

2009 HOUSE HUMAN SERVICES

HCR 3041

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 3041

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 11, 2009

Recorder Job Number: 9184

Committee Clerk Signature

Nicky Crattree

Minutes:

Chairman Weisz called the hearing to order on HCR 3041.

Rep. Schneider sponsored and introduced the bill: This bill is for the recognition of Mary Wyler, mother daughter committed suicide. Mrs. Wyler started up the ND Chapter to help other families who have experienced this loss.

Brenda Bergan testified in support: Lost her son to suicide. She read Mary Wyler's testimony. Statistics say we lose someone to suicide every 4 days in ND. Very little support in ND for suicide surviving family members.

June Wagner: Dept. of Human Services testified in support.

Chairman Weisz closed the hearing.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 3041

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 11, 2009

Recorder Job Number: 9185

Committee Clerk Signature

Vicky Crabtree

Minutes:

Chairman Weisz: HCR 3041, what are committee's wishes?

Rep. Conrad: Motion for a DO PASS.

Rep. Holman: Second.

Voice Vote: 13 yeas, 0 nays, 0 absent.

MOTION CARRIED FOR A DO PASS.

BILL CARRIER: Rep. Holman.

Date: 2-11-09
Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 3041

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep. Conrad Seconded By Rep. Holman

| Representatives | Yes | No | Representatives | Yes | No |
|---------------------------|-----|----|-------------------------|-----|----|
| CHAIRMAN ROBIN WEISZ | | | REP. TOM CONKLIN | | |
| VICE-CHAIR VONNIE PIETSCH | | | REP. KARI L CONRAD | | |
| REP. CHUCK DAMSCHEN | | | REP. RICHARD HOLMAN | | |
| REP. ROBERT FRANTSVOG | | | REP. ROBERT KILICHOWSKI | | |
| REP. CURT HOFSTAD | | | REP. LOUISE POTTER | | |
| REP. MICHAEL R. NATHE | | | | | |
| REP. TODD PORTER | | | | | |
| REP. GERRY UGLEM | | | | | |
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Total (Yes) 13 No 0

Absent _____

Bill Carrier Rep. Holman

If the vote is on an amendment, briefly indicate intent:
Motion Carried
DO PASS

REPORT OF STANDING COMMITTEE

HCR 3041: Human Services Committee (Rep. Weisz, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3041 was placed on the Tenth order on the calendar.

2009 SENATE HUMAN SERVICES

HCR 3041

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HCR 3041

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 3/23/09

Recorder Job Number: 11389, 11393

Committee Clerk Signature

Mary K. Monson

Minutes:

Senator J. Lee opened the hearing on HCR 3041 to recognize the American Foundation for Suicide Prevention – ND Chapter for their efforts in understanding and preventing suicide.

Representative Jasper Schneider (District 21) introduced HCR 3041. This resolution deals with suicide prevention and to raise awareness that suicide affects almost everyone.

The number one cause of suicide is mental illness. This resolution came about from a family in Fargo who lost a daughter to suicide. They started the ND chapter for American Foundation for Suicide Prevention which has been going for three years. One of the big annual events is the "Out of Darkness Walk" which is a growing success and a powerful event. Last year similar walks were held in other parts of the state. The idea is to raise awareness that suicide is out there and depression is something that affects many people.

Senator Heckaman asked if there is a certain time set aside for suicide recognition and prevention.

Rep. Schneider replied that there isn't a specific day specified or one requested in this bill. He didn't know if it was necessary. The "Out of Darkness" walks are typically in the fall.

Senator Heckaman wanted to know if there was a funding mechanism to do this or if it is strictly volunteer.

Rep. Schneider explained that the funding is all volunteer based. The walk is their big fundraiser.

Senator J. Lee asked Rep. Schneider to read part of the resolution dealing with statistics for the benefit of those present who did not have a copy.

Rep. Schneider did so.

A short discussion took place on suicide statistics and programs on the reservations.

Susan Wagner (Dept. of Human Services) read testimony from **Mary Weiler** (Board Chair of the ND Chapter of the American Foundation for suicide Prevention) who was not able to be present.

