

Brought to you by Yellow Ribbon in MN with cooperation from SAVE and funding from the Minnesota Department of Health.

Minnesota Suicide Prevention E-News

NOVEMBER 2005

Thought of the Month:

"Nobody is beyond all help. By working together we can better understand the tragedy of suicide, and develop effective, compassionate initiatives that give every child, young adult and adult across our nation encouragement, hope and above all, life," Sen. Dodd said. He was being honored at a Lifesavers meeting.

TAKE NOTE:

- ◆ **O'Malley Family Holiday Charity Event** will benefit Yellow Ribbon Friday, December 2 at the Marshall Fields Downtown St. Paul River Room Restaurant. Contact [Rachel Schott](#) for details.
- ◆ **2006 StarLight Gala** will benefit Yellow Ribbon on Saturday, February 18, Midwest Wireless Civic Center, Mankato, MN.
- ◆ **MACMH's 2006**

ANNOUNCEMENTS

THANK YOU TO ALL WHO ATTENDED THE RECENT CONFERENCE ON SUICIDE PREVENTION

A very inspiring and educational two days of presentations and work sessions produced a long list of outcomes for attendees of "Suicide Prevention in Minnesota: A Path to Progress" on November 7 & 8 in Bloomington, MN. We truly came away with a great deal of insight to that will enable the strategies of our state plan to be strengthened and the work of our communities to be reinforced. Special thanks to our presenters as well who inspired us all with their vast knowledge and passion for their topics. We are blessed with great vision and strong shoulders in this state that will see the field of suicide prevention into the next phase of its growth as we continue to search for the solutions to this complex and complicated problem. Bright new leadership in Mayor Herb Bergson of Duluth who helped launch MN Mayors for Suicide Prevention on Monday morning of the conference will also help strengthen our work – joining him in person as well as in spirit in announcing this new project were mayors, city councilmen and legislators from across our state. Please request a copy of the packet of materials that was sent to all mayors last month and lend your voice to encourage them to support suicide prevention in their city. When you speak they do listen.

SUICIDE PREVENTION TRAINING SCHEDULED

November 17, 2005

St. Joan of Arc Church, Minneapolis

8:00am-4:30 pm

Offered to you by the Technical Assistance Team: Minnesota Department of Health, SAVE (Suicide Awareness Voices of Education) and Yellow Ribbon at no charge.

To register, call Denise Dumas at 952-946-7998

AETNA TO PAY FOR PROGRAM TO MANAGE DEPRESSION

[Child & Adolescent Mental Health Conference:](#)

April 30 to May 2, 2006

- ◆ **Display boards** can target depression in the workplace. Contact [Kelsie Powers](#).
- ◆ **Have related events coming up? Let us know!**

WHAT'S UP IN MN?

- ◆ **SEND US YOUR INPUT –**
yr@chartermi.net with the subject line: "for newsletter."
- ❖ **WATCH FOR THE NEWLY REVISED MINNESOTA STATE PLAN FOR SUICIDE PREVENTION DUE OUT YET THIS YEAR AS WE CONTINUE TO MAKE PROGRESS ON THE PATH!**

By MILT FREUDENHEIM

<http://query.nytimes.com/search/query?ppds=byll&v1=MILT%20FREUDENHEIM&fdq=19960101&td=ysdate&sort=newest&ac=MILT%20FREUDENHEIM&inline=nyt-per>

A widely tested approach to diagnosing and treating depression, one of the nation's most prevalent and costliest afflictions, is moving into the mainstream of insurance coverage. Prompted in part by employers who cite depression as a frequent cause of absenteeism and low productivity, the big insurer Aetna plans to announce today that it will begin paying for a depression management program in dozens of medical offices around the country. Under the plan, Aetna will pay primary care doctors additional fees to screen patients for depression and to provide follow-up consultations for patients who are either put on antidepressants or, in more severe cases, referred to psychiatrists or psychologists. Aetna plans eventually to offer the program nationwide.

FROM THE FIELD

US TEENAGER'S SELF HARM AN IMPORTANT RISK FACTOR TO PREDICT SUICIDE

Young people visiting an emergency department following an episode of deliberate self-harm are diagnosed with a mental disorder about half the time, according to a study in the October issue of the Archives of General Psychiatry, one of the JAMA/Archives journals.

Deliberate self harm, such as self-poisoning and self-cutting or piercing, is an important risk factor for subsequent suicide, according to background information in the article. Although previous studies indicate that following self-poisoning young people are at extremely high risk of suicide, little is known about emergency department assessment, treatment and discharge following an act of deliberate self harm. Previous studies in Europe suggest that mental health evaluations may not be uniformly provided in emergency care of youth who deliberately harm themselves, but no information from the U.S. has been available.

