from page 3*

Elda said she would have a memorial service in Oregon on February 15th.

My parents did not want to drive to Oregon (they won’t fly anywhere anymore, but that’s another story) and wanted something here in California for the whole family. We were able to pull together the service, catering and notifying the entire family, neighbors and friends in three days. My brother Barry and his family came in from Oregon (Elda declined). Prayers were said, tears were shed, stories were told and my seven-year-old niece, Kayla, brought down the house with her rendition of the song from the movie *Titanic*, “My Heart Will Go On.” My brother Scott’s friend, Orlando, put together a DVD of music and photos which was played during the reception following the service. The following weekend Scott and I flew up to Oregon to be with Elda and her family for the memorial service there.

It is now one year since Ed committed suicide and all of the traditional *firsts* have been survived. On the anniversary of his death I celebrated the occasion in the traditional Jewish fashion by going to the Temple we grew up in and said Kaddish, the Mourners prayer, surrounded by my wife Maggie, my son Adam and my daughter-in-law Debbie.

I am surviving and I am not alone. I thank God for bringing me to Survivors After Suicide. I am thankful for my wife and her support and love. I embrace the brotherhood and sisterhood of survivors which are my extended family. And I think of my brother Ed all the time, with compassion, love, anger, sadness and joy. ♡

Suicide in the News

► **Drama: From the Perspective of the Suicide**

ABC’s fall lineup includes a new drama which is told from the perspective of a woman who killed herself. “Desperate Housewives” is slated for the 9pm Sunday time slot.

► **Mother Gets Probation for Son’s Suicide**

MERIDEN, Conn. J. Daniel Scruggs, the 12-year-old son of Judith Scruggs, hanged himself after schoolmates teased him about his bad breath and body odor. The risk-of-injury charge may be the first in which a parent is held responsible for contributing to a child’s suicide. Scruggs is accused of keeping a filthy home and not helping her son with his hygiene. Scruggs is suing the city and schools for ignoring the bullying her son endured.

► **FDA Delays Report Linking Suicide-related Behavior and Drugs**

According to an article published in the *Los Angeles Times*, officials at the Food and Drug Administration did not publicize a study that appeared to find that children taking antidepressants were twice as likely to engage in suicide-related behaviors. Defending the decision, officials said that children who deliberately cut should not be counted as potentially suicidal. The study’s author, Dr. Andrew Mosholder, wrote that trials of eight antidepressant drugs, involving 4,100 pediatric patients, showed 108 suicide-related events—74 on drugs and 34 on placebo. Mosholder wrote that the risk was highest for patients using Paxil and Effexor.

Instead of publishing these findings, officials ordered further studies. News of this information first surfaced in a CBS News report and was subsequently investigated by the *Los Angeles Times*. The *Times* then authenticated the information with government officials. The findings were published in the April 6th, 2004 issue of the *Los Angeles Times*, page A13.

► **Suicide Rate in Iraq Higher than for other G.I.’s**

There were 23 suicides among American soldiers in Iraq and Kuwait last year, all but one by gunshot. That number put the suicide rate at 17.3 per 100,000 soldiers, compared with 12.8 for the Army overall last year. Col. Virgil J. Patterson III, leader of the Army Mental Health Advisory Team, which did the study, said that the Army intended “to improve the access, availability and quality” of mental health services for troops in combat zones. *New York Times*, March 26, 2004

Contributions 02/01/04 – 04/30/04: A million thanks for your generosity!

IN LOVING MEMORY OF:

Laura Roanne Cole from Barbara and Mel Cole

Drew Wickline from Gene and Wendy Elzenberger, James and Barbara Wickline

Randy Blum from Irene Blum

Fred Figueroa from M. Elizabeth Singer

Robert L. Vogt, Jr from Eileen J. Vogt

Ahmad Taylor Ladeki from Neil Dellis, Barbara Taylor

Beth Gallamore from Nancy Walsh

Betty & Harold Leichhardt from Melinda Pike

Brian J. Chlarson from Ben Vittali, Lisa Wickser, Tess Ho, Michelle Morris, Natasha Pavloff, Maria Ornelas, Kristie Bottalico, Virginia Rubio, Leticia Castro

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Shari Jane Potter from Chuck and Rissa Potter

Steven K. Hansen from Ethel Hansen and Noble Nerheim

IN HONOR OF:

Julienne Grossman from Ruth Eaton

What Helped You Survive?