Attachment #1

She responded to questions asked earlier and pointed out that September is nationally known as Suicide Prevention Awareness Month and that is why the local chapter promotes the walks in September. Half of the money earned from the walks goes back to each one of the communities that hosts the walk for various education prevention and awareness activities. The national organization does fund some of the costs related to the walks. Each one of the reservations has a Garrett Lee Smith suicide prevention and awareness grant. There are two rural grants in ND, one in Watford City and the other in Harvey. There is opportunity for ND to submit a grant application again this year for ongoing funding. They are competitive federal grants.

Senator Dever asked her to comment on the prevalence of suicide relating to age and type of population.

Ms. Wagner said she would forward information to all the committee members.

She pointed out that the Dept. of Human Services is in support of the resolution.

Brenda Bergan (ND Chapter Chairperson, American Foundation for Suicide Prevention) provided information in support of HCR 3041. Attachment #2

There was no opposing or neutral testimony.

The hearing was closed.

Job #11393

Senator Heckaman moved a **Do Pass**.

Second by **Senator Dever**.

Roll call vote 6-0-0. Motion carried.

Carrier is **Senator Erbele**.

Date: 3/23/09

Roll Call Vote #: _____

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HCR 3041

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations
 Adopt Amendment Reconsider

Motion Made By Sen. Heckaman Seconded By Sen. Dever

| Senators | Yes | No | Senators | Yes | No |
|--------------------------------|-----|----|----------------------------|-----|----|
| Senator Judy Lee, Chairman | ✓ | | Senator Joan Heckaman | ✓ | |
| Senator Robert Erbele, V.Chair | ✓ | | Senator Richard Marcellais | ✓ | |
| Senator Dick Dever | ✓ | | Senator Jim Pomeroy | ✓ | |
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Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Erbele

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 23, 2009 1:33 p.m.

Module No: SR-52-5584
Carrier: Erbele
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3041: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3041 was placed on the
Fourteenth order on the calendar.

2009 TESTIMONY

HCR 3041

1

**American Foundation for Suicide Prevention (AFSP)
House Concurrent Resolution No. 3041**

**Submitted by: Mary J. Weiler
North Dakota Chapter Chairperson
American Foundation for Suicide Prevention**

***Due to the flooding situation in Fargo I am not able to attend in person today. I extend my apologies to the Chair and Committee Members.**

Chairperson Lee and Members of the Committee, thank you for allowing me to testify today on House Concurrent Resolution 3041, which recognizes the efforts of the American Foundation for Suicide Prevention and the North Dakota Chapter.

MY STORY!

My name is Mary Weiler -- I am a survivor of suicide loss. On October 6, 2005, I lost my young daughter, Jennifer, to suicide.

This shining star graduated with honors, was an accomplished musician, an avid environmentalist, a loving and attentive daughter/sister, an advocate for the poor and disadvantaged – yet struggled with chronic depression and anxiety for over a decade.

After her death I remember moving in slow motion through my shock, guilt, shame and loneliness. I didn't know what to do. What I did know was that the suddenness shocked us, leaving us with feelings of abandonment and rejection. We lived in agonizing pain, reliving those last days over and over again, blaming ourselves, and asking a thousand questions that all began the same way: "Why?"

Over time, I've come to learn that more than 90 percent of people who die by suicide have an illness such as depression, bipolar disorder, schizophrenia, or substance abuse at the time of their death – sometimes diagnosed, sometimes not. And after reading the letter that my daughter left for us, I have also come to understand that death by suicide is not intentional - it is a result of many complicated factors. I found out that due to the stigma that surrounds mental illness, she lived in fear and isolation and felt she was a burden. At the core, suicide is an escape from psychic pain or distress by a person who cannot- at the specific moment in time – find another way to cope. What I learned is that her experience with depression was totally remote from a normal experience, the gray horror induced by depression took on the quality of real physical pain that ultimately became unbearable for her.

I have also learned that suicide is influenced by biology, personal and social psychology, roles and relationships, and issues about the very meaning of each of our lives. Many factors come together in a multitude of different combinations to make a death by suicide. The more factors or types of mental distress or illnesses

that one experiences, the stronger the state of vulnerability. I have learned that just as people can die of heart disease or cancer, they can die as a consequence of mental illness. It has been established with reasonable certainty that such severe depression is chemically induced amid the neurotransmitters of the brain, probably as a result of systemic stress, which for unknown reasons causes a depletion of certain chemicals in the brain.

