



DEPRESSION

and

Suicide

Prevention

RESEARCH

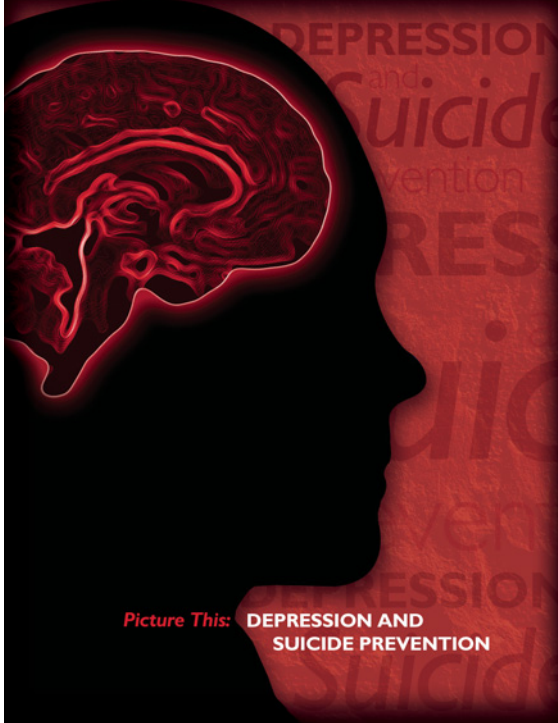
Journal

Year

DEPRESSION

Suicide

***Picture This:* DEPRESSION AND
SUICIDAL PREVENTION**



*Picture This:
A Resource for Creators...*

Picture This is a guide to the key issues within the realm of depression and suicide prevention, as identified by mental health experts, advocates, policy-makers, and others working to improve public awareness about and reduce instances of depression and suicide.



www.eiconline.org



www.mentalhealth.samhsa.gov/cmhs

Picture This: Depression and Suicide Prevention was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by the Entertainment Industries Council, Inc. (EIC), under subcontract to ENCORE Management Corporation, contract number 280-02-0701, with SAMHSA, U.S. Department of Health and Human Services (HHS). Anne Mathews-Younes, Ed.D. served as the Government Project Officer.

TABLE OF CONTENTS

Acknowledgements	2
Panel Comments: What the Entertainment Panelists Said	3
Special Message to the Creative Community	4
Introduction: Facts about Suicide	5
Suicide and the Media	5
The Role of the Entertainment and News Media	5
Living With Major Depression	6
Onscreen Depiction Suggestions	6
Suicide Contagion	6
Recommendations for Entertainment Depictions	7
Questions to Ask of Your Characters and Story Lines Involving Suicide	7
A Couple of Concerns	7
Special Language Concerns	8
Depiction Priorities	8
Signs and Symptoms of Depression	9
Risk Factors for Suicide	10
Suicide Warning Signs	11
Special Risk Factors for Specific Populations	11
American Indians and Alaska Natives	12
Latinos	12
Asian Americans and Pacific Islanders	12
Additional Indicators	13
African Americans	14
The Down & Up Show	14
Preventing Suicide	15
What Can Be Done to Prevent Suicide?	15
Protective Factors	15
Depicting Suicide: When is It Worth It?	16
Senior Citizens	17
Lesbian, Gay, Bisexual, and Transgender Individuals	17
Youth	18
NIMH: More Research Needed on Minority Suicide Survivors	19
National Strategy for Suicide Prevention: Goals and Objectives for Action	20
Additional Information	21
An Entertainment Industry-Based Strategy for Preventing Suicide:	
National Strategy for Suicide Prevention	23
Endnotes	28

ACKNOWLEDGMENTS

Researching health issues can be as basic as finding research papers on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important is the perspective of people who, for one reason or another, make a deep commitment and dedicate their time to a cause.

*This document is a publication resulting from a formal meeting of experts in the field of mental health and of five entertainment professionals at the National Association of Broadcasters in Washington, D.C. Numerous individuals and organizations provided insight into the complex issues surrounding depression and suicide prevention and related concerns as we created **Picture This: Depression and Suicide Prevention**.*

Special Thanks to

Active Minds, Inc.	National Association for Drug Court Professionals
American Foundation for Suicide Prevention	National Association for Rural Mental Health
American Nurses Association, SAMHSA Minority Fellowship Program	National Association of Social Workers
Bazelon Center for Mental Health Law	National Institute of Mental Health
Columbia University, College of Physicians and Surgeons	National Organization for People of Color Against Suicide
Depression and Bipolar Support Alliance	National Suicide Prevention Lifeline
George Washington University	New Mexico Suicide Prevention Coalition
Institute for the Advancement of Social Work Research	Philadelphia Office of Behavioral Health
Lifeline Communications Team (SHS, A Division of Macro International Inc.)	Substance Abuse and Mental Health Services Administration
Maternal and Child Health Bureau: Division of Healthy Start and Perinatal Services	Suicide Prevention Action Network USA
Mental Health America	Suicide Prevention Resource Center
National Alliance for the Mentally Ill	The Carter Center Mental Health Program
	Yellow Ribbon Suicide Prevention Program

Extra special thanks to the **National Association of Broadcasters (NAB)** for hosting *Picture This: Depression and Suicide Prevention*. Special thanks also to NAB President and CEO **David Rehr (EIC Trustee)** and NAB Education Foundation President **Marcellus Alexander**; Center for Mental Health Services Director, Division of Prevention, Traumatic Stress, and Special Programs, **Dr. Anne Mathews-Younes**; National Institute of Mental Health Chief, Dissemination Research Program, **Dr. David A. Chambers**; Education Development Center, Associate Center Director, Substance Abuse and Mental Health Services Administration, Director of Communications, **Mark Weber**; and to our *Picture This* entertainment panel, **Padma Atluri, Cindy Baer, EIC Board Director David Goldsmith, US Weekly's John Griffiths, UCLA's Dr. Reef Karim, Alexis Hyder, Rosemary Rodriguez, Darlene Lieblich Tipton, and NAB's Stevan Johnson and Valeria West**. Thanks also to **Brenda Bruun; Dr. Nancy Davis; Dr. Madelyn Gould; Anara Guard, MLS; Dr. Susan Keys; and Dr. Richard McKeon** for their attentive review and contributions to this publication.

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Picture This: Depression and Suicide Prevention was written for the Entertainment Industries Council Inc. by David Michael Conner and Barbara Rosen

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The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

PANEL COMMENTS

What the Entertainment Panelists Said:

Padma Atluri – *Writer, Men in Trees*

“It is necessary to determine how television can be used as a vehicle for change, getting the message on the air. Whether the program is a comedy or drama will dictate the level of depression that can be addressed. It is also necessary to understand the environmental factors, the tone of the show and how it establishes itself. A specific character may need three or four episodes to bring an issue to full light.”

Cindy Baer – *Director/Producer, Purgatory House*

“A project begins with a concept and a script, which must be analyzed to determine the goals. It should be hopeful and inspiring, cohesive and not too depressing. Sometimes the characters will be wise beyond their years and other times act immature. It needs to be edgy and keep people engaged. This piece was like nothing I'd ever read before. While many films dramatize the symptoms of addictions, *Purgatory House* instead focused on the root causes that lead to those addictions. It seemed that Celeste's story could help a whole generation of kids who felt lost in the same way she did. I knew this movie had to be made.”

Alexis Hyder – *Strategic Partnerships & Public Affairs, mtvU*

“Suicide is the second leading killer of college students. We want to initiate a public dialogue to raise awareness about the prevalence of mental health issues on campus and connect students to the appropriate resources to get help. In planning for the campaign, mtvU conducted extensive research on how stress and depression are affecting college students nationwide. Half of Us has teamed with Mary J. Blige and identified college students to tell their stories about attempted suicides. They have also done 10 public service announcements.”

Rosemary Rodriguez – *Director, Without a Trace*

“As a director, I've taken a story about depression, made it as realistic as possible, and then brought it to 15 million viewers. Yet television is a difficult medium to work in as things happen very fast and you have to determine how to get the concept across accurately with only seven days preparation. The show has dealt with many difficult issues including depression and bipolar disorder. People in the industry are artists and as part of the artistic endeavor they want to entertain and move the audience. Everyone cares about the message.”

