What we used to think...

Type 1

Type 2

What we know today...

Ambivalence
Suicide Survivors
A Follow-up Study of Persons Who Survived Jumping from the Golden Gate and San Francisco-Oakland Bay Bridges

DAVID H. ROSEN, MD, San Francisco

Interviews with seven of the known survivors of jumps from the Golden Gate and San Francisco-Oakland Bay Bridges revealed a unique association between the Golden Gate Bridge and suicide. This week we begin exploring the nature of suicidal jumps and will soon look at the experience of those surviving. At the present time, suicides are classified as unsuccessful and preventable. The goal of the present study is to examine the nature of suicidal behavior by jumping and to identify impulsive and substantive qualities. The study was designed using a follow-up questionnaire that was mailed to the survivors of the Golden Gate Bridge suicides. The questionnaire is being completed by a group of 12 people who have made a suicide attempt.

"After all, it is no more surprising to be here now than it is to be here ever."--H.F. H. (1829)

A recent study showed that the rate of suicide among those who jump from these bridges is very high. The study was conducted in a city and involved 1,527 survivors of jumps. The respondents were asked about their reasons for jumping and the nature of suicidal behavior by jumping and to identify impulsive and substantive qualities. The study was designed using a follow-up questionnaire that was mailed to the survivors of the Golden Gate Bridge suicides. The questionnaire is being completed by a group of 12 people who have made a suicide attempt.

Where Are They Now?
A Follow-up Study of Suicide Attempters from the Golden Gate Bridge

Richard H. Simon, Ph.D., M.D.
University of California at Berkeley

ABSTRACT: The Golden Gate Bridge is the second most popular suicide location in the world. In 1973, there were 14 suicide attempts from the bridge, and in 1974, there were 11. The bridge is a suicide location because of its location, its visibility, and its symbolism. The Golden Gate Bridge is a suicide location because of its location, its visibility, and its symbolism. The Golden Gate Bridge is a suicide location because of its location, its visibility, and its symbolism. The Golden Gate Bridge is a suicide location because of its location, its visibility, and its symbolism. The Golden Gate Bridge is a suicide location because of its location, its visibility, and its symbolism. The Golden Gate Bridge is a suicide location because of its location, its visibility, and its symbolism.
The New Yorker

The Bridge

October 11, 2010

Jumpers

By Tad Friend

Shortly after nine o'clock on the morning of Wednesday, March 18th, a real-estate agent named Paul Isard began walking across the Golden Gate Bridge. Midway along the walkway, which crosses pedestrains and cyclists between San Francisco and Marin County, he stopped and looked into the west rain sweeps. Then he screwed himself convulsively with the bridge's windrows cough, a thud. two radio waves known as the "chord." It is on the choral, with its founted and twenty-five-story share San Francisco Bay, that people accustomed to such alternatives often pause. On a sunny day, in the way, the wind is glorious Angel Island to the left, Alcatraz straight ahead, Treasure Island farther off. Knoiting the taj, gray tay of the Ferry Bridge, and, behind it, the sunbeams of the south, San Francisco.

Isard next stopped by a rock wave near the railing, then swung it around his right were five times and crossed it with his right-tied head. He would not be black gloves, black over, black pants, a black T-shirt, and black sunglasses. Through the pinnacles of the bridge and the north of the Bridge, he could see the efforts of the first to the west and the Pacific beyond. Crossing a line on the bridge, the man with the red hair, he moved backward, away from the railing, and waiting for help to arrive.

About a forty-one-year-old U.S. citizen, two a great talking, friendly man who kept a "no limit" sign at his office at Century 21, Monterey Real Estate in Lafayette, across the Bay. The day before, he decided to seek some that the prospect of raising children in San Francisco, not two to his quarters. Isard had been the day, the first of America's new against others. However, to make a statement of opposition.