In their ongoing efforts to be of service to our community of survivors, **Dr. Jay Nagdimon** and **Lois Bloom** are working on a new book and chronicling stories of loss and hope. Sharing your story is a great way to help other survivors. If you're interested, please contact Dr. Nagdimon at 310.869.8292.

Healing Guide Available

A new publication for survivors is now available free of charge. *Surviving a Suicide Loss: A Resource and Healing Guide* is designed to help survivors navigate the experience of losing a loved one to suicide. Please call 1-888-333-AFSP, ext. 10 or email inquiry@afsp.org

Why? The Neuroscience of Suicide

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bullets while cleaning out her bedroom closet. But I like to think that I hold on to that single, cold pellet of metal as a reminder of how tenuous life is and how one impulsive act can have immense and rippling consequences. Perhaps someday science will better understand the basis for such harrowing acts so that families like mine will be spared.

Reprinted from *ScientificAmerican.com* (sciam.com), January 13, 2003

Survivors After Suicide is privately funded by generous contributions from individual donors, proceeds from the Alive and Running 5K/10K Walk/Run, and grants from private foundations and corporations such as Chapman and Associates and Northrop Grumman.

Calendar of Upcoming Events

JULY 30 – AUGUST 1, 2004

2004 The Compassionate Friends 27th Annual National Conference

In the new Hollywood Highland Complex at the Renaissance Hollywood Hotel on the Walk of Fame in Hollywood. See www.compassionatefriends.org.

SATURDAY, AUGUST 21, 2004

SAS Annual Summer BBQ Potluck

11:30-2:00 p.m. at Didi Hirsch, 4760 S. Sepulveda Blvd., Culver City. The new quilt will be displayed.

SEPTEMBER 5 - 11, 2004

World Suicide Prevention Week

The Board of Directors of the American Association of Suicidology (AAS) voted to move Suicide Prevention Week from May to September, beginning in 2004. This

important decision was made in order to synchronize the week with World Suicide Prevention Day, now set as September 10th, as petitioned by the International Association for Suicide Prevention (IASP), and accepted by the World Health Organization (WHO).

SEPTEMBER 10, 2004

World Suicide Prevention Day

SEPTEMBER 19 - 21, 2004

SPAN USA 2004 National Awareness Event

Washington, DC. The event will include a memorial event with quilt display, advocacy training and a visit to Capitol Hill. Please e-mail Karin at kschild@spanusa.org if you plan to attend. Go to www.spanusa.org for more information.

*Do not demand
that constant smile from me.*

*I know you are
uneasy with my tears.*

*I need to cry.
Please, don't go away.*

*I promise you
that I will smile again.
Tomorrow I
will be as light as air.*

*But hold me now.
And let my sorrow be.*

*Just for today,
this moment: let me cry.*

—Sascha Wagner

The Suicide Prevention Center's Minority Outreach Program

In its ongoing efforts to educate the community about warning signs, risk factors and interventions to prevent suicide, the Suicide Prevention Center's Minority Outreach Program, funded by The California Endowment, provided presentations to the following schools and agencies from **November 2003 through March 2004**.*

	<i>participants</i>		<i>participants</i>
11/4	12	1/29	45
11/5	32	2/4	12
11/9	26	2/5	8
11/10	52	2/6	24
11/12	18	2/12	59
11/12	10	2/17	178
11/13	16	2/19	10
11/15	67	2/26	26
11/20	7	2/27	9
11/20	30		
12/4	12	3/4	1
12/4	6	3/8	5
12/9	11	3/8	1
12/15	28	3/11	1
12/17	2	3/23	21
1/13	34	3/25	1
1/15	29	3/26	11
1/16	101	3/26	35
1/22	175	3/26	37
1/27	25		

* **A total of 1,177 people attended these presentations.**

Prevent Suicide — *Let your voice be heard!*

Please fill out the enclosed petition to fund suicide prevention services. You need not know your representative's name—SPAN-California will complete the form for you. Please send to **SPAN-California, P.O. Box 235260, Encinitas, CA 92023.**

Mental Health Initiative Qualifies for Nov. Ballot

The Mental Health Services Act is a proposed citizen initiative that will appear on the November 2004 ballot. It expands mental health care programs for children and adults.