Darlene Lieblich Tipton – *Vice President, Standards and Practices, Fox Cable Networks*

“While seductive to think that there are no restrictions, by the time the program gets to the public, it is what the network can live with. The viewers are much more forgiving than the sponsors. When Beverly Hills 90210 depicted a story line about sexually transmitted diseases, there were no sponsors for three shows, even though they emphasized treatment.”

SPECIAL MESSAGE TO THE CREATIVE COMMUNITY

Picture This: Major Depressive Disorder (commonly just called “depression”) is the leading cause of disability in the United States for people ages 15-44. In 2004, one person killed his or herself the equivalent of every 16.2 minutes. Suicide is ranked the 11th most frequent cause of death among Americans, with 32,439 people dying by their own hands in 2004 alone.¹

Suicide is a serious public health problem in this country that devastates families and causes tremendous stigma within communities. Suicide results from complex interactions between biological, psychological, social, and environmental factors. It evokes uncomfortable reactions in people, blaming victims and leaving surviving family and friends with enormous feelings of guilt.

Depression and suicide are separate concerns—many people who attempt suicide suffer from depression, but this is not always the case; suicide attempts also may result from other mental illnesses or may be the result of long-standing problems that others may not know about. Of the 14.8 million Americans who live with depression, the majority will probably not attempt suicide.

Depicting suicidal behavior and, especially, suicidal acts on television and in movies is understandably a difficult proposition—one that many people won't approach at all. But because depicting suicide is inevitable in some story lines and because depression is so subtle that it may occur in existing characters who have not yet been diagnosed, it is imperative that writers, directors, producers, actors, and everyone else involved in the creative process understand the realities of depression and suicide-related concerns.

In a step toward achieving this goal, the **EIC**, in collaboration with the **Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (SAMHSA, CMHS)** and the **National Institute of Health's Institute of Mental Health (NIH, NIMH)**, co-sponsored **Picture This: Depression and Suicide Prevention**, a forum for mental health experts, as well as for people who live with depression and for survivors of attempted or completed suicide, to determine priorities for writers, directors, and producers.

Through the convening power of the entertainment industry, all of the associations and individuals listed within this publication came together for a common purpose: to determine the most pressing concerns related to depicting depression- and suicide-related events and prevention onscreen. A panel of entertainment writers explained challenges and opportunities for depicting these issues onscreen and took part in a dialogue with experts and people with firsthand experience who were in the room. This publication is the result of that meeting. It is intended to encourage the creative process, not inhibit it. Within these pages is surprising information about depression and suicide that you may not know, as well as personal stories of those who have experienced depression or suicidality firsthand, and depiction suggestions to get your creative juices flowing.

Sincerely,



Brian Dyak, President and CEO
Entertainment Industries Council, Inc.



INTRODUCTION: *Facts about Suicide*

Suicide is a serious public health problem in this country that devastates families and causes tremendous stigma within communities.

Suicide and Mental Illness

Between 60 percent and 90 percent of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both. Mood disorders (such as bipolar disorder, borderline personality disorder, depression, etc.) and substance abuse are the two most common.^{2, 3, 4, 5, 6}

When both mood disorders and substance abuse are present, the risk for suicide is much greater, particularly for adolescents and young adults.^{5, 6}

Research has shown that when open aggression, anxiety, or agitation is present in individuals who are depressed, the risk for suicide increases significantly.^{7, 8}

Research also shows that the risk for suicide is associated with changes in brain chemicals called neurotransmitters, including serotonin. Decreased levels of serotonin have been found in people with depression, impulsive disorders, a history of suicide attempts, and in the brains of suicide victims.⁹

Suicide and the Media

A research article written by **Dr. Madelyn S. Gould** from the **Division of Child and Adolescent Psychiatry, Columbia University** and **New York State Psychiatric Institute**, states that newspapers, film, and television present opportunities for indirect transmission of suicide contagion by portraying a compelling model for successive suicides. According to Gould, an individual may have a pre-existing motivation to attempt suicide and repeated exposure to suicide-related themes might increase such a person's likelihood of attempting suicide. Gould further states that studies within the past decade in the United States and abroad substantiate earlier research findings demonstrating that *extensive newspaper coverage of suicide is associated with a*

*significant increase in the rate of suicide.*¹⁰ The amount of publicity given to a story and the prominence of its placement also seem to impact the magnitude of the increase in suicide behavior.

In a research study that examined the impact of televised suicide stories on a cross section of high school students, *students exposed to frequent depictions of suicides on television are more likely to attempt suicide.*¹¹ A strong association was also found between knowledge of a real-life suicide, reporting of frequent television suicides, and a suicide attempt.

Given the evidence and concern about suicide contagion, according to Gould, a recommended suicide prevention strategy involves educating reporters, editors, and film and television producers about contagion to facilitate responsible stories that minimize additional harm. In addition, **Gould emphasizes that news and entertainment media can serve a positive role in educating the public about risks for suicide and in shaping attitudes for suicide prevention.**

Recommendations for news reporting now exist in several countries, including the United States; however, none of these guidelines has been conclusively proven to be effective by scientific research. Gould believes in the importance of educating the media on the current state of empirical knowledge while simultaneously improving the knowledge base. **"It is crucial that mental and public health professionals and the media develop a partnership to enhance the effectiveness of the reporting of suicide, while minimizing the risk of imitative suicides."**

The Role of the Entertainment and News Media

In his opening address, EIC President and CEO Brian Dyak spoke about his own experiences in the 1970s working with **Vietnam War veterans** battling the effects of post-traumatic stress disorder (PTSD) and alcoholism. At a time before suicide hot lines and other local services, he partnered with a radio personality and told the real-life stories of these young men and their at-risk conditions, promoting the need for community-based services. Local leaders and officials listened and responded, making connections to agencies with available services.

Dyak emphasized the need for the media to disseminate the message about depression and suicide prevention

Living with Major Depression⁵⁸

People living with depression and having suicidal thoughts are finding solace in online communities, where they can speak candidly and anonymously about their worries to people who understand. The National Alliance on Mental Illness (NAMI), has a community of online discussion groups for people with major depression, bipolar disorder, and other mental illnesses.

A quick look at these message boards reveals headings such as "...and the Walls Come Tumbling Down," "NO REASON TO GO ON... WHY PUT OFF THE INEVITABLE?" and "Too much stress to handle!!!"

If you are working on a character who is battling depression or another mental illness, a visit to http://www.nami.org/template.cfm?section=Living_With will give you hundreds of examples of how people in such a state of mind think and feel. You may even find that the message boards will come in handy for you or someone you know.

through fictional story lines (i.e., television shows and movies), real-life reporting, billboards, and public service announcements on television and radio. Crediting our industry—television, movies, music, and other creative media—with the best minds, a boundless ability for creative thinking, the capacity for understanding the critical nature of the situation, and an unparalleled power to influence billions of people the world over, he called upon creative professionals to play a part with ideas and story lines. He further urged the entertainment industry to become a viable partner in the effort to communicate information about suicide prevention, depression, and other mental health concerns to the public.

Onscreen Depiction Suggestions

The following depiction recommendations were adapted for the entertainment industry by the Entertainment Industries Council from a document originally developed for the news media entitled **"Reporting on Suicide: Recommendations for the Media,"** a collaborative effort of the **Centers for Disease Control and Prevention, National Institute of Mental Health, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration, American Foundation for Suicide Prevention, American Association of Suicidology** and **Annenberg Public Policy Center**, in collaboration with **World Health Organization, National Swedish Centre for Suicide Research, and New Zealand Youth Suicide Prevention Strategy**. The recommendations can be found on the **Suicide Prevention Resource Center** online at <http://www.sprc.org/library/sreporting.pdf>.

Suicide Contagion

Between 1984 and 1987, journalists in Vienna covered the deaths of individuals who jumped in front of subway trains. The coverage was extensive and dramatic. In 1987, a campaign alerted reporters to the possible negative side effects of such reporting and suggested alternative strategies for coverage. In the first six months after the campaign began, subway suicides and nonfatal attempts dropped by more than 80 percent. The total number of suicides throughout Vienna dropped as well.