Resisting to a "9:30" bridge ride for a spokesman, some sidewalk California Highway Patrol officers soon arrived at the bridge, pressed by three mechanics who had been waiting for the bridge. Isard told them that he was ready to speak to the media. As it happened, a quarter of the city's core were at the north end of the bridge. Among them was about the bridge's residents' perception. A firefighter stood out, and Isard began to read a statement about big's...
Important Decade (Programs & Funding):
- Surgeon General David Satcher declares suicide “serious public health problem” (1999)
- SAMHSA develops national network of credentialed crisis centers & 1-800-SUICIDE (2002)
- Garrett Lee Smith grants provide $40 million annually for youth suicide prevention for states, tribes & universities (2004)
- Joshua Omvig legislation provides array of new services from Veterans Affairs (2007)

Clinical Research & Understanding:
- Thomas Joiner’s groundbreaking book Why People Die by Suicide was published (2005)
- Terry Wise key note at first national gathering for survivors of suicide attempts (2005)
- Documentary “The Bridge” (2006)
- Columbia & Rutgers publish on crisis center effectiveness and SRAS best practice (2007)

Current State of Affairs
- Despite Advances, Too Many Lives Lost
  - Arizona 7th highest in 2006 (16/100,000 versus 8/100,000 in Connecticut)
  - 986 died by suicide in Arizona in 2007 (twice the number from homicides)
- Stigma and fear still a major impact
  - We must talk about this difficult subject
  - Broad variability in confidence and skills
  - Some staff relieved for the “suicide” burden to be passed to inpatient care, ER, or niche staff (includes liability and emotional components)
  - Feel inexperienced & lack de-escalation tools
Early signs suggest the number of suicides in the U.S. is up, according to a new report. Suicides have increased 14% in the past year, the highest number since 1999, says the report. The report credits the rise to the economic collapse.

Suicides have increased 14% in the past year, the highest number since 1999, says the report. The report credits the rise to the economic collapse. A recent study published in the Journal of the American Medical Association found that suicide rates are higher in states where the economy is worse.

The report also notes that the increase in suicides is particularly concerning because it is occurring during a time of economic downturn. The report says that the economic crisis has made it harder for people to access mental health services, which may have contributed to the increase in suicides.

The report recommends that more resources be devoted to mental health services and that efforts be made to increase access to care. The report also calls for more research into the link between the economy and mental health.
**Highest risk population (Enrollees)**
- Serious mental illness & addiction
- Major Depression, Bi-polar Disorders, Schizophrenia, Borderline Personality, Anorexia

**Today – Specialized crisis services**
- Niche crisis staff or programs
- Suicide prevention geared toward community at large

**Tomorrow – Core business**
- Change the culture, provide support and equip with skills
- Train entire work-force with ASIST training and infuse latest research
Question 16 of 16.

I have worked with a consumer who ended his/her life by suicide.

- Yes, more than one: 13%
- Yes, one person: 18%
- Don’t know: 6%
- No: 53%

Question 13. TRAINING

I have the TRAINING I need to engage and assist those with suicidal desire and/or intent.

- Completely agree: 41%
- Agree: 10%
- Don’t know: 8%
- Disagree: 18%
- Completely disagree: 5%
Question 14. SKILLS

I have the SKILLS I need to engage those with suicidal desire and/or intent.

<table>
<thead>
<tr>
<th>Completely agree</th>
<th>Agree</th>
<th>Don't know</th>
<th>Disagree</th>
<th>Completely disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>48%</td>
<td>10%</td>
<td>20%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Question 15. SUPPORT

I have the SUPPORT/SUPERVISION to engage and assist with suicidal desire and/or intent.

<table>
<thead>
<tr>
<th>3x</th>
<th>2x</th>
<th>6x</th>
<th>9x</th>
<th>12x</th>
<th>60x</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>20%</td>
<td>8%</td>
<td>14%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Question 2. Prevalence of Suicidal Desire

False. Over one million Americans attempt suicide each year, and over eight million have serious thoughts.
Question 2. Prevalence of Suicidal Desire

Few people want to kill themselves.

<table>
<thead>
<tr>
<th>Agreeance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely agree</td>
<td>38%</td>
</tr>
<tr>
<td>Agree</td>
<td>24%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>15%</td>
</tr>
<tr>
<td>Completely disagree</td>
<td>2%</td>
</tr>
</tbody>
</table>

Question 3. Youth Versus Older Risk

Youth ages 10 to 24 have a significantly greater risk of suicide than individuals ages 65 & older.