Mark Olfson, M.D., M.P.H., of the Columbia University Medical Center, New York, and colleagues analyzed data from a nationally representative sample of emergency department visits from 1997 to 2002 by young people, aged seven to 24 years, after deliberate self-harm. The researchers assessed the data to determine the frequency with which young people making such emergency visits are diagnosed with mental disorders, are provided various medical and psychiatric treatments and are referred for inpatient and outpatient care.

The researchers found that between 1997 and 2002, the annual overall rate of emergency visits by persons seven to 24 years old for deliberate self-harm was 225.3 per 100,000 population. The rate was significantly higher for persons 15 to 19 and 20 to 24 years of age than for persons seven to 14. "Self-poisoning (67.2 percent) accounted for a majority of the deliberate self-harm visits followed by self-cutting/piercing (25.8 percent)," the researchers report. "Overall, roughly one-half (56.1 percent) of the patient visits resulted in a mental disorder diagnosis including 15.1 percent resulting in a depressive disorder diagnosis and 7.3 percent resulting in a substance use disorder diagnosis. * Psychotropic medications [medications with psychological effects] were provided in 12.1 percent of the patient visits, most commonly anxiolytics [anti-anxiety drugs] (6.2 percent)."

"Slightly more than one-half of the patient visits (56.1 percent) resulted in inpatient admission," the authors write. "In addition, 29.0 percent of the visits resulted in outpatient care referral; 5.8 percent resulted in referral to the emergency department for continuing care, 4.9 percent resulted in no follow-up care, and follow-up care was unspecified in 3.4 percent of the visits." A diagnosis of depressive disorder, a well-known and powerful risk factor for youth suicide, was strongly associated with inpatient admission.

"Mental disorders were diagnosed in roughly one-half of emergency visits by young people treated for episodes of deliberate self-harm," the authors conclude. "This suggests substantial under recognition of mental illness and likely inadequate referral for follow-up mental health care. Further research is clearly needed to better understand the extent and reasons for problems with the detection of mental disorders during emergency department evaluations of young people following self-harm. In the meantime, efforts should be made to fortify mental health assessments. One promising strategy involves routine administration of rapid and efficient diagnostic instruments to all young people following deliberate self-inflicted harm. Improving mental health assessment of these young people provides an important opportunity for secondary prevention." (Arch Gen Psychiatry. 2005;62:1122-1128. Available pre-embargo to the media at <http://www.jamamedia.org>.)

ASSOCIATION BETWEEN PHYSICAL PARTNER VIOLENCE, POSTTRAUMATIC STRESS, CHILDHOOD TRAUMA, AND SUICIDE ATTEMPTS IN A COMMUNITY SAMPLE OF WOMEN

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Our objective was to estimate the prevalence of intimate partner violence (IPV) and to explore its association with childhood maltreatment, substance misuse, posttraumatic stress, and suicidal behavior in a representative community sample of women. IPV was operationalized as a "physical attack or beating by a spouse, boyfriend, or live-in partner." We surveyed 637 women in Memphis, Tennessee, by telephone survey. Sixteen percent reported ever experiencing IPV by a male partner, and 75% endorsed multiple assaultive acts. Of abused women, 5.9% met current PTSD diagnostic criteria, and an additional 11.8% were assessed with subthreshold symptoms. Abused women were more likely than other women to be divorced, to have less than 13 years education, to endorse high levels of childhood victimization, to have abused drugs and alcohol, and to have attempted suicide. Twenty-three percent of IPV+ (abused) women reported a suicide attempt at some time in their lives compared with 3% of IPV- (nonabused) women ($p < .0001$). Further, multiple logistic regression analysis showed that childhood sexual and emotional abuse and low educational attainment were the only significant predictors of IPV. These results suggest that in women who endorse IPV, careful inquiry of past abuse, trauma-related symptoms, suicidal behavior, and drug use may be important, so that interventions can be both timely and appropriate.

Violence Vict. 2005 Feb;20(1):87-98.

RACIAL AND ETHNIC DIFFERENCES IN MENTAL HEALTH

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OBJECTIVES: We compared rates of mental health problems and use of mental health care across multiple racial and ethnic groups using secondary data from a large, nationally representative survey.

METHODS: We pooled cross-sectional data from the 2001-2003 National Surveys on Drug Use and Health. Our sample included 134,875 adults classified as white, African American, American Indian/Alaskan Native, Asian, Mexican, Central and South American, Puerto Rican, other Hispanic-Latino, or those with multiple race and ethnicities. For each group, we estimate the past year probability of: (1) having 1 or more mental health symptoms in the past year, (2) having serious mental illness in the past year, (3) using mental health care, (4) using mental health care conditional on having mental health problems, (5) reporting unmet need for mental health care, and (6) reporting unmet need for mental health care conditional on having mental health problems. **RESULTS:** We found significantly higher rates of mental health problems and higher self-reported unmet need relative to whites among American Indian/Alaskan Natives and lower rates of mental health problems and use of mental health care among African American, Asian, Mexican, Central and South American, and other Hispanic-Latino groups.