I've also learned that I'm hardly alone: research shows that more than 60 percent of us will lose someone we know to suicide during the course of our lifetime; more than 20 percent of us will lose a family member. Nevertheless, the historical stigma surrounding suicide persists, leaving many survivors of suicide loss feeling misunderstood and abandoned, yearning for comfort and understanding.

Survivors of suicide are also often victims of stigma – people feel awkward and don't know what to do or say to surviving family members. It is stigma that continues to keep suicide from the public's eye. People are afraid of the word, and worse, too often unwilling to be open to talk about the topic. If we can't get through the stigma, we struggle to be able to educate. It is only when we get beyond the stigma that education will be possible and suicide prevention a reality.

The stigma issue is so important and critical to suicide prevention that the American Foundation for Suicide Prevention (AFSP) has dedicated over 12 Million dollars to research alone.

WHAT MATTERS TO ME!

What Matters to Me is:

That our state averages 88-100 suicides per year - we lose someone to suicide in our state every 4 days.

What Matters to Me is:

A high percentage (80-90%) of our rural communities lack access to mental health providers to take care of the mental health needs.

What Matters to Me is:

The Stigma that Surrounds Suicide: While we have the lowest number of non-religious people of any state, have the most churches of any state and the highest percentage of church going population of any state (Christian population of 89%) there is a high percentage of conservative Lutherans and Catholics who view suicide as a sin and/or against beliefs. This has a devastating effect on those left behind. And what matters to me is the stigma in our smaller communities is further complicated by people not willing to talk about suicide for fear of being blamed or ridiculed

What Matters to Me is:

ND is still ranked as one of the highest in adult (college age) binge drinking. Alcohol and drugs have been known to increase the risk of suicide deaths in college students.

What Matters to Me is:

That Bullying has played a role in majority of violent incidents in elementary and middle schools – and research suggests that over time there is a link between bullying and harassment of children and suicide – that the feelings of low self-esteem and worthlessness over time can lead to suicide attempts and ultimately suicide death.

What Matters to Me is...

The Historical Trauma that our Native American Population has experienced. Our tribes have consistently had the highest suicide rates per 100,000. So **what matters** is developing culturally sensitive and relevant education/prevention and intervention resources for our reservations. (Brave Heart 2003). There great work being done by the tribal members of the ND Coalition for Suicide Prevention.

What Matters to Me is...

That while agriculture dominates our economy our farming communities and small towns are disappearing or being lost to foreclosures & bankruptcy which is leading to extreme stress and chronic depression – and our farmers and those living in smaller communities are the least likely to ask for help – they are very private, stoic people.

What Matter to Me is...

Our Elderly: The trend in ND is showing an increasing proportion of elderly (over the next 20 years there will be an increase of 58% of those over the age of 65) – The suicide rate of the elderly is increasing nationally. **What matters to me** is that those over 65 are the least likely to talk about depression, the least likely to think suicide is preventable (64%); and the least confident that they would know what to do if they were suicidal.

What Matters to Me is...

That firearms continue to be method used in suicide deaths nationally and in North Dakota.

What Matters to Me is:

North Dakota has an average of 300 hospitalized suicide attempts per year. An average of 5.7 attempts per week

And Finally, What Matters To Me is...

The Need for Survivor Initiatives & Support: There is very little support in ND communities for survivor's – this leads to increased isolation, stress, shame and overtime increased mental health needs for the survivors.

What Works Is A Systems Approach:

A comprehensive approach to confront the problem of suicide through research, awareness, education and prevention in the community should always include the schools, law enforcement, emergency personnel, physicians, veteran administration, churches, social service agencies and others. It should also include three parts – prevention, intervention and post-vention.

The work of suicide prevention must occur at the community level where human relationships breathe life into public policy. Communities must not only honor life itself, but also be committed to making life worthwhile and meaningful for all ages.

The mindset should always be to improve mental health and get the best value (saving lives) for our spending – NOT just saving money!