**False.**

Insufficient attention has been given to the very high suicide rates among elderly, nearly 50% higher than 10-24 group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Attempts Per Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>25:1</td>
</tr>
<tr>
<td>Youth</td>
<td>100-200:1</td>
</tr>
<tr>
<td>65 and older</td>
<td>4:1</td>
</tr>
</tbody>
</table>

Despite lower rates, youth deaths obviously account for much higher % of total deaths, i.e., 12% versus 0.3%.
Question 4. SMI Versus General Population

The rate of suicide among those SMI is how many times the general population?

Estimated to be at least 6x greater.

Researchers vary but most agree that between 90% and 99% who die have a diagnosable mental disorder (top 5 below):
1. Major Depressive Disorder
2. Bipolar Spectrum Disorder
3. Schizophrenia
4. Borderline Personality Disorder
5. Anorexia Nervosa

Question 5. Direct Suicide Questioning

I am comfortable asking direct and open questions about suicide.

Elizabeth Kubler-Ross. Compared our culture’s feelings about talking openly about death and dying as looking directly into the sun. We tend to only glance at it because of its paralyzing glare and tendency to emotionally disable.

She brought sun glasses by referring to death as a normal human process and event. The American Association of Suicidology believes the same is true for those doing this work, talking about death and suicide openly helps us see the person struggling and provide vital human contact and support.
Question 5. Direct Suicide Questioning

I am comfortable asking direct and open questions about suicide.

<table>
<thead>
<tr>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Com</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ag</td>
<td>34%</td>
<td>9%</td>
<td>31%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Dn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Question 6. Is Suicide Preventable?

If a person is serious about suicide, there is little that can be done to prevent it.

Not true.
Many individuals struggle with ambivalence to the last moments, a fight between the will to live and the desire to end their pain.

In 1975, Dr. David Rosen wrote an in-depth study of six people who survived jumping from the bridge.
Almost unanimously, the survivors said their "will to live had taken over" after they survived. "I was refilled with a new hope and purpose in being alive."

In 1978, Dr. Richard Seiden published "Where Are They Now?," a study of 515 people who were prevented from jumping from the bridge. He found only 6 percent went on to kill themselves.

(San Francisco Chronicle, Nov. 2005)
Question 6. Is Suicide Preventable?

If a person is serious about suicide, there is little that can be done to prevent it.

- Completely agree: 12%
- Agree: 4%
- Don't know: 5%
- Disagree: 38%
- Completely disagree: 5%

Questions 7 & 8. Planting the Idea Myth

Talking about suicide may inadvertently give the person permission to seriously consider it.

Not supported. Research has refuted this idea. Suicidal thoughts are one of the DSM symptoms of major depression. 8.3 million Americans had serious thoughts of suicide last year.

Question 7. Planting the Idea Myth

Talking about suicide may inadvertently give the person permission to seriously consider it.
Question 8. Depression Linked to Suicide

Depression indicates a suicide risk.

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely agree</td>
<td>56%</td>
</tr>
<tr>
<td>Agree</td>
<td>20%</td>
</tr>
<tr>
<td>Don't know</td>
<td>10%</td>
</tr>
<tr>
<td>Disagree</td>
<td>4%</td>
</tr>
<tr>
<td>Completely disagree</td>
<td>3%</td>
</tr>
</tbody>
</table>

Question 9. Emergency Intervention

People have a right to suicide.

Do No Harm. This provocative question was meant to generate dialogue around the importance of emergency intervention by professionals. Our interest is “our” ethics to do no harm and help save lives.

SAMHSA is currently producing an emergency intervention standard protocol for guidance on supporting those at imminent risk.
Question 10. Why People Die by Suicide

Suicide is always unpredictable.

Not true. It's often a process. Most gave some indication they were unhappy, depressed, or considering suicide.

We want to combat stigma head-on so that there is more willingness to discuss openly.

Why People Die by Suicide, Dr. Thomas Joiner

Highest Suicidal Risk exists when the following three components are all present:

- Capability + Intent
- Thwarted Belongingness
- Sense of Burdensomeness
**Question 11. Desire to End Psychic Pain**

Suicidal people want to die.

Not generally. They want their pain to end — they don't necessarily want to die. Joiner's model suggests thwarted belongingness and perception of burdensomeness.
Question 12. Axis II – Borderline Personality

Individuals with Borderline frequently gesture but do not really intend to kill themselves.