Research finds an increase in suicide by readers or viewers when

- The number of stories about individual suicides increases.
- A particular death is reported at length or several times.
- The story of an individual death by suicide is placed on the front page or at the beginning of a news broadcast.
- The headlines about specific suicide deaths are dramatic (i.e., "Boy, 10, Kills Himself Over Poor Grades").

Suggestions for Entertainment Depictions

- Certain ways of showing suicide onscreen may contribute to what behavioral scientists call "suicide contagion" or "copycat" suicides.
- Research suggests that romanticizing suicide or idealizing those who take their own lives (e.g., a noble warrior or ritual suicide) as heroic or romantic may encourage others to identify with the victim.
- Exposure to suicide methods can encourage vulnerable people to imitate what they have seen. Clinicians believe the danger is even greater if there is a detailed description of the method. Research indicates that detailed descriptions or pictures of the location or site of a suicide encourage imitation.
- Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.

Questions to Ask of Your Characters and Story Lines Involving Suicide

- Had the victim ever received treatment for depression or any other mental disorder?
- Did the victim have a problem with substance abuse?
- Does the story line convey that effective treatments for most conditions leading to suicidal thoughts are available (but underutilized)?

- Does the story line acknowledge the deceased person's problems and struggles as well as the positive aspects of his or her life to give a more balanced characterization?
- Does the audience see the realistically devastating effects of suicide on surviving relatives and friends?

A Couple of Concerns

- Dramatizing the impact of suicide through descriptions and pictures of grieving relatives, teachers or classmates, or community expressions of grief may encourage potential victims to see suicide as a way of getting attention or as a form of retaliation against others.
- Using adolescents on reality TV or in print media to tell the stories of their suicide attempts may be harmful to the adolescents themselves or may encourage other vulnerable young people to seek attention in this way.



Special Language Concerns

- Whenever possible, it is preferable to avoid referring to suicide as a selling point. Unless the suicide death was a true-life, high-profile event and the death took place in public, the cause of death should be embedded in the story and not in its promo or log line.
- It is preferable to describe the deceased as “having died by suicide” rather than as “a suicide” or having “committed suicide.” The latter two expressions reduce the person to the mode of death or connote criminal or sinful behavior (i.e., “committing” suicide is equated with “committing” a crime).
- Contrasting “suicide deaths” with “nonfatal attempts” is preferable to using terms such as “successful,” “unsuccessful,” or “failed.” Try not to use the terms “successful suicide,” “unsuccessful suicide,” or “failed suicide attempt.”

**For more recommendations, see p. 16,
Depiction Suicide: When Is It Worth It?**

DID YOU KNOW? CELEBRITY DEATHS by suicide are more likely than non-celebrity deaths to produce imitation. Although most suicides by celebrities will receive attention, it is important not to let the glamour of the individual take precedence over any mental health problems or drug use.



DEPICTION PRIORITIES

We asked our *Picture This* experts **this question:** If you saw depression or suicide addressed on television or in a film for **three to five minutes**, what are the most important aspects of the issue to communicate to audiences? Following are the main points identified by our experts:

First Priority: Recognize that suicide is preventable and depression is treatable.

- Thoughts of suicide are complex. Depressed or suicidal characters will be much more believable—and, therefore, make more effective characters—if they are depicted with depth and profundity.
- There can be dramatic entertainment value to depicting characters who survive suicide attempts.
- Suicidal behaviors are not immediate. Many suicide attempts are driven by long-term depression. Think about this before showing a character who tries to solve a problem by attempting suicide.
- Substance abuse is often associated with depression and suicide. Consider the relationships between substance abuse and mental illnesses when depicting these issues.
- People can recover from depression and suicidal acts. Consider what stories can be told about people who have come through the bleakness of depression or a suicide attempt to find hope in the world.
- Antidepressants can be useful in preventing suicidal behaviors among people with major depression. Likewise, professional psychiatric care, psychotherapy, and especially a combination of the two, can save lives when needed. By showing characters seeking professional help when they need it, viewers will be cued to do the same. This simple depiction may save a real person's life.

Second Priority: *Recognize that suicide victims and survivors can be anyone. They come from different occupations, age groups, ethnic groups, etc.*

- Some specific demographic populations are at a heightened risk for depression and suicide (see sidebar: High-Risk Populations); however, depression and suicide can affect **anyone**.
- Consider showing people's misconceptions that certain people—for example, those with plenty of money, in seemingly happy relationships, etc.—can't possibly be depressed or consider suicide as incorrect.
- Think about how one person's suicide or suicide attempt affects other people. For example, when someone attempts suicide, it always alarms friends and family and can even deepen existing depressive tendencies in certain people.
- While anyone can suffer from depression or can have suicidal thoughts, the stigma surrounding mental illness and seeking help keeps many people from talking about it and seeking treatment, which could prevent suicide attempts. Consider showing how the stigma surrounding mental illness and help-seeking behaviors, even from specific cultural groups, can prevent diagnosis and treatment.

Third Priority: *Show that suicide has consequences.*

- Always try to keep in mind that the effects of a suicide or suicide attempt do not end with one person's life. When someone attempts or completes a suicide, his or her death or near-death compounds the normal loss that loved ones feel when someone dies or becomes terminally ill. Suicidal behaviors involve guilt, shame, fear, and other mental stresses and can result in **post-traumatic stress disorder (PTSD)** among people who have suicidal feelings and those around them.
- Think about the legacy of suicide within a family and its effect on family and friends. Families' coping and the domino effect are often hidden issues.

- Family members, friends, and acquaintances are often seriously affected by other people's depression and/or suicidal behaviors. Show how depression and suicide affect the family and friends of people who are immediately impacted.

Fourth Priority: *People—especially young adults—need to understand what to do if someone they know attempts suicide or shows signs of suicidal behavior.*

- Suicidal behaviors almost always show warning signs. (see sidebar: *Suicide Warning Signs*.) Keep this in mind, as these warning signs are nuances that will make your characters more interesting and realistic.
- Think about ways to show depressed or suicidal characters seeking help. This will model help-seeking behaviors

Signs and Symptoms of Depression

- Prolonged sadness or unexplained crying spells.
- Significant changes in appetite and sleep patterns.
- Irritability, anger, worry, agitation, anxiety.
- Pessimism, indifference.
- Loss of energy, persistent lethargy.
- Feelings of guilt, worthlessness.
- Inability to concentrate, indecisiveness.
- Inability to take pleasure in former interests, social withdrawal.
- Unexplained aches and pains.
- Recurring thoughts of death or suicide.

RISK FACTORS FOR SUICIDE

Biopsychosocial Risk Factors

- *Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders*
- *Alcohol and other substance use disorders*
- *Hopelessness*
- *Impulsive and/or aggressive tendencies*
- *History of trauma or abuse*
- *Some major physical illnesses*
- *Previous suicide attempt*
- *Family history of suicide*

Environmental Risk Factors

- *Job or financial loss*
- *Relational or social loss*
- *Easy access to lethal means*
- *Local clusters of suicide that have a contagious influence*

Sociocultural Risk Factors

- *Lack of social support and sense of isolation*
- *Stigma associated with help-seeking behavior*
- *Barriers to accessing health care, especially mental health and substance abuse treatment*
- *Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)*
- *Exposure to, including through the media, and influence of others who have died by suicide⁵⁹*

in viewers and will make it clear to faithful fans that characters, like real people, often keep looking for help even when seriously depressed.

- While primary prevention is not easy to incorporate in a story arc, consider showing kids talking about suicide in an honest, helpful way and provide an opportunity for expert advice by another character — a doctor or other medical or psychiatric professional.
- Take into account **visual** ways to convey that someone is not alone. People can call suicide hotlines, seek out support groups, and consult mental health professionals available for 24-hour intervention.
- Bring to the forefront the benefits of friends and support systems, especially peer support for young people.

Fifth Priority: Understand that current research can alleviate concerns about depictions.