These differences generally were robust to the inclusion of clinical and socio demographic covariates.

CONCLUSIONS: Overall, our study shows wide variation in mental health morbidity and use of mental health care across racial and ethnic groups in the United States. These results can help to focus efforts aimed at understanding the underlying causes of the differences we observe.

PMID: 16034291 [PubMed - indexed for MEDLINE]

STUDY FINDS SURPRISING LINKS AMONG DEPRESSION, SUICIDE AND EPILEPSY

Researchers at Columbia University's Mailman School of Public Health have found evidence that the brain dysfunction that underlies epilepsy may also determine whether people are at risk for suicidal behavior. The study also suggests that depression and suicidal behavior may have different brain mechanisms.

"For reasons that are not understood, depression both increases the risk for developing epilepsy and is also common among people with epilepsy who experience many seizures," said lead author Dr. Dale C. Hesdorffer, assistant professor in the Mailman School's Department of Epidemiology and is associated with The Gertrude Sergievsky Center at Columbia University.

While it has commonly been assumed that the difficulties associated with living with epilepsy could provoke depression, and in some cases, an increased risk of suicide, it is harder to explain the opposite findings, that people who develop depression have a higher risk of later experiencing a first seizure, according to the authors. In the present study, the researchers attempted to define more clearly the relationship among depression, suicide and epilepsy.

"One question we had was whether some symptoms of depression were more important than others for increasing the risk for developing epilepsy,"

noted Dr. Hesdorffer. "Suicidal thoughts and suicide attempt were possibilities, because people with

epilepsy seem to be more likely to commit suicide than the general population. But we looked at all symptoms of depression." Dr. Hesdorffer and colleagues compared data for both epilepsy and depression in 324 people with epilepsy and 647 control subjects.

A history of depression increased the risk of epilepsy, but the startling finding was that people with epilepsy were four times more likely to have attempted suicide before ever having a seizure, even after other factors were taken into account such as drinking alcohol, having depression, age and gender.

The individual presence of other symptoms of depression, whether common (e.g., depressed mood) or more rare (e.g., weight change) did not predict a greater likelihood of later seizures. While this finding clearly suggests common underlying brain mechanisms for suicidal behavior and epilepsy, the results also suggest that depression and suicidal behavior may be related to different mechanisms.

"Increasingly, clinicians treating people with epilepsy ask about current depression, but they may not ask about past suicide attempt or suicidal thoughts," said Dr. Hesdorffer. "Our results may alert clinicians to the need to ask this question and offer any needed counseling to prevent the occurrence of later completed suicide."

The researchers plan to follow up with studies designed to see whether the co-occurrence of these disorders is explained by shared genetic susceptibility, and with studies that examine possible common underlying neurotransmitter abnormalities. The complete research findings are published online in the October 10, 2005 Annals of Neurology (www.interscience.wiley.com/journal/ana).

RESOURCES

MANAGING MENTAL ILLNESS AND EMOTIONAL CRISIS IN THE WORKPLACE:

Useful approaches incorporating the Americans with Disabilities Act and Best Mental Health Practices in the Workplace

December 6, 2005 Noon – 4:30 pm

Presented by: Mental Health Association of Minnesota

Sponsored by: Minnesota Department of Health

You are invited to educate small- and medium-sized employers about mental illness in the workplace and how to develop strategies for managing emotional crises and mental illness while supporting employees to stay on the job, improve overall productivity, and hold down costs and risks.

Place: Four Points by Sheraton Minneapolis Metrodome 1330 Industrial Boulevard Minneapolis, MN 55413

Check in: 11:00 am – Noon **Program:** Noon – 4:30 pm Lunch, beverages and snack provided

To register by telephone: a \$40 membership donation is suggested to receive continuing updates on the Business Initiative
Call: (612) 331-6840

ATTEMPT SURVIVOR BROCHURES AVAILABLE NOW!

New brochures for attempt survivors and their families and emergency department personnel In collaboration with SPRC, NAMI (formerly known as the National Alliance for the Mentally Ill) has published three new brochures for dissemination in hospital emergency departments. The first two are

geared toward survivors of suicide attempts and their families and are also available in Spanish. The third is geared toward emergency department personnel. To view these brochures, please click on the links below. You can also find the brochures in the SPRC Online Library <http://library.sprc.org/> or on our home page <http://www.sprc.org/> .