Not supported. Approximately 10% end up dying from their suicidal gestures. The life-time prevalence of suicide for Schizophrenia is also between 5% and 10%.

"Why People Die by Suicide" page 18-20
Adaptive Change Structure (2009-2011)

Steering Committee with Formal Guiding Charter

Task Force
Peer

Family Race/Equity Community

Targets of Initiative

Public Sector Community Behavioral Health putting suicide prevention and intervention at the core of its business.

Suicide Prevention & Intervention Clinical Initiative:
Changing the Course of Suicide in Maricopa County Community Mental Health System

Steering Committee Charter (Version 1.2)

Section 1: Mission Statement
The Suicide Prevention & Intervention Steering Committee will operate formally from November 2009 until August 2011 with the ultimate goal of reducing the prevalence of suicide deaths among the 145,000 individuals enrolled in Maricopa Behavioral Health Authority (MBHA) services in Maricopa County, Arizona. Our goal is to engage our provider network of agencies and providers in suicide prevention and intervention at the core of its business.

We believe that principles are paramount towards the fulfillment of this overall mission. The members of this steering committee believe that:

1. A sustainable focus - this is an adaptive change process that will take time, but we must also move quickly enough to shift culture and provide an adequate threshold of staff support for the changes to take root and become a new status quo.
2. Leadership - we need to be mindful of recipient voice and participation, engaging family, race & equity issues, outcomes focus, community integration and provider collaboration.
3. Data-driven & evidence-based - this work must be firmly founded on emerging evidence-based practices and programs and outcomes aggressively measured through quantitative analysis.

It is important to note at the outset that this steering committee does not intend to duplicate the extremely positive work of other groups/programs that already exist, such as the Arizona Suicide Prevention Coalition. This clinical initiative is designed to meet an urgent need that exists here and in many other states – fully equipping all Community Mental Health Center direct staff to engage these enrolled in services so that suicide among those with severe and persistent mental illness ends for those in our care.

What the clinical initiative DOES NOT:
- Targets those enrolled in MBHA services (children and adults served by DMHA or DMHA/MCHI) and the broader community.
- Targets “clinical home” direct care staff to engage them with the attitudes, skills, and knowledge to effectively make those at risk of suicide.
- Engage all agencies that do not have the ultimate responsibility for care.
- More focused on improving the intervention than enhancing prevention.
- More focused on ultimate outcomes/insights than new processes.

Section 2: Meetings
The Suicide Prevention & Intervention Steering Committee will meet for three consecutive months (November 2009 - January 2010) followed by quarterly meetings.

A1. Steering Committee Chair:
The Steering Committee will be co-chaired by a Magellan executive and a community partner.

Section 3: Division of Labor

The Suicide Prevention & Intervention initiative is supported by a structure of groups that support the steering committee.

A1. Steering Committee:
The Steering Committee meets quarterly and provides the over-arching strategic vision. It also offers the support to change culture, policy, funding, etc., required to implement the scale of this enduring initiative.
Original Founding Membership

<table>
<thead>
<tr>
<th>Steering Committee</th>
<th>Representative Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senator Huppenthal</td>
<td>Arizona Legislature</td>
</tr>
<tr>
<td>Beth Alexander</td>
<td>Maricopa County Public Defender</td>
</tr>
<tr>
<td>Gary Brennan</td>
<td>Children's PNO - QCN</td>
</tr>
<tr>
<td>Chief Broderick</td>
<td>Superior Court of Arizona, Probation</td>
</tr>
<tr>
<td>Nancy Digs</td>
<td>Office of the Monitor</td>
</tr>
<tr>
<td>Christy Dye</td>
<td>Adult PNO - Partners in Recovery</td>
</tr>
<tr>
<td>Penny Free</td>
<td>GMH/SA - TERROS</td>
</tr>
<tr>
<td>Bill Kennard</td>
<td>NAMI Arizona</td>
</tr>
<tr>
<td>Nick Marietta</td>
<td>City of Phoenix Police</td>
</tr>
<tr>
<td>Laura Nelson</td>
<td>ADHS/DBHS</td>
</tr>
<tr>
<td>Dr. Carol Olson</td>
<td>MIHS County Hospital</td>
</tr>
<tr>
<td>Melissa Taylor</td>
<td>Arizona Legislature</td>
</tr>
<tr>
<td>Dr. Thomas Joiner</td>
<td>Florida State (Advisory Capacity)</td>
</tr>
</tbody>
</table>