If we target the right people at the right time we can actually save money but most importantly we are SAVING LIVES -

What Works?

Better Data & Definitions

- **Collecting data** & supporting a comprehensive reporting system – great work is being done in the ND Dept. of Health, Division of Vital Records - but they need more funding and resources
- **Establishing Uniform definitions**– collecting all the types and causes in injuries in emergency rooms is needed to develop uniform definitions (undetermined). Some drowning and single motor vehicle deaths are **“misclassified”** as natural or accidental when suicide would be more correct. Misclassifying of such deaths contributes to **under reporting** of official numbers.

What Works?

National & State Research:

Encouraging research to develop new treatment initiatives aimed at reducing suicide: BY:

- Examining the relationship of domestic violence and child violence on suicide rates
- Developing Suicide Screenings Tools for our adolescents and college students
- Improving fire arms storage practices
- Educating the Media – Encouraging proper language and reporting
- Advocating automobile manufacturers to reducing carbon monoxide emissions in vehicles

What Works?

Awareness & Education about Suicide: Knowing the Warning Signs & Risk Factors

Providing Education for schools, colleges, reservations, funeral homes, elderly, health fairs

By educating the public about the realities of suicide, not the myths, we bring this issue out into the open. By being willing to say the word “suicide” when and where appropriate, without glorifying it, romanticizing it, or exaggerating it as often the done in the media or movies.

Educating about the....

Warning Signs: Changes in sleeping/eating; feelings of hopelessness; isolation; increased use of alcohol and/or drug use; extreme anxiety.

And the Risk Factors: previous suicide attempts; talking about death or suicide “you would be better off without me – I am just a burden.” - Depression – most suicidal people are depressed, family history of mental illness/suicide.

What Works?

Raising public awareness about suicide and the survivors of suicide:

The 2008 “Out of the Darkness” Community Walks: Fargo, Bismarck, and Williston. Extremely successful in 2008. Two (2) additional walks will be done in 2009 – Minot and Grand Forks to increase the awareness and help survivors.

What Works?

Focusing on Protective and Prevention Factors:

Providing Skill Building tools for our young people – problem solving, conflict resolution, non-violent ways of handling disputes and new coping mechanisms:

1. Foster and celebrate connectedness and strengths with family & friends. Enlist the family members and friends in the plan for a young person who is struggling with coping
2. Restricting access to lethal means of self-harm (i.e. firearms is still the leading method of suicide death)
3. Develop “hope kit” for our young people to increase their social supports – who to call; knowing the triggers of their depression then having a support person or action to deal with the trigger.

What Works?

Advocacy & Collaboration:

Although suicide is clearly a clinical issue, it is also a public health issue. This necessitates a shift in focus from prevention and treatment at the individual level to prevention and treatment at the community level. Therefore, suicide prevention should no longer be solely the concern of mental health professionals but also that of the entire community.

What also works is: The ND Chapter has collaborated with:

The ND Coalition for Suicide Prevention
The Gay Lesbian Bisexual Transgender community
The Dept. of Health & Dept. of Human Services
The Veterans Administration for Suicide Prevention
Community Support for Survivors Support Groups
ND Mental Health America

What I Have Found is:

That individuals who are suffering from depression are not helped by lectures or by hearing all the reasons they have to live. What they need is to be reassured that they have someone to whom they can turn – be it family, friends, school counselor, physician, or teacher – to discuss their feelings or problems. It must be a person who is very willing to listen and who is able to reassure the individual that depression and suicidal tendencies are very treatable. Seventy-five percent of all suicides give some warning of their intentions to a friend or family member. All

suicide threats and attempts must be taken seriously. Treatment is of utmost importance, and may involve medications, talk therapy or a combination of the two.

The American Foundation for Suicide Prevention is the only national not-for-profit organization exclusively dedicated to understanding and preventing suicide. AFSP promotes research, awareness and education and reaches out to people with mood disorders and those affected by suicide. In May 2007, the AFSP North Dakota Chapter was formed to engage in the following four core strategies:

- Offering educational services to community schools, colleges and universities
- Educating the public about depression to raise awareness about suicide prevention and treatment
- Promoting awareness by sponsoring fundraising events such as the “Out of the Darkness Community Walk”
- Helping survivors heal by offering a survivor of suicide loss support group

What I Have Found!