- Be aware of the potential risks of portraying suicide; always relay information responsibly, employing resources to honor accuracy.
- Depictions can unfold slowly, which will allow viewers to understand the psychology of a character who might develop suicidal thoughts and behaviors. Alarming, sudden acts of suicide onscreen might risk giving the wrong message that suicide can be a solution to problems that can be otherwise resolved through dealing with problems head-on or by the healing effects of time passing.
- Horrific, detailed depictions of suicidal acts onscreen have been said to cause “copycat” behaviors in audiences. Keep this in mind when addressing depression and suicidal behaviors. Be sure that careful depictions of these issues can, in fact, inform viewers and make their lives better in the long run by showing how people might realistically cope with these real-world issues in their own lives.
- Perhaps most importantly, realize that suicide is not a solution to any problem.

SPECIAL RISK FACTORS FOR SPECIFIC POPULATIONS

Risk and protective factors can vary according to age, gender, ethnic group, or occupation, and can vary over time. For example:¹²

- More **women** attempt suicide, more **men** die by suicide.
- 80 percent of completed suicides are **men**.
- **Elderly** comprise 12.6 percent of the population, yet account for 16 percent of suicides.
- **Older white men** have the highest suicide rate of all age groups.
- According to several nationally representative studies, in any given year, about 5 percent to 7 percent of adults have been diagnosed as having a serious mental illness. A similar percentage of **children** (about 5 percent to 9 percent) have been diagnosed with a serious emotional disturbance.

Veterans

An article in the Journal of Epidemiology and Community Health (July 2007) found that **veterans (regardless of when they served or in which branch) were twice as likely as the general population to die by suicide.**¹³

However, National Violent Death Reporting System (NVDRS) data from 17 states shows that **veterans comprised 26 percent of the males who died by suicide in 2004**; veterans also accounted for 26 percent of the male U.S. population (according to the 2000 U.S. Census). While veterans may not be over-represented among people who die of suicide, research indicates that veterans administration services are important venues for potentially identifying and treating at-risk individuals.



Suicide Warning Signs

- *Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.*
- *Looking for ways to kill oneself by seeking access to firearms, available pills, or other means.*
- *Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person.*
- *Feeling hopeless.*
- *Feeling rage or uncontrolled anger or seeking revenge.*
- *Acting reckless or engaging in risky activities—seemingly without thinking.*
- *Feeling trapped—like there's no way out.*
- *Increasing alcohol or drug use.*
- *Withdrawing from friends, family, and society.*
- *Feeling anxious or agitated, being unable to sleep or sleeping all the time.*
- *Experiencing dramatic mood changes.*
- *Seeing no reason for living or having no sense of purpose in life.*

American Indians and Alaska Natives

American Indians and Alaska Natives are at a heightened risk for suicide compared with other demographic groups in the country, according to the Suicide Prevention Action Network USA/Suicide Prevention Resource Center (SPAN USA/SPRC) fact sheet.¹⁴

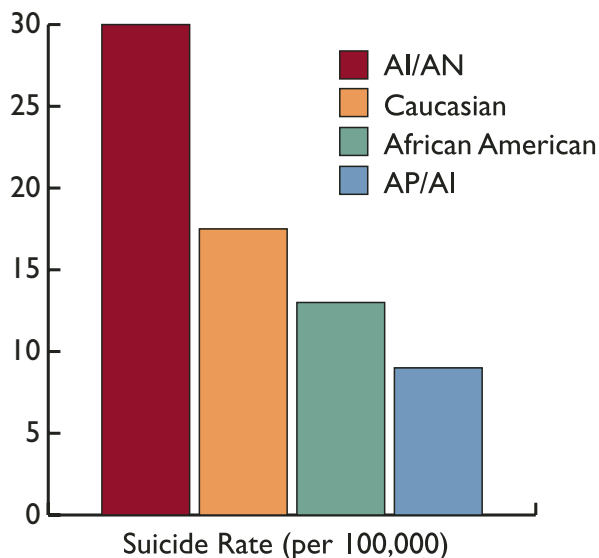
General Statistics¹⁵

- The suicide rate from 1999 to 2004 was 10.84 per 100,000, higher than the overall U.S. rate of 10.75.
- Adults age 25-29 had the highest rate of suicide, at 20.67 per 100,000.
- Suicide ranked as the eighth leading cause of death for American Indians/Alaska Natives (AI/AN) of all ages.
- Suicide ranked as the second leading cause of death for those from age 10-34.

Youth Statistics

- In 2001, 16 percent of AI/AN youth attending Bureau of Indian Affairs schools had attempted suicide in the past 12 months.¹⁶
- From 1999 to 2004, AI/AN males in the 15 to 24 year

*Youth Suicide Rates
by Race/Ethnicity*



old age group had the highest suicide rate, at 27.99 per 100,000, compared to Caucasian (17.54 per 100,000), African American (12.80 per 100,000), and Asian Pacific/Asian Islander (AP/AI) (8.96 per 100,000) males of the same age.^{12,17}

Mental Health Considerations

- When compared with other racial and ethnic groups, AI/AN youth have more serious problems with mental health disorders related to suicide, such as anxiety, substance abuse, and depression.¹⁸
- Mental health services are not easily accessible to American Indians and Alaska Natives due to
 - Lack of funding
 - Culturally inappropriate services
 - Mental health professional shortages and high turnover^{19, 20}

Latinos

- Latinos, particularly Latina women, are at increasing risk of suicide ideation and suicide attempts in the United States. They are more likely to have considered suicide, have a specific plan, and have attempted suicide than African Americans and Whites.
- However, overall, Latinos are at a lower risk for suicide than other groups.
- According to the Youth Risk Behavior Survey, 35.4 percent of Latino youth have felt so sad or helpless that they have stopped usual activities almost every day for two weeks.
- Among those at greatest risk are students who perform poorly and experience negative reinforcement and those who experience less parental-child interaction.^{21, 22}

Asian Americans and Pacific Islanders

According to Asian Community Mental Health Services (ACMHS), Asian Americans and Pacific Islanders most often seek support for depression.

General Statistics

The Centers for Disease Control and Prevention (CDC) reports that, between 1999 and 2004, in the Asian American and Pacific Islander Population

- The suicide rate was 5.40 per 100,000, approximately half the overall U.S. rate of 10.75 per 100,000.^{23, 24}
- The highest rate, 27.43 per 100,000, was found among adult males 85 and older.²⁵
- Suicide ranked as the eighth leading cause of death for all ages (compared to 11th for the overall U.S. population).²⁵
- Elderly Asian American/Pacific Islander women have higher rates of suicide than Caucasian and African American people. For women 75 and older, the suicide rate for Asian Americans/Pacific Islanders was 7.95 per 100,000, compared to the Caucasian rate of 4.18 and African American rate of 1.18.²⁵

Youth Statistics

- In the 12 months preceding the Youth Risk Behavior Survey, Asian American and Pacific Islander high school students were as likely as their counterparts to have attempted suicide.²⁶
- Suicide ranked as the second leading cause of death for those 15-24 years old.²⁷

Mental Health Considerations

- According to SPAN USA²³, one study found that Asian Americans and Pacific Islanders are significantly less likely than Caucasians to mention their mental health concerns to
 - Friends or relatives (12% vs. 25%)
 - Mental health professionals (4% vs. 26%)
 - Physicians (2% vs. 13%)²⁸
- Asian Americans do not access mental health treatment as much as other racial or ethnic groups do, perhaps due to strong stigma related to mental illness. Emotional problems may be viewed as shameful and distressing, and this may limit help-seeking behaviors. Asian Americans also may rely on family to solve problems rather than seeking professional help.²⁹
- Concern about negatively affecting their social network and expectation of low effectiveness also may keep them from seeking help.³⁰

Additional Indicators

- *Picking fights, arguing.*
- *Refusing help, feeling beyond help.*
- *Sudden improvement in mood after being down or withdrawn.*
- *Neglect of appearance, hygiene.*
- *Dropping out of activities.*
- *Giving away favorite possessions.*
- *Verbal clues (see below)*
- *A detailed plan for how, when, and where.*
- *Obtaining a weapon.*
- *Suicidal gestures. (e.g., overdose, cutting)*

Direct Verbal Clues

- *"I wish I were dead."*
- *"I'm going to end it all."*
- *"I've decided to kill myself."*
- *"I believe in suicide."*
- *"If such and such doesn't happen, I'll kill myself."*

Less Direct Verbal Cues

- *"You will be better off without me."*
- *"I'm so tired of it all."*
- *"What's the point of living?"*
- *"Here, take this. I won't be needing it anymore."*
- *"Pretty soon you won't have to worry about me."*
- *"Goodbye, we all have to say goodbye."*
- *"How do you become an organ donor?"*
- *"Who cares if I am dead anyway?"*

This list of warning signs is promoted by the National Suicide Prevention Lifeline (www.suicidepreventionlifeline.org), and the other indicators come from the National Center for Suicide Prevention Training.