The Five Tenet Framework
Maricopa Programmatic Suicide Deterrent System Project: Five Key Threads

- 100% Staff Training (ASIST)
- Attempt Survival Support Groups
- Engage & Integrate Family
- Staff Support Protocol
- Objective Review

ASIST – Applied Suicide Intervention Skills Training

SAMHSA Best Practice
- In 2007, a SAMHSA national workgroup compared top models and selected ASIST
- More than 700,000 trained in US alone
- Instead of warning signs and referral focus, relationship and direct, open discussion

Magellan of Arizona
- In Sept 2009 and June 2010, Magellan hosted ASIST T4T trainings for 33 provider designees
- Challenged agencies to train all staff
- Staff report improved confidence and skills three months after going through the training
ASIST – Applied Suicide Intervention Skills Training

Workforce Survey Findings

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIST Certified T4T</td>
<td>29</td>
<td>1st</td>
</tr>
<tr>
<td>Trainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses/Physicians</td>
<td>139</td>
<td>2nd</td>
</tr>
<tr>
<td>Clinicians</td>
<td>319</td>
<td>3rd</td>
</tr>
<tr>
<td>ASIST Trained</td>
<td>152</td>
<td>3rd</td>
</tr>
<tr>
<td>Administrators</td>
<td>170</td>
<td>5th</td>
</tr>
<tr>
<td>Case Managers</td>
<td>453</td>
<td>5th</td>
</tr>
</tbody>
</table>

ASIST:
In comparing how groups performed on the survey, we found those with ASIST training basically tied those who were clinicians. As expected, nurses and physicians are also tremendous supports.

Comparisons for Target Answers
Equipping Maricopa’s Work Force with ASIST - 2,000+ in 2010

<table>
<thead>
<tr>
<th>Agency</th>
<th>Target</th>
<th>Trained</th>
<th># Trained</th>
<th># 2-Day Sessions</th>
<th>Next Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERROS</td>
<td>259</td>
<td>450</td>
<td>25%</td>
<td>10</td>
<td>6/29</td>
</tr>
<tr>
<td>Southwest Network</td>
<td>339</td>
<td>450</td>
<td>31%</td>
<td>10</td>
<td>6/24</td>
</tr>
<tr>
<td>CHOICES</td>
<td>111</td>
<td>450</td>
<td>25%</td>
<td>10</td>
<td>6/24</td>
</tr>
<tr>
<td>Valle Del Sol</td>
<td>70</td>
<td>150</td>
<td>47%</td>
<td>4</td>
<td>TBD</td>
</tr>
<tr>
<td>QualityCare / YC</td>
<td>31</td>
<td>200</td>
<td>16%</td>
<td>2</td>
<td>TBD</td>
</tr>
<tr>
<td>Partners In Recovery</td>
<td>79</td>
<td>250</td>
<td>32%</td>
<td>4</td>
<td>TBD</td>
</tr>
<tr>
<td>People Of Color</td>
<td>34</td>
<td>250</td>
<td>34%</td>
<td>3</td>
<td>TBD</td>
</tr>
<tr>
<td>Community Bridges</td>
<td>79</td>
<td>200</td>
<td>40%</td>
<td>3</td>
<td>7/24</td>
</tr>
<tr>
<td>Ebony House</td>
<td>0</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>TBD</td>
</tr>
<tr>
<td>Jewish Family</td>
<td>0</td>
<td>135</td>
<td>0</td>
<td>0</td>
<td>TBD</td>
</tr>
<tr>
<td>NOVA</td>
<td>21</td>
<td>50</td>
<td>42%</td>
<td>0</td>
<td>TBD</td>
</tr>
<tr>
<td>SWBH</td>
<td>0</td>
<td>135</td>
<td>0</td>
<td>0</td>
<td>TBD</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
<td>2,745</td>
<td>30%</td>
<td>45</td>
<td>17</td>
</tr>
</tbody>
</table>