Taking Care of Yourself After an Attempt - Moving Ahead After Your Treatment in the Emergency Department http://www.sprc.org/library/consumer_guide2.pdf
For Spanish version click here http://www.sprc.org/library/consumer_guide_SP2.pdf

Taking Care of Yourself & Your Family After an Attempt – Family Guide for Your Relative in the Emergency Department http://www.sprc.org/library/family_guide2.pdf
For Spanish version click here http://www.sprc.org/library/family_guide_SP2.pdf

Helping Patients and Their Families After an Attempt - A Guide for Medical Professionals in the Emergency Department http://www.sprc.org/library/providers_guide2.pdf

COLLEGES TURN TO ULIFELINE TO CONNECT STUDENTS TO RESOURCES

The Jed Foundation, a New York City-based nonprofit organization dedicated to raising awareness of the problem of suicide on America's college campuses.

According to Gibori, approximately 1,100 U.S. college students take their own lives each year.

Nobody's sure if that number is rising or falling -- according to Gibori, a steep increase in on-campus suicides has been charted over the past 40 years, but that could simply reflect a more honest reporting of an event that's been too long cloaked in shame.

"Suicide is still an unexplored social taboo in our society today," Gibori said. Breaking that taboo is the key goal of The Jed Foundation and its Web-based help service, www.Ulifeline.org.

Students in trouble who head to the site can get youth-friendly, anonymous mental health information, as well as links to on-campus mental health centers at more than 530 U.S. colleges. "Right now, over 5 million students have access to the program," Gibori said.

The need is real. According to Los Angeles psychologist Michael Peck, a specialist in youth suicide, college can be a dangerous time for troubled young people.

Many are emotionally immature, he said, and while their newfound independence from parents is liberating, it can be scary, too. Alcohol and drugs are readily available, and the pressure to achieve and fit in can be overwhelming, especially at prestige schools.

In fact, "a study I did years ago found that elite colleges have much higher suicide-event rates than small, local community colleges," Peck said. Much of that owes to the fact that students attending smaller, local colleges are also more likely to be living in the relative comfort and safety of the family home.

"Elite colleges also come with higher stress because there's much more pressure on succeeding," he said. "When students aren't succeeding, they feel like they're failing both themselves and their parents, who are often paying a lot of money for these schools."

www.jedfoundation.org

REMINDERS:

MENTAL HEALTH ASSOCIATION OF MINNESOTA 2005 LEGISLATIVE TOWN HALL MEETINGS

Featuring BILL CONLEY, Public Policy Consultant for the Mental Health Association of Minnesota. The Eagan and Rochester meetings will also feature Sue Abderholden, Executive Director, NAMI-MN.

These meetings are for all people who care about the mental health system – from those who are interested in learning more about mental health legislation, to those who are very involved in public policy work. *Please call Sandra at (612) 331-6840.*

LOCATIONS:

EAGAN November 14, 2005,

SCOTT COUNTY November 15, 2005,

MENTAL HEALTH INSTITUTES IN MN THIS FALL

MSSA is very pleased to announce a series of eight mental health institutes planned for the fall. The institutes will be held in September, October, November and December.

The schedule for the institutes is:

Child Psychopharmacology - November 3, 2005, 9:00 AM to Noon

Mental Illness & Aging - November 3, 2005, 1:00 to 4:15 PM. This institute will consist of two workshops. 1. Mental Illness is Not a Part of Normal Aging; 2. Addiction & Despair vs. Recovery & Freedom in an Aging Society

Suicide - December 1, 2005, 9:00 AM to Noon. This institute will consist of two workshops: 1. Suicide Education/Voices of Awareness; 2. Beyond the Black Box: Suicide Risk & Antidepressants

Assessment of Imminent Risk for Suicide - November 3, 2005, 1:00 to 4:15 PM

You can register for workshops on an individual basis or as a series. The brochure is available online at

<http://www.mnsocialserviceassoc.org/mentalhealth.pdf>

FINDING FUNDS

UPCOMING MINNESOTA FUNDERS DEADLINES

November 15

- Hugh J. Andersen Foundation
- Faegre & Benson Foundation
- Grotto Foundation
- The McKnight Foundation (Children & Families and International)
- Lewis & Annie F. Paper Foundation, Inc.
- Perkins Foundation
- The Jay and Rose Phillips Family Foundation
- Securian Foundation/Securian Financial Group
- SUPERVALU Foundation
- WCA Foundation

November 20

- North Suburban Community Foundation

November 30

- AgStar Fund for Rural America (grant applications accepted online Oct. 1

- Nov. 30)

- Heimerman Family Foundation

- Minneapolis Rotary Community Service Foundation

To subscribe/unsubscribe or to make contributions to this newsletter, please email us at yr@chartermi.net

TIP: If you have trouble using these links, remember to move your cursor to the link, hold down the CONTROL button on your keyboard – the cursor should turn to an arrow – while holding down CONTROL, click the link with your left mouse button.

The links contained in this newsletter are current as of the time of publication, but if for any reason you have trouble accessing a link, please contact us for assistance in locating the referenced articles.