For more information go to www.ncspt.org

Betty Hong, ACMHS executive director, notes, "in many Asian cultures, the stigma surrounding mental illness is so extreme that it is thought to reflect poorly on family lineage. The association could thereby diminish marriage and economic prospects for other family members as well."³¹

"The stigma of mental illness limits education, prevention, and treatment for our community. In addition, the labeling of Asian & Pacific Islanders with the false stereotype of the 'model minority'—highly successful, well-educated, and upwardly mobile—exacerbates the cultural stigma surrounding mental illness. The stigma is so great that it prevents those who may need support from seeking treatment altogether," says Hong.

According to ACMHS, "For Asian women and girls, the stigma of mental illness is compounded because of the high standards placed on them. In some traditional cultures, females are supposed to be perfect daughters, wives, mothers, and nurturers, always putting others' needs ahead of their own. For Asian Americans, the 'model minority' stereotype underscores that traditional expectation and adds the role of the perfect professional career woman and caretaker for both sets of elderly parents and in-laws."

The ACMHS notes that some traditional beliefs and practices specific to various Asian ethnic groups can sometimes deter people of Asian origin from seeking help. To read more about this, go to http://www.acmhs.org/iris_chang_newsbrief.htm.

African Americans

African Americans once reported low rates of suicide, but that has changed over recent years, according to the National Organization for People of Color Against Suicide (NOPCAS).³² See also <http://www.sprc.org/library/black.am.facts.pdf>.

- The rate of suicide for black teens ages 15-19 more than doubled from 1980 through 1995.
- On average, five African Americans die each day from suicide.

General Statistics

- Between 1999 and 2004, the suicide rate for African Americans of all ages was 5.25 per 100,000, about half

The Down & Up Show

Produced by the Depression is Real Coalition, The Down & Up Show is a podcast dedicated to the reality of depression. Each week hosts talk with some of the world's top experts on depression, as well as with people who have been impacted by the illness. The Depression is Real Coalition is made up of leaders in the field of mental health advocacy, including: American Psychiatric Foundation, Depression and Bipolar Support Alliance, League of United Latin American Citizens, Mental Health America, National Alliance on Mental Illness, National Medical Association, and National Urban League.

According to the show, "The reality of depression is that it is a debilitating and potentially deadly medical condition that affects some 19 million Americans every year. The other reality of depression is that there is hope."

To listen to the show, go to <http://podcast.depressionisreal.org/>.

the overall U.S. rate of 10.75 per 100,000.³³

- Young males (ages 20-24) had the highest rate of suicide in the Black American population, 18.18 per 100,000.³⁴
- Suicide was the third leading cause of death for Black Americans between the ages of 15 and 24.³⁴
- Black Americans have a lifetime prevalence rate of attempted suicide of 4.1 percent, similar to the general population rate of 4.6 percent.³⁴

Youth Statistics

- 7.6 percent of African American high school students reported having made a suicide attempt. (vs. 8.4% of U.S.)³⁴

PREVENTING SUICIDE

What can be done to prevent suicide?

Research helps determine which factors can be modified to help prevent suicide and which interventions are appropriate for specific groups of people. Because research has shown that mental and substance-abuse disorders are major risk factors for suicide, many programs focus on treating these disorders.

Studies show that a type of psychotherapy called **cognitive therapy** reduced the rate of repeated suicide attempts by 50 percent during a year of follow-up. A previous suicide attempt is among the strongest predictors of subsequent suicide, and cognitive therapy helps suicide attempters consider alternative actions when thoughts of self-harm arise.⁶⁰

Specific kinds of psychotherapy may be helpful for specific groups of people. For example, a recent study showed that a treatment called **dialectical behavior therapy** reduced suicide attempts by half, compared with other kinds of therapy, in people with borderline personality disorder (a serious disorder of personality with a mood/affective component).⁶¹

The medication **clozapine** is approved by the Food and Drug Administration for suicide prevention in people with schizophrenia.⁶² Other promising medications and psychosocial treatments for suicidal people are being tested.

Since research shows that older adults and women who die by suicide are likely to have seen a primary care provider in the year before death, **improving primary care providers' ability to recognize and treat risk factors may help prevent suicide among these groups.**⁶³

Protective Factors⁶⁴

- Effective clinical care for mental, physical, and substance use disorders.
- Easy access for a variety of clinical interventions and support for help-seeking.
- Restricted access to highly lethal means of suicide.
- Strong connections to family and community support.
- Support through ongoing medical and mental health care relationships.
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes.
- Cultural and religious beliefs that discourage suicide and support self-preservation.

DEPICTING SUICIDE: When is it worth it?

The following recommendations have been adapted from national recommendations for news media reports of suicide-related stories.

- 1.** Consider whether depicting a suicide, suicidal thoughts, or attempted suicide is crucial to your story line. If it is, try to be true to the character's psychology and present warning signs and symptoms of depression and/or suicidal thoughts so that the character doesn't seem to solve his or her problems with a suicidal act (which would increase the risk of audiences coming away with the wrong idea that suicide can be a solution to problems).
- 2.** Keep in mind that suicide is never a mysterious act by an otherwise "healthy" or "high-achieving" person. People who attempt suicide almost always are responding to significant life pressures, stresses, or trauma.
- 3.** Be aware that suicide is most often a fatal complication of different types of mental illness, many of which are treatable.
- 4.** Suicide always becomes a personal tragedy, not only to the person who completes a suicidal act, but also to friends, family, and others around that person. If you are inclined to portray suicide as romantic, noble, or brave, try to show the reality that those around the person who attempts suicide will have to live through after the fact; in almost no case will their lives feel romantic.
- 5.** Think carefully before detailing any methods of suicide in such a way that a viewer might be able to copy the act. (For example, in the case of a suicide by overdose, try not to indicate what pills are taken, or if a suicide is by hanging, carefully evaluate how much detail is shown regarding how to tie a slip knot.)
- 6.** In most cases, the greatest humanity comes through characters who live through pain, suffering, and other major life events. Depicting a suicidal act as the climax of your story line doesn't tell the whole story—what happens after a suicide attempt usually is more emotionally resonant than the events leading up to it. If a suicide is part of your story line, think about moving the story beyond the completed suicide to show how the suicidal character's death affected those around him or her.
- 7.** Consider incorporating information in your onscreen depiction that provides actual resource information that the character may have had access to, and that viewers who may be feeling suicidal can access to save themselves.

SOMETHING TO REMEMBER: *According to NIMH, the risk of "copycat" suicides can be minimized by "factual and concise" depictions of suicide, as prolonged exposure to details about suicide may increase the perceived appeal. Also, making sure to detail the complex feelings involved in suicidal behaviors and suicidal thoughts will reduce the likelihood that any viewer will interpret suicide as an effective solution to a temporary problem.*

- 9.6 percent reported having made a suicide plan. (vs. 16.9% U.S.)³⁴
- 12.2 percent reported having seriously considered attempting suicide. (vs. 16.9% U.S.)³⁴

More Females than Males Reported

- Seriously considering suicide. (17.1% vs. 7%)
- Making a suicide plan. (13.5% vs. 5.5%)
- Making a suicide attempt. (9.8% vs. 5.2%)

Mental Health Considerations

- While surveys reveal that the rate of mental illness among African Americans is similar to that of Caucasians, evidence suggests that higher rates of mental illness among African Americans might be detected if researchers surveyed individuals within psychiatric hospitals, prisons, and poor rural communities, where psychiatric help is not readily available.³⁵
- One study concluded that most African Americans with major depression do not receive treatment: less than half of African Americans and less than a quarter of Caribbean Black Americans with severe depression received treatment. Evidence shows that Black Americans who do receive treatment get poorer quality care than Caucasians.³⁶

Senior Citizens

Senior Citizens often go unrecognized, yet suicide is quite prevalent in men over 65. Suicide rates increase with age and are very high among those 65 years and older.³⁷ Among males, adults age 75 years and older have the highest rate of suicide (rate 37.4 per 100,000 population).³⁸ Most elderly suicide victims are seen by their primary care provider a few weeks prior to their suicide attempt and diagnosed with their first episode of mild to moderate depression.