Is that the road to healing is not easy, but few worthwhile things in our lives are easy. And I need remind myself from time to time; that healing really is not nearly as difficult as the task I have already met, the hour of my daughter’s death and the weeks and months immediately following. My daughter brought joy into my life and the memory of that joy will continue in my heart and in my work – it will ever be. I have asked God to use me as a way to remember her and continue helping, in any that I can, those who are hurting and in need of support and understanding.

I continue to believe that God is taking care of her because I know that God is infinitely more understanding than we are and God’s hands are infinitely safer and gentler than our own. As a Benedictine priest Father Ron Rolheiser said in his recent newsletter, “We need not worry about the fate of anyone, who exits this world honest, over-sensitive, gentle, over-wrought, and emotionally-crushed. God’s understanding and compassion exceed our own.”

In my darkness and grief, I have discovered, a new way to see. My loss has given me the sensitivity, compassion and empathy it takes to understand the depth of the pain in others. I think losing someone to suicide seeds in us the humility it takes to learn to live gently with our family and communities.

What does greater awareness about suicide warnings and risk factors and immediate accessibility to effective treatment mean for our state?

It Means Giving “Help and Hope” to

The 65 year old farmer who has just lost his farm and who suffers from alcohol dependency and depression...

It Means Giving “Help and Hope” to

The college student plagued by generalized anxiety who is living alone for the first time and is overwhelmed by the mounting stress in his/her life....

It Means Giving “Help and Hope” to

The young mother who has been diagnosed with postpartum depression and is increasingly despondent and unable to cope...

I believe that the time is now to continue to Support and Advocate for Suicide Awareness, Education & Prevention – This is our Call to Action:

Together We Can and Must!

Speak Up! End the Stigma! Save Lives!

Together We Can and Must!

Walk Together Hand and Hand to Bring Suicide “Out of the Darkness” and into the Light!

Together We Can and Must!

Let our communities know that depression is the most treatable of all mood disorders and that more than 80% of those diagnosed with depression respond positively.

Together we Can and Must!

Reduce the number of suicides by promoting and funding suicide awareness, education and prevention efforts.

Together we Can and Must!

Help our middle school children, teens, college's students, elderly, those on our reservations, and help the survivors of suicide loss so they aren't alone in their grief and loss

Together We Can and Must!

No longer say, "As long as it doesn't happen to me – it's ok." It is not OK. Suicide Awareness, Education and Prevention is needed now in order to Save Lives and this issue needs our FULL ATTENTION!

Thank you for your support of this Resolution. You are clearly sending a message to people of all ages in our state – a message that tells them "There is Help – There is Hope!

I am very grateful for the time you have given me today.

Thank you.

Mary J. Weiler
Board Chair
ND Chapter for the American Foundation for Suicide Prevention

2

**American Foundation of Suicide Prevention (AFSP)
House Concurrent Resolution No. 3041**

**Submitted by: Brenda Bergan
North Dakota Chapter Chairperson
American Foundation for Suicide Prevention**

Senator Lee and members of the Committee, thank you for allowing me to testify today on House Concurrent Resolution 3041, which recognizes the efforts of the American Foundation for Suicide Prevention and the North Dakota Chapter.

My name is Brenda Bergan. I lost my son Brandon to suicide when he was only sixteen. The experience turned my life upside down and came with no warning.

Remembered as very talkative, active and always smiling, Brandon was the kind of guy who could make a person happy even if they were having a bad day. His upbeat personality disguised any visible warning signs. "He did not want me to see his depression, He was not a loner and he did not show tell tale signs."

If I as a mother did not perceive any problems, it is likely that others did not notice the depression either. I believe that suicide awareness and prevention is the responsibility of everyone: parents, employers, friends, and educators. People need to be educated on depression and made aware of the warning signs. Looking back, I believe that education may have helped Brandon's teachers, employer, friends and I take a closer look at his writings, mood and lack of appetite. The importance of telling someone if concerned about a friend facing depression or talking about not wanting to live. The potential loss of a friendship does not compare to the loss of a life.