The Mental Health Services Act provides:

- services to people who are disabled by mental illness.
- services to people who are showing signs of mental illness.
- services to families and caregivers of those affected.

For most adults, the initiative uses the recently developed, successful "integrated services" model to link many kinds of care. The initiative pays for expanded programs through a surcharge on income above \$1 million per year. A new 1% surcharge applies to each dollar earned over \$1 million. The initiative creates a new oversight and accountability commission to supervise the new mental health care programs.

Please visit www.campaignformentalhealth.org to learn more about the initiative and the many ways in which you can help and get involved.

Good Charlotte

MTV's website hosts a video of the band Good Charlotte. Their song "Hold On" has a strong message for anyone considering suicide, especially young people. You may view the video at www.mtv.com/bands/az/good_charlotte/audvid.jhtml Click on "Hold On."

Suicide Statistics in the U.S.

The National Center for Health Statistics posted the following summary of suicides for the year 2001 (the most recent data available) at www.cdc.gov/nchs/fastats/suicide.htm:

All suicides

Number of deaths: 30,622

Deaths per 100,000 population: 10.8

Firearm suicides

Number of deaths: 16,869

Deaths per 100,000 population: 5.9

Suffocation suicides

Number of deaths: 6,198

Deaths per 100,000 population: 2.2

Poisoning suicides

Number of deaths: 5,191

Deaths per 100,000 population: 1.8

Please visit the site listed above for additional data.

REPRINT POLICY

You are welcome to reprint material from our newsletter if you are a nonprofit support organization that produces periodicals. We do require the item include the author's name and title and the following:

"Reprinted with permission from the Survivors After Suicide Newsletter, a Program of the Didi Hirsch Community Mental Health Center: Suicide Prevention Center, 4760 S. Sepulveda Blvd., Culver City, CA 90230"

Also include the issue date and year the article appeared. Kindly send us a copy of any reprints for our authors to the attention of Deborah Pikul, Editor. Thank you.

SAS Monthly Meetings

Everyone who has completed an eight-week Survivors After Suicide Support Group is invited to attend monthly meetings at any of the locations listed below. There is no charge.

SAN FERNANDO VALLEY

Sherman Oaks Hospital, 4929 Van Nuys Blvd., Sherman Oaks. Meetings are held in the doctor's dining room on the 1st floor.

2nd Saturday 11:30 am – 1:00 pm.

Meeting dates: **Jul 10 Aug 14 Sep 11 Oct 9**

SOUTH BAY

Little Company of Mary Hospital, Center for Health Education Building, Earl Street, Torrance. Please check the bulletin board inside door for meeting room. **3rd Monday 7:30 – 9:00 pm.**

Meeting dates: **Jul 19 Aug 16 Sep 20 Oct 18**

WEST LA

Didi Hirsch Culver/Palms Center, 11133 Washington Blvd., Culver City, 1 block east of Sepulveda on the north side of the street. The parking lot is in the building. Drive up to the gate and it will open outward.

3rd Wednesday 7:00 – 8:30 pm.

Meeting dates: **Jul 21 Aug 18 Sep 15 Oct 20**

*View this newsletter online at www.suicidepreventioncenter.org.
Click on Bereavement.*

SURVIVORS AFTER SUICIDE NEWSLETTER

A quarterly publication of Survivors after Suicide (a support group for those who have lost a loved one to suicide), a program of **Didi Hirsch Community Mental Health Center**
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Samuel C. Bloom; Carole Chasin, MA,MFT; David Davis; Norman Farberow, Ph.D.; Jay Nagdimon, Ph.D.

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Mailing list changes cannot be made unless corrected or duplicate labels are mailed to SAS at the address above.

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