Older Americans are disproportionately likely to die by suicide.

- Although they comprise only 12 percent of the U.S. population, people age 65 and older accounted for 16 percent of suicide deaths in 2004.³⁹
- 14.3 of every 100,000 people age 65 and older died by

suicide in 2004, higher than the rate of about 11 per 100,000 in the general population.³⁹

- Non-Hispanic white men age 85 and older were most likely to die by suicide. They had a rate of 49.8 suicide deaths per 100,000 persons in that age group.³⁹

Lesbian, Gay, Bisexual, and Transgender

Lesbian, Gay, Bisexual, and Transgender (LGBT) people have extremely high rates of depression and suicidal thoughts and attempts. A new white paper from the Suicide Prevention Resource Center (SPRC)⁴⁰ contributes important findings to existing research on suicide among LGBT people. Among the information in the white paper is the following.

- The bulk of reviews of the research on lesbian, gay, and bisexual (LGB) people who attempted suicide conclude that young LGB people have a significantly higher risk of attempting suicide than heterosexual young people and that most attempted suicides among LGB people occur during adolescence or young adulthood.^{41, 42}
- Suicide attempt rates (over the course of a person's lifetime) range from 52.4 percent (9th and 12th grade) for lesbian and bisexual (LB) females to 29 percent for gay and bisexual (GB) (9th and 12th grade) males.⁴³ Compared with heterosexual suicide attempt rates of 4.6 percent, according to the National Comorbidity Survey.⁴⁴
- According to a study by A.R., D'Augelli and S. Hersberger, LGB youth were three times more likely to report attempted suicide than heterosexual youth.⁴⁵
- Russell and Joyner (2001) found that the risk of attempting suicide was twice as high among LGB youth as among heterosexual youth.⁴⁶

Though specific numbers vary, the research generally agrees that LGB youth face much higher levels of suicidal ideation than their heterosexual peers.

- Cochran and Mays (2001) found that 41.2 percent of gay men ages 17-39 reported suicidal ideation, while only 17.2 percent of similarly aged heterosexual men did so.⁴⁷
- Eisenberg and Resnick (2006) found that 47.3 percent of GB adolescent boys and 72.9 percent of LB adolescent girls reported suicidal ideation (compared with

34.7% non-GB adolescent boys and 53% non-LB adolescent girls).⁴³

- Remafedi and his colleagues found that 31.2 percent of GB male high school students reported suicidal ideation, as did 36.4 percent of LB female students. The proportions for heterosexual students were 20.1 percent and 34.3 percent respectively.⁴⁸

Kitts did a literature review and concludes that the research reveals that the elevated risk of suicide attempts among LGB adolescents is a consequence of the increased psychosocial stressors associated with being LGB, including gender nonconformity, victimization, lack of support, dropping out of school, family problems, acquaintances' suicide attempts, homelessness, substance abuse, depression, and other psychological disorders. Although risk factors are experienced by heterosexual adolescents, they are more prevalent in LGB youth.⁴⁹

Youth

Youth suicide is a major public health problem in the United States. In 2004, suicide was the third leading cause of death among youths and young adults age 10 to 24 years in the United States, accounting for 4,599 deaths.^{50,51,52} While the overall rate of suicide among young people has declined slowly since 1992 (Lubell, Swahn, Crosby, and Kegler 2004), the rates still remain high. *Psychiatric disorders, a history of abuse, substance abuse, academic problems, juvenile corrections involvement, and related problems are major contributors to suicidal behaviors among young people, and normal adolescent stress alone will not lead otherwise healthy young people toward suicidal thoughts or actions.* In spite of these pervasive emotions, not enough schools and communities have suicide prevention plans that include screening, referral, and crisis intervention programs for youth.

In the aftermath of the mass murder of 32 students and professors at Virginia Tech University on April 16, debate unfolded about the commitment and availability of psychiatric services on campuses around the country. According to Dr. Jerald Kay, professor and chair of psychiatry at Wright State University in Dayton, Ohio, some universities and colleges are extraordinarily underserved and students in significant numbers who need treatment don't take advantage of it, either due to stigma or lack of access.⁵³

The prevalence of psychological problems among college youth is relatively widespread, according to Bruce Cohen, MD, an associate professor of psychiatry and neurobehav-

ioral sciences at the University of Virginia in Charlottesville and director of its forensic psychiatry residency training program. The spring 2006 National College Health Assessment, produced by the American College Health Association, said that 45 percent of students surveyed felt so depressed at some point in the school year that they found it hard to function. Nine percent had experienced suicidal ideation, and 1.3 percent had attempted suicide.⁵⁴

The student health director at Washington University in St. Louis stressed the importance of recognizing the signs of depression and suicidal tendencies and keeping the lines of communication open to divert a tragedy.⁵⁵ "Depression and suicide are the largest health issues facing college students," says Alan Glass, MD, director of student health and counseling and a member of the American College Health Association's Board of Directors. "Universities have realized that more and more resources must be focused on these areas."


College Students have "increased incidence of depression," according to a study from the Suicide Prevention Resource Center.⁵⁶ Another study⁵⁷ reports that "students experience more stress, more anxiety, and more depression than a decade ago. Some of these increases were dramatic. **The number of students seen each year with depression doubled, while the number of suicidal students tripled, and the number of students seen after a sexual assault quadrupled.**" However, while some college-related factors may contribute to suicidal behavior, it is important to note that same-aged youth who are *not* in college are actually at a higher risk for suicide attempts than are college students.

Factors that May Contribute to Suicidal Behavior among College Students

- Major life transitions, such as leaving home for the first time, may exacerbate existing psychological difficulties or trigger new ones.
- College campuses may contribute to the development of students' stress disorders—including suicidal behaviors—that are consequences of perceived or real stress.
- Parental pressure to succeed and economic pressure to successfully complete a course of education and training in a shorter period of time may increase stress.
- Graduate students have the highest rates of suicide.⁵⁵
 - Women in graduate school are at the greatest risk among college students.

- Older students returning to school after being out of school for a significant period have high suicide rates.
- Mounting financial burdens, worries about time away from careers and being out of the workplace, and uncertainties about the future job market (especially for those pursuing research and academic careers) are additional stressors for grad students.

CONSIDER creating PSA messages to be shown immediately after a production that addresses suicide and/or depression to offer resources and information, including Web access. EIC can connect you with the right experts to help craft a short message for such PSAs.



NIMH: More Research Needed on Minority Suicide Survivors⁶⁵

A 2003 workshop on survivors of suicide (friends, family, loved ones, and acquaintances of those who have killed themselves) reported that “there is insufficient research on suicide survivors from different cultural, racial, or ethnic backgrounds to draw conclusions regarding possible differences in responses or experiences of survivorship. And virtually no research has been conducted on the impact of suicide among gay and lesbian survivors, nor families who have lost more than one member to suicide.”

NATIONAL STRATEGY FOR SUICIDE PREVENTION: GOALS AND OBJECTIVES FOR ACTION

In 2001, the Office of the U.S. Surgeon General issued the National Strategy for Suicide Prevention: Goals and Objectives for Action. As part of Goal 9, “Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media,” there were the following objectives:

Objective 9.2: *Increase the proportion of television programs and movies that observe promoting accurate and responsible depiction of suicidal behavior, mental illness and related issues.*

Objective 9.3: *By 2005, increase the proportion of news reports on suicide that observe consensus reporting recommendations.*

Also included were the following Ideas for Action:

Ideas For Action

Implement a media monitoring process to provide entertainment media and sponsors of television programming informed support of appropriate coverage and constructive critiques of misleading or hurtful depictions of suicide, mental illness, substance use disorders, or mental health and substance abuse treatments.

