



American Foundation
for Suicide Prevention

January 15, 2008

Ryan K. Thurston
Seattle F.R.I.E.N.D.S
701 N 34th St., Suite 300
Seattle, WA 98103

Dear Mr. Thurston:

Considering that suicide by jumping tends to be more impulsive in nature than other methods of suicide, barriers work by giving individuals and those who care for them something they desperately need – time; time to change their mind, time for someone to intervene and time to seek help. Despite the many myths and misconceptions about suicide, many who die by suicide don't want to die. Rather, they are seeking an end to the psychic pain and debilitating symptoms caused by a mood disorder, most often major depression.

A study supported by a grant from the American Foundation for Suicide Prevention examined the effectiveness of a suicide barrier on a bridge in England known for suicides. According to this study, barriers worked at reducing suicide, especially among young men. Furthermore, the research shows that jumps did not increase from other nearby bridges – another common myth. Additional studies regarding suicide prevention barriers on bridges throughout the world continue to show that barriers can help save lives.

Furthermore, a suicide at a public location such as a bridge often receives more media coverage than suicide by other means, which can contribute to suicide contagion or “copycats”, hence increasing suicides at that location. An effective barrier would reduce suicides and the subsequent media coverage, thus helping remove the allure of the Aurora Bridge as a suicide hotspot.

As the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education, the American Foundation for Suicide Prevention supports your efforts to build a prevention barrier at the Aurora Bridge.

Together we can save lives.

Sincerely,

Paula J. Clayton, M.D.
American Foundation for Suicide Prevention
Medical Director
120 Wall St., 22nd Floor
New York, NY 10005