41% Updated 6/22/2010

---

Attempt Survivor Support Groups

- Self-help or peer support model
- Safe, stigma-free zone for open dialogue and support

Next Steps
1. Informal solicitation
2. Identify seed funding
3. Clinical support model
4. Process framework

---

Engage & Integrate Family

- Collaboration with NAMI parents and 1300 N. Central clinic

Next Steps
1. Family/Friends Welcome Packet
2. Family/Friends Night Events
3. Family/Friends Support Group
4. Pilot & Training

---
Magellan Health Services alters approach to suicide prevention

By Cory Henny

The Arizona Republic

December 15, 2009

Magellan Health Services is altering the way it processes claims for behavioral health services, including suicide prevention.

The changes are aimed at improving the delivery of care for people who may be at risk of suicide.

The new approach, called “suicide risk management,” involves a more proactive approach to identifying and managing patients who may be at risk of suicide.

It includes a comprehensive assessment of a patient’s risk factors, including mental health history, family history, and current stressors.

The assessment is followed by a plan of care that includes ongoing monitoring and support.

The company says it has already seen a reduction in the number of completed suicides among its clients.

Magellan Health Services is one of the largest behavioral health insurers in the U.S., serving more than 3 million members.

The company’s changes are part of a national effort to improve suicide prevention.

According to the American Foundation for Suicide Prevention, more than 40,000 people in the U.S. die by suicide each year.

The company is also working with local mental health providers to offer additional support for people at risk.

The changes are expected to be implemented across the country by the end of this year.

The Arizona Republic

The Weekly Spark – December 16, 2009

ANNOUNCEMENTS

RESEARCH SUMMARY

Suicide prevention: A comprehensive approach to suicide prevention

The Arizona Republic

December 15, 2009

Suicide prevention is a critical issue in the United States, with more than 40,000 deaths by suicide each year. The Arizona Republic has partnered with the Arizona Department of Health Services to provide information on suicide prevention.

The Arizona Republic

Join us in crossing The Bridge

San Francisco’s Golden Gate Bridge is one of the most beautiful and most photographed landmarks in the world. It is also one of the most dangerous places to be.

In 2017, 53 people jumped to their deaths from the bridge.

The Arizona Republic

Facts about The Bridge

The Bridge is not only a place of beauty, but also a place of danger.

According to the San Francisco Police Department, more than 1,000 people have attempted to jump from the bridge.

The Arizona Republic

The Bridge and mental health

The Bridge is not just a place of danger, but also a place of opportunity.

The Arizona Republic

Mental Health Services of Arizona

Mental Health Services of Arizona provides services to help people with mental health issues.

The Arizona Republic

Events

Join us in crossing The Bridge

San Francisco’s Golden Gate Bridge is one of the most beautiful and most photographed landmarks in the world. It is also one of the most dangerous places to be.

In 2017, 53 people jumped to their deaths from the bridge.

The Arizona Republic

Facts about The Bridge

The Bridge is not only a place of beauty, but also a place of danger.

According to the San Francisco Police Department, more than 1,000 people have attempted to jump from the bridge.

The Arizona Republic

The Bridge and mental health

The Bridge is not just a place of danger, but also a place of opportunity.

The Arizona Republic

Mental Health Services of Arizona

Mental Health Services of Arizona provides services to help people with mental health issues.

The Arizona Republic

Events

Join us in crossing The Bridge

San Francisco’s Golden Gate Bridge is one of the most beautiful and most photographed landmarks in the world. It is also one of the most dangerous places to be.

In 2017, 53 people jumped to their deaths from the bridge.

The Arizona Republic

Facts about The Bridge

The Bridge is not only a place of beauty, but also a place of danger.

According to the San Francisco Police Department, more than 1,000 people have attempted to jump from the bridge.

The Arizona Republic

The Bridge and mental health

The Bridge is not just a place of danger, but also a place of opportunity.

The Arizona Republic

Mental Health Services of Arizona

Mental Health Services of Arizona provides services to help people with mental health issues.

The Arizona Republic

Events
Contact Us for More Info

David W. Covington, LPC, MBA
Chief of Adult Services
dcwcovingston@magellanhealth.com
twitter.com/davidwcovington

Shawn Thiele, LCSW
Chief, Child and Youth Services
SThiele@magellanhealth.com