I did not think anyone could survive the loss of a child, but overtime I have come to learn that more than 90 percent of the people who die by suicide have mental illness.

I have also learned that I am hardly alone: research shows that more than 60 percent of us will lose someone we know to suicide during the course of our lifetime; more then 20 percent of us will lose a family member. The historical stigma surrounding suicide continues, leaving many survivors of suicide loss feeling misunderstood and abandoned, yearning for comfort and understanding.

I have started a support group called S.O.S. = Sound of Silence. When we started this group one year ago we had four who attended; our last meeting was fifteen. We need to bring suicide awareness and prevention to our community just as we do with cancer, diabetes, heart dieses and more. So people realize it is ok to reach out for help that is it ok to say our loved one died by suicide without feeling shame. They are not alone in their grief and loss.

Thank you for your support of this Resolution. You are clearly sending a message to people of all ages in our state. A message that tells them "There is help – There is hope!"

I am very grateful for the time you have given me today.

Thank& you

Brenda
Bergan

"Sounds of Silence" (SOS) suicide support group will provide compassionate support and grief education with the hope that family members and friends will find guidance on the path of healing.

We've become members of a fraternity that we never asked to join. It has cost us dearly... in sleeplessness, body aches, functioning and energy depletion. The emotions of anger, fear and guilt run rampant and are relentless attackers of our psyche. Our grief is powerful and unpredictable.

"Suicide leaves deep scars on the survivors. But there is no turning back: you cannot change what has happened. You can, however, change your outlook – from backward to forward, from death to life. Those who have experienced the suicide of a loved one can learn to let go of blaming themselves or the deceased for their unhappiness. They can learn to live for themselves, and to take responsibility for their own future. They can emerge from their sorrow with a profound appreciation for the solidarity they have experienced with others, and with a deep awareness of the beauty and fragility of life. And they can begin to see life not so much as a problem to be solved, but as a mystery to be discovered each day."

(contributed by Dora Jaeger and Loretta Bierdeman; **"Surviving Suicide"**, Mental Health America of North Dakota pamphlet)

Calendar for 2008-2009:

- September 2: Grief... What is it? What is normal?
- September 16: Open session
- October 7: Dealing with Fear
- October 21: Open session
- November 4: Getting Through the Holidays
- November 18: Open session
- December 2: Dealing with Loneliness and Depression
- December 16: Open session
- January 6: Dealing with Guilts and Regrets
- January 20: Open session
- February 3: Dealing with Anger and Frustration
- February 17: Open session
- March 3: Coping as a Family and Friendship Changes
- March 17: Open session
- April 7: Forgiveness... and Where is God?
- April 21: Open session
- May 5: Video: "Living With Loss...Healing With Hope"
- May 19: Open session
- June 16: Open session
- July 21: Open session
- August 18: Open session





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- Aging/elderly concerns
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- Grief and loss
- Food pantries and financial assistance
- Mental health issues
- Domestic violence/abuse
- Disaster response (flood, drought, tornado, etc.)
- Hear-O-Program
- Resource Center/Library
- Gambling addiction issues
- Parenting
- Suicide intervention issues
- Support groups
- Victims of crime
- Youth-at-risk
- Military and family member support
- Medicare/Medicaid issues
- Health insurance/covering kids
- Substance abuse issues
- And much more

Help support 2-1-1 through your donations. Visit our Resource Center on our website at www.mhand.org

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PO 4106 • Bismarck, ND 58502-4106