Ideas For Action

Develop and provide press information kits that provide a resource for reporting on suicide and contact information for local spokespersons who may provide additional information.

The National Strategy identified the Entertainment Industries Council and its Web site, www.eiconline.org, as a primary resource for entertainment professionals seeking information on mental health. EIC encourages our colleagues in the entertainment industry to work toward the goals of the National Strategy for Suicide Prevention.

ADDITIONAL INFORMATION

Active Minds, Inc.

1875 Connecticut Avenue NW, Suite 418
Washington, DC 20009
Phone: (202) 719-1177

www.activemindsoncampus.org

Active Minds is a national organization that develops and supports student-run mental health awareness, education, and advocacy groups on the college campus. Each peer group works to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community. By planning campus-wide events that promote awareness and education, the group aims to remove the stigma that surrounds mental illness and create a comfortable environment for open discussion of mental health issues.

American Association of Suicidology

4201 Connecticut Avenue NW, Suite 408
Washington, DC 20008
Phone: (202) 237-2280

www.suicidology.org

The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. Founded in 1968, AAS promotes research, public awareness programs, public education, and training for professionals and volunteers. AAS serves as a national clearinghouse for information on suicide.

American Foundation for Suicide Prevention

120 Wall Street, 22nd Floor
New York, NY 10005
Phone: (888) 333-2377
Phone: (212) 363-3500

www.afsp.org

The American Foundation for Suicide Prevention is dedicated to advancing knowledge of suicide and its preventable nature. The Foundation can provide writers with information and education about depression and suicide.

American Nurses Association

8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
Phone: (301) 628-5000

nursingworld.org

The American Nurses Association (ANA) is the only full-service professional organization representing the nation's 2.9 million registered nurses (RNs) through its 54 constituent member associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Bazon Center for Mental Health Law

1101 15th Street NW, Suite 1212

Washington, DC 20005

Phone: (202) 467-5730

www.bazon.org

For three decades, the Judge David L. Bazon Center for Mental Health Law has been the nation's leading legal advocate for people with mental disabilities. Its precedent-setting litigation has outlawed institutional abuse and won protections against arbitrary confinement. In the courts and in Congress, its advocacy has opened up public schools, workplaces, housing and other opportunities for people with mental disabilities to participate in community life.

Columbia University, College of Physicians and Surgeons

630 West 168th Street, P&S 3-401

New York, New York 10032

Phone: (212) 305-3806

<http://cpmcnet.columbia.edu/dept/ps/>

The College of Physicians and Surgeons is guided by the principle that medical education is university education. The acquisition of knowledge and skills is important in professional education, but far more vital is a profound understanding of the science, the art, and the ethic within which both knowledge and skill are applied. As a part of Columbia University, the College builds its curriculum, selects its officers of instruction, and marshals its enormous resources of equipment and clinical experience to develop in the student this understanding of medicine.

Depression and Bipolar Support Alliance

730 N. Franklin Street, Suite 501

Chicago, Illinois 60610-7224

Phone: (800) 826 -3632

www.dbsalliance.org

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably. DBSA was founded in 1985.

Help Starts Here—National Association of Social Workers

750 First Street NE, Suite 700

Washington, DC 20002-4241

Phone: (202) 408-8600

www.helpstartshere.org

The National Association of Social Workers (NASW)'s Help Starts Here Web site provides resources, including true-life stories, which can be used to inspire story ideas. NASW also provides information on national and local resources for people looking for help.

Institute for the Advancement of Social Work Research

750 First Street NE, Suite 700
Washington, DC 20002-4241

www.iaswresearch.org

Institute for the Advancement of Social Work Research (IASWR) promotes social work research conducted under the auspices of other academic and professional organizations. IASWR does not conduct or fund social work research directly, except in surveys on behalf of the profession, which relate to fulfilling Institute goals.

Institute of Medicine

500 Fifth Street NW
Washington, DC 20001

Phone: (202) 334-2352

www.iom.edu

The Institute of Medicine (IOM) of the National Academies is a nonprofit organization that gives science-based advice on matters of biomedical science, medicine, and health. The IOM's mission is to serve as an adviser to the nation to improve health. The Institute provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy.

The Jed Foundation

583 Broadway, Suite 8B
New York, NY 10012
(212) 647-7544

www.jedfoundation.org

The Jed Foundation is the nation's leading organization working to prevent suicide and promote mental health among college students. We are guided by an expert board of mental health professionals in our efforts to identify the underlying causes of suicide and produce effective prevention, awareness, and intervention programs.

Maternal and Child Health Bureau

Parklawn Building Room 18-05
5600 Fishers Lane
Rockville, Maryland 20857
Phone: (301) 443-2170

<http://mchb.hrsa.gov/about/dhsps.htm>

The Bureau focuses—through leadership, performance, and accountability—on accomplishment of five over-arching goals: 1) Provide National Leadership for Maternal and Child Health; 2) Promote an Environment that Supports Maternal and Child Health; 3) Eliminate Health Barriers and Disparities; 4) Improve the Health Infrastructure and Systems of Care; and 5) Assure Quality of Care. The Bureau's progress—or accountability—toward goal achievement is reported annually.

AN ENTERTAINMENT INDUSTRY-BASED STRATEGY FOR PREVENTING SUICIDE: NATIONAL STRATEGY FOR SUICIDE PREVENTION

Strategic alliances among agencies within the federal government, coalitions, community-based organizations, practitioners, researchers, survivors, and other partners have been forged to combine resources to develop a nationwide prevention plan. Called the National Strategy for Suicide Prevention (NSSP), it is the first U.S. attempt to prevent suicide through a coordinated approach and to create a catalyst for social change. The NSSP Goals and Objectives for Action was published by the U.S. Department of Health and Human Services (May 2001) and includes guidance from the surgeon general. More information is available at the following Web site: <http://mentalhealth.samhsa.gov/suicideprevention>.

Military OneSource

Phone: (800) 342-9647

www.militaryonesource.com

An information and referral service available 24 hours a day at no cost to military members and their families.

National Alliance on Mental Illness

Colonial Place Three

2107 Wilson Boulevard, Suite 300

Arlington, VA 22201

Phone: (703) 524-7600

Fax: (703) 524-9094

Toll-Free: (800) 950-NAMI

www.nami.org

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a national organization including NAMI organizations in every state and in over 1,100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support, and education.

National Association for Children of Alcoholics

11426 Rockville Pike, Suite 301

Rockville, MD 20852

Phone: (301) 468-0985

Toll-Free: (888) 55-4COAS

Fax: (301) 468-0987

www.nacoa.org

The National Association for Children of Alcoholics (NACoA) is the national nonprofit organization that works on behalf of children of alcohol and drug dependent parents. Because living in an environment of substance abuse during the developmental years can cause a lifetime of both mental and physical health consequences, NACoA works hard to provide help for all children and families affected by alcoholism and other drug dependencies. To accomplish this, they work to raise public awareness and provide leadership in public policy at all levels. They also provide educational materials to facilitate professional knowledge and understanding of the situations of these children.

National Center for Suicide Prevention Training

55 Chapel Street

Newton, MA 02458-1060

Phone: (617) 618-2380

www.ncspt.org/courses/orientation

The National Center for Suicide Prevention Training (NCSPT) currently has four internet-based workshops available:

- Locating, Understanding, and Presenting Youth Suicide Data
- Planning and Evaluation for Youth Suicide Prevention
- Youth Suicide Prevention: An Introduction to Gatekeeping
- The Research Evidence for Suicide as a Preventable Public Health Problem

The online workshops provide educational resources to help public officials, service providers, community-based coalitions, and other interested individuals develop effective suicide prevention programs and policies.