Sounds of Silence



Brenda Bergan

"Our family, my husband Stephen, son Travis, daughter Miranda, and

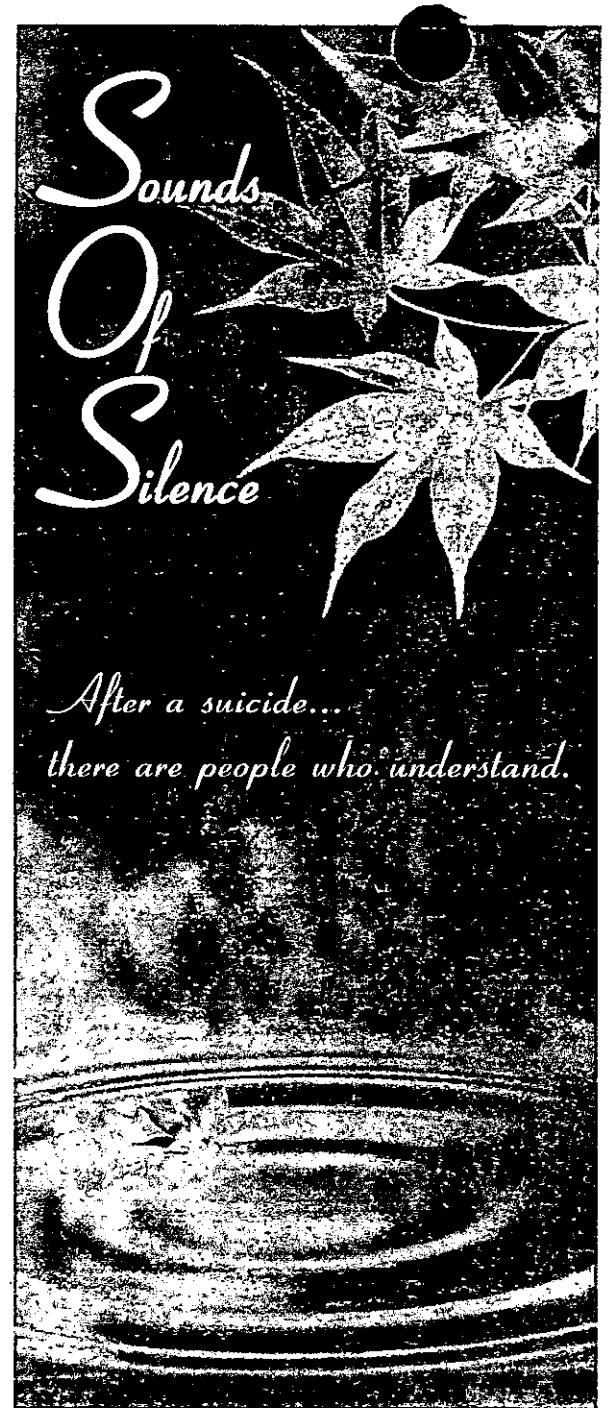
myself still miss Brandon coming home yelling 'I'm home!'. We miss the vibration of his music on our feet, his laughter, and his boisterous presence. The house was and continues to be so silent."



Carleen Hennenfent

"When my husband died, I remember telling someone that 'grief

is so loud'. The void created by his death even extended into the sense of hearing."



Sounds of Silence (SOS) Support Group

Eastgate and Parkway Funeral & Cremation Service and the Mental Health America of North Dakota, out of their joint concern for people who have had a loved one die by suicide, are co-sponsors of a volunteer support group (SOS), for family members and friends.

Meetings are held throughout the year and are not "therapy" sessions; rather, they provide a safe and non-judgmental atmosphere where survivors can share their pain and receive educational support during bereavement.

The Sounds of Silence Support Group may be contacted 24 hours a day through the Mental Health America of North Dakota's 2-1-1 number or during business hours at 255-3692.

You need to know that...

Losing a loved one is devastating. When that death is self-inflicted, it can be overwhelming.

Your feelings may be so complex that you can't explain them - even to yourself. The most important thing for you to understand is that your feelings are natural and that caring people are available.

Connecting with others who have shared this experience can aid in your healing.

There are a range of feelings that you may experience. It is natural to have feelings of:

- Shock "I can't believe this is happening"
- Disbelief..... "Why? Why? Why?"
- Guilt..... "If only..."
"What if...?"
- Anger "How could you do this to me...to us?"
- Depression ... "How will I survive this?"
- Stigma "What will people think?"

About the Meetings...

Where: Parkway Funeral & Cremation Service
2330 Tyler Parkway
Bismarck, ND 58503

When: 1st and 3rd Tuesdays,
September through May
(excluding Holidays)

3rd Tuesdays June, July,
August
(excluding Holidays)

Time: 7:00 p.m.

Facilitators: Brenda Bergan
Carleen Hennenfent

"My life was suddenly divided into Before and After, and there was no going back to Before. But then I realized I had a choice to live the After. I had to decide.

Brenda Neal