The National Center for Victims of Crime

2000 M Street NW, Suite 480
Washington, DC 20036
Phone: 202-467-8729
Fax: (202) 467-8701

www.ncvc.org

The National Center for Victims of Crime (NCVC) works to help victims of crime rebuild their lives. In some cases, this means helping victims deal with the painful mental health side effects they may be experiencing. In order to do this, NCVC collaborates with local, state, and federal partners to advocate for laws and public policies, deliver training and technical assistance to victim service organizations, and foster cutting-edge thinking about the impact of crime and the ways in which each of us can help victims regain control of their lives. They also work to provide direct assistance and resources to victims.

National Institute of Mental Health

6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: (301) 443-4513 or (866) 615-NIMH (6464)

www.nimh.nih.gov

The National Institute of Mental Health (NIMH) is one of 27 components of the National Institutes of Health (NIH), the federal government's principal biomedical and behavioral research agency. NIH is part of the U.S. Department of Health and Human Services. Its mission is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. This public health mandate demands that NIMH harness powerful scientific tools to achieve better understanding, treatment, and eventually, prevention of these disabling conditions that affect millions of Americans. NIMH's publication, *In Harm's Way: Suicide in America*, is available from the NIMH Web site.

National Organization for People of Color Against Suicide

4715 Sergeant Road NE
Washington, DC 20017
Phone: (202) 549-6039
Fax: (866) 899-5317

www.nopcas.com

The National Organization for People of Color Against Suicide (NOPCAS) was formed to curb the increasing numbers of suicides in minority communities. To accomplish this, NOPCAS works at providing new insights on depression and other brain disorders, as well as educating counselors, educators, and bereaved family and friends. NOPCAS also shares information on coping methods, suicide prevention, and interventions.

National Youth Violence Prevention Resource Center

PO Box 6003
Rockville, MD 20849-6003
Phone: (866) 723-3968

www.safeyouth.org

Developed by the Centers for Disease Control (CDC) in partnership with 10 other federal partners, the National Youth Violence Prevention Resource Center (NYVPRC) provides current information pertaining to youth violence that has been developed by federal agencies and the private sector. The NYVPRC is a gateway for professionals, parents, teens, and other interested individuals to obtain comprehensive information about youth violence—including suicide prevention and intervention.

New Mexico Suicide Prevention Coalition

P.O. Box 3631
Albuquerque, NM 87190
Phone: (505) 401-9382

www.nmsuicideprevention.org

The New Mexico Suicide Prevention Coalition is devoted to suicide prevention, intervention, and postvention, and provides education, support, and advocacy to reduce the suicide rate in New Mexico.

The Office of Juvenile Justice and Delinquency Prevention

810 Seventh Street NW
Washington, DC 20531
Phone: (202) 307-5911

ojjdp.ncjrs.org

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs. OJJDP also works to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families. Their publication, "Juvenile Suicides, 1991-1998" (NCJ 196978), draws on CDC-compiled data to examine trends and characteristics of more than 20,000 juvenile suicides during that period. "Juvenile Suicides" is available from the OJJDP website.

DEPRES
Suic

Rape, Abuse, and Incest National Network

2000 L Street, NW, Suite 406
Washington, DC 20036
Fax: (202) 544-3556
Hotline: (800) 656-HOPE

www.rainn.org

The Rape, Abuse, and Incest National Network (RAINN) is the nation's largest anti-sexual assault organization and has been ranked as one of "America's 100 Best Charities" by Worth Magazine. RAINN created and operates the National Sexual Assault Hotline and provides important information about sexual assault prevention, recovery, and prosecution to television, radio, and print news outlets.

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Rockville, MD 20857
Phone: (240) 276-2130

www.samhsa.gov

The vision of the Substance Abuse and Mental Health Services Administration (SAMHSA), "A Life in the Community for Everyone," is based on the premise that people of all ages should have the opportunity for a fulfilling life that includes a job/education, a home, and meaningful personal relationships with friends and family. To achieve this vision, SAMHSA's mission is to support States, local agencies, and individuals that work to build resilience and facilitate recovery for people with or at risk for mental or substance use disorders. SAMHSA uses a public health approach and a matrix of priorities and management principles to guide its activities in pursuit of its vision and mission. The matrix includes 11 program priority areas. They are co-occurring disorders, substance abuse treatment capacity, seclusion and restraint, children and families, mental health system transformation, suicide prevention, homelessness, older adults, HIV/AIDS and Hepatitis, criminal and juvenile justice, and workforce development.

For fast access to the latest information and materials on mental health, substance abuse prevention and treatment, and recovery support services, call 1-877-SAMHSA-7 or visit SAMHSA's website at www.samhsa.gov. For the latest news about SAMHSA grants, publications, campaigns, programs, and statistics and data reports sign up for SAMHSA's eNetwork by visiting <http://www.samhsa.gov/enetwork/> and click Join the Network.



Suicide Awareness Voices of Education (SAVE)

7317 Cahill Road, Suite 207
Minneapolis, MN 55439-2080
Phone: (952) 946-7998

www.save.org

The mission of Suicide Awareness Voices of Education (SAVE) is to prevent suicide through public awareness and education, the elimination of stigma, and by serving as a resource to those touched by suicide. To do this, SAVE works to educate people about the symptoms and warning signs of depression and suicidal thinking, as well as intervention skills that may help prevent suicide.

Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

The National Suicide Prevention Lifeline is a national, 24-hour, and toll-free suicide prevention service available to all those in suicidal crisis who are seeking help. Individuals seeking help can dial 1-800-273-TALK (8255). They will be routed to the closest possible provider of mental health and suicide prevention services. Note: Please DO NOT CALL THE LIFELINE FOR NON-EMERGENCIES OR FOR CREATIVE RESEARCH. However, consider using the Lifeline 1-800 number in story lines that address suicide so that viewers who may be feeling suicidal will know how to reach out for help.

Suicide Prevention Resource Center

Education Development Center Inc.
55 Chapel Street
Newton, MA 02458-1060
Phone: (877) 438-7772

www.sprc.org

The Suicide Prevention Resource Center (SPRC) supports suicide prevention by offering the best of science, skills, and practice. The Center provides technical assistance, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. SPRC has resources for members of the media to assist with onscreen depictions and messaging. Go to www.sprc.org/news/pressroom/index.asp.

The Suicide Prevention Action Network

1025 Vermont Avenue NW, Suite 1200
Washington, DC 20005
Phone: (202) 449-3600

www.spanusa.org

The Suicide Prevention Action Network (SPAN USA) is a non-profit national organization that links the energy of those bereaved or touched by suicide with the expertise of leaders in science, health, business, government and public service to achieve the goal of significantly reducing the national rate of suicide by the year 2010.

The Surgeon General's Call to Action to Prevent Suicide

Office of the Surgeon General
5600 Fishers Lane
Room 18-66
Rockville, MD 20857
Phone: (301) 443-4000
Fax: (301) 443-3574

www.surgeongeneral.gov/library/calltoaction/default.htm

This document introduces a blueprint for addressing suicide: Awareness, Intervention, and Methodology (AIM). This approach is derived from the collaborative deliberations of the 1st National Suicide Prevention Conference participants. As a framework for suicide prevention, AIM includes 15 key recommendations that were refined from consensus and evidence-based findings presented at the Reno conference.

Training Institute for Suicide Assessment and Clinical Interviewing

www.suicideassessment.com

This Web site is designed specifically for mental health professionals, substance-abuse counselors, school counselors, primary care physicians, and psychiatric nurses who are looking for information on the development of suicide prevention skills, crisis intervention skills, and advanced clinical interviewing skills.

Vets4Vets

4192 E. Boulder Springs Way
Tucson, AZ 85712
Phone: (520) 319-5500
Fax: (520) 325-0778

www.vets4vets.us

Founded in 2005 by a Marine Corps combat veteran of Vietnam, Vets4Vets is a place for veterans of today's wars in Afghanistan and Iraq to use peer support to help each other through speaking and listening. Many of today's new veterans are coming home with an overwhelming amount of emotional obstacles in readjusting to life after the hardships or horrors of war.

Yellow Ribbon International Suicide Prevention Program

PO Box 644
Westminster, CO 80036
Phone: (800) 273-TALK

www.yellowribbon.org

Yellow Ribbon is a community-based program using a universal public health approach. This program empowers and educates professionals, adults and youth.

FOOTNOTES

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